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Smoking in Children: A Habit or Fixation?

Çocuklarda Sigara: Bir Alışkanlık mı, Yoksa Saplantı mı?

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ABSTRACT
Even though most of the Indian population lives in a joint family system, where the focus of attention for the family is the child; still smoking in childhood and adolescence is very much prevalent. What is most disturbing about this fact, three-quarters of adolescents who smoke frequently carry on smoking as adults. It brings us to the point that, do we need to think of any other alternative, or do we need to shift our focus to some other direction? Should the focus be shifted from habit to years of psychological and personality development of the child?
Keywords: Adolescents, children, fixation, habit, smoking

ÖZ
Hint nüfusunun çoğu, ailenin ilgi odağının çocuk olduğu ortak bir aile sisteminde yaşıyor olsa da çocukluk ve ergenlik döneminde hala sigara içmek çok yaygındır. Bu gerçeğin en rahatsız edici yanı, sık sık sigara içen ergenlerin dörtte üçünün yetişkin olduklarında da sigara içmeye devam etmeleridir. Bizi şu noktaya getiriyor; başka bir alternatif düşünmemiz mi gerekiyor yoksa odağımızı başka bir yöne mi kaydırmamız gerekiyor? Odak noktası, alışkanlıktan çocuğun yıllarca süren psikolojik ve kişilik gelişimine kaydırılmalı mı?.
Anahtar Kelimeler: Alışkanlık, çocuklar, ergenler, saplantı, sigara

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Dear Editor!

Smoking is one of the biggest health concerns accounting for six million deaths annually worldwide. Most smokers are said to begin smoking at a young age.[1] Ahmed et al.[2] observed that smoking in middle-class American families' children starts at the mean age of 8.5 years, ranging between 6 and 11 years. India is considered the second-largest tobacco consumer, and statistics show that the ratio of cigarette smoking in adolescents of the age group 13-15 years is 1:10.[3] Based on the Global Youth Tobacco Survey (GYTS) conducted in 2006, 36.9% of children in India start smoking before the age of ten.[4] What is most disturbing about this fact is that even though a majority of the Indian population lives in a joint family system, where the focus of attention for the family is the child; still smoking in childhood and adolescence is very much prevalent.[3,4] Sharma et al.[4] observed that even though the government is using preventive and therapeutic strategies like spreading awareness, early identification of users, restriction of sales, counselling etc.; still tobacco use in adolescents has increased at alarming rates.[4] Approximately three-quarters of adolescents who smoke frequently carry on smoking as adults.[5]

Importance of Psychoanalysis for the Child

Sigmund Freud (1856–1939) is considered the founder of psychoanalysis, which today is used as a theory, a method of treatment, and as a method of investigating the human mind. Even today, psychoanalysis remains the most comprehensive and complex attempt to understand human behaviour, both normal and pathological; the key focus is on cognitive, emotional, and motivational aspects of personality development, including the possible biological bases of these processes.[6] According to Freud, the basic survival of an infant revolves around interaction with a primary caretaker, who is also the psychobiological regulator of the infant's needs and tension states and the source of immediate gratification of his needs. The psychosexual development of a person involves many stages: oral (Birth-18 months), anal (18 months – 3 years), phallic (3-6 years), latent (6-12 years) and genital (puberty and up to 22 years). Freud believed that an individual's psychosexual development is an adaptation to their unique surroundings and an outcome of the successful completion of all the psychosexual phases.[7] He also hypothesized that children could have three types of fixation: oral, anal and phallic fixation; the

first stage being the oral. During different phases of psychosexual development, the area of gratification is different. Also, the various phases vary in their ability to fulfil the libido,[8] and the factors responsible for this evolutionary growth are innate unconscious inclinations and motives. Children face a conflict at each developmental level that they have to tackle effectively to advance towards the next stage.[7] During the first stage, the area of gratification or the control of libido is through the oral cavity. If the child doesn't pass through this stage successfully, they tend to be orally fixated. These unfulfilled needs can present as negative behaviours or habits. Anal fixation can lead to the development of an anal -retentive personality, where the adult may be excessively tidy and can have OCD (Obsessive Compulsive Disorder) characteristics or an anal-expulsive personality, where the individual may become messy and disorganised. During Phallic fixation, the child may associate more closely with same-sex parents and develop a personality which is more conceited pleasure-seeking, or sexually aggressive.[8] Other theorists like Melanie Klein, Erik Erikson, Eric Berne and Heinz Kohut have also explored and worked in the field of fixation. According to Freud; the inability to get through a stage would leave the person functionally "stuck." In simpler terms, they get "fixated" at that stage of development. Freud also suggested that fixations could occur if a specific stage significantly impacted a person's psyche.[7]

Psychosexual Development Stage and Smoking

Childhood experiences have a major impact on future personality. Gratifications, frustrations, and conflicts at each stage of the psychosexual development stage influence the next stage. The impossibility of immediate gratification makes way for the reality principle and eventual satisfaction. Excessive gratification or frustration at any stage can lead to fixation or regression. Fixation refers to the persistence of behaviour beyond the stage at which it was age appropriate. For example, a habit of thumb sucking, though considered appropriate till age 4, is considered fixation if seen at age 5. Though oral fixation is mostly associated with childhood neglect, it can occur even if the child is overprotected, and overfed. Sigmund Freud suggested that nail-biting, gum-chewing, and alcohol and drug dependency are indicators of an oral fixation. These disturbances are associated with the "oral stage" of psychological development,[9] indicating that the person failed to solve the primary conflicts during the oral phase of psychosexual development.[7] Smoking is also considered a fixation in the oral stage of a child's development. According to the hypothesis, the oral personality considers the mouth the most significant source of pleasure, leading to overeating and excessive use of alcohol or drugs. Researchers have attempted to correlate orality with smoking and validate the credibility of psychoanalytic theory in this context; nevertheless, the results have been varied, and research findings have often been of less significance. An assessment of clinical data revealed limited evidence in favour of the effectiveness of psychodynamic psychotherapy for substance-related conditions (albeit none of the studies examined smoking), but researchers feel that more studies should be conducted.[10]

Freud was also fixated orally, as he was a heavy cigar smoker diagnosed with jaw cancer in 1923. Even after more than 30 operations, his tumour returned and was declared inoperable. The tumour was so large that he had to wear an oral prosthesis dividing his nasal and oral cavities.[7] But none of this influenced him quit smoking, and Cigars were more valuable to him than his life. He claimed cigars were responsible for his work's 'colossal intensity', and he could not write even a single sentence without them. He felt relieved when he resumed smoking regularly. The suffering was so unbearable that he requested a lethal dosage of morphine and passed away on September 23, 1939, in London at the age of 83.[8]

This can probably explain why despite giving the theory of psychosexual development and psychoanalysis, he could not get over his oral fixation. This may be a reason for addiction to smoking for a large population, as there is oral gratification associated with smoking.

In conclusion, worldwide various strategies are being worked upon to control the habit of smoking. Whether it is the use of alternative drugs or de-addiction centres or studying the role of genetics, still there is no satisfactory solution for this problem. This brings us to the point that, do we need to think of any other alternative, or do we need to shift our focus to some other direction? Should the focus be shifted from habit to years of psychological and personality development of the child? The concept of anticipatory guidance and dental homes is well-known in Pediatric Dentistry. However, it does not include counselling regarding the psychological and personality development of the child. If we can increase the parents' understanding regarding the child's formative years, the problem of smoking in children can probably be eradicated. There is a need to have a multidisciplinary approach to managing smoking, rather than just thinking about therapy. The change needs to start from the beginning, where experts from various fields like psychologists, pediatric dentists, occupational therapists etc. come together where timely counselling can be provided at regular intervals to parents and children. This can help the child successfully resolve conflicts at each stage and we are able to control this problem at the

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