Bridging Research to Practice:
Native American Stories of Becoming Smoke-free

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Abstract

The use of recreational and commercial tobacco products (nonceremonial or sacred) in North American Indian populations is alarmingly high. A qualitative study based on grounded theory and guided by social work principles was used to discover the methods, strategies, and processes 16 members of the Seneca Nation used when they quit smoking. The study revealed that participants used a five-step process to quit smoking: becoming aware, internalizing realizations, considering health, "setting in mind" to quit, and reflecting. The theory emerging from the project was named "healthy mind-setting." The results provide a framework for health care and service providers working with Seneca recreational tobacco users and may have significant relevance for indigenous populations worldwide.

Key Words

Native American • American Indian • Indigenous • cigarettes • tobacco • intervention • smoking cessation • health • health disparity • qualitative research • community based research • indigenous model • grounded theory

The use of recreational tobacco products, in particular cigarettes, is a rising concern in the Native American landscape. The negative health effects of continued cigarette use are widely known and publicized. However, there is a lack of data on cigarette use and misuse in tribal territories and reservations, and the little existing research has predominantly focused on demographic statistics of usage (Gilliland, Mahler, & Davis, 1998; Hodge & Casken, 1999; Hodge et al., 1995; Kerby, Brand, & John, 2003; Lando, Johnson, Graham-Tomasi, McGovern, & Solberg, 1992; LeMaster, Connell, Mitchell, & Manson, 2002; Spangler, Dignan, & Michielutte, 1997). Other studies have captured facets such as the functional value, meaning, perceptions, and social context of smoking behaviors (Alexander, Allen, Crawford, & McCormick, 1999; Kegler, Cleaver, & Kingsley, 2000; Mermelstein & the Tobacco Control Network Writing Group, 1999; Quintero & Davis, 2002; Struthers, Hodge, Geishert-Cantrell, & Casken, 2003). To date, no identifiable study

has reviewed how Native people have successfully quit smoking and the processes they use in maintaining a smoke-free lifestyle. As such, this paper represents a significant contribution to the fields of Native American wellness and social work.

The incidence of recreational tobacco use among Native American peoples is alarmingly high. Recent data, beginning with national surveys conducted by the Substance Abuse and Mental Health Services Administration ([SAMHSA], 2005) and the Centers for Disease Control and Prevention ([CDC], 2004), indicate the prevalence of smoking among American Indian populations is to be 30% higher than in the general population. Similarly, LeMaster et al. (2002) found that approximately 50% of Native Americans between the ages of 13 and 20 in five western Native communities reported some type of cigarette use. Kerby et al. (2003) further confirmed the high percentage of recreational tobacco misuse by showing that about 48% of participants in a Native American youth sample had smoked at least once, and 27% were current smokers.

In comparison to the general population, Native Americans are more likely than any other ethnic group to use tobacco products (SAMHSA, 2003). Giovino (1999) determined that Native Americans were more likely to smoke than were Hispanics, African Americans, and Asian/Pacific Islanders. Similarly, the CDC (1998) found that 37.9% of Native American men smoked, compared with 27.4% of White men, and that the smoking rate among Native American women was 31.3%, compared with 23.3% among White women.

Given the disproportionate prevalence of tobacco misuse among Native Americans, it is important that health care and service providers realize the significance of this ongoing battle. Furthermore, it is imperative that the field of social work search for new avenues to combat the debilitating effects of recreational tobacco misuse.

It was the aim of this project to discover what methods persons of the Seneca Nation of Indians use when they quit smoking. In particular, Seneca members had the opportunity to share their storied meaning of how they successfully navigated from recreational tobacco use behaviors to a smoke-free lifestyle.

OVERVIEW OF THE STUDY

The purpose of this qualitative study was to determine the process that members of the Seneca Nation used to successfully quit smoking. Through the experiences and perceptions of 16 enrolled members of the Seneca Nation, who lived on either the Allegany or the Cattaraugus Indian Reservation located in Western New York, a grounded theory was generated in response to the following research questions: (a) How have Seneca member participants successfully quit smoking? (b) What is the process they used? and (c) How have they maintained a smoke-free lifestyle?

This study provides the Seneca Nation, surrounding tribes, and indigenous populations with a theoretical model of the smoking cessation process. This model was developed on the basis of the techniques and strategies used by expert tribal community members who have successfully quit smoking and maintain a smoke-free lifestyle. It can be useful for tribal health centers and Native human service providers who are considering replacing existing smoking cessation or reduction interventions with Native-specific and evidence-based interventions.

METHOD
SAMPLE

Sixteen of 17 Seneca tribal members who were interested in participating in this project signed an informed consent form. The remaining member was interested in sharing her story; however, she was anxious about signing the consent form and the use of tape recorders. Therefore, her information was not collected, recorded, or used in this study. Rather, the interviewer respectfully listened to the story and thanked the individual for sharing. Of the 16 participating members, 11 were female, and five were male. The Seneca members ranged in age from 25 to 82 years, with 38% falling in the age range of 46 to 55 years of age. All Seneca members involved held residence on the reservations of the Seneca Nation. One hundred percent of the Seneca members also stated that they were enrolled members of the Seneca Nation of Indians. Twenty-five percent of the Seneca member base had lived on their respective reservations for up to 50 years, with another 25% residing there for 61 years or more. Fifteen of the 16 Seneca members reported cigarettes as their recreational tobacco. One member indicated past use of cigarettes and smokeless tobacco. Thirty-eight percent of Seneca members had been smoke-free for one to five years, with another 19% having maintained a smoke-free lifestyle for six to 10 years.

Participants were recruited through advertisements in print publications that targeted Seneca reservation territories and populations as well as through web-based advertisement. This involved an announcement on a regional listserv that provides information to Seneca communities. Additional participants were recruited through snowball sampling: Incoming participants were asked whether they knew of anyone else who met study requirements. Haudenosaunee clan pots made by an Iroquois craftsman were given to Seneca tribal members as an incentive to participate in the project.

INSTRUMENTATION

The interview protocol began with open-ended questions from a semi-structured interview script. Sample questions included "Tell me your story of smoking" and "Given your expertise in becoming smoke-free, what have you learned during this process that you might want to share with others?" Interviews were conducted at

a private office on the Seneca member participant's respective reservation or at a convenient location selected by the participant. There were six questions, and responses were voluntary. These individual interviews ranged in length from 45 min to 1.5 hr.

DATA ANALYSIS

The interviews were coded through transcript analysis, an intensive procedure whereby the investigator reviews each transcript several times to identify and label codes that reflect the participant's experience. This analysis yielded a theoretical model consisting of saturated categories that explained how people of the Seneca Nation successfully quit smoking for 6 months or longer. Interview transcripts were systematically analyzed via the constant, comparative process of data collection and analysis. In particular, Glaser's (1978) and Strauss and Corbin's (1998) method of coding, categorizing, and linking categories was used.

Coders accomplished the initial analysis by open coding each transcript several times to identify and label substantive codes that revealed Seneca participants' experiences and reflections. Codes were compared, and like codes were grouped into categories. Throughout analysis, the properties and dimensions of categories were developed. Some categories were eventually included within other categories. Memoing was also an important factor of the grounded theory analysis. Written memos documented coders' thoughts and ideas about emerging categories and model development. These memos formed the framework for explanation and left an audit trail. The audit trail allowed coders a means to follow how the data were analyzed and how a theoretical model was ultimately developed (Strauss & Corbin, 1998).

QUALITATIVE RIGOR AND CREDIBILITY

Three triangulation techniques were utilized. They included coder or investigator triangulation, instrument/analysis triangulation, and a verification focus group. These techniques have been described in previous qualitative work (Patton, 1999; Thurmond, 2001). A mock interview using the interview schedule was also performed before the start of the study. The mock interview served as a means to make improvements and to increase the strength and rigor of the interview schedule prior to its actual use.

Investigator triangulation involves the application of one or more observers, interviewers, or data analysts. To meet the criteria, two analysts independently coded and analyzed the data. One was male and of Seneca descent. The second was a non-Native woman. Both analysts were trained in grounded theory. This process helped build credibility for the end results by providing a guard against potential ethnic, researcher, or gender bias during analysis. The analysis team worked closely to resolve any inconsistencies during the analysis process. Any discrepancies not agreed upon were brought back to a Seneca participant verification focus group for further clarification.

Easton, McComish, and Greenberg (2000) indicated that a pitfall in qualitative research may involve the transcriptionist being unfamiliar with words specific to a particular culture, which may lead to misinterpretation. To control for this, the project hired Native transcriptionists. By recognizing story-telling patterns, the Native transcriptionists were able to identify and properly input details of the Seneca member participant accounts. Both Atlas.ti software suited to facilitate qualitative data analysis and Microsoft Word were used in the analysis process. The combination of two analysis styles further provided diversity in analysis development mechanisms, enhancing the credibility of the final results.

RESULTS

Categories included as part of this project were concepts that stood for phenomena—that is, problems, issues, events, or happenings that were defined as being significant to respondents (Strauss & Corbin, 1998). These represented the processes associated with quitting recreational tobacco use and maintaining a smoke-free lifestyle. They were drawn from stories of Seneca tribal members and served as the building blocks of theory development (Strauss & Corbin, 1998).

Properties used in this project were characteristics of ascribed categories. They provided definition and meaning and served as attributes of the categories. Dimensions further explained properties. They defined a range on which the property varied and also provided a location map of the properties along continua. Subcategories were definitive and unique concepts that pertained to the ascribed category and included information on where and how a phenomenon was likely to occur (Strauss & Corbin, 1998).

As coding progressed, relationships became evident between categories and subcategories, and categories were further linked at the levels of properties and dimensions. Ultimately, the core category was defined by categories that revolved around its axis and was detailed by subcategories, dimensions, and properties (Strauss & Corbin, 1998). All of these actions worked together and formed a theoretical model, known as "healthy mind-setting," showing the smoking cessation and maintenance process as it occurred over time for members of the Seneca Nation of Indians.

The five distinct categories uncovered in this project were becoming aware, internalizing realizations, considering health, developing a mind-set to quit, and reflecting (see Figure 1). A sixth element was represented by "considered sacred." This element was not part of any specific process or tactic of quitting. However, it served as a blanket of knowledge and surrounded the entire process.

FIGURE 1. *THEORY OF HEALTHY MIND-SETTING*
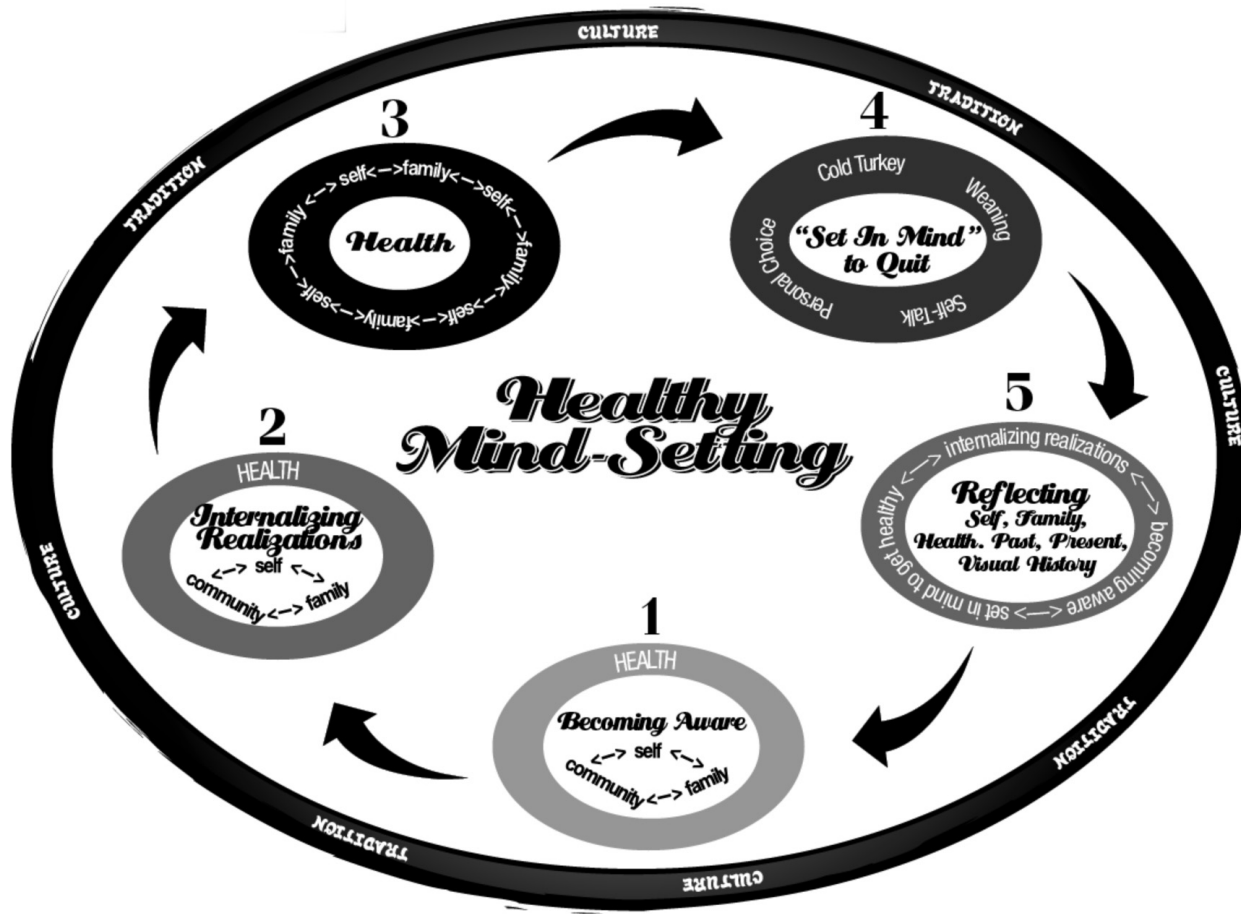
BECOMING AWARE (CATEGORY)

Awareness was the first experience Seneca members encountered in the journey of becoming smoke-free. This included becoming aware of themselves, others, and the environment as it related to their recreational tobacco use.

Participants' increasing awareness was often evidenced in a growing fear of developing serious health problems that might be directly related to their smoking behaviors. One Seneca member stated,

> I think I just was worried about my health, more or less. I don't wanna have cancer and throat cancer. I don't know, I went to the doctor one day, and I ended up with high blood pressure, and I got scared from that. Like, what did I do? It must be something I'm doing—you know what I mean.

Another participant said,

> The big part was I was starting to get sick, you know in terms of physically. I would be coughing and I could not stop and stuff and, um, and sometimes it was just the physical side effects of getting sick with a cold and stuff, I could really get hit bad with a sinus infection.

As these participants noted, the first calls to awareness were often focused on self-health. However, initial awareness also involved the health of others, including family, and the well-being of the Seneca community as a whole. One participant related her growing awareness of smoking's impact on her family's health:

> My daughter, she was 9 at the time, she ended up having an asthma attack and we ended up taking her to the hospital. . . . So then I figured, you know, thinking about everything and almost losing her, you know, so that was my reason why I quit and stuff, because she almost died.

Seneca members also revealed a general awareness of smoking in a community sense. This awareness was represented by general workplace concerns, including establishments on the reservations that permitted smoking and the availability of cigarettes from local smoke shops. One Seneca member stated,

> Seeing this increase of smoke shops around, also seeing and hearing about more and more people getting cancer. You know, it's just, like, there. That's gotta be part of it, too. Our lifestyles can change having access to something like that. I think it has increased the sickness in our community.

ALCOHOL AND SMOKING (SUBCATEGORY)

Another awareness that evolved as a subcategory included the connection between alcohol and recreational tobacco. In nearly all instances where smoking was discussed, drinking was soon to follow. For many participants, it was the norm to smoke a pack a night while drinking. One Seneca member stated, "I guess they both come hand in hand. When you drink you have to have cigarettes. I guess it's just a mental thing." Another participant echoed this, saying, "I think in my mind it just was hurting so much that, ah, I began to think that I wanted to quit this and quit both of my addictions."

A dimension noted by many Seneca members was the influence of a party atmosphere. The combination of smoking and drinking was an integral part of the socialization scene, which often centered around bars. Smoking and drinking were synonymous, almost intertwined as one event, one habit, or, in some cases, one addiction.

In summary, the initial process of becoming aware included a quick glance into smoking as a possible health concern for themselves, their family, and the community. At this point, Seneca members not only were becoming aware of their behavior but started building a greater awareness of how their life stood in relation to it. Awareness thus served as a foundation on which Seneca members began compiling thoughts, ideas, and images of how smoking was related to their lifestyle.

INTERNALIZING REALIZATIONS (CATEGORY)

For most Seneca members, awareness led to realization. For example, one participant stated, "I remember waking up and my chest hurting from smoking too much, and my chest never really hurt then until I started smoking." Another echoed this by saying, "I would get a cold and things, I would get congested, and I could hear myself wheezing, and I am thinking, 'I am wheezing at rest' . . . I am thinking, 'I have been smoking too long.'" Another participant came to realization through education:

> I didn't realize all those chemicals were in a cigarette, and I often wondered about what I was putting in my body, and I decided to, you know, go from there, and I started researching it, and it started scaring me, and so that's when I, you know, decided I wanted to live longer.

These internalized realizations became deep-seated thoughts, serving as a means of moving past initial perceptions of how smoking was unhealthy. Thus, the perception turned into a firm realization that smoking was bad for the participant's health and that a set of negative consequences was associated with recreational tobacco use. Sometimes outside sources provided information that helped this realization a long, as was the case for one Seneca member who said, "Doctors told me then that I was showing signs of cystic fibrosis and that if I did not quit that it would eventually lead to my death."

MOTHERHOOD (SUBCATEGORY)

Strauss and Corbin (1998) asserted that there are variations in every process. An alternative explanation for the internalized realizations category is represented by motherhood. Seneca women who were entering motherhood developed a subcategory of realization that related to their decision to quit smoking: concerns for their personal health, for the health of their fetus, and for the health of the child when he or she was born. For example, one woman said, "When I realized I was pregnant, I thought it would be a good time to quit drinking and smoking." Another woman supported this by sharing the following:

> I quit. I got pregnant, and I had already made the promise to myself that I would never jeopardize the health of my baby by smoking or drinking or any kind of drugs. So I quit cold turkey on everything. I didn't seem to have a problem kicking it after I knew what the reason was.

In summary, becoming aware and internalizing realizations formed a strong foundation in the quit chain. They served as eye-openers. Once a Seneca member internalized his or her realization of the concerns of smoking, the plot of that member's story thickened. This is represented next in the core category.

CONSIDERING HEALTH (CORE CATEGORY)

I selected health as the core category in this study because health issues and concerns connected to smoking were central and, for the most part, related to all other categories. Overall, health influenced both the choice to quit smoking and the process of maintaining a smoke-free lifestyle. I broke the health category down into micro and mezzo mechanisms to develop a conditional/consequential matrix, which stimulated thinking about the relationship between micro and mezzo conditions that interacted with various health consequences (Strauss & Corbin, 1998).

INDIVIDUAL HEALTH EXPERIENCES (MICRO)

The realization and internalization of the negative effects of smoking on the smoker's individual health emerged as a property. These effects included symptoms such as coughing, cold, congestion, painful chest and lungs, choking, sinus infection, and difficulty breathing, as well as an understanding of long-term consequences, particularly cancer.

Seneca members shared graphic stories about the deterioration of their health and associated this with their smoking lifestyle. Members who became aware that smoking was unhealthy reached the point of realization, spurred by difficulty breathing after activities, the development of some type of cough, or other persistent respiratory distress. One Seneca member supported this theory by saying,

My throat got raspy, and I thought I had trouble with lungs and my throat. It was kind of sore but it was real raspy, and I thought, "Wow, now I have throat cancer," and I got mucus, so I just stopped.

For another member, a persistent cough served as a wake-up call: "Just hear that smoker's cough and that whole feeling of waking up in the morning and you got all this, it feels like this brown stuff that you're coughing." Yet another participant said, "I think I was worried about my health, more or less. I don't wanna have cancer and throat cancer."

FAMILY HEALTH CONSEQUENCES (MEZZO)

"Witnessing" (property). A second property of health concerns that was clearly evident in the quit process was witnessing family members struggle with physical ailments caused by recreational tobacco use. Seneca members shared vivid memories of witnessing loved ones wage difficult battles with respiratory-type illnesses. For example, one participant said, "My father had emphysema, two of his sisters have emphysema, one dead, my father's dead, my aunt is dead, but I have another aunt who is alive and has emphysema. I just hope I quit in time, you know." Another explicitly noted family's influence in the quit process: "Having watched. . . my sister pass away from it . . . ah . . . that was very instrumental in helping me stop." Through these connections, they developed deeper realizations that smoking was unhealthy.

HEALTH CONDITIONAL/CONSEQUENTIAL MATRIX SUMMARY

A conditional/consequential matrix stimulates thinking about relationships between micro and mezzo conditions and their consequences both for each other and for the process (Strauss and Corbin, 1998). A matrix in the central category of considering health indicated that the factors of individual health consequences, once realized, had a lasting impression on health and well-being. Another factor was secondhand experiences, which consisted of witnessing relatives dealing with the negative health consequences of smoking. The intertwined nature of these two factors in the matrix gave Seneca members hindsight, a current foundation, and foresight to quit and maintain a smoke-free lifestyle. More important, awareness and realization of health served as a base from which the next step of the quit process could be taken.

SET IN MIND TO QUIT (CATEGORY)

Almost exclusively, participants made a personal choice to quit smoking. The decision to quit was not specifically directed by a health care professional. It was not accomplished as part of a smoking cessation group. It was not aided by nicotine

replacements, such as "the patch" or gum. The decision to quit was a personal choice, and, more often than not, participants quit "cold turkey." However, a secondary method of the quit process was "weaning," a reducing strategy that eventually led to a complete quit.

Numerous Seneca members discussed this process of making a mind-set to quit cold turkey. One said,

> But when it came to other things, like smoking, I didn't apply the same kind of attitude of self-discipline, but today when I look back then I recognize that it took a certain amount of discipline to beat it, and I think that anybody can do it if they set their mind to it, so that's it.

Another participant echoed this attitude: "I pretty much said, 'That's it,' and I pretty much just quit. I didn't have anybody telling me that I had to quit. It was all up to me." Still another Seneca member agreed, saying, "I had to have it really in mind that I could quit and that I knew that once I made my mind up that I would do it and I would get through it."

Self-Talk (Property). One property that was part of setting in mind was the use of self-talk, thinking out loud or to oneself about making a stern decision to quit. One Seneca member made a bet with herself:

> Well, I'm going to have one more cigarette before 11 o'clock and when I stopped that cigarette, I'm going to shoot for that basket over there in the corner. . . . If I make that, that'll give me a good sign that I'm going to do it. . . . I took my pack of cigarettes and I really wadded it up and I made it. It's one indication that I'm going to make it.

WEANING (DIMENSION)

Once a decision to quit was firmly established, other factors entered into the equation to help Seneca members maintain a smoke-free lifestyle. One dimension in this process that often circled back to awareness was the relationship of smoking to drinking alcohol. Seneca members came to the realization that drinking was strongly related to smoking. With this knowledge at hand, they had the mind-set that quitting two things at once was most effective. Others used a reduction model, slowly quitting both or successfully quitting one and then the other. For example, a Seneca member stated, "What was key for me is when I decided to quit drinking and then I knew that I could quit smoking and not the other way around."

REFLECTING (CATEGORY)

The last category Seneca members shared was reflecting. Reflecting was an approach of looking at life the way it used to be, the way it is today, and the way it might have been. Participants used self-reflecting and reflecting on family as mechanisms to remain smoke-free. Reflecting as a form of maintenance was also entered into a matrix that distinguished between self-reflecting and reflecting on family.

SELF-REFLECTING (MICRO)

Smell (property). One common property of self-reflection was smell. The aversion participants developed to cigarette smoke assisted them in the maintenance process. One member said of the way the smoke smell would cling, "My hands don't stink anymore, they're not dirty anymore, like you know from cigarettes, when you smoke your hands get discolored." Another noticed the smell on other smokers:

> After I quit and then when I would get close enough to someone who smokes, you could just smell it . . . and sometimes they don't even smell like cigarettes anymore, they start to smell like an ashtray, and it's nasty. Oh man, it's nasty.

Health improvement (dimension). Also of note was the dimension of health improvement over time. This included easier breathing and fewer "lung hangovers." For example, one participant said, "When I quit smoking, um, I did notice my health changing. Um, like your breathing, you can hold your breath longer."

Visual histories (property). Another part of self-reflecting was visual histories. Seneca members told stories of how they first saw the negative effect that smoking had on one's health. These images had a long-lasting impact. One Seneca member shared the following memory:

> I can't remember how or why the reason, but they displayed a half a lung in this one showcase, and it was like black. Half of it was black on the bottom, and it was real. I mean, they just, like, had it there and, like, within a couple days, of course, it was smelling, you know. I remember that, I mean, just seeing that lung in there and all the blackness.

Saving money (property). Another property of self-reflecting was saving money by not smoking. One member indicated, "It was just that, um, savings of money, money that I could put elsewhere, you know, for bills or whatever, or buy or being able to buy something for one of my kids."

FAMILY REFLECTING (MEZZO)

Reflecting on family members also served as a means to maintain a smoke-free lifestyle. Seneca participants witnessed family members battle diseases directly related to smoking, including emphysema and cancer. The deteriorating health of their relations served as a living reminder of what might have happened if they had continued to use cigarettes. For example, one participant said, "I watched her suffer all that time, and then I had another surgery. . . . Again it was like another warning and wake-up call."

Still other participants reflected on messages from family members who shared their stance on smoking. These family members informed and educated the participants and communicated their views of smoking. In this way, they served not as preachers but as educators and advocates. They also invoked guilt and shame at times.

"CONSIDERED SACRED"

An important aspect of the quitting process for Seneca members was the sacred nature of traditional, ritual tobacco use. As one participant explained,

> If you go back in the early years of culture, yeah, we had tobacco and there were reasons for the tobacco. It's not the same as now. We're losing a lot of our culture. We're absorbed into the norm, non-Native culture, and this is why we have these big smoke companies that are established by non-Native people and they bring their smoke products to us, and being part of that overall blanket society, yeah, we do it too because of that fact that you know, those big companies pushing their products all over whatever race, whatever culture.

As this comment illustrates, Seneca members were cognizant of the differences between traditional Indian tobacco and commercial tobacco products. They were mindful that tobacco was not meant to be abused or used for recreational means.

In conclusion, Seneca members acknowledged the differences between traditional Indian tobacco and commercial, recreational tobacco. This differentiation served as a blanket over the entire quit and maintenance process. Thus, traditional perspectives played an important, overarching role but did not specifically influence the process.

DISCUSSION

Becoming smoke-free in the contemporary Seneca society occurred after a time of tobacco use and, for the most part, was prompted by health reasons. Seneca members presented a strong will and deep-seated determination when they implemented the

decision to quit. Furthermore, this process happened in a linear fashion with circular reflections. That is, Seneca members progressed through a sequential path of change to reach the end product of a smoke-free lifestyle. However, reflections on how they became smoke-free continued to resurface and served as a constant reminder.

RECOMMENDATIONS: BRIDGING RESEARCH TO PRACTICE

The findings of this study have relevance for social workers, health care centers, and human service providers who encounter smokers on a daily basis. If those in practice settings make use of this study's recommendations, it could set the pace for the health and well-being of future generations and communities within the Native American landscape.

STEP 1: DEVELOP MECHANISMS TO PROMOTE RECREATIONAL TOBACCO USE AWARENESS IN SMOKERS, OTHERS, AND THE COMMUNITY

Education is a means to implement the findings of this project. The influence of media and media techniques resonated across the interviewed cohort. Although media influence was an important feature in the stories of Seneca members, it was not part of the overall quit process. Rather, it is an important avenue for change. The advertising and film industries should be used for anti-smoking education. Furthermore, advertising campaigns that use local tribal members as part of the media outreach process (through voice-overs, actors, and photographs in print media) should be considered. A connection between this recommendation and the data is represented by the possible use of visual histories for educational means, for example, by developing awareness through the development of media intervention based on meaningful visual histories of community members.

STEP 2: BUILD AWARENESS INTO REALIZATIONS

One of the most important findings of this project was participants' realization of the connection between smoking and drinking. Interventions that address alcohol concerns should include treatment for recreational tobacco use as well. In addition, realizations were often grounded in an understanding of the health consequences of smoking. For many Seneca members, coming to realizations about their own health in combination with watching family members suffer from smoking-related ailments was a key process in helping them quit and stay smoke-free. Human service providers should incorporate self-health, family health, and community health in overall treatment paradigms. This discussion point is confirmed by a participant who stated, "I never had it set in my mind before because the two were going to kill me my drinking and my cigarettes."

STEP 3: FIND WHAT MIND-SET MEANS FOR THOSE INTERESTED IN QUITTING

Seneca members used the process of mind-setting when they decided to quit. The mind-set came from within and embodied strong willpower and firm decision making. Although mind-setting was unique for each person, the common element was health-related knowledge and consequences. In light of this finding, human service providers might help individuals discover what mind-set means to them. Having open discussions on what mind-set is, how it can be used, and how it can help in the quest for a smoke-free lifestyle may prove to be a promising practice. One Seneca member strongly supported this step by sharing, "It's all in your mind. If you really don't want to do something, you don't have to."

STEP 4: DEVELOP MECHANISMS TO USE REFLECTION AS A MAINTENANCE PROCESS

Reflecting on past history served as a means for participants to remain smoke-free. Reflections took many forms: self-histories, family histories, and personal experience with sensory images, including smell and sight. During the maintenance process, it is important for human service providers to help individuals build mechanisms to incorporate reflection. Providers should discuss reflections, what reflections have the most impact, and how reflections have the ability to help the individual maintain a smoke-free lifestyle. Data supporting reflection techniques included statements such as "Chicks would tell me that cigarette breath is nasty, and after a while, I would smell it and I'd be like, hey it is nasty. I'd smell some chick's breath and I'd just wanna, blahhh." Another participant stated, "I watched her suffer all that time and then I had another surgery. . . . again it was like another warning and wakeup call."

STEP 5: INCORPORATE THE BLANKET OF NATIVE CULTURE, TRADITION, WISDOM, AND KNOWLEDGE

Of importance to work in the Native American landscape, including the territories of the Seneca Nation of Indians, is the incorporation of Native culture, tradition, wisdom, and knowledge. The results of this study indicate that Seneca culture, heritage, and views of traditional versus commercial tobacco use were part of the participants' overall awareness of smoking. Thus, it is crucial that service providers use this knowledge as part of any intervention. Seneca members stressed the importance of continued education, particularly with respect to ongoing sharing of traditional wisdom as it pertains to respectful tobacco use.

Further exploration during the assessment or intervention process should include what tradition means to the individual. It may also include discovering how traditions have affected or might affect the person's decision to quit and maintain

a smoke-free lifestyle. Additionally, it may be useful to find out what the individual's perception of traditional tobacco use is compared to commercial tobacco. As one Seneca member stated, "If you go back in the early years of culture, yeah, we had tobacco and there were reasons for the tobacco. It's not the same as now."

SUMMARY

Health-related knowledge was an integral part of participants' quit process. Initially, Seneca members had a general awareness of smoking and an entry-level perception of the health consequences. This awareness, or awakening, usually occurred later in life. As time progressed, the awareness became an internalized realization. Participants realized how smoking was causing their health to deteriorate and how it negatively affected their family members. Once they were firmly aware of the realities of smoking, they made a personal decision to quit. This decision was made by their choice, guided by strong will, and based on a personal mind-set to quit. After they implemented the decision, Seneca members used reflective experiences of health-related issues as a mechanism to remain smoke-free. Finally, they were mindful of the use of traditional Indian tobacco versus commercial, recreational tobacco. This knowledge served as an overarching awareness but was not fully integrated into any specific process.

In conclusion, this paper was developed to enhance the addiction literature related to the field of social work in Native American settings. The model of healthy mind-setting has strong implications and practicality for indigenous communities. Further, this foundation study puts forth the framework for continued theoretical advancement as well as the groundwork for indigenous sensitive intervention development and utilization.

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