**“It’s like eating stew and rice together ...”**

**Feelings regarding smoking among ultra-Orthodox Jews in Israel: A qualitative study**

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**Abstract**

**Background:** Cigarette smoking is a major cause of preventable morbidity and mortality. According to the Health Minister’s 2015 Report on Smoking in Israel, the smoking rate among the Jewish population is 18.5%. According to a 2011 Health Ministry survey, the smoking rate among the ultra-Orthodox (*haredi*) population is 12.8%. No previous qualitative research examined traits of smokers in the *haredi* population.

**Objective:** To identify and understand characteristics of *haredi* smokers, factors causing smoking onset, smoking habits, reasons for smoking, triggers to stop smoking, and challenges to smoking cessation. The results may assist doctors in helping their patients quit smoking.

**Research Population:** *Haredi* male smokers living in the Israeli city Modi’in Illit who agreed, in writing, to participate in the study.

**Research methods:** This study uses qualitative description. Participants were recruited using purposeful sampling. Data was collected via semi-structured in-depth interviews, performed by the principal researcher. Data analysis was done using continuous analysis in several stages: initial analysis (open coding), mapping analysis (axial coding) and targeted analysis (selective coding).

**Results**: Smoking onset among interviewees was during adolescence, influenced by their specific social environment and general society. They discuss smoking in religious terms. Some try to stop smoking using tools from the religious world. Primary themes that emerge are: conditions for smoking and not smoking; conflict between desire to smoke and to quit; advantages and disadvantages of smoking and of quitting; coping mechanisms; triggers to stop smoking; and smoking cessation techniques.

**Conclusions:** *Haredi* smokers have distinct social and religious characteristics. Their physicians should be familiar with characteristics of smokers in general and *haredi* smokers in particular, to decide when and how to intervene regarding smoking cessation among this population.

**Background and Objectives**

Cigarette smoking is the most important and major preventable cause of morbidity and mortality among patients. The proportion of smokers in the adult population in Israel (ages 21 and older) is 19.7%, and the smoking rate among the Jewish population is 18.5% (1). In 2011, the first telephone survey of current and former smokers in the ultra-Orthodox Jewish (*haredi* in Hebrew) population in Israel was conducted, in order to quantify and characterize smoking rates in this segment of society (2). The survey included 782 participants. It assessed the percentage of smokers aged 18 and over in *haredi* society at 12.8%. Additionally, the survey collected data on issues including: age of smoking onset, number of cigarettes smoked daily, desire to stop smoking, barriers to smoking cessation, past attempts to stop smoking, and the influence of rabbinic rulings and Jewish religious law (*halakha*) on smoking habits. The 2011 survey was carried out using a quantitative method. It serves as a basis for conducting the current qualitative research, which seeks to deepen our understanding of the phenomenon of smoking in *haredi* society.

Qualitative research is a research method that involves investigating human behavior in order to describe, understand, and explain it. In contrast to quantitative research, which explores questions such as “how many?” and “how often?”, in qualitative research, the questions are “what?”, “why?” and “how?” (3).

There have been many qualitative studies on smoking, including studies conducted among minority populations such as the Maori in New Zealand (4), the indigenous population in Australia (5), the rural population in Greenland (6) and populations from various provinces across the United Kingdom (7). The primary aim of these studies was to examine the characteristics of smokers in the various populations. To date, no qualitative research has been conducted on characteristics of smokers in *haredi* society. Knowing and understanding smokers’ characteristics can assist in their treatment, in terms of discussing smoking cessation, supporting and helping them stop smoking, and treating their other medical problems, some of which are directly or indirectly related to smoking.

**Methods**

The research uses qualitative description. Participants were recruited using purposeful sampling. The principal investigator located smokers residing in Modi’in Illit through family physicians working in public healthcare clinics located in that city. The participants agreed in writing to participate in the study. They were interviewed in semi-structured interviews conducted by the principal researcher with the help of an interview guide (Appendix 1).

The data analysis was done using a method of continuous analysis according to the following stages: initial analysis (open coding), mapping analysis (axial coding) and targeted analysis (selective coding).

**Results**

**Smoking data**

In this study, ten smokers, residents of Modi’in Illit, were interviewed. All the interviewees were male. Nine out of ten were married. Most of them study Torah full-time in a *Kollel* (religious study institute), while a minority combine Torah studies with work or who only work.

Table 1 shows breakdown of the interview data, including a summary description for each interviewee and their scores on the Fagerstrom Test for Nicotine Dependence, a measure of smoking addiction that ranges from 0 to 10.

**Smoking onset**

Most of the interviewees began smoking during adolescence, around the age of 17-18, and their motives were mainly social. The interviewees, some of whom started smoking 40 years ago, say smoking was a widespread social norm. Their awareness of the dangers of smoking was low, and almost everyone around them smoked.

“It was part of life [...] If I didn’t smoke, I would feel different from everyone else.” (Interviewee 2)

Significant peer pressure and imitation of adults also contributed to the onset of smoking. All the interviewees say at least one relative (father, older brother) smoked. All this takes place in the context of adolescence, which is characterized by a desire to feel grown-up, to push boundaries, and to seek thrills.

“The strongest thing that gets kids into smoking is the example of significant adults in their lives.” (Interviewee 3)

**Smoking in the daily routine**

After a certain period, usually around a year or two after a person starts smoking, it becomes a fixed part of the daily routine, which revolves around smoking. Regular activities are accompanied by cigarette smoking, and cigarettes become an integral part of daily life.

“It’s all about the cigarette. Life revolves around cigarettes. Every action you do is about the cigarette. [...] If you don’t have a cigarette – it’s not worth anything, not coffee, not food, nothing ... It constantly takes up the whole person, sucks him in [...] it becomes part of the daily routine, the whole day revolves around cigarettes, it’s something that just doesn’t get out of your mind, you can’t forget about it.” (Interviewee 9)

**Conditions for smoking**

Like all conditions, smoking is connected to the smokers’ behaviors, the situations in which they find themselves, and the feelings they experience.

The smokers differentiate between “cigarettes for pleasure” and “cigarettes of habit”:

*Cigarettes for pleasure*

Cigarettes can be smoked after a good meal, during a family event, while walking in nature, or after completing a task. They are associated with feelings of pleasure and satisfaction. Social gatherings are always accompanied by cigarettes, and smoking cigarette is often a reason to get together with friends. Sometimes the conditioning is so strong that, without a cigarette, pleasure is impaired to the point of the person not being able to enjoy things that are naturally pleasurable.

“There is no such thing as going for a walk to see the view, sitting and looking at the landscape without a cigarette – nothing is green at all.” (Interviewee 8)

“If I don’t have a cigarette, it lowers my sense of satisfaction.” (Interviewee 9)

*Cigarettes of habit*

Cigarettes may be automatically smoked in a routine behavior, which some smokers do not enjoy and would like to stop.

“The cigarettes I am drawn to smoke for no reason are pointless ... If you could free me from that, I would be happy.” (Interviewee 7).

**Conditions for not smoking**

Alongside conditions that promote smoking, smokers say that there are also conditions for not smoking; situations in which they do not feel the need to smoke, such as the Sabbath and holidays. The explanation for not smoking is usually the knowledge or decision that it is not permissible to smoke on Shabbat and holidays.

“Most Sabbaths I don’t; I don’t feel the need for a cigarette, it’s as if, you know, it’s not an issue at all so you don’t [...] once you subconsciously know it’s not an option, it becomes less burning for you.” (Interviewee 10)

**Advantages and disadvantages of smoking**

Smokers have conflicted attitudes towards smoking. On the one hand, they think about the pleasure of smoking and the sense of lack that it fills. On the other hand, they feel it is a pleasure that is deceptive, imaginary, not real.

“There is a joke among the *Kollel* students. If a man is bursting with gas, they say he ate bean stew and rice in the same dish. The bean stew threatens to make him explode, but the rice prevents it. What help is a pack of cigarettes on which it’s written that they cause heart disease? It’s like stew and rice together. The stew causes gas, and the rice blocks it. It’s like a bomb in his stomach. He wants to pass gas but can’t, the rice blocks it. You have a pack of cigarettes, you want to smoke, and it’s written on it that they cause heart disease. It makes a bomb in your mind!” (Interviewee 1)

*Advantages*

The advantages of smoking can be divided into physical and emotional benefits:

Physical benefits include: pleasurable, fun, uplifting, improves thinking and concentration, engaging.

Emotional benefits include: satisfaction, relaxation.

*Disadvantages*

The disadvantages of smoking can be divided into the practical, physical, emotional, and moral, as described in Table 2:

“Obviously, it bothers me, the time this thing wastes [...] when I have to buy a pack, I don’t have any cigarettes, and right now I’m supposed to go learn, teach, work, whatever. But that’s it, the world stops; I’m going to buy cigarettes. It’s frustrating, because I’m wasting my precious time, which I don’t have enough of right now ...” (Interviewee 7)

**Triggers to stop smoking**

The smokers note various triggers that caused them to quit smoking, as described in Table 3.

Sometimes a combination of several triggers leads to a decision to quit smoking:

“Why stop? Because the health dangers somehow scare you ... It’s everything together: the wife doesn’t like the smell of cigarettes, it’s driving you crazy, it costs you money, it’s the accumulation of all these things together until one day you decide [to stop smoking] ...” (Interviewee 6)

**Smoking cessation methods**

Methods for quitting smoking among *haredi* smokers are similar to those commonly used in general society, such as putting off smoking a cigarette for several hours, recording each cigarette smoked, attending seminars for quitting smoking, taking relevant medications. Some smokers use distinctive religious tools such as taking vows, praying, or reading books with moral messages.

*Vows*

A vow is a commitment a person takes on. From a religious standpoint, it is mandatory for the person to keep the vow and avoid breaking it. A vow can be used as a tool to inspire and motivate a person who wants to do something but finds it difficult or is reluctant to do so. One smoker describes how he succeeded in significantly reducing the number of cigarettes he smokes by taking a vow.

“I made a sort of vow that, starting on a certain date, I would smoke 20 cigarettes a day, and every week reduce the number of cigarettes, until the 18th week, when I would stop at three cigarettes. For eight years, I have smoked only three cigarettes a day. I had three other members of my *Kollel* sign to witness my vow, and said if I ever want to end the vow, I would have to gather the three of them together.” (Interviewee 1)

*Prayer*

Prayer is a powerful tool of expression in the religious world. It is more than a request to God to fulfill wishes and requests. It is also a way to strengthen a person’s faith and confidence in his or her own abilities. One interviewee said he managed to stop smoking for eleven months:

“There was a time when I stopped on my own, for eleven months, something like that, more or less. It was due to the power of prayer ... I prayed a number of times that I would succeed, and all during the eleven months I prayed about it. That means, in this way you strengthen your will, remind yourself that you want to do this…” (Interviewee 7)

*Books on morality*

There are Torah-based books that deal with personal development through self-contemplation in order to help a person better understand himself, his soul, his strengths and weaknesses, character traits and temptations. One interviewee describes using insights from the books of Rabbi Yisrael Salanter (a founder of the “Morality Movement” who lived in Lithuania about 200 years ago) to stop smoking. He refers to this as the “work of dealing with the evil inclination”. He explains how someone can deal with the desire to smoke just as one deals with the temptation to commit sins, and how to become a “repentant” and to change for the good, even in the area of smoking.

“Smoking is like all work of dealing with the evil inclination. Rabbi Yisrael Salanter says, and from this I began to stop smoking, that every prohibition has ‘easy tests’ and ‘hard tests’. He writes that a person can be fully repentant on the easy tests. Suppose he has a temptation to do a certain thing, and he cannot completely avoid that sin, but he knows that on the ‘easy tests’, say up to level five, he can do it. He accepts this, so even though he continues to do the sin, but he succeeds in being fully repentant on the easy tests. For me, this was a great insight, when I came across it at age 20 or 21. I told myself: let’s try that with cigarettes too.” (Interviewee 3)

**Discussion and Conclusions**

This is the first qualitative study to date that addresses characteristics of smokers in *haredi* society. It is a direct continuation of the Ministry of Health’s survey on this topic, conducted in 2011. Similar to the Ministry of Health survey, the current study finds shared characteristics between *haredi* smokers and smokers in general society, such as the age of smoking onset, reasons for smoking, feelings about smoking, and smoking cessation methods.

The distinctiveness of *haredi* smokers is their use of religious terms in reference to smoking such as “temptation” and “evil inclination”, certain conditions for not smoking such as the Sabbath and holidays, specific triggers to quit such as “Elul time” and religious methods for smoking cessation such as taking vows, prayer, and the use of books on morality.

Understanding that *haredi* smokers use religious concepts and tools to address their smoking habit may help in the development of specialized smoking cessation seminars for the religious and *haredi* populations. The literature describes similar attempts at group rehabilitation programs among other religious communities, using religious institutions and faith as a common foundation (12, 13).

In conclusion, it is essential that physicians proving healthcare for smokers are aware of these characteristics. Knowing that a doctor’s recommendation to quit smoking may be a trigger for smoking cessation emphasizes the importance of clear and consistent recommendations to quit smoking. In addition, attending physicians’ understanding of smokers’ feelings and thoughts may help them empathize with their patients, and assist them in making the decision to quit smoking.

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Table 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Description** | **Age** | **Number of cigarettes smoked daily** | **Years of smoking** | **Fagerstrom score** |
| 1 | Smoker who successfully quit | 58 | 30 | 40 | 2-3 |
| 2 | Discouraged smoker | 57 | 40 | 40 | 8 |
| 3 | “The work of the evil inclination” | 37 | 2-3 | 20 | 0 |
| 4 | Recurrent quitter | 39 | 10-15 | 20 | 2-3 |
| 5 | Smoker who awoke from delusion | 41 | 20 | 23 | 7 |
| 6 | Smoker of electronic cigarettes | 44 | 2-3 | 26 | 4 |
| 7 | “Yes, limit; don’t stop” | 37 | 20 | 22 | 5-6 |
| 8 | “I have no reason to stop” | 34 | 20 | 16 | 5 |
| 9 | “My whole life is around cigarettes” | 41 | 17 | 20 | 3 |
| 10 | “I disappointed my wife” | 31 | 6-10 | 15 | 2 |

Table 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Practical** | **Physical** | **Emotional** | **Moral** |
| Unpleasant odor | Cough, phlegm | Dependence | Bothers others |
| Waste of time | Weakens stamina | Guilt | Disrupts peace in the home |
| Financial expense | Damages health |  | Sets a poor personal example |

Table 3

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal**  | **Familial** | **Social** | **Religious** |
| Health crisis | Engagement | Social isolation | “Elul time” (a time of year designated for repentance) |
| Doctor’s instructions | Marriage |  |  |
| Relative’s illness | Birth of a child |  |  |
| Lifestyle change | Pressure from relatives  |  |  |