Fall 2007

Smoke and Mirrors: A Cultural-Psychological Analysis of Tobacco Use

Michael Melczak

Smoke and Mirrors: A Cultural-Psychological Analysis of Tobacco Use

A Dissertation

Submitted to the McAnulty College and Graduate School

of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for

the requirements for the degree of Doctor of Philosophy

By

Michael Melczak, MA

November 30, 2007

Name: Michael Melczak

Dissertation Title: Smoke and Mirrors: A Cultural-Psychological Analysis of Tobacco
Use

Degree: Doctor of Philosophy

Date: November 30, 2007

Approved _____
Michael Sipiora, Ph.D.
Director

Approved _____
Leswin Laubscher, Ph.D.
Reader

Approved _____
Paul Richer, Ph.D.
Reader

Approved _____
Daniel Burston, Ph.D., Chair
Department of Psychology

Approved _____
Albert Labriola, Ph.D., Dean
McAnulty College and Graduate School of Liberal Arts

Abstract

Smoke and Mirrors: A Cultural-Psychological Analysis of Tobacco Use

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November, 2007

Dissertation supervised by Michael Sipiora, Ph.D.

No. of pages in text: 90

This theoretical dissertation explores tobacco use from the perspectives of social constructivism and phenomenological depth psychology. In Part I, tobacco use is described as a cultural artifact, and transformations in tobacco use are traced through three different cultural contexts or "worlds": the indigenous or aboriginal worldview, the European and American worldview of the 17th through mid-19th centuries, and the modern American worldview (or "modernity"). In each of these worldviews, the cultural context informed and influenced (or reflected and reproduced) understandings of tobacco use. One notices the transformation of tobacco use, for example, from a god to a commodity and from a panacea to a pandemic. In modern American culture, tobacco use, through cigarette smoking, now stands out as a leading cause of preventable death. While most psychological schools of thought advance explanations and therapies for tobacco use based on their respective guiding assumptions, the author proposes that tobacco use is not a disease to be treated or cured, but is a symptom of the cultural frame of technology. Accordingly, in Part II, tobacco use is interpreted as a cultural-psychological symptom.

As a cultural-psychological symptom, tobacco use both reveals and conceals the cultural psyche, and shows that when things of the world are reduced to commodities, our relatedness changes. The type of relatedness in the technological context becomes addiction, and the consequence of this relatedness is death. Yet, within the technological context of the modern world is the possibility of a different framework, one of *poiesis*. The movement towards the cultivation of poiesis, through psychological reflection, is discussed.

Acknowledgements

When one undertakes a project like this one, many people become directly and indirectly involved. When one undertakes a project like this for the first time, the acknowledgements seem to have no bounds. From both my academic and personal worlds, I would like to thank the following people:

Michael Sipiora, Ph.D., my director, mentor, and friend, for all of his insight, guidance--and patience-- through the years; Leswin Laubscher, Ph.D., and Paul Richer, Ph.D., the readers of this dissertation, for their invaluable feedback and constructive criticism; the faculty of the Psychology Department at Duquesne University, for preserving and promoting the existential and phenomenological approaches to human psychology; Norma Coleman and Marilyn Henline, for keeping the Department glued together.

My friends and colleagues Kurt Kumler and Kristen Rice, for unconditional support, an open ear, and proof reading.

Lois Edmonston, for helping with page numbering, and Janice Pringle for allowing much needed time off.

Matt Dunegan and Curt Connolly, my former roommates, for dedicating many hours of simple and attentive listening, and for providing enriching thoughts and intriguing resources.

My friend Ray Rost, for helping out in ways that may not have seen like help but undeniably were.

Mary Kay, John, Allison, Danny, Linda, Brian, Matthew, and the Scheller and Gmiter clans, for being my family, and for their constant support and encouragement.

To all in the extended Kristofik family, for always asking me how things were going with the project and never failing to support.

And Autumn Melczak, for being there for and with me through it all. You did it, too.

This dissertation is dedicated to the memory of my parents.

Preface

The origins of this dissertation began during the second year of my doctoral studies in clinical psychology at Duquesne University. During that time, I was taking a required research course in which we were encouraged to begin exploring ideas for the dissertation. I was unsure of what I was going to pursue. Luckily, I had a close-knit group of friends with whom I could discuss ideas as well as commiserate. In between classes, while we talked about our proposals for research, many of my friends and I would also have a cigarette. During those cigarette breaks, more often than not, the conversation would switch from research topics to cigarette smoking. (In retrospect, it seemed like our conversations *always* returned to cigarette smoking.) We would discuss many of the interesting (to burgeoning psychologists, at least) and complicated aspects of smoking: when we began and why, what brands we smoked and why, how we thought about quitting and why, and how we tried to quit but failed. The list was almost endless. There seemed to be a pull, almost magnetic, to talk about smoking *as* we smoked. I could no longer avoid the pull, and recognizing the value in talking about smoking, decided that smoking was to be my topic for dissertation. I conferred with my friends, and their immediate consensus was "Go for it!"

I initiated a pilot study on the topic. Being a student at Duquesne University, where the psychology department is grounded in the existential and phenomenological traditions, my original project was a protocol analysis, a qualitative study, of the "lived meaning" of cigarette smoking. I asked four subjects to write descriptions of their experience with cigarette smoking. The exact question was, "What does it mean for you to be a cigarette smoker? Please describe in detail any thoughts, feelings, or ideas you

may have about cigarettes and your cigarette smoking." Their protocols yielded some vivid descriptions, and I presented the results to the class. To briefly revisit that initial study, the common themes that emerged during this pilot investigation included: individual feelings of marginalization secondary to smoking, significant concerns about health and well-being, intimate connections of smoking to the body, camaraderie with other smokers, and allusions to the mysteriousness of smoking, just to name a few. My classmates and professor gave both positive feedback and constructive criticism of the project, and my desire to pursue the phenomenon of cigarette smoking as a dissertation topic began to crystallize.

As I continued with the theme, I found myself at the proverbial crossroads. While I was certain of my topic and committed to writing about it, I became conflicted about exactly what to write about. Despite having a project in my pocket and fertile data on my desk, I was being pulled (still) in a different direction. Though deeply interested in how real people experience the act of smoking and themselves as "smokers" (which, as an aside, becomes nothing short of a totalizing identity), I developed a growing interest in the history of tobacco use, to see how other cultures and other eras approached and understood the phenomenon, and to see if there was any way history could inform our current dilemmas about tobacco use. I also wanted to see if in any way the particular problems associated with tobacco use could be reflective our own historical era.

In my review of the history of tobacco use, I learned that since New World explorers discovered tobacco being used by indigenous peoples some five hundred years ago, there have always been conflicting opinions and beliefs about the role of tobacco in society, at least in Western cultures. King James I of England was one of the first, in

1604, to decry the use of tobacco as being harmful to the body and the state. As I

continued to review the history of tobacco use, what became most remarkable, to me at

least, was how much tobacco use has *changed* across time and culture. Of course, this is

because the world has changed in the past five hundred years. However, it became

evident that different cultural eras have understood tobacco and tobacco use differently;

that is, tobacco use has been culturally or socially constructed. Indigenous use of

tobacco, for example, was radically different than the modern Western use of tobacco. It

was constructed in accordance with a different cosmology (a "harmony ethos") and part

of a different world. This world, though, was no less true or real than the modern world.

The belief systems of the indigenous American world informed and influenced the use of

tobacco and one must appreciate those beliefs systems on their own unique terms. The

modern American culture, it seemed to me, is no different in this regard. The belief

systems (or narratives) of modernity, including industrialism, commodification, scientific

medicine, chemistry, statistical epidemiology, "self-contained individualism," and so

forth, have come to inform and influence how we understand tobacco and its use.

Tobacco use and its attendant problems can be situated, then, in our own unique context.

I came to believe that one cannot divorce any understanding of the phenomenon outside

of the social and historical context in which it appears.

Thus, this dissertation is concerned with exploring the cultural transformations in

tobacco use. I hope to show that how we have come to understand and explain tobacco

use is also by and large a reflection of how we have come to understand ourselves in the

modern world.

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Introduction

Tobacco use, especially cigarette smoking,[1] is undoubtedly one of the most controversial subjects in America, if not internationally. It is controversial because cigarette smoking is estimated to be responsible for approximately 440,000 premature and preventable deaths annually in the United States (Morbidity and Mortality Weekly Report, 2005), and approximately 5 million deaths internationally (World Health Organization, 2003). Furthermore, tobacco use is implicated in diseases of almost every human physiological system and is believed to contribute to myriad illnesses (Slovic, 2003, p.11). Cigarette smoking is estimated to cost the U.S. 167 billion dollars in health-related economic costs, including health-care costs and productivity losses (MMWR, 2005). Smoking often is considered to be *the* epidemic of our age. Nonetheless, tobacco products remain available for legal purchase by adults and are obtained by adolescents through various illicit means.

In light of the above considerations, research into tobacco use has increased during the past fifty years (Slovic, 2003, p. 11; Snel & Lorist, 1998, p. 83). There is quite possibly more research on the topic of tobacco use than any other phenomenon, and it encompasses almost every academic field. The literature is replete with studies on the etiology of tobacco use, patterns of consumption, and the consequences of continued use. Although there is significant variation in the content, much of the research is underpinned by the nicotine addiction theory, wherein nicotine is considered to be one of most

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[1] This analysis is primarily concerned with tobacco use through cigarette smoking, since cigarettes are the main way tobacco is used in modern culture. I use the terms tobacco use and cigarette smoking somewhat interchangeably. When other forms of tobacco use are under discussion, I will refer to those methods accordingly.

addictive substances known to humankind (United States Department of Health and Human Services, 1988).

Recently, however, there have been criticisms of both the nicotine addiction theory and of the concept of addiction itself. Dar and Frenk (2000) critiqued the nicotine addiction theory and suggested that years of accumulated empirical evidence do not support the hypothesis. The issues, they argued, are more political and social than scientific.[2] Not soon after Dar and Frenk's publication, the editors of the journal *Addiction* issued an editorial about their work. The chief criticism the editors had about the publication was that Dar and Frenk's analysis was funded, in part, by the tobacco industry and they did not declare any conflict of interest (Edwards, Babor, Hall, & West, 2002, pp. 1-5). In the same issue, Dar and Frenk addressed the criticisms, primarily stating that the evidence spoke for itself. Yet they also added that other researchers who advanced the nicotine addiction hypothesis in the journal were supported by pharmaceutical companies who make nicotine replacement therapies and other smoking cessation aides. This debate, heated as it was, raised important considerations about the ethics of scientific research, potential sources of bias, and the interpretation of scientific results. The debate did not state conclusively whether or not nicotine was addictive as demonstrated by the empirical evidence.

While few researchers have attempted to debunk the nicotine addiction hypothesis, many more have critiqued the concept of addiction in general. J.B. Davies (1992) proposed attribution theory as one way of understanding addiction in modern culture. Current theories of addiction, including nicotine addiction, tend to

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[2] Similarly, Atrens (2001) has provided a thorough critical analysis of the basic concepts and empirical evidence pertaining to nicotine addiction. Like Dar and Frenk, he concludes that the nicotine addiction hypothesis is "only defensible on extra-scientific grounds."

overemphasize the role of the substance and underestimate the individual. Davies calls this attribution the drug attribution bias (pp. 5-23). Peele (1995) suggests current theories of addiction may enable and enfeeble individuals, simply by the claim that an individual has a lifelong disease for which there is no cure, only treatment.[3] Dar and Frenk (2000) (among many others) historically contextualize theories of addiction by noting that "addiction" in relation to drug use only appears around the turn of the 20th century (p. 13). Prior to this historical era, substance misuse (if it was known as substance misuse at all) may have indeed been problematic but not described as a medical illness, and "addiction" spoke more about behavior than physiology. For example, Benjamin Rush, the early American physician, described the possibility of becoming "enslaved to the habit of tobacco use" (Rush, 1798, p. 260). One was not dependent on a substance but to *the habit* of its use. Finally, Reinarman (2005) notes that, "The disease concept of addiction is now so widely believed, so taken for granted in public discourse, it is difficult to imagine that it was not always part of the perceptual schema of human knowledge" (p. 308). In the modern American context, however, it is understood *prima facie* that there is a discursive nexus of tobacco use-nicotine-addiction.

In even this very brief introduction, one can quickly identify the multiple and complex questions that arise regarding tobacco use. Is nicotine addictive or is it not? Does the nicotine addiction hypothesis serve larger corporate or governmental interests? Can scientific facts ever be without bias? Is addiction a medical disorder or a cultural

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[3] Wendy Kaminer (1992) critiques the concept more bluntly: "Exaggerating every bad habit, foible, and complaint, taking our behavior as out of control and defining us as adult children, recovery encourages invalidism. Calling recovery self-help doesn't change the way it tends to disempower people. It is an odd program in self-esteem that rewards people for calling themselves helpless, childish, addicted, and diseases and punishes them for claiming to be healthy. Admit that you're sick and you're welcomed into the recovery fold; dispute it, and you're in denial. Thus, the search for your identity is perversely resolved; instead of being a person who smokes, you a re a nicotine addict…"(p.25).

construct? And most importantly, if tobacco use (through cigarettes) is so detrimental to health and productivity, why are cigarettes still available for legal purchase? Does it all simply boil down to a matter of economics?

In my review of the literature, there have been no clear, simple answers. Tobacco use is part of complex and complicated weave of relationships in the modern world, although many academic psychological disciplines have a say, and those sayings are informed by the guiding constructs of their respective disciplines. Thus, a biological perspective claims physical dependence, genetic predisposition, or neurochemical activity as contributing to use. A behavioral perspective claims nicotine acts a reinforcer and that visual stimuli in one's perceptual field, such as another person smoking, compels one to do the same. The psychoanalytic perspective claims cigarettes (and cigars and pipes) are a symbolic replacement for the mother's breast or phallic representations, or that persistent use points to fixation at an oral stage of psychological development. A social systems perspective suggests cigarette smokers use tobacco to facilitate social bonds or to foster "in-group" relationships. Other explanations (e.g., social marketing) point to the marketing practices of the tobacco industry, the so-called "merchants of death."

Given the myriad contemporary perspectives and the insufficiency of a single answer for a complex problem, I decided to take a step back and review the cultural history of tobacco use. I also decided to take a step outside of the problem-solving discourse within which the myriad contemporary perspectives of tobacco use have not been sufficient to provide a simple answer to this complex phenomenon.

In my review of the historical literature on tobacco use, it appeared there have always been concerns about tobacco use, at least in Euro-American cultures. For

example, one of the earliest Spanish tobacco smokers was ordered directly to stop smoking "for the good of his soul" (Escohotado, 1996, p. 56). In 1604, King James I of England admonished tobacco use because it was a sin and an affront to both God and himself. In Turkey, Germany, and Iran, tobacco use was grounds for execution (Farrell & Finch, 1999, p.4). Benjamin Rush, the father of modern American psychiatry and signer of the Declaration of Independence, wrote a treatise on the effects of tobacco use. In the late 19th century, anti-tobacco groups began to spring up in the United States alongside alcohol temperance movements. One major baron of industry, Henry Ford, spoke out against tobacco use. Most recently, the U.S. Surgeon General C. Everett Koop warned that tobacco was as addictive as heroin.

Despite these general arguments against tobacco use, history has shown that tobacco use has become firmly enmeshed in Western culture (and now global culture). Hughes (2003) observes that tobacco initially was able to be "transferred" successfully into the 15th Century European world by virtue of the physician and the prevailing conception of the humoral theory of the body. Early physicians described the new herb as a "panacea," or cure-all for many illnesses. Later, with the rise of scientific medicine and with new technological developments, chemists and physicians were able to identify the chemical nicotine and see the exact damage smoking could take on the anatomy. The development of scientific medicine also corresponded with several social changes, including the rise of the autonomous or "self-contained" individual, industrialization, and urbanization. The cigarette was developed during the later 19th century, within the cultural framework of mass-production and mass consumption, and the popularity of the cigarette as the main method for consuming tobacco reached its zenith in the mid-

Twentieth century. Although cigarette use is declining, it is nonetheless within this latest socio-historical context that the greatest problems with tobacco use are reported.

Given these changes in both use and cultural context, it is arguable that tobacco use has changed not in relation to a progressive understanding of its true nature (that is, through the gradual and progressive accumulation of facts) but in relation to different cultural constructions and within different cultural narratives. One sees a gradual transformation in understanding as worldviews shifted from theological or religious (where tobacco use was considered sinful or morally wrong) to scientific and medical (where tobacco use is considered to be a disease) and consumer-oriented. Tobacco has been transformed from a god to a commodity, and from a panacea to a pandemic.

These general observations led me to reflect on the issue of tobacco use and to situate my project within different historical eras, or different worlds, each with their own unique conception of reality. Thus, the general trajectory of this project may be described in terms of social-constructivism. Social constructivism argues that there are no transhistorical or transcultural features of human beings. Rather, human beings are always situated in a particular historical context. Cushman (1995) calls the socio-historical context the cultural "clearing," where there is a "subtle interplay between a culture and its artifacts" (p. 24). The cultural clearing allows for some possibilities of interpretation while closing off others; it provides a frame of reference where "things" show up and become intelligible.

In this analysis, I interpret tobacco use as a cultural artifact. I do so because Cushman (1995) also observes, "the material objects we create, the ideas we hold, and the actions we take are shaped in a fundamental ways by the social framework in which

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we have been raised... cultural artifacts both reproduce and reflect their era" (pp. 18-19). Romanyshyn (1989) also observes that the things of the world represent in their material reality the characteristics of an age. He notes, for example, the differences between a Gothic and a Baroque cathedral, which set in stone a different relationship between man and the divine (p.12). By way of analogy, we are able to observe that within an indigenous tribal culture (where the first uses of tobacco are recorded) a pipe was a carefully crafted and highly revered object that, when used, connected one with, or mediated the relationship between, the Earth Mother and Sky Father. Pipes were to be protected at all costs; their "loss or neglect would be disastrous" (Jones & Molyneaux, 2001, p. 67). Tobacco was a living thing, to be cultivated with care and used with respect. In the modern technological world, however, we now say that a cigarette is a highly engineered, mass produced object, a nicotine delivery device capable of efficiently delivering nicotine to the brain in a mere seven seconds. It is to be used and disposed. The continued, irrational attachment to these things is one of the symptoms of the illness of addiction. Nicotine is now an addictive substance, and its repetitive use, through cigarettes, leads to premature or preventable death.

Yet, this object and its associated ideas and concepts, the nicotine delivery device, addiction, and the premature or preventable death, have become intelligible only within the cultural discourses of the 20th century (e.g., scientific medicine and statistical epidemiology). Prior historical periods (such as those of indigenous cultures) did not conceptualize or even live tobacco use or its consequences in the current way because the cultural clearing did not allow such possibilities. It makes little sense, from a social constructivist perspective, to discuss whether indigenous peoples were "addicted" to

"nicotine" or not, simply because neither "addiction" nor "nicotine" existed *for them.*

Nicotine was only discovered in the early 19th century in Germany, and addiction as a

disease, circumscribed by a medical discourse, appears only in the early 20th century.

They are products of their respective times. There is a common tendency, however, to

impute current historical constructs into the past. A retrospective bias has several

detrimental aspects, including assumptions of naiveté, lack of sophistication, and

ignorance on the part of past cultures. Romanyshyn (1989) encourages us not to accept

prior understandings as less real and ours as more real, because to do so "would only

express our preference for what has become most familiar" (p. 35).

If one can understand tobacco use as a cultural artifact, which reflects and

reproduces its era, it then becomes possible to interpret tobacco use within the modern

American clearing as a cultural symptom. In Part II, I follow Romanyshyn's (1989)

exploration of technology in *Technology as symptom and dream.* Approaching tobacco

use as a cultural symptom means understanding what significance, if any, is offered by

the literal, natural scientific fact that tobacco use is the leading cause of preventable

death.

One may wonder, what is the cultural-psychological significance of this literal

fact? A psychological reading of tobacco use as a cultural symptom reveals that when

things are commodified, we understand them in terms of control and convenience, and

our relationship with them becomes "addictive." The consequence of this type of

relationship is that we perish. This interpretation is implicit in many studies which state

unequivocally that tobacco-related morbidity and mortality costs the United States

billions of dollars a year in decreased productivity and health-care related costs. Within

the discourse of commodification, even the human being is reduced to a commodity, a "human resource" and a "social cost."

In what follows, I will elucidate tobacco use as both a cultural artifact and a cultural symptom. As a cultural artifact, tobacco use has changed across time and culture in relationship to cultural narratives. As a cultural symptom, tobacco use as the leading cause of death reveals that the commodification of objects and human life within the discourse of technology leads to addictive relationships and death.

Part I: Tobacco Use as a Cultural Artifact

Tobacco-related morbidity and mortality are recognized by both health care experts and the general public as one of America's leading health care problems. Although tobacco use has decreased considerably since the mid-Twentieth century, when consumption was at an all time high, about 21% percent of the American population still uses tobacco, mainly in the form of a cigarette (MMWR, 2005). Nonetheless, tobacco products remain available for purchase and consumption by adults and are accessible to children and adolescents; it is estimated that about four thousand youth begin smoking cigarettes each day (Substance Abuse and Mental Health Service Administration, 2005). Tobacco use is undoubtedly a significant social and public health problem and is reported to be the leading cause of premature and preventable death. It is considered to be a pandemic for our age.

However, when tobacco was first brought back to Europe from the "New World," it was considered to be a panacea, a medicine suitable for treating and curing myriad illnesses. In 1565, the Spanish physician Monardes considered tobacco "to be an effective cure for any illness of any internal organ, for bad breath, especially in children who have eaten too much meat, for kidney stones, for tape worms, for toothaches, for tiger bites and for wounds from poison arrows" (Gately, 2001, p. 41). Tobacco was also considered to be an "excellent remedy" for headache, vertigo, dizziness, "moist and watery stomachs," all the pains of the joints and all the affections of the head, watering of the eyes, the gout, sciatica, redness in the face, fever, scurvy, and the "falling sickness" (Hughes, 2003, p. 44). How can one interpret such a wild swing in understanding, from

one end of the value spectrum to the other? Has our understanding changed because we have been able to obtain more facts about tobacco, its preferred use (e.g., as cigarettes), and its pathogenic consequences, or have cultural beliefs and values changed? Is it a combination of both?

This dissertation suggests that tobacco and tobacco use can be understood as cultural artifacts and grounds the phenomenon within the framework of social constructivism. As cultural artifacts, the intelligibility of tobacco use is defined within the social and historical context in which it appears. Within the context of the Old European world, for example, the prevailing belief systems informed, influenced and shaped understandings of tobacco and its use. On one hand, physicians valorized tobacco as a panacea because of a general belief that such a panacea existed, and because it "fit" within the framework of the humoral model of the body. On the other hand, religious and royal authorities could admonish tobacco because of prevailing religious beliefs associating tobacco smoke with Satan and hellfire, and social beliefs associating its use with "uncivilized" and "savage" "Indians." In the modern world, tobacco is promoted as a consumer product and has been associated with such ideals as "freedom" ("Come to Marlboro country") and "equality" ("You've come a long way, baby"). It is largely admonished for its negative relationship with physical and mental health and for its costs to the economy. To many, tobacco use is pandemic precisely because of its costs to the economy in missed workdays, decreased productivity, illness, and death. One already notes something of a difference in understanding. In general, these cultural configurations or clearings shape our understandings of the artifact and reveal what each culture values by virtue of those understandings. I will explore these constructions in more detail in the

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following sections, although it is necessary to address more explicitly the perspective I will use to do so.

<u>Theoretical Framework: Social Constructivism</u>

A social-constructivist perspective can inform our interpretation of tobacco and tobacco use as cultural artifacts. Cushman (1995) writes that the social-constructivist position can be stated in eight basic points, which can be paraphrased as such:

1) Humans are "incomplete" and do not have a basic nature that is transhistorical and transcultural.

2) Culture, or the cultural matrix, "completes human beings by explaining and interpreting the world, helping (humans) to focus their attention on or ignore certain aspects or potential aspects of the environment, instructing and forbidding them to think in certain ways." Culture is not "clothing," but part of an individual's flesh and bones.

3) Social frameworks inform and influence the ideas we hold, the beliefs we value, the actions we take, and the materials we make. These things reflect and reproduce the perspective of the social framework and are cultural artifacts.

4) Cultural artifacts are the "stuff" of everyday life, whether clothing, eating utensils, self-concept, rituals, and so on.

5) An interpreter of cultural artifacts must discuss and interpret the artifact within the social construction of the era in which it was produced. Furthermore, an artifact is not a reified thing that has a meaning apart from its context.

6) Cultural artifacts reflect social reality and at the same time reproduce social constellations of power, wealth, and influence.

7) Researchers should concentrate on describing and explaining how particular constructions are communicated to individuals in society, including how artifacts are produced by social constructions and how artifacts in turn reproduce current social constructions and reinforce understandings of the good and concomitant arrangements of power and wealth.

8) The historical era shapes understandings of the self, and the self expresses the era. In the modern day West, the self-concept is of the bounded, autonomous individual, and the dynamic of the era is consumerism. (pp. 17-20)

Within the summary, one notes the intimate relationship between a culture and its artifacts and the necessity of contextualizing the artifact in order to understand its meaning within a particular period. Cushman also adds that interpretation of an artifact is never wholly "objective," as a researcher, too, is always grounded within a social and historical context, and brings a number of values and attitudes to the table when interpreting. From this perspective, objectivity, a hallmark of natural scientific research, is not attainable and can serve to cover up or conceal the cultural clearing in which artifacts are explained and understood. Cultural artifacts are not "out there" independent of the observer. The "hermeneutic circle" or the interpretive process, on the other hand, is one of moving back and forth between the context of the artifact and the context of the researcher and between the part and the whole (Cushman, 1995, p. 22). From this perspective, facts and truth are not so much discovered as invented or built. More accurately, they are "discovered-invented" (Romanyshyn, 1989, p. 110). That facts or

truths are discovered-invented does not make them any less real. It simply means that they are products of the researcher, who is a human being living in a specific time in history and place in the world.

I might clarify this perspective with a concrete example. Many researchers operating within the public health model, a dominant model in the modern era, often begin a study with the observation that in modern American culture, tobacco use is the leading cause of premature and preventable death. Using epidemiological data, it is noted that, as a population, people who use tobacco die sooner than people who do not use tobacco. It then becomes important then to prevent tobacco use. Yet the public health model, supported by the mathematics of statistical epidemiology, also utilizes cultural artifacts on which to base its claims. Lupton (2003) observes:

> Before the emergence of scientific medicine and epidemiology, death was connected with luck and chance, as random, unpredictable, and untamed, as an event that could strike anyone at anytime. By the end of the 18th century, a new image of death became current, where death was not located in the individual, but in the population. The development of the life table, used to calculate the length of life spans based on sex and age employing mathematical laws symbolized this change, for it was an attempt to rationalize death, to subject it to a formalized pattern which could be predicted using statistical methods: the life table, then, is one of the most significant representations of life and death that our own culture has produced. It not only expresses a vision of life as a rationally calculable object, but also provides a set of background expectancies of normal, natural life spans. (p. 43)

The life table, like a coffee table, is indeed a cultural artifact and a useful tool. It informs the physician as to what can be considered a "normal" death. The life table also informs the public not only how long the average life *is* but how long life *should be.* In order to prevent an early death, which becomes nothing less than a deviant death, people are instructed to eat a better diet, exercise, and of course, stop smoking. Lupton (2003) notes the potential consequences: "In the context of an intensified control over death, to succumb to a fatal disease or accident before old age becomes viewed as a loss of control over one's body. Such deaths can no longer be regarded as simply misfortune: instead, someone must be held accountable" (p. 49). Thus, the preventable or premature death, the context in which tobacco use is rendered intelligible (or rather as "unintelligible" or "irrational"), is circumscribed by a cultural discourse in which the themes of instrumental rationality, self-control, corporeal and psychological discipline, responsibility, and blame, have become pronounced and carry significant cultural weight. Sontag (1988) elaborates on this theme:

> Getting cancer, too, is sometimes understood as the fault of someone who has indulged in unsafe behavior-- the alcoholic with cancer of the esophagus, the smoker with cancer of the lungs, punishment for living an unhealthy life…but the unsafe habits now associated with cancer, among other illnesses -- even heart disease, hitherto little culpabalized, is now largely viewed as the price one pays for excesses of diet and lifestyle, the result of a weakness of will or lack of prudence, or of addiction to legal (albeit very dangerous) chemicals. (p. 25)

Within this discourse, it is all too easy to suggest that any person who dies before the normative age and time not only deserves it but has actively taken his or her life, has

committed suicide. If this statement is accurate, it suggests an interesting paradox in American culture: self-determination and active participation are esteemed values in every aspect of life, except in dying and death, where self-determination is not only taboo but forbidden. But more bluntly and to the point, if smoking is to be considered an active form of suicide, then it begs the question: what precisely is going on in the collective psyche if 25% of the population is killing itself?

I offer this example only to illustrate that the way we currently understand tobacco use is also part of a larger cultural narrative that includes perspectives such as public health and statistical epidemiology and artifacts such as the "life table" and the "premature death." This larger cultural narrative undoubtedly shapes our understandings of tobacco use in most every facet of everyday life, from the adolescent who may not perceive the health risks associated with tobacco use (Dent, Milam, Ritt-Olson, & Sussman, 1997) to the physician who may refuse to treat a person with lung cancer because of a history of cigarette smoking (Fitzgerald, 1994).

In the following sections, I will explore the cultural transformations in tobacco use to illuminate how we have arrived at our current understandings. While I will not link my own interpretations of tobacco use to Cushman's points consistently throughout, I ask the reader to keep them in mind, as they provide the background or a frame of reference for understanding. It is my hope that by providing a frame of reference through an exploration of the cultural construction of tobacco use in the past, we can approach the present in a different way.

<u>Three Worlds</u>

Because tobacco use is a cultural artifact and thus has changed across time and culture, it will be necessary to situate tobacco use within specific cultural and historical contexts. For practical purposes, I am calling these contexts the New World cosmos, the Old World cosmos, and "Western Modernity." These distinctions are intentionally broad, and I am specifically concerned with them as reference points for one another and not with explicating either the New World or the Old World in great detail. It is in the context of Western Modernity that the greatest problems with tobacco use appear.

The New World cosmos is, technically, an old world. It is the world of the indigenous cultures or the First Peoples that existed on the North and South American continents prior to European "discovery" in the 15th century. I am calling it the New World out of a Eurocentric bias and for convenience and consistency. The Old World cosmos is the world of the European, on the European continent, between the period of New World discovery and circa 1750, the birth of the industrial revolution. What I am calling Western Modernity extends from 1750 through the present, with due note of the current trend of post-modernism and the philosophical implications it presents.

Admittedly, and especially from a social constructivist perspective, there are considerable difficulties with making such broad classifications. Within each world there was/is considerable cultural heterogeneity. The New World was home to many diverse tribes and groups of people; by no means are they intended to be categorized or classified as an homogenous group.[4] The same holds true for the Old World. One could easily make

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[4] Indeed, I am extremely sensitive and aware of the epistemological difficulties inherent to my position. Young (2001) observes there are significant cultural issues when "outsiders" attempt to describe indigenous cultures. He notes that the names assigned to indigenous cultures—Native Americans, Indians – are drawn from European experience. I have attempted to not use these terms. He also notes that before and around

distinctions between the Dutch use of pipes by peasants in the late 17th century and the French or English upper class use of snuff. In the modern context, one could also discuss the differences between Latino-American adolescent use of cigarettes in urban Los Angeles and Caucasian adolescent use in rural Kentucky. My main goal, however, is to summarize the historical changes of tobacco use within broader contexts. In the following sections, I will outline a brief history of tobacco use and explicate how tobacco use was constructed and understood within each large cultural clearing.

The "New World" Cosmos

The use of tobacco dates to prehistoric times. Plant geneticists have established the center of origin of tobacco in the Peruvian-Ecuadorian Andes circa 5000-3000 BCE (Gately, 2001, p.3). South American peoples were the first to use tobacco. It is unclear precisely how tobacco was first discovered and came to be used. Wilbert (1987) offers several possible serendipitous scenarios (p. 6). Gately (2001) suggests perhaps smoking tobacco was a derivative of snuffing tobacco through the nose (p. 4). Tobacco use gradually moved up from South America through Central America to the North American continent. Blum (1969) notes evidence of pipe smoking among Arizona Indians c. 200 AD (p. 87). Many Central American tribes shared or borrowed the custom from one another, and tobacco was a significant part of respective religious cosmologies. In Aztec

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1492, between 200-300 languages were spoken on the North American continent, by more than 600 autonomous cultures with unique ways of life; therefore, "to tell the 'history' of 'American Indians,' in general, or even the 'history' of any particular Native American nation, is to impose an interpretive framework from the outside." Finally, he observes that the concept of history is in itself problematic, a reflection of European understandings, wherein "the recording of human events in linear progression reflects a view of time not central to the traditions of most of the original inhabitants of the continent" (pp. 11-12, 20). In light of these considerations, it is important to stress that my interpretation of tobacco use as a cultural artifact within the indigenous world (or worlds) attempts not to impose European or American constructs, only to do the best with the resources I have chosen to mark the *difference* between worlds.

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culture, for example, two of the main gods used tobacco (Gately, 2001, p. 16). For many

indigenous tribes on the North American continent, tobacco became part of origin or

creation myths. For the Navajo people, the creation of the universe could not occur until

Sky Father and Earth Mother had smoked sacred tobacco, and in Crow culture, Morning

Star fell from the sky and turned into a tobacco plant (Winter, 2000, p. xv). Many

different tribes created their own names for tobacco: there were at least several hundred

indigenous names for tobacco, including "furry plant," "raven's tobacco," and "sky

tobacco" (Winter, 2000, pp. 274-275).

Despite considerable cultural heterogeneity, historical transition, and geographical

spread, it is possible to describe a general cultural framework or narrative of the "New

World." French (2000) calls the cultural framework of this world the "aboriginal

worldview." The aboriginal worldview dictated intergroup cooperation, and the

normative structure could be called a *harmony ethos*. Within the harmony ethos, a person

is "born powerless acquiring individual strengths and wisdom through a lifelong process

of cooperative reciprocity with other living things" (French, 1995, p. 73). It was taught

and understood that humans were not superior to other living creatures, including

animals. Even the "things" of the "natural" world—rivers, lakes, rocks, mesas—were

living things and imbued with spirit. The harmony ethos also consisted of "a complex

social code whereby individual freedom was checked by the extended family and clan,"

and that, "respect for, and cooperation with, nature was imperative for existence…plants

and animals were thanked for providing sustenance to the group" (French, 2000, pp. 3-4).

In Crow culture, tobacco was the only crop cultivated to ensure the continued welfare of

the people (The Indian Health Service Provider, 1996, p. 26). For many other tribes, the

cultivation and use of tobacco was understood within the context of the aboriginal worldview.

Within this normative context, the plant was used in many different ways in daily life, in manners both mundane and sacred, if the two could even be separated at all. Most cultures also used tobacco in their respective pharmacopeias as a potent medicine.

Tobacco was used in ways both mundane and sacred. Among the Karuk of California, for example, tobacco was always used "for some definite end, as part of the days routine or as a rite prescribed by custom" (Balls, 1962). Tobacco also played an important role in a variety of sacred rites and rituals. The Delaware made a ritual sacrifice of tobacco prior to hunting (The IHS Provider, 1996, p. 23). It was "blown into warriors faces before battle, over fields before planting and over women prior to sex, it was offered to gods and accepted as their gift" (Gately, 2001, p. 15). Feinhandler (1986) supports the position of tobacco's role in sacrament and community, observing, "The natives themselves revered tobacco and its smoke. For them, as many other non-technological societies that later adopted it, smoking symbolized welcome, unity, communication with the gods and spirits, and healing powers to drive out the disease" (p. 170). The mortals were directly related to each other, the spirits of deceased ancestors, and the gods through tobacco use. Klein (1993) summarizes the theme:

> …In Pre-Columbian times, (tobacco) was considered to be a god, a minor divinity that found acolytes among Native American tribes stretching from the Iroquois of New York to the Mayans in the Yucatan. The glowing ember of the calumet unified the circle of the tribe with the spirits of our ancestors. With its power to give escape from time to time, to call up the past or evoke the future, tobacco

linked (Indians) to their dead, in whom they saw themselves. It summoned their

collective longing for future bravery rivaling the examples of ancestors, so as to

alleviate the spirits haunting injunctions by imitating, then surpassing them. (p.

138)

Although Klein waxes poetic, he is nonetheless accurate in further elucidating the

cultural context in which tobacco was used and the significance attributed to it by

indigenous peoples.

Finally, tobacco was also used chiefly as a healing agent. In many indigenous

South American cultures, shamans, the mediums between the "visible" and "invisible"

worlds, utilized tobacco in healing rituals. The shamanic use of tobacco was predicated

on the belief that illness was caused by spiritual intrusion and that disease resulted in

"soul loss," where the afflicted person's soul was taken by spirits from the "natural"

world to the "supernatural" world (Hughes, 2003, p. 19). The shaman had to use tobacco

in order to become a healer and to enter into the "space" in which healing could begin.

Shamans would ingest huge quantities of tobacco, which would lead to "nicotine

intoxication" and "hallucination" (Wilbert, 1987, p. 162).[5,6] "Nicotine intoxication"

would produce nausea and vomiting during the course of treating an illness, and:

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[5] Both Hughes and Wilbert appear to utilize these terms -- "nicotine," "visible," "invisible," "intoxication," "hallucination," and "supernatural"-- in order to render the shamanic use of tobacco more intelligible and familiar to non-indigenous readers. However, they may represent a Eurocentric and historical bias, since in many indigenous cultures, the concepts and constructs do not hold. Or, if they are used now, it is because they have been imposed on them from the outside.

[6] Hillman (1998) notes that the origin of the concept "hallucination" can be located in France in the early 19th century. At that time, Esquirol first elaborated the concept and "our view of these convincing sense perceptions without corresponding public objects." Hillman adds that, "for centuries people have experienced utterly convincing visions, sounds, and smells, the reality of which did not depend on the sole criterion of correspondence with an outer object." However, "hallucinations put in the question the materialist theory of sense perception; they are indeed dangerous for our epistemology and ontology, and so are preferably parapsychological or pathopsychological" (pp. 131-132). Hallucination is indeed founded upon a Cartesian dualism of internal mind and external objects.

…the shaman smokes five or six long cigars and simultaneously chews tobacco while chanting not a 'darkened vision' chant but a benevolent song to identify the *hoa* pathogen in the body of his patient. In a state of nicotine trance, he divines the nature of the illness causing *hoa*, and once it is identified, his *kaidoko* snare of tobacco smoke… captures the pathogen. After excessive smoking, they are said to vomit serum and yellowish pieces of flesh of their victims, here or in the land of the dead. (Ibid, pp. 162-168)

Healing is conceptualized as retrieving the sick person's soul from the realm of the "dead" or "supernatural." Thus, the use of tobacco in this specific context is circumscribed by a non-materialist worldview and can be understood as a "healing technology," which is further understood by the unique configuration of the "self" and a "particular foundational set of what it means to be human" (Cushman, 1995, p. 3).

Another general way of understanding tobacco as a cultural artifact within the indigenous worldview, and as part of the harmony ethos, is reflected in the sacred pipe ceremony, adapted from the Sioux. French (2000) writes:

…The sacred pipe, with a bowl of pipestone, stem of wood, and adornments of twelve eagle feathers, shell fragments, and colored beads sewed into a buckskin wrap, is symbolic of the universe (Mother Earth and Father Sky). The bowl represents both Manka (Mother Earth) and man's blood, while the red beads represent the west, the blue the north, the green the east, and the yellow the south. The north/south direction represents the red road, or good way, where north signifies purity and the south the source of life. On the other hand, the east/west direction represents the blue or black road, the path of error and destruction…The

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sacred tobacco mix is offered up to Wakan-Tanka and placed into the bowl in a

ritual that involves pointing the pipe bowl to the heavens, then to the west, north,

east, and south, and finally downward toward Mother Earth. (p.11)

Clearly, both the pipe and tobacco were sacred; the ritual act itself can be interpreted as

"holistic" in that the four directions are acknowledged, as well as the earth and the sky

from which all things come. It is also remarkable that in the ritual, both paths of purity

and sources of life and paths of error and destruction are acknowledged. The pipe

represents a whole person in a whole world, and the smoke itself is a "medium of

spiritual communication" (French, 2001, p. 11).

The significance and importance of the pipe as a cultural artifact can be

underscored by its production. Traditionally, the pipe was a handcrafted object. Its

construction required knowledge of the craft, and the craftsman shaped the pipe from that

knowledge. Different methods may have been used to create different designs, but a

common denominator was that production could be described as an organic and even

artistic process. Within the Karuk culture, for example:

Pipes were made of wood or soapstone. The bowl was hollowed out and a little

pith in the pipe stem and the grub of a little beetle which lives in the dried salmon

was placed in the cavity and sealed with pitch. The wood was then hung up in the

living place, left for the grub to eat its way through the pith of the peace pipe

stem. This was not always successful- the grub sometimes died. Pipes bored (in

this manner) seem to have been particularly valued property. (in Winter, 2000)

Additionally, Gately (2001) observes, "The Plains tribesman committed as much passion to the manufacture of his pipe as any Renaissance craftsman to the creation of a chalice" (p. 71). Towards this end:

> There remains nothing more, except to speak of the Calumet. There is nothing more mysterious or respected among them. Less honor is paid to the crown and scepters of kings than the savages bestow on this. It seems to be the god of peace and war, the arbiter of life and death. It has but to be carried upon one's person, and displayed, to enable one to walk safely through the midst of enemies- who in the hottest fight, lay down arms when it is shown. For that reason, the Illinois gave me one, to serve as a safeguard among all nations whom I had to pass during my voyages. (in Winter, 2000, p. 22)[7]

The pipe, then, played a central role as a cultural artifact, a real and symbolic object. The pipe was carried on a person at all times. It was to be protected and revered. It had the power for men to make war *and* to lay down their arms. The poet Longfellow drew on this significance in his "Song of Hiawatha," written in 1855, as the United States was slowly collapsing into Civil War. He wrote of the calumet and the Great Spirit Gitche Manitou to address the "warriors" of the time to lay down their weapons, wash the war paint from their faces, and live in peace (see Longfellow, 2000, pp. 141-279). Needless to say, the pen was not mightier than the sword.

Interestingly, one notes that within the indigenous worldview neither "nicotine" nor "addiction" is evident. Although many contemporary authors use these terms freely

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[7] This citation, as many do, reflects a Eurocentric and historical bias, including the use of the pejorative "savage." I have retained it only because it reflects the understanding of the time. What is implicit in this citation is that it is more important to respect and revere the crown and scepter of kings, themselves potent symbolic objects within the context of a different culture.

and impute these constructs retroactively, there is little primary evidence that they existed within indigenous cultures. One may argue that the effort to make the past intelligible through current constructs actually conceals the past and reveals more about the present. The legends involving tobacco, from its origins to its use in daily life, are remarkably absent of these terms. Indigenous cultures primarily used the oral tradition, but the means and methods of communicating information and knowledge has little to do with the content of the communication, as many stories have been preserved and passed down through generations using such means. In the Apache tale, "Coyote Steals Sun's Tobacco," there are no references (Erdoes & Ortiz, 1984, pp. 377- 379), nor do they appear in the Crow and Hidatsa tale of tobacco's origin (http://www.firstpeople.us/FP-Html-Legends/TheOriginofTobacco-Crow.html). Additionally, despite historical variations in use (in methods of administration, dosage, and purpose) there is little documentation of the harms associated with tobacco use, including physical ailments. If tobacco- related morbidity or mortality existed, it was rare or not recognized as such (The IHS Provider, 1996, p. 26). Of course, other causes of suffering and death did exist, such as injury or death in hunting or battle, or contagious disease. The point is that constructs were not part of the indigenous peoples' cultural clearing. They appear only later in history, in the early 19th century and early 20th century, respectively, within the context of a remarkably different worldview. They are *now* used, however, to describe modern problems with recreational, secular, and/or "profane" use of tobacco in cigarettes by tribal peoples.[8]

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[8] It is reported that Native Americans actually have the highest prevalence rates of tobacco use in the United States at 42% (Substance Abuse and Mental Health Service Administration, 2006, p. 42).

The use of the modern cigarette and the construct of addiction speak more to the modern American worldview and the modern American cultural clearing, which includes the narratives of mass-production, consumerism, and scientific medicine where addiction is described as chemical dependency.[9] This provides a stark contrast to the indigenous worldview, where tobacco use was central to everyday life, mainly as a sacramental object and as a healing agent; where the pipe, as a symbolic object, was part of a harmony ethos in which the gods, Mother Earth, Father Sky, and ancestors could be called upon through rite and ritual; where tobacco facilitated movement *through the world*; and where the cultural significance of the pipe, created as part of an organic process, spoke to the characteristics of the age.

The next section explores tobacco as a cultural artifact within the context of different worldview: that of the "Old World" cosmos. The cultural "collision" between the "Old World" and the "New World," of course, is one of the most monumental periods in history. Two very different worlds met and, in this meeting, significant cultural changes occurred. The Europeans appropriated tobacco for their own and interpreted it within their own cosmology.

The "Old World" Cosmos

In this section, I describe tobacco use as it comes to be understood within the cultural narratives of the time between New World "discovery" and approximately 1750. (A notable exception is a treatise published by Benjamin Rush in 1798. I include it in this section because it reflects a general attitude towards the themes I will discuss.) Within

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[9] In many tribal cultures, the 12 step-model advanced by Alcoholics Anonymous, as well as many other recovery programs, have been recrafted to reflect tribal beliefs and values (see United States Department of Health and Human Services, 1999, pp. 51-60).

this context, religious and moral authorities admonish tobacco use, referencing its use to Satan and witchcraft, since these beliefs were dominant at the time. On the other hand, the physician will come to describe tobacco use as a panacea, a cure all for myriad ailments (which is nonetheless informed by the configuration of the self and the healing technologies of the time). In a very significant way, this generic split into "all bad" and "all good" reflects a unique difference between the uses of tobacco in indigenous cultures, where tobacco use contained both elements (for example, the road of purity and the road of error and destruction). It also represents significant power struggles over who will secure control of its use: the physician, the merchant, or the state.

When Columbus and his men landed in the New World in 1492, people smoking tobacco greeted them. It is generally agreed that Columbus was taken aback by the "savage" custom of smoking tobacco. The practice was foreign to the Spaniards, and there was little understanding of the role tobacco played in native cultures: "Clearly, they were people, but so vastly different in appearance and behavior that Europeans minds boggled at the confrontation. Strange enough they existed at all, with their peculiar dress and custom; stranger still that they inhaled and exhaled clouds of smoke, inviting the newcomers to do likewise" (Feinhandler, 1986, p. 169). Many of the first Spaniards accepted the offer. However, the Spaniards failed to understand the behavior on its own terms and made sense of it according to their worldview. They associated the indigenous peoples' smoke and fire with the Christian Satan and Hell (Ibid., p. 169). To the Christian mind, smoking appeared as another "devilish animism" (Klein, 1993, p. 11). Consequently, one of the earliest Spaniards to use tobacco was sentenced to the Inquisition, because "Only Satan can confer on human beings the power to exhale smoke

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from the mouth" (Escohotado, 1999, p. 56). The Archbishop de las Casas reported the effects of tobacco smoking on the Spanish: "This smoke puts the flesh to sleep…they say that they feel no fatigue. (And) after I reprimanded them saying that it was a vice, (they) answered that they were unable to stop taking it" (Klein, 1993, p. 11). Oviedo, the military governor of Hispaniola, also recorded, "Among other evil practices, the Indians have one that is especially harmful: the ingestion of a certain kind of smoke they call tobacco, in order to produce a state of stupor…until they become unconscious and lie sprawling on the ground like men in a drunken slumber" (Gately, 2001, p. 26).

From these first descriptions, one can see that tobacco, as a cultural artifact, begins to take on a different significance. It is understood within the context of a different moral and religious worldview.[10] Although some Spanish used tobacco, they were admonished and punished for using it, not only because it violated religious and moral mandates, but because of the identification of its use with the "savagery" and "evilness" of the indigenous people. Furthermore, it was believed to "put the flesh to sleep" and cause "stupor" and "slumber," obviously qualities not valued within the culture. Hughes (2003) observes that one reason for these possibilities is that the tobacco that was used at this time was much stronger than the tobacco that is used today; it had different physical effects (which he referred to as "hallucinogenic") (pp. 22-28). Nonetheless, the physical effects of tobacco carried significant moral and religious weight. But more importantly, unlike the description of the pipe provided in the previous section, which symbolically contained both the road of purity and the road of destruction in the same object, within the Spanish cultural mind, the evilness, sin, stupor, and slumber associated with tobacco

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[10] The harmony ethos described previously included a moral framework based on individual autonomy but also responsibility to the group.

use are too powerful and are to be split off, contained, punished, and converted (e.g., in the Inquisition and the confinement of indigenous people as slaves). Unlike the use of tobacco in indigenous cultures, which symbolized hospitality, gathering and unity, one observes within the encroaching worldview a cultural symbolic process of *division* or *separation*. Hughes (2003) calls this social process a "quest for distinction," which refers to the Europeans distinguishing themselves from indigenous peoples. At the same time, he also observes that as tobacco use became more popular in Europe in the 16th century, the "quest for distinction" became apparent in terms of "class" structures: the "higher" classes sought to distinguish themselves from their perceived social inferiors (pp. 57, 67).

In the early 16th century, though, tobacco had not yet arrived *en masse* in Europe. It was only brought back in small quantities, the stuff of cultural curiosity and animosity of the world "outside" of the European continent. When John Hawkins brought tobacco to England, it was "met only with marginal interest" (Blum, 1969, p. 89). However, Sir Walter Raleigh's use of tobacco generated a more popular response. Cultivation commenced in 1573 (Hughes, 2003, p. 37), and by 1614 there were seven thousand tobacco shops in London alone (Blum, 1969, p. 89). The widespread interest in tobacco then grew across the continent and into Asia, primarily because of exploration and trade.

While tobacco did not have public appeal until the late 16th century, it had academic and scientific appeal. In 1559, Jean Nicot, the French ambassador to Lisbon, encouraged a botanist to allow him some tobacco. Nicot sought to apply the "medicinal" properties of tobacco reported by New World voyagers. In one tale, Nicot applied a tobacco-based ointment to a Portuguese man suffering from a tumor and cured him; he then later offered tobacco to Catherine de Medici to cure her headaches (Gately, 2001,

pp. 39-40). Following Nicot's experiments, the physician Monardes touted the medicinal

qualities of tobacco and suggested tobacco to be an effective cure for "any illness of any

internal organs, for bad breath, especially in children who have eaten too much meat, for

kidney stones, for tapeworms and tooth aches, for tiger bites and wounds from poison

arrows, indeed, any other manner of wound" (Ibid, p. 41).[11] Tobacco was also said to

"drive off melancholy and other foul humors and to improve the memory" (Kluger, 1996,

p. 9) and was considered to be an "excellent remedy" for headache, vertigo, dizziness,

"moist and watery stomachs," all the pains of the joints and all the affections of the head,

watering of the eyes, the gout, sciatica, redness in the face, fever, scurvy, and the "falling

sickness" (in Hughes, 2003, p. 44). Tobacco was conceived to a panacea, due in part to

an overarching belief that such a panacea for all illnesses existed.[12]

Goodman (1993) observes that a major reason for the belief that tobacco could be

understood in this way was the Galenic system of medicine that was predominant at the

time (p. 41). Within this framework, the body was believed to be composed of four

humors: black bile, yellow bile, blood, and phlegm. Each humor had an essence based on

a combination of properties: hot, cold, moist, and dry. Illness was understood as a

humoral imbalance or disequilibrium, affecting not only the body but also the personality,

and treatment was geared towards restoring balance. As a complement to the

humoral theory "was the development of an equally complicated *materia medica* with

herbals for every condition from which man suffered" (Bromberg, 1959, p. 30). As a new

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[11] Courtwright (2001) observes that Monardes highly disapproved of the "Indian" use of tobacco as a "pastyme," wherein they "reveled in drunkenness and diabolical visions" (p. 70).

[12] Courtwright (2001) also suggests that "the principle of therapeutic specificity," or the use of a particular medicine for a specific disease did not emerge until the 18th century and after: "Doctors regarded drugs simply as tools to achieve broad physiological effects. Through such actions as quickening the pulse or regulating the bowls, they supposedly helped the body regain natural balance" (p. 69).

herb from a new world, tobacco was incorporated into this system: it was believed to have properties of the hot and dry type, suitable, for example, for ailments of the cold and wet type. In this description, one can again recall Cushman's notion of a configuration of the self, and healing technologies based on these configurations of the self. Additionally, what one notices here is the degree of correspondence between the body and material artifact of tobacco. Both are conceived to have "properties" and "essences"; they mirror one another to a great degree. Tobacco came to be constructed in a way that was commensurate with the construction of the body. Both the tobacco plant and the body reflect the beliefs of the era.

The enthusiasm for tobacco as a panacea, however, was not without opposition. The opposition to tobacco use also reflects the beliefs of the age. King James I, who burned witches, punished Satanists, and published a treatise on demonology, issued his famous *Counterblaste to Tobacco* in 1604. Gately (2001) observes that tobacco was a "natural adversary" for King James, because of his beliefs about witchcraft and the associations of tobacco use with witchcraft and the Devil (pp. 66-67). King James saw opposition to his rule everywhere, especially in the figure of Sir Walter Raleigh, who popularized tobacco use in England and was a favorite of the Queen. King James I eventually had Sir Walter Raleigh beheaded on account of treason. As a symbol of defiance, perhaps, Raleigh went to the executioner with his pipe in his mouth (Klein, 1993, p. 12).

In the *Counterblaste*, King James attacks tobacco use from several positions.[13] He critiques the use of tobacco within the humoral framework by noting the "illogic" of the

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[13] In this section, I include several quotes from King James' original text. The version I have located is from an online resource at http://www.uoregon.edu/~rbear/james1.html.   I deviate slightly from standard citation style for practicality and readability.

belief that, because brains are "cold and moist," all things "hot and dry," like tobacco, are inherently "good." His suggestion that "these cures ought not to be used, but where there is need of them," seems to reflect the notion that tobacco could be used as a medicine, but not as an everyday palliative. He also argues against the notion that tobacco is a panacea: "What greater absurdity can there be than to say that one cure shall exist for all divers and contrarious sorts of diseases?" King James also admonishes the populace for being "drawn to the foolish affection of any novelty," and for imitating one another's habits, "as we cannot be content unless we imitate everything that our fellows do…like apes counterfeiting the manners of others to our own destruction." He castigates tobacco use as a sinful and lustful, as an affront to both God and himself:

> Is it not the greatest sin of all that that you, the people of all sorts of this kingdom who are created and ordained by God, to bestow both your person and goods for the maintenance both of the honor and safety of your king and commonwealth should disable yourselves in both?

The continued use of tobacco, like the continued use of the "best sorts of nourishment in meat and drink," will "weaken both the head and stomach. All members shall become feeble; his spirits dull; and in the end, a lazy belly-god…And from this weakness…they are not able to forbear more than an old drunkard…without falling into an incurable weakness and evil constitution." He finally notes something of the market value of the "body" of a person who takes tobacco: "And this very custom of taking tobacco is even at this day accounted so effeminate among the Indians themselves, as in the market, they will offer no price for a slave to be sold whom they find to be a great tobacco taker."

Under the overarching narratives of the time, a range of cultural (and personal) values and beliefs are evident in King James' text. In this clearing, the significance of tobacco and tobacco use is changing. On one hand, tobacco is beginning to be exploited for its commercial value, as evidenced by the increasing number of tobacco shops in London. It is becoming popular, perhaps because of its novelty, or because of the influence of a prominent figure such as Sir Walter Raleigh. It is also being hailed by European physicians as a powerful medicine; perhaps it was in their interest to view tobacco in this way, as a means of securing control over its use (Hughes, 2003, p. 47). King James, on the other hand, views the exotic herb as a contagion,[14] and admonishes its use as "sinful," harmful to the body and the state, and associates its use with witchcraft, deviltry, and the "uselessness" of the indigenous peoples. Additionally, there may have been fear that unbridled tobacco use, like drinking, would lead to decreased "productivity" (Hughes, 2003, p. 47).

One may suspect, in this context, a growing competition for who is going to have *control* and *power* over this new found object, the merchant, the physician, or the state, and who will benefit economically from it. The material object of tobacco not only has the properties of "hot and dry," but also reflects the theme of power. Unlike the harmony ethos that emphasized cooperation and respect, the European emphasis on competition, power, control, and domination, is mirrored in tobacco use as a cultural artifact.

Gately (2001) suggests that King James I tyrannical treatise went unheard; as a consequence, his only other option was to raise the duty on tobacco by 4000% (p.69). This increase in duty, among other factors, made the "case for securing an independent

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[14] In the context of discoveries from the New World, it is not surprising that alongside the enthusiasm and exploitation of new objects there is also fear of the foreign or an exogenous contaminating factor that has the power to disturb or disrupt both tradition and status quo.

tobacco supply, via the establishment of a New World colony, even stronger" (Ibid, p. 60). In effect, the securing of power and control over the object was counterproductive, perhaps iatrogenic. The colony of Jamestown in the New World came to be established for the sole purpose of growing tobacco, and "was Jamestown's savior" (Kluger, 1996, p. 11). In 1612, John Rolfe planted tobacco seeds in Jamestown. By 1618, the crop's yield was 20,000 pounds, and by 1627 the yield totaled 500,000 pounds (Gately, 2001, p. 60). Tobacco became the "first great economic fact of life" (Johnson, 1991, p. 38). The economic bounty of tobacco use continued as it was exported not only back to Europe but also throughout the world.

A major factor for the increase in production and economic return was slave labor and indentured servitude. Rolfe noted in his diary in 1619 that the Dutch arrived bringing "indentured servants" and that Yeardley, the Governor of the colony bought fifteen "blacks" for work on his plantation (Johnson, 1997, p.27). Chattel slaves soon joined the indentured servants. Johnson (1997) observes the consequences:

> …The first English colony in America embarked on two roads which bifurcated and led in two totally different directions: representative institutions, leading to democratic freedoms, and the use of slave labor…it eventually produced a society divided into two casts of human beings, the free and the unfree. These two roads were to be relentlessly and incongruously pursued, for a quarter of a millennium until their fundamental incompatibility was resolved in a gigantic civil war. (p. 28)

Within this context, tobacco became a dominant commodity in the colonies. It became "the single most important cash crop" for North Carolina in the 17th and 18th centuries

(Horgan, Skwara, & Stricker, 2001). Kluger (1996) adds that, "the influence of tobacco on pre-Revolutionary America and particularly on its largest and wealthiest colony, Virginia, cannot be overstated... By the eve of the American Revolution, tobacco represented some 75 percent of goods exported from Virginian and Maryland" (pp. 11-12). Indeed, many of the Founding Fathers and signers of the Declaration of Independence were indebted to tobacco: "A majority of its signatories were involved in the tobacco trade. If one were to search for similarities among the fifty-six men who drew up the birth certificate of the most powerful nation in history, one would discover a belief in God and tobacco interests" (Gately, 2003, p. 140). Thus, in this developing cultural context, alongside the signification of power, control, and slavery, a new significance is added: that of freedom and independence (most significantly, economic independence).[15] As Gold (1995) observes, "One cannot study American history without studying the rise of the tobacco industry" (p.18).

While the economic benefits of tobacco could not be disputed (and the freedom and independence it provided for some), the social, moral, medical, and religious costs could not be ignored. Benjamin Rush, a signer of the Declaration of Independence and the "father of modern psychiatry" in America, discussed the use of tobacco in his *Essays, Literary, Moral, and Philosophical*. Although Rush was not one the first to advance an outright edict against tobacco use in America-- that occurred by church leaders as early as 1575 (Blum, 1969, p. 92)-- he was one of the first physicians to address the problem in the new and growing nation. His treatise, in which he makes many observations about

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[15] The remembrance of the relationship between the economic value of tobacco and the independence secured by the Revolution is memorialized in American currency: tobacco leaves frame the border and the portrait of George Washington on the one dollar bill, the most common bill printed by the U.S. Mint.

tobacco use, contains elements of Enlightenment philosophy and Puritan morality that were dominant in the North at that time.

Rush (1798) believed that reason governed the planet; accordingly, he described the "attachment" to "vile" tobacco as "absurd" and "ridiculous" (p. 260). He advocated temperance and moderation in all affairs. Rush compared the use of tobacco to the use of spirituous liquors, and that the progress of *the habit* of tobacco use led to slavery. He tells a story of one woman who progressed to a state of slavery and would have to wake in the night to take snuff to "recompose her system." He describes "the appetite" for tobacco as "wholly artificial;" it is not a "natural" act or desire and no person is born with the "relish for it" (p. 261).

Rush then describes several of the influences of tobacco upon the health of the body and mind. Rush observes that habitual tobacco use impairs the appetite, prevents digestion, wastes saliva in chewing, produces diseases in the nerves (including tremors), produces headaches, vertigo, and epilepsy, palsy, apoplexy, sudden death, tooth loss, impairs the voice, "imparts to the complexion a pale dusky color," and impairs the memory (pp. 262-263). Rush then proposes what could be considered an early description of "addiction." He describes that the "want" of tobacco is a source of "uneasiness" and that "uneasiness" in some could lead to "agitation of mind that has bordered upon distraction" (p. 262). Rush recollects that Colonel Aaron Burr, during the war, informed him:

> The greatest complaints, dissatisfaction, and suffering…of the soldiers
> accompanying Arnold in his march from Boston to Quebec through the
> wilderness in the year 1775…were from the want of tobacco. This was more

remarkable, as they were so destitute of provisions as to be obliged to kill and eat

their dogs. (p. 263)

Rush dismissed the notion that tobacco use facilitated intellectual operations, and instead

promoted the use of tea or coffee, and even the habits of Mr. Pope who "recommends a

trotting horse" or Mr. Rousseau who "excited his invention by walking backwards and

forwards in his room" (p. 263). He then states that, "the absence of sensation is

accompanied by misery" and "the Indians afford striking proof of this remark- hence they

spend whole days and even weeks smoking, in order to relieve themselves from the

anguish which attends to the inactivity and vacuum of their minds" (p. 265).

> With regard to morals, Rush argued that tobacco use disposed to idleness (the root

of all evil), led to uncleanliness, was offensive to others and breached good manners, and

disposed one to rudeness. His beliefs about morals, of course, were influenced by his

religious thought, and he speculated:

> The Methodists forbade the use of tobacco in the infancy of their society. The
>
> prohibition discovered a high and just sense of self-denial, decency, and universal
>
> civility which are required by the gospel. What reception may we suppose would
>
> the apostles have met with, had they carried into the cities and houses to which
>
> they were sent, snuff-boxes, pipes, cigars, and bundles of cut, rolls of hog, or
>
> pigtail Tobacco? (p.268)

Nonetheless, Rush, *could* conceptualize tobacco as a medicine: "That it possesses many

medical virtues…I grant it" (p. 264). His main arguments were against the *habitual* use of

tobacco.

Although there are some similarities between King James' treatise and Rush's, it is the product of a different cultural clearing, and tobacco use, as a cultural artifact, reflects this era. Rush's tract with its emphasis against idleness and the possibility of becoming "enslaved" to the habitual use of tobacco can be read not only as a treatise on health, but as a political document. Or, more accurately, whereas King James' document was a political document that addressed health, Rush's document was a medical document that addressed politics. The myriad illnesses he describes being associated with tobacco use may have been valid and empirically demonstrable, but the incorporation of the slavery metaphor also serves as a powerful rhetorical device in order to distinguish between the "free" and the "unfree." Inasmuch as one is not to be like the "idle Indians" who are in misery and whose minds are "blank," one is also not to be identified or associated with the southerner who uses slave labor to produce tobacco for economic gain. The "healthy" and consequently "free" person is one who is industrious, active, self-sufficient, virtuous, temperate, and clean: this is civility. But it is not just civil, it is normative; though normative, is strongly believed to be "natural." Cushman (1995) perhaps sums up the cultural context for interpreting this piece best:

> The moral uncertainty about the proper way to be human moved the white
> population to desperate measures to define the self of their era: The nineteenth
> century white strategy was based on the psychological processes used to define
> the "other." It was difficult for the young, increasingly diverse nation to develop a
> consensus as to what the self was. It was easier to develop a sense of what the self
> was not- the supposedly lazy, stupid Negro, of the supposedly heathen, savage

Indian. The white self was defined as being unlike the Negro slave, unlike the

untamed Indian. It was not lazy, stupid, savage, and uncivilized. (p. 41)

It is not surprising, then, in this social and historical context, that Rush's influence laid

the groundwork for other physicians of the time to articulate their beliefs of the dangers

of tobacco use as a means of distancing from the "other," whether slave, "Indian," or

even the mad. Alcott (1836) refers to smoking as a "filthy" habit, and he noted only men,

worms, and the "constitutionally nervous" used tobacco. Like Rush, he suggested

stopping tobacco use was like "being freed from Slavery" (pp. 67-75). Shew (1849)

observes that tobacco could be implicated in everything from hemorrhoids to insanity.

Thus, in the span of two hundred years, the cultural significance of tobacco shifted.

Whereas the physician once described tobacco as a panacea the physician now believes

tobacco to be responsible for myriad illnesses. The moral and political issues

surrounding tobacco use were undoubtedly influential in shaping notions of health and

cultural values, which the physician, not the king, was developing the power to mete out.

In sum, there are a host of significant cultural changes occurring between the time

of new world discovery and the time of Rush's tract, which influenced and informed the

use of tobacco. The incorporation of tobacco within the humoral framework reflected the

prevailing beliefs about the body, of health and illness at the time; these beliefs changed

as a different understanding of the body developed, and also reflected the political and

moral issues of Rush's time. Furthermore, the use of tobacco in this historical context

represents several significant dichotomies: between "good" and "bad," the "free" and the

"unfree," the "idle" and the "productive," and the "civilized" and "uncivilized."

<u>Western Modernity</u>

Within the context of Western Modernity (c. 1750), several transformations in understanding tobacco and tobacco use as a cultural artifact take place. These transformations can best be understood within the discourse of industrialization, science, and medicine. The development of chemistry was critical to the understanding of tobacco use; nicotine was discovered in the early 19th century. At the end of the 19th century, the development of the mass-produced cigarette (in conjunction with advertising) changed tobacco consumption. During the 20th century, the moral and political issues surrounding tobacco use pertained to the themes of growth and degeneracy, efficiency and inefficiency, and control and lack of control.

When Benjamin Rush published his essay in 1798, he made no mention of nicotine. One was not addicted to a chemical, or dependent on a drug: one was "enslaved" *to the habit of its use.* For Rush, like the indigenous cultures before him, nicotine did not yet exist; prior to this time, tobacco contained spirits, "essences," and oils. Cerioli and Vauquelin conducted the first modern scientific studies on the "essential oil" in tobacco (1807 and 1809). An Italian physician first discovered the so-called "essential oil" of tobacco in 1671, but could not identify the active constituents (Goodman, 1993, p. 115). [16] Cerioli's and Vauquelin's work allowed two German chemists, Posselt and Reimann, to become the first to isolate the primary compound of tobacco in 1828. They named this compound "nikotin" after Jean Nicot. Melsens identified the chemical structure of nicotine in 1843, and Barral and Schloesing

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[16] Goodman suggests that "limitations in technology" prevented the discovery of nicotine at an earlier time. While this may indeed be correct, it is not wholly true. The "active constituents" of the time were precisely the "essential oils" and accurately reflect the essentialist beliefs (beliefs in indivisible core forms and structures) of the time. To paraphrase van den Berg, they had the matter of their time.

confirmed it in 1847. Nicotine came to be expressed as a bond of carbon, hydrogen and

nitrogen, or in chemical terms, C10-H14-N2. Schloesing also determined its molecular

weight (Wilbert, 1997, p. 134). While nicotine's addictive properties were not yet known,

Wilbert (1997) sums up the findings of this time:

> From the time of the first experiments by Posselt and Reimann (1828-29),
>
> nicotine has been recognized as one of the more toxic botanical substances in
>
> nature. One or two drops, or the equivalent of 60-120 mg, of the substance placed
>
> on the tongue or the skin are said to kill a man. Thus, the quantity of nicotine
>
> contained in an ordinary cigar—if it were extracted and injected internally—
>
> would prove lethal for two full-grown humans. (p. 134)

Nonetheless, "the identification of nicotine as a pharmacological agent was to prove

central to the development of popular and medical understandings of tobacco" (Hughes,

2003, p. 97). Interestingly enough, after nicotine was discovered, a flurry of modern

scientific research commenced. Gately (2001) suggests nicotine was shown to be

effective for a number of ailments (p. 162). He writes:

> It was demonstrated to be effective against a variety of afflictions including
>
> disorders of the nervous system, hemorrhoids (via tobacco enema) and several
>
> fatal diseases including malaria and tetanus. Other therapeutic properties
>
> attributed to nicotine included its effectiveness as an antidote to strychnine and
>
> various other poisons such as snake venom...further investigative work carried out
>
> centered on the molecular structure of nicotine which it was hoped would be
>
> synthesized artificially for use as a drug to combat various ailments, thus

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converting tobacco from a folk remedy to a scientific cure. (Gately, 2001, pp. 162-163)

Unlike the physicians who were decrying the use of tobacco on moral grounds, within the cultural discourse of slavery and abolition, others were using the new chemical nicotine for any number of therapeutic purposes, reflective of a new medical ethos. Within this context, there emerged a great deal of controversy over whether or not tobacco and nicotine were truly harmful.

In mid-19th century America, though, there was little discussion of the role of nicotine and its influence on tobacco use. The United States was slowly falling into Civil War. Despite the moral and political issues about tobacco use, including the reliance on slavery, tobacco was "still a significant enough commodity that a federal tax was imposed to help finance the Civil War" (Horgan, Skwara, & Stricker, 2001, p. 11) and tobacco was included in both Confederate and Union army rations.

After the war, the population of America began to expand rapidly, through increases in birth rates, life expectancy, and mass immigration. In the forty years after the Civil War, approximately ten million immigrants arrived in America; by 1914, another fifteen million had arrived (Johnson, 1997, p. 513). The country was industrializing quickly, the South was rebuilding, and westward expansion was occurring; it was a time of unbridled growth and development. Johnson (1997) summarizes the characteristics of this period: "huge and teaming, endlessly varied, multicolored and multiracial, immensely materialistic and overwhelmingly idealistic, ceaselessly innovative, thrusting, grabbing, buttonholing, noisy, questioning, anxious to do the right thing, to do good, to get rich, to make everybody happy" (p. 512).

Within this historical context, two influential historical figures stand out: "Buck" Duke, purveyor of the mass-produced cigarette, and Henry Ford, inventor of the Model T and publisher of the anti-tobacco tract, "The Case of the Little White Slaver." As historical figures, they embody and promote the dominant themes that emerge during this period: growth, degeneration, and efficiency and inefficiency in production.

James Buchanan "Buck" Duke is one historical figure that embodied many of the post-war characteristics described above. Courtwright (2001) describes Duke as a man who had a "combined gift for business with boundless energy" (p.114). In 1871, Duke began working in his father's tobacco business, and he rose quickly. Tate (1999) writes that Duke was in charge of production at fourteen, was supervising production and sales at twenty-one, and became president of the company by twenty-three (pp. 13-14).

The year after he inherited the family business, Duke was faced with a decision. His tobacco company offered tobacco products that met the consumption preferences of the day: snuff, leaf chewing tobacco, pipe tobacco, and cigars.[17] Yet, his company was facing competition. Duke decided to take a chance on a different mode of tobacco consumption. "Modern" cigarettes, a smaller form of cigar, had existed for about fifty years or so, but they were not very popular. Cigarette smoking was reserved for the poor, who swept up shavings from the ground and soldiers returning from foreign wars (Tate, 1999, p. 12). Additionally, the cigarette, was construed as being a feminine object (Ibid, p.12). Burnham (1993) adds, "No 'real man' would smoke a cigarette, and no one who could afford a cigar would have taken a cigarette" (p. 89). Duke, however, was hoping that a reduction on an excise tax would make cigarettes cheaper to produce (Ibid, p. 12).

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[17] For the twenty year period between 1870 and 1890, cigars were the preferred method of smoking tobacco, "particularly as smoking cigars took on an upper-class connotation" (Burnham, 1993, p. 88).

Duke hired cigarette rollers, mostly Eastern European immigrants, to begin making his product, but the product would not sell. He was paying up to ninety percent of his costs in labor (Courtwright, 2001, p. 115). In 1883, the federal bill finally passed, allowing Duke to cut the price of his cigarettes in half. He was able to bail himself out and stabilize his business, but was still searching for a way to sell his product at maximum profit for minimum cost.

In 1884, the year after the tax cut, Duke met James Bonsack, an inventor and machinist. Bonsack was only eighteen when he invented his automatic cigarette-rolling machine in 1881. Previously, Bonsack had heard that the Allen and Gitner Tobacco company was sponsoring a contest and would pay $75,000 dollars for the first person to create a reliable cigarette-rolling machine. Bonsack engineered a machine that was able to roll out more cigarettes than could be rolled by hand. Yet, cigarettes were still not very popular, and a machine-made cigarette was even less popular. Allen and Gitner were stuck with a product surplus, and decided to return to hand-rolled products. Their choice opened the door for Duke. Duke partnered with Bonsack and provided him with funds to rebuild and refine his machine. In 1885, after the Bonsack machine had been reworked, it was able to produce 120,000 cigarettes in one ten-hour day (Ibid, p. 115). While earlier machines produced cigarettes of inconsistent shape and quality, the new Bonsack machine produced enormous amounts of uniform, quality cigarettes consistently.

Duke moved to New York City. As an early marketing strategy, Duke would dispatch runners with sacks of cigarettes to greet incoming immigrants "to cast Duke's nicotinic bread upon the waters" (Courtwright, 2001, p. 117). In fact, Duke was a master advertiser. Records indicate that Duke spent upwards of 20 percent of profits on

advertising in the early years (Gately, 2001, p. 208). In 1889 alone, Duke spent upwards of $800,000 dollars on advertising (Courtwright, 2001, p. 115).

Duke's competitors could not keep pace with his mass-production and saturation advertising. In 1889, Duke bought most out and consolidated them as the American Tobacco Company. In the next fifteen years, the American Tobacco Company would become one of the most lucrative national and international businesses, until being dismembered through anti-trust legislation in 1911.

In the character of "Buck" Duke, one gets an embodied representation of the American Dream. From his origins in a hard scrabble environment to his eventual philanthropy, he epitomizes the values of industry, energy, savvy, and competitiveness (even ruthlessness) that figure prominently in many rags to riches stories of this historical period. In many ways, he embodied the characteristics of the time that could be described as "healthy": resourcefulness, self-reliance, will power, perseverance, and confidence. Duke appraised his own success: "I have succeeded not because I have more natural ability than many people who have not succeeded, but because I have applied myself harder and stuck to it longer" (Perseus Publishing Staff, 2003, p. 165). At the same time, one notes the possible consequences of such unbridled energy, industriousness, and growth: Duke's company becomes "too big." As a monolith and a monopoly, it eventually has to be deemed a trust, broken, and dismembered.

Henry Ford, another industrial baron, is an historical character who acts as a foil to Buck Duke. Although Ford shared many characteristics with Duke (such as industriousness and perseverance), Ford wrote a scathing attack on tobacco use. His "The Case Against the Little White Slaver" was primarily addressed to young boys, and

although he used the trope of slavery throughout the document, the themes of degeneracy and inefficiency are also used frequently.

Ford's (1914) tract opens with a letter from Thomas Edison,[18] in which Edison notes that it is the burning *paper* of a cigarette that is injurious and causes a "degeneration of the nerve cells, which is quite rapid among boys" (p. 2). Ford also presents the testimony of Dr. Charles B. Towns, who writes, "It is generally admitted that in the immature, the moderate use of tobacco stunts the normal growth of the body and the mind and causes various nervous disturbances, especially of the heart…(p. 13). The theme of degeneracy is not just physical. Ford observes that cigarettes "drag a young boy down" into the criminal world of society (p. 3) and tells a lengthy story of a juvenile delinquent and smoker who evidently suffered from moral and intellectual degeneracy (p. 73). He describes the inevitable consequence of tobacco use: "The victim degenerates into a sallow, unmanly, irresponsible incompetent, in splendid fettle for the penitentiary or the asylum" (p. 66).

In Ford's estimation, tobacco use also leads to inefficiency. Ford draws again on the testimony of Dr. Towns, who observes a general decrease in efficiency by those who smoke cigarettes when compared to those who do not smoke. He notes:

Furthermore, all business men will tell you that tobacco damages a boy's usefulness in his work. This is necessarily so, since anything which lowers vitality creates some kind of incompetence. For the same reason, the boy who smokes excessively not only is unable to work vigorously, but he does not wish to work at all. If there were some instrument to determine it, in my opinion there would be

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[18] While Thomas Edison loathed cigarette smoking and refused to hire cigarette smokers, Gately (2001) describes him as a "compulsive tobacco chewer," who stated, "tobacco acts as a good stimulant upon anyone engaged in laborious brain work" (p. 225).

seen a difference of fifteen percent in the general efficiency of smokers and non-

smokers. (p. 14)

Dr. Bush also observes that tobacco use not only leads to a decrease in physical

efficiency, but also leads to a decrease in mental efficiency, where the brain acts more

slowly in the tobacco user than in the non-tobacco user (p. 11).

In this historical period, one can note that it is not the king or the physician who is

coming to be the arbiter of cultural values, but the businessman. More accurately, it is the

businessman who is supporting the cultural values of business (growth, productivity,

efficiency) through medical science. The physician as an authority figures gives an air of

credibility to the claims against tobacco and tobacco use (mirroring, to some degree, the

use of actors and sports figures on trading cards in order to promote tobacco, a common

practice at the time). There appears, in this second industrial revolution, a conflation of

business and health metaphors which will carry on well through the 20th century.

Throughout the 20th century, the two systems of business and industry and

healthcare shaped the understandings of tobacco use. The tobacco industry used

advertising to promote its mass-produced product to new and developing market niches,

like the female and minority populations, often capitalizing on social and political issues

such as *inequality*. The tobacco industry also drew on the sentiments of the public at large

by appealing to *patriotism* during both World War I and World War II. Klein (1993)

notes the tobacco industry urged the populace to support the war effort during World War

I by purchasing cigarette packages clothed in the military colors of the soldiers: The color

of the military uniform came to be known as "Lucky Strike Green" (p.136). During

World War II, the association of patriotism and freedom with cigarettes was underscored

by the fact that the archenemy of the Allied world, Adolf Hitler, was a notorious tobacco hater.[19]

The period after World War II witnessed the greatest rise in cigarette smoking in the U.S., which was also a period of tremendous growth as soldiers returned from the war. The highest per capita consumption of cigarettes occurred during the 1950s and peaked in the early 1960s, just after such notable events as the Cuban Missile Crisis, which brought the possibility of nuclear devastation within miles of the American nation.

Around the same time, the health care industry prepared to wage another war. Prior to the turn of the 20th century, lung cancer was virtually non-existent. By 1956, however, the diagnosis of lung cancer and deaths from lung cancer increased substantially (Gately, 2001, p. 285). The dramatic increase in lung cancer rates was initially associated with the proliferation of cigarette smoking. Cancer was able to be detected using new advancements in medical technology, and able to be charted and mapped using new developments in statistics. Parascandola (2004) observes that, "the discipline of modern risk factor epidemiology was in its formative stages in the early 1950s, when epidemiological studies revealed a strong association between cigarette smoking and lung cancer." [20] As a result, U.S. Surgeons General Burney and Terry prioritized smoking as a significant public health issue. The "cancer scare" of this period began the slow decline of cigarette smoking in America.

Following Terry's 1964 report, many new laws, policies, and movements against cigarette smoking were created. The federal government required the tobacco industry to

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[19] It is also noteworthy in this context that Henry Ford, who spoke out so adamantly against tobacco use, was awarded the Order of the Grand Cross of the German Eagle by Hitler (Watts, 2005, p. 397).

[20] It is also worthwhile to note that because the use of these statistical methods was new, Parascondola notes that statisticians were concerned about the potential misuse of these methods. For a full discussion of these issues, see Parascondola (2004).

place on every pack of cigarettes a warning that smoking was dangerous to one's health. A federal ban on cigarette advertisements on television was enacted 1971, creating a conflict between advertising in a free market and overwhelming concerns about national health. Arizona became the first state in 1973 to restrict smoking in public places. In 1977, the first annual "Great American Smoke-Out Day" was held, with the goals of educating the public about the dangers of smoking and offering support for those who wanted to quit. In 1986, The U.S. Surgeon General C. Everett Koop announced a national goal of a smoke-free society by the year 2000. Then, in 1988, he reported the following: cigarettes and other forms of tobacco are addicting; that nicotine is the drug in tobacco that causes addiction; and that the pharmacological and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine (USDHHS, 1988).

Following the Surgeon General's report, the cigarette has come to be described as a "nicotine delivery device" (Fairchild and Colgrove, 2004, p. 197; Lee, Moolchan, Malson, & Pickworth, 2004, p. 95), capable of administering nicotine to the brain in a mere seven seconds (Gold & Herkov, 1998, p. 14). The physical locus of addiction is considered to be in the brain, in the "pleasure pathway", and is facilitated by the release of the neurotransmitter dopamine (See Atrens, 2001; Reinarman, 2005, p. 308-309). Cigarette smokers are said to self-regulate nicotine amounts in the brain through inhalation. Nicotine amounts in the brain deplete after about one-half hour, causing the smoker to restore the depleted nicotine. If nicotine is not self-administered, withdrawal occurs, and can contribute to myriad physiological and psychological effects, such as inattention, lack of concentration, and irritability. The addicted (or dependent) user is said

to have little self-control and an inability to stop use despite adverse consequences owing to the powerful nature of the substance.

In light of these explanations and claims that tobacco use contributed to significant disease and death, several attorneys general initiated litigation against "Big Tobacco" (the main corporations in the tobacco industry, including Phillip Morris and R.J.R. Reynolds). Since the mid-20th century, it had been suspected that the nicotine in tobacco was an addictive substance; it soon came to the public's attention that the tobacco industry had quashed its own scientific research into the addictive nature of cigarettes, as well as its possible contributions to cancer. Furthermore, it was argued that Big Tobacco had *added* nicotine to cigarettes to make them more addictive. A most pointed accusation against Big Tobacco companies was that they marketed cigarettes to a highly vulnerable group--children-- not only with cartoon campaigns, but by placing more advertising in stores closer to schools than in others. One of the more famous studies used to support that claim that Big Tobacco was targeting children reported that children were able to identify the advertising icon "Joe Camel" better than the well-known cartoon character Mickey Mouse (Fischer, Schwartz, Richards, Goldstein, & Rojas, 1991). Following the Master Multistate Settlement Agreement (MSA), Big Tobacco agreed to pay up to 246 billion dollars to forty-six states over a number of years for costs related to treating diseases from cigarette smoking and to pay for prevention campaigns to reduce the likelihood of teenage smoking (Schroeder, 2004). However, there has been a common criticism that only a small portion of MSA funds have been allocated and spent on tobacco prevention, cessation, and other health-care related activities, with the lion's share of the funds being securitized or being applied to non-

tobacco related problems and budget deficits. One consequence of this is that it has been "disappointing for advocates to observe that the funds generated by the MSA have tended to be appropriated to other state and community level issues" (Clegg Smith, Wakefield, & Nichter, 2003, p. 257).

Conclusion

Of course, much more could be written about tobacco use in the 20th century, including the significant issue (and controversy) of "second-hand" smoke or Environmental Tobacco Smoke (ETS). In the selections I have chosen and presented, I have simply wanted to show something of the overall shift in the cultural construction of tobacco and tobacco use as a cultural artifact, from its origins in the wild mountains of South America to the marbled and mahogany paneled courtrooms of modern America. Also, I will be addressing the use of tobacco (cigarettes) as a cultural symptom in more detail in Part II. In these sections, I have tried not to explain "why" people use tobacco, continue using tobacco, or offer solutions for cessation. Rather, I have hoped to interpret tobacco use as a cultural artifact and to explicate how different cultures at different times have understood tobacco use, how the material object of tobacco has reflected the understandings of the times, and what values and themes emerge as a result of its use.

Here, one can again recall Cushman's eight main points about cultural artifacts. For example, one can recall the notable difference between the craftsmanship of a pipe in indigenous cultures and the mass-produced cigarette of the modern world. They are products of different worlds, and as such reflect the beliefs and values of different worlds. In the aboriginal context, the pipe produces and reflects a world of reverie and

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imagination, of visions and omens and portents. In the modern context, the cigarette

produces a world of standardized production, means-end instrumentality, and efficient

administration (e.g., "getting a fix" or self-administering nicotine through an engineered

nicotine delivery device). Indeed, the development of the mass-produced cigarette is

undoubtedly one of the most significant changes in terms of how tobacco is used. In the

20th century, the cigarette has far exceeded any other mode of tobacco use. In fact, it

probably could not have been invented in any other historical period; it is a product of its

time, as Courtwright (2001) states: "The cigarette above all others is an industrial

product, produced by mechanical means and consumed at a mechanical pace by smokers

who have adjusted their habits to life in a mechanical age" (p. 112). In this light, the

cigarette stands out as a representative technology of the 20th century.

There are also other narratives through which tobacco and tobacco use are made

intelligible. The development of mass advertising to promote products, such as cigarettes,

has been instrumental and part of the discourse of consumerism and the creation of the

"life-style."

The tobacco industry has also capitalized on a number of social and political

issues, including the inequality of women and minorities in American culture. Although,

critics of tobacco use seem to overlook the larger cultural issue of inequality and its root

causes and instead focus on directed or targeted advertising towards these groups and

their perceived vulnerabilities. For example, recent surveys suggest that as level of

education increases, tobacco use decreases. Those with lower levels of education are

more likely to smoke (Substance Abuse and Mental Health Services Administration,

2001). While the issue of smoking in these demographic groups is indeed important, the

barriers to admission into an institution of higher education are rarely addressed in this context.

Finally, the health care industry has developed new ways and means of understanding and explaining illness and disease, including lung cancer and other respiratory disorders, as well as addiction. The development of statistical epidemiology has informed us of the prevalence and patterns of disease, and economic models have contributed to our understanding of the human costs of tobacco use. Among these costs, perhaps most importantly, tobacco use has come to be understood as the leading cause of preventable or premature death.

Part Two: Tobacco Use as a Cultural-Psychological Symptom

In Part I of this analysis, I explicated tobacco use as a cultural artifact. I demonstrated how tobacco use has changed across time and culture, and how different themes have emerged as a result and reflection of that use. The use of tobacco within the context of the aboriginal worldview and the harmony ethos, as I have shown, was radically different than the use of tobacco within the context of the "old World" as well as its use in modern American society. In indigenous cultures, tobacco was a medium of connection, and was used, among many reasons, to communicate with the gods, spirits, and ancestors. Tobacco was a powerful thing, and its power was to be respected. In the Old World, after its discovery, tobacco was believed to be a panacea. Shortly after Rush's tract, the pendulum had swung wildly to the other end of the continuum as physicians deemed it to be implicated in myriad illnesses. The relationship with tobacco changed from a relationship with a powerful thing to a relationship of control (and regulation). In the modern context, tobacco (or a cigarette) is a consumer product, a commodity, but more specifically a nicotine delivery device used to efficiently self-administer nicotine to the brain. Even these most basic descriptions suggest that overarching cultural narratives or social constructions inform how we explain and understand tobacco use. Additionally, they reproduce and reflect dominant cultural attitudes, beliefs, and cognitions.

Within the modern context, physicians and psychiatrists have advanced the idea that tobacco use is an individual pathology, as suggested by the diagnosis of nicotine dependence. Most in the field of public health portray tobacco use as a public health epidemic, not unlike influenza or typhus. From these perspectives (medicine and public

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health), tobacco use is an illness or disease to be cured, through any number of individual treatment options (such as nicotine replacement therapies or self-help groups) or environmental strategies (such as removing cigarette machines, or limiting the sale of tobacco products near schools, etc.). Yet, even in environmental strategies, the focus or locus of change is still the individual, with the goals of prevention, cessation, and abstinence.

In this section, I move from discussing tobacco use as a cultural artifact to tobacco use as a cultural symptom. I propose that one can approach tobacco use not as an individual disease to be cured, or a public health epidemic to be eradicated, but as a *cultural-psychological symptom* that can be read and interpreted towards trying to understand its meaning or significance. My position is to try and understand the significance of the literal, natural scientific facts about tobacco use, such as its standing out as the leading cause of premature and preventable death, from the perspective of phenomenological depth psychology. I believe that tobacco use standing out as such ("surfacing to the top of the list") "says" something not only about tobacco use but about the cultural context in which it appears as such.

In this part of the analysis, I follow the tradition of depth psychology in general, and specifically the work of Robert Romanyshyn and the ideas he advances in two of his major texts, *Psychological life: From science to metaphor* (1982), and *Technology as symptom and dream* (1989). These works are foundational for understanding the interpretation of cultural artifacts as cultural-psychological symptoms in the service of a cultural therapeutics. These ideas provide the context in which I will interpret tobacco use as a cultural-psychological symptom.

Theoretical Framework: Phenomenological Depth Psychology

Romanyshyn (1982) has proposed that since the Cartesian-Newtonian revolution, psychological life has been characterized by two features: interiorization and literalization. That is, psychological life has been moved "inside" the individual, who is a privately experiencing subject separate from the objective, physical world, a world of dead matter. Descartes situated the psyche (which he called "mind") in the pineal gland of the brain and like Newton conceived of the world in mechanical terms. More recently, the psyche (mind) has been reduced further to the neurochemical and neuroanatomical functioning. According to Romanyshyn, Nature has been reduced to psychics, and psychology to physiology. However:

> Each of these features conceals psychological life more than it reveals it. One the one hand, the feature of interiorization conceals the appearance of psychological life as reflection through the world, and, as such, it conceals how psychological life is a deepening and figuring of that material world which allows the world to matter in another way, as a story of human life. On the other hand, the feature of literalization conceals the original metaphorical character of human psychological life. (p. 36)

Thus, for Romanyshyn, psychological life, whether individually, or collectively, is a reflection of the world and is primarily metaphorical in character. In making the world, and the things of the world, we also make ourselves.[21]

Romanyshyn employs the metaphor of the *mirror* to describe the relationship between psychological life and reality. He observes two essential points. The first is that

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[21] Arthurs & Grant (2002) similarly state, "reproduced images cannot be separated from the world they represent; rather, they have a material existence that are constitutive of that world" (p.4)

reality is a *reflection* of human life, and that, "*what* reality is is inseparable from *how* humanity imagines or envisions it." Second, he notes that, "the mirror relation between humanity in reality is one of *participation*" (Romanyshyn, 1985, p. 88). Psychological life shows itself through the physical or empirical world, and through the physical world are able to "see" psychological life; they are co-constitutional. One can recall the differences between a Gothic and Baroque cathedral that "carve in stone" a different relationship with the divine,[22] and more appropriately, the difference between aboriginal and modern tobacco that show the difference between an "animated" life form and a consumer product reduced to a chemical substrate (and the consequences of each). I ask the reader to bear in mind the metaphor of the mirror, and the notion of reflection, in proceeding through the analysis.

With the rise of the natural scientific *attitude*, the metaphorical and reflective character of psychological life has been concealed (if not forgotten). Instead, the natural scientific attitude proposes that the *true* nature of reality is objective and *mathematical* in character; the *real* is revealed as only that which can quantified, measured, explained, predicted, and controlled. The mathematical character of the natural scientific attitude "sketches in advance of our experience of things the conditions according to which things appear" (Romanyshyn, 1989, p. 51). Only that which can be counted counts. All else is epiphenomenal, unreal. By favoring quantity, the quality of the world is overshadowed, and the qualitative, sensuous, and aesthetic aspects of the world are pushed into the shadows. We will return to the significance of this favoring and this reduction in relation to the topic momentarily. For now, Romanyshyn entreats us to remember that the scientific attitude and its unique vision, as important as it is and has become, is still a

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[22] See Romanyshyn (1989) for a detailed description of the specific interpretation between the two (p. 12).

human creation, a cultural- historical invention that says just as much about ourselves and the world as about the scientific project itself.

Psychological life is not to be located in the head of a detached observer over and above the objective, physical, and hence, measurable world. Rather, psychological life is manifested through participation in the world. The cultural-historical world, including the things of the world, mirror psychological life. Reality, whether individually or collectively, is primarily metaphorical, a relationship between the two. Allow an example on the individual level to demonstrate this point.

The other day, after a jog, I was "cooling down" on my front steps (a metaphor itself). I live in a house about halfway up a hill. As I was cooling down, I noticed an older neighborhood gentleman walking his dog up the hill. The dog was out in front of the man. I could see the tension in the leash as the dog was seemingly pulling the man up the hill. Now, the man noticed me sitting on the steps, and perhaps seeing the "roses" in my cheeks, assumed I might have been out for a run. As he passed, he acknowledged my presence with a brief, but revealing salutation. He simply said, "This hill gets steeper every day." His dog, however, kept on pulling and he followed in tow, saying nothing more. I heard his statement and almost immediately I understood its significance. The statement told me that the man was familiar with the hill. But as he is aging, the hill is aging, as is his experience of walking the hill. The hill is becoming *steeper*; the grade is increasing. Perhaps the approaching intersection is farther away, and even his house to which he is returning. Perhaps the old man must exert more energy as he climbs; perhaps he notices the tension in the leash as his own animal vitality begins to decline; and perhaps he feels a new strain in his arm as his dog pulls away, in his legs as he endures

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on up the hill. Perhaps in seeing me, noticeably younger, sweating and flushed, he recalled a time when the hill might have been shallower, flatter, and he, too, might have jogged up it. Between the old man and me, and between the old man and himself, it is a different hill. From a psychological perspective, it would make *little* difference to the man if I pulled out a survey or plan of the street and demonstrated to him that, *in fact*, the grade of the hill has not changed, that the grade of the hill is constant in its measurable degree, that the hill has (barring any reconstruction) an immutable "X" percent grade or an "X" degree slope. The old man might take such a demonstration as an insult, the "know-it-all-ness" of a young "whippersnapper." But the hill is not to be measured in that way, in terms of its quantifiable slope or distance. *That* kind of measurement puts the experience of the hill at an immeasurable distance. The "X" might mark the spot, but it is not an adequate reflection of the space. To mix my metaphors, the "X" says nothing of the experience of the joy of finding a long-sought buried treasure or the disappointment after digging and finding nothing, that the "X" was but a false lead.

The metaphorical character of psychological life is evidenced in our daily behaviors and our everyday world, such as walking a dog or jogging up a hill, or sitting typing at computer (as I sit here "processing" words). It is also evident in so-called pathological behavior, which is no less a part of everyday life in the world than so-called "normal" behavior. Phenomenological depth psychology has insisted that we pay attention to the language people use to describe their experience, and so many metaphors are even evident in established psychological concepts and ideas. The person with depression might describe "having a black cloud over his head." The person with extreme anxiety might describe a fear of "her heart jumping out her chest." Professionals often

describe an acute and severe psychosis as "florid." The addictive process is often described as a "downward spiral," with the space of both "breakdown" and "breakthrough" known as "rock bottom." Cigarettes, too, have been described metaphorically, with many terms carrying their own cultural weight: square, cancer stick, coffin nail, fag, butt, smoke, tab, straight, gasper, and wheezer. The official appellation of the cigarette as a highly-engineered "nicotine delivery device," and smoking as "nicotine self-administration," are rich metaphors based in the discourses of engineering, business, politics, and medicine.

A psychological symptom is also metaphorical, although in modern psychology and medicine they have been literalized and reduced to their physicality. They have also been pathologized, owing to the dominance of the medical model for understanding psychological life, so that "when we think of psychopathology, we immediately think of illness" (Hillman, 1975/1992, p. 56), and further equate the sick with the wrong (Ibid., p. 56). Garber (1998) observes that the use of the word "symptom" was not originally limited to the domain of the clinic or of medicine; rather, a symptom was a "broadly defined cultural indicator" (p. 3).[23] She notes additionally, "In any case, a symptom was an occasion for interpretation, a sign, not just a thing in itself. So, a symptom is a kind of code, a way in which a body—or a culture—signals something that lies beneath or within" (Ibid, p.3). Freud understood this notion of a symptom, and suggested it was an expression of an inner conflict between competing desires. Is it too far off to suggest that modern American culture is deeply conflicted about tobacco use? After all, for all the health care costs, tobacco still remains one of the most heavily subsidized non-edible cash crop." Yet, some money from the Master Settlement Agreement was actually

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[23] In its original etymological significance, "symptom" meant "chance," "accident," or "a falling together."

allocated to tobacco growers, and most states rely on the taxation from tobacco products for their economic "health" and "vitality." Jung suggested a symptom was a cluster of images and part of a complex, but and also an opportunity for individuation. Can one imagine a culture having a complex, or as having an individuating process?[24] Romanyshyn (1989) also observes that a symptom is a way of forgetting, but also a way of preserving something (p. 13). Is the movement to ban tobacco a way the American psyche is trying to erase the memory of the creation of the country through tobacco agriculture via slave labor? Or is it one way to preserve the memory of liberty, freedom and autonomy that were the main motivating factors for revolution? In any regard, a symptom, like a metaphor, implies something else and the interpretation of a symptom is a way to understand one thing in terms of another. The examples I gave suggest one way of thinking about the phenomenon, by situating it as an artifact within the cultural world and interpreting it as a cultural-psychological symptom.

As a psychologist approaching this phenomenon as a symptom, I am not concerned with the correctness of facts, but what the phenomenon reveals about the culture. I am more concerned with psychologizing, which Hillman (1975, 1992) describes as going on "whenever reflection takes place in terms other than those presented…whenever we try to move to a deeper level" (p. 135). The process "tries to solve the problem at hand not by resolving it, but by dissolving the problem into the fantasy that is congealed into a 'problem'" (Ibid., p. 135). Fantasy is not to be considered mere fantasy, as fantasizing or imagining is considered to be one of the native and root activities of the individual and collective psyche. Hillman suggests that we do not

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[24] See Singer, T. & Kimbles, S. (Eds.) (2004). *The cultural complex: Contemporary perspectives on Jungian psychology and society.* New York: Brunner-Routledge.

approach psychological problems, whether individually or collectively, literally, but lift them out of their literal context and approach them psychologically. An example to demonstrate this perspective will conclude this section. A city council person asks Hillman about their plans to build a recreational lake. Hillman hears the question, but removes the question from its literal context. He considers the city's need for moisture of soul, suggests it has no pool of reverie, no swimming in fantasy, no fluidity in imagination. The city's soul is parched (Moore, in Hillman, 1991, p. 15). Here, one can observe the movement from problem-solving or pragmatics (however useful and common these strategies may be) towards psychological reflection and wonder.

But our concern here is not the building of a recreational lake. It is the problem of tobacco use. Because smoking is often communicated through the statistics of death, illness, and cost, it appears as a more urgent problem, and it becomes more necessary to discover cures, find solutions, promote and enforce interventions, policies, and programs-- even wage a "war." But by doing so, one might miss the opportunity to get deeper to the root.

Analysis

The main thesis I elucidate is that cigarette smoking (as the preferred method of using tobacco), operationally defined as using a "nicotine delivery device" and standing out as the leading cause of preventable and premature death, is a cultural-psychological symptom. That is, it is symptomatic of the modern technological (or "machine") culture in which it appears as such. It is symptomatic of the modern mechanized life of efficient production and content consumption that are characteristics of the modern age, where

both people and things have been understood through machine metaphors. Although there may be other reasons, one need only recall Courtwright's (2001) quote as a justification for this approach: "The cigarette above all others is an industrial product, produced by mechanical means and consumed at a mechanical pace by smokers who have adjusted their habits to life in a mechanical age" (p. 112). "Technology" is the cultural context in which the problem appears, and so it is worthwhile to explore this framework as contributing to our understanding of tobacco use.

Today, there is a great cultural movement to prevent the use of tobacco and to encourage those who use tobacco to quit. The movement is called, metaphorically, the "war on tobacco." The war on tobacco, though, is just one battle in the broader and more extensive campaign, the "war on drugs."[25] The rallying cry against tobacco use (and most specifically cigarette smoking) comes mainly from those in the medical profession. Tobacco use is the leading cause of morbidity and mortality, and substance use problems are deemed to be the nation's leading health problems. In turn, many social groups and public policy makers regularly turn to scientific medicine, public health, and statistical epidemiology, and the evidence generated therein, to support their claims against tobacco use. The public is educated about the risks and dangers of tobacco use. Many individual treatment options are offered, from self-help, twelve-step recovery programs, cognitive-behavioral therapy, and anti-depressant medications. Environmental strategies, such as limiting the frequency and content of advertising, removing cigarette machines, and

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[25] Many scholars have critiqued the use of war metaphors so prevalent in modern society, especially in health care and in reference to the medicalization of culture. Guggehbuhl-Craig (1980), writes of the advance of medicine and its conquest of disease: "Each new technique, each new machine demands more money: weapons are expensive, and wars are costly undertakings. "What does that matter?" we ask. The important thing is to win" (p. 7).

enforcing workplace bans on smoking, are routinely employed in order to decrease desire, regulate access, and restrict the cultural spaces in which tobacco use can occur.

The movement to prevent tobacco use and to limit, regulate, and restrict its use, based on the facts and data advanced by scientific medicine, may be well-founded and well-intentioned. Such movements are nothing new, although the reasons behind them have changed. Soon after the modern cigarette was developed in the late 19th century, many states enacted bans on cigarette smoking, for example. Those reasons were based on morality, whereas ours are now based on "health," which is not as value neutral as we would like to believe. Lupton (2003), referring to Crawford, writes, "Health is a moral discourse that incorporates the emphasis on individualism, hard work, and material reward" (p. 43). These are American values. My main concern is not to dispute the facts of scientific medicine, or to engage in morality tales (that is, reducing the understanding to a simplistic dichotomy of "good" or "bad"), but to situate the phenomenon within a particular context, which has a set of background expectations for what it means to be human, and through which our claims about everyday behavior in the world "make sense."

What it means to be human is to live in a meaningful context. The frameworks in which we understand what it means to be human, as we have seen in Part I, have changed. The use of tobacco in indigenous cultures, for example, could not have been explained as nicotine dependence, because for them nicotine did not exist. Nicotine, as much as it is a reality now, was only discovered in the 19th century, as part of the larger scientific project which including the development of modern chemistry. Furthermore, the use of tobacco could not have resulted in what we now call premature or preventable

death, because in indigenous cultures, death was not solely an event at the end of a 'life span." In indigenous cultures, time was not understood and experienced as linear, but understood and experienced as cyclical and through the experience of birth, death, and regeneration. However, as the overarching cultural frameworks changed, so too did the understanding of human nature. Now we live in a world where statistical epidemiology, for example, quantifies average life spans and counts the yearly dead. The framework through which I will now interpret tobacco use, and the framework in which tobacco use stands out as a cultural-psychological symptom, is *technology*.

The particular cultural-psychological achievement by which we understand and explain what it means to be human (and consequently how we understand cigarette smoking) is *technology*. Technology is the cultural framework of the modern world, in which tobacco use was discussed in Part I. In *Technology as symptom and dream*, Romanyshyn (1989) provides a psychological analysis of technology, which is both an "enactment of the human imagination in the world," but also a "crisis of the imagination" (p. 10). Technology is not simply the manufacture of technological objects, such as a microwave oven or an automobile, or even a cigarette, but a particular way in which the world is disclosed; technology is a cultural-historical invention. Within the framework of technology, the self has become a detached spectator viewing the world from afar. Accordingly, the world has become a spectacle to be measured, and the human body a specimen to be observed and reduced to its technical functioning. Things are "energized and explained" (p. 192), where explanation is the leveling out of differences and reducing things all to "the same plane." These characteristics make up the basic cultural-psychological package of technology, have contributed greatly to the development of the

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sciences (including medicine, psychology, and economics), and have been leveled down to an understanding of everyday life. These features have a certain sense of "taken-for-granted-ness," a deep sense of familiarity, that they are invisible and likely not to be understood as a cultural-historical invention. On topic, these assumptions are taken for granted when one observes that in the modern scientific discourse, addiction, or nicotine dependence, is placed in the individual person and localized in the brain, and is explained by a common or generic explanation of chemical interactions occurring between the frontal lobe and the ventral tegmental area, the "pleasure pathway" of the brain. Thus, for us in the modern technological world, it is fair to conclude that "pleasure" does not take place in the world, in the pathways of the lived world, alongside or with others, but in a chemical process. More, it suggests further that *there is only one pathway to follow* (i.e., in the one pleasure pathway of the brain, however short or circuitous it may, in the brain).

Additionally, within the world disclosed by technology, what it means to be human, what matters and what is taken to be real, is what can be quantified and measured. Within this framework, reality equals measurement and vice versa. This attitude sets upon the human being as a rational, calculative being, who lives as a resource in a world to be used as a resource. For Heidegger (1977/1993), the essence of modern technology lies precisely in what he calls the *enframing*, where two of the major characteristics of technology are calculative thinking and instrumental rationality. Within the "holding sway" of the enframing, there is little room for flexibility or maneuvering within this framework. Rather, the enframing, "challenges…to reveal the actual in the mode of ordering, as standing reserve" (p. 325). Challenging-forth means the way in which humans and the things of the world are articulated as resources. Through

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challenging-forth, Heidegger suggests that we have appropriated nature and ourselves to continually stand by in order to yield, and "this mode never comes to an end" (p. 322). As "standing reserve," nature and human beings are always called upon for further ordering, which means the continued insistence towards the exploitation of nature in the service of production and consumption, towards some instrumental end. The intent and intention of technology is mastery and control of the natural and human world-- and even mastery over our own mortality.[26] Within the holding sway of the enframing, we derive the methods of natural science and machine production, which in turn provides the background expectations of what it means to be human in the technological context. The perspective of technology has become familiar in the sense of its "taken-for-granted-ness." But because it is taken for granted does not mean that is universal or cannot be questioned. Indeed, it is the questioning of technology that both Heidegger and Romanyshyn invite us to explore.

The main issue is that a cigarette, now conceptualized as a nicotine delivery device, and cigarette smoking, conceptualized as self-administering nicotine, is a *symptom* of this technological framework as described by both Romanyshyn and Heidegger. It is a powerful symptom as it stands out as the leading cause of premature or preventable death. But what it "says" as a symptom is that this particular way in which the world has been disclosed is what is deadly. More accurately, and in the language of the symptom, what it reveals is that the way we currently understand ourselves, through the reductive and monolithic discourse of technology and the natural scientific attitude, is

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[26] Romanyshyn (1989) observes that, "The body is central in technology and the shared cultural dream which guides our creation of a technological world is in many respects a record of our continuing debate with the fact of out incarnation and the limits it imposes, not the least of which, of course, is the fact of death" (p. 11).

what is deadly. What is concealed is that the relationship we have with things and ourselves, as advanced by this discourse, is lethal. It is lethal in that it covers over or forgets (*lethe*, from the Greek, is to forget) the human (non-mechanistic) aspect of living in the world. Thus, the critique here is of technology, in which the cigarette is but a symptom. This does not mean that one give carte blanche to cigarettes smoking, or that cigarettes are not risky or dangerous. What I am encouraging is that one recognize that the modern discourse of "risk" and "danger" are also based in a rational calculative-economic discourse made possible by technology.[27] As Castel observes, the modern discourse of risk is:

> a grandiose technocratic rationalizing dream of absolute control of the accidental, understood as the irruption of the unpredictable…a vast hygienist utopia plays on alternate registers of fear and security, inducing a delirium of rationality and an absolute reign of calculative reason and no less absolute prerogative of its agents, planners, and technocrats, administrators of happiness for a life to which nothing happens. (in Lupton, 2003, p. 7)

Castel's choice of words is telling, if one considers that in its originary sense, a symptom meant an accident, a happening, or a falling together (which "happened" outside the scope of human responsibility). More importantly, he notes that in the "technocratic rationalizing dream" of technology there is a need for absolute control, even over the fact of our own mortality. But there is an evident paradox, one that speaks to a psychological truism: The more control one exerts, the more likely one is to see everything as "out of

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[27] Lupton's (1999) *Risk* is an excellent text which explores the social construction of the term "risk" as it come to play a prominent role in modern society. In particular, she notes that the meaning of the term "risk" has changed. She notes the term originated in the maritime adventures of the Middle Ages, and was changed into the calculability of probability and statistics in modern times. Today, she notes, that risk has actually come to mean "danger" (pp. 6-11).

control," which reinforces the need and desire to control further. This is precisely the danger of the holding sway of technology of which Heidegger speaks: the reduction of all human relatedness to one of control. The attempt to control, which only requires more control, thus reproduces and replicates the frame of technology. The consequence of this function, as Castel notes, is that *nothing happens*.

If Castel is correct, one notes there is a *preventive* desire here. This preventive desire is reflected in the claims made against tobacco use as the leading cause of preventable death. A preventable death is one that, through the use of reason, preventive measures, and calculation of risks, can be avoided, at least until the body finally consumes even our best thinking and mortality finally sets in. Indeed, there is a strong belief in technological culture that death, biological or psychological, is to be avoided at all costs. The preventable death has been made possible by the technological frame.

The technological frame has also contributed to the notion of the premature death, which is a second argument often made against tobacco use. A person may die at 23 or 42 or 51, but the notion that the death was "premature" only becomes intelligible as a result of the statistical calculation of the mean age of life. The notion of the premature death is primarily a statistical death. It is based on the calculation of the statistical norm for a given population, for which there are then calculated deviations. It is fair to conclude that within the technological frame there is also an attempt to *standardize* death. One implication for the standardization of death is that the measure of a good life becomes a longer life, or a reference back to the quantification of life. Indeed, the "health" of nations are measured according to longevity or average life span. Another implication is that an individual who dies before the average prescribed time has died a

deviant death. Weisman (1995) bemoans the culture of the standardized death, "where any death can be considered premature," and an individual is robbed of both the timing and dignity of his or her own death (p. 17).

In both of these concepts, the preventable death and the premature death, one can see how the technological attitude sets upon the human being as resources to be used, and additionally set upon for further ordering and advances a relationship predicated on control. However, if that is not clear, the Centers for Disease Control and Prevention defines a premature death as years of *productive* life lost. That is, the value or worth of a human life is displaced in terms of economic contributions and costs to society. Such a turn has led Schumaker (2001) to suggest that it is now more appropriate to discuss the economic construction of reality rather than the cultural or social construction of reality (p. 29). Such an interpretation is somewhat fitting, at least in the context of tobacco use and for many of the reasons I have mentioned above, not the least of which is the appearance of tobacco leaf on the American One Dollar bill.

Thus tobacco use, by standing out the leading cause of preventable death, is a symptom of the cultural configuration of technology. It mirrors or reflects the cultural configuration of the human being as a machine, but further tells us that this way of *relating* to ourselves is deadly. In the next section, I make a transition from discussing the cultural frame of technology to another perspective which wonders about different possibilities for approaching the problem and a potentially different way of relating.

As we have seen, tobacco use has changed across time and culture, and cultural narratives have reproduced and reflected the dominant and dominating themes of the cultural-psychological world. In the aboriginal context, the use of tobacco was grounded in the harmony ethos; in the modern world, tobacco use is grounded in the framework of technology and expressed most vehemently in the language of economic and scientific discourses. By interpreting tobacco use as a cultural artifact, I then proposed it was possible to approach tobacco use as a cultural-psychological symptom. Approaching tobacco use as a cultural-psychological symptom suggested that the surface phenomenon could be explored for its "deeper message" and for its significance. However, the message and the meaning were not to be located "inside" the individual, but within the culture for which the "problem" stands out as such. As a symptom, tobacco use through cigarette smoking both reveals and conceals the cultural psyche. It reveals that the way in which we currently "express" ourselves, as technological beings, was deadly, and conceals that our relationship with things was lethal. Within the modern context, our relationship with things and ourselves, has been, by and large, characterized as "addiction." The consequence of this type of relationship is that we perish or die.

Today, there is still a great effort to prevent the use of cigarettes, to control and limit where they are used, and to encourage those who continue to smoke to quit. While these are viable projects, I have hoped to show that tobacco use speaks to deeper cultural fantasies than what appears on the surface. Tobacco use can be approached as a symptom and read as a symptom. Additionally, what I have tried to do is show a different way of thinking about this problem, which was through a phenomenological depth psychology. I

have not proposed anything new in that regard, other than trying to view this specific

problem from this perspective in the hopes of advancing this way of thinking. Indeed, one

can continue to reflect on the fantasies the problems evokes. Admittedly, this perspective

may generate more questions than answers, and may be construed not only as frustrating,

but counterproductive. Depth psychology has insisted, nonetheless, that we entertain all

fantasies that surface and accept them as valid. Therefore, one may continue to wonder:

Is the pragmatic goal of "smoke-free society" not just a drive for optimal health and

efficient functioning, but also an unconscious way of communicating a desire for a new

vision unobscured by the exhaust of living life at a hyperbolic mechanical pace? Or does

the replacement of the cigarette with "nicotine replacement therapies" reinforce the

notions of mechanistic efficiency by merely substituting a "cleaner" mode of

"administration"? Does leaving the workplace to smoke mean that an employee is being

less "productive," or could it be understood that the workplace, with its cubicles and

compartments, cannot gratify the free float of thought and imagination so that it must be

sought elsewhere? If we conceptualize human being as "human resources" do the

concerns about lives lost due to smoking (and all other "self-inflicted" or "bad"

behaviors) pertain to a deep fear of scarcity equal or akin to that of dwindling resources

in the natural world? Is smoking not so much an expression of "internalized anger," as

some analysts suggest, but an "enflaming" of the heart, to restore the passion to the heart

that has been long dead and conceptualized as a pump? The concerns are, of course, real

and reality-based, but it is nonetheless important to approach the fantasies that constitute

the reality-base. These are the types of questions that I think might constitute a different

understanding of the problem, and might be worth exploring in the future. For now, allow one example of a contemporary issue related to tobacco use.

Not so long ago, smoking a cigarette in public places was a common feature of everyday life: from the supermarket to the train to the airplane to the local pub, one could smoke. There were few restrictions on where people could smoke. After it was determined that cigarette smoking was harmful, many laws, from the state to the local level, were enacted to prohibit smoking in public spaces. The first reason was for clean indoor air in enclosed spaces. The second reason was in consideration of employee health. No one can dispute that clean air and employee health are important. It is not my position to argue against those here. What concerns me more is the significance of the widening prohibitions in relation to the cultural spaces typically and traditionally reserved for recreation. I am speaking mostly of restaurants, pubs, saloons, coffee shops, bowling alleys, and the like, those "third places" where people gather and congregate outside of their "first place" of home and "second place" of employment.[28] The conflicts and disputes about smoking in these places, of course, revolve around business. One asks, "Could a ban hurt your business," or, "How are sales since the ban took place?" Cost-benefit analyses are offered to support arguments on each side. People fight over facts and figures. This is understandable, because business is woven tightly in the everyday fabric of life. The significance of the ban on smoking in these types of places is that, if entered through the perspective of employee health, they *transform recreational space into work space.* That is, even though the impetus for the ban is employee health, which is indeed worthwhile, it constitutes a fundamental change in space for everyone. In

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[28] Cf. Oldenberg, R. (1989). The great good place: cafes, coffee shops, community centers, beauty parlors, general stores, hangouts, and how they get you through the day. New York: Paragon.

effect, the "third place" may be destroyed, for even employees do not work all of the time, and there is no space left for "re-creation." Dwelling and lingering in re-creational space is replaced by turning tables and revolving doors. Getting people in and out may be good for business, but it may be costly for the soul. Instead of the rhythms of the soul, perhaps a vicious and interminable cycle that Camus (1955) bleakly describes in *The Myth of Sisyphus*: "It happens that the stage sets collapse. Rising, streetcar, four hours in the office or the factory, meal, streetcar, four hours of work, meal, sleep, and Monday Tuesday Wednesday Thursday Friday Saturday according to the same rhythm…"(p. 10). Suppose, too, that the strong resistance to smoking bans in these places is not about the "individual addict" at all, but a collective psychic resistance to the domain of psyche, with its creative and putrefactive potential, its own soul-making ability, being transformed into another mere habitat of function. After all, the first place of home (with the family) and the second place of work (with its wellness programs) have already become places for mechanized optimal functioning, with their attending "dys-function" and disgruntledness.

When one reviews the trend data for cigarette use in America, one notes that cigarette smoking was the highest in the mid-20th century, with an appreciable decline following the Surgeon General's 1964 report. (Interestingly enough, that was the historical period of the atomic age and the cold war, with nuclear proliferation and the potential of "mutually assured destruction" looming on the horizon. Can one make a connection between these two? Further, can one make a connection between the fears of nuclear proliferation in the world and the fears of the proliferation of cancer cells in the body occurring around the same time? I raise these questions about possible connections

only for further reflection and study). Today, approximately 24% of the population still smokes cigarettes, and this percentage has been holding steady for the past decade or so. The federal program, Healthy People 2010 has set a goal of reducing this percentage by half to 12% by 2010. We will have to wait a few more years to see if this goal has been achieved.

One can approach this trend of decline in two ways. The first is in the short-term, and can be attributed to significant campaigns of concerted human effort towards promoting prevention and cessation. Once the health risks of cigarette smoking were advanced and promoted after 1964 (e.g., cancer, respiratory disorders, etc.), smoking rates began to decline. Current prevention programs continue to advance the cause towards the goal of a smoke-free society. The second is in the long-term and from an historical perspective. If one looks to the history of tobacco use, one notices that tobacco use (including preferred methods of use) has changed as general frameworks of meaning has changed. Said differently, broader social and historical processes have changed what it means to be human; therefore, cultural artifacts like tobacco use have changed. The cigarette is a product of the modern machine age, and reflects the industrial society in which it was created. The machine age is in decline as American culture transitions from an industrial society to an information-based society (the metaphor of the brain as computer or information-processor reflects this transitional period). The point is that broader social and historical processes, as much as concerted human effort in a localized or specific area of society, contribute to cultural change. That does not mean that tobacco use, including cigarettes, will disappear once and for all. With regard to cigarettes, the decrease in use in America use is being replaced by an increase in use in "Third World"

or "developing" nations, as not only the tobacco industry moves in, but modernized social, political, and economic systems move in as well. For many in public health, the "third world" is the next and new frontier in tobacco control. With regard to tobacco use in America, it will interesting to see if pipe or cigar smoking will return and replace cigarette use, or if novel forms of tobacco use emerge as times change, providing yet another opportunity to read and interpret culture through artifacts.

For now, this analysis has been concerned with interpreting the problem of tobacco use within modern American culture. Cultural critics and critical readers might take the my situating the problem within the context of modernity as "too late," considering the rise of "post-modernism" and all the philosophical and epistemological weight that appellation carries. Nonetheless, tobacco use is still significant enough of a social issue, even in this time of transition, that it might be reasonable to begin to approach from a post-modern perspective. While I have suggested a different way of approaching the social problems of tobacco use through phenomenological depth psychology, there can be an additional framework through which to explore these possibilities within the postmodern context. I am specifically thinking here of complexity theory. With the emergence of complexity theory, for example, machine metaphors are replaced with organic metaphors in a variety of fields and disciplines, from corporate business to health care. These ways of thinking "step-out" of the dualistic and mechanistic Cartesian-Newtonian framework that has guided science since the 17th century and has been leveled down to everyday life. Whereas traditional systems are mechanistic, controllable, predictable, repeat the past, autonomous and self-preserving, disengaged, value position and structures, set rules, make decisions, and esteem

"knowers," complex systems are organic, open and responsive, collaborative and co-participating, connected and adaptable, acknowledge paradox, engaged, value persons, prune rules, help others, and esteem listeners (Center for the Study of Health Care Management, 2003, p. 5). As noted, these beliefs are being applied to the provision of health care. It would interesting if researchers considered the viability of this belief structure for application to "addictions" research, and potentially for the provision of services; one wonders to what degree out understanding of what we now call "addiction" would change. In the long term, it will be interesting to see to what degree complexity theory gets leveled down as a guiding belief system and organizing structure for everyday life.

One significant concept within complexity theory is the concept of emergence, or radical novelty from simple interactions, which leads me to one final thought that bears on topic, if only by a very meager connection. Romanyshyn (1989) suggests that technology, from which our modern sciences sprung, originated in an *artistic* technique. Therefore, it could be possible that latent within the technological vision and imagination of the world is the possibility of reclaiming an artistic attitude towards the world. More accurately, I believe the emergent possibility is in cultivating a *poetic* attitude.

With regard to the modern technological frame, Heidegger (1977/1993) wrote that, "the revealing that holds sway throughout modern technology does not unfold into a bringing forth in the sense of *poiesis*. The revealing that rules in modern technology is a challenging forth which puts forth the unreasonable demand that it supply energy which can be extracted and stored as such" (p. 320). In the modern technological world, the world was less the "vale of soul-making" and a more a place to be used and exploited for

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its resources, including its human resources. *poiesis*, on the other hand, is a bringing forth that does not challenge things to be as standing reserve and sets upon them as ordering. Inasmuch as technology does not pertain solely to the manufacture of anything technological (like a television or car), *poiesis* does not pertain solely to the production of the poet or the artist. Rather, *poiesis* is the "arising of something out of itself…the bursting of a blossom into a bloom" (p. 317). That is, a poetic attitude or perspective does not determine in advance what a thing should be, but allows the thing (or the life) to arise out of itself and to unfold. Perhaps a life would unfold as flower, or unfold as a map, or unfold as a blanket, or unfold as a shroud. Here I am suggesting this attitude cultivates possibilities for unfolding instead of the statistically-driven, linear, well-ordered attitude advanced, and determined in advance, by technology. Granted, this attitude might be taken by some to be, on one hand, quaint or naïve, on the other intellectual and academic. It might be a tall order. Yet, this attitude is not without basis. Hillman (1989) has suggested as much in his call for the return of *psyche* to psychology and in his suggestion that we foster in our individual and collective psyches a "poetic basis of mind," which contains the "the imaginative possibility of our nature" (p. 21). Instead of statistics and diagnostics, we work with the soul and its images, images that irrupt spontaneously and autonomously from the depths of the soul. This is the meager connection between emergence and *poiesis* from where I began. What is "emergence" in physics is *poiesis* in psychology.

Depth psychology has turned to the poets for an understanding of the human psyche and of the psychological world. Poetry can describe the psyche and world in ways which statistical data cannot. Poets, too, have written about tobacco use since it was first

brought back to Europe. Edmund Spenser was the first to include tobacco in his 1590 poem *The Faerie Queene*, where he described it in Book III, Canto V, in the context of Belphoebe gathering herbs to heal the wounded Timais (Spenser, 1987, p. 456). Countless others written about it since Spenser. Indeed, tobacco has occupied as a significant part of the collective psyche since its discovery. But what of its disappearance from the world? Klein (1993) ponders:

> Perhaps it is only at the moment that cigarette smoking vanishes that we can discover the place it occupies in our social imagery- in the myths and dreams, the consolation and the intensification, the intuitions and charms to which it has given rise. Suppose one were to write an adieu to cigarettes? (6)

The former poet laureate of the Unite States, Billy Collins (2001) has written an adieu to cigarettes. Here is "The Best Cigarette." It serves well as a concluding poem:

There are many that I miss

having sent my last one out a car window

sparking along the road one night, years ago.

The heralded one, of course:

after sex, the two glowing tips

now the lights of a single ship;

at the end of a long dinner

with more wine to come

and a smoke ring coasting into the chandelier;

or on a white beach,

holding one with fingers still wet from a swim.

How bittersweet these punctuations

of flame and gesture;

but the best were on those mornings

when I would have a little something going

in the typewriter,

the sun bright in the windows,

maybe some Berlioz on in the background.

I would go into the kitchen for coffee

and on the way back to the page,

curled in its roller,

I would light one up and feel

its dry rush mix with the dark taste of coffee.

Then I would be my own locomotive,

trailing behind me as I returned to work

little puffs of smoke,

indicators of progress,

signs of industry and thought,

the signal that told the nineteenth century

it was moving forward.

That was the best cigarette,

when I would steam into the study

full of vaporous hope

and stand there,

the big headlamp of my face

pointed down at all the words in parallel lines. (p. 55-56)

As Collins (2002) suggests in another poem of his ("Introduction to Poetry"), one should

not try to "strap the poem to a chair and beat a meaning out of it with a hose" (p. 16).

Such a stance is somewhat antithetical to the perspective I have advanced in this analysis.

So let this stand as a first step towards my own cultivation of the attitude I am suggesting

in the service of a cultural therapeutics. Admittedly, cultivating such a perspective is

difficult. We are beings accustomed to habit. Bad habits are hard to break, not because

they are bad, but because they are just that, habits. A habit is a habitat, a home. And to

leave them is to leave home. By giving them up, we begin a journey into an unknown

territory, a drive into the dark night.

Collin's tells us just as much in his poem. He throws his cigarette out the window

(do we consider the former poet laureate a litterbug?) as he is driving along the road at

night. He does not tell us his reason for quitting, and he does not explain why, only a

description of the space in which it occurred. He is heading forward into the dark, which

allows him to see the spark of the cigarette light up on the road. The darkness and the

spark imply one another; no darkness, no flash of light, no Idea. The rest of the poem is

nostalgic (a "painful homecoming") in tone; it is a looking back, a reflection on the past

that informs and colors the present. The experiences he describes, and the ones he misses, are fundamental: making love, eating, drinking, swimming while on vacation. There is not one generic cigarette, a nicotine delivery device; each enhances and is enhanced by the qualities of each unique situation. The best one, in Collin's estimation, was when he was working. But his work was writing, an act of literary creation. The scene he describes is profound yet so simple, and the metaphors he uses are so familiar despite being anachronistic. There is music in the background, a pot of coffee. A sheet of paper curled in the typewriter. "I would be my own locomotive," Collins writes, and his puffs of smoke were like "The signal that told the 19th century it was moving forward." His "vaporous hope" of "steaming forward" counters the reflective and retrospective tone of the poem. It belies the fact that train tracks, although parallel like lines in a poem, are also terminal. And *a* terminal, as much as it is from where a train departs, it is also where the train ends.

In closing, it may serve us well, as individuals and as a culture, to give up cigarettes. I do not think we should give them up, however, if it means perpetuating the very practices that are the originary source of modern "dis-ease." In some cases, the cure can indeed be worse than the disease.

As metaphorical guide for the future, one can look to the past. Native Americans carried their pipes with them as they moved through the world of the living *and* into the world of the dead, the "happy hunting ground." If, as a culture, we are to give up cigarettes, I suggest that we neither "throw them out the window," nor place them in the appropriate waste receptacles. I also do not think we should try to erase them for our collective memory. In a small but profound way, this has already been demonstrated on a

number of occasions. Most recently, the U.S. Postal Service omitted the cigarette in stamps featuring the likenesses of the artist Jackson Pollock, the musician Robert Johnson, and the journalist Edward R. Murrow (Boaz, 2006). The publishing house HarperCollins also digitally altered a photograph of the illustrator of the classic children's book *Good Night Moon*, Clement Hurd, to remove the cigarette from his hand (Wyatt, 2005). Such acts might be considered censorship or sanitizing the past, but they might also be considered a way to forget. However, as we continue to move through the world from this world to the next, it might serve the culture to carry them as a symbolic reminder of what the culture once was and what it hopes to become. By looking to the past, and by turning to native cultures as guide, I do not promote a Native American approach to tobacco use for non-natives. That would miss the point. The point is to return to the imagination that is native and root activity of the psyche.

Part III: A Concluding Reflection

Just a few days before I was finishing writing this dissertation, I happened to see an interesting advertisement on television. The advertisement was for the smoking cessation aid Chantix (veranacline tablets).[29] Chantix contains no nicotine, but is said to block the nicotinic receptors in the brain. It is considered to be a novel treatment for smoking cessation. As novel a treatment it might be, the advertisers of the product turned to an *old fable*, Aesop's Tortoise and the Hare, to promote the product. The best results, the ad reported, were from a slow and steady approach—the tortoise's approach to the race. The results of the studies used the evaluate success may be accurate. The product may indeed work through neurochemical activity. That is not what I found interesting. What I found interesting was the return to the fable, the metaphors of the tortoise and the hare, and an explicit recognition of human life as *storied*. Granted, advertisers have been critiqued as manipulators of the desires of the public—one need only recall the "Marlboro Man," the potent image and metaphor of the cowboy. Nonetheless, advertisers are also human beings in the world and are not exempt from the influence of the collective psyche. It may serve well to reflect briefly, and in closing, on the image of the tortoise (or the turtle, recognizing their difference) who is the eventual winner of the "race." Many tribal cultures tell tales that the world was built on the back of the turtle. Further, the turtle carries its home on its back; it lives in its home wherever it goes. Is there indeed a lesson to be learned here, not only for those trying to quit smoking but for the uncanny homelessness of living in the technological world?

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[29] See also http://www.chantix.com/content/Chantix_Branded_Homepage.jsp?setShowOn=../
content/Chantix_Branded_Homepage.jsp&setShowHighlightOn=../content/Chantix_Branded_Homepage.
jsp.

<div align="center">References</div>

Alcott, W.A. (1836). *Use of tobacco- Physical, intellectual and moral effects on the human system.* New York: Fowler and Wells. Retrieved September 26, 2007, from http://medicolegal.tripod.com/alcott1836.htm#p60-xiv

Arthurs, J. & Grant, I. (Eds.) (2002). *Crash cultures: Modernity, mediation, and the material.* Bristol: Intellect Books.

Atrens, D.M. (2001). "Nicotine as an addictive substance: A critical examination of the basic concepts and empirical evidence." *Journal of Drug Issues*, *31,* 325-394.

Balls, E.K. (1962). *Early Uses of California Plants.* University of California Press. Retrieved November 14, 2007 from http://www.tobacco.org/History/indiantobcalif.html

Blum, R.H. (1969). *Society and drugs.* San Francisco: Jossey Bass.

Boaz, D. (2006, August 23). Thank you for never having smoked. *Guardian Unlimited.* Retrieved November 16, 2007, from http://commentisfree.guardian.co.uk/david_boaz/2006/08/political_correctness_from_car.html

Brigham, J. (1998). *Dying to quit.* Washington DC: Joseph Henry Press.

Bromberg, W. (1959). *The mind of man*. New York: Harper and Row.

Burnham, J.C. (1993). *Bad habits*. New York: New York University Press.

Camus, A. (1955). *The myth of Sisyphus.* New York: Knopf.

Center for the Study of Health Care Management. (2003). *Applying complexity theory to health and health care*. Publication 3 Series. Minnesota: University of Minnesota.

Clegg Smith, K.M., Wakefield, M.A., and Nichter, M. (2003). Press coverage of public expenditure of Master Settlement Agreement funds: how are non-tobacco control related expenditures represented? *Tobacco Control, 12*, 257 - 263.

Collins, B. (2001). *Sailing alone around the room: New and selected poems.* New York: Random House.

Courtwright, D. (2001). *Forces of habit: Drugs and the making of the modern world.* Cambridge, MA: Harvard University Press.

Cushman, P. (1995). *Constructing the self: A cultural history of psychotherapy.* Reading, MA: Addison-Wesley.

Dar, R., & Frenk, H. (2001). *A critique of nicotine addiction.* Boston: Kluwer.

Davies, J.B. (1992). *The myth of addiction: An application of the psychological theory of attribution to illicit drug use.* Switzerland: Harwood.

Dent, C., Milam J, Ritt-Olson, A., & Sussman, S. (1997). Perceived invulnerability and cigarette smoking among adolescents. *Addictive Behaviors*, *25*(1), 71-80.

Edwards, G., Babor, T.F., Hall, W., & West, R. (2002). Another mirror shattered? Tobacco industry involvement suspected in a book which claims that nicotine is not addictive. *Addiction, 97*(1), 1-5.

Erdoes, R. & Ortiz, A. (1984). *Native American Indian Myths and Legends.* New York: Pantheon.

Escohotado, A. (1999). *A brief history of drugs.* Rochester, VT: Park Street Press.

Fairchild, A., &, Colgrove, J. (2004). Out of the ashes: The life, death, and rebirth of the "safer" cigarette in the United States. *American Journal of Public Health, 94,* 192-204.

Farrell, M. & Finch, E. (1999). Aspects of drug use and drug dependence. In R.J.M Niesink, R.M.A. Jaspers, L.M.W. Kornet, & J.M van Ree (Eds.), *Drugs of abuse and addiction: Neurobehavioral Toxicology* (pp. 3-22). New York: CRC Press.

Feinhandler, S.J. (1986). The social role of smoking. In R.D. Tollison (Ed.), *Smoking and society: Towards a more balanced assessment* (pp. 167-187). Lexington, MA: Lexington Books.

Fitzgerald, F. (1994). The tyranny of health. *New England Journal of Medicine, 331*(3), 196-198.

Ford, H. (1914). *The case against the little white slaver*. Detroit: Author. Retrieved September 26, 2007, from http://medicolegal.tripod.com/ford1914. htm#tableofcontents

French, L.A. (1995). Adaptations of aboriginal justice in the United States. *Critical Criminology, 6*(2), 72-78.

French, L.A. (2000). *Addictions and Native Americans.* Westport, CT: Praeger.

Garber, M. (1998). *Symptoms of culture.* New York: Routledge.

Gately, I. (2001). *Tobacco: A Cultural History of How an Exotic Plant Seduced Civilization.* New York: Grove Press.

Gold, M. (1995) *Tobacco*. New York: Plenum.

Gold, M., & Harkov, M. (1998). Tobacco smoking and nicotined: Biological basis for pharmacotherapy from nicotine tot that prevent relapse. *Journal of Addictive Diseases, 17*(1), 7-21.

Goodman, J. (1993). *Tobacco in history: The cultures of dependence*. London: Routledge.

Guggenbuhl-Craig, A. (1980). *Eros on crutches: The nature of the psychopath.* Dallas: Spring.

Heidegger, M. (1977/1993) "The question concerning Technology," in *Basic writings* (D.F. Krell, Ed.). New York: Harper.

Hillman, J. (1975/1992). *Re-visioning psychology.* New York: HarperCollins

Hillman, J. (1989). *A blue fire: Selected writings by J. Hillman* (T. Moore, Ed.). New York: Harper & Row.

Hillman, J. (1998). *The myth of analysis: Three essays in archetypal psychology.* Evanston, IL: Northwestern University Press.

Horgan, C., Skwara, K.C., and Strickler, G. (2001). *Substance abuse: The nation's number one health problem*. New Jersey: Robert Wood Johnson Foundation.

Hughes, J. (2003). *Learning to smoke: Tobacco use in the west.* Chicago, IL: Chicago University Press.

Johnson, P. (1997). *A history of the American people*. UK: Weidenfield and Nicolson.

Jones, D.M., & Molyneaux, B.L. (2001). *Mythology of the American nations.* London: Hermes House.

Kaminer, W. (1992). *I'm dysfunctional, you're dysfunctional: The recovery movement and other self-help fashions.* New York: Addison-Wesley.

Klein, R. (1993). *Cigarettes are sublime.* Durham: Duke University Press.

Kluger, R. (1996). *Ashes to ashes.* New York: Alfred Knopf.

Lee, E.M., Malson, J.L., Moolchan, E.T., & Pickworth, W.B. (2004). Quantitative comparisons between a nicotine delivery device (Eclipse) and conventional cigarette smoking. *Nicotine & Tobacco Research, 6*(1), 95 – 102.

Longfellow, H.W. (2000). *Poems and other writings* (J.D. McClatchy, Ed.). New York: Literary Classics of the United States, Inc.

Lupton, D. (1999). *Risk.* New York: Routledge.

Lupton, D. (2003). *Medicine as culture: illness, disease, and the body in western societies*. London: Sage.

Morbidity and Mortality Weekly Report. (2005). Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 1997–2001. Vol. 54, No. 25.

Oldenberg, R. (1989). *The great good place: cafes, coffee shops, community centers, beauty parlors, general stores, hangouts, and how they get you through the day*. New York: Paragon.

Perseus Publishing Staff. (2003). *Movers and shakers: The 100 most influential figures in modern business.* New York: Basic Books.

Peele, S. (1995) *The diseasing of America.* San Francisco: Jossey-Bass.

Reinarman, C. (2005). Addiction as accomplishment: The discursive construction of disease. *Addiction Research and Theory, 13*(4), 307-320.

Romanyshyn, R. (1982). *Psychological life: From science to metaphor.* Austin, TX: University of Texas Press.

Romanyshyn, R. (1985). The despotic eye: An illustration of metabletic phenomenology and its implications. In D. Kruger (Ed.), *The changing reality of modern man.* Pittsburgh: Duquesne University Press.

Romanyshyn, R. (1989). *Technology as Symptom and Dream.* London: Routledge.

Rush, B. (1798). *Essays, literary, moral, and philosophical, 2ⁿᵈ Ed.* Philadelphia: Thomas and William Bradford. Retrieved September 26, 2007, from http://medicolegal.tripod.com/rush1978.htm

Schroeder, S. (2004). Tobacco control in the wake of the Multistate Master Settlement Agreement. *New England Journal of Medicine, 350* (3), 293-301.

Schumaker, A. (2001*). Age of insanity: modernity and mental health*. Westport, CT: Praeger.

Shew, J. (1849). *Tobacco: History, nature, effects on body and mind*. Retrieved September 26, 2007, from http://medicolegal.tripod.com/shew1849.htm

Singer, T. & Kimbles, S. (Eds.) (2004). *The cultural complex: Contemporary perspectives on Jungian psychology and society.* New York: Brunner-Routledge.

Slovic, P. (Ed.) (2001). *Smoking: Risk, perception, and policy*. California: Sage Publications.

Snel, J., & Lorist, M.M. (1998). *Nicotine, Caffeine, and Social Drinking Behavior and Brain Function.* Amsterdam: Harwood.

Sontag, S. (1988). *AIDS and its metaphors.* New York: Farrar, Straus, and Giroux.

Spenser, E. (1987). *The faerie queene* (T.P Roche & C. P. O'Donnell, Eds.). London: Penguin Classics.

Substance Abuse and Mental Health Services Administration. (2006). *Results from the 2005 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.

Tate, C. (1999). *Cigarette wars: The triumph of the little white slaver.* New York: Oxford University Press.

The Indian Health Service Provider. (February, 1996). Tobacco, culture, and health among American Indians: A historical review. 21 (2), 19-28. Reprint of Pego, C.M., Hill, R.F., Solomon, G.W., Chisolm, R.M., & Ivey, S.E. (1995). American Indian Culture and Research Journal (19), 2, 143-164.

The origin of tobacco: Crow legend. (n.d.). Retrieved on November 14, 2007 from http://www.firstpeople.us/FP-Html-Legends/TheOriginofTobacco-Crow.html

United States Department of Health and Human Services (1988). *The health consequences of cigarette smoking: A report of the U.S. Surgeon General*. Washington D.C.: U.S. Government Printing Office.

United States Department of Health and Human Services. (1999). *Cultural issues in substance abuse treatment*. DHHS Publication No. (SMA) 9903278: Rockville, MD.

Watts, S. (2005). *People's tycoon: Henry Ford and the American century.* New York: Alfred A. Knopf.

Wilbert, J. (1987). *Tobacco and shamanism.* New Haven: Yale University Press.

Weisman, A.D. (1995). A fitting and appropriate death. In J Williamson & E. Shneidman (Eds.), *Death: Current perspectives* (4th Ed.) (pp. 14-17). Mountain View, CA: Mayfield.

Winter, J.C. (Ed.) (2000). *Tobacco use by native North Americans: Sacred smoke and silent killer.* Norman, OK: University of Oklahoma Press.

World Health Organization. (August 12, 2003). An international treaty for tobacco control. Retrieved October 1, 2007, from http://www.who.int/features/2003/08/en/

Wyatt, E. (2005, November 17). "Goodnight, Moon," smokeless version. *New York Times.* Retrieved November 16, 2007, from http://www.nytimes.com/2005/11/17/books/17moon.html

Young, W. (2001). *Quest for harmony.* New York: Seven Bridges Press.