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‘They don’t live in my house every day’: How understanding lives can aid understandings of smoking

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Abstract

While the prevalence of smoking in western countries has substantially reduced following the introduction of comprehensive tobacco control programs, reduction strategies such as the introduction of smokefree legislation, media campaigns and individual and group support for people trying to quit have been less successful with people living on low income, suggesting the need for new ways to engage with people who smoke. We argue that, rather than focusing solely on researching smoking behaviors to generate new understandings of why people smoke, people working in the broad area of public health should look more widely at peoples’ lives in order to understand their smoking. Using a biographical, narrative perspective as part of a wider ethnographic study of 12 families living in one community within Liverpool in 2006, we argue that understandings that position smoking purely as a harmful, deviant behavior, fail to capture the cultural complexity of the lives of smokers and the changing place and meaning of cigarettes over a person’s lifetime, and may explain why smokers fail to engage with smoking cessation services and continue to smoke.

Keywords

Smoking; tobacco; ethnography; narratives; critical public health

Introduction

The continuing identification of a global ‘tobacco epidemic’ has led to a plethora of research on smoking with ‘smokers’ as research subjects. Biomedical research has provided compelling evidence to link chronic ill health and premature death to long term smoking (Royal College of Physicians, 2005). However the focus on smoking as a harmful behavior that can adversely affect the health of others has led to the (un)intended consequence of stigmatizing not only the act of smoking, but the smokers themselves Bayer & Stuber, 2006; Bell et al., 2010; Kim & Shanahan, 2003). This has meant that many smoking cessation services are finding it harder to engage with people who smoke and harder to support people to remain non-smokers once they have quit (Mc Neill et al., 2012; Snuggs et al., 2012; Borland, 2012).

In addition to concerns about the stigmatization of smokers, another unintended consequence of researching smoking has been the use of smoking status as a label, leading to descriptions of entire adult populations as either ‘smokers’ and ‘non-smokers’, as if this single act could be used to define a person, let alone a population (Mair, 2006). Challenges to the one-dimensional view of smokers and smoking have been articulated elsewhere (Bell

et al., 2011; Bond et al., 2012; Macnaughton et al., 2012; Mair & Kierans, 2007) and here we aim to add to these growing calls for a broadening and understanding in the field of tobacco research to enable tobacco control initiatives to engage more effectively with the populations they are trying to reach.

We also argue that the tendency of public health discourses to identify and articulate smoking solely as a health issue may not resonate with the smokers themselves, and fails to recognize other potentially useful perspectives that might better speak to smokers' own concerns about their smoking (Macnaughton et al., 2012; Mair & Kierans, 2007). People are unlikely to have taken up cigarette smoking in order to deliberately harm their future health and the health of those around them but might smoke for a whole host of other reasons, including image, sociability and enjoyment (Amos et al., 2004; Haines et al., 2009). While smoking cessation initiatives focus on communicating health risks to people to try to motivate them to quit, studies have shown that the cost of smoking, concerns about the effects of cigarette smoke on the décor of their house and the health of pets are also prime motivators for people who smoke to think about quitting (Milberger et al., 2009; Phillips et al., 2007).

We believe that social science inquiry should consciously and actively resist a movement to reduce and impoverish research into smoking by continuing to frame smoking solely as a health issue. By challenging the scope and reach of current tobacco control research we do not intend to question the value of research into smoking prevalence and the assessment of the effectiveness of interventions designed to help people quit. Rather, we make the case that extending and reframing research to incorporate studies of the life worlds of people who live in communities where smoking rates are high will allow insights into why people smoke. We believe that such understandings may be the key to grasping why tried and tested approaches to cessation are less successful with these populations. Ascertaining how smoking intersects with gender, with race, with income, with age, occupation and with place creates a more nuanced and situated understanding of the smoking beliefs and behaviors of particular populations by providing new insights into what motivates people in poor communities to smoke and to quit, thereby informing the development of more targeted interventions. While the aims of our research continue to be broadly aligned with public health goals to improve the health of populations, our contention is with the underlying assumptions that characterize mainstream public health research into smoking.

Through a consideration of data from an ethnographic study of smoking in a community in Liverpool that aimed to explore the wider lives of people who smoked, we consider the place and role of tobacco in the participants' lives and when, why and how the act of smoking cigarettes has meaning for smokers. By encouraging participants to identify how smoking fits into their lives, rather than researching 'smoking behaviors', we illuminate how people's lives sustain their smoking behaviors, suggesting only interventions that tackle the roots causes of poverty, such as improvements to education, employment, crime prevention initiatives and housing, will ultimately impact on rates of smoking (Graham, 2012; Lister, 2004).

The study

Using a biographical, narrative perspective as part of a six-month ethnographic project with members of 12 families living in one community within Liverpool in 2006, we explored what we recognized were the complex and shifting meanings of the role of cigarettes within the lives of 17 adults with young children. To gain a deeper understanding as to how people's lives and circumstances influenced their smoking, our study, *Understanding smoking in the home*, enabled us to engage with parents and carers, but also emphasized our genuine desire to understand more about a legal, adult behavior, rather than investigate an increasingly loaded moral issue, namely the exposure of babies and young children to tobacco smoke by the adults who lived with them.

After initial meetings with participants at a local Children's Centre, a government-funded scheme to support parents and carers of children aged under five years living in areas of disadvantage, the fieldworker, Robinson, recruited 17 parents and carers from 12 families to the study. People ranged in age from their 20s to their 50s, but all were parents of at least one child aged under five years. Four women were pregnant at the start of the study and two had their babies during the six-month period, which gave insight as to how people's lives (and smoking patterns) shifted in response to major life events and changes to household composition. Some were recipients of state benefits and one person was on statutory sick pay and then later unemployed. Five men worked full-time and three more worked as casual workers. None of the adult male residents in the families were unemployed at the start of the study, but the partners of the two single mothers, who lived close by to them, were both unemployed.

Interviews and conversations

Robinson completed at least one depth, biographical narrative interview, based on the Biographical Narrative Interpretative Method (BNIM), with family members, returning for more interviews or conversations over the research period. At the start of the interviews Robinson outlined the areas of study, namely people's lives and smoking behaviors, with an emphasis on how having children may or may not have impacted on their lives and on their smoking. After this opening narrative statement, she invited the participants to tell their story in their own way, starting wherever they liked talking for as long as they wanted to. Some people talked uninterrupted for up to twenty to thirty minutes while others had shorter opening narratives of five to ten minutes, and after this Robinson asked questions designed to encourage participants to elaborate on events they had mentioned to try and go deeper into specific areas of interest. In a few instances, the interviews were interrupted by telephone calls, visitors and sometimes by the need to go and pick up children from school or to make an appointment, and so these interviews were carried over into subsequent days, picking up where they had left off. Overall, interviews lasted a minimum of two hours, with shorter interviews of around 40 minutes over the months, and other longer and brief conversations.

With consent, these interviews and other subsequent conversations were either audio-recorded or recorded as fieldnotes. Robinson visited at different times of days from around 8.30am when people were often busy getting children up for school to 9pm at night to wait for the workers (men) to return – often from building sites miles away – and eat their supper

before talking to her. While no single person in this study knew everyone else in the study, everyone knew at least one other person, with some close friendships and ties through blood or marriage. Everywhere was within ten minutes walk of everywhere else, and it was easy to visit people over the course of a day, particularly as they were often calling in and out of each others' houses.

Most people preferred to talk to her alone but some couples preferred to talk in pairs, with their children either present throughout or following the in-and-out pattern familiar to researchers of family life at busy times, in small private spaces. It is important to note that while participants knew that smoking was an area of interest for this study, their accounts often moved well away from smoking and cigarettes particularly over time and people appeared to bring themselves back to talk about their smoking with some effort.

The place

Everyone who took part in the study lived in a single locality, an area of dense social housing, bounded on all sides by busy main roads and a railway line. The area remains one of the poorest areas of Liverpool, and therefore of England, but the residents did not see this as a 'bad' area to live, and many had lived there since they had been moved there as part of slum clearance program (mainly from the docks areas of Liverpool). There was a strong sense of community among many residents, who compared the neighborhood very favorably to living in other areas of Liverpool. Some activities focused on the local (Roman Catholic) Church and school, the local working men's clubs and community centers, and while there was dereliction and graffiti in some areas, there were also freshly painted doors, flowers in gardens and newish, very clean cars parked outside some of the houses.

How do smokers talk about their smoking?

When asked to talk about their lives and smoking in an open, non-judgmental way, people created individual narratives that challenged the notion that 'smokers' are a homogenous category – and with it the notion that every smoker would be likely to respond to anti-smoking messages in a predictable way. Using transcripts of interviews and Robinson's fieldnotes we reflect what smoking does for, and represents to, people who smoke, and our analysis of how smoking and cigarettes relate to their wider lives. By identifying the place of smoking in people's lives we hope to inform the practice of those who engage with people who smoke to better understand why people may not value public health advice or make use of services designed to improve their health.

Smoking as a peripheral activity

It was evident from the accounts of the participants that, whatever the individual's current relationship with tobacco, either their own smoking or other people's smoking had played a role throughout their lives. However rather than 'smoke' or 'smoking' occupying a central, position in people's narratives of their lives, their accounts suggest that smoking and cigarettes occupied a more marginal and supporting role to the main and defining events. Smoking was there almost as a backdrop, as part of the scenery, and rarely moved to centre stage except when participants were asked to talk and to think about smoking during their

conversations with Robinson. For example, one man in his 30s, now a father of three young boys, reflected how when he played football as a young man they would go to the pub after the match drink and smoke as a matter of course:

[A]s I say it was a big part of socializing. If you didn't have a cigarette in your hands, you weren't socializing properly sort of thing, it's just the way it was in them days... erm ... mainly ... after football and that we would go in the pub occasionally and then you'd smoke there because everybody else was and erm ... that was mainly it, it was really ... it was just when you were socializing with a couple of drinks. I was never a drinker anyway, it was just a thing that we done, after football we would just go and have a chat and that and it was automatic just to smoke.

In response to specific prompts, some participants provided anecdotes where smoking a cigarette or the act of smoking was more prominent, but as their narrative moved on, smoking then returned to the sidelines. Smoking was just one part of their wider lives and was not central to it, and the term 'smoker' was rarely used unprompted as an identifier in natural speech or in day-to-day life. These narratives suggested to us that rather than being a central issue to participants, smoking occupied a far more peripheral role in daily life, which we reasoned could perhaps explain why these participants failed to engage with smoking cessation services and did not respond to many public health messages. Many of the participants currently smoked, or had smoked in the past, and some participants had never smoked but had grown up with, and now lived with, people who smoked. Yet their accounts of the critical incidents that structured and changed their lives, such as leaving school, getting and losing jobs, relationships and becoming a parent moved fluidly over the boundaries of their fluctuating smoking status without a noticeable transformation of self or identity (see Haines-Saah, this volume, for similar points).

For example, for each of two couples, the male partner had recently given up smoking, but the female partners continued to smoke – something the women clearly related to their different working roles, a contrast discussed later in this paper. However, in both households, their relationships and daily life continued and while there were reports of occasional tensions regarding expenditure on cigarettes, relapses, quit attempts and arguments, these were accepted as part of normal life, and did not appear to be remarkable episodes or defining moments compared to other events that they described were also taking place in their wider lives, including losing a job, considering returning to education, the birth of a child, moving house, a child playing truant, and a child being bullied at school. It was these and other events that shaped their narratives and led to actions and decisions during the study, and when talking about these issues, understandably people did not mention their smoking. To participants, smoking was just something you did while you were getting on with your life, and was not necessarily an activity in itself.

Another participant, a reserved father in his 50s with three young children, gave a deeply insightful account of his life. He spoke uninterrupted for nearly an hour, reflecting on choices he'd made in his life, how he came to be living where he was and doing the job he did, and how having children and becoming a parent had changed his life – but he never once mentioned smoking. This was not an oversight, as Robinson had carefully explained

the aims of study to him as part of the opening narrative question, and his wife had spoken to Robinson earlier that day. Following the principles of Biographical Narrative Interpretative Method, Robinson waited until the end of his narrative and his responses to her subsequent questions on his narrative (a period of nearly two hours) before commenting that he hadn't mentioned smoking at all. His response was to give a series of brief, closed statements about his smoking pattern before calling his wife and children downstairs. His wife and three children had been upstairs for the duration of the interview and this effectively closed the conversation. In contrast to his discursive narrative, filled with incidents, details and reflections, his statements about smoking were short, even terse, and did not invite discussion.

Not mentioning smoking, until prompted after the main interview was over, was a deliberate omission on his part, done perhaps to make it clear that for him, and we believe, for many people, cigarettes are peripheral and transitory, and so an irrelevant and inappropriate means of understanding his life. This man actively resisted the perceived attempt to impose the label of 'smoker' or 'smoker's life' on his story, and for him his life narrative was a story of a man, who happened to smoke, but who was not a 'smoker'.

Smoking as binder, conduit and facilitator

Other times when the participants talked about cigarettes occupying a more significant (if still supporting role) was in terms of accessing a regular supply of their favorite brand of cigarettes. Having cigarettes, articulated by some as being in "possession" of them, was described as crucial for many of the participants, and even people who no longer smoked could recall how important it had been to them to have cigarettes to smoke, even if they didn't need to smoke at that precise moment. The presence of even a single cigarette was a reassurance, particularly for the women who smoked, and they described how knowing that they could stop what they were doing to smoke helped them to get through the day.

One particular 37-year-old woman lived alone with her baby daughter and son, and had been treated for depression since the birth of her daughter. Her ex-husband was violent towards her, and social services and her health visitor were providing ongoing support for her and her children. She was clear that she didn't drink, or take drugs, but she needed to smoke the occasional cigarette. "Because I've tried so much. You know, I know there's a lot of help out there but, you know, they don't live in my house every day, the problems that I have, you know? And as I say a ciggy is my five minute break." In line with previous research into smoking (Graham 1984, 1993) having a pack of cigarettes represented security and safety, and people described their sense of panic if they ran out, particularly if they didn't have a cigarette to smoke first thing in the morning. Interestingly, this need to have cigarettes for the morning was true even for light smokers who may not have had their first cigarette immediately on waking.

Their reflections on their need to have cigarettes led to accounts of what they did or had done if they ran out of cigarettes, narratives that illustrated an elusive connectedness between people in a relationship, and between friends and families, and neighbors. There were laughing recountings of how partners had been sent to late night shops or petrol stations in the snow or pouring rain, or the middle of the night, and how (male) partners

were willing to go out during a football match just so their partner could have their cigarettes. But once the object had been attained, the cigarettes became less important, perhaps only one was smoked immediately and then the rest saved for the next day. Other stories described how children were sent on early morning errands, just as they themselves had been sent as children, to friends or neighbors to beg a few cigarettes to tide them over, a request that was never refused. New technologies were incorporated into these strategies and the narratives included accounts of emergency texts that were responded to in hours or minutes, with cigarettes delivered to them in their homes by a friend or even their friend's partner.

Sometimes the accounts were given by the 'donor' and others by the 'recipient', but these two roles were interchangeable and strict notions of 'debt' and 'debtor' did not appear to be important. These were essentially acts of timeless reciprocity, and there was no question that they themselves would respond to such a request, and 'repayment' would come. This is not to say that such accounts were not without unease: the level of their dependency on cigarettes; their level of panic and how this short-term anxiety may have been transmitted to partners and children; the money spent; asking their children to get their cigarettes for them from the houses of friends were all explicit or implicit concerns evidenced at times by changing tone or gestures. However, overwhelmingly, these accounts evidenced the kinds of social bonds that enabled families to function; they just happened to be illustrated by the exchange of cigarettes. What was described using cigarettes as the conduit and what was observed during the period of research in the community was far away from the neo-liberal discourse of the individualization of society, of dysfunctional nuclear and single parent families, partly ascribing their failure to achieve financial affluence as a deficit in their social networking skills and personal strategic resources. In terms of smoking, cigarettes circulated freely among friends and families, a gift, a loan, and as a bond.

Other objects and resources flowed too: offers of a pan of Scouse [meat and root vegetable stew] from a woman's father to help her through the day; a mother arriving to take her daughter's baby out for the day so the daughter, struggling with depression, could get some sleep and have a shower; people arriving with money, food, cigarettes and comfort for a mother whose benefits had been withdrawn in error immediately after the birth of her second child and who didn't know how she could feed her children or pay the rent that week. Although cigarettes are now spatially marginalized in many homes, they were there as an important part of background, a familiar presence, a familiar smell, smoked singly or together, but a part of the community reinforcing their fragile solidarity. One woman, a 35-year-old mother of two who had lived all of her life in the local area and was friends with six of the other women in this study, reflected that if she really wanted to stop smoking, she would probably have to leave her family and community to enable her to do so:

But as I say it just gets harder and harder and harder for me because everyone I know smokes, everyone. So I'm constantly in that environment and it's not as if I can say I'm gonna ... like a drug addict would sorry, take myself away from that because it's me family and me friends who I've had for 20 years, I can't do that. Do you know what I mean? I can't just walk away.

While these reciprocal acts would probably continue to happen in a world without the cigarettes and smoking in the background, the accounts suggest that cigarettes do play a part in maintaining social relationships, perhaps explaining in part the reluctance of participants to actually give up smoking entirely. Even if people did give up smoking, which the majority of people in this study thought that they might do one day, there is a sense that both smokers, ex-smokers and non-smokers may be paradoxically saddened if smoking disappeared entirely from their landscape.

Smoking as a link to the past, present and imagined futures

The narrative accounts and fieldnotes from the study are peppered with laughing recollections of the old days, when as children they could hardly see their way through a room for the smoke curling from the cigarettes of adults and when car journeys were also made in a fog of tobacco smoke. One mother of a small child, who was pregnant for the first months of the study, talked at length about her own and other peoples' smoking, and how growing up with smoking gave her easy access to cigarettes once she started smoking herself aged 14 years. "Me Nan was terrible for smoking, she used to constantly have one dangling out of her mouth, me Mum's Mum, she was terrible. Erm ... me Granddad was the same, the house was just yellow, me Nan and Granddad's house err ... and it stunk when you walked in." Accounts recalled a time when 'everyone' smoked and they would be sent down to their local shops to buy cigarettes for their mums or dads; when dad or Nan would give you a draw on their cigarette as a treat; the thrill of finding a cigarette or even a whole pack; and the illicit pleasure of smoking with friends in marginal locations. As young adults they variously recalled brilliant nights out with friends, when they could smoke all night in the pubs, bars and clubs, and never give it a thought.

Again, there was bitterness and sadness with the laughter as respondents were well aware of the likely damage to their own and others' health. These traces and tidemarks of their smoking histories and lives incorporated accounts of people who had died, and sometimes died early, or slowly, or painfully through a smoking-related disease, but this knowledge was not enough to motivate them to stop smoking themselves (see also Dennis, this volume; Haines-Saah, this volume, for similar points). As might be expected in an area of multiple, generational disadvantage, there were accounts of the early death of both smoking and non-smoking family members, and the presence of death and disease in their wider family group, irrespective of smoking status, rendered much of the health promotion literature and advertising campaigns impotent.

One mother of two children, a young girl and an older boy, gave an account of her own ambivalent attitude towards the risks of smoking. As people in her immediate family were non-smokers, but had died of cancer, she described how she found it hard to motivate herself to give up smoking as she believed that she was probably at risk of dying early anyway, and that the calculable cost of cigarettes mattered more to her than an incalculable risk to her health:

[M]y mother had five Aunties and every one of them died of cancer but not one of them ever smoked, do you know what I mean? So it's swings and balances. I don't know, just the health factor, but I convinced myself that when I'm packing them in,

that it's not about me health, its financial reasons because I can't afford them, do you know what I mean? The health factor only comes in when those adverts come on or you see it on the box 'Smoking Kills' and stuff, or me daughter with the asthma and stuff. But that's secondary in my mind and that's wrong, that should be at the top, do you know what I mean? That doesn't make sense but that's the way I feel and that's wrong.

As well as reflecting on their chances of developing cancer and other illness in their later life, they considered what would actually make them stop smoking. Participants acknowledged that they would look and feel better if they didn't smoke, but they were not sure if the benefits that they could see or feel would really motivate outweigh the gains they got from smoking. One man, a father of three in his 30s who worked in data entry, who had smoked for much of his life, considered what the gains to him might be if he stopped smoking. His mother had died of lung cancer, and this had certainly affected both him and his wife as they both talked about her in their interviews:

I thought, like, after me mum died that would stop me smoking but it didn't. I don't know why, like ... I think it's just ignorance isn't it? You think, you just think you'll be the lucky one who can smoke all their life and get away with it because you don't realize what it's doing to your health anyway. I always say I am going to pack in smoking and get fit and ... I don't think I'd notice it anyway because I could never run when I was a kid and I didn't smoke [laughing] I don't see it making any difference now, do you know what I mean?

When these 'smoking tales' are compared to accounts, say, in fishing communities, where tales of terrible storms, boats and lives lost do not prevent people from sailing out in their boats the next day, it is easy to theorize where the resilience comes from – not from a lack of knowledge or concern, but prior knowledge and deeper understandings and the certainty of enduring and uncritical sources of support if the worst does happen. In the narratives there was a definite sense of nostalgia for both the time and places where smoking and socializing used to happen. Smoking was, and still is, part of the performance of sociality for these communities, but can now only occur 'back-stage' in their homes and on the streets in their local area and only discussed as a pleasure, rather than as a dirty habit, with other smokers.

Smoking, nostalgia and childhood

While some of the participants recalled happy and carefree childhoods, running to play at friends' houses and playing outside, others interspersed these accounts with tragedies and incidents: of death and illness, of people suffering from poor mental health, marital breakdown, alcoholism, abandonment and in one case, abuse. Understandably, while cigarettes were present in these accounts of their early years, the tales of the adults' smoking around them did not represent the most challenging aspects of these narratives of childhood, and the smoking was put into perspective by these stories of their wider lives.

One mother of three children who was pregnant with a fourth child described how close she was to her parents, and how she had moved twice to make sure they only lived a few doors away from here. She saw her own mother every day and laughingly recounted that her sisters (who also lived close by) called her the 'Klingon' as she was so clingy. She and her family

also saw her partner's family every week and she emphasized the importance of all family relationships to her. Yet her narrative included a brief mention of her partner's father history of alcohol and domestic abuse:

Erm but like I say he's involved more with his mum than his dad, but we do still see his dad as well. His dad will come and see the children where his mum, we do see his mum at least four to five times a week an' we'll speak everyday on the phone and she has the children... With the likes of the alcohol, you know erm, you know he's seen a lot, he's seen you know his dad beatin' his mum. Erm he's seen the police there, he's seen it all. An' he's just basically has said now you know he wouldn't really dare put our children through that 'cos he knows what it like... But he is still close to his parents. At the end of the day they still are his parents an' that's it really.

As with other participants in this study, she accepted the darker side of family life as she accepted the challenges of everyday life. This may offer an insight into the ways in which concepts of a 'good childhood' might be translated into notions of 'good health', where alcoholism, smoking and violence in such communities can be incorporated into accounts of living well and doing fine. Participants accepted that while their limited social and geographical mobility restricted their employment opportunities and made it hard for them to stop smoking, leaving would involve other risks and costs, such as losing the possibility of practical, daily help and support from their families (Backett-Milburn et al., 2008).

The participants were not 'dupes' and were well aware of the risks to their health of smoking, but their lives were full of risks and over the six months fieldwork two babies were born, one and possibly two couples split up, one person found work, another lost their job. There were more changes on the horizon with two more babies yet to be born and one couple planning to marry after ten years of living together. These were far more immediate and real incidents than concerns about their future health, full of potential financial, emotional and physical risks to the participants compared to starting or stopping smoking. Shortly before an interview, one woman's partner had tried to run over her and her two young children in his car. In this community, things happened, and not always good things, but life was also full of possibilities, with enough twists and turns to make their own death, or the nature of their death, not a certainty, but just another possibility, and before that happened, something really good might turn up. We believe that their accounts refute the idea that smokers, particularly smoking parents, are feckless, ignorant and uncaring, although their notions of 'care' sometimes challenged our own. Through their narratives we found that people were more or less bound up in the act of caring, getting by and looking out for their families and extended families, many of whom happened to smoke.

Parents reflected on the additional work they did to keep their children safe and well growing up in a neighborhood where violence was known to occur inside and outside of homes, where school discipline was an issue, and busy roads needed to be crossed. Other wider issues outside their immediate control included the possibility that the social housing association might allow someone 'dangerous' to move in next door, high crime rates, people (sometimes family members) could be sent to prison, and drink and drugs were easily available. One of the mothers reflected at length on her fears for her children's safety at

school and the dangers associated with their growing up in the area, and concluded the conversation by saying that if the worst thing her children did as adults was to smoke, then she and her partner would have done a pretty good job of raising them.

Smoking and occupation

The women reflected that caring for their children and home occupied them almost from the moment they opened their eyes to the moment they went to sleep. Cigarettes were breaks and time out and often the 'best' cigarette was on waking, when the children were still asleep and the constant demands on them had not yet started, described as a "moment of peace". Caring has been linked to smoking (Graham, 2003; Robinson & Kirkcaldy, 2007a), and one mother of two children, whose partner was in full-time work and sometimes worked away for days at a time, gave a long (1400 word) uninterrupted monologue as part of one of her interviews, where she described how she believed that the near constant demands of caring made her work more stressful than her husband's paid work. While in previous conversations she linked her smoking to the stresses and strains of her everyday life, in this narrative smoking was noticeably absent:

Well ... if you've got children, some women have got children and they go to work and they come home and they run the house and they go shopping and they do the ironing and they do the cleaning and put the kids to bed and then if they're lucky they will get an hour to themselves, 10 o'clock at night, do you know what I mean. By which time they are so tired they want to go to sleep anyway and go to bed, I don't know whether it's just in my life but all my friends are the same. The men just go to work, they get themselves up in the morning, they don't have to worry about getting the kids to school, getting uniforms ready, they just see to themselves, go to work, come home get a shower, sit down with the tea put in front of them and that's it. They don't have to worry about getting the kids to bed, bathing them, making sure their teeth are brushed, uniforms for the next day are out and read to be ironed, they've got none of that.

In this extract and in the wider monologue, she conducted a sophisticated analysis of gendered inequalities, how her life was shaped in terms of the physical and mental labor she invested in caring for her children in that area of Liverpool. This limited her mobility, her opportunities to take paid work outside her home, to participate in other activities and restricted the little leisure time she had, suggesting that her life would have to change for her smoking to change. However, the men had their own narratives that further support our contention that lives produce smoking, including fears of job insecurity, accounts of hard manual labor over long hours for little pay followed by the constant activity of home life. So, while the narratives were gendered to reflect the differences in their lives, both men and women described their limited opportunities during their day to engage with personal, meaningful activities, suggesting that in the absence of anything else, like watching the television, smoking becomes a one of a limited number of meaningful practices that people can engage with.

Concluding remarks

Tobacco's traces are evident in this community, part of their past and present, and part of their friends and families' past and present. As in other studies, the accounts from participants suggest that cigarettes have acted and continue to act as tangible symbols of identity and belonging and a connection to a shared past, that support and sometimes shape day-to-day and more meaningful events in peoples' lives (Banwell & Young, 1993; Bond et al., 2012; Haines et al., 2009). Being able to smoke, and to offer and to be offered cigarettes, makes some people feel at home in a society where increasingly people like them don't feel at home at all times and in all places, and this has become a 'taken-for-granted' element of their lives that they are unwilling to give up, particularly if it meant losing connections to family and friends (Thompson et al., 2007; Wiltshire et al., 2003). Studies such as ours draw attention to the various ways in which smoking is understood and practiced in particular communities, highlighting the variability rather than homogeneity of smoking, challenging the notion of 'smoking' and 'smokers' as meaningful categories, and the importance of understanding more about the lives of people who smoke to effectively and appropriately develop gendered and culturally sensitive interventions and wider policies to support them to stop (Amos et al., 2012; Bond et al., 2012; Greaves & Jategaonkar, 2006).

While participants did accept that health issues were linked to smoking in the general population, they did not think about their smoking only in terms of their 'health', countering mentions of illness, poor health and death with alternative narratives that attempted to distance rather than connect concepts of health and smoking. Accounts of their wider lives offered rich insights into why people still smoked, found it hard to quit, and they relied on luck or chance to keep them well. In line with wider research into 'lay health' beliefs about the determinants of health and illness, other explanations were given as to why so many people were in poor health and developed illnesses (Blaxter, 1983; Pill & Stott, 1982; Robinson & Kirkcaldy, 2007b). This suggests that those who use health issues to try to engage people in cessation initiatives need to rethink their approach, essentially to recognize that despite high incidences of morbidity and mortality in poor communities, health is only one of a number of real and immediate issues that people worry about.

The findings from our study support the idea that people living in poverty are more likely to be preoccupied with immediate concerns, such as keeping their job, paying their rent, and their own and their children's safety, rather than their chance of developing an illness in 20 years time (Graham, 2009; Graham et al., 2010). The challenge for health promotion is to find new ways of talking about issues that address the concerns of the people they are trying to reach rather than their own concerns as people trying to 'help'. Furthermore, health promotion and tobacco policy should not ignore the fundamental, structural issues of disadvantage and inequalities that may cause and sustain the high levels of smoking in poor communities, and should also explicitly acknowledge that some people believe that smoking can support and enrich their current lives, and that stopping smoking would impoverish them (Graham, 2012).

Research concerned with physical and temporal ideas of space, place and community and identity can reveal much about the role of smoking in people's lives, and we believe that

cigarettes and smoking play a varied, situational, but essentially supporting, rather than central role. As with other studies of smoking and bringing up children, smoking was seen as supporting caring rather than undermining it (Graham et al., 2010; Robinson, 2008). The participants' points of reference were not abstract ideas of middle-class 'healthy homes', but the happy and stable homes that they knew of in their own locality, which ideally excluded violence and separation, but were likely to include smoking (Backett-Milburn et al., 2003; Byrne, 2006). They referred to the knowledge and practices of their friends and relatives, past and present, many of whom had smoked, but more importantly possessed other, more valued, qualities that made them good carers and mothers, such as resilience, cheerfulness, resourcefulness and strength in adversity (Bond et al., Holdsworth & Robinson, 2008; Nichter et al., 2007).

Finally, there is an historical and experiential dimension of human experience that should not be ignored in a study of a complex practice such as smoking, so in times of uncertainty, cigarettes represent certainty, and friends and family are often more reliable and react much more quickly than the State (Finch & Drowes, 1983; Hattery, 2001). So the challenge for social scientists remains to translate these ideas to a wider audience and endeavor to ensure that any understanding includes the point of view of the people of concern, moves beyond accepted discourses to tell it like it is, or at least how we understand it through the voices of smokers themselves.

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