



**A qualitative study of young women's  
motivations for, and experiences and  
perceptions of, social smoking**

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## **ABSTRACT**

The phenomenon of 'social' smoking is increasingly popular amongst university students, but previous research lacks a consistent definition and neglects its gendered dimensions. Using focus groups (n=3), the present study adopts an inductive approach to investigate young women university students' (n=16) accounts of their experiences, perceptions and motivations for smoking socially. The focus groups were audio recorded and the data transcribed verbatim. Subsequent thematic analysis identified four overarching themes: (1) pursuing a 'social' rather than 'traditional' smoker identity; (2) alcohol as an account for social smoking; (3) gendering social smoking; and (4) social smoking: spatial and temporal constraints and affordances. These emergent themes are discussed in relation to previous research findings. Finally, suggestions are made for the development of gender specific university intervention initiatives.

<b>KEY WORDS:</b>	<b>SOCIAL SMOKING</b>	<b>YOUNG WOMEN</b>	<b>UNIVERSITY STUDENTS</b>	<b>THEMATIC ANALYSIS</b>	<b>FOCUS GROUPS</b>
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## INTRODUCTION

The tobacco epidemic remains a highly publicised issue with over one billion adults smoking worldwide (Greaves, 2007). Despite being the most preventable cause of death in the developed Western world, namely from smoking-related strokes, lung cancer and heart disease (Centers for Disease Control and Prevention, 2003), tobacco killed over four million people in 2002 (World Health Organization, 2003). Health agencies and government officials continue to work in partnership in an attempt to reduce smoking prevalence through increased public health awareness and implementation of legal restrictions. Since the introduction of new government legislation in 2007, banning smoking in public places in England, researchers have begun to report a drop in adult cigarette smoking (Elton & Campbell, 2008). Similarly, rates of smoking amongst school aged children and adolescents are currently at their lowest in years, having peaked between 1996 and 1997 (Lantz, 2003). Previous smoking research has tended to favour such younger populations based on the outdated finding that smoking predominantly starts before aged 18 (Herbert & Schiaffino, 2007). Yet concerns now befall those in the young adult student category, with researchers such as Johnston, O'Malley and Bachman (2001) noting a significant rise in smoking among college students in comparison to other young adults.

As with other adolescents and young adults, university students are in the midst of a life stage transition, in between parental control and full adult responsibility, and as such are recognised as 'emergent adults' (Nichter, Nichter, Lloyd-Richardson et al, 2006). During this developmental stage, these fledgling adults experience increased freedom and opportunities to explore their own identities (Arnett, 2004) through a wealth of socialisation opportunities (Otsuki, Chao, Tinsley & Unger 2008), as well as experiment with a wide range of new behaviours (Stromberg, Nichter & Nichter, 2007). On university campuses, the excessive consumption of alcohol, or 'binge drinking', is reportedly at its worst, with 37% of 18-20 year olds and 44% of 21-25 year olds engaging in such behaviour, whilst 24% of those aged 18-24 report daily smoking behaviours (Centers for Disease Control and Prevention, 2005). Freedom to experiment with substances within a diverse university context has given birth to a new phenomenon of 'social smoking', which Otsuki et al (2008) conclude as being a "social activity" serving developmental purposes within socially abundant contexts. As such researchers at present confine social smoking to the presence of other smokers (Shiffman, Gwaltney, Balabanis et al, 2002), particularly the company of friends (Shapiro, Jamner, Davydov & James, 2002). Low-level smoking behaviour poses a potential health risk to these young people. Whilst some report patterns of such smoking without development of a nicotine dependence (Hajek, West & Wilson, 1995), it is more common that prolongation of such socially dependent smoking inevitably leads to increased rates of cigarette use (Gilpin, Emery, Farkas et al, 2001).

Despite being a well-established phenomenon, there is limited research into social smoking, until recent years providing only a quantifiable understanding. Traditional methodologies consist of surveys and questionnaires (Waters, Harris, Hall et al, 2006; Falomir & Invernizzi, 1999). Of late, Piasecki, Richardson & Smith (2007) and Shiffman, Kirchner, Ferguson & Scharf (2009) have broadened this quantitative repertoire to include the use of electronic diaries and momentary

recordings of smoking in-situ. Such methods have provided a suitable foundation for social smoking research by identifying smoking patterns. However self-reported questionnaire data conclusions are inevitably questionable. In Piasecki, Richardson & Smith's (2007) own quantitative research they critique such traditionally popular techniques for lacking validity.

Whilst beneficial in highlighting relative frequencies of smoking amongst various populations and across social demographics, quantitative research has thus far provided only a superficial understanding of smoking behaviours. Little research focuses on the functions social smoking holds for undergraduates, how they perceive their motivations for doing it, and how their understandings are integrated into actions (Falomir & Invernizzi, 1999). Also, Laurier's (1999) argument that in the telling of health and illness stories we produce accounts has been largely ignored. As such we can only speculate as to how university students experience social smoking (Shiffman & Paty, 2006). This also poses an issue for the success of future anti-smoking campaigns as the recent 2007 Smoking Ban has been negated as having enhanced distinctions between smoker and non-smoker categorisation (Falomir & Invernizzi, 1999). These obstacles call for a campus based qualitative study which enables researchers to tap into students individual understandings of their social smoking; an area lacking sufficient qualitative exploration (Nichter et al, 2006).

Research has also shown that there are gendered aspects to the phenomenon of social smoking (Amos and Bostock, 2007). Nevertheless, quantitative methodologies additionally fail to grasp a profound understanding of experiences and reasons underlying the gendered dimensions of smoking. Factors relevant to young women's smoking initiation include stress (Milligan, Burke, Beilin et al, 1997), body image (Crisp, Sedgewick, Halek et al, 1999) and the influence of peers (van Roosmalen & McDaniel, 1992). Previous research has been governed by past surveys depicting smoking as a predominantly male activity (WHO, 2003). Conversely the National College Health Risk Behavior Survey (1997) reports female students are equally likely as males to report all levels of smoking and there exist significant gendered predictors of smoking. Emmons, Wechsler, Dowdall and Abraham's (1998) preceding realisation of college smoking initiation revealed females who engage in wild partying and social activities are more likely to engage in risk behaviours and smoke than males. More recently, Nichter et al's (2006) college based study concludes lifestyle is fundamental in predicting female students smoking. Research into women's motives for engaging in social smoking is needed to ensure that anti-smoking measures are effective in reducing their social smoking (WHO, 2007).

In light of these acknowledged research concerns this study adopts an inductive approach which aims to investigate female undergraduate social smokers' accounts of their experiences, perceptions and motivations for social smoking. Through the use of interactive focus groups this research sets out to collect and analyse these female students' accounts in order to supplement the existing research gaps which have here been discussed. Finally, results are intended to be used to suggest future directions for anti-smoking initiatives aimed at university students, specifically tailored to the gendered features of social smoking.

## METHOD

### Design

This study used a focus group methodology to generate data. Fern (1982, p. 1) defines focus groups as “interactive discussion groups”. Krueger (1989, cited in Pucci & Haglund, 1992, p. 12) later developed this, detailing focus groups to be interviews “designed to accomplish a specific purpose through a defined process. One works with a narrower sample than with quantitative research but addresses the issue at more depth”. This data collection technique was chosen as prior health research has demonstrated the effectiveness of interactive group dynamics, as opposed to one-on-one interviews, in providing richer data (Thomas, MacMillan, McColl et al, 1995). Wilkinson (2005) points out that people’s health perceptions and related behaviours are socially produced, such that “thinking is a socially shared activity” (Radley and Billig, 1996, p. 223). Focus groups were thus deemed suitable for exploring female undergraduate’s experiences, motivations and perceptions of social smoking.

A focus group schedule was produced by reviewing research in the field of smoking, drawing on the broad categories under which previous smoking related questions were focused (see Nichter et al, 2006). An initial schedule (see Appendix 2) was piloted on a group of five female undergraduate social smokers, whose feedback led to refinement and subsequent production of the official focus group schedule (see Appendix 3). Questions focused around experiences, motivations, University life, perceptions and prevention. The schedule followed a semi-structured design in order to facilitate discursive flexibility (Smith, 1995).

Subsequent data analysis follows an inductive thematic analysis approach, adhering to the combined guidelines of Braun and Clarke (2006) and Smith, Flowers and Larkin (2009) (see Appendix 4 for analysed transcripts). Thematic analysis refers to “the process of analyzing data according to commonalities, relationships and differences” (Gibson & Brown, 2009, p. 127). It is a suitable analytic partner to a focus group methodology aimed at capturing participants’ experiences, motivations and perceptions as they emerge throughout the data. Braun and Clarke’s (2006) procedure consists of reading and re-reading verbatim data transcripts, followed by an initial systematic coding of the entire data set, identifying interesting features. This is followed by a process of collating codes into potential themes representative of the data which are then repeatedly refined through visual thematic maps (see Appendix 5). All relevant data are then organised according to these potential themes which are methodically reviewed in partnership with the data until finally condensed to a small number of overarching themes which, suitably named, tell a coherent story about the data. This method is here supplemented with Smith et al’s (2009) thematic analytic approach which draws on aspects of interpretative phenomenological analysis. This method consists of noting within emergent themes how participants make sense of this social smoking phenomenon by exploring their descriptive, linguistic and conceptual comments made throughout the data.

## Participants

Participants were all female undergraduate University students. First year students were excluded on the basis of critique of Nichter et al's (2006) study of college low-level smokers. Their conclusions were limited to college freshmen who live in non-smoking campus accommodation which lacked the physical and social independence older student's experience as their physical environment changes throughout their time at university. Participants were recruited on the basis of being either self-confessed social smokers or low-level smokers who acknowledge their own higher smoking within social environments. This was decided in an attempt to avoid forcing a definition of a 'social smoker' on participants and also because previous research by Waters et al (2006) shows students who only smoke socially tend to regard themselves as non-smokers, and conscious awareness is vital if participants are to discuss social smoking on a personal level and through group dynamics produce insightful data.

Acknowledged difficulties in recruiting students to focus groups (e.g. Lennon, Gallois, Owen & McDermott, 2005) and the potential issue of non-attendees were addressed by following Rabiee's (2004) recommendations to over-recruit participants by 10-25%. Potential participants were contacted via a combined method of convenience and snowball sampling (Penrod, Preston, Cain & Starks, 2003). Traditionally it has been argued that successful focus group dynamics rely on participants being unacquainted, otherwise discursiveness can become restricted (Fern, 1982). However, this research follows the guidance of Kitzinger (1994) who advocates recruitment of acquaintances, for such participants already share an extent of trust which promotes group cohesion and willingness to express true opinions and thus recruitment of friends was not deemed problematic. In light of the lack of agreement amongst researchers concerning optimum focus group sizes, this research adheres to Slater's (1958) findings which ascertain five participants ideal; up to ten being equally acceptable for group discussion (Osborn, 1953, cited in Fern, 1982). A total three focus groups were conducted, which is regarded by Krueger (1994) as a suitable number, each consisting of either 5 or 6 participants.

## Ethical Considerations

Prior to recruitment and conducting any research, ethical approval for this research was obtained from the Department of Social Sciences at Loughborough University and the Ethical Advisory Committee at Loughborough University, in accordance with the British Psychological Society (2009). During recruitment participants were fully informed of the study's objectives to gain a broader understanding of social smoking from female students who possess first-hand experience, and they were made aware from the outset of the need for auditory recording of the focus groups. Having given verbal consent, potentially willing participants were asked to provide their email address, with focus group assignments and timings later arranged via email. Those who showed up on the negotiated date and time were required to sign informed consent forms (see Appendix 1 for a blank copy), detailing the study's objectives, assuring participant anonymity and that under no circumstances will any names or identifying characteristics be included in any reporting, explaining intended uses of their data, who will have access to it and informing them of their right to retrospectively withdraw and have their data destroyed.

## Procedure

Each focus group was run independently in a domestic setting. As moderator, I introduced myself to the group and proceeded to outline guidelines for a smooth running focus group and reminded participants of their ethical rights, as outlined in the informed consent forms signed prior to any official data recording. Following the semi-structured schedule, each focus group lasted between 35 and 40 minutes and was recorded digitally. The recordings were later transferred onto my laptop for password-protected storage.

Using Audacity software, each focus group was orthographically transcribed as is appropriate for thematic analysis (Howitt & Cramer, 2008). Thematic analysis was then conducted across the entire set of verbatim data transcripts following the previously outlined combined procedures of Braun and Clarke (2006) and Smith et al (2009) (see Appendix 4 for analysed transcripts). This analytic process of repeated systematic refinement of data coding resulted in the final production of four emergent themes.

## ANALYSIS

From completion of thematic analysis, in accordance with Braun and Clarke (2006) and Smith, Flowers and Larkin (2009), four overarching themes emerged across the data. Through the absence of a pre-supposed definition of social smoking, the primary emergent theme was that of young women *'Pursuing a 'social' rather than 'traditional' Smoker Identity'*. Second to this theme was *'Alcohol as an Account for Social Smoking'*, participants suggesting a causative relationship between alcohol and cigarettes, with a third thematic feature emerging concerning *'Gendering Social Smoking'*. Finally, the young women's accounts generated a fourth theme: *'Social Smoking: Spatial and Temporal Constraints and Affordances'*.

### Pursuing a 'social' rather than 'traditional' Smoker Identity

Rather than impose other researchers' theorised definitions of social smoking, as is common practice (e.g. Schane, Glantz & Ling, 2009), a key intention of this research was to explore how female undergraduates themselves experience, interpret and ultimately self-define it. Across the board these young women's defining of social smoking constituted a process of contrasting their behaviours against those of established smokers. When, early into discussion the moderator raised the topic of how one distinguishes between a social and traditional smoker, the comparative frequency of cigarette consumption was a preferred means of differentiation.

#### Extract 1: Focus Group 1 (lines 39-45)

- |   |            |   |
|---|------------|---|
| 1 | Moderator: | Okay so what would you all say the difference   |
| 2 |            | is between being a social smoker and a true     |
| 3 |            | proper smoker?                                  |
| 4 | Caitlin:   | The amount you smoke really I would say. In the |
| 5 |            | sense that like you won't get up and say oh I   |

6 need a cigarette I'm sitting by myself and I'm  
7 gonna need a cigarette to start off the day

In Extract 1, Caitlin's response is typical of participants more generally, who use terms such as 'need' to articulate a distinction between social smoking and that of normal smokers whose behaviour is necessary and routine. Women's construction of the social smoking phenomenon constitutes an active comparison, typically reliant upon 'The amount you smoke really.' (line 4). It is their relative lower cigarette smoking which Rollins, Malmstadt Schumacher & Ling (2002) confirm lulls young women into a false sense of security and promotes disassociation between themselves and related health risks presented to smokers. Levinson, Campo, Gascoigne et al's (2007, p. 80) study of students uses of smoking identities described such behaviour as "optimistic bias".

#### Extract 2: Focus Group 1 (lines 515-527)

1 Ria: YEAH of course you're at risk of it but I  
2 wouldn't say that I have the same potential to  
3 get lun- lung cancer as someone who smokes like  
4 a billion cigarettes a day.  
5 (...)  
6 Sian: It is it's low- it's like the risk is lower if  
7 you're only a social smoker as if you're like  
8 I'm only doing this say one night a week  
9 compared to normal smokers who smoke say about  
10 a  
11 Caitlin: Couple of packs a day.

#### Extract 3: Focus Group 2 (lines 640-655)

1 Sasha: See I think it's horrible I don't really  
2 associate them ... to me. [Laughs] I know  
3 that's bad but I really don't like. I know that  
4 I'll go out and I'll have a cigarette like  
5 every now and then but I don't associate bad  
6 smoking health risks ... to me. [Laughs]  
7 Thea: It's 'cause you don't do it that much.  
8 Sasha: Yeah.  
9 Thea: You see it as like an excuse.  
10 Sasha: Yeah it's kind of like oh I only do it every  
11 now [Laugh] every now and again or something.  
12 (...)  
13 I didn't associate them to  
14 me, I kind of associate them to more err  
15 smokers.

Extracts 2 and 3 highlight an active buffering process, wherein female social smokers perceive smoking related health risks as essentially quantifiable, such that 'the risk is lower if you're only a social smoker as if you're like I'm only doing this say one night a week compared to normal smokers' (Extract 2, Sian, lines 6-9). Consequently these women experience difficulty, despite acknowledgement of anti-tobacco information, to equate their occasional smoking to these negative consequences, suggesting that "cause you don't do it that much ... You see it as like an excuse' (Extract 3, Thea, lines 7 & 9). According to Falomir and Invernizzi (1999),



this creates a dangerous reality for these women further report that they ‘don’t associate bad smoking health risks ... to me.’ (Extract 3, Sasha, lines 5-6). Similar resistance to the self-realisation of smoking related health risks have been discussed by Falomir and Invernizzi (1999) and Levinson et al (2007), and as these women suitably concur, present anti-smoking campaigns are not tailored to the cognitions of social smokers, as Extract 4 illustrates:

Extract 4: Focus Group 1 (lines 873-880)

1        Kelly:        But erm no-one can relate to that if they toned  
 2                        it down a bit and maybe put like yellow teeth  
 3                        on it or something MORE people could relate to  
 4                        it.[Group Agreement]If they put a picture of  
 5                        someone’s throat no-one’s gonna look there and  
 6                        be like oh shit.[Inaudible Overlap]  
 7        Ria:        Exactly no-one’s gonna look there and be like  
 8                        oh that’s me.

In Extract 4, Kelly and Ria’s discussion of anti-smoking images currently displayed on cigarette packets exemplified a feeling shared by numerous females across the data corpus, with Kelly concluding ‘no-one can relate to that’ (line 1). The consequences of this are personified in focus group 3 by Amanda’s repulsion, resulting in her confessing: ‘I just get the packet and don’t look at it.’ (Focus group 3, line 526). Similarly, Weinstein (1980) found that smokers believe these health problems apply only to others, exempting themselves from this risk category.

Throughout the young women’s discussions there furthermore resonated a strong resistance to classification as a traditional smoker. Female social smokers were persistent in their endeavour to explain to the moderator that they cannot be categorised as ‘a normal smoker’ (Sian, Extract 5, line 4). The crucial distinction between a social and a normal smoker being social smokers’ maintenance of full physiological and psychological self-control due to the low frequency they smoke, which as Sian explains in Extract 5, is the reason why social smokers are impervious to traditional cessation techniques.

Extract 5: Focus Group 1 (lines 826-835)

1        Sian:        There’s nothing you CAN do to stop people  
 2                        socially smoking I don’t think ‘cause it’s-  
 3                        it’s different for- you can try and stop a  
 4                        normal person smoking like a normal smoker and  
 5                        try and drill in the facts and figures and blah  
 6                        blah blah to them but with a social smokers  
 7                        it’s like they already know and because they  
 8                        feel like they’re in control there’s no way of  
 9                        saying, oh just stop, and they’re gonna agree  
 10                        to it.

In Extract 5, Sian’s emphasis on society’s inability ‘to stop people socially smoking’ (lines 1-2) is based on the women’s collective knowledge of traditional cessation

measures tailored to deal with the definitive lack of control which characterises addicted, established smokers. She, as other young women predominantly agreed, additionally confirmed prior interactive defining of social smoking as distinctive by its infrequency, with female social smokers repeatedly affirming themselves as 'in control' (Extract 5, line 8). Cessation of social smoking, according to these women's experiences, remains within the confines of the individual's power: 'It's such as personal choice ... when you're a social smoker you're not addicted' (Evie, Focus Group 3, lines 938-939). Ultimately the women suggest effective campaigns must be tailored to the distinctive target audience (i.e. social smokers), as similarly suggested by Atkin (2001).

Throughout their pursuit of a 'social' smoker identity, young women discount health risks by drawing on the differences between theirs and normal smoker's behaviours. The active production of accounts is mirrored across other dimensions of the participant's discussions, not only to justify their perceptions of social smoking but also their motivations for initiation, as is evident in the next theme.

### **Alcohol as an Account for Social Smoking**

Across the data, participants unanimously acknowledged the role of alcohol in defining and governing social smoking, both for themselves and as a wider behavioural concept. On numerous occasions they collaboratively produced accounts of the contextual and physical elements of alcohol which denote it as key to the motivated act and experience of social smoking. In Extract 6 the women are discussing the moderator's initial question regarding the meaning of social smoking as they understand it.

#### Extract 6: Focus Group 3 (lines 5-12)

1	Evie:	Yeah on a night out with a drink and a
2		cigarette.
3	Amanda:	Yeah. Not ALL the time.
4	Nicole:	It's not really like a day time thing unless
5		you end up in a pub, after you know all your
6		essays are handed in and you end up getting
7		very drunk.
8	Grace:	Yeah it's usually alcohol related I think when
9		you're out with your friends

In this extract, the young women collectively construe social smoking as co-occurring with the consumption of alcohol; a behaviour itself traditionally confined to 'a night out' (Evie, line 1), and which Stromberg, Nichter and Nichter (2007, p. 8) concluded "served to structure the unstructured situation of the party". The overriding significance of alcohol is further realised through the group's discussions of what social smoking means. This is demonstrated in Extract 6 by Nicole, who, following on from Evie and Amanda's contextual defining of the behaviour, subsequently redefines social smoking as an excusable 'day time' behaviour solely within the spatial and temporal confines of excessive alcohol consumption in a 'pub'. These women's assertions of the relative dependence of social smoking on the

consumption of alcohol support other findings, particularly concerning young adult smokers (Dierker, Lloyd-Richardson, Stolar et al, 2006; Nichter, Nichter, Lloyd-Richardson et al, 2006). Women's accounts establish a co-dependent relationship between the two drugs (cigarette tobacco and alcohol) enhancing either's pharmacological effects, as expressed by Kelly in Extract 7:

Extract 7: Focus Group 1 (lines 33-37)

1        Kelly:        I always FANCY a cigarette once I've started  
2                        drinking. I dunno if it's psychological what it  
3                        is but like it gives me like a head rush or  
4                        something and I really enjoy it when I have a  
5                        cigarette.

In this second extract, Kelly is identifying a psychological partnership, whereby drinking alcohol and its subsequent effects on her brain (a "head rush", line 3) motivate her to smoke, which in turn directly enhances the effects of the alcohol, giving her 'a head rush' (line 3). This articulation of a conscious physiological enhancement is mirrored by Lennon et al's (2005, p. 1351) "natural partnership" of both drugs, which "brings on the buzz" (Stromberg et al, 2007, p. 8). Like Kelly, other women across the focus groups reported directly experiencing an identical, cumulative 'head rush' (Grace, Extract 8, line 4):

Extract 8: Focus Group 3 (lines 91-94)

1        Grace:        I love it when I'm drunk though 'cause it makes  
2                        me MORE drunk.  
3        Evie:        Yeah it does.  
4        Grace:        And I get a head rush.

In Extract 8, Grace and Evie concur with this two-way relationship between drinking and smoking, being cognizant of their co-production of a heightened state of euphoric intoxication; a feature reminiscent of McKee, Hinson, Rounsaville and Petrelli (2004) participants' assertions that they enjoy drinking more when combined with smoking. Women's recognition of their own ability to heighten the alcohol experience by smoking is repeatedly reported as a defining feature of and reason for this low-level smoking behaviour.

Finally, within the young women's discussions arose not only conscious acknowledgements of their co-usage of these drugs but participants active recruitment of alcohol as an account for their use of cigarettes. However, participant's explanations were shaped by their lack of psychological knowledge which restricts lay person's explanations of causation, as demonstrated in the following extract:

## Extract 9: Focus Group 2 (lines 297-314)

1 Anya: I think it might just be like association.  
 2 Sasha: Yeah.  
 3 Thea: Alcohol.  
 4 Anya: But when you know that when you know when you  
 5 have been smoking and drinking for a long time  
 6 you don't ... for instance like you don't  
 7 associate smoking when you're on your own you  
 8 just don't do it you don't think of it.  
 9 Sasha: Yeah.  
 10 Anya: Whereas when you know that you're in a sociable  
 11 situation with drink it's kind of just  
 12 inflicted in your brain that you know you're  
 13 gonna do it and  
 14 Sasha: Yeah.  
 15 Anya: it's just kind of like a ... I don't know  
 16 exactly.  
 17 Sasha: Psychological thing.  
 18 Anya: Yeah psychological link to it I guess.

Extract 9 is a chief instance of these young women's shared conceptual struggle in both understanding and articulating this reciprocal relationship. Anya's 'I think it might just be like association' (line 1) and Sasha's assertion of it being a 'Psychological thing' (line 17), are typical expressions shared by women across the data, reaffirming that whilst in adept at psychologically explaining the internal process, they are consciously aware of its determining role as a prerequisite to initiating social smoking and in so doing, are able to enhance their own experience of alcohol. Extract 9 is but one of many occasions in which the young women attempted to theorize understandings of their social smoking motivations by drawing on a lay psychology of dependency relations; explained by behavioural psychologists in terms of conditioning of nicotine dependence (Shadel, Shiffman, Niaura et al, 2000). Based on the writings of Blaxter (1997), Laurier (1999) asserts that this lay talk about cigarettes allows participants to move between theories of causation. The next extract further demonstrates the significant role played by alcohol for these young women, not only regarding instigation, but also as a key issue for potential cessation.

## Extract 10: Focus Group 1 (lines 782-789)

1 Moderator: Yeah. Okay well hypothetically people that are  
 2 at Uni and are socially smoking like how could  
 3 they give up if they wanted to and what ways  
 4 would you recommend?  
 5 Anna: If they're social smoking then they-  
 6 Caitlin: Stop drinking. [Laughs]  
 7 Sian: They need to stop the association with alcohol,  
 8 that's why it's that's the biggest problem.

In Extract 10, the women are collectively speculating, in response to the moderator's question (lines 1-4), as to potential means of social smoking cessation at University, whereby again, as in Extract 9, they automatically draw on popular psychological

knowledge to provide an answer. For example, Sian asserting in line 7: 'They need to stop the association with alcohol'. Crucially however, Extract 10, and particularly Sian's statement (line 7), highlight co-usage of alcohol and cigarettes; an issue women offered as problematic and needing to be addressed if other females are to avoid adopting social smoking behaviours at University (see Harrison, Desai & McKee, 2008).

This emergent theme has demonstrated here the significance of alcohol on young women. Participants speak of alcohol as a way of explaining their motivations for initiation and deploy lay psychology understandings in expressing their perceptions. Yet the accountable role of alcohol is not the only variable influential in young women's social smoking motivations and perceptions, gender being an equally significant variable in understanding this phenomenon.

### Gendering Social Smoking

Gender is a widely documented variable across smoking related research (e.g. Rugkasa et al, 2003; Nichter et al, 2006) and therefore was a key question raised within the focus groups, for example:

Extract 11: Focus Group 1 (lines 381-382):

1 Moderator: Erm how from your experiences do you think  
2 female social smoking is viewed at Uni?

Extract 11 is an example of the moderator exerting their guiding role within the focus groups creating group orientation towards expressing a collective female, first hand perspective of others perceptions of this behavioural phenomenon. The women's responses to the moderator, as shown in Extract 12, strongly assert a gendered morality that must be negotiated by female smokers.

Extract 12: Focus Group 1 (lines 394-404):

1 Ria: I think people generally have like the image of  
2 a BAD girl if you're a smoker [Laughs] all the  
3 other good girls don't smoke. [Laughs]  
4 Kelly: The majority of people think it's DISGUSTING  
5 though like if I'm on a night out with like not  
6 with my normal friendship group I'm like I'm  
7 going out for a cigarette they're like that's  
8 disgusting. (...)  
9 It's not a very attractive quality for a girl

In Extract 12, the women explain that by smoking, they are assessed morally as being 'a BAD girl' (Ria, line 2), because 'good girls don't smoke.' (Ria, line 3), and ultimately this behaviour is 'not a very attractive quality for a girl' (Kelly, line 9). This extract is one of many instances in which participants were united in highlighting the negative identity women are morally ascribed as a consequence of their social smoking. Their acknowledgement that female smoking is socially perceived as

'DISGUSTING' (Kelly, line 4) is in direct conflict with prior research which ascertain women smoke to promote a positive social identity (Lennon et al, 2005) and increase their attractiveness (Allbutt, Amos & Cunningham-Burley 1995). Whilst previous researcher findings contradict these present participants, Extract 13 next demonstrates that this negative stigma attached to female social smoking has minimal influence on curbing their social smoking.

Extract 13: Focus Group 2 (lines 581-582)

1       Thea:            I know it can be seen as sort of laddish and  
2                            stuff but doesn't really put me off.

Thea's summation in Extract 13 demonstrates her acknowledgement of smoking as a male act however she actively rejects it. This denunciation is possibly because of the false stereotyping of it as 'laddish' (line 1); a derogatory connotation which asserts a woman's choice to smoke as being a quality used in traditional marketing strategies, which socially constructed the smoker as an independent male (Rugkasa et al, 2003). These masculine stereotypes attached to smoking are, as is evident from the women's discussions, still experienced today. Yet Thea's response that it 'doesn't really put me off' (line 2), may in fact be linked to social reconstructions of the female as equally independent to young men. Jackson's (2006) exploration of the modern 'ladette' notion within schools shows that whilst certain such behaviours are stereotyped as male, it is still socially accepted that they can be performed by both men and women. By continuing to smoke these women are, according to Butler's (1993) findings, in fact choosing this particular gender identity and 'doing' gender (Jones & Myhill, 2007). Also, as the next extract illustrates, these women report that negative assessments come mainly from men, not other women.

Extract 14: Focus Group 2 (lines 594-603)

1       Anya:            No I found that my err a lot of the boys always  
2                            had comments on girls that smoked ... whether  
3                            it would be sociable or like a true smoker. Erm  
4                            like sometimes when I was outside smoking  
5                            outside a club ... and like boys were like  
6                            going like in and out of the club or something  
7                            they wouldn't be. I don't know it's like they  
8                            don't accept it as much with women smoking I  
9                            think they see it as something that is maybe  
10                          quite masculine in a way.

In Extract 14, Anya's offering to group discussions concerning wider social perceptions of female social smoking wholly omits any judgement on the part of other women; solely voicing experience of male judges who 'always had comments on girls that smoked ... whether it would be sociable or like a true smoker.' (lines 1-3). Throughout the women's discussions, this absence of any negative same-sex

judgements is evidently a distinctive experiential phenomenon for these women, which Nichter et al's (2006, p. 224) male participants confirmed in perceiving female smoking as a "big turn off"; a response identically experienced by Evie in Extract 15:

Extract 15: Focus Group 3 (lines 388-396)

1 smoking is seen as disgusting,  
 2 Grace: Yeah I think so.  
 3 Evie: it's not perceived as classy at all. So many  
 4 guys are just that that's a disgusting habit.  
 5 It's just like it's the biggest turn off for a  
 6 guy to see a girl smoking.  
 7 Grace: It's more acceptable for men to smoke for some  
 8 reason which is frustrating.

In Extract 15, Evie expresses that it's 'the biggest turn off for a guy to see a girl smoking' (lines 5-6); matching Nichter et al's (2006) male participants' prescribed negative perceptions of female smoking. Carrying on the discussion in Extract 15, Grace then indicates that negative stigma ascribed by men is socially justified as 'It's more acceptable for men to smoke' (line 7), just as Anya in Extract 14 (lines 7-10) likewise derived from her experiences, with female social smokers facing a "double standard" (Nichter et al, 2006, p. 224) stigma, which is felt by women as 'frustrating' (Grace, Extract 15, line 8). However, when later questioned as to why, from their own experiences, more females are now socially smoking at University, they themselves too applied a gender stereotyped perspective to their behavioural rationale, as seen in Extract 1

Extract 16: Focus Group 2 (lines 693-705)

1 Moderator: Erm why do you think that more girls  
 2 rather than guys are going to Uni and becoming  
 3 social smokers?  
 4 Olivia: I think guys probably can't be bothered with  
 5 the like ... Do you know what I mean like ...  
 6 'cause we kind of use it to meet people and  
 7 stuff. They're not. I dunno.  
 8 Anya: I think girls can bond easier over something  
 9 they share in common.  
 10 Olivia: Yeh.  
 11 Anya: Like men don't necessarily bond over that kind  
 12 of thing.  
 13 Olivia: They don't really NEED that,

In Extract 16, despite earlier frustrations regarding men's reported assessments of women smokers, these women demonstrate that their behavioural perceptions are likewise gendered. Olivia is not alone when, in lines 4-7, she ascribes women as actively using smoking for its ability as a means of communication 'to meet people' (line 6), being something men 'can't be bothered with' (line 4). Female social smoking is thus gendered by its use as a female resource, whereby 'girls can bond easier over something they share in common.' (Anya, lines 8-9), whilst

simultaneously describing men as a more independent gender for they ‘don’t really NEED that’ (Olivia, line 13). This final point that social smoking for women, despite its negative, gendered connotations expressed in earlier extracts (e.g. 12 and 15), is a behaviour carried out by female undergraduates with a conscious intent to aid their own stereotypical need to ‘bond’ (Anya, extract 16, line 11), has been similarly explained by Rugkasa et al (2003, p. 312): “That smoking may hold greater communicative potential for females may help to explain why smoking rates for women remain high, while those for males are declining”.

Conclusively, smoking and indeed social smoking, is equally perceived and experienced by women at University as behaviour bound by negative gender associations (Nichter et al, 2006). Still not only are young women’s perceptions and experiences gendered but as the next theme demonstrates, participants discussions revealed social smoking to be understood and motivated by spatial and temporal constraints and affordances University provides them with.

### **Social Smoking: Spatial and Temporal Constraints and Affordances**

Analysis revealed that of all areas discussed by the female undergraduates, the most significant were environmentally related. Social smoking is perceived by them as a behavioural phenomenon bound to social circumstances in which smoking served as a medium for establishing new relationships. University was discussed in relation to increased numbers of nights out and socialisation opportunities within a diverse student population, combined with a lack of adult responsibility constraints. These features of University play a significant role for these women, operating as a contextual basis upon which co-instigating factors are founded; likewise reported by Nichter et al (2006) and Waters et al (2006), and demonstrated first in Extract 17.

#### Extract 17: Focus Group 1 (lines 84-94)

1	Kelly:	I remember having an odd few BEFORE University
2		but I think I probably started it AT Uni 'cause
3		most of my like friendship group smoke so I was
4		really kind of ... encouraged to start then ...
5		and not before Uni really.
6	Sian:	I'd agree like I only started like maybe second
7		semester of the first year just 'cause like I
8		got closer to all my friends and like every- I
9		just found- realised that everyone kind of
10		smokes and that I quite enjoy smoking on a
11		night out so why not.

In Extract 17, Kelly and Sian are describing to the moderator and female collective when and why they each started socially smoking. Both recalled their social smoking as originating from the shift from home to university life. Entering a new and diverse University environment has been shown to bring with it a need to forge new relationships (see Stromberg et al, 2007; Hsia & Spruijt-Metz, 2008). As such Kelly and Sian attribute their smoking to new friendship networks: ‘most of my like friendship group smoke’ (Kelly, line 3). According to Kelly (line 4) this ‘encouraged’



mimicry and so her initiation, with smoking being perceived of as a common University behaviour for Sian who ‘just found- realised that everyone kind of smokes’ (lines 9-10). The University milieu in which new relationships and social norm perceptions must be managed, is echoed in Stromberg et al’s (2007) study of low-level college smoking. They similarly found college students participated in low-level smoking to “facilitate social interaction” (p. 2); a key feature of the University environment further explored in Extract 18.

Extract 18: Focus Group 2 (lines 542-547)

1       Olivia:       I think it is more probable that I would that I  
2                    would have started smoking had you know ‘cause  
3                    I’m there rather than if I hadn’t gone ‘cause  
4                    it’s more like INTENSE you are trying to meet  
5                    more people. It’s not like you’re existing  
6                    friends and you’re trying to keep in with them.

Olivia develops the women’s collective perceptions of University social smoking initiation by indicating the ‘INTENSE’ (line 4) social environment in which young women find themselves when beginning University, for ‘you are trying to meet more people. It’s not like you’re existing friends’ (lines 4-6). A common need was to establish themselves within a new group of friends requiring substantially more effort than maintaining existing relations, and which Olivia in Extract 18 claims is heightened at University. So socially smoking provides her an active means of meeting these pressures, as touched on in Extract 17 and as Olivia and Jess elaborate on in Extract 19.

Extract 19: Focus Group 2 (lines 260-268)

1       Jess:        Suppose if- if- if all your friends erm smoke  
2                    it’s a way of being included you- they all want  
3                    to go out for a cigarette and I suppose if if  
4                    you join in you then you get to go as well and  
5                    not just like stand there.  
6                    [Group Overlapping Agreement]  
7       Olivia:       Yeah nobody wants to be the last person sat in  
8                    the pub watching everyone’s coats do  
9                    they?

Jess explains how the University context, and the opening and expanding of social networks directly influenced her, as well as the wider female undergraduate population, to emulate new friends smoking as ‘a way of being included’ (line 2) and identifying with a group through mutual smoker categorisation (Echebarría, Fernández & Gonzalez, 1994), whether social or otherwise. Developing on these findings, Harakeh, Engels, Van Baaren and Scholte (2007) found young adults to even imitate the smoking behaviour of confederates in a social setting. As Olivia points out in lines 7-9, there exists an acknowledged fear of social rejection and so by going outside to join other smokers, these young women are conforming to a

social salience and avoiding group disassociation, exemplified further by Amanda in Extract 20:

Extract 20: Focus Group 3 (lines 146-159)

1 Amanda: If I hung around with loads of people who  
 2 didn't smoke I probably wouldn't have a single  
 3 cigarette. Because.  
 4 Evie: Yeah because especially because of the Smoking  
 5 Ban you have to go outside you don't want to  
 6 have to go outside on your own. It's a bit like  
 7 that.  
 8 Grace: That's like the main aspect of social smoking  
 9 it's that you're doing it with your FRIENDS  
 10 like you're not standing there on your own,  
 11 you're like it's a social environment otherwise  
 12 you wouldn't do it so if you didn't have people  
 13 who smoked around you you probably would never  
 14 start it in the first place.

Here Amanda's summation that had she formed relations with non-smokers at University she never would have begun socially smoking crucially demonstrates a significant female drive to converge with group norm behaviour. This is being done during a time in which these young women are simultaneously negotiating an environment socially construed as a transitional period, reminiscent of adolescent identity formation (Charng, Piliavin & Callero, 1988) through experimentation, during which students experience enormous freedom and a disjunction between University and reality.

Extract 21: Focus Group 3 (lines 900-901)

1 Summer: Uni is not real life to me it's just kind of,  
 2 Nicole: In the middle.

Summer's revelation in Extract 21 that University is removed from 'real life' (line 1) is cognitively significant to the behaviours which women thus engage in at University. This perception of University behaviour being different based on a lack of constraints is comparable with Carr's (2000) assessment of home versus holiday behaviour, which found young adults behave in a more laissez-faire and wild manner when on holiday. In discussing the wider social context of smoking, parental freedom experienced away from home was prompted by some, particularly Ria, as causal in experimenting with social smoking:

Extract 22: Focus Group 1 (lines 346-353)

1 Ria: (...) I always thought I like had to  
 2 be good during like while I was living with my  
 3 parents so when I moved away from like Un- like  
 4 my home and like had more independence that I  
 5 felt like I could like I had the opportunity to

6 branch out and like become whoever I wanted to  
7 be and do whatever I wanted so that's why I  
8 starting smoking as well.

In Extract 22 Ria reveals an additional feature of University influential in her decision to smoke socially was that in living away from her parents she experienced 'more independence' (line 4) and an ability to 'do whatever I wanted' (line 7). This aligns with Summer's understanding in Extract 21 of being in limbo at University, and the culmination of this freedom from parental authoritarianism, needing to form new friendships and an active avoidance of social isolation (expressed in Extracts 19 and 20) compose the University milieu and which prove critical in promoting female social smoking; confirmed by Arnett (2004).

This thematic analysis of focus group discussions with young women student social smokers has explored first hand experiences, perceptions and motivations. The following discussion concludes these findings in relation to other research and implications for anti-smoking campaigns made.

## DISCUSSION

This study set out to investigate female university students' accounts of their experiences, perceptions and motivations of being a 'social smoker'. From a thematic analysis of focus group materials, the themes which emerged across the young women's discussions supported previous findings. Addressing Waters, Harris, Hall et al's (2006) acknowledgement that social smoking definitions have been previously inconsistent, this present research refrained from imposing a description on participants. This resulted in the conclusion that young women at university share common perceptions and experiences of social smoking as a multifaceted, accountable behaviour (see also Gough, Fry, Grogan & Conner, 2009). The study concluded that female social smoking is understood in terms of (1) an active pursuit of a 'social' rather than traditional smoker identity; (2) the accountability drinking alcohol provides; (3) gendering social smoking (4) and the spatial and temporal constraints and affordances it enables women to negotiate and manage.

Being in the midst of a life stage transition, women were found to express external reasons for why they started to smoke 'socially'. Upon entering University, participants spoke of needing to open and expand their social networks, social smoking enabling them to bond through mutual smoker categorisation (see also Echébarria, Fernandez & Gonzalez, 1994). This finding concurs with Stromberg, Nichter and Nichter's (2007, p. 4) that smoking serves "utility functions", whereby the company of numerous smoking friends motivates students to conform to the group's behaviour. Lennon, Gallois, Owen and McDermott (2005) have similarly recognised and addressed the need for gender specific research in their exploration of young women's understandings of smoking. The current study supports their findings that contrary to adolescent peer pressure, emergent young women are rather self-motivated to affiliate themselves with groups of friends for active social smoking provides a "sense of fitting in" (p. 1351).

This study addressed the World Health Organization's (2007, p. 5) report that research pertaining to gendered smoking initiators are "missing or inconclusive". Present findings show young women face moral assessments and there exists a gendered social smoking paradox. On the one hand, it serves as socially advantageous (Stromberg et al, 2007) and yet on the other it presents a negative female identity to the opposite sex. This contradicts past research by Nichter et al (1997) who found secondary school adolescent smoking was initiated in an attempt to conform to the 'cool' smoker category. In comparison, this study suggests that for older females approaching adulthood, there is a shift from adolescent identity crises, to smoking socially in order to please oneself. This pleasure is a by-product of young women converging towards current female gender ideology, Rugkasa et al (2003) confirming that women orient towards social relations. This study's conclusions reject outdated research which suggested smokers are passive creatures, and rather builds on Harré and Secord's (1972, cited in Murray, Jarrett, Swan & Rumun, 1988, p. 5) pioneering "conception of man [sic] as a self-conscious actor who is not only aware of what he is doing but can give 'accounts' of his actions". However, the use of a focus group methodology leaves this current study unable to confirm a direction of causation as to whether women smoke because their friends do or they have an innate tendency to choose smoker friends (Aghi, Asma, Yeong & Vaithinathan, 2001).

The study also found that living away from parents allows participants freedom to experiment with their identity. Trying out new identities involved experimenting with particular drugs and substances: the excessive consumption of alcohol and smoking going hand-in-hand in university social scenes. The participants described alcohol as playing a strong motivating role in their social smoking, because combined use of the two substances enhances their positive pharmacological effects (e.g, Nichter et al, 2006; Stromberg et al, 2007). Developing these findings, Harrison, Desai and McKee's (2008) research into the relationship between smoking and drinking behaviour amongst young adults revealed nondaily smokers engaged in binge drinking more than non-smokers and this risk behaviour was strongly associated with a young person's smoking status. However, whilst these present findings support Harrison et al's (2008) earlier study, theirs failed to determine a causal relationship between smoking and drinking alcohol. This current study goes some way towards answering this research limitation, as the synergy of group discussions showed women discuss their social smoking as accountable, with the consumption of alcohol leading to intoxication which reduces individual responsibility for subsequent smoking behaviours.

Results further highlight that for women this 'social' variation allows them to define their behaviour by directly contrasting it against that of a traditional smoker. Accounting for this constitutes a quantifiable comparison with social smoking being infrequent and hinging on a distinct absence of nicotine dependence. As such, young women understand social smoking as a self-controlled behaviour; Gough et al (2009) likewise confirming it as a "rational, situated choice." (p. 217). Related research consistently confirms social smokers conform to a 'nondaily' pattern of smoking (Waters et al, 2006) and the 'social' smoker categorisation is actively used by female students to disassociate themselves from 'addicted' smokers (Levinson, Campo, Gascoigne et al, 2006). This is supported by Waters et al's (2006, p. 137) finding that social smokers "score lower on the psychological and physical dependence scales".

Research on resistance to smoking cessation has questioned the prevalence of smoking amongst young populations who continue to smoke despite awareness of anti-smoking campaigns (Gough et al, 2009). It was found through these women's discussions that in defining social smoking as a comparatively infrequent act they not only remove themselves from the 'addicted' smoker category, but this definition served as an account for further self-elimination from potential smoking health risks. Essentially young women who socially smoke at University believe the publicised smoking health risks to be pertinent only to traditional addicted smokers. Falomir and Invernizzi's (1999) study of secondary school smokers suggested the 'smoker identity' was a critical aspect in explaining cessation plans; however, amongst the emergent adult student population this account is unsatisfactory as females here demonstrated that they do not construe themselves as addicted and so resistance to quitting is not an issue.

Whilst this study's findings increase our knowledge of female social smoking, one must exercise caution in the extent to which they can be generalised. These findings are primarily accounts given by a small sample of female students, representative of only a minority number of universities. Future research might benefit from a more diverse sample taken from a range of universities. Another potential limitation of this sample lies in the process of recruitment which requires a willingness on the part of participants to openly discuss their perceptions and experiences. Markus and Schutz's (2005) study which looked into people who are reluctant to participate in research, confirmed such people possess specific personality traits and data subsequently tends to be based on "self-selected participants" (p. 2). In light of this, it is suggested the women who agreed to participate here may possess certain personality traits, which may alter their behaviours and subsequent perceptions and experiences of social smoking.

Yet more important in this study's inductive approach was that participants were recruited on the grounds that they were self-defined social smokers. Having found females actively deny being smokers, it is possible that due its infrequency some females may further deny even this social smoker identity. Second, it might be suggested from the emergent association between alcohol and smoking that some young women may reject the social smoker identity by blaming the pharmacological effects of alcohol on their situated, occasional lighting up. So, whilst a focus group approach has enabled a further understanding of female students' perceptions, motivations and experiences of social smoking, it is possible the data represents only one type of female social smoker. Future research might reduce such potential sample restrictions by adopting a multi-method approach. Naturalistic observations could first be made of smokers in social contexts such as students' union bars and clubs. This could then be followed by what Gough et al (2009) call 'street' interviews. This live, in-situ approach would eliminate female social smoker denial and obtain data as the individual is smoking. This suggestion is supported by Nichter et al (2006), who report on a history of Anthropological findings that "what people say they do and what they actually do may vary." (p. 236). A combined observation and live interview methodology could thus resolve these concerns.

Collection of data through focus groups was here followed by a process of thematic coding which Wilkinson (1998) argues is an acceptable and widely used

analytic partnership. However, Hydén and Bulow (2003) suggest that this addresses group data as if it were that of a one-to-one interview and so others might take issue with this study's chosen method and analytic pairing. For example, Potter and Hepburn (2005) critique interview research for failing to grasp the interactive nature of the data. Presser (2004) likewise spoke of this intrinsic problem befalling interview research, confirming them "a site for the construction of identities" (p. 82). Both Potter and Hepburn (2005) and Presser's (2004) writings state that the very nature of the research interview sets parameters, and so participants discursive accounts become situated within the context of the socially interactive focus group. Furthermore, Tanggaard (2009) draws on Kvale and Brinkmann's (2008) interpretative phenomenological analysis critique, which similarly to this current study's thematic approach, is limited in overlooking participants use of language to accomplish tasks within the research setting. Potter and Hepburn's (2005) own discussions of such methodological concerns led them to argue "interviews should be studied as an interactional object" (p. 281) and as such future research should shift from thematic analysis to a 'discursive psychological' approach. This analytic approach would consider the practical role of language by focusing on not just what young women say about social smoking but more crucially how they use language to construct their accounts of it.

In terms of policy implications, participants expressed strong resistance to traditional anti-smoking measures, suggesting a need for university-specific intervention schemes. Having demonstrated social smoking as a highly gendered phenomenon, separate programs must be designed which independently address men and women. This study's findings further suggest campus initiatives address the firm association between alcohol consumption and smoking. Rather than University health promoters treating student binge drinking and social smoking as separate issues, campaigns might prove more effective if they are tackled together. Also, to increase knowledge of health risks to social smokers, female intervention schemes might focus on the negative cosmetic consequences that even this occasional smoking has, thus enabling these young women to relate to the more widespread negative risks. In conclusion, if health officials are to avoid a social smoking epidemic amongst university students such suggested actions need to be taken sooner rather than later and work must be carried out alongside on-going qualitative research if intervention programs are to evolve alongside these socially emerging adults.

## References

- Aghi, M., Asma, S, Yeong, C. C. & Vaithinathan, R. (2001). Initiation and Maintenance of Tobacco Use, In: Samet, J. M. & Yoon, S.-Y. (Eds.). *Women and the Tobacco Epidemic: Challenges for the 21<sup>st</sup> century*, Canada: The World Health Organization.
- Allbutt, H., Amos, A. & Cunningham-Burley, S. (1995). The social image of smoking among young people in Scotland. *Health Education Research Theory and Practice*, 10, 443–454.

Amos, A. & Bostock, Y. (2007). Young people, smoking and gender – a qualitative exploration. *Health Education Research*, 22(6), 770-781.

Arnett, J. J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. New York: Oxford University Press.

Atkin, C. K. (2001). Theory and principles of media health campaigns. In R. E. Atkin, & C. E. Atkin (Eds.) *Public communication campaigns*, Thousand Oaks, CA: Sage Publications, 49-68.

Blaxter, M. (1997). Whose fault is it? People's own conceptions of the reasons for health inequalities. *Social Science & Medicine*, 44, 747–56.

Braun, V. & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3, 77-101.

Butler, J. (1993). *Bodies that matter: On the discursive limits of 'sex'*. New York: Routledge.

Carr, N. S. (2000). An assessment of the Relationship between Leisure and Holiday Behaviour – A Case Study of Young People. *University of Hertfordshire Research Archive*, Item 2299/804.

Centers for Disease Control and Prevention. (2005). Cigarette smoking among Adults - United States 2003. *MMWR*, 54, 509-513.

Centers for Disease Control and Prevention. (2003). Chartbook on Trends in the Health of Americans. Electronic document, <http://www.cdc.gov/nchs/hus.htm> [accessed 11<sup>th</sup> March, 2010]

Centers for Disease Control and Prevention. (1995). Youth Risk Behavior Surveillance: National College Health Risk Behavior Survey—United States. *MMWR*, 46(6), 1-56.

Charng, H., Piliavin, J. A. & Callero, P. L. (1988). Role identity and reasoned action in the prediction of repeated behaviour. *Social Psychology Quarterly*, 51, 303–317.

Crisp, A., Sedgewick, P., Halek, C., Joughin, N. & Humphrey, H. (1999). Why may teenage girls persist in smoking? *Journal of Adolescence*, 22, 657-672.

Dierker, L., Lloyd-Richardson, E., Stolar, M., Flay, B., Tiffany, S., Collins, L., Bailey, S., Nichter, M., Nichter, M. & Clayton, R. (2006). The proximal association between smoking and alcohol use among first year college students. *Drug Alcohol Dependence*, 81, 1–9.

Echebarría E. A., Fernandez, G. E. & Gonzalez, J. L. (1994). Social representations and intergroup conflicts: who's smoking here? *European Journal of Social Psychology*, 24, 339-355.

Elton, P. J. & Campbell, P. (2008). Smoking prevalence in a north-west town following the introduction of smoke-free England. *Journal of Public Health*, 30(4), 415-420.

Emmons, K., Wechsler, H., Dowdall, G., & Abraham, M. (1998). Predictors of smoking among US college students. *American Journal of Public Health*, 88, 104-107.

Falomir, J. M. & Invernizzi, F. (1999). The role of social influence and smoker identity in resistance to smoking cessation. *Swiss Journal of Psychology*, 58(2), 73-84.

Fern, E. F. (1982). The Use of Focus Groups for Idea Generation: The Effects of Group Size, Acquaintanceship, and Moderator on Response Quantity and Quality. *Journal of Marketing Research*, XIX, 1-13.

Gibson, W. J. & Brown, A. (2009). *Working with Qualitative Data*, London: Sage Publications.

Gilpin, E. A., Emery, S. L., Farkas, A. J., Distefan, J. M., White, M. M., & Pierce, J. P. (2001). *The California Tobacco Control Program: A decade of progress. Results from the California Tobacco Surveys, 1990– 1999*. La Jolla, CA: University of California, San Diego.

Gough, B., Fry, G., Grogan, S. and Conner, M. (2009). Why do young adult smokers continue to smoke despite the health risks? A focus group study. *Psychology and Health*, 24(2), 203-220.

Greaves, L. (2007). *Sifting the evidence: Gender and tobacco control*. The World Health Organization.

Hajek, P., West, R., & Wilson, J. (1995). Regular smokers, lifetime very light smokers, and reduced smokers: Comparison of psychosocial and smoking characteristics in women. *Health Psychology*, 14, 195–201.

Harakeh, Z., Engels, R. C. M. E., Van Baaren, R. B. and Scholte, R. H. J. (2007). Imitation of cigarette smoking: An experimental study on smoking in a naturalistic setting, *Drug and Alcohol Dependence*, 86, 199-206.

Harré, R. & Secord, P. F. (1972). *The Explanation of Social Behaviour*, Oxford: Blackwell.

Harrison, E. L. R., Desai, R. A. & McKee, S. A. (2008). Nondaily Smoking and Alcohol Use, Hazardous Drinking, and Alcohol Diagnoses Among Young Adults: Findings From the NESARC. *Alcoholism: Clinical and Experimental Research*, 32(12), 2081-2087.

Herbert, D. F. & Schiaffino, K. M. (2007). Adolescents' smoking behaviour and attitudes: The influence of mothers' smoking communication, behaviour and attitudes. *Journal of Applied Developmental Psychology*, 28, 103-114.



- Howitt, D. & Cramer, D. (2008). *Introduction to Research Methods in Psychology* (2<sup>nd</sup> Ed.). Pearson Education Limited.
- Hsia, F-N. & Spruijt-Metz, D. (2008). Gender Differences in Smoking and Meanings of Smoking in Asian-American College Students. *Journal of Health Psychology*, 13(4), 459-463.
- Hydén, L. C. & Bulow, P. H. (2003). Who's talking: drawing conclusions from focus groups – some methodological considerations. *International Journal of Social Research Methodology*, 6(4), 305-321.
- Jackson, C. (2006). 'Wild'girls? An exploration of 'ladette' cultures in secondary schools. *Gender and Education*, 18(4), 339-360.
- Johnston, L., O'Malley, P., & Bachman, J. (2001). *Monitoring the future: National survey results on drug use, Volume II: College students and adults ages 19-40*. Bethesda, MD: National Institute on Drug Abuse.
- Jones, S & Myhill, D. (2007). Discourses of Difference? Examining Gender Differences in Linguistic Characteristics of Writing, *Canadian Journal of Education*, 30(2), 456-482.
- Kitzinger, J. (1994). The methodology of focus groups: the importance of interactions between research participants. *Sociology of Health and Illness*, 16, 103–121.
- Krueger, R. A. (1994). *Focus Groups: A Practical Guide for Applied Research*. Thousand Oaks, CA: Sage Publications.
- Krueger, R. A. (1989). *Focus groups: A practical guide for applied research*. London: Sage Publications.
- Kvale, S., & Brinkmann, S. (2008). *InterViews: Learning the craft of qualitative research interviewing* (2<sup>nd</sup> Ed.). Thousand Oaks, CA: Sage Publications.
- Lantz, P. (2003). Smoking on the rise among young adults: Implications for research and policy. *Tobacco Control*, 12, 60-70.
- Laurier, E. (1999). Talking about cigarettes: conversational narratives of health and illness. *Health*, 3(2), 189-207.
- Lennon, A., Gallois, C., Owen, N. & McDermott, L. (2005). Young Women as Smokers and Nonsmokers: A Qualitative Social Identity Approach. *Qualitative Health Research*, 15, 1345–1359.
- Levinson, A. H., Campo, S., Gascoigne, J., Jolly, O., Zakharyan, A. & Vu Tran, Z. (2007). Smoking, but not smokers: Identity among college students who smoke cigarettes. *Nicotine and Tobacco Research*, 9(8), 845-852.

Markus, B. & Schutz, A. (2005). Who Are the People Reluctant to Participate in Research? Personality Correlates of Four Different Types of Nonresponse as Inferred from Self- and Observer Ratings. *Journal of Personality*, 73(4), 1-26.

McKee, S. A., Hinson, R., Rounsaville, D. & Petrelli, P. (2004). Survey of subjective effects of smoking while drinking among college students. *Nicotine & Tobacco Research*, 6, 111–117.

Milligan, R., Burke, V., Beilin, L., Richards, J., Dunbar, D., Spencer, M., Balde, E. & Gracey, M. P. (1997). Health-related behaviours and psychosocial characteristics of 18 year-old Australians. *Social Science & Medicine*, 45, 1549-1562.

Murray, M., Jarrett, L., Swan, A. V. & Rumun, R. (1988). *Smoking Among Young Adults*. Aldershot: Avebury.

Nichter, M., Nichter, M., Lloyd-Richardson, E. E., Flaherty, B., Carkoglu, A. & Taylor, N. (2006). Gendered dimensions of smoking among college students. *Journal of Adolescent Research*, 21, 215–243.

Nichter, M., Nichter, M., Vuckovic, N. Quintero, G., & Ritenbaugh, C. (1997). Smoking experimentation and initiation among adolescent girls: qualitative and quantitative findings. *Tobacco Control*, 6, 285-295.

Osborn, A. F. (1953). *Applied Imagination*. New York: Charles Scribner's Sons.

Otsuki, M., Chao, R. K., Tinsley, B. J. & Unger, J. B. (2008). An Ecological Perspective on Smoking Among Asian American College Students: The Roles of Social Smoking and Smoking Motives. *Psychology of Addictive Behaviours*, 22(4), 514-523.

Penrod, J., Preston, D. B., Cain, R. E. & Starks, M. T. (2003). A Discussion of Chain Referral As a Method of Sampling Hard-to-Reach Populations. *Journal of Transcultural Nursing*, 14(2), 100-107.

Piasecki, T. M., Richardson, A. E. & Smith, S. M. (2007). Self-Monitored Motives for Smoking Among College Students. *Psychology of Addictive Behaviours*, 21(3), 328-337.

Potter, J. & Hepburn, A. (2005). Qualitative interviews in psychology: problems and possibilities. *Qualitative Research in Psychology*, 2, 281-307.

Presser, L. (2004). Violent Offenders, Moral Selves: Constructing Identities and Accounts in the Research Interview. *Social Problems*, 52(1), 82-101.

Pucci, L. G. & Haglund, B. J. A. (1992). Focus groups: a tool for developing better health education materials and approaches for smoking intervention. *Health Promotion International*, 7(1), 11-15.

Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of the Nutrition Society*, 63, 655-660.

Radley, A. & Billig, M. (1996). Accounts of Health and Illness: dilemmas and representations. *Sociology of Health and Illness*, 18(2), 220-40.

Rollins, S., Malmstadt Schumacher, J. R., & Ling, P. (2002). Exploring the phenomenon of social smoking: Why do so many young adults social smoke? *The National Conference on Tobacco or Health*, San Francisco, CA.

Rugkasa, J., Stewart-Knox, B., Sittlington, J., Abaunza, P. S. & Treacy, M. P. (2003). Hard boys, attractive girls: expressions of gender in young people's conversations on smoking in Northern Ireland. *Health Promotion International*, 18(4), 307-314.

Schane, R. E., Glantz, S. A. & Ling, P. M. (2009). Social Smoking: Implications for Public Health, Clinical Practice, and Intervention Research. *American Journal of Preventive Medicine*, 37(2), 124-131.

Shadel, W. G., Shiffman, S., Niaura, R., Nichter, M. & Abrams, D. B. (2000). Current models of nicotine dependence: what is known and what is needed to advance understanding of tobacco etiology among youth. *Drug and Alcohol Dependence*, 59(1), S9-S21.

Shapiro, D., Jamner, L. D., Davydov, D. M., & James, P. (2002). Situations and moods associated with smoking in everyday life. *Psychology of Addictive Behaviors*, 16, 342-345.

Shiffman, S., Gwaltney, C. J., Balabanis, M. H., Liu, K. S., Paty, J. A., Kassel, J. D., Hickcox, M. & Gyns, M. (2002). Immediate antecedents of cigarette smoking: An analysis from ecological momentary assessment. *Journal of Abnormal Psychology*, 111, 531-545.

Shiffman, S., Kirchner, T. R., Ferguson, S. G. & Scharf, D. M. (2009). Patterns of intermittent smoking: An analysis using Ecological Momentary Assessment. *Addictive Behaviours*, 34, 514-519.

Shiffman, S. & Paty, J. (2006). Smoking Patterns and Dependence: Contrasting Chippers and Heavy Smokers. *Journal of Abnormal Psychology*, 115(3), 509-523.

Slater, P. E. (1958). Contrasting Correlates of Group Size. *Sociometry*, 21, 129-139.

Smith, J. A. (1995). In J. A. Smith, R. Harre & L. Van Langenhore (Eds.). *Rethinking Methods in Psychology*. London: Sage Publications.

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, research*. London: Sage.

Stromberg, P., Nichter, M. & Nichter, M. (2007), Taking play seriously: Low-level smoking among college students. *Culture, Medicine and Psychiatry*, 31, 1-24.

Tanggaard, L. (2009). The Research Interview as a Dialogical Context for the Production of Social Life and Personal Narratives. *Qualitative Inquiry*, 15(9), 1498-1515.

The British Psychological Society. (2009). *Code of Ethics and Conduct: Guidance published by The Ethics Committee of the British Psychological Society*. Leicester: The British Psychological Society.

Thomas, L., MacMillan, J., McColl, E., Hale, C. & Bond, S. (1995). Comparison of focus group and individual interview methodology in examining patient satisfaction with nursing care. *Social Sciences in Health*, 1, 206–219.

Van Roosmalen, E. & McDaniel, S. (1992). Adolescent smoking intentions: Gender differences in peer context. *Adolescence*, 27(105), 87-105.

Waters, K., Harris, K., Hall, S., Nazir, N & Waigandt, A. (2006). Characteristics of Social Smoking Among College Students. *Journal of American College Health*, 55(3), 133-139.

Weinstein, N. D. (1980). Unrealistic biases about future life events. *Journal of Personality and Social Psychology*, 39, 806–820.

Wilkinson, S. (2005). Using Focus Groups: Exploring the meanings of health and illness. In. J. Miles & P. Gilbert (Eds.). *A Handbook of Research Methods for Clinical and Health Psychology*. Oxford: Oxford University Press, 79-94.

Wilkinson, S. (1998). Focus group methodology: a review. *International Journal of Social Research Methodology*, 1, 181-203.

World Health Organization. (2007). *Gender and tobacco control: A policy brief*. Department of Gender, Women and Health, Geneva: Switzerland.

World Health Organization. (2003). *Gender, Health and Tobacco*. Department of Gender and Women's Health, Geneva: Switzerland.