

EXAMINING THE RELATIONSHIP BETWEEN SMOKING AND STRESS

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ABSTRACT

This study investigates the bidirectional relationship between smoking and stress, focusing on individuals experiencing high stress levels. A diverse sample of 100 participants (aged 18–30) completed the Perceived Stress Scale (PSS) and a smoking habits questionnaire. Quantitative analyses revealed a moderate positive correlation ($r = 0.20$) between perceived stress and smoking frequency, though this relationship was not statistically significant ($p > 0.05$). Age showed a significant negative correlation with stress ($r = -0.49$, $p < 0.01$), suggesting stress decreases with age. Qualitative insights highlighted that smokers often use cigarettes as a short-term coping mechanism, despite long-term increases in stress due to nicotine dependence. The findings underscore the need for integrated stress management in smoking cessation programs. This study underscores the need for effective stress control strategies and support inside smoking cessation packages and public health tasks. It emphasizes the significance of targeted interventions to deal with each elements, in the long run promoting healthier lifestyles and improving public health fitness.

Keywords: Smoking, Stress, Coping Mechanism, Smoking Cessation, Mental Health, Nicotine.

INTRODUCTION

Smoking and stress are common problems that affect the human body and mind. These two factors are interrelated and often occur simultaneously, creating a relationship that deserves closer examination. This study aims to investigate the link between smoking and frustration, showing how they affect and worsen each other. Smoking is a longstanding public health problem all over the world, despite the awareness of its dangers. Smoking remains a global problem. According to the World Health Organization (WHO), smoking is the leading cause

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of preventable death worldwide, killing more than 8 million people each year. Millions of people continue to smoke, and this is associated with a range of health risks, including cancer, heart disease and respiratory diseases. Smoking is also associated with many types of stress, including anxiety, depression, and general health. It is an antidote to difficult situations and causes many physical and mental effects. However, stress can sometimes drain a person's energy, and chronic stress can lead to serious illnesses. It is known to cause a number of health problems, including heart disease, weakened immune systems, and mental disorders such as anxiety and depression. Although the negative effects of smoking and stress are well known, the relationship between them is complex and not fully understood.

Research suggests that smoking can be used as a coping strategy for people with anxiety because nicotine can temporarily boost mood, providing short-term relief. Instead, the relationship is two way; increased stress can lead people to start or continue smoking to cope with stress or anxiety. By examining these factors across different population groups, we are attempting to uncover patterns, correlates, and mechanisms that influence high rates of smoking. The results of this study can have important implications for health promotion and quitting smoking. A deeper understanding of the relationship between smoking and stress could help develop intervention plans that simultaneously address smoking and stress management.

LITERATURE REVIEW

Many studies have examined the relationship between smoking and stress, often with mixed results. Some studies suggest that smoking is used as a solution to manage stress and provides temporary relief due to the pharmacological effects of nicotine. However, other studies suggest that smoking can increase stress over time, creating dependence and withdrawal.

Sheldon Cohen and Edward Lichtenstein (1990) in their paper "*Perceived stress, quitting smoking, and smoking relapse*" investigated smoking cessation. Carbon monoxide and salivary cotinine tests were used to confirm smoking status at six months, and self-reported smoking was assessed using false positives in each case. The findings provide strong evidence for a link between changes in stress levels and smoking. Those who were able to stay smoke-free for more than 24 hours were able to maintain stress and stability over a 6-month period. In contrast, those who remained abstinent throughout the study had lower levels of anxiety as the duration of abstinence increased. In all three periods (before 1 month of abstinence, 1 to 3 months, and 3 to 6 months of abstinence), anxiety increased with relapse, while in both comparable periods, success was seen in reducing stress after abstinence. One explanation for these findings is the assumption that the relationship between stress and smoking is bidirectional.

Michael O. Chaiton (2009) in his research on "*A systematic review of longitudinal studies on the association between depression and smoking in adolescents*" established a link between adolescent smoking and depression. He conducted a search of the PubMed, OVID and Psych Info databases conducted a longitudinal English-language study to investigate the effects of smoking on depression in a non-clinical population (aged 13 to 19 years) between

January 1990 and July 2008. A random-effects meta-analytic pooling technique was used to include a total of 15 studies in the analysis. Across six studies, the estimated odds ratio for smoking predicting depression was 1.73 (95% CI: 1.32–2.40; $p < 0.001$). Across 12 studies, the overall estimate for smoking predicting depression was 1.41 (95% CI: 1.21–1.63; $p < 0.001$). Studies using measures based on assessment of depression were more likely to show a positive association between the two methods, suggesting a positive association between depression and smoking. Longitudinal studies provide evidence for an association between smoking and depression. Future studies should consider (a) more frequent and longer follow-up studies, (b) more comprehensive measures of depression, and (c) better control for confounding issues to clarify these effects.

Keryn E. Pasch (2012) conducted study on “*Longitudinal Bi-directional Relationships between Sleep and Youth Substance Use*”. Pasch discovered that there is a potential relationship between sleep and drug use. The purpose of this study was to investigate the long-term positive relationship between adolescent drug use and sleep patterns, routines, and behaviors. The study included 704 participants with a mean age of 14.7 at baseline, and 86.4% were white. Self-reported drug use included drinking, smoking, and marijuana use in the past month. Multiple regression models were used to analyze the longitudinal associations between sleep and substance use, including school integration and social power, older age, pregnancy z-score, and adjustment to depressive symptoms. Findings showed correlation between smoking and overall sleep quality, as well as between cannabis use and sleep quality.

Matthew A. Stults-Kolehmainen (2014) conducted study on “*The Effects of Stress on Physical Activity and Exercise*.” Although mental stress and physical activity (PA) are generally thought to be negative effects, most research has focused on the use of exercise or PA as a means of reducing stress. A comprehensive search of PA and exercise markers was conducted using Web of Science, PubMed, and SPORTDiscus with search terms such as “stress,” “exercise,” and “physical activity.” Studies were assessed at various time points using a rating scale (0–9). This search resulted in 168 studies examining how stress affects PA. These studies investigated multiple types of stress, including emotional stress, depression, life events, work stress, stress at work, and family functioning, but excluded life stressors due to differences in theoretical frameworks. In general, most studies suggest that stress will prevent people from being physically active. Future research should focus on developing theories that explain the mechanisms behind stress-related differences in PA behavior.

Lisa Dierker (2006) conducted research on “*The proximal association between smoking and alcohol use among first year college students*”. This study examined the relationship between daily drinking and smoking among college freshmen. The authors examined the relationships between alcohol consumption and smoking behavior using a bivariate time series method using 210 days of weekly interval monitoring data. The results showed a positive and significant relationship between alcohol consumption and smoking, indicating that use of one substance can be predicted by past, current, and future use of another substance. Smoking and

drinking had a positive effect on most participants; multiple predictors of daily life (similar relationships). The study found that people who smoked less than one cigarette per day were less likely to perceive an interaction between the two behaviors than those who smoked more. When the proportion of significant effects perceived by individuals according to their smoking or drinking habits was examined, no significant differences were found between alcohol consumption and cigarette smoke. Longitudinal reports of daily behaviors may provide insight into the direct effects of alcohol consumption and smoking on each other, but more research is needed to determine the difference.

Claire I. Groves (2016) conducted research on “*The Bidirectional Relationship between Physical Activity and Stress in Working Parents.*” Exercise is widely recognized as having many benefits for the body and mind. However, many elites do not participate in regular physical activity. Stress is often cited as a barrier to exercise, but research also shows that physical activity can help reduce stress. Working parents are particularly at risk of high stress and often have limited time for exercise. However, the interaction between daily physical activity and stress among working parents has rarely been studied. This study aimed to investigate the two associations between daily physical activity and frequency and severity of stress among working parents and also to examine differences from mothers and fathers. Using data from the National Survey of Daily Experiences, a sample of 667 working parents (47.7% female, mean age 43 years, 81% married, and 84.9% single) were assessed using structural equations to measure daily stress and physical activity. Overall, the model fit for the father was poor, while the model for the mother had a reasonably good fit. Given these unprecedented relationships, future research should consider different strategies to reduce the daily stress and strain of working parents.

Philip K. Chan (2019) conducted study on “*Examining the Relationship between PTSD Symptomatology and Cigarette Smoking among Ohio Army National Guard Soldiers.*” Evidence suggests that civilians and soldiers are more likely to smoke during post-traumatic stress disorder (PTSD). However, there is some information in the National Guard that this association may be related to health issues rather than workforce. This study used cross-sectional data from a clinical sample of Soldiers (N=1,455) participating in the Ohio Army National Guard Mental Health Program. Soldiers provided self-reports and physician ratings of demographic information, PTSD symptoms, and smoking status. This study examined the association between PTSD symptoms and smoking behavior using logistic regression and multinomial regression techniques. Results showed that the likelihood of being a heavy smoker ($\beta = 0.04$, $p = 0.003$, OR = 1.04) and being a current smoker ($\beta = 0.02$, $p = 0.049$, OR = 1.02) were weakly associated with the severity of PTSD symptoms. Additionally, risk of heavy smoking was associated only with greater reporting of symptoms of irritability or hyper-arousal ($\beta = 0.04$, $p = 0.001$, OR = 1.05; $\beta = 0.03$, $p = 0.03$, OR = 1.03). These findings suggest that addressing PTSD and smoking among National Guardsmen may be important because those with more severe PTSD are more likely to smoke and may have more trouble quitting smoking.

Raymond Niaura (2002) conducted research on “*Response to social stress, urge to smoke, and smoking cessation.*” Motivational theories of drug use suggest that negative experiences may influence drug cravings and relapse. This study aimed to investigate how social stress affects responses to short-term (3 months) cigarette exposure in a controlled laboratory setting. A total of 76 smokers (64% female) were assessed for thoughts, feelings, and physical responses using the Borkovec Social Anxiety Induction Method prior to entering a smoking cessation treatment program. These responses were used to predict smoking immediately after induction and three months later. As expected, smoking anxiety scores and self-efficacy were positively and negatively associated with smoking intentions at baseline. However, only high heart rate and social behavior, as assessed by dissatisfied individuals, predicted smoking after three months.

These findings suggest that emotional and self-efficacy during social stress are associated with intention to smoke, while emotions and this mindset will affect smoking cessation success in many ways.

Michael H. Lawless (2015) conducted study on “*Perceived stress and smoking-related behaviors and symptomatology in male and female smokers.*” A retrospective analysis was conducted on 62 smokers (41 males and 21 females) who participated in a smoking cessation program. During screening, participants provided information about their smoking habits, as well as responses to various questionnaires, including the Minnesota Nicotine Withdrawal Scale (MNWS) and the Perceived Stress Scale (PSS). This analysis used multiple linear regression models to analyze the data. The results showed a significant difference between genders ($p = 0.04$). Both male and female smokers showed a positive relationship between perceived stress and nicotine withdrawal symptoms, but women were more affected by this situation. These results highlight the importance of stress management strategies for smokers, as reducing stress can reduce symptoms and improve smoking cessation.

This study highlights the need for gender-based approaches to smoking cessation and confirms that women may need additional support to manage stress during the smoking cessation process. This study examined the relationship between emotional distress, smoking behavior, and nicotine withdrawal symptoms, focusing on gender differences.

Jennifer A. Fidler (2009) conducted research on “*Self-perceived smoking motives and their correlates in a general population sample.*” The study used data from the Smoking Questionnaire, which included annual interviews with 2,133 smokers, to further investigate the various motivations associated with smoking. Participants were asked to identify the main reasons they continued smoking, including pleasure, stress relief, weight control, energy support, helping relationship, pain relief, enjoyment of smoking, and the absence of negative emotions while smoking. According to the survey results, 51 percent of participants cited pleasure as the main reason for smoking, while 47 percent cited stress reduction. Importantly, gender differences emerged; women were more likely to report reduced stress and weight control as a result of smoking, while men were more likely to report that smoking was fun

and satisfying. Studies have also shown that older smokers are more affective and more likely to smoke than younger smokers. Conversely, younger smokers are less likely to view social and emotional stress as important motivators. This illustrates the complexity of smoking and suggests that strategies for quitting smoking must not only reduce immediate stress, but also address the deeper emotional and self-perception that supports smoking.

Candace C. Nelson (2012) conducted research on “*Assessing the Relationship between Work-Family Conflict and Smoking*.” This study examines the relationship between dietary patterns and work-family conflict among a representative sample of workers in New England nursing homes. Data were collected through face-to-face interviews with staff at four nursing homes. Our findings suggest a positive relationship between smoking and workplace conflict. Workers who experience family work pressures are 3.1 times more likely to smoke than those who do not experience these problems. Workers who deal with work-family conflict are also 1.6 times more likely to smoke than those who do not experience conflict. These results suggest that there is a positive relationship between work-family conflict and smoking behavior. However, this is affected by the organization and the nature of all conflicts encountered.

RATIONALE

The relationship between stress and smoking is complex and bidirectional, with each factor influencing and affecting the other. Understanding this relationship is important for uncovering the mechanisms underlying smoking behavior and developing effective interventions to address smoking. Smoking is a major global health problem because it contributes too many chronic diseases, including heart disease, lung cancer, and respiratory disease. Despite widespread awareness of the harmful effects of smoking, many people still smoke. Many people use smoking as a way to cope with stress. Nicotine, an addictive substance found in cigarettes, has psychotropic effects and can temporarily reduce symptoms of anxiety and depression. For this reason, smoking is often seen as a coping strategy for stress, making people more likely to smoke in stressful situations. Stress levels increase symptoms, making it harder to control. Understanding the link between stress and nicotine can help improve treatment plans by coordinating stress management and providing coping strategies, while the effects of interventions can help people reduce their addiction to smoking by reducing stress. Life situations such as work stress, financial problems, relationship problems, and disasters can lead to smoking. In addition, the relationship between stress and smoking appears to be bidirectional. Noting that smoking can also increase stress due to withdrawal symptoms, researchers used a variety of methods, including surveys, interviews, and longitudinal studies, to understand the smoking behaviors of individuals who are more stressed.

Smoking as a Coping Mechanism

Many people smoke to cope with stress. Nicotine is an addictive substance found in tobacco products that affects the mind by stimulating the release of dopamine in the brain, causing a temporary feeling of relaxation and pleasure. Therefore, people may see smoking as a way to reduce stress and control negative emotions. However, this relief is short-lived and

does not eliminate the cause of the stress. These results may explain why some people turn to cigarettes when they are stressed. Studies show that smokers often feel calmer and more focused after smoking.

Smoking and Increased Stress

Smoking can cause or increase stress levels. The nature of nicotine can lead to a cycle of addiction, causing smokers to experience withdrawal symptoms when they try to quit or are unable to smoke. These withdrawal symptoms, such as irritability, restlessness, and increased anxiety, may suggest a link between smoking and depression. Additionally, the financial cost of purchasing cigarettes and the stigma that comes with smoking can add further stress to smokers' lives. For example, people who grew up in an environment where there was a lot of smoking or who have family members or friends who smoke are more likely to find nicotine a stress reliever. Additionally, socioeconomic status, work-related stress, and mental health may also play a role in the relationship between smoking and stress.

Relationship between Smoking and Stress

Smoking and stress are often linked, and many people turn to cigarettes to cope with the stress in their lives. The relationship between nicotine and anxiety is complex and bidirectional, suggesting that smoking can increase and amplify anxiety. Understanding this connection is important for developing effective smoking cessation and stress management strategies.

METHODOLOGY

This study aims to investigate the relationship between smoking behavior and stress, specifically focusing on whether stressed individuals are more likely to smoke than those who are less stressed. The study investigated the hypothesis of a relationship between stress and smoking, suggesting that greater stress may lead to more smoking. The study used a sample of 100 participants, including those with varying degrees of anxiety. Eligible participants were adults aged 18 to 30 who smoked regularly and viewed stress as an important part of life. All participants were English speakers, and those who were pregnant, had a history of mental illness, or were currently using other tobacco products were excluded from the study. The survey provided a good insight into smokers' personal experiences of coping with stress.

Survey Design

The survey included standard tools and questions, such as the Perceived Stress Scale (PSS) based on the Likert-Lewis scale. Participants were asked about their smoking frequency, smoking habits, and the effectiveness of smoking in reducing stress.

Participant Selection;

Inclusion criteria:

- Adults aged 18-30
- English speaking

Exclusion criteria:

- Individuals with pre-existing mental health conditions
- Individuals currently undergoing stress management therapy

Sample Size:

- 100

Tools /Materials:

1. PSS Perceived Stress Scale based Likert Lewis Scale
2. Questionnaire on smoking habits

- **PSS-Perceived Stress Scale**

The Perceived Stress Scale (PSS) is a self-report measure widely used in psychology and medicine to measure a person's perception of stress. The PSS was developed in 1983 by Solomon Cohen, Ron C. Kessler, and Susan Folkman to measure people's levels of stress in various aspects of life. The Perceived Stress Scale (PSS) consists of several questions that ask participants to rate the intensity and frequency of their feelings and perceptions of stressful situations during the past month. The scale typically includes items related to cognitive impairment, lack of control, and anxiety. These questions are designed to capture direct experience and self-assessment of stressful situations.

- The PSS uses a Likert scale for responses, with options ranging from “**disagree**” to “**strongly disagree**” and “**neutral**” and from “**agree**” to “**strongly agree**.”
- The PSS has been used in many ways, including meditation, medicine, and health promotion. It will be particularly useful in investigating the relationship between stress and various health conditions, such as mental health, cardiovascular disease, immunity, and healthy drinking.

In summary, the Perceived Stress Scale provides a standardized and reliable assessment of an individual's perceived stress, allowing for a better understanding of how stress affects the body and mind.

Reason for Choosing PSS Scale

The Perceived Stress Scale (PSS) is frequently used in educational research to measure how people perceive stress in their daily lives. It measures whether life events are considered stressful. Researchers may choose to use the PSS when examining the relationship between smoking and stress for the following reasons:

a) Quantifying Stress Levels:

The PSS provides a convenient and valid tool for assessing perceived stress. Using Likert scales, researchers can generate numerical data that can be compared and analyzed numerically.

b) Subjective Perspective:

Smoking habits and stress are common experiences. The PNS captures an individual's perception of stress, which is important when investigating how stress affects smoking. Understanding how people perceive and experience anxiety can lead to greater insight into smoking behaviors.

c) Holistic Assessment:

The PSS does not focus on specific stressors but measures general stressors. This integrative approach is useful for examining the relationship between stress and smoking because it takes into account the effects of multiple stressors in a person's life.

d) Wide Applicability

The widespread use of the PSS across cultures and settings makes it ideal for comparing and extending research findings, and its versatility makes it a popular choice for examining the relationship between smoking and stress across multiple models.

e) Longitudinal Studies

The PSS can also be used in longitudinal studies to track changes in emotional stress over time. Researchers can track stress levels before, during, and after a smoking cessation intervention or quit to gain insight into the interrelated and multifactorial effects of stress and smoking.

Linking the relationship between smoking and stress provides a standardized, stress-based measure of stress levels that captures the experience of stress, has broad applicability, and facilitates longitudinal studies to better understand the relationship between stress and smoking behavior change.

Variables:

- The independent variable in this study is the Perceived Stress Scale (PSS) score, which is used to measure perceived stress.
- The dependent variable is the Smoking Habits; which is thought to be affected by the person's stress level

Data Collection

Data collection was random and targeted individuals between the ages of 18 and 30. However, participants with medical conditions that would contraindicate the study or those taking antidepressants were excluded. To collect information about smoking habits, participants completed a questionnaire and then administered the Perceived Stress Scale (PSS).

Data Analysis

While analyzing the collected data, statistical methods and data plots based on previous studies were used that established a link between stress and smoking. Since the data were normally distributed, we used parametric tests to assess the relationship between smoking

and stress. We also conducted a correlation analysis to assess the strength and nature of the relationship between these variables.

HYPOTHESES

The relationship between smoking and stress goes both ways, according to research. Smoking may be a coping mechanism for stress; people with high levels of stress tend to smoke more than those with low levels of stress.

RESULTS

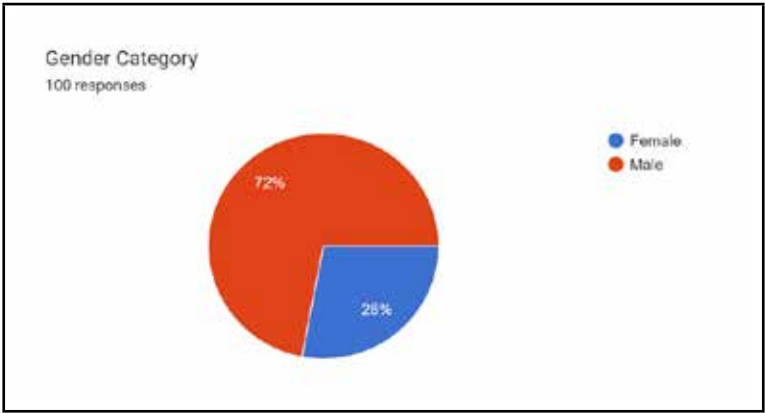


Figure : Response (gender-wise)

The pie chart shows the gender distribution of 100 respondents. The breakdown is as follows:

- 72% Male: This section, represented by the red portion of the pie chart, indicates that 72 out of the 100 responses were males.
- 28% Female: The blue section shows that 28 out of the 100 responses were females.

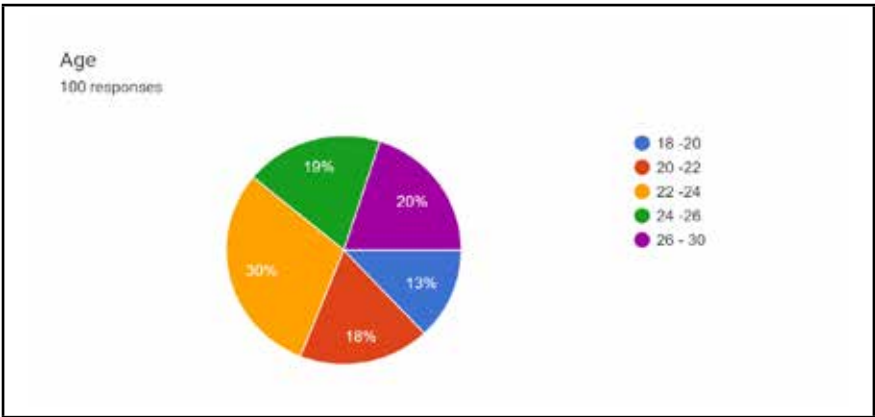


Figure : Response (age-wise)

This pie chart presents the age distribution of 100 respondents. The age groups are divided as follows:

- 30% (22-24 years): This is the largest age group, represented by the orange section, showing that 30 out of 100 respondents fall within this age range.
- 20% (26-30 years): The purple section represents respondents aged between 26-30 years, comprising 20% of the total.
- 19% (24-26 years): The green section shows that 19% of the respondents are between 24-26 years old.
- 18% (20-22 years): The red section represents 18% respondents who are between 20-22 years old.
- 13% (18-20 years): The blue section represents the smallest group, with 13% of respondents aged between 18-20 years.

Correlations

Table 1: Correlation Matrix

	Age	Sex	Smoking Habits	Perceived Stress Score
Age	1	(n.s.)	-0.15	-0.49
			(n.s.)	(p<0.01)
	N= 100	N= 100	N= 100	N=100
Sex	(n.s.)	1	(n.s.)	(n.s.)
	N= 100	N= 100	N= 100	N= 100
Smoking Habits	-0.15	(n.s.)	1	0.20
	N= 100	N= 100	N= 100	N= 100
Percieved Stress Score	-0.49	(n.s.)	0.20	1
	(p<0.01)		(n.s.)	
	N= 100	N= 100	N= 100	N= 100

Key:

- **n.s.:** Not statistically significant ($p > 0.05$).
- **$p < 0.05$:** Significant correlation at the 5% level.
- **$p < 0.01$:** Significant correlation at the 1% level.
- **N=** Number of respondents: 100.

Interpretations

- Age has a negative correlation with perceived stress of -0.49, indicating that perceived

stress decreases as age increases. This relationship is significant at the 1% level.

- There is a negative correlation of -0.15 between number of cigarettes smoked and gender, indicating that smokers are more likely to identify as male. However, this correlation is not significant.
- There was a moderate correlation (0.20) between smoking behavior and perceived stress scores, suggesting that smokers may experience less stress, but this relationship was not significant ($p > 0.05$).

Quantitative Findings

Studies have shown that there is a moderate correlation (0.20) between smoking behaviour and perceived anxiety scores, with smokers reporting less anxiety, but this relationship is not significant ($p > 0.05$). This means that people with higher PSS scores are more likely to smoke, suggesting a possible link between smoking and stress. However, it is important to realize that this relationship is not very strong and other factors may also influence PSS scores. The data also show a weak correlation (-0.15) between smoking habits and gender differences, suggesting that individuals who smoke more are slightly skewed towards men. The relationship is also non-significant, meaning that the relationship is not strong enough to draw any conclusions.

While there is a link between stress levels, smoking, and grades, more research and analysis is needed to establish a positive relationship. Other factors such as lifestyle, genetics, and personal factors may also contribute to these relationships.

PSS Score:

- Age has a negative correlation with perceived stress of -0.49, indicating that perceived stress decreases as age increases. This relationship is significant at the 1% level.
- PSS score differences and gender differences showed a weak correlation of -0.49, suggesting that individuals with higher PSS scores have a slight male preference. However, this relationship is not statistically significant.
- An average correlation of 0.20 with anxiety scores suggests that smokers may be less anxious, but this relationship is not significant ($p > 0.05$).

In summary, the data presented suggest that age has a positive effect on scores, with males tending to smoke more and scoring higher. Also, those who smoked more frequently had higher PSS scores. The relationship between age, gender, and number of cigarettes was generally weak and did not differ.

Smoking Habits

- Smoking behaviour was found to be positively correlated with age (-0.15), indicating that smokers were slightly older. However, this relationship was not statistically significant.
- There was a negative correlation of -0.15 between smoking and gender variables, indicating that men were the most likely to smoke. This relationship was significant at the

0.01% level.

- There is a moderate correlation of 0.20 between the number of smoking habits and PSS scores, indicating that individuals who smoke more will have higher PSS scores. This relationship is significant at the 0.05% level.

Age:

- There is a negative correlation between age and perceived stress -0.49, indicating that perceived stress decreases as age increases. This relationship is significant at the 1% level.
- There is a weak correlation of -0.15 between age and smoking, suggesting that older people tend to smoke more, but this relationship is not statistically significant.
- Age was weakly associated with the gender gap (-0.15), suggesting that older people were less likely to be male, but this association was not significant either.

Qualitative Insights

The data showed that when most participants started using cigarettes to cope with stress, they generally felt that their stress levels increased the longer they smoked. Participants described a vicious cycle in which temporary abstinence from cigarettes was followed by increased stress-related problems and difficulty quitting smoking.

DISCUSSION

The results of the study are consistent with existing literature indicating that smoking may help reduce stress in the short term but may ultimately lead to increased stress. This dual effect may be attributed to the pharmacological properties of nicotine and the psychological effects of smoking. The relationship between smoking and stress has long been a topic of interest and debate. However, this discussion aims to review the current evidence and theories surrounding this complex organization.

- **Correlation between Smoking and Stress:** Many studies have found a link between smoking and stress. People with high levels of stress often turn to smoking as a coping mechanism or self-medication. Stress can increase the brain's reward system, causing people to crave for immediate relief, and nicotine from cigarettes can provide that relief. This relationship has been found in a variety of populations, including young people, older people, and people with mental health issues.
- **Stress as a Precursor to Smoking Initiation:** There is evidence that stress can lead to smoking. People who are experiencing chronic stress or major life events may turn to cigarettes to relieve stress and manage negative emotions. Additionally, social influences such as peer pressure or influence on smoking habits may also be associated with stress-induced smoking.
- **Smoking as a Source of Stress:** While smoking may initially seem like a solution, it can become a source of stress. Nicotine addiction can cause withdrawal symptoms that lead to anxiety and depression when trying to quit or reduce nicotine intake. Additionally, the

financial pressure to buy cigarettes and the stigma of smoking can add to the stress.

- **Bidirectional Relationship:** The relationship between smoking and stress appears to be bidirectional, with each affecting the other in a continuous loop. While stress can lead to the initiation and continuation of smoking, smoking can also increase stress. This bidirectional nature highlights the importance of addressing both issues in smoking cessation programs and stress management strategies.
- **Psychosocial Factors:** Many psychological factors play a role in the relationship between smoking and stress. People with mental disorders such as anxiety and depression often experience the effects of smoking and stress at the same time. These people may use smoking as a self-medication against stress. In addition, socioeconomic status, educational status, and social status can moderate the smoking-stress relationship in various ways regarding the need for personal intervention.

Implications for Public Health

Understanding the relationship between smoking and stress has important implications for public health interventions. Anti-smoking campaigns should address the misconception that smoking is a long-term solution to stress. Stress management techniques can be incorporated into smoking cessation strategies to provide coping strategies. By exploring these areas further, we can better understand the relationship between smoking and stress and develop better intervention and prevention efforts.

CONCLUSION

This paper suggests that there is a two-way relationship between smoking and stress. People who are more stressed are more likely to smoke. Stress affects people's choices and problem-solving; for some people, smoking can help relieve stress or anxiety temporarily. However, it is important to know that smoking is not a healthy or effective way to manage stress. Instead, healthy choices such as exercise, rest, and support from loved ones can improve overall health and manage stress. Understanding the link between stress and smoking can help people make informed choices and use coping strategies. Smoking may provide short-term relief, its long-term effects are clear and severe. Smoking is a risk factor for many health problems, including heart disease, respiratory disease and cancer, which can lead to stress and poor health. While smoking may offer transient stress relief, it ultimately exacerbates stress through addiction. Interventions must address both stress and nicotine dependence to break this cycle. Future research should explore longitudinal designs and physiological stress markers.

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