

DEVELOPING A NONSMOKER IMAGE: MAKING SMOKE-FREE  
DECISIONS TO CONSOLIDATE A SOCIAL IDENTITY IN EARLY ADOLESCENCE

by

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# DEVELOPING A NONSMOKER IMAGE: MAKING SMOKE-FREE DECISIONS TO CONSOLIDATE A SOCIAL IDENTITY IN EARLY ADOLESCENCE

## Abstract

*Developing a Nonsmoker Image* is a substantive middle range theory that outlines the most salient issues, patterns of concern, experiences, and actions of how young self-identified nonsmokers made personal decisions about tobacco use/non-use during the early stage of adolescent development. Smoking was perceived as a hindrance to a consolidated social identity and toward meeting a need for independence.

This study, informed by constructivist and interactionist perspectives, was conducted according to the grounded theory method of research. The purposive sample consisted of 11 boys and 17 girls in grades 5 to 9 (10-14 years) representing diversity in smoking exposure profiles. Participants were White, English-speaking Canadians who attended public elementary or middle schools in British Columbia. Grades 5 and 6 participants reported never trying smoking (never smoker) whereas six of the 14 middle school participants reported trying smoking (trier).

Data were collected according to a school-based approach via in-depth individual interviews. Each of these 28 informants were interviewed twice. All interviews were audio taped and transcribed verbatim to form the primary basis for data analysis. Informants spoke in voices that were rich, confident, straightforward, and honest. As well, a draw-and-write task, specifically designed for this study, was used during the interactive interview process. These drawings provided an additional cognitive perspective, adding enrichment to informants' stories. Artwork was examined for content, general tone, and participants' feelings in relation to written narratives that accompanied drawings. Artwork represented personal smoking-related images, smoke-free strategies, and anti-smoking signification which tapped a natural, powerful ability to think about complex ideas and smoking-related issues through analogic and metaphoric language.

To develop a nonsmoker image, participants needed to deconstruct their perceptions of smoker images – these revealed interpersonal social dimensions (appearance, activity, alcohol and drugs, rebellion) and intrapersonal psychological dimensions (affect, control, pride, intelligence). Resultant images formed a foundation to reconstruct a nonsmoker identity. Accordingly, four separate identity profiles emerged from thematic analyses: *the adamant nonsmoker*, *the reserved/indifferent nonsmoker*,

*the committed nonsmoker, and the committed empathic nonsmoker.*

To manage *transitions* from childhood to early adolescence, the basic social-psychological phenomenon, participants developed an integrated nonsmoker identity through social comparative judgements and cognitive processes. Conceptual categories and processes were inductively derived through constant comparative analyses represented by two major categories, *Creating Meaning about Smoking* and *Reaching Committedness about Nonsmoking*; the core variable, *Developing a Nonsmoker Image* led to discovery of the basic social process. Important aspects about tobacco-related decisions and nonsmoker image development entailed maintaining an autonomous perspective and communicating a point of view (e.g., free choice, self-assertion), using communication patterns to express the notion of separateness (how one is different from others), and declaring personal desires, concerns, intentions, and preferences (e.g., self-control, self-efficacy, self-confidence). As a consequence of being exposed to everyday smoking situations, participants went through the established processes between themselves, family members, and others within their social-cultural contexts. The most important conditions – having social support, accepting and recognizing one's nonsmoker identity by self/others, and keeping mind/body busy with nonsmoking-related activities influenced transition throughout the entire process.

This research emphasized the vantage point of the early adolescent as a way to improve our understanding of patterns of difference concerning social comparative processes and shared judgements in their smoking-related decisions. Supporting data are provided to enable appreciation for early adolescent nonsmoker perspectives and evaluate the implications for education, families, and tobacco control research. In light of the scholarly literature on early adolescents and smoking prevention, participants' accounts suggest that educative programming for health promotion needs an approach that respects early adolescents as a unique and separate group of interest and considers cognitive developmental levels. Recommendations address school-based health promotion intervention programs and educational health psychology research that consider the every day lived reality of adolescent life, an objective that has potential to work effectively with teens toward healthful living through a critical developmental period.

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True friends are like diamonds precious and rare,  
False friends are like autumn leaves found everywhere.

*Authour Unknown.*

Roberta Swanson-Holm

September 2, 2004.

Dedication

I devote this work to my late parents:

To

My father who always encouraged my educational pursuits and love of learning

*Robert (Bob) E. Swanson, P.Eng*

October 26, 1905 - September 4, 1994

To

My mother who taught me to live my life without regrets

*Dorothy E. Swanson*

December 18, 1928 - April 26, 2000.



## Chapter One

### Preface: Introduction to the Dissertation

The questions that led me to conceptualize the present study stemmed from both intellectual curiosity and clinical nursing practice. On the topic of smoking, what peaked my interest related to equity and representation in a world that recognizes smoking as a significant social issue, specifically for those young people who have made smoke-free choices.

General knowledge tells us that smoking cigarettes is the primary cause of cardiopulmonary disease and death in present day society. Accordingly, smoking has become one of the most widely researched social-psychological behaviours in the humanities, biological, and applied sciences fields. Another point clearly supported by epidemiological data links an equally significant risk amongst nonsmokers for developing cancer-related events due to exposure to second-hand smoke and environmental tobacco smoke (ETS).

Upon a review of the empirical based tobacco control literature, my learning came down to two fundamental outcomes. First, the ratio of nonsmokers to smokers is approximately 4:1. As well, statistics reflect a commonly held opinion by experts in health promotion – prevention initiatives do result in a greater proportion of youth who maintain their smoke-free decisions. However, the current state of affairs for tobacco control and prevention fields alike remains that education researchers craft effective counterattack strategies for all youth as too many adolescents start smoking during the critical phase of adolescent development.

As I continued my investigation for answers, I thought of the deductive reasoning behind the statement that is credited to *Dr. Sherlock Holmes*, "What is significant, is that the dog did *not* bark." To fully embrace a preventive vantage perspective, it would appear counterintuitive to focus exclusively on young smokers as a credible and reliable approach to forestall smoking during adolescence. This line of inquiry led me to further reason that perhaps we need to embark on a dialogue with those early adolescents who do not smoke as another approach to achieve a deeper understanding aimed at guiding our development of effective preventative initiatives.

I contend that a stronger prevention perspective is warranted, one that includes a different set of questions and with those adolescents who do not smoke. I submit the nonsmoker's perspective is seriously lacking and has been an uncharted line of inquiry in a dialogue about smoking as a social

phenomenon. Moreover, based on my cursory review of the literature, the early adolescent nonsmoker viewpoint has been systematically excluded from the majority of studies in tobacco control. Hence, my question became one of how to restore a balance for equity in a dialogue about smoking as a social phenomenon. What is significant, I believe, rests with the early adolescent *nonsmoker* perspective and experience as clearly, these young people would appear to be accomplished "experts" in maintaining a smoke-free commitment.

#### *Background to the Phenomenon of Interest*

Smoking is a widespread social phenomenon. Even though the prevalence of smoking has declined impressively over the past 20 years, the latest results from the Canadian Tobacco Use Monitoring Survey (CTUMS) for data collected in 2003 indicate over five million people (representing almost 21% of the population) age 15 years and older were current smokers. The percentage of smokers in the population can be further divided into five age categories as follows: 15 to 19 years (18.3%); 20 to 24 years (30.5%); 25 to 34 years (27.1%); 35 to 44 years (24.0%); and, 65 years and over (15.8%). This decline in rate is the likely result of two factors – lower rates for smoking are reported among older individuals as these are people who are more likely successful quitters, and a wide range of systematic, effectively implemented tobacco control measures (Health Canada, 1999).

Geographically, prevalence rate differences over each of the provinces have remained fairly wide, from the lowest rate of current smokers (16%) in British Columbia to the highest (25%) in Québec (CTUMS, 2004). Smoking prevalence rates are on a continual downward trend and rates continue to slump for both men and women (Burns, 1991). According to results from the CTUMS for data in 2003, approximately 23% of men were current smokers, higher than the proportion of women (18%).

Most distressing though is the smoking prevalence rates for adolescents, one that has not declined vis-à-vis general adult population trends (Statistics Canada, 1999). Regrettably, smoking continues as an increasingly popular habit amongst young people. The decline in smoking among youth 15 to 19 years continued in 2003 to 18%, with 12% reporting daily smoking and 7% occasional smoking (CTUMS, 2004). This is a decrease from 22% in 2002, a 10 percentage point improvement from 28% in 1999 when CTUMS was first conducted. Slightly more teen girls reported smoking than boys (20% versus 17%). However, among daily smokers, boys smoke slightly more cigarettes per day (13.0) than girls (11.7).

### *Scope of the Phenomenon*

During this past century, cigarette smoking has accounted for an epidemic of remarkable proportions concerning death and disease. In 1964, *The Report of the Surgeon General's Advisory Committee on Smoking and Health* provided one of the first and most comprehensive summaries of health consequences due to smoking (United States Public Health Service, 1964). As additional evidence accumulated from subsequent epidemiologic and toxicologic investigations relative to health consequences due to smoking, the conclusions from the original Surgeon General's Report were strengthened and extended in additional studies (e.g., United States Department of Health and Human Services, 1989). Further, a causal link was established between smoking and many diseases, those of which include respiratory and coronary heart disease, and other cancers (Beck, Doyle, & Schachter, 1981; Dawber, 1980; Doll & Hill, 1964; Kannell & Thomas, 1982; United States Public Health Service, 1984). Moreover, involuntary exposure and inhalation of ETS is linked to morbidity rates for nonsmokers. Specifically, involuntary smoking is associated with an increased incidence of adult cases for lung cancer, as well connected to more frequent lower respiratory illnesses and impaired lung growth rates among children (Sherman, 1991).

As a social phenomenon, one aspect of smoking includes those young people who are exposed to ETS and its serious consequences, in multiple settings, on a daily basis (e.g., automobiles, day care, work), including a school context. In 2000, an estimated 900,000 children under age 12 were exposed to ETS on a regular basis, and in their own homes, due to smoke from cigarettes, cigars or pipes. This estimate represents a staggering 25% of the 2.4 million homes in Canada where children under age 12 currently live. If that is not enough, an additional 736,000 children between 12 and 17 years have also been regularly exposed to tobacco smoke and in their own homes (Health Canada, 2000). In fact non-smokers (i.e., living with a smoker) exposed to tobacco smoke are at an estimated 30 to 50% increasing risk of developing lung cancer (Health Canada, 1996).

As now there exists much greater knowledge concerning the process of smoking itself, subsequently we have gained extensive experience with current intervention methods for individual smokers, larger groups, and communities. Even though smokers, in the past, were unaware of the negative health consequences of smoking, published findings such as *The Surgeon General's Report* (1964) and statistics by Health and Welfare Canada have established an unequivocal causal relationship

between smoking and lung cancer (Boyle, 1997; Wynder & Hoffman, 1994).

Cigarette smoking remains the leading cause of preventable illness and premature death (Canadian Cancer Society, 2000; Doll & Peto, 1978; Health Canada, 1998; Hirsch et al., 1997; Makomaski-Illing & Kaiserman, 1995, 1999). Lung cancer remains the leading cause of cancer death among Canadians – an estimated 7,000 female deaths, and 10,700 males (Carbone, 1992; Greenwald, 1995; Health Canada, 1998; National Cancer Institute of Canada, 2000). As most cases of lung cancer are directly attributed to smoking, this fact provides a compelling and obvious reason to counterattack smoking relative to implementing efforts aimed at prevention and encourage a health promotion focus. Unfortunately, the number of smokers is not limited to the obvious individuals who smoke cigarettes. Even so, 80 to 90% of lung cancers occur in active smokers, and approximately three to five percent of these cancers are reported in passive smokers (Hirsch et al., 1997).

In a discussion about smoking and not smoking, an important aspect concerns the environment of both the nonsmoker and the person who smokes. As a cigarette burns, the smoke produced, yet not inhaled, is referred to as side stream smoke, representing 85% of smoke released into the smoker's environment (Canadian Cancer Society, 1995, 1996). Cigarette smoke inhaled by the smoker is referred to as mainstream smoke. The National Cancer Institute of Canada (2000) estimates that approximately 330 nonsmokers die annually from inhaling second-hand smoke. Most troubling is that children are exposed to ETS – those exposed were reported to experience more frequent episodes of coughing, wheezing, ear infections, bronchitis and/or pneumonia, as well impacted by a potential for reduced lung function (Lesmes & Donofrio, 1992). ETS, as second-hand smoke, is the primary risk factor among nonsmokers and reason for contracting lung cancer (Health Canada, 1998).

In Canada, among current smokers between the ages 15 to 17 years, 35% smoked their first cigarette by age 12; almost 80% tried smoking by age 14 (Health Canada, 2001). Adolescent patterns of smoking often continue into adulthood (Chassin, Presson, Sherman, & Edwards, 1990). Elsewhere, it is reported that more than 90% of smokers start smoking before age 19 (e.g., Battey et al., 1995; British Columbia Ministry of Health, 1998a; Canadian Cancer Society, 1995). Moreover, it is estimated that cigarette smoking will account for more than 50% of deaths before age 70 for those currently aged 15 years, if they continue to smoke (Villeneuve & Morrison, 1994). The developmental period of adolescence is a critical time where young people face choices concerning their future. However, efforts

to prevent young adults from becoming smokers are often met by the opposing force of the tobacco industry. This industry vigorously markets and targets their products at Canadian youth to perpetuate their market share and influence young people's choices about smoking, to replace those smokers who quit or die (British Columbia Ministry of Health, 1998b).

*The Youth Smoking Survey* (Health Canada, 1996) was the first of its kind conducted and examined the smoking behaviour of Canadians ages 10 to 19. This survey, carried out between September and December 1994, with a sample divided into two age categories and methods, was implemented according to age classification. One early adolescent group ( $n = 14,200$ ; ages 10-14) completed questionnaires (80% response rate) in the presence of a trained invigilator, while attending school. The other group of adolescents ( $n = 9,500$ ; ages 15-19) responded to telephone surveys (81% response rate), again conducted by trained interviewers. These findings established a substantial, significant national data baseline concerning smokers and nonsmokers. Overall, seven percent of youth ages 10 to 14 were reported as current smokers, representing both males and females. Further, self-reported data indicated that in addition to current smokers, 15% of females and nine percent of males ages 13 to 14 considered themselves as 'beginning smokers'. Accordingly, a beginning smoker was defined as "someone who has not smoked 100 cigarettes in his/her lifetime but has smoked in the last 30 days" (Health Canada, 1996, p. 1). Given these reported age ranges, 100 cigarettes would appear to be a large number, especially when it is not known how many cigarettes it takes to establish nicotine dependence in adolescents (Winkelstein, 1992).

It is widely accepted that adolescence is that critical time in life when young people begin experimentation, regular use, and dependence on cigarettes (United States Department of Health and Human Service, 1989). Smoking during adolescence places individuals at risk, both for immediate and long-term health consequences. At this age, smoking can potentially retard the rate of lung growth and level of maximal lung function. Consequently, smoking places adolescents at risk for respiratory symptoms (e.g., coughing, wheezing), and in turn places them at increased risk for chronic health conditions during their adult years (United States Public Health Service, 1984). Preventing young people from starting to smoke and supporting their smoke-free choices is a key strategy, and one with the greatest potential for promoting the best possible health of adolescents and future adults.

Preventing youth initiation of smoking requires consideration of the risk factors characteristic of

young people in this age bracket. Young individuals are at higher risk for initiating smoking for a variety of reasons, the most common factors include developmental challenges and transitional events associated with adolescence, low socioeconomic status and income, increased stress, parental and sibling influences, and peer pressure (Canadian Cancer Society, 1995). As well, adolescence is a time where young people experience role confusion and uncertain identities – a transitional instance such as this may present smoking as an opportunity for an image or role as a smoker (Myers, 1998). A person's smoking-related decisions stem not so much from a single aspect of an individual's life. Rather, it is more plausible to expect such a decision is based on an array of social, psychological, emotional, and physical factors (Cinciripini, Hecht, Henningfield, & Kramer, 1997).

#### *Statement of the Research Problem*

In British Columbia, *The Adolescent Health Survey* (1993), first implemented in 1992, provided quantitative and qualitative data ( $n = 15,549$ ) that focussed on smoking trends in teens ages 12 to 18 (grades 7-12). This was followed up in 1998 with *The Adolescent Health Survey II* which represents the largest youth survey ever conducted in BC ( $n = 25,838$ ) and provides a comprehensive regional data base including high-risk behaviour patterns and trends associated with smoking, based on a 127-item questionnaire with a qualitative component. While such surveys can provide valuable information on issues such as smoking, data gaps remain today. More specifically, there exists a significant lack of information that is based on the nonsmoker's perspective.

Information gained from the latter survey methods and others has guided professional health care and health education in a number of important ways. Previous studies have enlightened our perspective concerning the complex nature of smoking-related decisions, identified groups at potential risk, and provided a mandate for those of us who develop and implement prevention programs. However, the precise way that cognitive and social factors may or may not help adolescents nonsmokers to resist pressures to smoke, remains a problem of interest.

Likewise, individual and group characteristics studied to date have been determined in advance by researchers, as well grounded in a less than complete understanding of nonsmoking behaviours. Put another way, it is entirely possible that other critical characteristics exist that are linked with being an early adolescent nonsmoker. Hence, by understanding how some early adolescents succeed in maintaining a smoke-free choice, we may then be in a better, more informed perspective, one that lends

a considerable advantage when it comes time to create necessary environmental supports to encourage their choices, and empower a commitment to a smoke-free decision. Hence our educational efforts aimed at health promotion become more appropriate and trustworthy.

Until recently, research samples comprised of children and early adolescents have been systematically excluded from studies. Moreover, there is a paucity of research which examines smoking from the nonsmoker's perspective. A shift to include the perspective of nonsmokers can afford new and valuable insight from their experiences, along with an understanding of how nonsmokers manage to reject and abstain from smoking. I advance a research approach that is aimed at conducting a detailed examination of the lived experiences of early adolescent (ages 10 to 14) "nonsmokers" to explore cognitive and social-psychological factors relative to their smoking-related decisions and nonsmoker identities.

A research directive that explores smoking from the perspective of nonsmokers has potential to inform the tobacco control research domain. As well, studies designed according to the naturalistic paradigm often permit researchers to investigate those aspects of daily lived experience that for the most part are usually taken for granted. Young people who successfully lead smoke-free lifestyles with nonsmoker identities could then be included to share their perspectives. Until recently, the collective viewpoint of early adolescent nonsmokers is one that has been under represented in a discussion about smoking as a social phenomenon. Only one study was found that used participant observation to explore specific aspects of social identities found to be associated with smoking among adolescents (Eckert, 1983), and one other was found that considered adolescents from a Canadian perspective (Johnson et al., 2003). Another qualitative study addressed nonsmoking during early-to mid adolescence, and even though this study was limited to girls, the study is unique as the findings represent a Canadian context (Dunn, 1998).

In the United Kingdom, numerous researchers continue to employ qualitative approaches that yield study findings inclusive of the adolescent nonsmoker perspective (e.g., Amos, Gray, Currie, Elton, 1997; Lloyd & Lucas, 1998; Lloyd, Lucas, & Fernbach, 1997; Rugkåsa, Kennedy, Barton, Abaunza, Treacy, & Knox, 2001; Rugkåsa, Knox, Sittlington, Kennedy, Treacy, & Abaunza, 2001; Thrush, Fife-Schaw, & Breakwell, 1997). Although few researchers take on research efforts that focus exclusively on a cognitive-developmental perspective and include qualitative interview methods within an early

adolescent paradigm, one American-based study was found that disclosed children's notions about smoking (Meltzer, Bibace, & Walsh, 1984), yet subsequent studies have not followed to include an early adolescent developmental context relative to smoking-related decisions and social identity.

Currently in British Columbia, nonsmokers at age 13 represent 89% of the school-based population. As well, 74% of 15-year olds were reported as nonsmokers (McCreary Centre Society, 2004). Until now, the perspectives of early adolescents have not received ongoing attention. I advance that continued work with this population could enlighten our understandings of smoking as a social phenomenon. The approach suggested for this research could provide new and valuable insight into the experiences of nonsmokers, one that is certainly long overdue, and could inform our understandings of how and why nonsmokers manage to avoid incorporating an activity such as smoking into their adolescent social identities.

#### *Significance of this Study*

Smoking is a choice that lies entirely within the individual. At first, individuals have no knowledge of smoking. Support of efforts to prevent smoking by children and early adolescents, and programs aimed to change societal norms regarding cigarette smoking, can limit the future adverse health consequences of smoking. Despite an increase in medical knowledge and an impressive reduction in the number of current smokers, cigarette smoking remains the single most important preventable cause of lung cancer and premature death. Studies designed to explore smoking prevention are most certainly welcomed by the scientific community and school-based health educators. It is imperative that school health educators and teachers work collaboratively to ensure that young people receive *appropriate* knowledge, based on a *social-cultural cognitive developmental paradigm* to ensure our educational efforts are *salient* for young audiences so that information can effectively shape their lifestyle choices.

The elementary school system can support personal and social development by providing information on smoking. Empowering children allows them to exercise more control over their health and environment, and to make healthy choices. Such an approach is crucial when we endeavour to prevent young people from lighting up cigarettes for the first time. An investigation addressing the cognitive and social factors relative to early adolescents' decisions aimed at avoiding smoking is an important educational psychology research initiative.



Currently, a distinct gap exists in our understanding relative to the views and lived experiences of nonsmokers, one that is considered a limitation. There is a clear need to describe those experiences and factors that contribute to and support the efforts and identities of adolescent nonsmokers. A detailed investigation into the experience of nonsmoking early adolescents would serve to extend our current understandings of cognitive and social factors that relate to the purposive avoidance of smoking behaviours. As such, the direction of this research has potential to assist educational initiatives in the health psychology and health promotion domains, and for subsequent studies.

### *Summary of Background and Investigative Perspective*

Those people who smoke the largest numbers of cigarettes are at greatest risk, as are those who start smoking at younger ages. The burden of smoking-related illnesses can be significantly reduced and potentially eliminated through smoking cessation and prevention. After all, in an ideal smoke-free paradigm, mortality and illness due to smoking would not exist.

Initially, a person has no knowledge about smoking. Support aimed at societal efforts to prevent smoking and social programs designed for changing young people's norms regarding cigarette smoking can certainly limit the future adverse health consequences of smoking. At the same time, smoking is a social behaviour – one that must be learned and arguably has potential to be extinguished permanently. Unfortunately, the rate at which early adolescents opt for smoking remains on a slow estimated rate of decline, with little in the way of dramatic change for the future.

The flip side of the situation on smoking, however, is that we can only appreciate part of this social phenomenon when the perspective of nonsmokers is either not sought, or excluded altogether. Consequently, I contend that it would be reasonable to *shift* our focus toward an investigation with young people who make deliberate, conscious decisions to escape cigarette smoking, its associated behaviours, and social identity to better position ourselves vis-à-vis a shared understanding approaching how they manage to avoid integrating smoking behaviours into their lives, and the reasons why. Clearly, we need a deeper understanding of the patterns of association among factors such as cognitive or appraisal processes of making meaning out of smoking, social comparative judgements and processes, and individual differences, *before* we can make attempts at designing theoretically sound, developmentally appropriate, empirically based educative programs aimed to target smoking prevention

for young people within the context of their social-cultural world.

This dissertation is presented over seven chapters. In Chapter One, an introduction of the study was established to situate the background to the present study. Chapter Two provides an overview of the empirical literature concerning social and cognitive influences on smoking during the developmental period of adolescence. As well, the methodological stance is explicated by way of a synopsis of another literature review conducted to form a theoretical foundation for the current study. Next, Chapter Three lays out the methods as used to conduct the study, and addresses ethical considerations with attention devoted to children as research participants. Given the personal and theoretical stance of this investigation, the personal and theoretical juxtaposition of the researcher within this study is presented, whereby the chapter concludes by addressing the adequacy of the inquiry. The findings of the study are presented over two chapters. Chapter Four corresponds to a thematic analysis of informants' narratives and provides the background to situate their social-cultural context and shared lived experiences. As well, definitions of smoking, smoker and nonsmoker images, and reasons for smoking and not smoking are presented vis-à-vis participants' actions and intentions for consolidating a social identity. Chapter Five presents findings specific to early adolescent influence on personal smoking-related decisions, that is, how an early adolescent shapes agency, therein influencing the person's smoke-free goals and nonsmoker identity. Chapter Six presents a discussion of the major study findings and theoretical perspectives, as well limitations of the study are addressed. The dissertation concludes in Chapter Seven with an exploration of study conclusions and recommendations for further refinement of study outcomes.

## Chapter Two

### Literature Review

The literature presented in this chapter provided the initial background and launching point to prepare a theoretical foundation for the present study. The literature was examined to locate scholarly papers concerning the area of interest for this study, gain familiarity with the substantive area, and ensure that I was knowledgeable and sensitized to data-based and theoretical literature in the field of tobacco control research.

This chapter includes pertinent literature that was reviewed prior to commencement of this study and represents two overall aims: (1) to develop a theoretical foundation for a research proposal; and, (2) to provide background knowledge in the early phases of data collection and analysis. Before making any firm methodological decisions, I also undertook an extensive review of both the theoretical and data-based literature concerning adolescent smoking and not smoking at the time of crafting the research proposal. Subsequently, a synopsis of this additional literature as it pertains to methodology is presented in the second half of this chapter. Specifically, this review represents literature to frame the methodological and philosophical underpinnings of the study, as well as build a case to support my decision for grounded theory as the appropriate methodology to conduct this investigation. Finally, the literature was reviewed a third time during the process of data collection and analysis; however, this review was selective and theoretically directed to verify categories and understand conditions. At the end of the study, an extensive review of the literature was conducted one last time to connect and situate the theory within the context of other scholarly work, and to follow up literature since the preliminary literature review, one that was limited to theory or research and related to early adolescent smoking, not smoking, and specific constructs related to development and refinement of conceptual categories.

A standard convention for initiating grounded theory research directs the researcher away from an excessive reliance on existing literature in order to remain open to the process of discovery required for the study (e.g., Glaser & Strauss, 1967; Glaser, 1978; Strauss & Corbin 1998). When the scholarly literature is critically evaluated, the researcher can also determine discrepancies and gaps in the extant literature (Charmaz, 1983, 2000). Hence, identification of such gaps and differences in knowledge provides an opportunity for further study.

Another accepted paradigm standard regarding a literature review is to establish the

investigative context or background, social significance of the phenomenon, study aims and its significance. Specifically, the literature is not used to predetermine concepts, categories or hypotheses prior to the study (Glaser, 1992). Instead, the grounded theorist resists an extensive review of the literature until data collection and analysis have uncovered the core process that explains how the participants process the phenomenon or problem. By upholding methodological standards, the grounded theorist ensures that the emerging theory is truly grounded in the empirical data.

#### *Overview to the Preliminary Review of Literature*

The general perspective represented in this review relates to those factors which were found to predict the onset of cigarette smoking in children and adolescents. As well, a number of interpersonal behaviours and social-psychological environmental factors that increase an adolescent's chances of initiating cigarette smoking and experiencing the adverse effects of continued cigarette use is outlined. Accordingly, specific theoretical perspectives rendered in this review stem from factors related to social interaction and cognitive development. Specifically, as smoking is viewed as a social phenomenon data-based and theoretical studies included for review included concepts such as social identities, social learning, smoking intentions, social role modelling, as well as peers, friends, family and other social-cultural systems.

As the population of interest concerns early adolescents, data-based and theoretical literature relative to cognitive development and processes such as reasoning, attitudes, intentions, beliefs, knowledge, and school-based prevention-based smoking programs and initiatives was reviewed. As well, given that children and early adolescents are exposed to a variety of different messages originating in print media, television, and the entertainment (movie) industry, the literature was searched relative to general advertising and promotional strategies as these apply to tobacco control.

There does not exist an accepted measure designed to specifically identify which study participants will proceed to becoming established smokers; hence studies which highlighted and presented findings consistently related to and predictive of child and adolescent smoking and nonsmoking were reviewed and are reported in this literature review.

*Smoking as a social-psychological phenomenon.* The literature reviewed represents the perspective that conceptualizes smoking uptake *behaviour* in adolescence as one that progresses through a sequence of developmental stages, as part of a sequentially ordered process. Accordingly,

multiple social-cultural, psychological, and environmental factors influence this process, and entail many different functions at different points in the progression, different roles for different people, whereby some influences moderate the effects of others. Theoretical and empirical findings demonstrate that a multiplicity of complex etiological factors are associated with adolescent cigarette use. Inherent with most theories and cross-sectional, prospective, and causal processes studies are major limitations. Examples include but are not limited to, research that addresses only small portions of the total picture for adolescent cigarette use, and most theories do not impart specific knowledge concerning exactly what processes are used, how causal processes might be different for adolescents, and why.

Findings from theoretical and empirical studies were reviewed; as well, Canadian-based epidemiological studies were located to situate a context for this study. Examples of surveys include *The Adolescent Health Survey* (McCreary Centre Society, 1993, 1999, 2004), *The CTUMS* (Health Canada, 2004), and *The Teen Smoking in British Columbia Survey* (Angus Reid Group, 1997), all of which represent major sources of nation-wide adolescent data. Knowledge gained from these surveys is synthesized throughout this literature review to illustrate background and scope of the problem, representing the perspective that smoking is a social phenomenon. As well, selected literature was reviewed that delineated characteristics of child and adolescent smoking and nonsmoking behaviours, images, and social identities, a synopsis of which is included in this review. An analysis of the strengths and limitations of the commonly used study designs as reported in the literature is also presented. The next section address the theoretical foundation for a grounded theory study, and this method is discussed along with an exploration into the philosophical underpinnings that were used to design and conduct this study. A summary of the literature is provided to situate the context for the present study and concludes Chapter Two.

#### *Introduction to Selected Review of Literature and Context*

Due to the specific population and focus of this literature review, several important points need to be made explicit. First, recent research concerning the social-psychological factors related to smoking behaviour are grounded in theories that guided the work of Leventhal (1968), Bandura (1977, 1999), Evans (1976), Evans et al., (1978), McAlister, Perry, and Maccoby (1979), and McGuire (1984). These authors view smoking as a social behaviour with social causes, functions, and reinforcements whereas previous theoretical research efforts primarily examined cigarette smoking from the standpoint of a

*health behaviour.* Accordingly, this review represents a wide and specific social perspective at both the level of the individual and for groups.

*Stages of smoking.* The next point concerns a research focus on the different stages of smoking in adolescents. Numerous researchers demonstrated that young people progress through a series of stages of smoking onset (e.g., Elder & Stern, 1986; Flay, 1993; Flay, d'Avernas, Best, Kersell, & Ryan, 1983; Leventhal & Cleary, 1980). Becoming a smoker has been identified as a *process*, the stages of which are generally broken down into the corresponding stages: pre-contemplation (not even considering smoking), preparation and anticipation (contemplation to smoke), experimentation or initiation (with smoking), action or transition (becoming a smoker), and regular smoking or maintenance.

During the *pre-contemplation* and *preparation* stages, attitudes and beliefs about smoking are formed. The young person may begin to view smoking as serving some purpose or function, such as a means to appear mature, bond with a peer group, cope with stress, or demonstrate independence (Perry, Murray, & Klepp, 1987). The *experimentation* stage includes the first few times a young person smokes; encouragement of peers is usually involved at this stage (Conrad, Flay, & Hill, 1992). *Action* or *transition* includes repeated yet irregular smoking and is generally in response to a particular situation (e.g., a social event) or to a particular individual (e.g., a date). *Regular use* occurs when a young person smokes regularly (usually weekly) and smokes in a variety of settings with a variety of people (Flay, 1993).

*Categorization of smokers.* Most of the research concerning smoking initiation has consolidated all smokers together as one group, regardless of the degree of cigarette use, for comparison with nonsmokers. As such, only a small number of investigators even addressed the possibility that those factors which contribute to the first use of cigarettes may in fact differ from other factors that promote the maintenance of smoking. Among these studies, the results were inconsistent. For instance, the effects of parental smoking may be particularly clear in the preparatory stage, by moulding children's attitudes toward cigarette use (e.g., Flay, 1993; Leventhal & Cleary, 1980). In addition, the role of social models, such as family members and peers who smoke, has been found as a particularly influential source in prompting the onset of cigarette use (Chassin, Presson, Sherman, Corty, & Olshavsky, 1984). Yet other researchers (e.g., Ary & Biglan, 1988) found parental smoking unrelated to both the onset and maintenance of adolescent smoking. In fact, work by Ary and Biglan (1988) demonstrated that peer

modelling was a better predictor of continued smoking than of the onset of smoking behaviour. Although some researchers focussed on the onset of smoking and explored the passage from preparation to experimentation (initiation) of smoking, others investigated the shift from the experimentation stage to action (transition). In some cases, it was not entirely clear which stage or step was the focus of investigation. In other cases, the stages of smoking were redefined specifically for a particular study.

A lack of specificity and differing definitions makes comparison of findings an extremely difficult, if not an impossible task. Regardless of the focus on stage of smoking, any study exploring the onset and uptake processes of smoking and any research concerning the social influences on adolescent smoking progress was included as salient for this literature review to uncover as many factors associated with smoking as possible.

*Smoking and gender-related differences.* The third point concerns gender in relation to smoking and gender differences. Some researchers reported differences in nonsmokers and smokers by studying gender-mixed groups of adolescents (e.g., Blackford, Bailey, & Coutu-Wakulczyk, 1994; Newman & Ward, 1989; Nolte, Smith, & O'Rourke, 1983a; West, Carlin, Subak, & Greenstone, 1983), yet these studies do not yield separate nor specific insights into the experiences of nonsmoking girls and boys. In truth, results of these studies were primarily discussed in relation to smokers; connections to specific factors or variables with nonsmokers were frequently reported indirectly. Even though a gender difference is seen with respect to smoking prevalence rates, the functional meanings of cigarette use and the progress to regular use may in fact indicate a difference other than gender. One study was found that specifically investigated smoking and nonsmoking female adolescents (Yankelovich, Skelly, & White, 1976); another was found that explored girls' constructions of smoking identities (Lloyd, Lucas, & Fernbach, 1997). Only one study was found that specifically explored nonsmoking female adolescents and used a qualitative method (Dunn, 1998).

As a final note, in the literature there exist several studies examining gender difference designed to compare adolescent female smokers with their male counterparts (e.g., Chassin et al., 1981; Malkin & Allen, 1980; Pederson, 1986; Sarason, Mankowski, Peterson, & Dinh, 1992; Urberg & Robbins, 1981; Waldron, Lye, & Brandon, 1991); again, most were not reported explicitly about nonsmokers. Although these studies enlighten us about factors associated with adolescent female smokers, they do not, however, easily permit conclusions to be drawn about adolescent female nonsmokers. Few studies

systematically examined within-group differences with respect to gender. Moreover, smoker between-group differences were not necessarily compared or contrasted with nonsmokers directly within a particular research study.

For the purpose of this literature review, factors significantly and consistently associated with adolescent smokers were interpreted here to mean that the same factors can be associated with nonsmokers. Using this premise, it is reasonable to assume that if a variable is predictive of smoking, then it could be said to be a valid predictor of nonsmoking. For instance, as will be described, adolescent smokers remain friends with more people who smoke, ergo one can reasonably assume that nonsmokers remain friends with fewer people who smoke. Accordingly, deductive logic would predict that nonsmokers remain friends with more people who do not smoke presumably on the basis of common association and shared or similar reasons for not smoking. There may, however, be dissimilar or more accurate predictors of nonsmoking that could likely be more aptly determined according to an exclusive exploration into the experiences of nonsmokers and by inclusion of social-cultural context as a potential influence.

#### *A Social Developmental Perspective on Early Adolescence.*

As explored in this literature review, the term "adolescence" is defined as the developmental period of transition between childhood and adulthood during which time a shift in growth and learning occurs involving pronounced cognitive, physiological, psychological, and social change (DiClemente, Hansen, & Ponton, 1996). Adolescence is a unique developmental period of accelerated development that begins at about 10 to 13 years of age and concludes between the ages of 18 and 20.

Adolescents bring with them to this new period of development much of their childlike selves, gradually developing social and emotional maturity (Crockett & Petersen, 1993). Scholars (e.g., Kagan, 1971; Petersen & Leffert, 1995; Thornburg, 1983) have distinguished three distinct sub-phases within adolescent ages from 10 to 20: early adolescence (10-14 years), middle adolescence (15-17 years), and late adolescence (18-20). While these age distinctions are valuable as general guidelines, they may not, however, characterize the phases for a particular adolescent.

*Early adolescence as a stage of development.* Generally speaking, early adolescence is considered the time of transition from childhood into adolescence proper; the hallmark of this period is pubertal development. Thornburg (1983) argued for a definition of early adolescence as a separate



stage of development. The notion of transition is captured within a perspective that signifies a change in childhood. Specifically, the child ceases to be dependent, biologically immature, socially fettered, and psychologically insubstantial; yet, as young adolescents these people are still learning to become independent, mature, and resolute, even though they have not achieved young adulthood (Offer, Schonert-Reichl, & Boxer, 1996). Hence researchers do study adolescent development and most often differentiate this period into early, middle, and late adolescence due to age-associated differences in the social, cognitive, biologic, and emotional behaviours of adolescents. Further differentiation during adolescence is also shaped by superimposing chronological age as a quantitative measure of human maturity. Hence, it is possible for a young person of 10 years to be "categorized" or "labelled" as an adolescent due to timing of biological events such as puberty. Conversely, another young person may not achieve early adolescence until age 14.

Adolescence has long been viewed as an important period for the development of the self. Erickson (1950) considered issues of identity as particularly salient during adolescence. During this stage of development the adolescent attempts to establish a sense of self-identity and autonomy (independence). Adolescence is also a time of advanced cognitive functioning in which the ability to reason develops beyond concrete objects or symbols to abstractions, described as formal thought (Flavell, Miller, & Miller, 1993).

In a move away from an individual perspective, one that makes the child the basic unit of study, many of today's theorists in the developmental psychology field observe that development during the school-age years is inextricably linked to the social-cultural learning environment. A typical proponent representing this perspective was Vygotsky (1978) who in his book *Mind in Society*, advocated an active account of interpersonal interaction; school and social experience as a system of developing a view for self and others, mastery and morality; and, social-cultural factors such as ethnicity, and social, economic, and occupational status as key elements of development.

*Cognitive development.* During this time of development, the early adolescent begins to perform cognitive operations in one's head, thus permitting planning and predicting outcomes for a series of encounters or situations without actually having carried them out (Case, 1991). Moreover, this beginning ability to think abstractly permits the early adolescent to imagine activity or behaviour and simultaneously construct a prejudgement as to whether a particular course of action is advised or ill-

advised, leading to latent moral developments of the adolescent, which at once declare the person and one's acknowledgement of accountability to others.

The capacity for abstract reasoning increases during adolescence (Keating & Clark, 1980). During early adolescence, the capacity to think hypothetically increases, as does the ability to use formal logic (Inhelder & Piaget, 1958). This formal reasoning or formal logic allows the individual to go beyond the concrete to use verbal hypotheses and logical deductions (Petersen & Crockett, 1986). Most adolescents begin to imagine hypothetical situations and anticipate consequence. Accordingly, thoughts, actions, intentions, and knowledge concerning smoking are considered part of the social-emotional domain linked to the role of social and emotional thought development, a central conceptual structure associated with the neo-Piagetian paradigm (e.g., Case, 1991, 1996; Griffin, 1991; Porath, 2001, 2003).

*Transitions.* Transition is implied during a developmental period marked by the termination of a stable life structure in order to manage or work toward a new phase (i.e., ultimately reaching adulthood). Throughout adolescence, young people experience changes and transition. One of the first transitional events is entry into the formal education system. Schooling, the ecological setting in which children learn, denotes the environment, size, philosophy, and characteristic transactions between students and teachers, and the culture of the school. The school-age period is the primary developmental epoch where all children spend most of their waking hours in the company of other children and adult teachers who are not members of their family of origin. During this period, children learn critical skills which involve self-and-other dynamics such as friendship formation, belonging to groups, becoming a friend, and making social comparative judgements.

*Self and self-identity.* Overall, at this period the development of self and self-concept are contingent upon interpersonal interactions with people outside the student's family boundary, most especially among equals, denoted as peers (Combrinck-Graham, 1996). Self-esteem, or the global evaluative dimension of the self (e.g., self-worth or self-image) and self-concept or those domain-specific evaluations of self are essential characteristics of adolescents' self-understandings (Santrock, 1998). Social comparative judgements and self-evaluative processes, affiliation, and loyalty, and attribution of qualities evolve mainly in the context of peer cultures. Outcomes of successful peer relationships and results on successful peer connections echo cognitive development and academic accomplishments, as well as for interpersonal patterns established in the family.

Erickson (1968) developed a comprehensive and compelling theory on identity formation, which is considered as one of the most influential theories of adolescent development. Specifically, during the adolescent years, individuals experience *identity versus identity confusion*, the fifth developmental stage. At this time, adolescents look at who they are, what they are all about, and where they are heading in life. The transitional gap between childhood security and adult autonomy is what adolescents experience as part of their exploration into identity. As adolescents negotiate the numerous identity profiles within their social-cultural contexts, they often try on or test different roles. Those who successfully manage conflicting and differing identities emerge from adolescence with a new sense of self that is both satisfying and socially acceptable. However, when young people do not successfully resolve such a crisis in identity, they experience what is known in Erickson's model as identity confusion. Consequently, to manage this crisis, the adolescent either retreats into self isolation from family and peers or they become enmeshed in the peer culture and lose their identity to the group.

*A developmental perspective of self-identity.* A more contemporary perspective is derived from an Ericksonian paradigm, one that considers Erickson's theory of identity development to match four ways to carry out an identity exploration or crisis: identity diffusion, identity foreclosure, identity moratorium, and identity achievement (Marcia, 1989). As part of an individual's identity development, commitment on part of the adolescent indicates a personal investment in what they are going to do. *Diffusion* states in adolescence describe an absence of crisis and meaningful alternative, although these have yet to be explored. *Foreclosure* is the term used to denote adolescents who have made a commitment, yet they have not experienced a crisis. *Moratorium* denotes the adolescent in the midst of a crisis but the individual has yet to define commitments or these are lacking. The outcome is *identity achievement*, the term coined by Marcia to denote the resolution of an adolescent's crisis cycle and secure a commitment. Marcia determined that three aspects of the young adolescent's development are key in identity formation – adolescents must be confident they are supported by their parents, and have established a sense of industry, and a self-reflective outlook for the future.

#### *Overview of Social and Cognitive Risk Factors Predictive of Smoking*

The effect of tobacco use on health and the health consequences of smoking are well known, yet experimentation with cigarettes is occurring at younger and younger ages, and initiation of smoking now occurs almost entirely during the adolescent years (Glynn, 1984). Adolescence represents the crucial

developmental phase for numerous and various interpersonal skills that play a vital role in the acquisition of social, cultural, and economic reinforcement (Elder & Stern, 1986). Acceptance by one's peers tends to be a major reinforcer driving much of adolescents' attitudes and behaviours. It is during this time that the interpersonal temptation to take up the cigarette habit becomes strongest, as same-age or older peers and siblings increase the pressure on nonsmoking youth.

Adolescence is a time period when peer acceptance, compliance to group behaviour standards, and experimentation with substances, including tobacco, occurs (Bettes, Dusensbury, Kerner, James-Ortiz, & Botvin, 1990). In addition, the female adolescent is at greater risk for the development of health consequences due to smoking. For instance, girls who smoke are more likely to experience irregular menstrual periods and they are at an increased risk for developing cervical cancer (American Cancer Society, 1993). When using oral contraceptives, women who smoke increase their risk of experiencing a cardiac-related event (e.g., heart attack) and are at greater risk for strokes and blood clots in the lower extremities (Layde & Beral, 1981).

The most common factor examined in the study of social-psychological risk factors predictive of smoking and the one that has accounted for the most heterogeneity (Flay et al., 1983), is the presence of family members and friends who smoke in the person's environment (Chassin, Presson, Sherman, Montello, & McGrew, 1986; Covington & Omelich, 1988; Croft, Hunter, Webber, Watson, & Bereenson, 1985; Friedman, Lichtenstein, & Biglan, 1985). Salient influences relative to social learning include measures of family (parents and siblings) modelling and parental attitudes toward tobacco use. Peer variables include measures of the number of peers and friends using tobacco (i.e., "peer modelling"), peer pressure or perceived "normative" pressure to engage in cigarette use, and the normative beliefs of the child/adolescent with respect to the number of peers who smoke (e.g., Friedman et al., 1985). Gender differences also exist in social influence models of smoking behaviour. Most investigators found that the smoking behaviour of parents, friends, and siblings (especially same-sex siblings) was highly associated with experimentation and initiation of smoking. It was suggested that early exposure to smoking role models affected the child's attitudes and beliefs toward smoking and could lead to imitative behaviour later on (Leventhal & Cleary, 1980).

Smoking by parents and peers has been shown as the most consistent and strongest correlate with smoking and is often considered evidence that social bonding factors motivate people to become

cigarette smokers (e.g., Bell & Battjes, 1985; Best, Thomson, Santi, Smith, & Brown, 1988; Bonaguro & Bonaguro, 1989; Botvin & McAlister, 1982; Cleary, Hitchcock, Semmer, Flinchbaugh, & Pinney, 1988; Flay et al., 1983; Glynn, 1981, 1984). The relationship to parents and peers has been often explained by reasoning that parents and friends who smoke personify norms and attitudes favourable to smoking, make cigarettes more readily available, or serve as role models for smoking. The association between friend and adolescent smoking reflects peer influence and it may also indicate that adolescents who smoke are more likely to choose friends who smoke (Fisher & Bauman, 1988). Chassin, Presson, Sherman, and Edwards (1991) speculated that parental smoking could create a risk for offspring smoking through genetic similarities in the reinforcement value of nicotine or due to a propensity to develop tolerance or withdrawal symptoms. However, the possible pathways between genes and behaviour are complex and require further study.

Perceived school performance is an important factor because of its association with successful completion of a high school education, and conversely, the risk of dropping out of school. Referring to *The Teen Smoking In British Columbia* (1997) survey data, in the Vancouver region, 35% of students who assessed their performance in school as below average smoked cigarettes, compared with 16% of above average students. A similar pattern of relationship was found with students' expectations for completing their education. For example, of students who expected to achieve only a secondary or high school education, 30% indicated that they smoked cigarettes, compared with 18% of students who planned to pursue post secondary studies. Poor school performance is also associated with adolescent smoking. It has been established that adolescent smokers are generally low achievers in academics (Hover & Gaffney, 1988) and are nonparticipants in extracurricular activities such as sports (e.g., Bush & Lannotti, 1992; Eckert, 1983; McGee & Stanton, 1993).

A strong association has also been reported between tobacco use and low school attendance (e.g., Meyers & Brown, 1994). Related to school performance, level of education and socioeconomic status (e.g., McAlister et al., 1979) were shown to be correlated with smoking behaviour. Other social demographic variables include family income and parents' occupations (e.g., Arkin, Roemhild, Johnson, Lueper, & Murray, 1981; Best et al., 1984; Flay, 1985).

Adolescence is a time where individuals experiment with their own self-image, for instance trying on various roles, in an effort to establish a true sense of self. Adolescence is a time for many

experimental activities, and smoking may be one among many experimental or risk-taking actions (Leventhal & Cleary, 1980). Reported reasons by adolescents for experimenting with smoking include boredom, curiosity, anger, and relaxation (Sarason et al., 1992; Stanton, Mahalski, McGee, & Silva, 1993; Stone & Kristeller, 1992). Again, *The Teen Smoking in British Columbia* (1997) survey data point to a strong level of ambivalence about smoking. Although teens acknowledge the pleasures of smoking, they also recognize smoking as a self destructive behaviour. For some teens, this symbolizes one of its attractions – a way to tempt fate to engage in a behaviour that goes against age-expected norms (e.g., rebellion against authority, defiance of rules, those nominated as controversial), one that represents a break with childhood.

The perceived instrumental value of smoking (Chassin, Presson, & Sherman, 1984; Covington & Omelich, 1988; Hunter et al., 1982) may also be predictive of smoking onset. Children ascribed different personality characteristics to smokers than to never smokers (Bland, Bewley, & Day, 1975; Bynner, 1970) and viewed smoking cigarettes as a way to project an image of maturity, independence, or toughness (Covington & Omelich, 1988; Leventhal & Cleary, 1980). The findings of one study suggested that adolescents perceived looking more mature as one of the major benefits of smoking (Evans, Henderson, & Raines, 1979).

Important social environmental factors concerning opportunity and access to cigarettes include the media (e.g., billboards, newspaper and magazine advertisements) and the presentation and promotion of tobacco products in the community. Research suggests that the advertising and promotion of cigarettes strongly influence the initiation of smoking among young people during adolescence (Biener & Siegel, 2000; Sargent et al., 2000). Moreover, there was evidence to suggest that tobacco companies target adolescents in their magazine advertising (e.g., King III, Siegel, Celebuucki, & Connolly, 1998) and that cigarette advertising in magazines is likely to reach a substantive number of young people (King III & Siegel, 2001).

An affirmative smoking influence also comes from parents or other adults who may not want their children to be smokers, a value which is misrepresented by their own behaviour. Theoretical and data-based studies which addressed cognitive factors include cognitive change measures such as beliefs and values (e.g., Ajzen & Fishbein, 1977; Perry & Jessor, 1985), emotions (Perry & Jessor, 1985), relevant attitudes (e.g., Ajzen & Fishbein, 1977; Botvin, Baker, Renick, Filazzola & Botvin, 1984),

knowledge of various factors related to tobacco use (e.g., Botvin, Eng, & Williams, 1980; Botvin et al., 1984; Flay et al., 1983; McCaul & Glasgow, 1985; Perry & Jessor, 1985; Perry, Killen, Slinkard, & McAlister, 1980; Schinke & Blythe, 1981), as well as intentions (e.g., Evans, 1976; Schinke & Gilchrist, 1983) related to tobacco use.

### Social Domain

The utility of applying a social representations perspective in the area of smoking research acknowledges that beliefs are socially constructed and emphasizes the link of the role and relationship between self and others. Social representations include shared understandings of a social object and contain both explanatory and evaluative connotations. One paradigm frequently applied to smoking behaviour to account for reasons for smoking is the social learning model (Bandura, 1977; 1995). Using this theory, an emphasis is placed on the mutual and reciprocal interaction between an individual's behaviour and his or her social environment. Applying this theory to smoking, the smoking behaviours of adults (i.e., parents) and peers (i.e., friends) influence adolescent smoking behaviour by providing role models that establish the social outcomes and approval of cigarette smoking (e.g., Flay, 1993).

Accordingly, the social influence model predicts that directly experiencing a behaviour and its associated rewards and punishments influences beliefs about the consequences of the behaviour and helps the person to formulate evaluative definitions of a behaviour. In other words, adults and peers may influence adolescents' smoking by providing evaluative definitions of smoking and by influencing the adolescents' expected consequences of smoking.

As demonstrated in one longitudinal study, the only social factor that consistently predicted adolescent smoking progress seemed to be the smoking status of best friends (Wang, Fitzhugh, Eddy, Fu, & Turner, 1997). Participants in this sample ( $n = 7,960$  representing an 87% response rate) ranged in age from 15 to 22 years. Although Wang and colleagues recognized the concept that adolescent behaviour is influenced by the behaviour of parents and peers, one that has been well documented, their longitudinal analysis, however, did not find support for social factors (as represented by parents and siblings) associated with adolescent smoking progress. Given the age and the developmental period of the participants in their study, it was suggested that such an influence may occur at an age prior to adolescence (Wang, Fitzhugh, Westerfield, & Eddy, 1995).

### *Parental Smoking and Nonsmoking Behaviour*

Children of smokers are reported almost twice as likely to smoke as children with parents who do not smoke (Bauman, Foshee, Linzer, & Koch, 1990). Parental smoking also appeared as the strongest influence for Caucasian and female adolescents, particularly in the early preparatory stages of smoking and during early adolescence (Bauman et al., 1990; Chassin, Presson, & Sherman, 1990; Dappen, Schwartz, & O'Donnell, 1996; Flay et al., 1983; Sussman, Dent, Flay, Hansen, & Johnson, 1987). Where parental smoking predicts smoking in only one gender, it is often in females (Chassin et al., 1986). Parental smoking is a key factor in children accepting smoking as normal (Lynch & Bonnie, 1994). Hansen and Graham (1991) demonstrated that children often imitated their parents' behaviour. Consequently, children who smoke imitate the smoking behaviour of their parents.

In the area of adolescent cigarette smoking, parental smoking has been suggested as a strong influence in several studies (Charlton & Blair, 1989; Chassin et al., 1981; Males, 1995), although some researchers argue that parental smoking may predict smoking initiation less often than previously thought (Conrad, Flay, & Hill, 1992). Parental smoking may influence girls more heavily than boys (Charlton & Blair, 1989; Clayton, 1991), yet a clear pattern of relationship has not been confirmed. Specifically, there is evidence to suggest that girls are more heavily influenced by mothers' smoking than are boys (Chassin et al., 1986; Gritz, 1984), inasmuch as both girls and boys are influenced by parental smoking (Hover & Gaffney, 1988; Nolte et al., 1983a). Another study exploring the relationship between parental smoking and actual smoking transitions in children (Chassin et al., 1984) indicated for initial "never smokers," the association between parental smoking and transition to a higher level was significant for girls, yet for those who had initially tried cigarettes, the relationship was significant only for boys. Findings point to parental smoking as important in influencing both girls and boys to smoke, yet the influence may be different. Parental smoking appears to influence girls to smoke, whereas for boys, it is only among those who start to experiment that parental smoking is related to a faster adoption of higher levels of smoking.

A review of the literature suggests that parents' smoking behaviour may also include other factors, such as parental influence and behavioural example (Farkas, Distefan, Choi, Gilpin, and Pierce, 1999) parental approval or disapproval of smoking (Nolte, Smith, & O' Rourke, 1983a; Newman & Ward, 1989); the style and extent of parental communication on health-related matters (Nolte, Smith, &



O' Rourke, 1983b); and the parent-child bond (Brook, Whiteman, Czeisler, Shapiro, & Cohen, 1997). Although some researchers report that parents' smoking is strongly associated with increased smoking risk to their children, this associated risk is not without controversy (e.g., Mittlemark et al., 1987). However, others found that the nature of parents' influence was associated with the parent-child bond (i.e., lower levels of attachment between child and parent) or when parents were less involved in the supervision of their adolescent children.

There is some evidence to suggest the existence of a reciprocal relation between a child's behaviour and parenting behaviour. Work by some researchers (e.g., Brook, Whiteman, Gordon, & Brook, 1983; Rutter, 1979) has shown that childhood behaviour elicited parenting behaviour, and parenting behaviour affected the child's behaviour (Bell & Chapman, 1986; Lytton & Romney, 1991). As well, lack of perceived parental support predicted adolescent substance abuse, including smoking where adolescent substance abuse related to lower levels of parental support (Foxcroft & Lowe, 1995; Stice & Barrera, 1995). Adolescents who perceived lower levels of support from their friends, and those with lower expectations for academic and general success, were reported at an increased risk for smoking (D'Onofrio, Thier, Schnur, Buchanan, & Omelich, 1982; Jessor & Jessor, 1977). Some investigators contend that these "demoralized" adolescents were those with a greater need to define themselves as "tough" or "cool" (Leventhal & Cleary, 1980) or assert their independence from authority (Skinner et al., 1985).

One process whereby the parent has an effect on the child is through the parent-child bond (e.g., Bowlby, 1988; Stice, Barrera, & Chassin, 1993). Some investigators (e.g., Brook, Whiteman, Balka, & Cohen, 1995; Foshee & Bauman, 1992) found that the greater the parent-child bond (i.e., attachment), the less likely the child was to engage in behaviour that contributed to cigarette use; conversely a weak parent-child bond predicts engaging in such behaviours. Children who believe their parents disapproved of their smoking were less likely to smoke than those who viewed their parents smoking (Health Canada, 1996). Additionally, lower levels of parental supervision and control, and inappropriate and harsh techniques of parental control were found to predict later smoking behaviour (Brook, Whiteman, Gordon, & Cohen, 1986).

In 1983, Nolte and colleagues reported parental attitudes may exert a more powerful impact than parental behaviour as factors associated with youth smoking behaviour. Results indicated that a situation

where both parents smoked, yet were not upset if their adolescents smoked, 51.6% of adolescents reported smoking. Moreover, if parents were upset if their adolescents smoked, only 10.4% of their adolescents reported smoking. For nonsmoking parents, those upset at the notion of their children smoking, only 5.3% of their children reported smoking. If nonsmoking parents did not object to their children smoking, 23.3% reported smoking.

Newman and Ward (1989) replicated the Nolte study with participants aged 13 to 14 (grades 7 and 8) from 12 schools ( $n = 735$ ) in and around one moderately sized mid-western city. Participants in this study were significantly younger than the original study ( $n = 5,409$  central Illinois school age youth in grades 7-12). In addition definitions used by Newman and Ward varied slightly from those used by Nolte and colleagues. Newman and Ward classified participants as smokers if they smoked more than two cigarettes. Measures of parental attitude were derived from a question asking, "With regards to my smoking cigarettes, my parents/guardian: would threaten to punish me if I smoked told me never to smoke; told me how they feel if I smoke; told me they don't care if I smoke." Nolte et al. (1983) explored influences of individual parents. Due to the smaller replication sample size, Newman and Ward only explored the effect of "both" parents disapproving; one parent approving and one disapproving was classified as indifferent. From an educative perspective, the results of both studies suggested that when expressed, parental attitude appears to be important in moderating adolescent smoking behaviour. Moreover, parents' expressed opposition does affect smoking behaviour, regardless of actual parental behaviour. Another point concerned the apparent increase in permissiveness of parents toward their adolescents' smoking. Students in the Newman and Ward study were junior high school (rather than junior and senior high school students as in the original study) and it was anticipated that a greater degree of parental disapproval of cigarette smoking would have been expressed to younger adolescents. Rather these data indicated 34.2% of the sample reported parents as indifferent. It is possible that parental attitude may not be as salient to adolescents as it might have been at the time of the Nolte study in 1983.

#### *Peer and Friend Influences*

The nature of peer influences on adolescent smoking is complex (Stead, Hastings, & Tudor-Smith, 1996). To a large extent smoking behaviour among adolescents has been moulded by interpersonal influences (Aarø, Hauknes, & Berglund, 1981). Specifically, peer group pressure has been widely accepted as a significant factor in the initiation of smoking, with many teenagers smoking because

it has been perceived as giving them status and acceptance by their peer group (e.g., Evans et al., 1978; Hover & Gaffney, 1988). Importantly, there appears further evidence that the influence of peers increases with age. In support of this pattern, Krosnick and Judd (1982) found that while parents and peers were equally important to smoking among 11-year olds, it was among 14-year olds that peers exerted a greater influence.

The literature points to well documented evidence that friends play a highly significant role in the smoking habits of adolescents (Ary & Biglan, 1988; Chassin et al., 1986; Foshee & Bauman, 1992). For instance, Ary and Biglan (1988) found that smoking rates among teens are significantly related to the number of friends who are smokers and to the number of offers of cigarettes in the previous week. As with family influences, peer influences on smoking behaviour may be the result of peer pressure, role modelling, or simply the opportunity to experiment with cigarettes (Chassin, Presson, & Sherman, 1984; Morgan & Grube, 1989). Teens who do not start smoking, for instance, do not appear to experience situations with peers where they feel they ought to smoke (Friedman et al., 1985).

The role of peer-group processes on induction to cigarette use is well documented. Friends' social influence about smoking and the individual's ability to resist such influence play a key role in adolescent smoking behaviour (Bauman & Fisher, 1986; Beal, Ausiello, & Perrin, 2001; Dappen et al., 1996; Ennett & Bauman, 1994; McGuire, 1968; Stacy, Sussman, Dent, Burton, & Flay, 1992; Stanton & Silva, 1992; Urberg, Chen, & Shyu, 1991; Urberg, Shyu, & Lang, 1990). Ennett and Bauman (1994) most recently examined the homogeneity of peer groups and considered both the influence and selection process. They report that peer groups may contribute more to nonsmoking than to smoking. Moreover, they suggest that while the adolescents' *selection* of peers provides some of the explanation for similar patterns of smoking behaviour, it is more the case that the peer groups' smoking *behaviour* plays a greater role in the adolescents' cigarette use. With specific regard to gender, one study found that grade eight female nonsmokers, quitters, and smokers all had a large proportion of friends who smoked compared with their male counterparts (van Roosmalen & McDaniel, 1989). Based on the findings of that study it would appear there was more indirect pressure placed on females to smoke by a single best friend, a group of friends, or a close male friend.

Hahn, Charlin, Sussman et al. (1990) found that cigarette experimentation often takes place in same sex peer and sibling groups. Chassin, Presson, Sherman, et al. (1984) reported that peer

interactions are more important in the initial transition from abstinence to experimental smoking than in later transitions from experimental to regular smoking. However, Biglan and Lichtenstein (1984) found that the number of friends who smoke has been predictive of smoking rates over a time period as long as one year, and smoking among teens continues to occur most frequently in social situations. According to *The Teen Smoking in British Columbia Survey* (1997), very few teens were reported to start smoking regularly immediately following their first smoking experience. For almost all of them, there existed a period of time between experimentation and habituation which ranged from several months to several years. At approximately 12 to 14 years of age (grade 8 or 9), the time when teens enter junior high school and are around older peers, was frequently reported as a time for regularly taking up smoking. Participants in that survey often reported that all of their friends were smoking so they started to do it more regularly. Moreover, teens consistently reported that they smoke with friends as opposed to alone and described smoking as a social activity to share with their friends.

When studying the role of the peer group in influencing the smoking behaviour of friends one implicit assumption is that children and adolescents who smoke 'cause' the uptake of smoking in non-smoking peers by utilizing coercive strategies (i.e., teasing, taunting, bullying, and rejection). Yet given the considerable knowledge of peer influence on smoking, less is known about the dynamics, mechanisms, and consequences of how peer influence operates on smoking behaviour. As Mitchell and West (1996) aptly point out, much of the available evidence for peer pressure to smoke largely depends upon the research method employed in a particular study. Often the evidence for peer pressure to smoke comes from cross-sectional studies which uncover a relationship between the smoking and nonsmoking behaviour of friends (e.g., Eiser, Morgan, Gammage, Brooks, & Kirby, 1991; Flay, 1993). Unfortunately, cross-sectional studies as designed cannot impart knowledge concerning the direction of causality nor can smoking progress be determined. Another method, the longitudinal study design, is also used in studying the role of the peer group influence in the smoking behaviour of friends. Results from longitudinal studies indicate friends' smoking precedes participants' smoking yet with a much reduced effect (Alexander et al., 1983; Ary & Biglan, 1988; Mittlemark et al., 1987). Even though friends' smoking predicts subsequent smoking behaviour amongst study participants, we are not able to infer that the smokers 'cause' smoking in their nonsmoking friends.

In the case of research concerning initial smoking situations, findings provide little evidence of

either the need to gain friends' approval or of coercion from close friends (Friedman, et al., 1985). It is entirely possible that the cumulative evidence may instead suggest that the role of peer pressure has been overstated whereas the role of individual choice, particularly as it is rooted in friendship formation and maintenance, has been underestimated (Urberg, Değirmencioğlu, & Pilgrim, 1997). Evidence from one longitudinal study (Mitchell & West, 1996) suggests that adolescents make active choices about many aspects of their lives, including use of cigarettes. This finding regarding the mechanism of peer influence is in line with the notion that peer influence is largely the result of social selection. Thus, adolescents will either seek out or avoid contexts in which smoking occurs and they will choose friends who, like themselves, may or may not smoke (Fisher & Bauman, 1988).

Regarding the mechanism of peer influence, another interpretation put forth by Urberg et al. (1990) found that adolescent smokers see their peers as not discouraging them from smoking as opposed to encouraging them to smoke. These authors suggest that having friends who are perceived as either positive or negative toward smoking does not simply translate into perceived direct pressures to smoke or not to smoke. Although peer smoking has been more strongly linked to adolescent smoking than parental smoking (Presti, Ary, & Lichtenstein, 1992), much of the available research supports the importance of both peer and parent/child relationship factors (Bertrand & Abernathy, 1993). For example, among grades seven and eight students, Gordon (1986) found that "triers" when compared with "never smokers" were more likely to predominate a smoking peer referent group, a best friend who smokes, siblings and/or parents who smoke; were more likely to experience peer pressure to smoke and believe that smoking would make them more relaxed; and were reported as more rebellious. Moreover, "current smokers" were found to be more likely than triers to report that the majority of their friends, their best friend, and siblings (girls) smoked and were more likely to believe that smoking would help them to relax. The current smokers were found to be less likely to believe that smoking is harmful and would make their parents angry.

#### *Gender Differences*

Gender is an important factor in young people's smoking behaviour. Gender differences have been shown to exist in age of first experimentation with cigarettes. For example, McNeill et al. (1989) found that being a girl was strongly associated with subsequent onset of smoking. Gender differences were also reported to exist in social influence representations of smoking behaviour. That is, initial

smoking experiences were found to occur most frequently amongst same-sex friends (e.g., Friedman et al., 1985) and same-sex sibling smoking behaviour was highly associated with both experimentation and initiation. Other social influences, such as smoking by family members, were a greater influence on girls than boys (Chassin et al., 1986; Malkin & Allen, 1980; Stanton & Silva, 1992; Swan, Creeser, & Murray, 1990). There is documented evidence to suggest that smoking by a male family member is associated with smoking behaviour in boys (e.g., Bewley & Bland, 1977; Minagawa, While & Charlton, 1993).

Peer modelling appears to significantly impact on the odds that a child would try smoking, as well as the probability that he or she would progress toward smoking on a regular basis. There is a growing body of research indicating that the influence of peers is substantial throughout adolescence (Ary & Biglan, 1988; Chassin et al., 1986; Gordon, 1986). Additionally, some research evidence suggests that there are no significant gender differences in responsiveness to peer modelling (Ary & Biglan, 1988; McCaul, Glasgow, O'Neill, Freeborn, & Rump, 1982; Robinson, Kleges, Zbikowski, & Glaser, 1997; Santi, Best, Brown, & Cargo, 1991).

A number of studies examined social-psychological factors associated with smoking, and fewer addressed gender differences (Ary & Biglan, 1988; Chassin, Presson, & Sherman, 1984; Chassin et al., 1986), yet here again, results were not consistent. The work of Chassin and colleagues (1984, 1986) has demonstrated that in the early stages of cigarette smoking, girls were significantly more susceptible to social influence than boys. More specifically, Chassin et al. (1986) found boys and girls were more strongly influenced by peer smoking at different ages. Their participants ( $n = 3,819$  in grades 6-11) were defined by six levels of smoking ranging from never smoker ("not even one puff") to regular smoker (more than one cigarette per week). During the one-year period of the study, transition to a higher level (dependent variable) was predicted by an increased number of smoking friends for girls at the younger ages and for boys at older ages. These findings suggest *elementary school teachers* ought to focus on peer pressure awareness and skills training with *girls*, whereas high school teachers need to emphasize these aspects for boys.

Another study (Clayton, 1991) with a sample of grade six students ( $n = 882$ ) classified participants as high-risk or low-risk based on whether or not they had experimented with smoking. Information was collected concerning self-efficacy, risk-taking orientation, number of refusals made in a hypothetical situation of peer pressure to smoke, and effectiveness of these refusals as judged by a rater.

Comparison of scores for high-risk and low-risk groups within genders revealed puzzling results. Results suggested that girls at higher risk of becoming smokers in fact made more refusal statements judged as more effective and made *higher* self-efficacy scores than low-risk girls. The opposite pattern of relationship was found for boys. In contrast, Ary and Biglan (1988) and Waldron and colleagues (1991) found little support for the hypothesis that girls may be more susceptible to peer influence than boys. Likewise, Sarason et al. (1992) found no significant differences between girls' and boys' reports of their reasons for starting to smoke. An alternative interpretation of findings concerning no differences may simply be a reflection of a general gender difference in rates of maturation. It is also possible that different social-psychological mechanisms are used by males and females, yet these were not tapped into given the scope of the questions and measures employed.

Support for the premise that different mechanisms lead boys and girls to initiate smoking is provided by Urberg and Robbins (1981). In their study, participants rated the importance of 19 costs of smoking and 15 benefits. Smoking behaviour was not related to item ratings, yet gender differences in ratings were observed. For example, girls were more likely to endorse the *benefits* of smoking as represented by the following item statements, "Smoking shows that you do what you want," "girls like boys who smoke," and "smoking makes your parents mad." Girls were also more likely to consider detriment to athletic performance as an important *cost* of smoking. As well, as number of friends who smoke increased, boys agreed more and girls agreed less to the following statements: "Smoking gives you something to do when nervous," and "smoking makes you feel part of the gang." It would appear that not enough evidence exists to support the hypothesis that girls who smoke are more autonomous, self-confident, rebellious, and socially adept than nonsmokers, inasmuch as boys who smoke are more insecure and in need of social coping strategies than nonsmokers.

Clayton (1991) reviewed salient findings in the literature addressing gender differences in social-psychological determinants of adolescent smoking. Based on this review, she concluded that research on social-psychological determinants of adolescent smoking suffers greatly from a lack of attention to group differences. One area that was suggested for investigating gender differences in determinants of smoking involved the realm of psychological traits, states, and behavioural abilities (i.e., refusal and interpersonal skills), and differences in perceptions of the costs and benefits of smoking.

The work of previous researchers has indicated that a considerable proportion of young people,

particularly young girls, believe that cigarette smoking is an effective method of weight control, and interest in weight control has been associated with cigarette smoking (Charlton & Blair 1986; Feldman, Hodgson, & Corber, 1985; French, Perry, Leon, & Fulkerson, 1994; Robinson et al., 1997). To illustrate this pattern, Camp, Klesges, and Relyea (1993) found that concerns about body weight were associated with an increased probability of regular smoking. However, these investigators did not explore whether or not such concerns were also influential for smoking onset. Likewise, French et al. (1994) reported that girls who were preoccupied with dieting and weight were more likely to smoke, yet it was unclear whether these weight-related variables were important in the early stages of cigarette use or only for regular smokers. Specifically, Camp et al. (1993) used a measure to study and assess both interest in dieting and history of weight fluctuations; children who were identified as concerned with dieting were also identified as more likely to exhibit a history of active weight suppression and recovery. French et al. (1994) used a series of questions to elicit information concerning symptoms of serious eating disorders which included responses relative to a participant's desire to be as thin as possible and a significant fear of weight gain. Even though the measures of dietary concerns used in these two studies differed, the pattern which emerged suggests that adolescents who are concerned with dieting are more at risk for cigarette use.

A profile of the nonsmoking adolescent female was described as early as 1976 by Yankelovich, Skelly, and White. These investigators examined both nonsmokers and smokers in ways that were not repeated after the time of the study. The results of this study were based on in-depth interviews with a total of 826 teens (13-17 years of age) and young women (18-35 years of age), screened on the basis of their smoking patterns from a national probability sample of 3,000 households. This sample of teen-age girl nonsmokers was not homogeneous; rather they divided into two almost equal yet distinct groups. This sample comprised two groups, separated by the investigators and categorized as either "traditionalists" or "vulnerables." Over half (55%) of the first group of nonsmokers did not smoke due to their very traditional views and outlook and were categorized as "traditionalists." Traits associated with "traditionalists" included those individuals with strong religious convictions and a sense of respect for authority who would shy away from their peers who used tobacco, alcohol or drugs. The second group of nonsmoking teen girls was very different; that is, they shared in common more of the same values as the smokers and were all highly exposed to smoking in their social environment. This group was identified as



the "vulnerables" as, at first blush, they appeared to be ready candidates for the next new wave of smokers. In this group, one out of two reported that half or more of their males friends smoked and one third indicated that most of their girl friends smoked. A majority had one or more parents who smoked. Regardless of these social circumstances, the "vulnerables" were reported as girls who did not smoke. Moreover, "vulnerables" expressed concern about the addictive properties of cigarettes, promoted physical fitness and well being, and as well expressed the value of being in control of their lives. This group also appeared to discover a new cause and peer association, that of the anti-smoker, one that supported legislation to regulate smoking and to promote a smoke-free domain.

Uncertainty remains as to whether or not these traits or characteristics would be applicable to adolescent females in this day and age. Clearly, the use of labels such as "traditionalist" and "vulnerable" conveys an image that nonsmokers are a multifarious group. Even though Yankelovich and colleagues (1976) recognized a distinct group of nonsmokers, subsequent investigators, with a few noted exceptions concentrated their research efforts almost exclusively on smoking and smokers.

Lloyd, Lucas, and Fernbach (1997) conducted an exploration of girls which provides meaningful insight into the nature of adolescent girls' (ages 11-16 years) social representations of cigarette smoking, and constructions of their social identities in relation to smoking. Social representations of smoking were used as a reference point in analysing the social identities of adolescent girls who smoke cigarettes and those who do not smoke. Overall, the aim of these researchers was to establish how adolescent females construct two distinct social identities: a nonsmoking identity and a smoking identity. Smoking group membership was measured using a conventional five-response question; responses were combined into three categories in order to represent meaningful social groups. Individuals who responded, "I have never smoked" were differentiated from those who had experienced cigarette smoking and were labelled *never smoked* ( $n = 968$ ). To identify the group of individuals who had experimented with cigarettes, responses to "I have smoked (if only a few puffs)," and "I have smoked one cigarette in the past 4 weeks" were combined and this group was labelled *occasional smokers* ( $n = 526$ ). Finally, responses "I usually smoke one or more times a week," and "I usually smoke at least once a day" were combined to identify *regular smokers* ( $n = 229$ ).

The quantitative portion of the Lloyd et al. (1997) study based on a survey using a 13-item questionnaire, explored the nature of girls' perceptions of each of the two identities. A factor analysis

followed by orthogonal (Varimax) rotation was conducted, resulting in a three-factor solution. Two analyses of the questionnaire data resulted as follows: (1) the factor structure for the girl nonsmoker and girl smoker identities; and (2) differences between factor (scale) scores for these identities derived from the factor analysis. The factor solution for the girl nonsmoking identity accounted for 59.8% of the variance. The first factor ("mature") loaded seven items with the following descriptors: cool, tough, grown-up, happy, makes up own mind, exciting, and popular. The three items which loaded on the second factor, labelled "fun-loving" included: attractive to the opposite sex, likes the opposite sex, and likes partying. The third factor ("sensible") loaded with three items: healthy, cares about the environment, and clever. The factor analysis procedure used to analyse ratings of the girl nonsmoker identity was repeated for those of the girl smoker. Again, a three-factor solution for the girl smoker identity accounted for 62.3% of the variance, with the same items loading on each factor.

The similarity of the factor solution and resulting factors enabled comparison between the two identities. Results indicated significant differences between them on all three factors. Girls rated the "mature" factor items higher for the nonsmoker identity than for the smoker identity. Likewise, the nonsmoking identity was rated higher than the smoker identity on items loading on the "sensible" factor. Only on the items which loaded on the "fun-loving" factor was the smoking identity rated higher than the nonsmoking identity. A fourteenth item, "breaks rules" was excluded from the preliminary factor analysis of the identity items due to inconsistent valuing. This item was included in an analysis to illustrate the influence of group membership. Rating of the nonsmoking identity varied significantly with smoking group membership. Girls who never smoked rated a girl who did not smoke as less likely to break rules; girls who never smoked viewed a girl who did smoke as more likely to break rules.

Based on an analysis of the factors explored in this study of smoking and nonsmoking identities, results indicated that regardless of smoking group membership, there was consensus among all girls about the "sensible" and "fun-loving" factors that included smoking identities. For participants who smoke, cigarettes appear to be an important means of developing an adult social identity and one which is viewed as desirable. The nonsmoking identity was rated more "sensible" (i.e., items including healthy, cares about the environment, and clever) than was the smoker identity.

Additional evidence for girls' constructions of nonsmoking and smoking identities emerged from a qualitative component of the study which included focus group discussions in order to ensure that

smoking biographies, social representations of smoking, social identities, health-related beliefs and values, and perceptions of anti-smoking education were all considered. The nonsmoker identity was viewed as conscientious about school work and interested in school life. Nonsmoking girls were likely to refer to girls who smoke as "stupid," and cite damage to health and the detestable smell as reasons for not smoking. These girls were not unlikely to maintain close friendships with those who smoked.

During focus group discussions, the girl smoker identity was elaborated to include rebellion against authority, lack of interest in school work, and pursuit of "risky" behaviour. There was some evidence that girls who smoked (aged 14 to 15) participated in friendship groups that included both smokers and nonsmokers; issues relative to smoking created a sense of tension among group members. Lloyd et al. (1997) identified several of the meanings of smoking for adolescent girls and their results contribute to a greater understanding of the different meanings of smoking to adolescent girls. Knowledge of the constructions of different social identities is important so that smoking prevention programs can be devised that enhance the attractiveness of the nonsmoker identity. Based on their study, this research group recommends that future intervention programs aimed at smokers be devised to enhance the desirability of the social representations associated with the nonsmoker identity.

A study by Dunn (1998) was specifically designed to explore the experience of adolescent female nonsmokers. The findings of this qualitative study revealed that girls proceeded through a three-phased process in order to remain a nonsmoker. The main theme underpinning the entire process was found to be the development of self-confidence. Of the 17 girls in this study, each possessed her own level of self-confidence which enabled her to commence the process initially by making sense out of smoking. Later on, the girls advanced to the next phase, rejecting smoking, but only once they had decided that smoking did not serve a purpose in their lives. Successfully completing phase two empowered these girls in two ways. First, their self-confidence increased; and second, each became known as a nonsmoker. Finally, the girls were then able to declare themselves to be nonsmokers, denoting the completion of the process of remaining a nonsmoker. In addition, three intervening conditions were identified which influenced both the development of self-confidence and the progression through the process of remaining a nonsmoker. These conditions were identified as being busy, having support, and peer pressure to fit in. By exploring the experience of being a nonsmoker from an adolescent female perspective, Dunn discovered that some girls do implement a process for remaining nonsmokers, yet these girls were quite

oblivious to the process they were using. The implication for education is that there is value in fostering an awareness in adolescents and the individuals who interact with them as the evidence would suggest that a process is in fact occurring that empowers teenage girls to successfully remain smoke-free.

In their review of 27 prospective studies concerning the onset of cigarette smoking, Conrad and colleagues (1992) concluded there were too few studies which examined smoking onset by gender, and whatever findings existed were too inconsistent to make any firm statements about variations due to gender. Overall, Conrad et al. were able to state that factors that were consistently and positively associated with onset of smoking among adolescents included: low socioeconomic status, older age, being female, prior experience with smoking, intentions to smoke, positive attitudes toward smoking, drug use, greater attachment to or agreement with peers, having friends who smoke, having an older sibling who smokes, friends' approval of smoking, estimating a high prevalence of smoking among peers, receiving cigarette offers, having poor ability to refuse cigarette offers, lower academic expectations, and being rebellious. Parental smoking, however, has demonstrated little association by gender.

Gender differences in smoking were also examined by Waldron (1991) and Grunberg, Winders, and Wewers (1991); however, adults rather than adolescents were highlighted. Waldron (1991) concluded that females may adopt smoking as a way to cope with stress and to control their weight, whereas males may be motivated more by rebelliousness or by the desire to maintain their athletic ability. No gender differences were found with respect to the smoking behaviour of friends, siblings, parents, or the attitudes of friends or parents toward smoking. Grunberg et al. (1991) discussed differences in the prevalence of tobacco use across countries and time, and highlighted some of the literature on sex differences with respect to the biological aspects of nicotine (i.e., metabolism and sensitivity). In summarizing the literature on gender differences in the initiation of smoking, these authors concluded the most influential social factors encompassed: perceptions of smoking as positive or negative, extent of social disapproval, advertising and media stereotypes, sex role, and perceived health risks and benefits.

#### *Demographic Characteristics and Social-Environmental Factors Associated with Risks of Smoking*

A number of relationships have been found between cigarette smoking and demographic characteristics, including age, place of birth, income adequacy, and ethnic background. However, some researchers find either no relationship between adolescent smoking and social class, or the influence of class may be stronger on adult than adolescent smoking (Glendinning, Shucksmith, & Hendry, 1994).

Oakley, Brannen, and Dodd (1992) found little influence of social class on adolescent smoking when conventional definitions of social class were used. However, when social class was measured in terms of material circumstances such as housing, a stronger relationship was demonstrated.

The prevalence of smoking varies and as demonstrated previously, several patterns of behaviour were associated with smoking; these include risk-taking and rebellious behaviour (Conrad et al., 1992) and involvement in peer groups who smoke at a relatively early age (Brunswick & Messeri, 1984). Individuals who enjoy taking risks or those who were rebellious in nature were also found more likely to smoke (Chassin, Presson, Rose, & Sherman, 1996; Collins et al., 1987; Mosbach & Leventhal, 1988). The work of previous researchers indicates that the most important adolescent personality (social-psychological) predictors of the onset and maintenance of adolescent smoking behaviour are risk-taking, rebelliousness, deviance, low self-image, and impulsiveness (e.g., Castro, Maddahian, Newcomb, & Bentler, 1987; Collins et al., 1987; Conrad et al., 1992; Stacy, Sussman, Dent, & Burton, 1992). Other investigators suggested that smoking was a means of rejecting parental authority (Covington & Omelich, 1988), or it was a possible way of defining and maintaining a deviant self-image (Hirschman, Leventhal, & Glynn, 1984; Skinner, Massey, Krohn, & Lauer, 1985).

Social environmental factors associated with less risk of smoking include academic achievement (Chassin, Presson, & Sherman, 1990; Gerber & Newman, 1989), healthy eating and physical activity patterns (e.g., Coulson, Eiser, & Eiser, 1997; Nutbeam, Aarø, & Catford, 1989), and the skills to resist offers of cigarettes (Conrad et al., 1992). One specific factor for female adolescents, involvement in sports, has been associated with nonsmoking (e.g., Swan et al., 1990).

Level of educational achievement and academic performance were predictive in value to determine whether or not a person would become a smoker (Bartecchi, MacKenzie, & Schrier, 1994; Chassin et al., 1996; Choi, Pierce, Gilpin, Farkas, & Berry, 1997; Ellickson, Tucker, & Klein, 2001; Pierce, Fiore, Novotny, Hatziaandreu, & Davis, 1989). The prevalence of smoking was most strongly related with the number of years of formal education achieved. The smoking status among those with different years of education indicated current smoking status decreased and never-smoking status increased as the level of education increases. That is, those with higher levels of education were less likely to take up smoking, and those who did were more likely to quit. As the vast majority of cigarette initiation occurs prior to the age when education is complete, a correlation to education reflects the environmental factors that predict

both educational achievement and nonsmoking status (Burns, 1991).

#### *Advertising and Promotional Strategies in the Media*

In the tobacco industry, advertising and promotional activities are the two major strategies employed to market cigarettes. Advertising and promotional activities can convey the impression that tobacco use is desirable and socially acceptable (Lynch & Bonnie, 1994). Promotional activities were also used as an alternate strategy for encouraging youth to smoke, hence maintaining cigarette sales. Tobacco corporations claim that the purpose of their advertising and promotional activities is to encourage brand-switching and to increase market shares of adult customers. Yet despite this claim, it is young people who are the tobacco corporations' key source of new consumers in North America, replacing adults who successfully quit or died (Kessler, 1995).

A central concern of the public health sector is that the themes and images used by the tobacco industry are attractive to and promote the use of cigarettes by minors (Pierce et al., 1991). In Canada, legislation efforts successfully prohibit tobacco companies from marketing to minors directly. However, American-based evidence clearly implicates the tobacco industry's concerted efforts targeted at adolescents with promotional campaigns.

According to Di Franza and colleagues (1991), one of the more audaciously controversial advertising campaigns of today's era was R. J. Reynolds Tobacco Company's introduction of the cartoon character named "Joe Cool Camel" for *Camel* cigarettes, modelled after Ian Fleming's *Agent 007 - James Bond* (Sean Connery) and Detective Sonny Crockett (Don Johnson) of *Miami Vice*. In each Joe advertisement, Joe Camel is seen as slick, self-confident, and most of all "cool" while smoking his tasteful cigarettes. Each advertisement appears with a distinct title which captures the intentions of R. J. Reynolds by promoting Joe Cool to teens as a "smooth character." An advertisement strategy with a spokes camel such as Old Joe accomplishes the goal of targeting teens because it displays a young-like cartoon character portraying a tough guy image. Teens look up to icons that take on an image of being tough, self-confident, and rebellious because they want to be what that image represents. Teens look up to figures that resemble a hero; if their "hero" is smoking, then it gives them more of an incentive to do so. Hence, advertising and promotional activities of this nature clearly conveyed the impression that cigarette smoking is a *desirable* and *socially acceptable* behaviour (Lynch et al., 1994). Study findings indicated children were as familiar with Joe Camel as Ronald McDonald (Fischer, Schwartz, Richards,

Goldstein, & Rojas, 1991). Additional support concerning successful advertising campaigns was found by Pierce et al. (1991) that demonstrated a relationship between age and product recognition. Among study participants aged 12 through 65 years of age, the Camel advertising campaign was most recognized by those children aged 12 through 13 years (34.2%) and persistently declined to less than 10% in participants 45 years and older. Advertising campaigns such as Joe Camel depicted as the "smooth character" created an icon that stood for freedom of expression, personal liberty, and the pursuit of happiness.

Another promotional strategy targeting youth is tobacco company sponsorship of sporting, musical, athletic, entertainment, and other events in an endeavour to link tobacco products with images of physical skill, glamour, excitement, and fun. Typically, tobacco companies rely on poster advertisements prior to the scheduled event which are strategically placed in shopping malls and on billboards where youth spend time and meet friends. During the course of the event, specialty items which appeal to youth were on display for sale with a logo (e.g., Joe Camel) which appeared on T-shirts, baseball caps, and football jerseys. Advertisements in magazines were also reported as an effective communication strategy, one that young, healthy, adventure-seeking men and women smoke. These types of promotional and advertising strategies reach youth as they navigate through their adolescent years while in the process of developing a self-image (Di Franza et al., 1991; Sparks, 1999). While it may not be possible to make a direct link between smoking onset and media influence, there certainly exists little doubt that the leaders in the tobacco industry believe that they are capable of promoting smoking among youth.

Approving of cigarette advertising has been found to be associated with smoking initiation among youth (Alexander et al., 1983). Survey data indicated that the most advertised brands of cigarettes (e.g., *Marlboro*, *Camel*, and *Newport*) were the most popular among adolescent smokers (McNeill et al., 1989; Pierce, Choi, Gilpin, Farkas, & Berry, 1998). Others demonstrated that at least 75% of adolescents smoke one of three or four brands (Chapman & Fitzgerald, 1982). Data from the United States, England, Australia, and Canada demonstrate that tobacco advertisements and tobacco product logos were recognized by youth, even children as young as three years old (Aitken, Leather, O'Hagan, & Squair, 1987; Chapman & Fitzgerald, 1982; Fischer et al., 1991; Hoek & Sparks, 2000). However, in a study conducted by Pierce et al. (1991), statistically significant differences by gender were not observed when

teenagers aged 12 to 17 were asked to identify the most advertised brand of cigarette; gender differences were not found in the market share of *Camel* and *Marlboro* cigarettes.

There is strong evidence to indicate that some young people are lured to smoking by brand advertising which is supported by data indicating that adolescents consistently smoke the most heavily advertised brands of cigarettes. Moreover, following the introduction of advertisements that target young people, the widespread use of those brands increased (Di Franza et al., 1991).

Awareness on the part of Canadian youth of events and activities sponsored or promoted by tobacco corporations is notable. For instance, in the Youth Smoking Survey (1996), 49% of all youth aged 10 to 14 and 51% of those aged 15 to 19 reported seeing advertisements for events sponsored by tobacco companies. There was very little difference between males and females in response to these statements. Another Canadian survey (Covell, 1992) looked at tobacco advertising using an Ontario-based convenience sample of youth aged 8 to 16 to examine age, gender, and product differences in the appeal of image advertising. Two advertisement types were examined: quality advertisements focussed on specific characteristics of the product and image advertisements that depicted a lifestyle that could be gained and/or projected by use of the product. Image-oriented tobacco advertisements were rated more favourably than quality-oriented advertisements; image advertisements were found the most appealing for females aged 11 to 14 compared with males of the same age.

A growing body of research has suggested that tobacco advertising is a contributing factor to initiation of smoking during adolescence. Studies consistently document the high awareness and recall of tobacco messages and images among adolescents and even among young children (Fischer et al., 1991). Adolescents are known to be highly adept at decoding cigarette advertisements and aware of covert messages as early as the pre-teen years (Aitken, Leather, & O'Hagan, 1985; Pierce, Lee, & Gilpin, 1994). It has been suggested that tobacco marketing has had a stronger influence on encouragement of adolescents to initiate smoking than demographic characteristics or exposure to other smokers in the peer or family network (Biener & Siegel, 2000; Evans, Farkas, Gilpin, Berry, & Pierce, 1995).

Children are vulnerable to advertising. It has been demonstrated that advertising is one of the key factors in convincing youth to take up smoking (Clark, 1996; Health Canada, 1996; United States Department of Health and Human Service, 1994). It is believed that advertising and promotion efforts put out a positive influence on cigarette consumption (Warner, Goldenhar, & McLaughlin, 1992).



Cigarette advertising and promotional activities appear to influence social-psychological risk factors for adolescent tobacco use; these mechanisms are multiple and complementary (United States Department of Health and Human Services, 1994). Most children/adolescents demonstrate some awareness and recognition of cigarette brands and advertisements and develop preferences for particular advertisements and adolescents perceive cigarette publicity as promoting benefits of smoking (Pierce et al., 1993). Advertising enhances the development of an ideal self-image by rendering qualities or advantages of smoking that adolescents would like to display. Those adolescents with a lower self-image feel that smoking is a means to narrow the discrepancy between their actual and ideal self-image whereby the ideal self-image closely resembles the same smoker images seen in print media (Botvin, Goldberg, Botvin, & Dusenbury, 1993). Adolescents with a larger discrepancy between their actual self-image and their ideal-self image were reported as more likely to have intentions to smoke (Botvin et al., 1993; Kannas, 1985).

Overall, there exists strong evidence to support that the advertising and promotional efforts of cigarette companies are influential factors that increase the risk of smoking initiation among adolescents. Social-psychological risk factors such as having a low self-image, making positive attributions or benefits to smoking, and a perception that smoking is both normative and prevalent, are strong predictors of adolescent smoking intentions and smoking onset. The unfortunate irony is that while smoking is viewed by many adolescents as an act of defiance or rebellion, it also promotes the ploy of powerful tobacco corporations and their advertising schemes.

#### Cognitive Domain

The capacity to imagine hypothetical situations and anticipate consequences develops during the adolescent years. During early adolescence, the capacity to think in terms of hypothetical probabilities increases, as does the ability to use formal logic (Inhelder & Piaget, 1958). Using formal thought allows the adolescent to go beyond the concrete to use verbal hypotheses and deductive reasoning.

The cognitive capacities of adolescents are more sophisticated than those observed in younger children. Although adolescents' ability to make decisions also increases, this improved ability does not consistently meet the challenges that are found in stressful and novel situations (Petersen & Leffert, 1995; Linn, 1983; Weithorn & Campbell, 1982). Both emotion and experience play a key role in the decision-making process. Adolescents are more likely to be in situations which they lack experience, and

this consequently taxes their cognitive abilities and decision-making skills (Crockett & Petersen, 1993).

Concomitant with an increased decision-making ability over the period of adolescence, the awareness of risks and the ability to think about future also increases. The increase in these skills occurs over the junior high and high school years (Lewis, 1981). Some researchers (e.g., Weithorn, 1982) report that by age 14 years, decision-making and reasoning ability is as good as that seen in adulthood and involves the same flaws (Kuhn, Amsel, & O'Loughin, 1988).

The development of abstract reasoning also affects adolescents' concept of themselves and their insight and judgement (Petersen & Crockett, 1986; Damon & Hart, 1982). Adolescents can better understand the perspective of others as well understanding what other people may want (Petersen & Crockett, 1986). Along with an ability to understand and take the perspective of others, young people also develop a greater understanding of moral issues over the course of adolescence (Petersen & Crockett, 1986). The development of moral thinking has been described by theory and supported by research. Kohlberg (1964, 1976) expanded Piaget's formulation of moral thinking to include six stages of moral reasoning. Further Kohlberg postulated the development of moral thinking occurs slowly and documented from the age of 10 or 11 years to young adulthood, although others noted a gradual shift from more primitive (preconventional) modes of reasoning to those that are more sophisticated (e.g., Hoffman, 1980; Petersen & Crockett, 1986).

The meanings of and one's intentions concerning tobacco use established in our society become personally relevant during adolescence. For some adolescents, tobacco use becomes a mechanism to establish social relationships, display independence, and create a new mature identity. Furthermore, as many adolescents believe themselves to be all but invulnerable, with a short perspective on their future, limited abstract cognitive abilities, and high value placed on their associations with same-age peers, adolescents may view cigarette smoking as particularly functional and not potentially harmful.

#### *Adolescents' Perceptions of Smoking in Family and Social Contexts*

Traditionally, most research has been concerned with measuring children's attitudes and beliefs about smoking and the perceived image that goes with smoking (Bewley & Bland, 1977; Botvin, Botvin, & Baker, 1983; Kannas, 1985). These previous approaches tended to adopt the view of individualistic assumptions and concerned much of the social psychological literature on beliefs and attitudes. Social learning theory stresses the interrelationship between people, their behaviour, and the environment, yet

behaviour is largely determined by the environment where a person has the capacity to effect change to his or her environment. As well, social learning theorists contend that behaviour is influenced through the process of modelling. It is therefore the social network with which one is in contact, either through preference or circumstance, that personifies the behaviours most frequently observed and most completely learned (Bandura, 1977, 1999).

Researchers that cite the effect of parental smoking on adolescent experimentation with cigarettes exemplify the concept of behaviour initiation through modelling (e.g., De Moor, Elder, Young, Wildey, & Molgaard, 1989; Evans et al., 1978). Such studies found evidence that correlates parents' smoking behaviour with a greater likelihood of children' smoking compared with children in a nonsmoking household. Moreover, social learning theory maintains that performance of a behaviour depends on a person's self-efficacy; that is, the personal judgement of one's capabilities to establish and carry out courses of action required to attain designated types of performances (Bandura, 1977, 1995). Self-efficacy can be the determinant of initial experimentation with smoking as well as affect the decision to quit. In the case of adolescents who experimented with cigarettes, those with low self-esteem likely felt a greater need to define themselves as "tough" (Klesges & Robinson, 1995). If a child judged that cigarette use would result in such an image, then his or her perceived self-efficacy was aimed at achieving the behaviour. However, it is conceivable that the influence of many of these conjectured causal factors were enhanced through socially transmitted representations (e.g., that smoking makes you look "cool") and popular beliefs about smoking (Danesi, 1994). Most of the antecedents to smoking discussed previously were not identified as immediate or direct causes of children smoking (Urberg et al., 1990). Rather, it seems plausible that these factors function by influencing children's perceptions of, and beliefs about, the act of smoking.

Researchers suggested parents and peers act as sources of information about cigarette smoking from which a child develops a set of expectancies (Eiser, 1985; Eiser et al., 1987). An important predictor of young people's smoking during adolescence is the young person's *perception* of parental attitudes toward the child's smoking behaviour. Others demonstrated that young smokers perceived less social pressure against and a greater support for smoking than did their nonsmoking peers (Chassin, Presson, Sherman et al., 1984; Eiser, Morgan, Gammage, & Gray, 1989), findings which support the notion that social influence processes are best understood in the context of young people's identification

with particular sub-groups.

Survey data consistently demonstrated that young people overestimate the number of their peers and adults who smoke and those with the higher estimates were more likely to become smokers (Collins et al., 1987; Gerber & Newman, 1989; Leventhal, Glynn, & Fleming, 1987). If youth feel that peers approve of smoking and adults do not disapprove, then they are more likely to smoke. It is plausible that the perceived environment accurately reflects the real environment. Youth who start to smoke may be exposed to more smoking role models, more peer approval, and less adult disapproval than those adolescents who never start to smoke. Yet, it is just as likely that exaggerated norms promote experimentation independent of overt pressures to try smoking. The prevalence and acceptability of smoking implies that smoking prevention interventions might be successfully targeted at correcting these errors in perception (Hansen & Graham, 1991).

Young people living with a family member who smokes downplay smoking risks and were less likely to believe that there were adverse consequences associated with smoking (Leventhal et al., 1987). According to an Ontario Health Survey in 1990, adolescent smokers (aged 12-17) were more likely to report living in households with at least one other smoker, and raised proportions of friends who smoked (Badovinac, 1993). Millar and Hunter (1991) found that younger household members' overall level of cigarette consumption and type of cigarette smoked were associated with older adult smoking behaviour. To explain the correlation between child and parent smoking behaviour, Millar and Hunter (1991) suggested that social pressures operating within family and household settings created homogeneity in smoking-related behaviours across members. This interpretation may also explain the ways in which the immediate social environment influences normative expectations about smoking behaviour. While young people grossly overestimate both peer and adult smoking, those with friends and family members who smoked overestimate those figures even more (Leventhal et al., 1987; Presti et al., 1992; Urberg et al., 1990). Hansen and Graham (1991) found correcting erroneous normative perceptions about the prevalence and acceptability of tobacco use and the establishment of conservative group norms was an effective means for preventing smoking behaviour in adolescents.

Another consideration related to adolescent smoking was adolescents' perceptions of other smokers. Many at-risk adolescents estimated the prevalence of teenage smoking was twice as high as it really was, and overestimates of smoking predict future smoking and onset and subsequent increases in

smoking (e.g., Chassin et al., 1984; Collins et al., 1987; Sherman, Presson, Chassin, Corty, & Olshavsky, 1983; Sussman et al., 1988). For instance, Ajzen and Fishbein (1980) suggested that overestimates of peer smoking can lead to beliefs such as, "My smoking will make me more popular with my friends" and can eventually lead to the initiation of smoking.

#### *Knowledge About Health Consequences of Smoking*

Knowledge and attitudes about smoking are formed at a young age and set the stage for future encounters with tobacco products. There exists little in the way of research concerning young children's knowledge and conceptions of smoking which may be due to a lack of developmentally appropriate measures of children's knowledge and to the misperception that young children are not knowledgeable about tobacco. Shute, Pierre, and Lubell (1981) found that over 90% of preschool and first grade children correctly recognized cigarettes. Of those participants who had seen tobacco products in the home, almost one-half said they would use them, compared to 11% of participants who had not seen tobacco products in the home. In a more recent study, similar findings were demonstrated by Hahn and colleagues (2000) which indicated a high level of recognition of cigarettes among five-and six year old participants using an interviewer administered pictorial inventory. It has been established that the children of parents who smoke are at higher risk for cigarette use than children whose parents do not smoke (Anderson & Henry, 1994; Hawkins, Catalano, & Miller, 1992). Likewise, adolescents who progressed from experimentation with cigarettes to established smoking were more likely children of parents who smoked (Distefan, Gilpin, Choi, & Pierce, 1998).

A variety of personal factors were theorized as showing a direct influence on an individual's decision to smoke. Intentions to smoke (Chassin et al., 1981; Eckhardt, Woodruff, & Elder, 1994), beliefs about smoking, especially exaggerated estimates of adolescent smoking prevalence (Gerber & Newman, 1989; Hansen & Graham, 1991) and favourable attitudes toward smoking (Gerber & Newman, 1989; Hover & Gaffney, 1988), were credited with a stronger influence than knowledge concerning the health risks of smoking (Charlton & Blair, 1989; Conrad, Flay, & Hill, 1992; Presti et al., 1992). Yet some studies found little or no evidence that attitudes were predictors of smoking onset (Jarvis, Goddard, & McNeill, 1990; McGee & Stanton, 1993).

The perceived positive functions of smoking as well as an expected utility of cigarette use are important predictors (e.g., Bauman, Fisher, Bryan, & Chenoweth, 1984; Eiser & van der Plight, 1984;

Leventhal & Cleary, 1980; Perry et al., 1987). The perceived positive functions and uses of smoking were related to a positive social image, bonding with peers, and being "mature," all of which were socially salient factors for adolescents. Adolescents who started to smoke were those with lower self-images and lower self-esteem than their non-smoking peers (Conrad et al., 1992). Self-efficacy in avoiding cigarettes seems to be closely associated with the ability to resist cigarette offers from peers (Stacy et al., 1992). It would seem that the personal factors most predictive of smoking initiation are those related to the social environment, peers, and functional meanings concerning cigarette smoking.

Adolescent smokers also acknowledged the existence of a strong relationship between smoking and lung cancer, yet they rated themselves as only average in their likelihood of developing cancer (Reppucci, Revenson, Aber, & Reppucci, 1991). Even though studies consistently demonstrated that adolescent smokers and nonsmokers were cognizant of the long-term health consequences and effects of smoking (e.g., Blackford et al., 1994; Malkin & Allen, 1980), it remains uncertain as to why nonsmokers attend to this knowledge and smokers do not. Most explanations are confined to differences in young people's beliefs about the health implications of smoking.

There exists evidence to suggest that adolescents overestimate the prevalence of smoking, as demonstrated by their thinking that the majority of adolescents and adults smoke (Chassin et al., 1981; Mittlemark et al., 1987; United States Department of Health and Human Services, 1989). Such evidence raises several questions about nonsmokers. One such question that could be posed asks, "How do adolescents maintain their nonsmoking status despite the belief that the majority of people smoke, in particular, those adolescents who are vulnerable to peer pressure?"

#### *School-Based Approaches to Smoking Prevention*

In the context of health education, "prevention" refers to any effort implemented to avert the use of tobacco and deter adolescent smoking behaviour. Pioneer work in the development of prevention program strategies was based on the premise that young people who smoked did not understand the health consequences of cigarette smoking. The thinking at that time was to address a deficit of information by presenting health information to young people that caught their attention and provided them with sufficient reasons not to smoke. This "deficit" oriented prevention model of the 1960s and early 1970s was predicated on the notion that improvements in knowledge would lead directly to changes in behaviour. Fear-arousal techniques were often implemented to persuade young people to believe that

smoking was connected to the risk of developing serious long-term physical health compromising effects including premature death in adulthood due to cancer and cardiovascular disease.

Interventions designed to prevent adolescent smoking can be categorized into school-based programs, media campaigns, community-based initiatives, and environmental control measures. Of these, educational approaches are the most rigorously evaluated and most commonly used prevention strategy (Flay, 1993). Numerous educational efforts are represented in each category. For instance, media publicity may be supported by paid or unpaid broadcasts via television and radio. Preventative initiatives can also be implemented at the community level with programs sponsored by law enforcement agencies and public policy/activism approaches. Activism projects aimed at promoting behaviour change on a societal (community) level can lead to the type of environmental change necessary to sustain a permanent reduction in tobacco use in a particular community. Examples of environmental change measures may include restrictions on advertising, health warnings placed on cigarette packaging, bans on smoking, and formulation of smoking policies. Educational and media approaches place the onus of responsibility on the individual for resisting tobacco whereas public policy and activism enactment examine what communities and the society as a whole ought to do to protect vulnerable youth. While it is beyond the scope of this literature review to examine all program types and interventions, a summary of research evidence highlighting the effective elements of school-based programs is presented in the following section.

Assessment of adolescent smoking emphasizes cognition in the context of one or more of the previously mentioned theories and specific self-reported behavioural skills. What an adolescent thinks or does has been of paramount importance in virtually all research into the effectiveness of prevention efforts. Only recently has measurement expertise moved to the activism and policy approach, away from the individual and more toward a community focus. Most major studies were of school-based programs using different variations on the social influences paradigm (e.g., Flay et al., 1989; Klepp, Tell, & Vellar, 1993; Nutbeam, Macaskill, Smith, Simpson, & Catford, 1993; Vartanen, Fallonen, McAlister, & Puska, 1990; Winkleby, Fortmann, & Rockhill, 1993). Some programs were stand-alone, others part of state or region-wide initiatives that also encompassed mass media, community projects, and legislation.

Theoretical and empirical work in the area of smoking prevention over the past two decades has generated some consensus on the ideal approach, content, and delivery of school-based programs.

Programs which are based on a 'social-influences' approach or rooted in the origin of social learning theory concentrate on raising awareness of the social-cultural pressures to smoke and on developing skills to resist those pressures (Abernathy, & Bertrand, 1992; Botvin, Baker, Dusenbury, Tortu, & Botvin, 1990; Bruvold, 1993; Leventhal, Keeshan, Baker, & Wetter, 1991; Silvestri & Flay, 1989). The social influences model pinpoints the social environment as the most important determinant of smoking onset and concentrates on the development of norms and skills to identify and resist social pressures to smoke. Applied to smoking prevention, this approach assumes that young people who smoke may lack skills to identify and cope with various social influences that support smoking (Elder & Stern, 1986).

Many of the social skills prevention programs were tested almost exclusively on white, middle-class adolescents in classroom settings. An important consideration in developing and implementing tobacco prevention programs is to demonstrate appreciation for cultural differences in our society and acknowledge that our communities are composed of individuals from varying ethnic, cultural, and linguistic backgrounds. It is imperative that a health message be perceived as *salient* and *personally meaningful* to program participants in order for the message to be effective. Cultural sensitivity in educational programs can be framed in a positive way by including images, words, or situations that are common in the daily lives of the intended audience.

Several researchers cited elements that were essential to the development of an effective tobacco use prevention program (Flay et al., 1985; Glynn, 1989; United States Department of Health and Human Services, 1989). There exists considerable variation across school curricula, yet programs that ingrain skills necessary to resist social influences were included a fairly consistent set of components. Examples include instruction in resisting social pressures (e.g., advertising and promotional activities) and peer pressures to smoke and education that enhances general assertiveness, decision-making, and communication skills.

Based on a review of the literature, a summary of guidelines and principles for effective implementation of prevention programs follows. In theory, prevention programs ought to start prior to experimentation with tobacco and continue through high school. In addition, the program needs to contain at least three informational components. First, information on the immediate physiological effects of tobacco (e.g., smelly clothes, bad breath, shortness of breath) need to be discussed. The nature of the information needs to address the significance of tobacco use as well as clarify



misconceptions as to social consequences of smoking. Put another way, the goal is to make not smoking "cool." Second, information concerning family, peers and media effects on tobacco use need to be given and strategies provided in order to better enable adolescents to resist these and other influences. Finally, instruction regarding specific behavioural skills (e.g., refusal skills to challenge offers to cigarette use), decision-making, and problem-solving methods require continual practice using interactive learning methods such as role play and student-led discussion (Bellew & Wayne, 1991; Silvestri & Flay, 1989). Role playing, a commonly employed method used in smoking prevention, is a good method for skill training as a way for participants to learn and rehearse ways to resist social pressures to smoke. The attitude change effects of role playing are established and well-known to social psychologists. Although McAlister, Vartiainen, and Lehtovuori (2000) support its effects they also insist health educators use caution when applying this technique with the caveat that role playing is appropriate only if participants do not take the role of the smoker. That is, if participants "play smoker" it may reinforce or increase their tendency to smoke.

Prevention programs need to include a focus on social norms, in particular those which address adolescents' tendency to overestimate smoking prevalence among peers (Conrad, Flay, & Hill, 1992). Information concerning short-term effects of smoking needs to be included (Sussman, Dent, Burton, Stacy, & Flay, 1995), yet information about long-term health risks were not likely to gain a significant effect (Bellew & Wayne, 1991). Ideally, prevention programs ought to concentrate solely on tobacco use, prevention, and cessation, and be kept separate from other drug or general health issues. One concern of a multi component health education curriculum was that tobacco control as one component may be *obscured* by other health issues. However, results of some studies suggest that tobacco use prevention can be effective when appropriately embedded within broader curricula for preventing alcohol and drug abuse (e.g., Hansen & Graham, 1991) or within a school curriculum for general health education (e.g., Walter & Wynder, 1989). An expert advisory panel convened by the National Cancer Institute concluded that school-based tobacco prevention conducted within an inclusive comprehensive health curriculum appeared as effective as programs with an exclusive emphasis on tobacco, provided that the component regarding tobacco use received at least five classroom sessions in each of two years between Grades 6 and 9 (Glynn, Anderson, & Schwartz, 1991).

### *Summary of Empirical Evidence of Smoking Influences in Adolescence*

Based upon a review of the literature, clearly a complex array of social and cognitive factors contribute to the decision to smoke, and this complexity was confounded by differences in age and gender. Most researchers pointed to cigarette smoking as best conceptualized according to a series of stages, with initiation and maintenance having very different determinants. Evidence indicated that smoking was typically initiated or experimentation with cigarettes begins in the pre-adolescent and early adolescent years (as described and defined by those aged 11 to 14) or about grades 6 through 9. While different factors exert influences at these various ages, commonalities do exist.

Generally speaking, it is agreed that social pressure appeared as an important factor in the uptake of smoking. Two distinct types of normative influence were identified as important in determining smoking behaviour: perceived approval and behavioural example. To support this suggestion, some researchers found that peer influence encouraged many children to experiment with cigarettes. However, others demonstrated that parental and sibling smoking behaviour were strongly related to the likelihood of young adolescent smoking, with older sibling smoking had an even greater influence than parental effects.

Parental smoking has been documented as a strong influence in several studies yet some researchers suggest that it may predict smoking uptake less often than previously inferred. Smoking behaviour of siblings appears to be a strong influence. It has been also been suggested that parental smoking may influence girls more heavily than boys, yet no clear pattern of relationship has emerged. Parental attitudes toward smoking were also linked to initiation of smoking by children as were the attitudes of friends. It is possible that different factors exert differential influence on girls and boys and at different stages of smoking. Family influences may be more important in the experimentation stage than in the progression to regular smoking, and peer influences more important in the progression to regular smoking. However, in the literature there was little consensus, many predictive studies did not differentiate between the stages of smoking uptake.

The nature of peer influence on adolescent smoking is complex. Although many studies confirm a very strong association between having friends who smoke and onset of smoking, the extent to which this reflects a causative link rather than merely a tendency to associate and select friends who share similar behaviours, beliefs, and intentions is argued. Peer influence may comprise both direct pressure

(i.e., taunting, teasing, encouragement to accept cigarette offers) and social or normative influence (i.e., beliefs about the views of others and motivation to conform with such perceived views).

There was also evidence to suggest that advertising strategies by media and promotional campaigns of tobacco corporations affect recruitment of adolescents to initial smoking. Youth may also consider smoking as both a normative experience and a desirable adult behaviour due in part to the pervasiveness of cigarette advertising. In many cases, young adolescents were lacking the requisite skills to identify these influences and they lacked the knowledge and skills to resist these and other pressures to smoke.

A nonsmoking lifestyle is perceived as ultimately preferable, yet the rebellious posture associated with smoking exerts a strong appeal, especially among high-risk youth. The number of children and adolescents who experiment with cigarettes is much higher than the number who become regular smokers which marks early adolescence as a critical time for developing the smoking habit. Prevention initiatives need to target both early teens and experimental smokers to avert them from becoming habitual smokers insofar as the smoking initiation process begins at an early stage of adolescence or quite possibly, before. Interventions that hold the most promise are those based directly on findings from theory-based research and provide interventions linked with social influences, norms, and competencies for the maintenance of a nonsmoking lifestyle.

#### *Research Concerning Adolescent Smoking and Nonsmoking: Strengths and Limitations*

The research represented by this selected review of literature on adolescent smoking contributes to what is currently known concerning social, psychological, and environmental factors associated with the etiology of smoking onset, along with how some factors were predictive of smoking and others were not. Research which delineates variables such as levels of smoking and age affirmed that adolescent smoking is a complex social phenomenon. Obtaining quality data demands attention to the research design, instrumentation, and administration of research methods relative to smoking behaviour.

*Studies over time.* Studies that use cross-sectional and longitudinal designs are useful to address and evaluate developmental issues. Longitudinal designs afford the additional advantage in that researchers can measure subtle developmental change within subjects whereas with a cross-sectional design, behaviour changes between subjects are measured at one point in time. Findings from studies designed using these two approaches impart meaningful insight into social-psychological behaviour.

However, with cross-sectional studies subjects are observed at *different ages at the same time* which confounds the age of the subject and the cohort. That is, adolescents would be from only one generation.

A longitudinal design permits study of subjects from the same cohort who are observed over several different time periods, yet this design does not control for the effect of history or period. That is, different results could be obtained if individuals were studied during different time periods. Design deficiencies are important to note in a study concerning social-psychological variables and behaviour. Studies concerning smoking are a case in point. Given the generation which a particular study was in progress, certain attitudes and values observed during the 1970s and 1980s are not likely representative, may not be valid, or consistent with the generation of adolescents in today's age.

*Methodological considerations.* One important data collection method, the self-report, has played a dominant role in smoking research in areas such as opinion and attitude measurement, personality assessment, social-psychological behaviour, and prevalence rates. In the literature, the terms "self-report," "self-evaluation," "introspective report," "subjective evaluation," and "self-appraisal" are used interchangeably. Self-report questionnaires (frequently called 'measures' rather than tests as no right or wrong answers exist) were used with study participants to elicit their preferences for different activities or describe how they might behave, a given situation. Self-report questionnaires are based on the premise that individuals know their own preferences, interests, and so on, therefore remain the best possible source of information about themselves. Assuming that participants possessed a reasonable amount of insight into their own behaviour and were willing to freely share that insight (presuming their insight matched the items appearing on a social-psychological measure), self-reports were judged as an efficient, economical, and effective method of gathering information.

*Self-report methodology.* The traditional means of assessing adolescent smoking behaviour has relied heavily on the use of self-report measures. Validity is of particular concern when self-reports of a sensitive behaviour are involved due to a participant's unwillingness to admit such a behaviour which can contribute as a significant and potent source of measurement error (Bauman & Dent, 1982). The validity of behavioural measures is inextricably linked to reporting accuracy and the extent to which observer bias enters into the reporting. Study participants' ability to be unbiased observers of themselves may also vary. There is always the concern for the potential distortion of results obtained using a quantitative measure, especially self-reports. For instance, one consequence known as a 'response set' involves the

tendency of participants to use what are thought to be more socially desirable response set categories or to provide what might be perceived as the 'correct' response in a particular situation.

*Self-report and research on smoking.* Self-report measures are a simple, efficient, and inexpensive data collection method, yet a number of factors often pose threats to validity. For example, adolescents often smoke infrequently and episodically. As a result, it may be a difficult task for them to characterize their 'usual' pattern of smoking. It is also possible that adolescents may not accurately recall the number of cigarettes smoked in recent days or weeks. Furthermore, study participants may also try to mislead the investigator and under report smoking behaviour out of embarrassment or in a deliberate attempt to please. Finally, it may also be that adolescents exaggerate smoking levels in order to appear older or uncooperative.

While self-report measures are easily administered and relatively straightforward, their use however, has raised a concern relative to those respondents who reported what they believed to be the socially desirable response. Some researchers suggest that adolescents may be reluctant to accurately report their use of cigarettes due to the notion that smoking remains a socially proscribed behaviour among young people (Evans, Hansen, & Mittlemark, 1977; Kozlowski, Herman, & Frecker, 1980). Even though epidemiological studies and smoking surveys demonstrated evidence of a national decline in adolescent smoking, this trend might reflect more of a decline in the validity of self-reports than actual smoking rates (Mittlemark, Murray, Lueper, & Pechacek, 1982). Put another way, while smoking levels remain very high among adolescents, more than likely it was a case of disclosure rates that reflect such a decline.

*Inconsistencies in data.* One interpretation offered for inconsistencies in data collected by self-report measures may be due to tendencies of adolescents to exaggerate their involvement in more socially unacceptable behaviours as a way of achieving status among their peers (e.g., over-reporting). A more generic explanation for inconsistent reporting is that some adolescents simply provide poor-quality data. Whether it was due to lack of motivation, limited reading or comprehension ability, or other reasons, adolescents who rescind reports of smoking were the more likely reason representing higher non-response rates (e.g., leaving more questions blank). It is also possible that some respondents may be confused by the question or what was asked relative to giving a response. Moreover, it is important to remember that consistency is not synonymous with accuracy as there is always the potential for

consistent distortion in reporting. The inconsistencies associated with the use of self-reports to measure smoking behaviour are not always due to dishonesty.

Another critical point concerning the use of self-reports to measure smoking behaviour was advanced by Botvin and colleagues (1984) – smoking may not always be a socially undesirable behaviour. One such case may be in a situation where smoking is quite common or where there are few social sanctions against smoking. There may also be less pressure to under-report when participants are provided assurance that their responses will be kept confidential. In other situations, there may be considerable social pressures to under-report. Findings from some studies (e.g., Pechacek et al., 1984) are suggestive that over-reporting can occur, although it occurs at a very low frequency.

*Elements of test construction and survey format.* Other problems with survey methods were related to the appropriateness of wording and questions. In particular, researchers highlight issues that may be of little concern to adolescents and may dodge issues that are salient and relevant to adolescents. Other investigators argued that self-report data collected from adolescents in their homes were less valid than those gathered in a school context (Kandel, 1978). The extent to which such a finding was true might be an implication for the generalizability of findings of a particular study. That is, data collected in a home environment were not generalizable to data collected in a school setting, especially if one considers that most studies of adolescents use data collected in schools. The school environment could therefore point to implications for the consistency of self-report behaviours (Tursz, 1997), particularly in studies concerning smoking, where the attitude of adults is one that considers smoking to be socially undesirable or inappropriate for young people during adolescence.

Developmental factors influencing validity of adolescent self-reports abound. Comparing study findings and samples was difficult as self-report surveys vary considerably in terms of time period, geographic locations and regions, types of schools, method, and the operational terms used to define variables. Despite these difficulties, Pachacek and colleagues (1984) suggested, however, based on previous research investigators ought to continue using and relying on self-report measures as the primary data collection strategy with populations such as younger adolescents, particularly those in junior high school.

As with the range of terms used to denote self-reports, a number of definitions also exist to identify people in the "smoker" and "nonsmoker" categories. The range in definitions for the term

"nonsmoker" can be defined rigidly as a total abstainer (e.g., never smoker), or more loosely, such as "trier" or "experimenter" groupings. The degree and nature of smoking are often defined according to the number of cigarettes smoked in a certain period of time. A standard definition does not exist and the number of cigarettes as well as the particular time frame varies from study to study.

Numerous researchers demonstrated peer smoking was associated with adolescent smoking, yet it was sometimes difficult to compare study findings, again due to inconsistency in use of the term "peer," one that varied by researchers and studies in different ways. Typically, researchers use the survey method with a limited range of items on a particular instrument or questionnaire. Specifically, "peer smoking" may denote a response concerning peer influences, offers of cigarettes from peers, peer attitudes toward smoking, and/or friends/best friends who smoke. Moreover, study participants may be asked to respond about their own behaviour or about their attributions to the behaviour of others. However, by defining peer as a friend or best friends, other researchers found that the value of peer approval predicted onset of smoking more strongly for girls than boys (e.g., Best, Brown, Cameron, Manske, & Santi, 1995; Pomrehn, Jones, Ferguson, & Becker, 1995). Defined this way, peer approval was therefore an important factor related to the onset of smoking, it influenced girls and boys in different ways and to varying degrees.

*Specific adolescent concepts.* Another issue concerns the research focus, as most studies to date involves the examination of close friends rather than the wider context of a peer group as one source of peer influence. The lack of research attention to the wider peer group signified that little was known about the role of peer influence from non-friends, such as important peer leaders or peers who were desired or sought as friends. Frequently, questionnaire items were framed in terms of "peer pressure" which raised the problem of children's images and meanings of the concept. In a child's mind, is peer pressure the same as teasing, taunting, or bullying, or is there another meaning? In the absence of a clear understanding of the concept, it is possible that adolescents who reported experiencing peer pressure may do so only in the context of a particular study or as an artifact of the research measures employed.

Surveys and quantitative methods provides knowledge which was used to determine social-psychological factors and behavioural characteristics associated with smoking onset during adolescence. Results of this literature review indicated that research that included measures of social-psychological,

cognitive and behavioural factors were valued and needed. Due to the numerous difficulties inherent in the research designs used in previous studies and surveys of large populations, the limitations of methods and instrumentations, and inconsistencies between study findings, significant gaps in knowledge remain.

#### Theoretical Stance: Grounded Theory as a Research Methodology

The measurement of smoking behaviour is a complicated matter. Thus far, information gained from quantitative research has guided health educators in a number of ways. Previous research has illuminated the complex nature of the decision to smoke in adolescence, identified groups potentially at risk, and provided direction to those developing and implementing prevention programs. However, the precise way that social and cognitive factors may or may not help nonsmoking adolescents resist pressures to smoke remains unclear. Moreover, individual and group characteristics studied to date are determined *a priori* by researchers, ones based on an incomplete understanding of smoking and nonsmoking behaviours. Consequently, there is a need to describe experiences that contribute to and support efforts to be a nonsmoker. Such an approach has the potential to provide new and valuable insight into the experience of nonsmokers and improve our understanding of how and why adolescent nonsmokers manage to avoid incorporating smoking into their lives.

#### *Theoretical Stance*

A distinct lack of tobacco control studies that evolve from a qualitative paradigm is considered a limitation. Qualitative research methods can potentially contribute knowledge relative to why and how certain young people do not smoke. Moreover, these methods empower research participants to share their stories and lived experiences in detail. For instance, a qualitative study would permit a researcher to study how 10 to 14 year old "nonsmokers" succeed in remaining smoke-free. Further, qualitative methods can serve to complement quantitative studies, and new perspectives based on shared realities and lived experiences could then be applied and used to further direct research in tobacco control, provide much needed guidance for teachers, parents and families, and health psychology education promotion initiatives for unique and separate groups.

A basic assumption guiding this research directive is that maintaining a nonsmoker identity is just as complex as remaining a smoker. Grounded theory, an approach to conducting qualitative research, utilizes a specific set of data collection and analysis procedures to develop an inductively derived theory



from the data. The generation of theory occurs during actual research whereby field work and interviews are the usual methods for gathering data, based on comparative analyses among or between groups of persons within a particular area of interest. Accordingly, the process for generating theory is both hierarchical and recursive as the researcher must systematically categorize data, hence limit theorizing until patterns emerge or *earn* their way into the categorizing analysis.

*Purpose of grounded theory.* The primary purpose of grounded theory is to generate explanatory models of human social-psychological processes that are *grounded in* the data. A secondary purpose of grounded theory is to elaborate on and modify existing theories. Accordingly, the major distinguishing factor between grounded theory and other qualitative research methods is the emphasis on theory development, either substantive or formal (Glaser & Strauss, 1967). A substantive theory is one that is grounded in research and based on a specific content area (e.g., tobacco control). Consequently, substantive theory evolves from the study of a phenomenon situated in one particular situational context (e.g., 10-14 year old early adolescent "nonsmokers"). This is off set by formal theory, one that involves a conceptual area (e.g., stress, cognitive appraisal, coping). In other words, a formal theory emerges from a study of a phenomenon examined under several types of situations.

#### *The Grounded Theory Method of Research*

Grounded theory refers to a specific general methodology for conducting a qualitative study (Glaser, 1978). The researcher's purpose in using this method is to generate exploratory theory that furthers one's understanding of social and psychological phenomena (Strauss & Corbin, 1990, 1998). Grounded theory places great emphasis upon attention to participants' own accounts of social and psychological events as one aspect of the detailed and close inspection of a specific problem domain.

The generation of theory occurs during actual research (Strauss & Corbin, 1994), and is inductively derived based on comparative analyses among or between groups within a substantive area using methods of field research for gathering data (Morse & Field, 1995). The grounded theory method is particularly suited for discovering the complex interactional processes underlying human behaviour and their meanings as related to the social context where they actually occurred and for articulating those processes conceptually. The researcher thus generates grounded theory when one is concerned with "the discovery of theory from data" (Glaser & Strauss, 1967, p. 1) rather than with the testing or verification of existing theories.

*History of grounded theory.* Grounded theory was first developed in the 1960s by two sociologists, the now late Anselm Strauss and his co-founder Barney Glaser, during their studies of institutional care provided to terminally ill patients (Charmaz, 2000). The history to the development of grounded theory as a methodology originates in the symbolic interactionist perspective of Herbert Blumer and the case-study approach of the so-called Chicago School (University of Chicago school of social psychology and sociology) in the 1920s and 1930s (Bogdan & Taylor, 1975). A brief overview of the respective origins of the developers' educational backgrounds follows to situate the theoretical foundations for a grounded theory study.

Strauss came from the Chicago School which has a long history and tradition in qualitative research methods (Strauss & Corbin, 1990). While studying at the Chicago School Strauss' thinking was influenced by the writings of social interactionists such as Robert Park and the ideas of George Herbert Mead, one of the principal exponents of the symbolic interactionist perspective. Another influence came from Herbert Blumer who popularized Mead's (1934) work and who first coined the term 'symbolic interactionism' in 1937. In contrast, Barney Glaser received his sociology training at Columbia University and was influenced by Paul Felix Lazarsfeld, an early innovator in the use of qualitative methods in sociology. At that time, Glaser realized the need for an explicit and systematic set of techniques and procedures for both coding and testing hypotheses generated from qualitative research methods (Strauss & Corbin, 1990).

During the early days of co-founding grounded theory, Glaser and Strauss (1967) observed that sociological practice relied almost exclusively on quantitative methods; the status of qualitative methods was at an all-time low. Accordingly, both sociologists challenged the hegemony of the quantitative paradigm whereby they argued for a radical change of philosophy, one aimed at generating more explanatory, contextual models of human social-psychological behaviour. Their principal concern, one which they articulated in their publication *The Discovery of Grounded Theory: Strategies for Qualitative Research* (1967), was to liberate researchers in sociology from the theoretical shackles of a few 'grand' theories. Hence, they chose the term 'grounded theory' in order to convey their notion of theory that is generated by or *grounded in* an iterative process involving the continual sampling and analysis of qualitative data gathered from field work (Glaser, 1999), an idea that is now a central tenet of the naturalistic paradigm (Charmaz, 1995).

Following the development of their method, both Glaser and Strauss held appointments at the University of California, San Francisco where their respective research and teaching interests led to the introduction of grounded theory to the faculty and students in the university's School of Nursing. As a result, grounded theory has gone global among many disciplines (Glaser, 1999), and is widespread in particular fields such as health psychology (Charmaz, 1990, 1995, 2000; Rennie, Phillips, & Quartaro, 1988), nursing (Chenitz & Swanson, 1986; Morse, 1989, 1991; Morse & Field, 1995; Strauss & Corbin, 1990, 1994, 1997, 1998) and organizational research (Martin & Turner, 1986; Turner, 1981).

*Differing versions of grounded theory.* Since the publication on the method of discovering grounded theory, the original work of Glaser and Strauss (1967) has evolved into differing versions, referred by some (e.g., Stern, 1994) as the Glaserian and Straussian iterations. For instance, Glaser (1978) published *Theoretical Sensitivity* in an attempt to provide more precise and rigorous refinements on the method. Likewise, Strauss followed suit with an independent publication *Qualitative Analysis for Social Scientists* in 1987. Additionally, Strauss, with former student and colleague Juliet Corbin, co-published *Basics of Qualitative Research* in 1990. A formidable debate ensued concerning which version captured the true essence of the grounded theory method. In a subsequent publication Glaser (1992) viewed the Strauss and Corbin (1990) rendition as a significant departure from the original method, one that he named "full conceptual description" (p. 124). In full conceptual description, Glaser contended there is "forcing" of data and theory using an approach to data analysis that is preconceived and verificational in nature rather than allowing "emergence" of data oriented to discovery and inductive theory generation (p. 2).

Nevertheless, Strauss and Corbin (1990) maintain a position on their rendition as one that is a refinement of the grounded theory approach, one that offers a straightforward, step by step procedure for analyzing qualitative data. For instance, their approach introduced new procedures for initial coding as a way for reassembling data in new ways: *axial coding* and *dimensionalizing*. Strauss and Corbin (1990) advocate the use of a *coding paradigm* aimed at making connections between a category and its subcategories by specifying a category (*phenomenon*) in terms of *causal conditions* giving rise to the category, its *context* (a specific set of the category's properties), the action/interaction *strategies* by which it is handled, managed and carried out, and the *consequences* (or outcomes) of those strategies (p. 97).

Further, Strauss and Corbin proposed that researchers develop a "dimensional profile" to divide properties of a category into dimensions that lie along a continuum. The intent behind techniques such as these is to make researchers' emerging theories more precise, complex, and dense. Glaser (1992), however, stresses a coding strategy through the process of constant comparative analysis and raises sharp differences with Strauss and Corbin (1990) about forcing data and paradigmatic analysis through methodological strategies (e.g., axial coding), which he warns can lead to clumsy categories and scientific terms. For Glaser (1992), the use of systematic comparisons is sufficient as "categories emerge upon comparisons and properties emerge upon more comparison. And that is all there is to it" (p. 43). Devers and Robinson (2002) aptly make the point that although constant comparison and paradigmatic analysis are two basic strategies for grounded theory analysis, researchers typically use one or the other. Both analytic strategies are accepted and recognized in the qualitative research community, yet the decision as to which coding strategy will be used is at the researcher's discretion.

*Use and approach to grounded theory in this research.* While it is not within the scope of this research to elaborate on the debate between grounded theory originators and the respective merits of each of their restatements and refinements, one point can be made explicit concerning methodology. As applied and used in this research, this study represents the basics of the grounded theory method in its original form. As well, in those instances where clarification was needed, given the context of a perceived departure from the original version, the approach taken in this study reflects more of a contemporary Glaserian iteration. For example, as a novice-grounded theorist, I found the presentation and discussion by Glaser (1978, 1992) beneficial in explaining the two major steps within the data coding process and delineating criteria for selecting the core category. Another instance of clarity was derived from Glaser (1992) concerning the writing of theoretical memos, the process for sorting memos, and the writing up of the theory.

*Central features of grounded theory.* In the spirit of the original version, a critical characteristic of the whole grounded theory methodology is the dynamic relation between data analysis and data collection. An important analytic strategy in grounded theory is one of continually sifting and comparing elements (i.e., basic data instances, cases, emergent categories and theoretical propositions) through the entire course of the research endeavor. By making such comparisons, the researcher is sensitized to similarities and differences as a part of the exploration of the full range and complexity of the body of

data where comparisons are used to promote conceptual and theoretical development. This comparative analysis is a central feature of grounded theory and is often referred to as the *constant comparative method* (Glaser & Strauss, 1967; Glaser, 1978, 1992).

Another central feature of grounded theory is *theoretical or purposive sampling*, a term that is used to refer to the simultaneous process of collecting, coding, and analyzing of data to establish a subsequent sampling plan (Glaser, 1992). In theoretical sampling, one specific process referred to as *open sampling*, is defined as sampling that admits persons, places, and situations to the study in order to capitalize on the opportunities to best gather the most relevant data concerning the phenomenon or problem under investigation. In the case of this study, open sampling occurred in conjunction with *open coding*. As implied by the classification of method, open coding is another process of naming and categorizing phenomena (Glaser, 1992).

As the purpose of grounded theory is to construct theory from the data itself, solid rich data are required to elicit thorough, accurate, and complete development of analytic and conceptual issues (Glaser & Strauss, 1967). Data collection is shaped by analytic interpretations and discoveries, and hence, directs the grounded theorist to sharpen one's observations. In order to explain and interpret emerging ideas, the grounded theorist continues to collect data until one is able to adequately substantiate explanations and theories (Charmaz, 1995; Glaser, 1978, 1992).

#### *Symbolic Interactionism: The Theoretical Context of Grounded Theory*

As noted previously, grounded theory has its roots in the social sciences. Most notably, symbolic interactionism is one theoretical framework from which to approach the study of human behaviour. Symbolic interactionism is rooted in the pragmatic philosophical tradition (with its emphasis on studying process, action, and meaning), articulated by John Dewey (1930) as founder of the Chicago school of pragmatism (1894-1904) and from the works of Chicago School sociologists such as Charles Horton Cooley (1902), G. H. Mead (1934), Robert Park (1915), and William Isaac Thomas (1937). Mead (1934) established a theoretical position on the interrelationship between mind, self, and society, one which represents the clearest and most influential presentation (Taylor & Bogdan, 1998).

*Symbolic interactionism theory.* Symbolic interactionism, as surmised by Mead and later described by one of his students, Herbert Blumer, represents the philosophical foundations for grounded theory as a methodology. Mead (1934) postulated that people come to define themselves through social

interaction with others in the forms of social roles, expectations and learned perspectives. While Blumer's (1969) concept of self was similar to that of Mead, he emphasized the premise that people who associated with each other are engaged in a process of interpretative interaction. Accordingly, the symbolic interactionism perspective is based on the premise that the individual's social world is enacted and hence involves the interplay of significant symbols, gestures, and systems of meanings embedded within a significant social context. Applying the symbolic interactionist perspective, Blumer (1969) argued for three central principles: (a) human beings act toward things (objects, institutions, cultures, groups) on the basis of the *meanings* that the things have for them, (b) this attribution of meaning to objects through symbols is a continuous, interpretive *process*, and (c) meaning attribution is a product of social interaction in human society. These symbols can be defined as language, signs, gestures, or anything that conveys meanings, and the meaning is *constructed* in social interaction.

The symbolic interactionist places primary importance on the social meaning people attach to the world around them. As such, people do not simply react to stimuli or act out cultural scripts – it is the meaning that defines action – people learn how to see the world from other people. Moreover, as social actors we develop shared meanings of objects and people in our lives whereby meanings are social constructions that arise during interaction. The dynamic processes of interpretation acts as an intermediary between meanings (or tendencies to act in certain ways) and the action itself. That is, people are constantly defining and interpreting things as they confront and navigate through different situations. Different people say and do different things by reason that they have had different experiences and have learned different social meanings.

The specific techniques of grounded theory based on symbolic interactionism were developed and refined by Glaser and Strauss (1967). Accordingly, this theoretical orientation requires the researcher to engage in interpretative work, unraveling the multiple perspectives and common-sense realities of the research participants by examining their social interactions within the context of their everyday lives and naturalistic surroundings. When applied this way, symbolic interactionism directs the researcher to grasp behaviour as it is understood by the participants, learn about their world, discover their interpretation of self in the interaction, and share their definitions. In other words, grounded theory studies use this orientation as a theoretical framework (Chenitz, 1986). In the case of grounded theory, this leads to a research model that is flexible, and carried out in everyday contexts, where the aim is the

co-construction of participants' symbolic worlds and social realities.

*Assumptions of grounded theory.* As applied and used in this study, grounded theory serves as an appropriate method for conceptualizing behavioural differences and similarities within a particular group of nonsmoking early adolescents. In order for the researcher to empathize with child participants and discern their understandings, this researcher made the following assumptions: (a) realities are constructed; (b) participants are active agents making sense out of their realities as they are encountered; (c) realities are multiple and need to be perceived holistically; and (d) realities are shared and mutually shaped by the researcher and study participants (Lincoln & Guba, 1985).

#### *Rationale for Grounded Theory in this Study*

A research study that is conducted from the vantage point of the early adolescent is justified to improve our understanding of social comparative processes and shared judgements in early adolescents' smoking-related decisions. Before preventive interventions can be developed and tested, experiences that shape and sustain health promotion behaviours, such as a person's decision to be a nonsmoker, must be clearly identified. The meaning smoking has for early adolescents cannot be assumed from the meaning it has for adults. Further, this research directive was premised on the view that maintaining a nonsmoking lifestyle is as complex as becoming a smoker and a process, in some form or another, is experienced by early adolescents who maintain a smoke-free choice.

*Addressing gaps in current knowledge.* Despite the research-based evidence that points to a multiplicity of personal and environmental factors linked to adolescent cigarette smoking, a theoretical foundation to base interventions for early adolescents is seriously lacking. Little is known about the experiences and situations early teens perceive as relevant to nonsmoking due to existing theoretical approaches which have been deductively derived and have primarily involved older adolescents and young adults as research participants. Moreover, inductive theory development that takes into consideration the perceptions of individuals' experiences and factors associated with nonsmoking is lacking for all age groups.

Previous research in this domain has relied on the quantitative paradigm; this may be due in part to the focus of inquiry. Correspondingly, few educational psychology and health education studies are based on children's accounts of their everyday lives and experiences. In truth, the methods employed, the research populations and participants studied, and the way data are explained are all impacted by

how one views children. This point is aptly illustrated by Morrow and Richards (1996) in stating there are "so few attempts to understand children's lives *in their own terms*, and taking children's own words at face value, as the primary source of knowledge about their experiences" (p. 97). In actuality, the child's world is often understood by the voices of parents – we do not discover the perspectives of children. Instead we learn about adults' concepts of childhood.

*Grounded theory as a suitable method.* Nevertheless, it is possible that certain research questions best suited to the qualitative paradigm are being avoided. It may well be that to this point, researchers have assumed that the key theoretical foundations of the qualitative paradigm are difficult to adopt, and most especially when children are involved as research participants. Moreover, there is an excruciating need to broaden the disciplinary base of health promotion. Qualitative approaches have appeal to researchers conducting health promotion education research and create possibilities for a critical research perspective (e.g., Maclean, 1991 [diet and self care in diabetes using a phenomenological perspective]; Maclean, 1998 [women's experiences with breast-feeding using qualitative interviews]; Maclean & Eakin, 1992; Eakin & Maclean, 1992 [issues for qualitative research in health promotion]). Accordingly, using early adolescents as informants of their own experience through qualitative interviews has been documented as both credible and dependable (Deatrick & Faux, 1991; Sorensen, 1989). Clearly, early adolescents' perceptions and views can and ought to be elicited on a range of issues and their voices need to be heard.

In this chapter literature was presented that provided background to the phenomenon under study relative to key factors concerning smoking during the developmental phases of adolescence. As well, strengths of previous studies were discussed to lend support and build a case to carry out a study to explore understandings of smoking and not smoking amongst early adolescents. Additionally, I defend the choice for using grounded theory as a qualitative research method to explore the phenomenon under study, and explain how grounded theory was developed as a research methodology.

In the next chapter how grounded theory was both applied to the study design and carried out within a school situation and context is explained and discussed. A fundamental premise of this research conceptualizes social meaning as one that is both actively constructed and inextricably related to the social-cultural environment. Accordingly, a school-based approach to participant selection and field work that involved in-depth interviews and a drawing task were chosen for the present study.



## Chapter Three

### Grounded Theory: A Systematic Approach

In the previous chapter an overview of the grounded theory method and its assumptions was presented. In Chapter Three, the way in which grounded theory was applied to this study is described. The purpose and objective of the study and statement of the research questions are featured initially. Then, an overview of grounded theory methods as used in this study is presented outlining step by step the sampling techniques, characteristics of the study sample, data collection procedures, and data analysis operations. Finally the chapter concludes with an explanation concerning consent and ethical considerations for protecting human subjects as child participants in a research study, and methods for evaluating the quality of this inquiry are discussed vis-à-vis rigor and credibility.

This chapter is organized into two separate sections according to the procedures used in this study for data collection and data analysis. A central feature of the grounded theory approach is that data collection and data analysis occur simultaneously; however, for the purpose of presentation each process is outlined separately. To provide a context for the study and the sample, the study setting and approaches used to access and recruit participants is presented initially. This is followed by the stages involved with data collection and will be presented in two parts. The first part is organized according to the procedures used relative to sampling. As the primary source of data was interviews from individual participants that were transcribed verbatim, the second section is organized according to the procedures, methods, and processes implemented for interviewing. Finally, the analytic operations and procedures used during data analysis concludes the section concerning the overall research design and methods according to the grounded theory method.

#### Purpose and Objective of the Present Study

The intent behind this study was to explore early adolescents (10-14 year olds) to learn about and gain a shared understanding of the processes underlying their nonsmoking behaviour. Another aim is to contribute theoretical knowledge, specifically, to generate a theory about how young people make smoke-free goals and consolidate a social identity as nonsmokers. In this study early adolescent nonsmokers were viewed as a unique group and used a social-psychological developmental perspective. This investigative effort was undertaken to achieve an enhanced understanding of social comparative judgements and processes as a beginning step toward designing developmentally appropriate educative

prevention programming in a school context.

Previous studies concerning smoking initiation demonstrate that the vast majority of people who become addicted smokers started smoking regularly before the age of 18 (Flay, 1993). The onset of smoking amongst the adolescent population in British Columbia (BC) occurs at approximately 13 years of age (Angus Reid Group, 1997). Findings from previous BC based studies highlight the importance of promoting nonsmoking lifestyles early in children's lives. Preventing youth from starting to smoke and supporting their choice for a smoke-free lifestyle is an important educative initiative that takes a view to promote the best possible health for adolescents as future adults.

### Research Questions

The following research questions were addressed in this social-psychological study.

For early adolescent nonsmoker study participants:

1. What contributes as experience relevant to making a decision about not smoking?
2. What contextual factors influence a decision about not smoking?
3. How do nonsmokers manage to avoid integrating smoking behaviours into their lives?

That is to say, if a process or processes exists, then:

(a) What process(es) do nonsmokers use?

(b) How do they go about making their nonsmoking choices and decisions?

### *Overview: Methods of Generating Theory*

To carry out the aims of this study, this researcher employed a naturalistic qualitative research design and used the grounded theory method from interactionist and constructivist perspectives. As noted previously, specific fundamental analytical commitments shape grounded theory which clearly differentiates its methodological stance from other forms of thematic analysis traditionally associated with the qualitative paradigm. These methods, *constant comparison* and *theoretical sampling*, were used primarily as a means of generating theory and building conceptual and theoretical depths of analysis; however, both are more than mere procedural methods for selecting and processing data. Using the constant comparative method, the grounded theorist is sensitized to similarities and differences as part of the exploration of the full range and complexity of the body of data where comparisons are used to promote conceptual and theoretical development.

Theoretical sampling involved the active sampling of new cases as data analysis proceeds.

Given that the goal of grounded theory is the elaboration of a conceptually rich, dense, and contextually grounded account (Glaser & Strauss, 1967), the researcher was directed to sample multiple cases in order to extend or modify the emerging theory. Accordingly, sampling is often explicitly driven by theoretical concerns, with new informants being selected for their potential for generating new theory by extending and deepening the researcher's emergent understanding. The researcher is therefore concerned with selecting participants who are willing and able to both tell their stories and to relate their experience and knowledge in depth (Sandelowski, 1995). In other words, when selecting a sample, the researcher's primary concern relates to quality of information (i.e., adequacy and appropriateness of informants' experience) rather than concerns that pertain to quantity (i.e., number of participants).

#### Study Setting and Approaches

The process used for recruitment of participants and associated strategies is presented and discussed. A description of the study setting is introduced first as a way to situate the context of the sampling procedures used in this study. Next, appears a description and presentation of the characteristics of the total study sample which concludes this first section. In the first main section of the chapter, the initial sampling procedures and related criteria used in the study are presented. Theoretical sampling will then be introduced as a way to situate the context of the sampling procedures used in this study.

#### *Study Setting*

The researcher conducted individual interviews at participants' schools, both of which were situated in two suburban communities within a public school district located midway on the east coast of Vancouver Island, British Columbia. Data collection occurred over a four-month period. The researcher maintained temporary residence in the community, beginning March 2002. Living in the community prior to the commencement of formal school-based data collection afforded an opportunity to make observations of the ways of life for participants and their families (Geertz, 1973).

As a researcher living in a small suburban town (population approx. 18,000) within the school district community (population approx. 52,000), I was able to access local information (newspapers, community events, internet sites), gain a feel for suburban and rural community life through visits made at local places of interest (stores, restaurants, coffee shops, book stores, office supply/service outlets, community centres), and conduct observational tours of neighbourhoods (driving, walking, cycling,

photographing) where students attended schools.

*Rationale for a school-based approach.* Formal school-based interviews commenced in April 2002 and completion coincided with the school year end in June. Given that early adolescents spend most of their waking hours in the company of peers and adults who are not their family members (Combrinck-Graham, 1996), it seemed appropriate and feasible to situate data collection (participant recruitment and interviews) in an ecological setting where early adolescents would be most familiar and easily accessible (Donaldson, 1978). Moreover, the advice of some investigators (e.g., Kandel, 1978) working in adolescent contexts argued that self-report data collected from participants in their own homes were *less valid* than those collected in a school-based context. While this point may be more applicable to studies involving quantitative measures, the principle applied here relates more to convenient access and logistics concerning time (e.g. interviewing participants while in school versus after school) which has an implication for location (i.e., parents may not desire any researcher in their homes), and I was not too keen about conducting home-based interviews, given the potential risks involved (e.g., finding a stable, consistent interview setting and my personal nature as a female researcher who did not want to give the appearances of intruding on a participant's home life or imposing on their personal time). Further, Tursz (1997) advocates a school environment as one that ensures *consistency of self-report behaviours*. Although this point is certainly valid concerning psychometric methods used to solicit self-report data, the principle applied to this qualitative study relates more to trustworthiness or a genuine, credible sense of an accurate and as real-to-life look at students as possible, while they attend school.

Additionally, I deliberately sought permission to conduct interviews during school time so as to minimize any inconvenience for participants and to allow them to maintain a sense of control over the interview experience. As well, I remained acutely aware of the need to both create and sustain an atmosphere that was *perceived* by informants (as well parents, teachers, school administrators) as safe and comfortable. Thus, the most natural and obvious choice was a school context, one which provides a high level of continuity and is certainly conducive to carrying out field work that necessitates a private, individualized interview setting. As one of the tenets of naturalistic inquiry is the importance of *observing people in their natural setting*, conducting field work (i.e., interviews and nonparticipant observations) in a school context provided a realistic and everyday look into the participants' usual learning and social

contexts.

### *Approaches for Recruitment and Associated Strategies*

Numerous approaches were taken relative to school selection, participant recruitment, and management of the study setting. Over the course of this study what approaches and strategies were used along with a statement of rationale for each are presented in the following section.

*Approach to school selection.* Due to the focus and interest concerning early adolescents aged 10 to 14, I made a purposive decision to recruit a middle school versus a high school. My reasons were two-fold. First, I could anticipate that conducting a study inclusive of grade 7 to 9 students could be one way to "bracket" (i.e., control) the confounds (i.e., influences) of older peers, such as a high school context. Accordingly, I could anticipate a somewhat "cleaner" or truer, more genuine picture of early adolescent school life. Second, I was sensitive to the notion of peer pressure, or at least what we (i.e., adult researchers) think the notion involves. Thus, in the absence of a physical presence of peers that were older than participants, I based my decisions for school selection and on that reasoning. The same logic was also applied to selecting an elementary school, one that would match a transition from grade 6 into a new school structure, hence by default, students in grades 5 and 6 were the oldest in the elementary school.

Upon discovering the existence of the Community Organization for Drugs and Education Services [CODES] Counter Attack program as a peer led school-based program operating in some school structures, I purposively sought out this particular middle school as one that both subscribed to the program and experienced success with its implementation (i.e., the program needed to be established, actively supported, and well organized). These students and the group liaised with the middle school youth and family counsellor who organized this advocacy group or club. I use the term 'advocacy' to avoid the negative and oppressive tone associated with another term commonly used to denote such groups (e.g., 'activist'). As well, during the time I met this group the term 'advocacy' seemed more in keeping with their overall mission or goal. Once I learned more about the program and its members, I could clearly appreciate they had embarked upon a *crusade* of sorts and certainly supported a *prevention focus*.

The CODES group, as they were known by others and amongst themselves, was comprised of students who were passionate (varying from very interested to vehemently opposed) about preventing

high-risk youth behaviours such as smoking and drinking and driving. Participants organized school-sponsored activities throughout the year and attended regular meetings at school, as well provincial seminars and workshops. At the time of this study, the majority of the CODES group school and community-based activities (in terms of smoking some members used descriptors such as, "the tobacco war" or "the cigarette war") were directed at preventing drinking and driving and fleshing out issues relative to notions of driving while impaired (or DWI charge under the *Criminal Code of BC*). Hence, this *counter attack* focus was derived in part through the Insurance Corporation of British Columbia (ICBC) Counter Attack Road Sense Society of British Columbia (CARS BC) Program, a provincially funded, organized, and recognized school-based, peer led group or project carried out by the CODES group.

*Approaches to gain familiarity with the schools' contexts.* Prior to receiving the official letter of permission from the school district to conduct this study, I was granted permission to make contact with school principals whose names were suggested by the school district superintendent. This provision was made as the school board was extremely interested in my study, yet the formal procedure for approvals was scheduled at the next board meeting for the middle of March, 2002. Anticipating approval, yet given the time needed for the board of trustees to issue permission, I would only have access to students for three months (April to June 30). Hence, it was agreed that direct student contact via interviews required written parental consent. However, there was no reason to deny my access to schools for the purpose of meeting staff and conducting informal field observations on school property. The district also required I provide confirmation of a negative criminal record check from my local police detachment, one which I provided prior to making contact with schools, as this was another condition for working with students in school settings.

I began this study by performing informal walkabouts to conduct informal, nonparticipant observations at schools that were suggested by the superintendent. After making these initial school visits, I settled on one elementary school and one middle school both in the same district, yet situated in two geographically distant locations within the township community. Next, I met the teachers to introduce my study and purpose, as well establish parameters for participant, teacher, and parental involvement. At the elementary school, all grades 5 and 6 teachers agreed so I was to have access to four separate classes. At the middle school, initially I worked with three teachers and their home room classes. Later, as the theoretical needs of the study became more explicit, I later added eight classes

which represented non-core curriculum subjects taught by these teachers. Thus, by the end of the study I spent my time between 15 different classrooms, over two schools.

*Approaches to gain rapport within learning contexts.* During this time as I awaited return of parental written (active) consent, I spent one full week conducting informal nonparticipant observations at both schools. As the elementary school was smaller, I spent two full days there and followed this with three days at the middle-school, returning the following week to conduct half-day observations at each school to make comparative observations based on field note themes identified the week prior, while the other half of each day was spend conducting two interviews per day.

As another way to develop both rapport and an interactive, trusting researcher-participant relationship, as the researcher-as-observer I focused on spending time with early adolescents in their respective schools. In the elementary school, I spent time with the grade five and six students by engaging in non-core learning activities (e.g., sports, music, art) and classroom periods. I also sat at tables with students in the library and the computer resource room to participate with them and to listen to them talk about their learning activities. Additionally, I shared in social activities on occasions, such as lunch and recess breaks, sitting with and eating among the students, as a chance to listen to them talk about themselves and about events and experiences unrelated to the study such as music, movies, video games, and sports. I also spent time in the staff lounges and between classes. I engaged in similar observational activities and experiences at the middle school during both classroom periods and school-wide events. As a way to gain familiarity with school learning, topics of study, and general interactions of students in class, I made nonparticipant observations throughout the day. This was valuable as the students soon came to recognize me, hence when it came to interviews, I was not a total stranger.

*Approach for framing the drawing task.* As well as conducting interviews, a drawing task was designed specifically for use in this study as a participant-centered activity and adjunct to the interviewing process. The actual task, design, and administration are outlined in the section concerning interviewing methods. The task is mentioned here relative to crafting the context for which the task was situated at the time of interviews.

During my initial encounter at school while making my early informal nonparticipant observations in the respective school contexts, I took cues from the environment which led me to construct the

contextual details for the drawing task scenario. Although I determined the purpose for the task *a priori* and how I wanted it structured, I did not, however, have an exact schema for the task's context (i.e., what the task was going to represent *contextually* or what *scenario or script* I would use to tap understandings of smoking and not smoking). After a few days at both schools, I developed a plan.

Prior to conducting this study and previous to my arrival at the school, the elementary school principal held a school-wide drawing contest as a way to heighten student awareness on the concept of bullying as unacceptable school behaviour. The principal selected the winning contestants' drawings and framed and displayed these drawings in the main foyer and throughout the classroom corridors.

Additionally, at the middle school, the CODES group had organized a guest speaker to talk with the whole school about drinking and driving as a campaign as part a semester long counter-attack awareness on high-risk social behaviours. The CODES group and their peer counsellor/coordinator, as well as the school's peer counsel met with me so I could hear their ideas for crafting a scenario for my drawing task. One of the grade 9 members met with me the next day to show me the campaign implemented by the CODES group and peer counsel the year before. In cooperation with the provincial Liquor Control Board (LCB) branch associated with the school community, the CODES campaign was to run a drawing contest aimed at drinking-driving over November and December, 2001.

The contest at the middle school involved students taking LCB brown paper bags home to create a drawing or artwork on the bag, one which demonstrated a counter attack message. At the end of the contest, all the paper bags ( $n \approx 1,100$ ) were returned for eventual distribution throughout local liquor stores over the Christmas holidays, and check out clerks used these bags to package purchased liquor items. I was duly impressed with both the concept and the prize winning entries (they showed me colour 5" x 7" photographs that were circulated to the schools in the form of posters).

Based on these two school-based activities, I used the schema for contest to inform a true-to-life scenario in which to situate the drawing task. As applied to the drawing task, I was scripted as the "school principal" holding a smoking awareness campaign and the study participants were cast as "contestants" submitting posters aimed to explore their perceptions of cigarette smoking and ideas for an anti-smoking campaign. Rather than displaying their posters, the contestants and their artwork would return to me as "the principal" to provide an explanation and rationalization for the message captured in their posters (see Appendix A). This drawing task became one of the scheduled activities during



participant second interviews.

#### *Approaches for Participant Recruitment*

*Participant candidates.* Initial contact with each class was made to introduce myself and the study. A study information packet was accessed by each student who indicated an interest as a study participant candidate. On site visits were made at the elementary school during home room classroom period and at the middle school during Career and Personal Planning (CAPP) period. At this initial visit I provided a self-introduction which included my background and purpose for conducting the study (Appendix B). Additionally, I provided an explanation of the recruitment strategy and indicated why a school-based approach was chosen to access potential participants. I also highlighted points concerning self-selection whereby direct contact with students was deliberately sought in order that students would initiate an interest as participants and then approach their parents for permission, in contrast to a community-based approach (e.g., advertisements in the local newspaper or flyers posted at community centres) that would likely target parents who could then nominate or suggest that their child contact the researcher.

A brief overview of the study was provided, in addition to details concerning the nature and level of involvement required of a participant. As parental consent was a condition for participation, an information package was prepared by the researcher for students to take home. Each information package was enclosed in a coded envelope and included an informed consent for both the parent and participant and an informed consent signature form (Appendix C), a letter of introduction (Appendix B), a reply card (Appendix D), a Household Information Sheet (Appendix E), and a request for study findings (Appendix F).

*Reply procedure and incentives.* Each student who indicated an immediate interest as a study candidate received an information packet. At the time of the on site introduction, all interested students were encouraged to complete a reply card. As an incentive to participate, regardless of participation or non-participation status, each student had his or her reply card entered into a prize draw which was held at the completion of the study. One prize was available for each grade. The prize was a collection of three gift certificates (a \$ 35 total value), one for each of the following: one large pizza, two rentals at a video store outlet, and one pre-paid gift card for any purchase (valued at \$15) at a local department store.

Completed reply cards were returned, in the envelope provided, by students to their home room teacher. Reply cards were designed as a fun and easy way for students to indicate their interest as volunteers for the study. Additionally, they served as a way for the researcher to locate students during the school day according to the master class schedule and match students by home room teacher, as a means to log returned consent forms by student name, and to track the return of household information documents according to code number. All reply cards were collected from the home room teacher by the researcher on a daily basis during the initial recruitment phase of the study. Completed consent forms were returned to the school in the same manner as the reply cards. In most instances, separate envelopes containing reply cards and consent forms were returned simultaneously to the home room teacher.

An important aspect of the recruitment process involved supporting and maintaining an ongoing relationship with all levels of gatekeepers in the school context which included principals and their staff, guidance counsellors, and participants' teachers. Supportive relationships were achieved by the researcher's frequent visits to the schools, especially during the recruitment phase of the study. These visits served the additional purpose of allowing gatekeepers an opportunity to: (a) meet with and talk with the researcher; (b) ask questions or express concerns about the study; and (c) give consent to enter their classrooms. Most important, the researcher was able to begin a developing relationship with potential participants prior to the data collection phase of the study.

*Students' approaches to welcoming the researcher.* After a short time, the students at the elementary school came to know the researcher by addressing and identifying me as, "The Smoking Lady" a title which I understood to be as one of endearment. My identity and presence at the middle school also gained me a title based on a *role* while at the school as an educational psychology doctoral candidate researcher. Given the numerous classroom location for the middle school students and by virtue of the larger population (i.e., three home rooms for each grade, and eight subsequent non-core curriculum classes), I spend a great deal of time tracking down and sourcing out informants to meet the theoretical needs of the study. Sometimes I was on the lookout for a particular informant who could talk about specific conditions relative to smoking and not smoking encounters, and others who could help me fill the gaps to build up the data relative to conceptual sub-categories such as properties and strategies. Accordingly, given that my purpose was to *identify* and *track down data leads*, and I had a hyphenated

surname (one that included "Holm,") and due to the frequent use of a certain expression ("Way to go there, Sherlock") in response to one making a discovery or a construction-in-action learning moment ("In this situation, Dr. Sherlock Holmes would have said . . . ), I was therefore affectionately known at the middle school as, *Dr. Holmes*.

Upon discovering this *new title and corresponding name*, I asked students how they came to know me by such a name. The reason to them was obvious: *Dr. Holmes* described both my data sleuthing activities and my role as a doctoral candidate, one which differentiated my persona as Miss/Mrs. Swanson-Holm. More importantly, for students, this name and title also became a way to denote *my name and role* as one that was altogether different from another, that of the female, senior school administrator who had a surname that bore a striking resemblance to one of by dual surnames. Consequently, being called down to the school office by an administrator was a much different experience than one that involved a scheduled appointment with *the researcher*, an experience that happened a few times and caused some understandable anxiety for participants. It was a complicated business, yet one I soon learned to appreciate and accept as the simplicity associated with my new title ensured everyone (including me) knew who I was and what I was (supposed to be) doing at the school (at the beginning of the study I was sometimes uncertain and often confused about what directions the data were taking and meaning).

*Household and family approach.* An information sheet, designed by the researcher, was used to collect relevant personal and socio-economic family data (Appendix E) from participants' parents. Parents' responses were returned directly to the researcher in a self-addressed postage paid envelope as a way to keep particular aspects of family information confidential. Additionally, the researcher deemed that it was more appropriate for parents to complete information sheets as all participants may not have been privy to information such as financial details, nor would some parents want their children to know such information.

#### *Data Collection: Part One - Sampling*

The theoretical sampling technique as advocated by Glaser and Strauss (1967) guided potential informant selection in the study. Participants or key informants were therefore recruited and selected because they could elucidate the phenomenon under study. In grounded theory, only the initial sampling can be planned in advance. Consequently, potential participants cannot be recruited all at once at the

commencement of the study. Following initial interviews with selected participants, the additional selection of key informants was dictated by the information obtained as the study progressed and by the emerging theory. The criterion for deciding when enough data have been collected, and thus, when to stop recruitment rests upon the concept of theoretical saturation (Glaser & Strauss, 1967). Theoretical saturation denotes that no additional data are being found that either creates new and different categories, or adds properties to existing categories (Glaser, 1978).

As data collection was controlled by the emerging theory, participants were recruited and then selected in order to further explain the emerging themes, thereby further developing the theory that is being generated (Sandelowski, 1995). The processes of both data collection and analysis were intertwined; hence, the researcher simultaneously engaged in collecting, coding and analyzing data, so the exact number of informants to be included in the sample cannot be determined *a priori*. Only at the end of the study can the researcher count up the total number of participants. In the case of this study, the total sample consisted of three initial participants and 28 key informants.

*Initial sampling.* *Initial or selective sampling* refers to the calculated decision to sample a specific kind of interviewee or locale according to a predetermined yet reasonable initial set of dimensions (e.g., time, identity) which are worked out in advance for a study (Strauss, 1987, p. 39). Thus, initial participants selected for inclusion in the study met the following criteria: (a) boys and girls who were self-identified nonsmokers; (b) between the ages of ten to 14 years; (c) who spoke fluent English; and (d) whose personal experiences provided variation in exposure to smoking and demographic details such as family history of smoking and family household context.

The most obvious and basic definition for a "nonsmoker" would be a person who has never smoked a single cigarette. However, as defined by previous research, a characteristic feature of a nonsmoker has included number of cigarettes smoked over a specified period of time with reference to some pattern or regularity (e.g., Chassin, et al., 1984; Covington & Omelich, 1988; Eiser & van der Plight, 1984; Health Canada, 1996; Lloyd et al., 1997). Accordingly, research points to evidence that smoking is best conceptualized as a process where young people progress through a series of stages. It is reasonable to expect that an adolescent may have tried or experimented with cigarettes and could, by definition, be considered a nonsmoker (Flay et al. 1983; Leventhal & Cleary, 1980). Additionally, given there exists uncertainty concerning how many cigarettes it takes to establish nicotine dependence among

adolescent smokers (Winkelstein, 1992), it would therefore seem logical to provide a definition which explicitly states the number of cigarettes and that is a low number.

As cigarettes are sold as standardized packs (containing 20 or sometimes 25), the number selected as an upper limit for this study was less than 20 cigarettes. Consequently, for the purpose of this study, a nonsmoker was defined as a participant who either had never smoked a whole cigarette (i.e., "never smoker") and/or experimented with less than 20 cigarettes in his/her lifetime ("trier"), and had not smoked in the 30 days prior to participant recruitment (Appendix G). The latter restriction was included as the definition for a nonsmoker as participants who had not smoked within the previous 30 days were not anticipated to have established any regularity to their smoking experimentation behaviour.

In the early part of data collection, open sampling was done in conjunction with open coding to gather the most salient data about the phenomenon under study. Lifestyle aspects such as socioeconomic diversity, family structures (e.g. single-parent families, blended families), family attitudes and norms around smoking and smoking, and household rules governing smoking were accessed by interviewing participants who could represent these family factors, those which were known to influence smoking and not smoking. Additionally, to achieve maximal variation participants who had experiences with smoking (under the parameters defined earlier) were accessed and interviewed as part of the ongoing process for data collection.

Once data collection was underway and the analysis started to unfold, the *discriminate sampling technique* (Strauss & Corbin, 1990) was used to maximize opportunities for the storyline to be verified (i.e., the conceptualization of the core category or variable). Through discriminate sampling other data sources were looked into including community representatives, school teachers, administrators, and counsellors, government documents, and community and provincial newspapers – sources that were crucial in understanding the core phenomenon. Hence, theoretical sampling revealed conditions that influenced experiences, strategies for dealing with experiences, and consequences of the experience. The participants advanced into the study as a result of these theoretical sampling processes.

Additional techniques for advancement or recruitment into the study involved *maximal variation sampling* (Guba & Lincoln, 1989) where the researcher deliberately sought out negative case instances (i.e., where a pattern did not hold) or when variations were needed to include subgroups. This additional step in the recruitment and sampling process was achieved by asking initial participants informants

questions such as, "Whom do you know is a nonsmoker yet has friends who all smoke" and "Where can I find a nonsmoker whose parents both smoke." There were times where I thought of myself as a *detective* or *data sleuth* and felt challenged to exhaust all creative ways to seek out new informants in order to expand and saturate theoretical categories.

As a final step to achieve maximal variation, volunteers were also sought through "snowball" or nominated sampling (i.e., soliciting new informants who had heard about the study) by obtaining names from other informants, teacher nominations, and names put forward by the Youth and Family Counsellor who organized the CODES group and CARS club.

The adequacy of the sample refers to the sufficiency and nature of the data which were evaluated by quality as opposed to quantity of cases included. Sample adequacy was evaluated by assessing the relevance, completeness, and coherence of the information obtained. The amount of information obtained was only relevant to the degree of saturation reached for each category (Glaser & Strauss, 1967). Once no new data appeared and all attempts to contrast and compare diverse and contrary cases were made, the researcher considered data collection complete (Strauss & Corbin, 1998).

#### *Characteristics of the Study Sample*

In this study, a purposive sample consisted of 28 early adolescent self-reported nonsmokers, aged 10 to 14, who were students in two public schools in a suburban district. A breakdown of the sample by grade was as follows: seven participants were enrolled in grade 5; seven were in grade 6; six were in grade 7; five were in grade 8; and three were in grade 9. Eleven male and 17 female students in total were interviewed twice over the course of the study. All participants were White, English-speaking Canadians who attended either elementary or middle school. All of the participants in grades 5 and 6 reported never trying smoking. Six participants reported trials at smoking: three were in grade 7, two were in grade 8 and one was in grade 9.

Grade is a proxy for age. Given the interest to study *early adolescents*, the age for inclusion was restricted to those candidates who were between the ages of 10 and 14 at April 2002. In other words, the minimum age of the youngest participant was 10 years and the maximum age of the oldest was 14. In other words, if a participant's birthday occurred in April, 2002 this was established as the cut off to achieve a sample age that ranged from 10 to 14 years. Accordingly, the age range (year, month) for each grade was as follows: Grade 5 (10, 6 - 11, 4); Grade 6 (11, 5 - 12, 2); Grade 7 (12, 9 - 13, 2); Grade

8 (13, 0 - 14, 8); and Grade 9 (14, 8 - 14, 9). Hence, both grade and age are reported when identifying participants by their narratives and drawings.

Socioeconomic status (SES) and demographic details were collected from parents in order to profile characteristics concerning participants' family household context. The minimum accepted defining SES and reporting sample description information were determined as occupational status, educational attainment, and income level (Editors Consortium on Development and Psychopathology, 1996). Parents' occupations were categorized according to standard occupational codes (Statistics Canada, 1991) and principles for reporting socioeconomic status (Health Canada, 2000). The predominant occupational codes representing the majority of working parents included: business, finance and administrative (36%); management (16%); sales and service (16%); and trades, transport and equipment operators (12%). In addition, 12 percent of parents listed 'homemaker' as their primary occupation. The educational level for parents was commensurate with occupational background; almost all parents were either graduates from high school (36%) or university/college (59%). Parents reported a full range of family income (before taxes) which varied from a low annual total of 10,000 dollars to a high of over \$ 80,000. The majority of families fell into two upper income categories: \$ 40,000 to \$ 59,999 and \$ 60,000 to \$ 79,999, an income level that reflects the nature and type of occupations reported by parents.

Participants reported single and multiple ethnic origins. Forty percent of participants described their ethnic origin as Canadian and 60% reported multiple ethnic origins. The predominant multiple ethnic origins were identified as follows: Canadian, English, Dutch, German, Scottish, and Irish. The profile of ethnic origin described by study participants reflects a pattern similar to census profile data for their community (BC Ministry of Multiculturalism & Immigration, 2000). A similar pattern held for the voices of language at home; participants and their parents reported English as their primary language.

All participants lived in a household with at least one natural or adoptive parent. The majority of participants ( $n = 21$ ) lived in two-parent households; seven participants lived in a household that was headed by a single parent. Specifically, 15 participants lived with both natural parents; six were members of a reconstituted family (five with their mother and stepfather, and one with the natural father and stepmother); and seven lived with their natural mothers. The majority of participants had natural or adoptive siblings: 13 of the participants were the eldest, eight were the youngest, and three were middle

children; four participants were only children. Most participants lived in a nonsmoking household; 10 participants reported living in a household where either one or both parents smoked. The vast majority of participants could name at least one relative in their family who smoked or had quit, however, four of the 28 participants did not have a family history of smoking.

*Smoking exposure profile.* All of the participants in this study were exposed to smoking in varying degrees. Exposure to smoking originated from numerous and diverse sources. Almost half of this sample were experiencing adult smoking on a daily basis and in their own homes. Specifically, seven participants lived in a household where one parent smoked; for one participant both of her parents smoked. Seven participants lived with their mothers in a single parent household; of these participants' mothers, five smoked. All but four of the participants in this sample could identify at least one relative in their family (e.g., step parent, grandparent, aunt, uncle, older sibling) who smoked or had quit while others had, at one time or another, lived with a parent who quit smoking. Two participants each had a best friend who smoked while the remaining participants had nonsmoking friends.

As part of their discussions, participants frequently mentioned their parents' positions and attitudes toward smoking. Participants oftentimes spoke of the importance of trust between parents and children. Along with trust, participants were sensitive to the reciprocal nature of respect. Specifically, participants spoke of and cited parent relationship characteristics (i.e., being caring and interested in their children's activities, open, honest, and mutually respectful) as essential factors in determining the degree of influence which parents have on their children. For some participants the idea of "letting their parents down" would be viewed as a serious transgression as evidenced in the belief and the reasoning in a statement such as, "Cos I care what my mom thinks for stuff like smoking; that's an important thing. But for my clothes, it [her opinion] doesn't matter." Additionally, positive relationships were viewed as ones that were based on good communication and on an openness that encouraged an honest exchange of feelings, particularly in reference to topics that involved an element of risk and a potential for mistrust, in a situation such as a dialogue about smoking. Participants believed that where such a relationship existed, there was less chance of children smoking.

As one might well imagine, parents are concerned with the health of their children and ordinarily respond very negatively toward children smoking. From the standpoint of all participants, the disapproval of parents was depicted in rather dramatic terms. If they were caught smoking, informants



expressed that their parents would "kill" them, they would be "grounded for a year" and/or "that would be a cause for some serious yelling."

As part of their stories participants also shared their impressions concerning messages about smoking, many of which included examples of recently viewed television and print media advertisements aimed at youth, in order to acquaint them with persuasive anti-smoking information. Participants frequently spoke of the numerous anti-smoking posters that were displayed in their classrooms, school hallways, and in their communities such as at the doctor's office or health clinic.

While at school, all participants engaged in a variety of learning and classroom experiences, which had informed them about the numerous outcomes of smoking. At the elementary school, a recent visit by two guest speakers (a 53-year-old smoker who unveiled his lived experience with emphysema and his physician who brought human organs and tissue specimens to demonstrate physiological and anatomical effects due to tobacco and cigarette smoke) made a noteworthy impact on their learning. All participants both recalled and integrated information they had learned from "Daniel" into their narratives. At the middle school, students in each grade received instruction regarding career and personal planning (CAPP) of which a portion of the curriculum content was geared toward smoking awareness and education.

Three middle school participants were active members of the peer led school-based CODES and CARS community organization as an extra curricular activity. These participants provided a different perspective to nonsmoking as all were obvious nonsmokers, yet they took more of a societal focus rather than looking to individual behaviours. They were all concerned about laws and provincial legislative efforts to reduce the occurrence of youth smoking as well as drinking and driving incidents.

Even though all informants considered themselves nonsmokers, six were categorized "trier" as these middle school informants reported that they had tried smoking themselves. Two participants recalled their experiences where they had tried smoking early, one in Grade 5 and the other while in Grade 6; others' experiences occurred during their current grade. Only two of the participants who had tried smoking had a parent who also smoked while another had a sibling who also smoked. Following their experiences at trying smoking, subsequent offers to try cigarettes were refused. Although the remaining middle school participants had never tried smoking, on at least one occasion, six of these participants had been offered or invited to try smoking. As for those remaining participants in

elementary school ( $n = 14$ ), all were "never smokers"; of these participants, five had been offered to try smoking. Hence, for the informants in this study their collective stories represented exposure to smoking that has come about in diverse ways, at different times, and to varying degrees.

*Data Collection: Part Two - Interviewing*

In the present study, data were gathered by conducting in-depth face-to-face interviews with individual participants. As noted previously, data collection is influenced by the outcomes of the emerging analysis. Consequently, in Part Two, data collection is presented according to the procedures and methods used for interviewing. As the primary source of data was interviews from individual participants that were transcribed verbatim, the elements of interview procedures and the unfolding of the interview process will also be presented and discussed.

An interview guide was developed; interviewing strategies were implemented according to the principles of the clinical interview (Ginsburg, 1997). All interviews were conducted by the researcher. Interviews progressed through successive stages which were determined by changes in criteria for selecting participants (e.g., experiences, incidents, events, particular informants) according to what had been gleaned from previous interviews. Initially, interviews focused on learning what was central and crucial to the phenomenon under study. Accordingly, participants were selected who seemed likely to represent the phenomenon and who were relatively similar so as to maximize the chances that aspects of the phenomenon would emerge clearly. As the research process unfolded, the nature of subsequent interviews was adjusted to explore emerging themes and categories as well as questions and relationships suggested by those categories.

*Interviewing procedures.* The primary method of data collection was in-depth open-ended interviews with individual participants and a drawing task; interviews were carried out in a private setting located at the participant's school. The researcher negotiated with each participant's teacher in order to schedule a mutually convenient interview time. All interviews were scheduled during the school day; teachers excused participants from non-core curriculum subjects for the purpose of conducting interviews. At the middle school, interviews were conducted during elective class blocks; the researcher confirmed interview times with all participants (either the morning of or the day prior) to ensure the scheduled time was convenient.

Each participant was interviewed twice. Second interviews were conducted for the purpose of

discussing the draw-and-write task and for clarification of meaning of the emerging categories and concepts. At the time of the second interview I presented the participants with a prepared summary of the content of the initial interview along with its emergent themes. Participants were asked to comment on the summary and to provide any additional information they thought was unclear, inaccurate or that they wished to elaborate on further. Participants willingly collaborated with me and often expressed their satisfaction with the summary. A few participants clarified a statement or provided additional information. Their comments and points of validation were included in the data analysis.

All interviews were audio-recorded using a battery operated tape recorder with a condensing microphone on high quality, low-noise microcassette tapes. At the end of each interview, each cassette tape was labeled with the participant's code number and the interview date. All tapes were transcribed verbatim by both the researcher and transcriptionists hired by the researcher. Each transcript was compared to the audio tape interview in order to ensure accuracy of raw transcription data.

*Interviewing methods.* As used in this study, the "clinical interview" as a method for interviewing child participants derives from a constructivist world view in the tradition of Vygotsky where the researcher's goal is to enter the child's mind to discover how children think, how their cognitive processes operate, and how they construct personal realities. The term *clinical interview* (or *method clinique*) refers to a class of flexible interview methods based on the field work techniques as used by Piaget (Ginsburg, 1997). Typically, these methods involve intense interaction with the individual child such as an extended dialogue between adult and child, careful observation of the child's work with "concrete" intellectual tasks, and flexible questioning tailored to the individual child's distinctive characteristics (i.e., chronological age and developmental level). Clinical interview methods require a kind of informal experimentation and testing which is in part deliberately non standardized. More than many standard procedures, the clinical interview is just one way to afford the researcher opportunities for sensitivity to the cultural differences that separate a child from an adult, of ensuring the child's understanding of the task being presented, and for gaining insight into the child's often hidden abilities.

*The interview guide.* The interview guide consisted of open-ended questions and associated probes. Initial interview questions were constructed as a set of semi-structured biographical questions with which to open the interview. These biographical questions (Appendix H) allowed the researcher to delineate basic personal details and descriptive circumstances of the participant's family context and life.

Details were collected in this way so that the researcher had cues to biographic facts that informed the participant's story and to ensure that personal and family data were readily available at analysis (McCracken, 1988). The researcher also made a conscious decision to open the interview with simple informational questions as a way to establish a level of participant confidence at the start of the first interview session. Additionally, participants provided answers to set of structured interview questions concerning nonsmoker categories for the purpose of classifying self-reported responses according to a standardized definition (Appendix G).

*Initial interview questions.* Initial interview questions were constructed in a way that allowed participants to tell their own story, in their own terms, using their language. These questions were phrased in a general and non-directive manner. Participants were asked to describe their perceptions of smoking and their personal experiences with and exposures to smoking, not smoking, and rejecting smoking. Initial interviews were also conducted using an open-ended question format designed to trigger each participant into telling detailed and complete stories about experiences as a nonsmoking boy or girl. Narrative stories were achieved using "grand tour" questions (McCracken, 1988; Spradley, 1979), for instance, "Tell me what you think about smoking." Participants were encouraged to direct the conversation based on the relevance of issues for them. The researcher kept question asking to a minimum; questions were used to encourage elaboration and comprehensiveness of responses. General probes for questions included, "Explain what you mean by \_\_\_\_\_"; and "Can you tell me more about \_\_\_\_\_."

As the study progressed, interview questions became more focused according to topic areas in response to the emerging theory (see Appendix I for generative questions and associated probe protocols). Questions were carefully worded so as to minimize any response bias and to avoid asking leading questions on the part of the researcher. For instance, initially asking the more general question, "How did you come to be a nonsmoker" allowed the researcher to use cues from the participant's answers and to then generate more relevant questions specific to the participant's experiences concerning not smoking. In other words, I deliberately avoided using specific terms such as *choice* or *decision* in order to not lead the participant's response. Another example can be seen by asking, "Tell me why you don't smoke." In this case, participants responded with answers such as, "Smoking serves no purpose" and "Kids my age have no need to use tobacco." A response including a statement such as

*no purpose* conveyed the notion of control; *use* indicated intent and meaning (i.e., tobacco is helpful or beneficial for those who smoke) and under certain conditions (i.e., when, where, how, why). Thus, for participants, these terms were perceived as relevant.

*Generative questions.* During analysis and coding, the researcher was directed to formulate subsequent generative questions in order to make comparisons and distinctions (e.g., nonsmokers versus smoker image, positive and negative outcome beliefs) and was then guided to further sampling and participant selection. Information representing early adolescents' beliefs about the consequences of smoking cigarettes was elicited by asking two open-ended generative questions: "Can you tell me what are good things about smoking cigarettes" and "Can you tell me what are bad things about smoking cigarettes?" Probes were used to ensure that the full range of beliefs was elicited. For instance, one participant responded with the statement, "There is nothing good about smoking." In this case, the researcher responded, "Why do people smoke" and the participant went on to suggest some positive consequences of smoking (e.g., relaxation, peer acceptance).

As stated previously, during interviewing I followed an open-ended conversation style, yet there were instances when this was a challenging task. I found myself trying to maintain a balance between not losing sight of interesting theoretical leads that required more direct questioning and the danger of being held back by pre-formulated questions. Data collection was influenced by the outcomes (i.e., developing categories) of the ongoing analysis through making constant comparisons in order to investigate categories and theoretical connections and to ensure that the emerging theory was in fact representative of the phenomenon. Accordingly, following the initial interviewing stage, decisions regarding interviewees were guided by changes in criteria for selecting participants according to what had been learned from previous participants. Following these initial interviews there were times when asking 'loaded' questions had a specific purpose and benefit in particular circumstances.

Charmaz (1990) recommends that when suitable, loaded questions may prove to be useful, when raised in a logical sequence. Even though all participants willingly volunteered to share their experiences with nonsmoking and smoking, there were, however, instances when participants stated that they had not shared or disclosed their personal experiences, most especially with smoking. In those situations or when participants had difficulty finding the best way to start talking about their experiences, I found that using a statement such as, "Some kids have told me they once pretended to smoke a

cigarette . . . " was a beneficial approach to lead into a beginning dialogue about smoking. As well, I discovered that using a similar strategy was useful to encourage participants to elaborate on their personal experiences, such as starting with a statement or question, "Some kids have told me about the first time they smoked a cigarette." For one participant, this approach led her to later speak to an experience on a deeper level where she compared a smoking situation to a recent incident where she was caught smoking and suspended from school.

At the end of the first interview, participants were provided with a set of guidelines to assist them with the completion of their drawing task which was completed as a "homework" assignment (Appendix A). Additionally, participants included a short written statement concerning the details of their drawings. At the time of the second interview participants were asked to describe, explain, and elaborate on their drawings (see Appendix I).

*The draw-and-write task.* The draw-and-write method (Backett-Milburn & McKie, 1999; Pridmore & Bendelow, 1995) was applied to the drawing task as designed for use in this study. Insight into the subjective reality of early adolescents' perceptions of nonsmoking and smoking were therefore accessed through their nonverbal, symbolic expressions in drawing. Traditionally, children's drawings have been used as a non-projective means of measuring developmental or intellectual growth, and as a projective means of measuring personality, self in relation to others, and group attitudes and values (Thomas & Silk, 1990). More recently, in the disciplines of child development, education, and psychology, a recognition of children's art has emerged as a significant part of childhood language.

Children's art has been used in assessment, diagnosis, and therapy as a means to help children gain self-awareness and nurture creative processes (Rubin, 1984; Wilson & Ratekin, 1990) and simply for its aesthetic, intuitive information about children. Much of the recent work in children's drawing assessment has been done in England and Europe in areas such as health education about sun and skin cancer (Hughes, Wetton, Collins, & Bishop, 1996; Pion et al., 1997), and chronic illness (Bibace & Walsh, 1980; Perrin & Gerrity, 1981), whereas other studies point to helpful information regarding daily stress and coping phenomena in school-aged children (Sorensen, 1989).

When used as an aesthetic, intuitive mode in the study of children, the importance of art as symbolic language cannot be denied (Di Leo, 1970, 1983). Specifically, Lowenfeld and Brittain (1975) observed that a child's art is an extension and reflection of his or her reality. Art or drawing images has

particular advantages in an exploratory study of early adolescents, where meaning is sought. A drawing offers a unique permanence of expression that is not distorted by memory.

*Process of drawing.* The process of drawing encourages children to relax and to concentrate their thoughts and allows them to take time to reflect before expressing themselves (Pridmore & Lansdown, 1997). Moreover, drawing can allow children to express their ideas as an adjunct to both written and spoken language. Accordingly, the drawing task was both well suited to young participants and an appropriate means to capture a more subjective representation of the child's lived experience in contrast to a method which imposes standardized objective or predetermined, *a priori* adult categories.

As used in this study, the draw-and-write task was not a test; the researcher did not award a mark or a grade to participants' work. Additionally, responses were not considered as right or wrong; all drawings and responses were considered equally right (caveats that were made explicit in the Homework Guidelines, Appendix A). Drawings were returned to the researcher by the participant at the beginning of the second interview.

*Purpose and aims of drawings.* The purpose of including this task was to allow for another dimension of understandings to emerge during interviews. As informants completed the task as a take home assignment, this allowed for reflection on the task as well, introspection on personal issues relative to smoking and not smoking (e.g., personal strategies to avoid smoking, refusal techniques, create images of smokers and nonsmokers). Moreover, the task was used to facilitate beginning formal thought – that is, participants were thinking conceptually in terms of an idea relative to smoking prevention, yet they needed to transfer this notion into a concrete two-dimensional drawing. Further, participants were asked to write a short story about their drawings. This was done so participants could elaborate on their artwork, as well provide self-evaluative statements relative to their intent behind the prevention concept and why they believed others would understand the intent behind their prevention message.

*Developmental basis for drawings.* According to Piaget (1954), children at approximately 11 years of age show beginning evidence of formal logical operational thinking. At this developmental stage, there is the greatest amount of differentiation between the self and other. Accordingly, to gauge participants' cognitive level of reasoning, I anticipated they might be able to differentiate between the internal and external world relative to consequences to health due to smoking and self-image statements. As well, applying the clinical method in probe protocols rests with the interviewer's ability to

elicit meaningful responses regarding the cognitive processes underlying the context of responses. While not formally designed to "test" or "measure" in a quantitative sense of collecting evidence of formal logical thought (i.e., hypothesis testing) this task was designed to elicit responses that revealed the *quality of participants' reasoning* in contrast to dichotomous responses or provide reformulated answers. Hence, this line of inquiry was purposively chosen to tap cognitive processes on which young people relied for their answers concerning prevention concepts.

*Draw-and-write procedures.* Aside from general guidelines, participants were free to choose their drawing materials and were encouraged to use their creativity and express artistic abilities. Participants were not influenced by the researcher's presence while the drawings were produced as the drawing task was completed as a homework assignment. I had the benefit of verbal dialogue with individual participants about their drawings during the second interview. Overall, I would consider this a strength for interpretation, and one which is advocated by previous researchers who view participant-researcher interactions and children's explanations of drawings as essential (Deatrick & Faux, 1991; Furth 1988, 2002).

At the second interview, drawings were examined for the general tone and feeling of the art, especially in relation to the participants' written details which accompanied each of their drawings. I refrained from making any presumptive judgements as I was not present during the time participants constructed their drawings. That is, participants used drawing materials that were available to them at home; I did not know the nature or extent of their art supplies at the time of their drawings. To illustrate this point, while exploring the general content of one participant's drawing, I asked about his use of colour. Specifically, this boy included portraits of people who smoked as a way to demonstrate his understanding of the immediate health consequences of tobacco and nicotine. As we reviewed his drawing, I explored his choice of colours and whether colours had any meaning. I noted that all the faces in his picture were the same colour (yellow). He responded, "I used a yellow crayon because I didn't have a peach colour marker [at home] and yellow was as close as I could get to a skin tone." At other times, participants spontaneously offered a rationale for their choice of colours if they felt that a particular detail seemed out of place (e.g., "His hair is purple because I didn't have a brown crayon") during our dialogue when the details of the drawings were explored.

Drawings were also examined for general content and whether participants included positive or



negative smoking-related images. Most participants had a specific message or made a statement regarding their commitment to a smoke-free choice; for others their drawings personified an anti-smoking message and/or individual strategies to remain smoke-free. Drawings in this study were used for the purpose of enrichment. Early adolescents' artwork offered a delightful glimpse into the kinds of understandings they were constructing from their personal lived experience and classroom work. Additionally, participants' drawings tapped a very powerful and natural ability to think about complex ideas through metaphoric and analogic language (Gallas, 1994). This metaphoric thinking was also embedded in participants' narratives and was further explored at the time of interviews. A selected sample of these drawings are provided in Chapter Four to illustrate participants' understandings and thoughts in relation to the study findings and the emergent theory.

#### *Interviewing Process*

The overall tone of the interviews was conversational. The general approach used by the researcher was dialectical in nature. The researcher's overall aim was to encourage participants to explain and clarify their responses and answers as completely as possible. I asked participants to illustrate hypothetical responses and abstract answers with concrete stories. Periodically, I employed probes which offered my impression of what the participant said back to the participant for further clarification. In other words, I provided the minimum amount of structure that was necessary to maintain the conversation and gather data within each of the topic areas. The structure of the interviews varied with each participant. Structural probes under each topic varied; the way probes were phrased varied as the interviewer attempted to use the same terms and language as the participant in order to respect the participant as a unique individual.

As established earlier, interviews times were scheduled in collaboration with the participant's teacher and in consultation with the individual participant. I made an "appointment" time out of respect for both participants and teachers, and the learning context. The length of the interviews ranged from 30 to 70 minutes, the average time was 45 minutes. I made a personal judgement call on how long each interview should last, based on the school situation on a given day and how talkative the informant was. Second interviews were co-scheduled with the participant (again, out of respect for the participant) at the completion of the first interview. In most cases, subsequent interviews were scheduled one week following the first interview in order to give participants sufficient time to think about and complete the

drawing task.

As is the case in any interview scenario, it was necessary to listen to participants speak about their experience, and the researcher viewed early adolescents as speaking in voices that were rich, compassionate, straightforward, and honest. Throughout the interview process comments and questions were only used as a means to encourage participants to elaborate on events and issues they deemed relevant. This afforded the researcher flexibility with respect to the participant in that I could refine and direct the formulations of problems to suit the participant's construction of reality.

During in-depth interviews the researcher interacted on a personal level with study participants. At the time of each interview I observed and noted nonverbal behaviours and listened carefully. By maintaining an accepting, non-judgmental approach I was able to create a relaxed and trusting atmosphere in order to facilitate participants to respond with honest and complete responses. The participants controlled the interview session in that they were told they could stop the interview session at any time. Moreover, each participant always had the right and freedom to discontinue any interview at any time he or she desired. Additionally, informants were free to cancel at any time and/or reschedule an interview session with the researcher.

All interviews were conducted by the researcher and transcribed verbatim. Aspects of the transcription process are described briefly as these related to the interviewing process. Initially, interviews were transcribed immediately following the interview in preparation for analysis and the second interview. I transcribed the first 14 interviews which was a tedious and labour intensive process. While the act of transcription was extremely time consuming, I considered the time spent as well used as it was an opportunity for critiquing my interviewing style. I found that checking verbatim transcripts to the taped interview was a valuable exercise in that I listened to the interview as a way to hear the storyline. As well, checking transcripts was a way to integrate field note data such as intonation of voice, to indicate pauses, laughter, and nonverbal behaviours. Upon completing transcription of 14 interviews, I came to the realization that I needed to delegate transcription tasks. Delegating transcription enabled me to devote my time exclusively to the demands of conducting interviews and maintaining the momentum of data analysis. The remaining interviews were therefore transcribed by two individuals who were hired by the researcher. The first transcriptionist (30 interviews) was a professional secretary who had two small children and the second (12 interviews) was a personal friend/relative who was on leave

from her early childhood educator position. As both transcriptionists had experience with children, I solicited their feedback relative to my interview style, how I posed questions, and my interview presence as a way to refine and develop effective interviewing skills with early adolescents.

Hence, I observed, collected and organized data, and formed theory from the data at the same time. All through the interview process, I completed descriptive field notes that related details of individual participant interviews, such as expressions of emotions, non-verbal communications, and other contextual data. Following each interview session field notes were recorded. Field notes covered four topic areas: (a) physical setting or environment; (b) context of the situation; (c) theoretical insights I made during or after the interview experience; and (d) emotional feelings, thoughts, and reflections experienced by the researcher. In addition, the field notes included any other information that was obtained during field experiences that were not covered by the four aforementioned areas. Field notes were documented immediately following the field experience, or in some instances within 24 hours of the experience. In most instances field notes were handwritten, others were dictated into a microcassette tape recorder. As mentioned earlier, field notes were synchronized with and incorporated into the verbatim transcripts of interviews. In addition to field notes, throughout the data collection process, the researcher made frequent theoretical memos that related to the analytical process and the potential interrelationships of categories from the data. Field notes (other than observations made during interviews) were then later transcribed into a computer file so they could be merged with and analyzed along with the coding system and theoretical memos.

Once several initial interviews had been completed and data analysis begun, I selected all successive participants according to the theoretical needs of the emerging theory (Glaser, 1992; Strauss & Corbin, 1998). Participants were required to be both willing and able to contribute to the informational needs of the specific stage or particular aspect of the research and needed to share their experiences completely. In other words, I selected participants who had a range of experience required to enrich the data, answer questions fully, and confirm or refute the emerging categories/concepts and sub-categories.

Verbatim transcripts and drawings constructed by participants provided the primary source of data for analysis. Each participant was interviewed twice and constructed one drawing for a total of 56 verbatim transcripts and 28 drawings. Before the data could be analyzed the interviews had to be transcribed from the audiocassette tapes onto paper. Initially, I conducted two interviews in a row and

then transcribed them verbatim. I repeated this process once, for a total of 4 transcripts. Then I proceeded to conduct another three interviews and transcribed these myself. I repeated this process once then increased the number to four interviews as a maximum for one day, given the demands of concurrent analysis. Hence, I conducted four interviews and transcribed these myself. Finally, I conducted the remaining 14 interviews and 28 second interviews, the transcription of which was performed by two transcriptionists, followed by data analysis carried out by myself.

### Data Analysis

The grounded theory method was used to identify the basic social psychological process (BSP; Glaser, 1978) and basic social-psychological phenomenon or problem (BSPP) from verbatim transcripts and drawings. Grounded theory methods specify analytic strategies which afford the researcher to move each step of the analytic process toward development, refinement, and interrelation of concepts. As used in this study, these strategies included: (a) simultaneous collection and analysis of data; (b) comparative methods; (c) sampling to refine the researcher's emerging theoretical ideas; (d) a two-step data coding process; (e) memo writing aimed at the construction of conceptual analyses; and (f) integration of the theoretical framework.

Grounded theory is based on what Glaser (1978) calls a *concept-indicator model*, one that directs the *conceptual coding* of a set of *empirical indicators* or actual data (e.g., actual spoken words of informants or interviewees). Based on constant comparisons, this model of concept indicators provides the essential link between data and concepts resulting in a theory generated from data. While coding, the analyst remains on alert to determine similarities, differences, and degrees of consistency of meaning among indicators. Once a conceptual code is generated, the indicators are compared to the emergent concept to ensure that the full diversity and complexity of the data are explored. By making comparisons of additional indicators to the conceptual codes, the analyst slowly begins to build up coded categories and their properties until the codes are verified and saturated (Glaser, 1978, p. 62).

A summary of the analytical steps utilized in this study follows. As grounded theory is an iterative process, at any one time I found myself in various stages of analysis depending on the pattern, concept, or category at the time. Interpretation of data was a recursive process and one that enabled the researcher-as-analyst to elicit a thorough, accurate, and complete development of conceptual and analytical outcomes. In this study I used a two-step data coding process: open coding and selective

coding, in that order. Overall, data analysis involved developing an open-ended coding system for organizing many ideas which emerged from systematic inspection of a data corpus, writing memos, selecting the core category, recycling earlier steps in terms of the core category, sorting memos, and writing up the theory.

#### *Overview of Analytical Operations and Procedures*

In keeping with the tradition of grounded theory, the researcher approached this study without any strong prior theory. The process of generating grounded theory is both hierarchical and recursive in that data must be systematically categorized; the researcher limits theorizing until patterns emerge from the data during procedures used for coding. This does not mean the researcher approaches reality as a "tabula rasa," to use the parlance of Glaser and Strauss (1967, p. 3). Rather, the researcher views any emergent theoretical account as the result of the constant reciprocal action between data and conceptualization, a *flip-flop* between ideas and research experience (Strauss, 1987).

As grounded theory research requires interpersonal interaction, the researcher is inextricably linked to the research process. As a result, the researcher needs to therefore become aware of personal preconceptions, values, and beliefs and how these may influence the data. Through self awareness of mind-set, the researcher can begin to search out and understand another's world. As for the context of this study, my professional knowledge, disciplinary assumptions, and personal experience bring a unique perspective to the study.

In the qualitative research paradigm, convention dictates that the researcher provides background or personal information so the reader can "locate" the researcher within the research process as it unfolded, in this case one that involved interviewing as a social interaction. Most often, convention requires that such information is provided (or offered to the reader by the investigator) so the reader can make his or her judgement as to the truth-value or *commitment* (i.e., researcher's due diligence to methodology) as a mini audit to determine strict adherence to the research process (e.g., Davies & Dodd, 2002; Denzin, 1978; Lincoln & Guba, 1985; Taylor & Bodgan, 1998; Woods, 1992) and on the basis of the reader's interpretation of data vis-à-vis the researcher's background (i.e., subjectivity and ontology, reflexivity and epistemology). As a way to locate the researcher in the context of the present study, I provide a composite of intrapersonal statements to address subjectivity, reflexivity, and aspects of the interview process as a social interaction, between myself and my participants. My aim is to

provide a glimpse into the ways I came to know and co-construct meanings and shared understandings with my participants while I conducted this study, as I undertook concurrent processes for data collection and analysis. I achieve this aim by way of annotated examples to bring the *background of my fieldwork experiences* to the forefront of the study. This is *my way* of providing a situational context for both the study findings and the chapters that follow to the conclusion of this dissertation. I include this information in Appendix J. By providing this information my overall objective is to provide a *simulation of my lived experience as a novice grounded theorist*.

Wolcott (2001) suggested that for writing up qualitative research, the writer use field notes and fieldwork experience as:

... concrete illustrations and examples. Never underestimate the power of specific instances to support generalizations, not simply to inform but to reach out figuratively to your readers. [quoting Clifford Geertz (1973, p. 16)] Geertz challenges us to use the 'power of the scientific imagination to bring us into touch with the lives of strangers' (pp. 68-69).

While Wolcott's advice overall commands a creative approach, I argue that the information provided in Appendix J is fitting with the philosophy addressed by Glaser and Strauss (1967) when they advised "suspending" or "bracketing" one's world view or paradigm while actually "doing" the grounded theory method. Hence, I see this Appendix as *grounding oneself in the method*, and I provide the reader information to locate me as principal investigator vis-à-vis this research and my professional background.

During the early phases of grounded theory, the researcher is endowed with maximum flexibility in generating new categories from the data. Generating categories is a creative process which fully challenges the interpretive abilities of the researcher, as one who is disciplined by the requirement that low-level descriptions *fit the data well* (Glaser, 1978, 1992). Consequently, success in generating sound grounded theory that is faithful to the data depends upon the researcher's ability to maintain a balance between the full use of one's own intellect (or a *healthy skepticism* in the diction of Glaser and Strauss) and this requirement of fit. As is the case in a grounded theory study, I was faced with the task of making sense of a vast amount of unstructured data.

Analysis is the interplay between the researcher and the data. As the analysis proceeded with the simultaneous collection of data, I scientifically and creatively constructed a set of categories, each of which was referenced to one or more instances in the data (i.e., grounding concepts in data). Creativity

comes into play in the researcher's ability to aptly name categories, make comparisons, ask stimulating questions, and extract an innovative yet realistic scheme from masses of unorganized raw data. Categories were combined, integrated, and underwent further development through analysis which led to an unfolding of concepts and constructs. I tested codes, categories, concepts, and constructs under development on an ongoing basis whereby I returned to interview transcripts and further questioned participants in order to refute or validate those emergent understandings.

The fundamental relationship between data and theory is a conceptual code. The process of coding data gives the researcher a focus whereby data are fractured and then conceptually grouped into codes that eventually become the theory which explains what is happening in the data. Coding is a pivotal link between collecting data and developing the emergent theory to explain interview data. Coding allows the researcher to transcend the empirical nature of the data while, at the same time, conceptually accounting for the processes within the data in a theoretically sensitive way. Coding follows upon and leads to generative questions that stimulate the line of investigation in useful directions (i.e., hypotheses, useful comparisons, the collection of certain classes of data). Accordingly, as noted by Glaser (1978), coding is the crucial operation for moving toward the discovery of a core category aimed at the maximum integration of the entire analysis that yields conceptual density (relationships between the codes and the development of each).

Another basic operation includes theoretical saturation of categories. Just as data collection is shaped by analytic interpretations and discoveries, the grounded theorist is directed to sharpen one's observations. Accordingly, in order that the grounded theorist can interpret emerging ideas, data were collected until I was able to adequately substantiate explanations and the emerging theory. Theoretical saturation of categories refers to the coding of instances until no new examples of variation are found in the data (Glaser, 1978). At first, I perceived only unstructured chaos in the data as if I was looking through an unfocused conceptual lens. As the process of analysis progressed and conceptual order was generated the lens became more sharply focused.

An index card system was developed to organize handwritten code labels and keep track of titles for concepts and categories and the many ideas which emerged from analysis of the data. This technique of data management for this research project was chosen based on personal preference as one that I considered easily workable, convenient, and inexpensive. Each qualitative data card

consisted of a five by eight inch index file-card which linked each of the labeled codes to corresponding instances in interview data. Additionally, a scheme for numbering cards for cross-referencing purposes supplemented the initial file-card system which was used to locate a particular card (Turner, 1981).

In grounded theory, a memo is a specialized type of record written by the analyst for the analyst and represents the theorizing write-up of ideas about codes and their relationships as they emerge during the course of the study (Glaser, 1978, 1992). Memo writing is the intermediate step between coding and the first draft of writing up of the study findings (Charmaz, 1995). Memo writing followed each analytic session. Overall, memo writing assisted me to: (a) set an analytic course for the study; (b) grapple with ideas about data; (c) refine categories and define the relationships among various categories; (d) determine criteria for selection of additional participants to enrich data; and (e) document decisions about selecting codes as a check on the fit between the emerging theoretical framework and the empirical reality it explained.

*Open coding.* Through the process of constant comparative analysis (Glaser & Strauss, 1967) the data were first coded on a line-by-line basis. *Open* or *initial coding* started by examining each line of transcript data and defining the events or actions that were seen to be occurring or that were represented by the data (Glaser & Strauss, 1967; Glaser, 1978, 1992). Hence, line-by-line examination of the data kept me as close as possible to the raw data in order to study the data and to generate code names which reflected the essence of the participants' spoken words.

Open codes were used as shorthand devices to label, assemble, separate, and organize interview data. Codes were framed in as specific terms as possible and were labeled as either *in-vivo* codes (i.e., actual terms and language used by participants) or constructed codes (shorter code phrases that captured the gist or main idea of the participant's spoken words) and were made active to reflect what participants were doing or to understand and explicate what was happening in the data. Double-spaced transcript data were read very carefully; key words were underscored by hand, with codes assigned to the text based on words or phrases that captured the gist or main idea of the participants' spoken words. The following excerpt from a transcribed first interview is provided as an example of how I achieved and proceduralized open coding:



### Open Coding: An Example

- P: Because, I, <sup>exposure</sup> I'm around it so much and I, <sup>avoiding</sup> I stayed away from it, uhm.
- R: What has made you stay away from smoking?
- P: <sup>grossness</sup> The grossness of it. And just like I guess, just the <sup>smoking is pointless</sup> pointlessness and the ya, of it all. I don't know. I'm <sup>youth</sup> so young. <sup>consequence - self-image</sup> I see what it does to you and I <sup>fear</sup> don't want to end up like that. And <sup>attitude - gross, unattractive</sup> it's gross, not attractive.

The aim of formal open coding was to open up the analysis by breaking the data apart in order to make tentative interpretations to higher levels of abstraction where my ultimate goal was to produce concepts that seemed to fit the data. Throughout open coding I asked myself questions about words, phrases, sentences, and actions which guided the line-by-line analysis. A specific set of neutral questions was asked of the data as a way to guide open coding from the outset of the analysis. Specifically, Glaser (1978) considered three questions as necessary; the first of which included the more general question, "What is this data a study of" as were the following two questions, "What category or property of a category, of what part of the emerging theory, does this incident indicate" and "What is actually happening in the data" (p. 57).

Glaser (1992) describes *in-vivo* codes as having two characteristics: analytic usefulness and imagery. Analytic usefulness relates the given category to others with specified meaning, and carries forward easily in formulation of the theory. Imagery is useful insofar as the analyst does not have to keep illustrating the code in order to give it meaning. Its imagery implies data that have sufficient meaning so that the analyst does not clutter one's writing with too many illustrations. Moreover, *in-vivo* terms have a very vivid imagery inclusive of much local interpretative meaning – they have grab for the participants – and they are seldom forgotten by readers as these terms are so colourful. Additionally, *in-vivo* codes have much analytic force as the actors do use them with ease and with sufficiently precise meaning.

During open coding, transcripts were read for minute details – a labour intensive and time-consuming process – as a way to minimize any chance that codes of great importance could be overlooked (an example of an actual transcript appears in Appendix J so the reader can appreciate this

sense as I came to know it). New codes were compared to existing codes and consolidated when appropriate. Once a code became relatively saturated and nothing new seemed to be happening, analysis of data then moved more quickly as I encountered repetitions in the line-by-line examination. As soon as something new caught my attention, I went back to the minute approach to analysis as a way to both verify and saturate individual codes. Codes were then written on a data card. Open coding of transcripts resulted in approximately 300 *in-vivo* codes (e.g., grossness; pointlessness) and code phrases ("I don't want to end up like that").

At the beginning of the study I came to know the familiar aspects of the problem area by talking with the initial five participants. Open coding led to comparative sampling decisions in order to define smoker and nonsmoker identities as well as participants' perceptions of the interrelationships among social settings/situations (school, family, peers/influential others) which impacted their nonsmoking choice. As mentioned earlier, the initial interview guide was adapted in order to add areas to explore. That is, generative questions were refined to follow up on leads, develop hypotheses and emerging theoretical categories while others were discarded in cases when rich descriptive responses were not forthcoming (Charmaz, 1990; Glaser, 1978; Strauss, 1987). Additionally, I began to ask myself analytical questions (Appendix K) and developed self-awareness about why and how I went about collecting data. Thus, by studying the data I came to realize the nuances of my research participants' meanings and language and in so doing, I learned to define the directions in which my data could take me.

During early analytic sessions and memo writing, I found that my participants lived in my head as I carefully listened over and over to what they had to say during the actual interviews and throughout transcription. As illustrated earlier, studying interview audiocassette tapes prompted me to attend closely to participants' views and feelings. In the early part of the study, I gained a sense of what an impact the participants' words had on me while I sat alone transcribing audiocassette tapes. Over time I was better able to attend closely to hear and feel what these early adolescents were saying. At other times, however, I realized how I was preoccupied with thoughts such as what my next question was and how my non-verbal behaviour (e.g., eye contact) was coming across, or hoping that our dialogue was spoken loud enough for clear tape recording and subsequent transcription. By paying close attention to participants' language, I was able to bridge their lived experiences with generative questions. I did not presume to

share the same meanings as the informants. An example of this process is illustrated in Chapter Four. Yet one brief example *in fact* will illustrate my point. While talking to participants about their refusal strategies to cigarette offers and smoking situations, I asked one boy about "saying no" and what saying no meant for him. To contrast his response, one which concerned sending a clear message about exactly what he was saying no to, another girl explained that "saying no" had more to do with respecting her choices and those of others versus "rejecting smoking" and "refusing cigarette offers." Hence, as I took on a more critical focus to analysis, I found myself asking discerning questions about data and what kinds of data to collect next, as well what data sources to investigate and where these could be located.

Following completion of the open coding process for the first three interviews, I began to systematically arrange codes into code names and code names into properties. At this level of coding the ultimate goal was to produce concepts that seemed to fit the data. These open codes were then clustered and became concepts. Similar concepts were then grouped together to develop categories. Examples of some of these initial codes included *dialoguing about smoking, having a smoking side, horribilizing smoking outcomes, denouncing smoking, respecting choices, and keeping safe from smoking*. The example which follows illustrates *fear* as an emerging property.

A category refers to a theme, a pattern of behaviour, or part of the process that can be identified in the data. That is, a category subsumes common themes and patterns in several codes which were either *in-vivo* or constructed codes. Categories were discovered when codes were compared against one another and pertained to a similar phenomenon. Categories, then, are of a higher, more abstract order than are codes (Strauss & Corbin, 1990). Categories were examined in terms of their properties or characteristics. The code names from the open coding process represented types, causal conditions, and contextual circumstances that were salient in each property of each category (Glaser & Strauss 1967 Straus, 1967). An example follows of the property of fear as it emerged from a comparison of selected responses taken from the first three interviews:

The emerging of *Fear* as a property

Jared: Because of all the things I learned about smoking . . . and my parents, my family, that I learned . . . how it affects your health . . . your lifestyle . . . my dad smokes . . . he isn't athletic or like that . . . so I wouldn't wanna be like him . . . like not active . . .

Ana: Smoking is just really gross and disgusting . . . it stinks and it's dirty . . . Yuck! . . . it kinda just freaks me the stuff that are in cigarettes . . . that horrible stuff . . . it does to you . . . like cancer . . . and the stuff they're putting in, the poisons . . .

Roger: I won't [smoke] because it's really, really bad . . . the tar, gasoline in it, and smoke . . . and other stuff going into the lungs . . . it's basically taking drugs . . . it [smoking] kills you faster though . . .

As coding progressed it became more focused. That is, coding became less open-ended and more conceptual as I took earlier codes that continually resurfaced in the initial coding to create and try out categories for sifting through and capturing large amounts of data. In other words, I selected certain codes which were deemed to have an overriding significance in explicating processes and events in the data. Hence, focused coding helped me to slowly build up a sense of texture of relationships which, in turn, resulted in cumulative knowledge about one particular category at a time and relationships between that category and other categories (Glaser, 1978). Examples of questions I asked myself during this level of coding included, *What category do these data indicate? What process do these data indicate?*

A next step in the analysis involved memo-writing aimed at making linkages among categories in order to allow for some conceptual order to be placed on the data. This was accomplished by asking questions about relationships and patterns between categories (constant comparison) or by testing provisional hypotheses against the data. As Charmaz (1983) and Glaser (1978) suggested, comparisons were made between the following: (a) different informants (e.g., their beliefs, situations, accounts or experiences, and actions); (b) data from the same informants with themselves from previous interviews; and (c) categories in the data with other categories. Additionally, a new body of literature was reviewed as it pertained to the categories disclosed in order to outline and compare relationships among the categories.

At this stage of analysis, memo writing involved the process of reassembling data that were broken apart during open coding as a way to see the relationships and patterns between categories. This involved looking for patterns and using the participants' stories to illustrate points. Bringing verbatim

material into memo writing assisted me to move the analysis beyond individual cases and to define patterns. A definition was then written for each category by identifying its characteristics or properties, associating underlying assumptions, and confirming how and when the category developed and changed. The emerging theory was then sketched out in schematic format as a symbolic representation of reality grounded in the collected data. Once categories were represented schematically, I was then able to identify gaps for theoretical sampling, question hypothesized sequences, and examine proposed relationships. Elements of the schematic framework were substantiated with data from the field and provided a means of communication with participants and my research supervisor as to how to proceed with subsequent interviews as well as to ensure theoretical saturation of categories.

*Selective coding.* Once initial categories and subcategories were established, open coding ceased whereby the focus of the analysis shifted to selectively code for a core category or variable. As conceptual density increased, a core or basic process was therefore sought to explain the overall relationship among the categories through selective (or closed) coding. The analytic focus for selectively coding one core category does not mean that the other categories are lost. Rather, selective coding for a core category merely demotes potential other core categories to a role subservient to the category under focus. Hence, the analytic focus is confined to only those categories that relate to the core or overarching category (central theme or story line of the data) which accounts for most of the variation in a pattern of behaviour for use in a parsimonious theory (Glaser, 1978, 1992).

In selective coding all subordinate categories and subcategories become systematically linked with the core category. Although some of these links had already been established, the search for them and their coding was done harmoniously. Through the process of constantly comparing incidents and concepts, I generated many codes always being on the look out for the one or two that seemed core to participants' experiences. Early on, possible core categories were given a provisional or best-fit label as a way to keep track of my thinking until I was able to formulate a satisfactory label. During selective coding, examples of questions I posed included, *What is the main story here? What sums up in a pattern of behaviour the substance of what is going on in the data?*

Memo-writing and development of the schematic framework facilitated articulation of the similarities and differences between and within categories in order to identify themes. While selectively coding, categories were reduced and tried out as candidates for their places in a temporary structure

which was then validated by the data. Analysis revealed four major categories – creating meaning about smoking, keeping safe - waiting it out, reaching committedness about non smoking, and denouncing smoking – which emerged from the data. At about the midway point of data analysis and collection, initially I worked with *denouncing smoking* as a potential candidate for the core category, under which I attempted to relate all categories. In light of new and incoming data, however, it did not make sense. I then returned to an earlier *in-vivo* code, *keeping safe – waiting it out*, that appeared frequently in participant interviews. Upon further analysis denouncing smoking was reassigned to the position as a subcategory under the category *keeping safe*. Maintaining respect for self and others defined readiness for denouncing smoking. Hence denouncing smoking became one consequence of keeping safe.

A subsequent analysis led me to return to an early indicator of a stable pattern which emerged during an initial interview. Here, an exceptional participant demonstrated appreciable insight when she related her nonsmoking in terms of a connection to her independence. She reasoned, "Smokers must be low in self-esteem and confidence," an opinion that was based on her observation, "Peers who decide to smoke as a way to join the popular crowd." She then concluded, "Joining with the popular crowd means that the person ends up doing the same thing as the group rather than wanting to be an [autonomous] individual." This girl's decision to smoke would therefore have a direct impact on her independence and signaled great disappointment:

Because I didn't have enough confidence to 'Say NO' or to stick with my guns, you know, to stick with *my own* decision not to smoke [emphasis added]. I'd like be letting myself down – which is most important – but I'd also be letting down my family, like their trust in me, and I promised them I wouldn't smoke" (Rachel, age 14, Grade 8).

Upon considering and working this pattern further, the analysis revealed a core category, *Developing a Nonsmoker Identity*, one that was indicated by major theoretical categories of *Creating Meaning About Smoking*, and *Reaching Committedness about Nonsmoking*. Identification of the core category led to discovery of the social-psychological process which explained how early adolescents portrayed their experience with not smoking and maintained their nonsmoking behaviours, image and individuality. Consequently, *Developing a Nonsmoker Identity* accurately described how the action of participants was processed and most aptly explained the interrelationship between the other categories (i.e., stages and phases within the process were articulated and differentiated from one another). Once discovered and coded, the core category guided collection of new data and linked categories together

which allowed for theoretical completeness and accounted for as much variation as possible in the analysis.

From this time forward, the analysis also led to confirmation of the basic social-psychological phenomenon or problem (BSPP), another central or core aspect of a grounded theory. Specifically, the theory *Developing a Nonsmoker Image* was developed in concert with or to account for a definite phenomenon during the time of adolescence. Put simply, transitions (i.e., preparing and managing a transition within the phase of early adolescence) was what participants struggled with in as part of their daily lives. Moreover, they faced making a *developmental transition* from childhood to early adolescence and from early adolescence to middle adolescence. Consequently, to meet their needs for both independence and individuality, participants were faced with making an ultimate decision as to what they would look like (i.e., self-image) and how they would present that *identity* in society (i.e., the social-self), yet that identity was also required to match their fundamental beliefs and values for health and well-being. Participants, therefore, were met with making a concrete and specific choice *about lifestyle* – one that involved the maintenance of a smoke-free world. Hence, the theory explained what they struggled with during a specific time of adolescence, and how they came to know and settle on a decision relative to their nonsmoking commitments and goals, ones that were congruent with a paradigm or world view that smoking is an unacceptable social activity and behaviour, for children and early adolescents.

For participants in this study, making a smoke-free choice was inextricably linked to their developing a sense of self (i.e., self-image or self-worth), as well meeting their need to express and establish their individuality. Accordingly, one way to develop one aspect of self-esteem (i.e., a global evaluative dimension of self) was obvious – reconstruct a smoke-free image based on a childhood paradigm (smoking is unacceptable or “un/cool”) for transitions into and out of early adolescence. In this way, participants *developed, affixed, or constructed* a social identity to achieve balance between their values concerning health, well-being, and toward becoming independent individuals. In this context, individuality was viewed as a composite of three elements: the ability to hold an autonomous perspective and communicate a point of view (self-assertion, free choice), the use of communication patterns to express how one is different from others (i.e., the notion of separateness), and emotional gratification (self-confidence, self-efficacy, self-control) to declare one’s desires, concerns, intentions, and preferences (cf. Marcia, 1989).

Glaser (1978) provided criteria by which a judgement can be made as to the core category. First, a core category must be *central* as a necessary condition to make it core; it is related to as many other categories and their properties as possible and links the various data together. Second, a core category *must appear frequently in the data*, that is the indicators pointing to the phenomena represented by the core category must appear frequently. Hence, by its frequent recurrence, the core category is seen as a *stable pattern*. As the core category relates easily to other categories and recurs frequently, it *takes more time to saturate* the core category than the others. Additionally, a core category has *clear implications for a more general or formal theory*. Finally, the core category allows for building in the maximum variation to the analysis in terms of its dimensions, properties, conditions, strategies, and consequences (pp. 95-96).

As a concluding step toward finalizing the categories, informants were asked if they agreed with my interpretation of the study findings (i.e., BSPP and BSP). Ten of the participants were each read the same description of the categories. Informants considered the preliminary findings and the emergent theory as meaningful to them. Without additional clarification or prompting on my part, informants were then asked if the description mirrored processes they used in maintaining their smoke-free decision and identities. All ten informants agreed, many adding comments such as, "That sounds like me" and "That was me."

Once clarification and validation of all components with selected participants was completed, a final conceptual framework was diagrammed which featured the core category of *Developing a Nonsmoker Image*. The framework was modified and refined as necessary according to the participants' feedback and selected literature was again reviewed to facilitate explanation of the emergent theory. The final outcome of comparative analyses resulted in an explanatory framework that was developed and served as the basis for a *middle range theory*, the phraseology used by Glaser and Strauss (1967) to describe a theoretical model which "falls between the 'minor working hypotheses' of everyday life and the 'all-inclusive' grand theories" (pp. 33-34).

The findings of this study have been written as a descriptive narrative about the core or central category and are substantiated with data taken directly from the interview transcripts. The presentation of study findings is supplemented with edited quotes. With the approval from participants, quotes are featured as a way to illustrate the variability and range of responses made by early adolescents and to



portray participants' perceptions in their own language and words. During the course of the final write-up of findings, participant code names were substituted with researcher assigned pseudonyms in order to maintain each informant's anonymity. Where quoting has involved taking narrative licence, these instances are indicated by notational convention such as the use of ellipses or parenthetical inserts (Sandelowski, 1994) as a way to capture both information and an aesthetic experience. Other examples of notation and language are explicitly stated the chapter which follows. The explanatory theoretical model about the experiential processes of making smoke-free decisions and reconstructing a social identity as portrayed by nonsmoking early adolescents is identified and is presented over two chapters. Chapter Four, is a presentation of the analysis of major themes, and Chapter Five, is a presentation and explanation of the theory.

#### Consent and Ethical Considerations

Prior to the recruitment of research participants, written approval to conduct this study was provided by The University of British Columbia Behavioural Research Ethics Board and the school district Board of School Trustees (Appendix L). The researcher then negotiated with the school district superintendent for access to individual schools. The next contact involved the principal of one elementary school to access students in grades 5 and 6 and the principal of one middle school for access to grade 7, 8 and 9 students.

##### *Consent*

The principal of each school arranged a meeting with individual teachers prior to the researcher making contact with students. The Board of School Trustees supported and approved student participation in the study during school hours, with a caveat that students would only be excused from non-core curriculum subjects. As this condition of participation involved teacher discretion, individual teachers who were assigned to the target grades of interest met with the researcher and provided informed active consent. During each meeting teachers were provided with an explanation of the purpose and format of the study along with salient details which concerned: (a) method for participant recruitment; (b) incentives for participation; (c) nature of participation; (d) audio taping of interviews; (e) number and approximate duration of the interviews; and (f) requirements of parental consent.

*Active and informed consent.* Before the first interview, each participant provided informed written consent, as did his or her parent or legal guardian. The written consent was based on an

explanation of the study, and included the nature of participation, purpose and format of the study, taping of interviews, and number and approximate duration of the interviews (see Appendix C).

Each signed consent was returned in an envelope addressed to the researcher. Each interview began with the researcher reviewing the participant's signed consent form. Before the interview started, the researcher ensured that each participant fully understood his or her role in the study. The researcher next expressed her thanks and appreciation to the participant for his or her willingness to be involved in the project. The written consent form was then reviewed orally. Each participant was assured of his or her several very definite rights. For example, participants were ensured that involvement in the interview was entirely voluntary, and that he or she was free to refuse to answer any question at any time or to withdraw from the interview at any time. Any questions posed by participants were also answered before beginning the interview. The researcher made a photocopy of the signed consent which was given to the participant to return to his/her parent to keep for future reference.

*Privacy.* Throughout all phases of the data collection and analysis process, each participant's right to privacy was protected by maintaining anonymity according to the following procedures. Code numbers were assigned to each participant and family and were used to track and identify each participant's family and socio-economic data forms. Biographical information was managed in a tabular format and kept disconnected from code names to ensure that all identifying details of participants and their families were concealed. Code numbers were also used on audio tapes, cassette labels, computer diskettes, and when naming computer files. Each participant chose a code name that was used for the purpose of transcribing interviews and identifying drawings.

*Confidentiality.* To ensure confidentiality, participants were protected in a number of ways. The master lists of the subject names and corresponding codes, signed consents, field notes, transcripts, theoretical memos, and audio tapes were kept in a secure and private location known and accessed only by the researcher. Participants were made aware that transcripts of their interviews may be shared with the researcher's supervisory professor and committee for the purpose of analysis. The researcher hired two individuals to perform transcription of audio tapes and they both signed a standard confidentiality agreement. All transcripts and field notes will be kept for five years from the end of the study and then will be destroyed using a confidential method appropriate to data storage.

*Risks and benefits.* Neither participants nor their parents had an expectation to gain any direct

benefits as a result of participation in this study. However, there was an opportunity to gain experience in a research study as young researchers and to share their stories and lived experiences as key informants. There also existed the potential for participants to gain a new understanding and/or strengthening of their existing values and beliefs concerning nonsmoking and their views toward the smoking behaviours of others in their social environment.

*Special considerations.* Given the nature of minor children as study participants, there existed important humanistic and ethical reasons for using child-centered approaches which incorporated early adolescents' own ideas, beliefs, and metaphors. For instance, using drawing as a medium can be an empowering means of exploring early adolescents' beliefs about tobacco, cigarette smoking, and nicotine addiction, an understanding which has the potential to contribute knowledge on educational interventions for health promotion. Additionally, the researcher made a deliberate choice to include data collection methods that would foster both the competence and confidence of early adolescents as study participants.

Although none of the participants expressed strong emotions in a negative stance, the researcher was prepared to assist participants to come to terms with any strong emotions which could have resulted as part of the drawing and interviewing process. All participants were provided with the opportunity to debrief following both of the scheduled interviews and to contact the researcher at any time during the course of the study.

#### Criteria for Evaluation

A number of good practices have been established by qualitative researchers, ones that have been applied to guide both the progress of the study and its ultimate evaluation by researchers and their critics. These practices are implemented to illustrate the rigor of qualitative research. In its most general sense and use, the term *rigor* refers to the reliability and validity of research. While there is merit in upholding the value of rigor in all research, the criteria for evaluating rigor must be appropriate to the research and the type of research methods used. In the case of qualitative work, researchers strive for reliability but not in the orthodox sense of replicatability across contexts, situations, or over time. Rather, the view put forth by qualitative researchers argues that the conventional terms used to relate to reliability, generalizability, and validity are thus not appropriate to the naturalistic paradigm.

### *Rigor and Credibility*

An alternative approach makes a claim for the term *credibility* as one criterion to evaluate the quality and truth value of naturalistic research designs. Using a qualitative method such as grounded theory, the researcher's aim was to learn about the experiences of individuals (meanings, intentions and actions) in relation to a particular phenomenon and the social-psychological processes used by these individuals to manage in their everyday lives. In other words, the researcher must demonstrate that he or she has represented a credible picture of the field and that the multiple constructions of that reality are adequately and validly represented (Guba & Lincoln, 1985). Moreover, the research findings and the researcher's interpretations of the data must be credible to the original participants as co-constructors of the research. Accordingly, in the qualitative paradigm validity has to do with description and explanation and whether or not a given explanation fits a given contextual description.

The rigor of grounded theory methods affords the qualitative researcher a set of explicit analytic strategies in order to build an explanatory framework that specifies relationships among concepts. Glaser (1978, 1992) established four criteria for evaluating a grounded theory: fit, work, relevance, and modifiability. Accordingly, theoretical categories must be developed from analysis of the collected data and must *fit* them well (i.e., categories must explain the data they subsume). As well, Glaser (1978) stipulated that any existing concept must earn its way into the analysis. A grounded theory must *work*; that is, it must provide a useful conceptual rendering and ordering of the data that explains the studied phenomenon. The *relevance* of a grounded theory derives from its offering analytic explanations of extant problems and basic processes in the research setting. Hence, a grounded theory is *durable* (e.g., accounting for variation) and is *flexible* (e.g., the researcher can modify one's emerging or established analyses as further data are gathered or conditions change).

The principle of triangulation, or the use of multiple methods, is one strategy that adds rigor to qualitative research. Triangulation allows the researcher to develop a complex, in-depth understanding of the phenomenon under study, one which might not otherwise be available if only one method was utilized. Denzin (1978) and Flick (1992) identify four basic types of triangulation: data triangulation, methodological triangulation, investigator triangulation, and theory triangulation. Data triangulation involves the use of a variety of informational sources in a study. Methodological triangulation involves the use of multiple methods to study a single research problem. Investigator triangulation involves the

inclusion of a variety of researchers or evaluators in the research process. Finally, theory triangulation involves drawing on multiple theoretical perspectives to provide new insights and to interpret a single set of data. As a way to demonstrate credibility, examples follow which outline how each of these distinct types of triangulation were applied in this study.

*Data triangulation.* Data triangulation was achieved by interviewing both boys and girls enrolled in two public schools whose personal experiences with nonsmoking and smoking were varied and diverse. Specifically, in this grounded theory study, theoretical sampling guided the researcher's selection of participants in order to discover common experiences as well and atypical (negative instances) experiences with the phenomenon under study. Seeking out and exploring those instances which did not fit the emerging conceptual system served to challenge initial categories and led to the modification and elaboration of the emerging theory. As a result of the processes and techniques used for theoretical sampling, rich, thick descriptive variations in data were achieved. As well, theoretical sampling led to the identification and maximization of conditions, contexts, actions/interactions, and consequences which validated and enriched the data.

*Methodological and investigator triangulation.* Methodological triangulation was demonstrated by using two methods of data collection: interviews and a drawing task specifically designed as a child-centered adjunct to interviews and transcript data to achieve breadth and depth to the participants' stories and lived experiences with nonsmoking and smoking. Although data collection was conducted by one researcher, investigator triangulation was achieved during data analysis by this researcher asking questions of herself and others concerning interpretations emerging from the data. As with comparisons that were made based on theoretical sampling, during analysis codes and categories were constantly compared for similarities and interrelationships that existed between codes and categories were also compared. Additionally, the researcher also elicited questions from her supervisory professor who posed questions which challenged the researcher to move the analytic process from one based on a level of description to a higher, more abstract level of conceptualization which in turn led to the discovery of the social-psychological process embracing the experiences of study participants.

As alluded to earlier, a basic requirement of good qualitative research is the categories that serve as the building blocks of the emergent theory ought to fit the data well. Credibility refers to how well the emergent theory echos the experiences and perceptions of the informants. To this end, the

strategies used in this study appeared effective to accurately capture meanings of early adolescents' experiences as nonsmokers. Specifically, by applying the suggestions of Lincoln and Guba (1985), member checks and audit trails were used to check the researcher's interpretation of data. In order to determine that the emerging theory was a credible and trustworthy representation of the experiential process of maintaining nonsmoking behaviour, the researcher explained the major aspects of the theory to ten participants as part of their interviews for their confirmation or revision. Additionally, as the theory evolved and developed, the researcher provided an explanation of the theoretical model to three nonsmoking early adolescents who were not participants in the study. By writing theoretical memos, I documented my exploration of ideas about the data, codes, emerging themes, and categories. Throughout all phases of the analytic process, memos were written to interpret material during open coding, articulate metaphors, examine the relationships among code categories, explain major code categories, explore issues related to method, and generate the theoretical model.

*Theory triangulation.* Theory triangulation was achieved by setting forth different themes to examine through posing questions about relationships in an attempt to deliberately discount or refute interpretations in the data and testing hunches against the data. Additional reviews of the humanities and social sciences literature were also used to make comparisons with previously published publications and extant theories in order to illuminate a different perspective on the study findings and to further explain the emerging theory. By upholding an epistemological stance from a constructivist and interactionist perspective, the researcher was able to: (a) approach the scientific process as one which generates working hypotheses rather than immutable empirical facts; (b) represent reality through the eyes of participants; (c) emphasize the meaning of experiences and behaviours by studying participants within their natural social contexts and settings; and (d) regard the uniqueness and particularity of a smoke-free choice from the standpoint of an early adolescent.

### Summary

The researcher conducted this study using the grounded method of research as initially described by Glaser and Strauss (1967) in order to achieve an insider's perspective and to identify the process used by early adolescents who choose not to smoke and to maintain their nonsmoking behaviours. The assumptions underpinning this method emerged from a constructivist perspective and an interactionist philosophy, as well applying the principles of a naturalistic field research paradigm. The

researcher collected data via in-depth open-ended face-to-face interviews and a drawing task. Sampling was achieved initially with selected participants; subsequent theoretical sampling procedures and processes were implemented where emerging constructs led the researcher to engage in an extended investigation with key informant participants. Data analysis followed the process of constant comparison using a two-step data coding process: open coding and selective coding. Deductions regarding the relationships among concepts were hypothesized, modified, or rejected in light of new and additional data as further interviews were conducted. Theory development was inductively derived by analyzing recurrent themes and concepts in the data. As a way to end this chapter, the researcher presented the evaluative strategies relative to rigor and credibility that were employed to guide the progress of the study. As such, the theory that evolved from the data in this study was both grounded in and fit the data. This theory and the explanatory theoretical model addressing how the experiential processes unfolded for making smoke-free decisions and developing a social identity as a nonsmoker are presented in Chapter Five.

## Chapter Four

### Findings: Narrative Thematic Analysis

The ultimate outcome of this study is a substantive middle range theory developed to explore and explicate the processes used by nonsmokers as to how they construct a smoke-free decision and maintain nonsmoker identities during early adolescence. The grounded theory method as originally developed by Glaser and Strauss (1967) served as the methodological framework to process and synthesize study data according to analytic procedures as described in the previous chapter. Conceptual categories and processes were inductively derived through constant comparative analysis until the basic social process (BSP) of *Developing a Nonsmoker Image* was discovered and the two iterative processes of *Creating Meaning about Smoking* and *Reaching Committedness about Nonsmoking* were determined. Accordingly, conceptual names were labelled as gerunds to evoke a sense of informants' actions to depict the dynamic, evolving transition through the each of these processes.

As used in this study, the grounded theory paradigm was well suited for discovering the complex interactional processes underlying early adolescents' shared smoking-related meanings and decisions, within their social-cultural context, and for articulating those processes conceptually. The final write-up or "co-authored storyline" represents participants' lived experiences and realities as an inductively derived theory. Consequently, the basic social-psychological phenomenon or problem (BSPP) denotes what participants experienced and the BSP explicates how participants processed and managed the phenomenon under study. Specifically, within a social-cognitive developmental paradigm, participants managed transitions within early adolescence which linked nonsmoker image development and the process of decision-making about tobacco use/non-use.

### Chapter Overview

The format for the presentation of the study findings is arranged under two main sections. The findings study are first presented by introducing participants as a collective group, according to nonsmoker profiles developed as part of a thematic analysis on the topic of smoker and nonsmoker images. Informants' understandings related to smoking and not smoking were embedded within a social-cultural context that shaped their personal experiences. Accordingly, the first main section presents the findings of the study in the spirit of the research questions that guided this study. Specifically, participants who viewed themselves as nonsmokers pondered their understandings of smoking and not



smoking. As a way to situate the context for both the findings and this theory, a synopsis of participants' nonsmoker images is presented according to nonsmoker biographies or profiles based on their perceptions and understandings of a nonsmoker identity to express their individuality during early adolescence. As well, an overview of findings related to the draw-and-write task is presented as a supplement to nonsmoker profiles. Following this, the second section presents an interpretive thematic analysis of participants' stories relative to smoking and not smoking is presented according to specific questions that guided their narratives. The remaining portion of the outcomes of this study are presented in the next chapter. Chapter Five is a presentation and introduction to the BSP and the theory.

### Developing a Nonsmoker Profile

As participants spoke of their experiences concerning smoking and not smoking, a definite typecast or profile emerged upon detailing each informant's exposure to smoking, along with their concerns about the environment relative to second-hand smoke and ETS. Based on a comparative and contrasting analysis of this information, one initial pattern emerged relative to tolerance or intolerance for cigarette smoke and about smoking and smokers in general. Additionally, informants expressed desire or degree of curiosity about smoking was determined by comparing individual experiences with smoking and not smoking. Examining these patterns of behaviour further, a sub-plot emerged as I examined the personal characteristics of each informant relative to family data and history of smoking. Hence a storyline emerged that yielded an overall picture of each informant which included common elements based on their strength or intensity of their intent to remain smoke-free.

To capture a nonsmoker image or profile, participants mounted a deconstruction of others' smoking activities and behaviours as witnessed in their social-cultural environments and household situations. All informants expressed a clear intent about not smoking, their degree of commitment ranged from strongly opposed to smoking to one of indifference or apathy. Consequently, an analysis of the aforementioned personal characteristics, three different profiles or typecasts emerged and are presented to describe the study sample collectively, on the basis of those shared characteristics or attributes.

Participants were asked to consider their feelings and concerns about smoking as an initial look into their images of smokers. My sense was they needed to reconstruct another picture of how they viewed themselves as nonsmokers, given a transition from childhood to early adolescence. Their overall

word view from a childhood paradigm was one that represented smoking as unacceptable social-psychological behaviour. For instance, a peer who smoked was generally described in terms of being un/cool and translated to a negatively appraised social comparative judgement. As participants mounted a deconstruction of smoker images, in turn the images they held of themselves emerged, most often their descriptions were in stark contrast or the complete opposite of the images they held of smokers.

#### *Participant Nonsmoker Profiles*

Initially, participants' smoking status was determined to categorize smoking and nonsmoking experiences. However, when I looked at each participant individually and comparatively, common characteristics or attributes emerged to provide an overall profile or nonsmoker typecast. For instance, desire (expressed as curiosity) or interest in smoking, concerns relative to smoking (personal tolerance for smoking; developing an interest in the environment), perceived susceptibility to hazardous consequences of smoking, and intentions relative to maintaining a smoke-free goal formed the basis to construct a descriptive or composite profile of the study sample from participants self-descriptive statements about nonsmoker image themes. As I reviewed participants' image themes (i.e., characteristics, physical attributes, and personality traits of smokers and nonsmokers), many of those stated themes were similar to common or stereotyped views documented in the literature. Moreover, when I asked participants about experiences with refusing offers or invitations to smoke, all described a common refusal strategies (e.g. "Say no" approach), yet *how* they described their stated actions varied and came through according to three distinct styles of refusal. Hence, an overall picture of the early adolescent nonsmoker emerged. This overview and nonsmoker typecasts are presented to provide a wide angle picture of the study sample, and each are described in the next section.

*Overall picture of sample as nonsmokers.* Generally speaking, participants spoke in voices that were straightforward, honest, confident, and compassionate. It is interesting to note that these participants did not question an adult soliciting their opinion for the purpose of research, yet at the same time, many commented they were not experienced with offering their opinions to adults. That is, participants perceived adults as a group that did not often consult them on "the teen experience." Moreover, I approached this study as one way to capture the "taken for granted" aspect of nonsmoking among early adolescents. While it may seem obvious that most kids at this age do not smoke, participants did not question my interest or desire to learn about their experiences with not smoking. In

truth, participants welcomed my invitation and the opportunity to act as "experts" in this study and provide me with their understandings on smoking and not smoking. In fact, some participants thought more research of this nature needed to be done, especially in relation to topic such as smoking and not smoking, one they approached with interest and enthusiasm.

What struck me was how participants' made up their own minds and viewed their nonsmoking decisions as a personal choice, one that was right for them. Clearly, this sample was capable of, and in fact did make, autonomous decisions. Many were involved in peer leadership programs; they took on their respective leadership roles seriously and competently. Other shared qualities included strong feelings, for the most part they were individuals who could not be easily influenced, and possessed solid values concerning health and well-being. As leaders, some participants were the oldest siblings and were learning responsibility through looking out for their younger siblings. They could take on the perspective of others and seemed have an acute awareness in terms of social and environmental cues. Finally, most of the group also shared characteristics such as not giving up easily, being competitive and wanting to win, as well helpful to others.

As an overall comment based on a four-month experience at both schools, I was impressed with this group of participants as they struck me as nice, happy, well-adjusted kids who all came from supportive families. As they spoke of their families, they were proud of siblings and respected their parents. They all seemed confident when asked to predict how their parents might react if they were caught smoking. Their parents sounded concerned and interested in their children's education and learning. In fact, I met several parents at the elementary school who volunteered in a variety of ways throughout the school day. I also had occasion to meet some of the parents at the middle school who were involved as members of the parent-teacher council. Again, I came away with the impression that parents were deeply committed to their children and their schools.

There were those participants who frequently expressed their disdain for smoking, and at any opportunity. As such, some participants were not as flexible as others in their opinions concerning smokers in general. Specifically, most participants enthusiastically presented unfavorable, negative, and sometimes sinister images of smokers, citing many stereotypical statements commonly found in the literature concerning social images and smoking. Others, however, required some gentle prompting to make explicit or express their opinions about smoking and nonsmoking. Yet others were exceptional

narrators and spoke readily to their experiences and provided excellent examples. There were a few who were quiet and more reserved, yet they soon warmed up once the interview process was in full swing. Finally, a few of the younger participants preoccupied themselves with the tape recorder, and wanted to know *exactly* how I was going to transcribe their interviews; they asked a lot of questions about me, the study, and about my status as a nonsmoker.

Most participants' examples of smoker images were based on adult models, yet variety was achieved as participants frequently described young adults and older teen relatives, and a few had friends who were smokers. Most could describe commonly held views of what an adolescent smoker looked like, in terms of social image or identity. These specific themes are described in detail later in this chapter as part of participants' understandings and perceptions of who smokes. Many expressed their opinions, concerns, and disappointment relative to parents who smoked, citing fear of consequences to health due to smoking as a personal motivator for not smoking. Some of the most compelling, graphic, and insightful descriptions of addiction were presented by participants whose parents smoked or recently quit. When describing participant profiles in this next section, I indicate details such as parent smoking, as part of the presentation of nonsmoker profiles. A summary of each typecast and profile is presented in Table 4.1.

#### *Nonsmoker Typecasts*

One way to describe participants is according to their styles for making refusal statements. Participants' refusal skills enabled them to say "no" when they wanted to, and said effectively. Early adolescent nonsmoker responses appeared to be contingent upon whether adolescents had learned how to use refusal skills, and if they had prior experience which required their use of "saying no" strategies. Generally speaking, informants' refusal responses were characterized according to refusal styles as reported and used in situations that involved offers to smoke.

*Refusal styles.* Three overall responses are presented and correspond to nonsmoker profile descriptions and encompassed those response styles, which include: passive, aggressive, and assertive. Each style is presented briefly. A *passive response* is characterized by one who feels obligated to go along or appears to go along, such as "I'd really rather not, at least not right now," or "But if everyone else is well, maybe . . ." When making the statement "rather not," the person lacks the confidence to "say no." Accordingly, the person fails to take a position, and is not required to make a commitment. In

Table 4.1

*Nonsmoker Profiles and Typecasts*

Nonsmoker Profile Typecast - Refusal Style	Adamant Aggressive	Indifferent Passive	Committed Assertive	Committed Assertive, Sympathetic
Group <i>n</i>	7	8	9	4
<u>Smoking Protocol Category</u>				
Never Smoker	7	6 <sup>a</sup>	7	2
Trier	0	2 <sup>a</sup>	2	2
Play/pretend smoking	3	5 <sup>b</sup>	3	2
<u>Parent Smoking (<i>n</i> = 14)</u>				
Never smoker	1	0	0	0
Nonsmoker	3	2	6	0
Mother smokes	1	3	1	1
Father smokes	2 <sup>c</sup>	1 <sup>c</sup>	1	2 <sup>c</sup>
Both Parents smoke	1	0	0	0
Quit	0	2	0	1
<u>Gender</u>				
Boys ( <i>n</i> = 11)	0	6	3	2
Girls ( <i>n</i> = 17)	7	2	6	2
<u>Grade</u>				
Five ( <i>n</i> = 7)	3	3	1	0
Six ( <i>n</i> = 7)	1	2	4	0
Seven ( <i>n</i> = 6)	2	2	0	2
Eight ( <i>n</i> = 5)	1	1	2	1
Nine ( <i>n</i> = 3)	0	0	2	1

<sup>a</sup> Smoking not ruled out as a possibility in the future<sup>b</sup> All indicated past smoking-related play except one never smoker<sup>c</sup> One participant's natural parent and step parent both smoke

contrast, the overstatement of one's objections, one that is characteristic of an *aggressive* response, the person is indignant or appears morally outraged at what is being proposed. An aggressive refusal style likely depicts deep convictions about a person's beliefs and values, although those inclined to evoke an aggressive style may do so in an attempt to compensate for feelings such as insecurity and self-doubt. An aggressive refusal was more common among girls between the ages of 10 and 12. When approached by a small group of boys upon their invitation to smoke, one observed response was typical, "What? Me smoke? You guys must be stupid!" A statement such as this provides an example of a nonsmoker who resorts to making an insult, one that clearly demonstrates a lack of respect for the choices of others. Finally, an *assertive* refusal style avoids the extreme, unproductive behaviour of both passive and aggressive refusals. An assertive refusal is a truly desirable method (i.e., a skill that requires instruction) for handling the delicate problem of "saying no."

*The Adamant Nonsmoker: Profile of an Aggressive Refusal Style*

The second group was profiled as the *adamant nonsmoker – aggressive refusal style* ( $n = 7$ ). These participants were deeply committed to a nonsmoker decision yet, they seemed to be quite hostile toward smokers and smoking situations. A few were allergic to smoke so I could understand their misgivings about breathing in cigarette smoke. At the same time, these participants were quite intolerant of smoking in general. They did not like smoking, they pointed to a lack of reasoned judgement on the part of a person who chose to smoke (i.e., smokers don't do well in school; smokers are stupid or smoking is stupid; smoking is a waste of time and money). Although there is some empirical evidence to support their claim, it was the fervor with which they communicated their absolute disdain for smoking that caught my attention. It was almost like talking to an angry former smoker – to avoid smoking the former nonsmoker uses exaggerated negativity to cope with smokers. These participants were adamant on their prediction, "I will never smoke. Not ever! NO WAY!"

The other point to note was that adamant and indifferent nonsmokers were amongst the youngest participants. Some of their convictions and inflexibility were likely more representative of a lack of maturity. None of these participants wanted to try smoking; they were completely disinterested in the whole notion of cigarettes and smoking. It is interesting to note that all participants in this group were girls. Two had fathers who smoked, one had a father and step parent who smoked. The remaining four girls came from nonsmoking households, one had both parents who were never smokers.

*The Reserved/Indifferent Nonsmoker: Profile of a Passive Refusal Style*

The first typecast is described as a *reserved/indifferent nonsmoker – passive refusal style* ( $n = 8$ ). These participants were indifferent with respect to smoking in general and smokers as people. Some participants' parents smoked and although they did not like their parents smoking, they were more concerned by the hazards posed to health due to smoking. Other participants "could care less if a person smokes" as it was seen as a personal choice. While these participants did not express a desire to start smoking, they did not give smoking "a lot of thought" as it is something they "just aren't interested in doing." Additionally, they described themselves as ones who "did not mind smoking so much . . . . Aside from the smell, smoking doesn't really bother me that much." Yet, in terms of how they express that sentiment, these participants came across as passive, in that they did not express a definite commitment.

Three participants had tried smoking and felt "it was not a big deal." One participant commented that he was in a group, ". . . I just figured, why not? And it wasn't so great, but it wasn't as horrible as some people seem to think." When asked if he was to experience another opportunity to try smoking, "It's just that I'd rather not, maybe another time. Thanks, anyway." Others credited having parents as role models – their parents did not have a lot to say about smoking due to the fact their parents did not smoke.

Smoking was seen as something people *can* do, yet it was something that participants "did not really want to do" as early teens. Four participants also claimed for the future, did not want to smoke or try smoking. Although not precise with their predictions, these participants believed for now, their decision was to maintain their smoke-free commitments. However, they did not rule out the possibility that in the future, they may try smoking, "When they get older and stuff." Currently, these participants considered themselves as nonsmokers. One concern, though, was that given they were currently in grade 6 and anticipated promotion to high school, they did ponder some potential scenarios that would be cause refuse cigarette offers. Clearly, they felt some degree of uncertainty as to what would happen in the future due to the indeterminateness of a transition to a new school. Further, they were scheduled to attend a high school in their neighbourhood as a middle school did not exist in their designated catchment area. In other words, they anticipated defending their smoke-free decision to others, and believed their decision could be open to challenge by others. However, all three appeared set on not

smoking and shared their individual strategies to stay smoke-free in their artwork.

*The Committed Nonsmoker: Profile of an Assertive Refusal Style*

The last group was described as the *committed nonsmoker – assertive refusal style* ( $n = 13$ ). These participants had the following characteristics in common: confident, strong self-esteem, adventuresome, and certain in perceptions of high self-efficacy. Also, they were flexible and could easily take on the perspective of another. Four participants were further differentiated as *Committed Nonsmokers, empathetic*. All shared an empathic or sympathetic quality in terms of the smoker experience which was due in part to their deep understanding and appreciation of the addiction process. Two of these sympathetic participants had tried smoking and decided that it was not for them. Although they were not addicted at the time of their early trials, both participants lived with parents who smoked, as well they lived through numerous quit attempts and shared in the disappointment when parents resumed smoking. They had compassion for smokers, as described in their words, "people who were stuck on smoking" as they could appreciate "most often the person who smokes hates it and wishes they could quit, but they can't."

Another shared quality – participants seemed more balanced in their opinions and concerns about smoking. While they agreed on the standpoint that smoking was a choice, they all believed that the tobacco industry needed serious attention in terms of smoking at the level of a serious social problem. Many of these participants had definite views about "how to wage a crusade or a war on tobacco." I could see some of these participants as future tobacco control lobbyists. Three of the middle school students were in CODES, and chose this venue to collaborate with school-based peers as individuals who shared a common belief and commitment. Engaging in assertive refusals placed these participants in a powerful position, particularly in a situation with potential to create discomfort, such as an invitation to take part in smoking.

These informants used an assertive refusal style and were able to let another know firmly and forcefully, clearly yet gently, that their answer is an unequivocal "No". Accordingly, informants expressed themselves confidently, calmly, in a dignified way that demonstrated they had thought over the whole matter and reached a decision that was best for them. They had principles and they were sticking to them. Put simply, "I stick to my guns, no matter what. 'No' means 'No!' Full stop." Even though their answer and their whole manner showed they did not want to get involved, at the same time they



respected the people with whom they dialogue. In other words, assertive nonsmokers did not resort to making self-righteous statements and insults, nor did they respond with anger and threats. Rather, the end result was that they maintained their *own position*, yet they did not isolate themselves or alienate others in their social-cultural environment. Assertive refusals typically observed were those which included responses such as, "No, I just can't. I want to stay eligible for ballet" and, "No, I just can't handle the smoke because of my asthma" and, "No, I promised my parents I wouldn't smoke. I always keep my promises." Finally, these participants were more likely to exhibit feelings of pride and self-worth in response to making predictions for success with future refusals. Participants commented that, "because I'm the one who made this decision [not to smoke], I own it. I'm doing it for me. Other participants' statements representative of this typecast included:

What my parents think is important, especially about something like smoking. But, it's more about disappointment with myself. I'd feel really lousy if I went back on my word. I know I'm a stronger person than that . . . . It's like I've made a challenge or overcome some obstacle. Like doing a really hard math problem. It's like when I get it I feel like I'm on it, and feel good, you know, proud? So, when you feel good about your decision, you want to uphold it . . . when that happens you feel good about yourself . . . . It also helps to have friends who can give you that boost when you need it. It's like we're all thinking the same thing, so you have strength from your friends, and it comes through when you're with them in a group.

#### *Draw-and-write Task*

In addition to interview data, a draw-and-write task was specifically designed for use in this study. As outlined in Chapter Three, the purpose of this activity was enrichment of data and achieve another dimension to participants' constructions and understandings of smoker and nonsmoker images and identities. Accordingly, drawings were examined during interviews. Participants' artwork was examined for content, general tone, and feeling of artwork in relation to their detailed written narratives. Artwork represented smoking-related images, personal strategies to maintain a smoke-free choice, and anti-smoking signification which tapped a very powerful, natural ability to think about complex ideas through metaphoric and analogic language. Drawings were also used as catalysts for discussions of smoking-related decisions.

*Value added and enrichment to understandings.* I believe several value added aspects were achieved due to the draw-and-write task in this study. As the outset of the study, I purposively chose artwork as a medium to engage participants in an activity that was familiar, one which is a child-centered activity. This certainly turned out to be the case in this study. The overwhelming positive participant

response confirmed the activity was both child-centered and enjoyable. Although there were a few self-admitted "bad artists" this sentiment did not inhibit their participation. Further, many participants demonstrated a keen ability to express themselves in a creative way, one such as through drawing and art. Some chose posters, others did quick sketches, and a few showed a very promising talent and flair for drawing. In fact one middle school student was nominated by several teachers and subsequently chosen specifically due to her great potential as a cartoon artist. This participant turned out to be a key informant, due in part to her artistic talent, as well she shared considerable insights into complex concepts such as advertizing schemas, notions of peer dynamics, and the social-psychological and physiological nature of nicotine addiction relative to personal control. This 14 year old girl appeared much more mature in her abstract thinking abilities compared to her grade eight counterparts.

*Purpose of artwork as used in this study.* Artwork was a valuable strategy to break the ice during an interview. It also served as a concrete task, one that required participants to think out an idea, plan a strategy, reflect on their nonsmoking decisions and goals, as well explain a specific concept or ideas relative to smoking and not smoking. For others, their drawings expressed metaphors that represented complex ideas, such as how a person becomes addicted or "hooked" on nicotine. Other participants used the drawing exercise as a way to explain "effective advertising strategies for kids our age."

One interesting aspect of the task came through with three participants in the adamant nonsmoker category. These participant had a common element relative to their artwork in that they were acutely aware of the influence of others. Specifically, one girl portrayed what she would do to a cigarette if she was invited to smoke, "I'd squish it dead. I'd show them [smokers/instigators to offer] all, like I'm not gonna . . . If I squish it, then that's one less smoke for them!" Put simply, this participant felt threatened by the cigarette and the person making the offer. In her drawing the cigarette was depicted as, "This large, like *huge* cigarette" in relative proportion to the stature of how she depicted herself in the drawing. Her reaction to this "huge" cigarette was viewed as, "A big, towering fright . . . a big bully kinda . . . hindrance to my goals. It's like I am around it [smoking] so much and I see it, and it really bugs me." Moreover, this was an opportunity for me to explore with her further her acute disdain for smoking. This participant was one of the first "adamant nonsmokers" I interviewed. She certainly did not like smoking, due in part to her significant exposure to smoking at home and with relatives. It also became clear that

her sense of personal control was threatened as depicted by her perception of the cigarette as "huge" and towering over her – an image of a looming offer to smoke as she anticipated smoking situations as she was scheduled to attend the local high school, one with a reputation for a significant number of teen smokers. She also demonstrated insight into the powerful controlling properties of nicotine and how this manifested for her family members who were smokers. This participant clearly and accurately articulated both physiological and psychological mechanisms associated with nicotine, providing graphic descriptions of family members' behaviours and mood when they could not smoke (i.e., physical and psychological signs of nicotine withdrawal).

As all three were anticipating transition to high school following their grade six year, they seemed pre-occupied that smoking would be a situation they could almost be sure to encounter in the next grade. For example, one participant repeated his mother's sentiment when she expressed concern to her son that the high school "was known to be a place where kids start smoking . . . . It's my mom thinks I'd be better switching to a different school to avoid all the pressure and stuff about smoking." Accordingly, these participants both sketched cartoon skits of scenarios depicting cigarette invitations where a best friend invited the participant to smoke. They also had learned social skills and refusal skills in earlier grades. One participant commented on his artwork as follows:

Well, it's not like this is a great drawing or anything, it's just more to practice up what I'd say if the situation . . . came up. I'd do like . . . whatever I could, run away, tell my friend why it's bad for him . . . how it's not a smart thing to do . . . . I'd end up doing like the poster in our classroom says, 'Say NO!' And walk away! Run more like, and fast! (Sean, age 11, Grade 6).

At the outset of the study I did not plan to conduct a direct comparison of participants' drawings with existing television and print media anti-smoking advertisements. However, as data collection progressed, participants frequently and spontaneously enlisted examples of recently viewed print and media advertisements, designed to convince early adolescents against smoking, as part of their discussions involving the draw-and-write task. Concomitantly, informants mentioned advertising to the extent that certain campaign strategies were more or less effective than others. As well, informants frequently referred to particular advertisements in the context that these were helpful or inspirational for participants during the time they designed their original artwork.

*Smoking-related messages.* Participants' drawings exemplified either an anti-smoking message and/or individual strategies to maintain a smoke-free choice. A strong sentiment voiced by informants

was their messages needed to be emotional and thought-provoking, as well related to and aimed at youth in their everyday contexts. This notion is exemplified by one participant's comment, "My personal motive was to come up with an original and creative idea that would grab the attention of young people." Creating pro-health counter-tobacco advertisements allowed early adolescents to express their creativity while strengthening their resolve not to start smoking. In the section to follow, examples of artwork are featured and provide a delightful glimpse into those elements of advertising that, in the opinions of informants, can work effectively to persuade early adolescents to make a smoke-free choice.

What makes kids "stop and think" was a strategy underpinning various participants' anti-smoking messages. Participants implementing this strategy included a desired response from the observer which included a statement such as, "Think. Don't Smoke" or "Say, 'No' and walk away." Participants were also keen to craft a message that would encourage the audience to think about smoking from a different perspective (e.g., the lungs of a smoker, what smoking can or cannot do for you) or to evoke a fear response (e.g., smoking can mean your death). Overall, participants placed a particular emphasis on the idea that both the messages they created and the media messages they viewed needed to be judged as credible, relevant, and persuasive, especially for kids their own age. In addition to the strategies used to convey the intended idea, those messages that informants appraised as salient addressed concepts such as addiction, short- and long-term health effects of smoking, impact upon athletic performance, social consequences for family and peer relationship dynamics, and the environment.

The authenticity of presentation was frequently mentioned as an important factor, especially concerning visual messages presented in the media. Informants believed viewed images needed to be explicit and graphic, or in their terms, "as gross as possible." This same principle was applied in their own artwork. One informant recalled and provided a comprehensive rendition of a recently viewed television commercial related to nicotine addiction. She shared her reaction to and viewpoint on this advertisement in the following statement:

There is this one commercial on TV where the lady got cancer in her trachea [due to smoking] so she had to get a hole in her neck and she still smoked through the hole in her neck. I think that [commercial] affected a lot of people. She takes the smoke away [moves the smoke away with a wave of the hand] and then it's like I think that you can tell that's not fake. That would be really hard to do fakely. Ha! But the fact that she's *still* smoking after *all* that has happened to her, I think it *really* affected *me* [emphasis added]. It's awful that you got so addicted that you still have to smoke even through that tracheotomy in your neck. It's sad! (Sue, age 14, Grade 9).

As a way to convey an authentic and persuasive presentation, an example of artwork by one particular informant is provided to illustrate how she researched her topic so that she could produce diagrams that were "as real as possible." That is, she took great care to ensure that the size and proportion of the lungs were drawn to model correct human anatomy so that the images she created would be viewed as factual and credible (Appendix M). Jan asserted that, in this scenario, drawing a cartoon would not serve as an appropriate visual aid:

'Cause of that presentation that Daniel did . . . they showed you the lungs, so I thought it would be kind of interesting to show what your lungs look like. 'Cause I didn't know what a lung is shaped like, so I looked in this kind of encyclopedia-type book on the human body and I found a [picture of a] lung. So I tried to make them as realistic as possible. Like smoking all your life with emphysema, or something like that. Hmm . . . well, here they are like all black. . . maybe for emphysema they're not completely black but they're kind of soggy and greyish or something. Yeah. 'Cause they might not think it's true . . . if it's blown up or if it's a cartoon. So, I was trying to make it as realistic as possible so people would actually figure out some facts on what would happen if they did smoke. And maybe they would rethink it. For people that do smoke, to try and make them stop, and to people that don't smoke, to never start (Jan, age 11, Grade 5).

Likewise, the prototypical x-ray depiction of human lungs was a common strategy used to illustrate a graphic representation of the negative effects of smoking (e.g., lung cancer; lung damage due to lifelong smoking).

Others chose to base their images on previously viewed advertisements that used "catchy titles and slogans." Early adolescent participants clearly expressed their disdain for smoking at any opportunity. The act, thought, or sight of inhaling a cigarette brought to mind a vivid image of the "rotting" that was characteristic of chronic lung diseases. The consistent use of expressions such as "gross" and "eww" represented participants' feelings of aversion and disgust. Participants positively appraised media messages that were perceived to present a graphic tone. In the minds of early adolescent nonsmokers the images of smoking they held brought about a strong visceral "yuck!" response. One artist, for example, created her poster with the idea that specific facts concerning smoking would evoke fear for the reader. Accordingly, this artist characterized her drawing as a "fear appeal."

I wanted to get across how disgusting smoking is and some facts why not to smoke. Yuck! It's a cigarette! Smoking sucks the life out of *you*! Smoking causes cancer and may cause death. Smoking does not make you cool. Would you rather live or die because that's the choice you make if you choose to smoke (Mara, age 11, Grade 6).

This strategy, as used here, presents facts to the reader about smoking in order to evoke a desired

response – smoking ought to be feared. Smoking is presented as a threat to one's health (smoking causes cancer), life (may cause death), and image (smoking does not make you look cool). The sentiment that "smart people don't smoke" was a pervasive theme and one that was frequently patronized by participants. Accordingly, the artist appeals to the reader's intellect (i.e., a person has the power to absorb the ideas as presented). In other words, an intelligent person would use sound judgement, hence make a wise decision (I want to live). In the mind of this participant, the desired response on part of the reader would be fear (i.e., a negatively valenced emotion), an anticipated reaction by a person who is exposed to a fear appeal.

Now that an overview to participants has been presented, an interpretive thematic analysis of participants' understandings about smoking and not smoking is featured. In the research world concerning early adolescent nonsmokers, there are two separate, yet equally important groups – the children who depart a childhood paradigm and navigate transition to early adolescence, and the early adolescents who embark the middle phase of adolescent development and negotiate transition to high school. These are their stories.

### Understanding Smoking

Throughout the research process questions such as, "what is smoking," "who is a smoker," and "why does a person smoke" as defined by early adolescents who perceived themselves as nonsmokers were pondered and explored. A delimitation of the findings of this study is that all of the participants identified themselves as nonsmokers; hence, having this identity provided the foundation of their combined story.

#### *What is Smoking?*

Participants used the terms *smoker* and *smoking* to define smoking in both narrow and broad terms which included both the external and internal aspects of smoking. As a most basic definition, the "art of smoking" was described in terms of a step by step reference of events, the associated physiological processes, and concrete analogies.

I would explain smoking, like to someone who didn't know what it was . . . . Like if an alien landed on earth and asked what a cigarette was, it would be hard to explain and probably sound confusing. Wrap paper around a plant called tobacco. Place the cigarette between your lips. Light the cigarette with a match, breathe in the smoke and fill your lungs with tar and nicotine . . . . It's very simple . . . the actual smoking, but it ends up very complex (Erik, age 10, Grade 5, Indifferent nonsmoker).

All participants expressed concern over the person who smoked, as well as for an interest in the environment. Specifically, participants expressed their concerns over second-hand smoke as an external aspect of smoking. Informants frequently spoke of their exposure to second-hand smoke from family members and about the impact on well-being for unborn babies and infants exposed to passive smoke. One informant described her "first-hand experience" with second-hand smoke:

You asked me if I smoke and I said, 'No' because I have never tried a cigarette nor do I ever want to. But, I've been exposed to a lot of second-hand smoke because of people who smoke in my family. Believe me. Second-hand smoke is a first-hand experience. Like it's really bad [emphasis added]. I know! It is worse for me than the person who is smoking because the smoke I'm breathing in is unfiltered (Kate, age 12, Grade 7, Adamant nonsmoker).

Many informants pointed to "the costs of smoking" in reference to both the smoker and to those in the smoker's immediate environment. One participant provided her cost analogy as follows:

Smoking is really costly. By the time you have bought like all of those [cigarette] packages, you could have been like a millionaire by the time you turn 40! Not only that, it's hazardous to your [the smoker] health. It's hazardous to the people around you [the nonsmoker]. Like I know, second-hand smoke is deadly – more than the stuff that you [the smoker] inhale[s]. I just have to look at the main cause why my mom's parents died . . . that cost them their lives . . . death because of smoke. My grandfather had a heart-attack and my grandma had lung cancer, so, it's both like costs or causes of smoking (Rachel, age 14, Grade 8, Committed nonsmoker, empathetic).

Another external element of smoking came into play which involved the potential for stigma being attached to the person who smokes, due in part to the perceived "taboo" or forbidden aspect of the activity, as well as the negative consequences associated with being labelled "a smoker."

'Cos it [smoking] at this age, it's just kinda like one of those things that is kept quiet. There isn't really anywhere to smoke at this school and the teachers are all kinda like, 'You better not be smoking anything' so it's just kinda kept quiet around here, I guess. You sure won't catch me talking about smoking! (Rose, age 12, Grade 7, Adamant nonsmoker).

As a final external element of smoking, one participant denoted smoking in terms of the person having a "smoking side." As was typical of all participants, this girl found it difficult to suspend her disdain for the smoking act while setting forth the meaning of smoking:

Well, he, he just smokes. It's just that it's his *smoking side*, you know? I don't like the smoking. It's gross and it makes you stinky and yellow. Disgusting! Like I mean . . . he's my dad. It's his smoking side I don't like (Enna, age 11, Grade 6, Adamant nonsmoker).

In and of itself, smoking evoked a range of emotions among participants which were frequently expressed in their narratives. Participants vocalized feelings of sadness over the known effects of smoking concerning the health and well-being for both the smokers, as well as for people in the smoker's environment. As one way to denote the internal aspects of smoking, many participants explained their

feelings, often adding a contextual element to their perspective. One statement of feelings provides a good example:

I do feel sorry for people who smoke but depending on the situation. If they smoke and they love it, I don't feel very sorry for them. But, I mean, like my family members that smoke, hate, on the one hand they hate it and can't stand it, yet on the other hand, they can't quit. It's I feel sorry for them because they are stuck (Max, age 12, Grade 7, Committed nonsmoker, empathetic).

Informants also included a moral dimension to their understandings of smoking. For many, smoking was described as "bad," "evil," and "naughty" whereas other informants were quite forthright with their opinion that "smoking is wrong." One informant presented her thoughts about smoking from the perspective of one whose father and step father both smoked. Her narrative depicts the frustration and concern she felt relative to her step father's smoking:

I mean whenever I see a cigarette I just think of the bad things of it. I just *can't* think about it! Whenever I think about my dad's smoking, I just think he's gonna do it longer; it's gonna get worse. His smoking kinda sets me off track on what I'm doing. Whenever I see him doing it, if I get a glance at him [smoking] outside on the porch, it just kinda freezes me. Like during homework, I start writing and I see him with a smoke, and I just like wouldn't stop staring 'cos it *really* bugs me! (Kate, age 12, Grade 7, Adamant nonsmoker).

Other participants used comparisons to other activities people do as a way to define smoking:

They just smoke, it's like a habit, you know? It's like, I don't know. It's something that they wanna do so I'm like fine with it because it's their choice. I just see them [smoking] as one thing that they like to do, like a hobby or something. Yeah (Roger, age 11, Grade 6, Indifferent nonsmoker).

All participants expressed another important characteristic in a definition of smoking, that is, the notion of choice. One girl shared her perspective on "choice" and provided her insight which concerned how the "influence of others" may play a role in one's ultimate decision.

Like my teacher. She used to smoke but she doesn't anymore. She was trying to sway us not to smoke and she's saying, 'Don't smoke, please' and everything. Like trying to tell us not to and everything. People can tell you to do something but it's really your own choice if you want to or not. Like you can say, 'You're not allowed to smoke' and 'I don't want you to smoke' but it is the person who decided they wanted to [smoke] or not (Mara, age 11, Grade 6, Committed nonsmoker).

While some early adolescents (e.g., Roger) expressed a nonjudgmental attitude toward a "personal choice," there were those who qualified their sentiments with certain conditions and added a cautionary caveat:

I could care less if someone smokes, like if they wanna smoke, they can smoke. If it was my best friend and the person said, 'I like it, I'm going to keep on doing it,' I'd say, 'Fine' and the person would more or less be my friend. As long as the person doesn't smoke *in front of me*, I'm fine with it. Yeah. I just wouldn't do it . . . they are wrecking their life, not mine! It's just



like, you got the smell on your clothes and then someone suspects you're smoking and then there is a big rumour in school that *you* are a smoker. And you gotta bad name for the rest of your years here at this school. No thanks, man! (Ben, age 11, Grade 6, Indifferent nonsmoker).

During interviews informants were often confronted with their own contradictions in their definitions of smoking. As seen above, Ben could choose his friends, he could easily articulate his choice concerning smoking, and he aptly exercised his option to stay away from his friends while they smoked. On the other hand, informants added a condition that negated the notion of choice, one that often evoked an element of emotion. That is, sometimes it was not always possible or easy to evoke one's choice when in the presence of a smoker. Two participants, both of whom grew up as children with mothers that smoked, provided their thoughts that described how a mother's choice to smoke could impact her baby and young children. Barb (age 13, Grade 7) and a boy of the same age highlighted very similar accounts and identified comparable issues. For instance, Rob, in his narrative, focused on salient aspects such as those that concerned passive smoke and choice:

It makes me sad . . . especially if I see a pregnant woman smoking. Like the mom is making a choice for her baby but the baby doesn't have a say. It's the passive smoke that the unborn baby gets and there's no way to get around that situation. It's not like they [pregnant women] don't know about the bad effects that smoking does . . . like low birth weights and stuff . . . you know, like the regret later on kind of thing . . . the warnings, I've seen them and they appear right on the cigarette package in front and you can't miss 'em. I remember that my mom smoked but she quit when I was younger, like when I was six years old or so. Back then, like, I didn't know any better and I didn't say anything because I was just a kid. But, what was I supposed to do? (Rob, age 13, Grade 8, Indifferent nonsmoker).

However, once they became older, other informants could apprehend and predict those certain situations which afforded an opportunity to express their choice:

My mom's smoking sometimes annoys me. Like I'd never dis. someone for smoking. Actually, I am quite used to having people smoking around me. It's just there are times when I don't want to smell like smoke, you know? If I'm going [out] somewhere and I don't want to stink like cigarettes, I'll stop my mom if she's going to light up a cigarette. My brother's graduation is a good example. I'm like, 'Don't even bother. I don't want to smell like smoke for this.' Then there have been other times, like on vacation. She'll be, well, we were both sitting on the beach and my mom lights up. And I'll go, 'Yeah, good one, mom. We're sitting here on the beach. Nice a way to wreck the moment. That's just great!' as she smokes in everyone's space. The worst, I think, is in the car. If she lights up a cigarette, I'm like, 'NO MOM!' I don't like it when she smokes. Some days I'll [roll down the window] stick my head out just to prove my point. . . . My mom gets it, like she'll say 'Yeah, yeah. Okay, I won't smoke for this ride' and she'll put her smoke back [in the pack] or she'll throw it [the lit cigarette] out the window (Lucy, age 14, Grade 8, Committed nonsmoker).

At another level, participants agreed that smoking involved a *personal choice*, yet they could also discern the complex paradox concerning the addictive component of smoking. What seems to be a

personal choice when a person starts to smoke soon changes – as the person subsequently becomes addicted – where smoking no longer becomes a choice. Hence, smoking becomes an issue over *control* versus *use*; that is, the smoker is under the control of nicotine and the addiction the person is now experiencing corresponds to the primary reason for one's use of tobacco.

Informants used standard and colloquial terms to denote addiction. That is, the terms *addiction* and *hooked* were used synonymously as in, "being hooked on something" or "the thing that hooks you in is nicotine." Early adolescents both readily and easily recognized symptoms of nicotine dependence by describing behaviours such as "cravings" and "nic. fits," as well as changes in the mood where the smoker was depicted as "grouchy," "grumpy," and "irritable" as well as by statements, "My mom gets really bitchy if she can't have a smoke" and, "I can just tell when my dad is just itching to go out and have a cigarette."

As profiled earlier, the informant who shared her unique understanding of smoking vis-à-vis the reference to "having a smoking side" provided an eloquent description of addiction, derived in part from her experience achieved while she kept a watchful eye over her father's numerous attempts at quitting smoking. Those observations of the controlling power of nicotine had a significant impact for her:

He's addicted to it, nic., nic., whatever, that 'N' word . . . Can't help, you have to have the stuff. Have to, have to, have to have the stuff. That's what your brain's telling you. My dad, like he *knows* he shouldn't and he's *trying* not to [smoke]. He doesn't *want* to but, he doesn't *mean* to be addicted but, he's addicted to it [nicotine]. It's just that it's his smoking side, you know? He, he smokes, it's, it's gross, and it's ewe, just gross and icky and yuck, gross. I don't like to think about smoking. No, 'cos it's gross, yuck! All the stuff that's in it, sucking it in. Yuck! Yeah, and it, the changes it does to your body and all that. *Gross!* (Enna, age 11, Grade 6, Adamant nonsmoker).

Another girl, also experiencing her father's smoking, provided a fishing metaphor (Appendix M) as a unique way to depict and explain her notion of a smoker's addiction to tobacco. Her "look-took-hook" approach is explained:

Imagine there is a fish and he's going for a hook. Usually a fish gets hooked on a fishing hook and that's what I see . . . It's not something that doesn't blend, it goes together . . . the fish thing and a hook thing all goes together. If you see a cigarette like it's the bait – if you go for the bait – you'll get, like you'll get hooked on it . . . well because fish like bait. And you're the fish, right? So like the fish, if you take the cigarette or the bait, you'll end up like the fish who like gets hooked onto it because it is so easy to do. I think that people can get hooked on smoking, just like that, and it's not very good (Tina, age 12, Grade 6, Committed nonsmoker, empathetic).

Informants also believed that addiction conveyed a negative meaning with an undesirable outcome.

I don't have an addiction to something . . . you know, like being hooked on something. Like

maybe, it doesn't have to be a bad thing. Maybe somebody is like hooked on reading, like loves to read . . . does it all the time . . . or video games, like that's all you, do all the time. Or it could be a bad thing like cocaine or tobacco. I wouldn't want to be addicted to *anything* . . . being controlled or having an activity consume that much of me and my time. No way! (Noah, age 11, Grade 6, Adamant nonsmoker).

For the most part, informants attributed addiction largely to adults rather than adolescents. Although informants did not doubt addiction as a part of adolescent smoking, their experiences and anecdotes were based mostly on their observations of adult smoking in their social-cultural environments. Those shared realities of addiction prompted some informants to speak to the risks associated with smoking. Specifically, informants were fearful about their chances of becoming addicted smokers if they tried smoking and they were also alarmed by the perceived threat that addiction posed to maintaining one's sense of self-control. Thus, early adolescents perceived the chance of becoming addicted as salient. Informants shared a common belief as represented by the statement, "Because you don't know how many cigarettes it takes to become addicted, there's a risk it could happen to you . . . even by trying smoking just once, that could be all it takes." A hindrance was considered serious when it involved one's ability to perform enjoyable activities (e.g., athletics, competitive sports, and hobbies). The fear articulated by one girl provides a good example:

That's what would probably scare me most, because I never liked the hospital. It just freaks me right out; I was in the hospital once because I had to get my tonsils and adenoids out, so it was like I had been in a car accident or something. I *hated* the hospital and I *never* want to go to the hospital and I'm terrified whenever I see someone smoking. If you love something really bad, you shouldn't risk giving it up by doing something . . . like smoking . . . Breathing is so important and your lungs are a big part of your body; they take up a lot of room in your body. So if that part [the lung] is affected, you'd probably die right away. Just one day, boom! The lungs get blacker and blacker until one day they are just clogged up. What I see is I would rather be dancing, and I love ballet. If I smoked, I couldn't breathe right . . . if I don't smoke then I can spend my life dancing (Kim, age 10, Grade 5, Adamant nonsmoker).

A common theme identified by some of the older informants stemmed from making a link between smoking and control, one which demonstrated an understanding of addiction at a sophisticated level of comprehension. A beginning link between addiction and control is evidenced in one girl's observation following a classroom presentation and visit with Daniel. This informant shared her thoughts that concerned both the effects and impact of addiction on the smoker:

We talked about addiction quite a bit in class. Yeah, we had to ask questions [during his presentation] and one of mine was, 'How does smoking get you physically and mentally?' What occurred to me is . . . physically, you can't do sports you love and everything . . . and mentally you can't think right. Like you're always thinking about smoking and how you want a cigarette. Like Daniel is so addicted, he *still* has these big cravings . . . he can't stop himself 'cos they're too strong. I don't think it's very good 'cos you know you're *dying* of

smoking but the cigarettes are telling you to smoke. I don't really know. I think it'd be pretty hard to try and stop yourself from these cravings but like, I've never had a craving for something so bad that I'd run out and buy it. I've heard that people that smoke run out and buy cigarettes 'cos they have such a big craving for them . . . . Daniel's smoking has taken over his whole life to the point where he can't do stuff for himself. It's hard for him to shave 'cos he's got to like hold his breath and like wash the shaving cream off and have a shower and everything 'cos he has emphysema now because of smoking (Mara, age 11, Grade 6 Committed nonsmoker).

Another participant made a clear connection to control which was evidenced by the statement:

It's like you're not smoking the cigarette, it's smoking *you*! Like it's sucking you dry of your life. I don't know. I mean that's what I think about it. Cigarettes aren't worth *your life*. It's the cigarette in control. The nicotine has chosen *you*! Yeah. The addiction to nicotine consumes your mind and your body . . . then your life. Yeah (Rachel, age 14, Grade 8, Committed nonsmoker, empathetic).

Recognizing the multifaceted nature of smoking led participants to conclude that, aside from the role of addiction, smoking was both an activity and a behaviour which involved the achievement of a desired goal and/or perceived benefit. Consequently, in order to appreciate why a person purposively smokes, one needs to first examine the question, "who is a smoker."

#### *Who is a Smoker?*

The main analytic task to discover "who is a smoker" was to pinpoint interesting and meaningful image themes in the data that were consistently observed across school grade and gender. Specifically, an image theme was an identifiable pattern of perceptions, beliefs, or attitudes about smoking or smokers (or nonsmoking and nonsmokers). An image theme was conceptualized as filling in the blanks in two types of statements: "Smoking is \_\_\_\_\_"; and "Smokers are \_\_\_\_\_." Accordingly, as articulated by participants in this study, two simple examples of image statements included, "Smoking is un/cool" or "People who smoke are stupid." Early adolescent study participants described a wide and vivid range of the images of both smokers and nonsmokers. Specifically, eight image themes emerged during data analysis, all of which were observed at least once by both girls and boys in each grade and, with one exception, were observed by more than 40 percent of the total sample. Additionally, themes needed to be theoretically important or salient by relating in some way to existing empirical or theoretical knowledge about adolescent smoking and not smoking, or to suggest new ways to think about education, prevention, or evaluation.

At any one time, the complex images of smokers were simultaneously positive and negative, and were often contingent on the age and gender of the smoker in question. Positive statements about

smokers' identities tended to emulate those images in the mass media which early adolescents are regularly exposed. Additionally, those images which adolescents desired for or ascribed to themselves, and those which they rated positively in themselves and others. Conversely, negative images (not commonplace in the media or youth-oriented advertising) were graphically expressed and positively appraised. An overview in format is provided to delineate the eight themes by factor (Table 4.2) and information as to the degree to which the particular theme was mentioned by participants, frequency of observed support for each theme by gender, as well as language used to describe smokers and nonsmokers.

*Extrinsic Factors: Interpersonal Dimensions and Societal Images of Smoking and Nonsmoking*

Extrinsic factors related to the physical features or social attributes of people who smoke and included four image themes: appearance, activity, alcohol and drugs, and rebellion.

*Appearance.* Early adolescents found smoking to be dirty and unattractive. This was the strongest and most consistently supported theme, the only one of which was expressed by all participants. Early adolescent nonsmokers saw smoking as a dirty habit that smelled bad and made adolescents' teeth, breath, skin, and clothing less attractive. Informants cited evidence (i.e., a person's clothes or hair) as proof that a person smoked by making statements such as, "I can tell my friend's mom smokes . . . you can smell it on her clothes" or "You can tell, she just doesn't look like a smoker . . . she's a clean person . . . with like nice skin . . . healthy looking."

Early adolescents appeared to also generalize beyond the physical characteristics of smoking. That is, as nonsmokers they believed that smokers themselves were unattractive:

[Those kids who smoke] . . . stink and end up looking ugly and I don't want to end up like that. It's gross, not attractive. I just can't see myself doing anything that horrible to my body. They [girls who smoke] wear skanky clothing, like they've got skirts above their knees and their shirts are like baby-sized . . . not nice looking. The boys try to act as cool as they can be . . . sideburns down to their cheeks and baggy everything . . . it [smoking] makes them look like an adult and all that . . . they just wanna be like older, like try and act like them or something . . . and try and fit in . . . Once you're popular, you want to stay popular . . . to stay popular you try and do things and all that . . . that's where like tobacco and smoking goes (Rose, age 12, Grade 7, Adamant nonsmoker).

Informants were keen to evoke the appearance theme as part of their anti-smoking artwork. Informants spoke of the dual nature of looking "cool" which involved self-enhancement for the sake of appearance. One girl's message was an effort to persuade her peers about the image of smokers. In her drawing she explained:

Table 4.2

*Overview of Image Themes Observed Among 28 Early Adolescent Nonsmokers, with Examples of Language Used to Describe Smokers and Nonsmokers*

Category	Image Theme	Observed Support Frequency by Gender			Language Used by Informants to Describe Smokers and Nonsmokers for Each Theme	
		N (Number)	Boys (Percent)	Girls (Percent)	Smokers	Nonsmokers
<u>Extrinsic</u> Interpersonal (Social)	Appearance	28	40	60	Un/cool, dirty, smelly, stinky, reeking, yellow teeth and fingers, baggy clothes, skanky clothes, thin, unhealthy, try to be popular	Healthy, cool, takes care of self, clean-cut, busy lives
	Activity	20	45	55	Nothing else to do, nothing better to do with time, lazy	Active life, better things to do with time, busy with sports and school clubs, music, computers
	Alcohol and Drugs	17	42	58	Geeks, popular crowd, drink at parties, smoke weed, do drugs, reckless	Good, nerds, don't take risks/chances, respect rules, adventuresome
	Rebellion	13	62	38	BMXers, skateboarders, gang members, tough, risk takers, disruptive in class	Athletes, environmentalists, artists, parents, kids, follow rules and set a good example
<u>Intrinsic</u> Intrapersonal (Psychological)	Affect	21	33	67	Unhappy, sulky, low self-esteem, stressed out, lonely, worried, bored, down in the dumps, angry	Happy, high self-esteem, helpful to others, confident, kind, strong feelings, self assured, empathetic, loyal
	Control	20	45	55	Care free, out of control, unorganized, addicted, follower, give into peer pressure, easily influenced by friends, waste money on cigarettes	Value independence, competitive in sports, leaders, organized, strive for goals, plan for future, make their own decisions, high self-efficacy
	Pride	20	35	65	Don't care about themselves, unhappy home life, parents not interested in their kids	Proud, feel good about self, respectful of self and others, proud of family, good relationship with parents
	Intelligence	16	50	50	Stupid, fool, moron, idiot, don't get good grades	Smart, intelligent, bright, do well in school, get good grades, honor roll

It's like kids smoke to look cool. But it's really not cool. They want to look older. But instead they look silly. What I'm showing in my poster is there is nothing cool about getting black grungy lungs, like the ones here on the far right . . . and lung cancer, here in the middle. So I want people to think about what smoking does to your lungs. If kids can see what the lungs look like then hopefully they'll think about that and not smoke (Jan, age 11, Grade 5, Adamant nonsmoker).

*Activity.* Informants viewed nonsmokers as having active and busy lives, while smokers were depicted as people who have nothing else better to do than smoke. This theme was observed almost as consistently as appearance – activity was identified by 71% of the sample. These participants suggested that busy kids did not have time to smoke, while smokers had plenty of time on their hands. As a way to convey this notion, participants made statements such as, "I know one kid and he looks like the smoking type because he looks, he does nothing, just like watches TV or something" or "I have more important things to do . . . it's [smoking] just not part of my picture."

Some participants noted an interrelationship between the topics of achievement and nonsmoking. One girl articulated her observations as follows:

A lot of the people I know who smoke, they aren't as involved as those of us who don't smoke. It's like, the people who I know that smoke, they just smoke, like constantly, and aren't involved in anything that I know of that's, like, positive . . . like I'm involved in CODES with kids like [Toby], and there's the peer counselling group . . . [smokers] aren't the ones who are running the student council, they're not the ones that make the honour roll, and they're definitely not the ones who are into sports (Sue, age 14, Grade 9, Committed nonsmoker).

As Sue linked up aspects of achievement to nonsmoking, many of the elementary school participants also made similar connections to athletic performance and believed this would serve as a persuasive message to prevent smoking in youngsters. Kim shared her drawing and love for ballet as a symbolic comparison of what could happen if she did and did not smoke. Another girl linked not smoking as a way to maintain her goal for a future in competitive sports. Jan emphasized the importance of keeping active, both physically and mentally, and her need to "get busy" with activities that "keep kids safe from smoking." This participant clearly articulated there was no room in her life for smoking:

Well, my friend [name], she's like good at everything. She can throw, she can jump, she can run, and I think it would be cool to be able to do all that stuff. She'd got trophies and plaques and ribbons all over her room. I got a few plaques, not trophies but ribbons and medals, but she's got *all* these trophies on her dresser and everything and I *really* wanna get a trophy like that some day. And she probably wouldn't want to lose that for anything. 'Cos everybody like always pays attention to her and she's been asked to be on all the older kids' relay teams 'cos she's so fast. I don't think she'd really want to lose that for basically, anything. Like in track . . . when I'm doing events on the team . . . it's keeping your mind off doing bad things for your body and you're doing good things for your body. So you're not really thinking about that [smoking] 'cos once you're like playing basketball, you're thinking about trying to get it down

and shooting in the hoop; or doing track and getting to the finish line as fast as you can, or throwing as fast as you can, or something. So, you're thinking about other things to try and make yourself do better in these events than you're doing than thinking about smoking, that's bad for you. I wanna go do the Olympics in like 2010 . . . I'd be ruining my dreams . . . I'd never be able to accomplish that . . . If I smoke, I'm just kinda throwing away my life in a way. 'Cos like I said, you're not as active, you can't do all the stuff as well as you used to (Jan, age 11, Grade 5, Adamant nonsmoker).

*Alcohol and drugs.* Just more than 60% of participants, particularly those who attended middle school, had a sense that smokers were also substance abusers. Cigarette smoking was often linked with drinking and using marijuana, and was associated with an image of belonging to certain or select friendship cliques. Again, the notion of self-enhancement is mentioned relative to negotiating the politics for a "cool" image:

The popular people are those who go to parties . . . smoke weed, cigarettes, drink alcohol. I don't know why they think it's so cool. I mean, they are the ones smoking, so *they* think that's cool, obviously. They are the popular people, so yeah. I'll admit it. They are the popular people. But I don't admire them (Toby, age 14, Grade 9, Confirmed nonsmoker, empathetic).

An elementary school participant shared a similar sentiment. Given that smoking was perceived as "bad," this led him to describe other typical images shared by participants his age. This boy portrayed smoking as an illegal activity, one with dire consequences that could result in parental disapproval, an identity associated with peer rejection, and threats to one's health. He explained the unequivocal role of the "influence by others" and identified specific instances:

It's like only Geeks and losers smoke. We shouldn't do that . . . it will wreck our lungs and hearts. My friend [name], he touched a cigarette once and his mom made him wash his hands like for an hour. It's illegal for my age to smoke. Kids who smoke are just trying to be cool but in the long term it shortens out their life. I find nothing cool about smoking . . . young kids when they see their parents and stuff . . . they get the mind set that it is okay to smoke. . . . The commercials tell you it tastes so good [puts left hand to mouth as if holding a cigarette, brings hand close to the mouth, makes inhale and exhale motions], yeah, like fat chance [laughs]. You know, breathe it in [laughs]. But now, most people know that it is bad and it should be banned from the stores. In fact the packages can't be shown at the counter because that's now banned so it's illegal to show it out in front. And the cigarette companies have to show, like in the lungs, or tell you, what happens on the front of the pack (Noah, age 11, Grade 6, Adamant nonsmoker).

Elementary school participants readily voiced their concerns with respect to the issue surrounding the easy availability of tobacco products and mentioned numerous ways for adolescents to access cigarettes. Given that smoking was regarded as "bad" in terms of the consequences to one's health, informants were acutely aware of the illegal aspect of smoking that related to "how kids get cigarettes." Participants perceived parental smoking as a means to accessing cigarettes and were less inclined to view a parent's smoking as a significant influence on a child's decision to smoke. While



middle school informants did share their concerns over the availability and access to cigarettes, their distress was expressed to a lesser degree. Although early adolescent participants recognized that their parents would go to great lengths to avoid smoking in their presence, informants however did not believe that such an action would entirely prevent a child from smoking.

It's like he tries so that we don't see him smoking because he thinks it's a bad influence for us. He's tried quitting a couple of times, but it's really hard for him. I don't like it [smoking]. It stinks and it's dirty. Well, because my dad smokes, he thinks that we might have gotten the idea from him, to smoke. And then he would have probably thought that it was all his fault if we started because he was smoking, that kind of thing. I don't think it's very good that he smokes. Like when we see him smoking, he kinda like just puts it behind his back or something because he doesn't want us to get the idea that we should start smoking, just 'cause he does it (Tina, age 12, Grade 6, Committed nonsmoker, empathetic).

The most salient feature of witnessing their parents' smoking, however, was that participants could appreciate the struggles of the addiction experience. In participants' ways of thinking, being addicted was considered "a really big turn off" which signaled an effective deterrent to smoking. Hearing their parents' stories over and over was viewed as a positive statement of support "to never start [smoking] in the first place." In the voices of participants, they "did not want to end up like that." Participants also added, "... watching my [parent] quit, I could see how hard it was. That's not something that I ever want to go through. It's completely put me off wanting to smoke."

As for those participants who lived in nonsmoking households, even though they did not have the lived experience of watching a parent quit an addiction, their view of a parent's influence was constructed from a somewhat different understanding about parental influence. One elementary school informant expressed her theory of how one could access cigarettes and she then shared what an impact such behaviours would have on her, given that her understanding of "bad" also implied engaging in "illegal things":

It's like [kids who smoke] they're being dishonest. It's one thing that they're doing all this bad stuff to their bodies but then they are going off and doing stuff that probably their parents don't really want them to do. I don't know how you would get cigarettes 'cos you wouldn't be allowed to buy them at the store. So, you'd probably steal them from your parents or someone's been offering them to you or something. Yeah, 'cos if they went into a store they wouldn't sell them [cigarettes] to them 'cos they're too young. They are not of age to be buying that kind of stuff. So if your friend's mom smoked, and you went over to your friend's house, you'd steal those or friends steal them and give them to you. Or you find them, like just lying around or something, and you just take some hoping that nobody will notice (Dana, age 11, Grade 5, Adamant nonsmoker).

Just as labels were applied to smokers, nonsmokers themselves also discovered that they could

not escape similar group markers in the social clique ranking schema. Both boys and girls identified, for instance, that "nerds" or "nerdy types" were not the usual candidates for trying smoking. Accordingly, they provided the following stereotypical descriptors for this friendship group:

Well, mainly those are the people, not to be offensive or anything but, they all kinda just sit around in the hallways . . . and they wouldn't do anything bad . . . like smoking or anything. They do homework in the halls. They're always playing with like "Game Boy" and stuff like that. They're like people who've not made friends, like they can't find the group to hang out with and so they kinda made up their own little group. They're basically the opposite of the popular people. They like don't do stuff to get noticed. Some of the popular people do things, like smoking, to get noticed by older kids; they smoke and think it's cool so they do it so that they can be cool to hang with them (Rose, age 12, Grade 7, Adamant nonsmoker).

A reference made to smokers who engaged in illegal activities (e.g., alcohol consumed by kids who are underage, uses marijuana) tended to have a negative, judgmental tone. Specifically, in reference to girls who smoked both nonsmoking boys and girls provided comparative conclusions where they asserted, "Girls who smoke look like prostitutes . . . just like slutty, the smoking and the way they dress." Yet in reference to boys who smoked participants were more inclined to look upon smokers as the sorts of people who took excessive risks. One boy explained his tolerance for risk as a nonsmoker and compared the difference for people who smoke:

It's like [the ones who are smoking], it's a risk to their health, but it's also other stuff . . . taking drugs is one thing . . . you just don't know what you're getting yourself into . . . and then they'll do other things . . . they are the ones who'll drink and drive. It's like you have a 50/50 chance of ending up dead . . . they take unnecessary chances and [are] not thinking ahead. But then, a person like me, I chose to take up rugby; I started in Grade 6. When my dad found out he was really mad about it. Actually, he was quite pissed about the whole thing. I think it came down to, well, actually I broke my nose because of rugby and that was a risk I took. It's like you take risks with the choices you make and that's why my nose is crooked and looks the way it does, you know? Builds character some might say. But like I was trying to tell my dad, he smokes and that will probably kill him. For me, that risk is too high. Like I could have chosen to smoke but having a broken nose that's like not gonna kill me and I can live like that, ya know? I like living life to the fullest, but there's a point for me, like how far I'd go . . . the riskiest things for me that I've done, is going down the river, like this really rapid river, and we, my friends go tubing or stop at the bridge [over the river] and jump [into the water] off these little cliffs (Rob, age 13, Grade 8, Indifferent nonsmoker).

While certain groups were characterized as people who would take risks, one participant provided a unique way to conceptualize risk as it related to smoking. This artist's perspective effectively demonstrates the analogy, "Don't play games . . . your luck may run out" with her use of a casino slot machine as a way to "teach kids/teens not to take chances when it comes to your own life or the life of someone else." The following explanation accompanied her artwork:

The slot machine represents, like all the time you take, every time you smoke. That's what

the handle represents. Every time you smoke that has something to do with these three pictures. So, when you pull the handle, that affects the results of [points to the revolving drums in the drawing]. Every time you smoke, it could result in the effects of smoking, like what will happen to you? Like there is no money in here [points to cash slot] because you put money into smoking but you don't get anything out. And then I put one of the major things that can happen to you which is shown by the headstone to represent death from smoking. So, each time you smoke, it could change every time you put the money in and pull the slot machine handle. Like smoking affects you in different ways. There could be like money and how it's a waste of money, or images of family issues and what smoking does to others like second-hand smoke, or other health effects like how smoking causes cancer. I think you get the idea . . . death from smoking . . . that's pretty serious and that experimenting with smoking can end up in a bad result, even though it didn't start that way. So, death mainly but, spending money when you don't get anything back, it's like what's the point? Don't gamble away your future kinda thing and don't take chances when it comes to your own life or somebody else's (Lisa, age 13, Grade 8, Adamant nonsmoker).

*Rebellion.* Approximately half of the participants viewed smokers as belonging to rebellious groups. Smokers were seen as those people who associated with or were attracted to groups such as skateboarders, gangs, and others. As well, a smoker was depicted as person with a "strong" character, one that was usually described in terms of toughness or hardness. The image of a boy who smoked was generally described as "tough" and "hard." During interviews, early adolescents often made the connection to rebellion explicit:

He's a smoker . . . 'cos he's got the earring, tattoos, and the hair . . . you know, like the Hells' Angels type of guy . . . the rebellious look . . . the ones who get into fights 'cos they're like, the tough people, [they] are the ones who smoke . . . so you don't want to get in a fight with them (Sean, age 11, Grade 6, Indifferent nonsmoker).

However, girls who smoked were viewed as "rebels" and those who "go against everything their parents or families do and say." As well, some spoke to the specific nature or make-up of a smoker as a person who could be characterized as "rebellious" which alluded to the intent for becoming a group member:

The ones who try to be noticed. Kind of like what the popular people do – they want to stand out and want everyone to be like them. They'll be the ones who'll hang out with the friends their parents don't want them to hang out with . . . what I'd call the rebel types . . . the ones who'd smoke. I would hate that. And they are all so fake, too. It's like they can't be individuals, like you know, be their own person . . . the ones who try to be different but they're not . . . . The more they try to be different, the more they become the same. It's a type, you know? (Lisa, age 13, Grade 8, Adamant nonsmoker).

Conversely, nonsmokers were perceived as traditionalists and often described themselves in terms of being self-admitted conformists:

We are the kids who like aspire to be artists and athletes . . . we care about the environment. Like in CODES, those are the kids who pick up pop cans out of the garbage for the recycling programs and then they use the money to sponsor role models and bring them to talk to the whole school. We're not the disruptive ones who like don't listen and always talk in class and are quite annoying . . . we're the ones who behave . . . do our schoolwork . . . and do what we're supposed to do (Mara, age 14, Grade 9, Committed nonsmoker).

Informants pointed to both an important and appreciable difference between a person being *fearless* and *reckless*. A fearless person was characterized as one who can reasonably and accurately predict one's chances of encountering and successfully negotiating a threatening situation, expressed as one's tolerance for fear. In contrast, a reckless person is characterized as one who demonstrates a blatant disregard for a dangerous encounter and lacks the requisite sense to appreciate the potential impact of such a threat relative to one's choice in behaviour, and without regard for an impact on one's self and/or others. Hence, the difference is that while both individuals demonstrate self-confidence, they differ in self-efficacy. In other words, the reckless person is overconfident or has an inflated sense of one's capacity for self-efficacy (i.e., to set and meet one's goals), yet the person does not respond with fear when confronted in a dangerous or threatening situation. Moreover, the person who is reckless does not appear to have regard or respect for the choices of others.

One middle school student made the analogy to drinking and driving, although in her way of thinking there was a difference. This girl demonstrated remarkable insight with her comparison and credited her understanding to listening to a tragic experience presented by another girl who was the victim of a serious car accident at the time of her high school graduation. As this participant reflected on this vicarious learning experience she spoke about "Why some people are fearless and others are just plain *dangerous*!" The school's CODES group recently invited the aforementioned female guest to make a presentation to all middle school students about surviving a drunk driving episode as part of their counterattack awareness program on preventing driving while intoxicated. Another reason that prompted this participant's comments was general statement, "Those people who drink are usually the ones who smoke, too . . . the rowdy ones, always showing off and doing things they aren't supposed to." The following is an eloquent descriptive comparison of the risks involved and an exquisite account of the impact or "the fear" she experienced:

It's like we had this speaker come into school last week. She was in a car accident . . . it happened a while back . . . she was one of a group of kids at a beach party and this guy ran them all down. It was sad, and kind of hard to listen to sometimes because one of her friends actually died [due to the injuries sustained in the accident] . . . like people were crying and stuff, even *the guys* . . . she made a really big impact . . . So she was in the wrong place kind of thing, at the wrong time. It *really* made me think. It's like with smoking, you don't always have a good excuse . . . well, not as good as 'I'm the designated driver' . . . if you drink and drive, you have a 50/50 chance of ending up like her [guest speaker]. It's like you are making a choice for *other people* and with smoking you make a choice but still, smoking in front of someone won't like *kill you* or anything. It's bad but like the smoker is going up in smoke and isn't really taking anyone along . . . it's

[smoking] not good for the environment either. And like it's not like these people don't know the risks or anything. *Please!* So, yeah, it's easier when you have an excuse or good reason [not to smoke] . . . and friends to back you up on your stand [position on smoking] and that's important to have that support, especially in a situation that freaks you out. I think what bugs me the most is that both drinking and driving *and* smoking it's pretty selfish things to do . . . everyone else ends up paying in the end . . . not responsible . . . Like you should *know better*, that kind of thing . . . I guess I like life too much . . . I'm not willing to take stupid chances [with my life] . . . and what for? So people think you are cool? Well, no way! You won't catch me doing anything like *that* . . . stupid . . . like not thinking. That's un/cool, too (Mara, age 14, Grade 9, Committed nonsmoker).

Contrasting this with another perspective, another participant felt that, if he knew what the chances were of something going wrong, then he would "think twice" about what was involved. As Mara pointed out, part of the "rebellion thing" was "to act out" to show how really tough a person can be. Taking risks was part of his conversation relative to making responsible choices:

I don't really care so much what people think. You get all types, ya know? Like this past summer, we went jumping off these little cliffs . . . swimming and tubing, that kind of thing. We do it all the time and it's like we *know* the water and it's calm and the cliffs are like only three or four feet high, maybe, if that. So, it's like we do it and it's not like we're not thinking. It's just a pretty safe kind of thing and lots of people do it. And there's always somebody around . . . like we'd always go in a group of us . . . it's just a fun thing to do (Toby, age 14, Grade 9, Committed nonsmoker, empathetic).

Hence, it would seem that an important aspect of making decisions also involves making a *responsible choice*. This speaks to the notion of autonomy, or making the right choice for the right reason, a theme that was salient for many informants. Moreover, the sentiment concerning responsibility seems to be a key ingredient to establishing one's independence, all the while expressing one's individuality.

Participants pointed to the self and others component regarding risk-taking behaviours and responsibility. The message here was that it might be more a matter of what you *don't do* when it comes the group's social dynamic. Being an individual seems to outweigh the importance of joining in on an activity, "Just because everyone else is doing it," especially if an activity is chosen (or is deemed by the group) to improve or sustain an image, such as "being cool."

#### *Intrinsic Factors - Intrapersonal Dimensions and Psychological Profiles of Smokers and Nonsmokers*

A link made to identity points to intrapersonal factors such as individuality and personality. Early adolescents' constructions of the smoker image illuminated those factors which, in participants' views, characterized different types of smokers or various kinds of people who smoked, including those conditions under which people smoke. The four image themes which emerged included affect, control, pride, and intelligence.

*Affect.* The majority of informants (75%) believed that smokers were angry, stressed-out individuals who were deemed to be "people with low self-esteem" as clearly evidenced only by "people who would do something that horrible to their bodies" and those "lacking the confidence to 'Say no' to cigarettes." Generally speaking, any negative psychological state (i.e., depression, boredom, anger, anxiety) was associated with smoking. One girl portrayed how a smoker would look when she described smoking as "it gives the person something to do with their hands" as she aptly impersonated specific behaviours that indicated,

This is my mum [makes shaking gestures with fingers, wringing of hand motion]: she's like someone with a nervous, jittery, and shaky make-up. It's like ever since my dad died . . . she's been all down in the dumps like. . . and uses smoking to deal with her moods and like her problems and stuff. Like that's just an excuse 'cos there are other ways to deal with stresses and problems that are like better for you, like more healthy ways and stuff, you know? Smoking only makes it worse . . . she's like constantly going outside for a smoke and that . . . it's like not solving anyone's problems (Pat, age 14, Grade 9, Committed nonsmoker - sympathetic).

Early adolescent nonsmokers were of the collective opinion that, "It's like you'd expect the ones with a negative attitude about life to be the ones who'd smoke . . . 'cos they're gonna die anyway" or, "Nah., I can't see her/him smoking . . . she or he doesn't look the type that like stresses out about exams or homework assignments."

As Pat's example provides a typical picture of a smoker's way to alleviate stress, there was also a tendency among other informants to associate adult smoking with relaxation and as a way to reduce stress. Even though it was understood that some adolescents may use smoking as a way to cope with stress, the nature of their stress was viewed in relation to specific issues (e.g., school-related strain, trying to fit into certain social groups, problems at home). As a coping mechanism, those informants who viewed smoking as a way to alleviate stress made an association to smoking in a positive way. That is, adolescent smokers were seen as relaxed and self-assured individuals, projecting their self-control and social competence. Early adolescent nonsmokers described smoking as "something that was soothing" for the smoker in terms of a routine part of the person's way to alleviate stress, as in "a relaxing moment" or "a way to relax." On the other hand, informants were more likely to perceive adolescent smokers as emotionally frayed, agitated individuals with low self-esteem and "lots of time on their hands." For those early adolescents who asserted this view, smoking seemed to emphasize these characteristics and affective states. Middle school participants described the unmistakable affective profile of girls who

smoked as "ditzzy and pouty when they don't get their way." According to a judgement such as this, a smoker was considered to be an undisciplined person or one whose smoking modeled a vulnerable disposition and weak personality.

When smoking was regarded as an expression of a certain well-defined personality, the most notable characteristics were mentioned in terms of a sign of weakness or strength. More associations were made between smoking and "character weakness" than with "strength of character." The general idea that smoking could help the person achieve a certain "strong or confident image" was mentioned often by nonsmokers:

Some kids think that it makes them look cool 'cos they're smoking and it makes them look brave and they're doing this stuff they know is bad for them but they're going, 'Oh. It won't kill me, I'm brave' whatever. It's making them look really cool. So, except to them, they think it's pretty cool but I don't think it is. Yeah. 'Cos their friends do, and the popular kids do, and they wanna be popular, and they think it'll make them look good. I don't think that's a good reason though. Just because *they're* doing it doesn't mean that I have to go along and do it too (Jan, age 11, Grade 5, Adamant nonsmoker).

Character weakness was epitomized by the portrayal of smokers as having "low self-esteem," "lacking in confidence," and/or "failing to be an individual." The conclusion reached by participants was that "only weak minded people smoke." Participants believed that nonsmokers possessed a certain requisite level of self-confidence and strength in order to declare and "to stick with their decision" not to smoke. Informants spoke of themselves and their friends as people who are "strong minded" individuals. One participant noted characteristics such as self-confidence and valuing one's individuality as positive qualities, especially when it came to making and asserting a decision about something like smoking. As a part of describing her friends, she emphasized that her best friend represented a good example of a person whom she knew that would never smoke "'cos she the type who sticks to her guns no matter what."

Early adolescent nonsmokers were more inclined to profile smokers as those who were "easily swayed" or "as people who get sucked into or caught up in peer pressure." The general consensus among informants in this study was that although they did not appear to experience any direct peer pressure per se, they could however readily provide anecdotal accounts about smoking situations that were based on the lived experiences of other people. In their stories participants described "peer pressure" relative to a situation where a person may feel "pushed" or "forced into doing something" and "be influenced" by an individual, group, and/or friend the same age as participants or an older kid.

Additionally, informants spoke of "peer pressure" as a term that was mostly used by teachers and parents to convey the notion of "activities kids do to fit in" or "things kids do to be liked or accepted by other kids or [social or friendship cliques] groups."

The double role of peer pressure was duly noted. That is, informants considered the dynamics of "peer pressure" to work in one of two ways. First, a person may feel pressured into a situation such as smoking or, conversely, a person may exert one's influence or opinion on another to "not go along with" or "to go against smoking." Either way, for some informants, the terms "peer pressure" and "peer acceptance" were used interchangeably. For others, the idea of peer pressure presented a conundrum.

My choice is that I don't want to smoke. Like not ever! There's NO WAY I'm gonna. Like if, I think at the first sign of peer pressure of trying to smoke, I'll go to a different group of friends. *Immediately!* It's I can say no. I say 'No' to all of them anyway. Uh, maybe, oh? Is trying to convince somebody *not* to smoke peer pressure too? (Enna, age 11, Grade 6, Adamant nonsmoker).

Another girl shared her understandings yet she added an explanation as to why she would not fall prey to peer pressure. This excerpt highlights her beliefs and suspicions relative to peer pressure dynamics:

If they wanted me to do something, I think I should be able to make my own decisions, if I want to smoke or not. So they can't try and make me do it. And I don't think that's really fair that they just come up and say, 'Try this' because they're trying to make me into doing something that I don't want to do . . . well, like my friends trying to convince me to do stuff. They're like, 'Oh, come on! You gotta try it, come on.' And they're not *listening* to your decision and they're just trying to make you go with theirs. And, like, people are like calling you names . . . chicken or baby or something . . . because you don't do it. And my mom, all of her friends when she was young, smoked, and they told her 'Try' so she tried and she passed out because she thought it was so gross. [They call you names] so they are trying to make you feel bad because you didn't do it. I dunno. She's . . . yeah . . . my mom, she doesn't really agree with that whole smoking and peer pressure thing (Tina, age 12, Grade 6, Committed nonsmoker, empathetic).

A boy's perspective was similar yet the art of peer pressure involved undeniable tactics and an added dimension – peer pressure tended to have a predatory nature:

When you have peers and they're putting *pressure* on you to do the kind of stuff that'll make you and your friends cool, or to look better in front of other people. And they might pressure on you to do it with them, so if they get in trouble or caught, then they won't be just by themselves. So they're trying to get someone else to do it with them. Or, they'll like act like they want to be your friend and get you to do stuff. It's like they know who to work on . . . the ones who can be easily swayed or like go along with people just 'cos everyone else, like they *think* everybody's doin' it. It's they target the kids who they know can't take the pressure . . . like they'll bend or whatever . . . kids who're easily trapped and don't have enough confidence to stand up for what they want. And you do the stuff they do but you don't really like it. You do it just to be like them and then you're kind of miserable 'cos you're not doing what you wanna do (Max, age 12, Grade 7, Committed nonsmoker - sympathetic).

As a way to summarize this theme, one of the older boys epitomized the character profile of a



the way to meet or achieve one's goals for the future. Aside from the controlling aspect of nicotine, informants believed that smoking was a hindrance or barrier to achieving goals, aspirations, and plans for the future. Some spoke about smoking relative to plans for a career and how smoking just did not fit the profile for the person they desired to become. While smoking by others was perceived negatively by all participants, many related that image internally as one they did not desire for themselves.

An example of artwork provided a glimpse into one participant's overall perspective about smoking and making goals or commitments for her smoke-free future. This participant's artwork offered a new look at the "taken for granted aspect" of self-esteem when she spoke of "everyone has dreams – smoking will only hinder them."

Smoking is not the way to accomplish dreams. My picture is meant to show people the possibilities for their future as long as they stay smoke-free. The picture of the space ship and the moon and stars above is one of the possible jobs that people can do, but it is meant to symbolize reaching for the stars. You can reach for the stars if you smoke, but if you stay smoke-free, then you are sure to accomplish your dreams. The picture of the school supplies and text is meant as models and good influences on people. The picture of the flower, which stands for the gardener, is meant to symbolize as a healthy lifestyle and no smoking. Each of my pictures are meant to symbolize different things to stronger messages. It's just that you don't have to think the same dreams as I have in the picture . . . I really wanted people to look at this and come up with their own dream, so they can think of reaching that goal, or accomplishing what they set their minds on, and think of that to keep smoke free (Kate, age 12, Grade 7, Adamant nonsmoker).

Another informant clearly demonstrated an amazing talent as a beginning artist which can be seen in her drawing (Appendix M) where she aptly captured "the psychology behind smoking" and highlighted the significance of personal freedom and control vis-à-vis smoking:

This girl . . . I've named her Hope . . . is an image of kids my age and she's making her point. She's an animated character and I drew her this way because kids like cartoons, right? So, yeah. There's the international sign for don't smoke, the slash through the cigarette in a circle. So, Hope is fist up. She's like 'Don't do it!' And Hope represents like a light in the dark. Something that you can go to, where you'll know, you'll know where you'll be safe. To have the courage to believe in yourself and to believe in the things that you want to. And they'll go, 'I wanna be like her!' It's like there is no future for a person who smokes. That's what I want to do when I grow up, is draw, and draw, and draw. And get paid for it, too! Smoking is something that is not part of my picture. I want to be an artist and I can't see smoking as a way to help me capture . . . and to meet my goals (Rachel, age 14, Grade 8 Committed nonsmoker, empathetic).

One specific aspect of the control theme was viewed in a unique way by four girls in elementary school, and two girls and one boy in middle school. That is, in their own ways these seven participants made an association between smoking and weight control. Specifically, one informant learned from her father, a long-term smoker, that "a person who smokes doesn't have as strong an appetite because of

nonsmoking adolescent where he reviewed his concept for "a well-adjusted person who leads a clean and happy lifestyle and is concerned with the environment." As described, many of the qualities and characteristics of a nonsmoker are the complete opposites of early adolescents' perceptions of a smoker:

Well, my standard is basically someone who's on top of everything. Like for me, my friends and all, we're not exactly the nerds of the school or the cool people who do smoke or anything like that. Well, not cool, but to us that's what who they are. And then there's like the most popular out of the school in that everyone likes those people and they're involved in the school spirit and team sports, and do well in school. We're kinda in between or just like below between. Like we get all of our work done . . . we listen in class . . . we may have hard times during the class and all, but we do try our hardest. And in our past times, we go to the movies, go to little beach parties where we just kinda sit around and listen to music and sit by a fire and all that. Yeah, we live healthy lives, I guess. And we're pretty happy with our lives and stuff. We'll get involved in the community . . . like I'm in C.O.D.E.S. And our friends, well, we're busy. . . take care of ourselves and each other . . . and like to have fun. I'd help them out as much as I could. It's like when we did this exercise in social studies and we were put into like little groups, and I was chosen, the teacher put me as one of the empathetic people. Because I'm . . . basically the psychologist of the group. Like I'm always helping people with their problems. Yeah. I enjoy doing that. I'm always there when my friends need me (Toby, age 14, Grade 9, Committed nonsmoker).

*Control.* The second type of intrapersonal characteristic associated with smoking concerned personal control. Nonsmokers were viewed as having a requisite level of self-control and being independent by just more than 70% of informants. Although nonsmoking early adolescents recognized that smokers viewed themselves in terms of being "in control emotionally" and "reasoned" in their use of cigarettes, it was more commonly believed among nonsmokers that smokers' use of cigarettes was indicative of either a sense of personal control or, conversely, a lack of it.

Informants attributed addiction as the single explanation most pointed to for both the reasoned use of cigarettes and the uncontrollable habit of smoking. Additionally, early adolescent nonsmokers were perceived as having control over both the decision not to smoke and having enough self confidence to 'say no' to smoking. A typical statement made by informants included: "A person who is strong willed and strong minded has better sense than to go along with it [smoking]." Personal control was also linked to a person "resisting peer pressure" and having the control to make one's own decision. An opinion that embraces this idea was phrased by one informant who stated, "It's kinda sad [smoking] because it shows people have no originality and can't think for themselves."

Talking about the future was another psychological elements frequently appearing in participants' stories and narratives. One participant's artwork summarizes what smoking is all about relative to personal control and looking toward the future. Specifically, informants recognized that smoking was not

what the smoking does to one's sense of taste for foods." Another girl suggested aspects of the latter reason for why her mother gained weight after she quit smoking (i.e., smoking curbs one's appetite). She proposed that smokers are "skinny" and provided the comment, "My mom said she was starting to get big around the hips . . . it's because she stopped smoking . . . she said that when she was smoking she was a lot thinner." Similarly, another girl learned about weight control by watching her two older cousins who both smoke, noting that, "they kept on smoking 'cos they noticed that they'd lose weight and they'd use smoking as a substitute for eating." Finally, the only boy who made a link to smoking and weight expressed his concern about "the tobacco commercials that make smoking look so glamorous and appealing for women . . . to have the really thin . . . good-looking model-types in their ads so girls will wanna look just like them. I don't think that's right at all."

Elementary school participants frequently enlisted Daniel as a way to provide an example and to illustrate their numerous ideas about people who smoked. Participants of all ages unanimously concluded that smoking was clearly a hindrance to achieving a sense of personal freedom, well-being and a positive image. Informants noted the numerous consequences of smoking, both physically (external) and mentally (internal). As well, they detailed the strong impact smoking had on a person's ability to lead an autonomous lifestyle. Informants were deeply saddened by how Daniel looked – weak and frail – a man who experienced "the greatest difficulty performing even the smallest of tasks for himself." Some informants were surprised that "breathing was such an effort" as Daniel talked and gasped to catch his breath, even during the most simple sentence. One participant noted that seeing Daniel was as much shocking as it was frightening:

. . . it was like, what couldn't the guy do? Seeing him struggle as he talked was like really sad and frightening at the same time . . . and we could see what smoking did to his breathing and how he had to stop and catch his breath . . . but seeing, actually *seeing* those slices of lung in the slides and the ones that were green and like all spongy . . . like it was rotting in the jar . . . now *that* was gross. That was it! It was just too scary to look at. My friend and I decided right there on the spot that we would *never* try smoking. Like not EVER! (Ana, age 10, Grade 5, Committed nonsmoker).

One final aspect of control that concerned participants involved the monetary expense associated with smoking. Participants noted that as nonsmokers they were free to choose how to spend their own money and they did not have to worry about allocating money to finance an unhealthy lifestyle. Ten participants (five boys and five girls) shared a collective opinion that "smoking was a huge waste of money" and specifically mentioned other things or activities they could do and/or purchase with their own

money and readily provided age appropriate expenditures as examples (video games, music, computer programs, and snack foods). One participant put the expenditure of smoking into context and illustrated how smoking was observed as a "bad investment":

My dad says that it is a drug [nicotine] and they [people who smoke] are just wasting their money. In a year's time, buying that much cigarettes a day, now that sell for \$7.50 to \$8.00 a pack, plus tax, it just adds up and you could buy yourself a car with all that money (Erik, age 10, Grade 5, Indifferent nonsmoker).

*Pride.* Seventy-one percent of the sample observed another theme whereby early adolescent participants indicated that as nonsmokers they felt a sense of pride concerning their ability to make an autonomous decision concerning smoking, about their families, and a commitment to maintaining a smoke-free lifestyle. This theme was particularly strong amongst those informants who had successfully refused offers to smoke. Although those participants who indicated a sense of pride associated with their decision not to smoke tended to be in middle school, there were some elementary school informants who clearly expressed self-respect as nonsmokers.

Participants were inclined to describe themselves as "cool" if they did not smoke and used descriptive terms such as feeling "great," "happy," or "excellent" about their decision not to smoke. They also spoke to the notion of pride in a way such that smoking would reflect "badly" in regard to one's relationships as "a kid being a disappointment to one's parents," cited anticipated relationship consequences which could involve "losing friends to/over smoking," "getting caught smoking" by an authority figure (e.g., parent, teacher, principal), or "developing a bad rep. or name for yourself." Another interesting realization was that once a person was known as a nonsmoker, offers to smoke immediately ceased, one that was met with "a sense of relief" as the person's ultimate decision not to smoke was accepted by peers. A typical statement was made in this regard: "It's like nobody keeps asking you to smoke because they all know you're not gonna so those kids kinda just back off . . . like they won't bug you about trying it and why you don't do it and stuff."

An important aspect of an early adolescent's relationship with their parents involved trust which translated to personal freedom, maintaining their privileges, and permission to go out of the household environment (e.g., going out with friends, attending parties, playing team sports). Boys were especially quick to make the connection that, "kids from single parent families were more likely to smoke." That is, based on their observations of peers whom they knew were living in single-parent situations, they

reasoned, "Those kids don't get as much supervision [versus two-parent families] and the parents aren't as involved with their kids because they have to work." Further, according to their observations, "Most of those parents [who head a single parent family] smoke" which led some informants to reason that, "Because the parents smoke, those kids then have easy access to [the parents'] cigarettes." Other reasons informants provided as to why kids from single parent families may be more likely to smoke included, "Those are the kids who might not get along [as well] with their parents" or, "Those kids come from/live in unhappy families/home life situations." It is interesting to note that in this study sample, seven participants lived with their mothers in a single parent household of which five participants were regularly exposed to their mothers' smoking. Even though some of latter observations were in fact made by those five participants, they shared a common belief that other early adolescents in similar situations could be at high risk to start or experiment with smoking. Yet among these five participants, two of the girls remarked that, "It's very unlikely that I'd start smoking, I think, because I have a good relationship with my mom" while the other girl noticed, "I can see what smoking has done to my mom, like she looks ten years older than my other friends' moms . . . it's just so disgusting and it really reeks."

A sense of pride or admiration to maintain one's competitive edge for sports was imperative for both boys and girls. After seeing Daniel and hearing about his lived experience as an addicted smoker since the age of 14, one of the younger boys became acutely aware of the impact that smoking had on one's physical health. He took a lesson from Daniel's experience and imagined what it would be like for him to be a smoker. This boy surmised that a person who had a modicum of self-respect "wouldn't do that kind of thing to their body." The salient aspects of pride for this boy were outlined as follows:

When Daniel came to our class, one of the things that struck me was that, well, his breathing was, it was hard for him to breathe. It's like he had asthma or something. It was difficult for him to talk and he carried around those puffers for his breathing. He showed us the stuff he had to take . . . he had like five puffers in his pocket sorta thing. I wouldn't wanta have that. Like have a whole whack of stuff you have to pack around. And it looked like, that his leg up here [points to thigh] was like as skinny as like right here [points to forearm]. Like 'cos his like bones were like wasting. He was dying, you know? It was pretty hard to watch sometimes. To be dying and still smoking. I didn't really know that a smoker would end up like that. Like really weak and all that and like his breathing, just amazed me how much he had to take a breath. It would be stupid to smoke. Like if my mom caught me smoking I think she'd be more disappointed because I should have a lot more common sense, or uh, more smartness to not do that. So, if I tried it, then I would like think to myself, 'Oh crap! Why did I do that?' sorta thing. 'Cos my mom already knows that I know that it's not good to do it. As my grandpa would say, 'Put another nail in their coffin' you know? Like killing yourself. Like smoking. I think it's just like suicide, except it takes a lot longer (Noah, age 11, Grade 6, Adamant nonsmoker).

Seeing Daniel prompted informants to speak to salient aspects of pride and what it represented to them as individuals who strove to live a healthy lifestyle. Noah's reflections on pride eloquently captured this theme and introduced the final intrapersonal theme, intelligence, by arriving at the conclusion that was commonly shared amongst other informants: "Seeing someone like Daniel it's sort of a reminder that it's not cool to smoke and not to do it because it's pretty stupid."

*Intelligence.* The final theme that emerged describes the image of a smoker relative to intelligence or as a reflection of one's intellect. Nonsmoking early adolescents were particularly keen to describe a smoker as "stupid," "foolish" or "dumb"; in terms of behaviour, one that is "not a clever thing to do"; and to label specific individual traits such as, "those are the people who are not doing well at school," or "not being very intelligent or bright."

Participants who made an association between smoking and intellect (57%) generally viewed smoking as a reflection of low intelligence. A typical reference made to a smoker is evidenced by the statement, "I think people who start smoking are stupid, because they're only going to end up [become] addicted." While some participants made similar statements of opinion, there were others who explicitly pointed to the *behaviour* rather than to the person, "My mom smokes and I don't like it. It's stupid, not she is, it's stupid to smoke."

#### *Why Does a Person Smoke?*

Given all the information available about smoking and the implication it has for a person's health, some informants were at a loss to offer a reasonable explanation as to why a person would smoke. In other words, informants could not conceptually reason that any beneficial use existed to explain why a person might choose to smoke. In particular, two participants could only identify the negative or "bad things about smoking." For example, one elementary school participant shared her puzzlement given her perception that smokers choose to smoke in spite of the grave, severe, and persistent warnings clearly published on each and every cigarette package:

[The warnings on the cigarette package] I think they're good 'cos they're actually giving them [smokers] notice. Like if now they choose to smoke, then it's like their fault 'cos there's a warning on it saying it's bad. But still, like they can't say, 'Oh. I didn't know' 'cos there's a warning right on the box [package]. I don't think that it's very good. Like it's good that they put a warning on it, but with the warning on it, I don't know *why* people smoke. 'Cause they have no like excuse, if they're like dying, they have no excuse to say that, 'I didn't know this' or something like that. It's good that they put a warning on it, but I don't get why people still smoke (Jan, age 11, Grade 5, Adamant nonsmoker).

The same participant continued to think through this situation and offered her thoughts relative to some of the marketing strategies employed by tobacco manufacturing companies. Again, she questioned the notion of publishing warnings yet she could also discern that the tobacco companies know "... they are doing something bad for people":

Those companies that make the cigarettes stamp a warning on the box [package], like *right on the front*, and they take up almost half of the whole thing! Big letters, and gross pictures, and all these facts about how bad smoking is, for the person smoking, and those people around when the smoking is happening. I'd never wanna work in a place like that 'cause you *know* you're doing something bad for people. I don't know, 'cause you would know that this isn't good for people and I'm basically killing people by making this stuff. So, I just *never* wanna do that kind of thing and I think you, like if you did that, you'd kinda feel guilty. Like the warning is supposed to make people think, 'Okay. What am I doing to myself?' You'd feel guilty, like if you did it [work in a tobacco company] for a long time 'cause you'd be like killing people. But the people who, who make them, by making like by working and stuff. You'd be making money by killing people. Yeah, it's like killing someone and taking all their money. Basically, it's the same thing. Ha! They're making money off killing people. Yeah, and then they have to try and get a young audience. I think they put them [the warnings] on there 'cause they have to. I don't think they would if they didn't have to. 'Cause like with the warnings on the box it might stop like a few people but then like without the warning on the box, those people keep smoking and keep buying more, so the company would get more money. So I think they put the warning on because they *have to* (Jan, age 11, Grade 5, Adamant nonsmoker).

While this informant was clearly focused on the reasons why she would not want to have anything to do with the manufacture or use of cigarettes, she could not understand why a person would continue to smoke (aside from her acknowledging later an obvious reason such as nicotine addiction). Having considered that smoking was "a useless and disgusting habit" she then thought in terms of why a person her age (or a few years older) might choose to start smoking. During the time which elapsed between the first and second interview, this participant deliberated over this question and her thinking resulted in the creation of an argument for "why kids should choose not to smoke" which therefore formed the basis for her anti-smoking poster.

Few, if any, positive aspects of smoking were identified by participants. Despite an ability to differentiate amongst the myriad of hazards due to smoking, other participants, however, could effortlessly recognize a host of individual and group-related roles for smoking. Their reasons, both positive and negative, to explain why a person would start and/or continue to smoke, spanned three domains: physiological, psychological, and social. Tables 4.3 and 4.4 outline a summary of reasons participants did not smoke, as well their perceptions and reasons for others' smoking. In other words, informants could clearly articulate the eventual benefits of smoking as perceived by a person who did

Table 4.3

*Nonsmokers' Reasons for Others' Smoking*

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Physical (Image)

People think they look good/cool  
People see you as tough/take chances/risks  
People in my family smoke  
Most people around you smoke  
Smoking helps keep you thin/stay slim/lose weight  
People who smoke don't do well in school

Psychological (Relaxation/Pleasure)

Smoking makes you feel happy  
People think smoking is fun  
People who smoke are bored/way to fill time  
People smoke to reduce stress/relieves tension  
Because they think smoking tastes good  
Smoking gives you something to do with your hands  
Smoking is a substitute for eating/food  
Because they want to see what it's like to smoke  
People who smoke must be low in self-esteem  
Not having the strength to say no

Social (Friends)

Way to become popular/smokers are more popular  
Way to get friends/joining friendship groups/fitting in  
Way to look older or grown up  
Peer pressure/getting sucked in by what others want you to do  
Doing something you don't want to do to be part of the group

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smoke, as well as those acceptably documented negative effects of smoking. Along with their reasons, informants also pinpointed the conditions which influenced smoking behaviours for various groups of people, at different times, and in different places.

*Physiological influences.* Participants provided numerous explanations of the effects of smoking, citing physiological consequences in great detail. Informants provided examples associated with almost every anatomical structure of the human body and described how the negative effects of smoking are brought about, thus integrating both external and internal aspects of smoking. Moreover, participants did not limit the effects of smoking to physiological processes but also referred to psychological results as well. Finally, participants were attentive to the fact that smoking has a negative impact on the smoker as well as for people in the smoker's immediate vicinity, and for the environment.

Embedded within the eight image themes, participants made connections to specific contextual conditions influencing smoking. By far, participants cited death as the most serious physical consequence of smoking. Participants viewed death as a preventable outcome if a person chose to quit smoking. Participants were also very fearful about death as it was seen as both a real and definite outcome of smoking. Death due to smoking was the most frequently mentioned reason as to why early adolescents would choose not to smoke and why a person ought to quit. Accordingly, death was a common theme amongst participants' artwork

Participants also identified numerous immediate or short-term negative consequences such as: smoking makes teeth and fingers yellow, gives the smoker bad breath, and requires a significant financial commitment. Furthermore, participants described long-term negative consequences associated with smoking which included serious illnesses such as lung and heart disease and cancers, as well as harm to others in the smoker's environment due to exposure to second-hand smoke. At the same time, however, participants recognized specific physiological benefits of smoking, particularly once the person was a regular smoker (e.g., the appetite suppressant properties of smoking and concomitant weight control issues attributed to females, the belief that cigarettes tasted good to the smoker).

*Psychological influences.* As determined earlier, addiction to nicotine was cited as the most common reason for a smoker to continue smoking. Again, the addictive property of nicotine was appraised very negatively due to its impact on personal control. In other words, having an addiction, such as one to nicotine, was believed to be an impediment to one's capacity to achieve a sense of

Table 4.4

*Nonsmokers' Reasons for Not Smoking*Physical (Health effects/consequences/hazards)

Smoking can/will kill you/causes death  
 Smoking will cause you to die at a younger age  
 Smoking is bad for me  
 Smoking will hurt my throat/lungs/heart/cough more  
 Smoking is not good for my health  
 Smoking causes low birth weight babies/defects  
 Smoking could cause my growth to slow down  
 My lungs aren't developed yet  
 I don't want to reek of smoke/yellow fingers/teeth/bad breath  
 Smoking kills 1 out of 2 people/increases chance of cancers/lung cancer  
 Makes you do poorly in sports

Psychological (Personal control)

I don't want to be hooked on/addicted/dependent on smoking  
 I don't want to think about smoking  
 I Feel proud I've stayed away from smoking  
 I Feel good about myself/able to say no when I don't want to

Social (Access)

Smoking will take all my money/smoking is expensive  
 I can't buy cigarettes/steal cigarettes from my parents/other adults  
 I am not old enough/of age to smoke  
 Smoking will get me in trouble/grounded/lose friends/lose privileges/school suspensions  
 Smoking makes things harder/always leaving to go out to smoke/thinking about smoking  
 Smoking is offensive to others/makes other people not want to be around you/lose friends  
 I don't want to get a reputation/label"

Social (Friends)

My friends don't smoke  
 My friends don't like smoking  
 If I smoked my friends would think I was foolish

Social (Image)

It's not cool to smoke/smoking is un/cool/does not look good  
 Smoking does not make you popular  
 My family does not smoke, so why would I smoke?  
 Making a choice to smoke shows bad judgement  
 I would look foolish if I were to smoke

independence. Even though smoking was associated with negative affective states, early adolescent nonsmokers believed that a smoker would perceive positive outcomes of smoking as a strategy for stress reduction, as a way to relieve boredom, and some recognized that a person might smoke "... because s/he finds it soothing."

*Social influences.* The negative social consequences of smoking primarily concerned the image of a smoker. Specifically, image concerned appearance in that smokers were judged as "unattractive" people who "reeked of smoke" and exhibited the physical telltale signs of smoking (e.g., hair smells like smoke, yellow teeth and fingers, bad breath). The unanimous opinion offered by early adolescent nonsmokers regarding kids who did smoke was that their smoking behaviour was seen as a way to define a "cool" image. Yet, according to nonsmokers, smoking was judged as an "un/cool" behaviour.

Depending on the age of the smoker, participants' use of the term 'cool' conjured different meanings. Among the younger participants, "being cool" translated to wanting to look more grown up or acting like an adult. In this way, early adolescents at about the Grade 6 to 7 level viewed "cool" in terms of admiration that one might have for another (i.e., a desire to be like others, to get noticed by others, a means to fit in, or a criterion for inclusion in certain social groups or friendship cliques).

Another element of "being cool" involved gaining friends, both in terms of number and of affiliation or connectedness with a certain group. Just as a person could potentially gain the acceptance of one's peers by smoking, nonsmoking informants also conjectured that a friendship could be jeopardized by smoking or at worst, lost altogether. Elementary school participants were more inclined to believe that smoking would be the reason to change one's best friend if that person started to smoke. On the other hand, participants in middle school were more flexible in terms of friendship boundaries; they were more inclined to define a best friend in terms of other friendship characteristics or qualities (i.e., trust, respect, companionship, shared interests) rather than to disqualify a best friend purely on the basis of one's choice to smoke.

One final dimension of "being cool" was denoted by one's confidence or the ability to demonstrate and portray a sense of self-respect. This was most important for the older informants, especially when it concerned a person's capacity to become more independent and to define one's sense of individuality. Although initially "fitting in" entailed taking on the actions or behaviours of the members of the group, later on "being a really cool person" denoted a sign of being sure of oneself as an individual

and as the person gained a greater sense of self-confidence.

The answer to "why people smoke" translated to a point in reasoning, or causes of smoking. Put another way, "What causes a person to smoke?" and, "What leads to a person taking up smoking in the first place?" Participants offered their adolescent "theories" as to why people smoke and why they do not smoke. Factors relative to cause also related to consequences. Put simply, although "cause" and "consequence" point to a general meaning for results or outcomes, for participants, was identified as "cause" separate from "consequence." As seen previously, factors that described the *origin* or *source* (or "causality" in their "theories of mind") were used as a point of departure to identify participants' perceived consequential outcomes of smoking: physical, psychological, and social.

Participants invoked their own perceptions of influence by others as an intervening condition or mitigating factor to explain one's purpose for smoking. Generally speaking, the "causes" of smoking were grouped according to intrinsic and extrinsic factors. Given that informants placed a high value on making both their own preference *and* choice, one that was also the *right personal choice* for them, the logical deduction was the acknowledgment that kids their own age were quite capable to make a choice to smoke. Accordingly, informants believed that if a person could choose not to smoke, then a person could also make a conscious choice to try smoking. While participants described others' reasons or motives to try smoking, they did not, however, always agree with their parents' perceptions as to why kids try smoking. For instance, one girl's reason was based on her older sister's trials with smoking, one that involved a self-admitted curiosity about smoking. She reported that in her mother's words, her sister was, "Influenced by those other kids who were a bad influence" and subsequently, her sister, "Went to a different school so she could get some new friends and keep away from the kids who smoked." This viewpoint demonstrates that, while parents may be more inclined to point to external factors such as "peer pressure" or "the school environment," participants, on the other hand, were more likely to credit a "desire" or "curiosity" as *internal factors* that could "Sway a person's choice about trying smoking." This same girl recounted a vicarious learning opportunity at the time her parents discovered her sister's smoking:

Mainly they asked her why she did it and talked to her about her friends and why they did it and stuff. And trouble . . . that was a cause for some serious yelling. Yeah, my parents were really mad about her smoking. It's like she [my sister] was saying, "It was there [cigarettes] and [I] wanted to see what the big deal was about smoking" and like how you're supposed to feel all great and this stuff. It's like she just got like my friend's

mum's always says, "Curiosity and the cat got it" or whatever [curiosity got the cat, and satisfaction brought him back] . . . . She [sister] got this big lecture on all the bad stuffs about it and how like she should *never* take a cigarette again. And she was grounded . . . had her privileges taken away. . . she couldn't go out or have friends over and she couldn't talk on the phone or play on the computer . . . . After school and on weekends she'd have to do chores and everything, and yeah, pretty boring [laughs]. And my dad was really mad, well, maybe more like disappointed because he'd quit. Well, because he smoked, the, he thinks she might have gotten the idea from him to smoke. And then he was like, I don't know, thought it was all his fault because he smoked, that kind of thing. But that, like the way I look at that, it's just another reason I would never smoke. It's, I just remember what it was like when my sister got in trouble and I think it's just not worth it in the end (Mara, age 11, Grade 6, Committed nonsmoker).

Another girl related a past lived experience with trying smoking while she was in Grade 5. The situation involved an unexpected offer to smoke, one that was made by a neighbourhood boy who was her age.

Her reminiscence involved an element of curiosity as a way to find out why her mother smoked:

I tried it once. Just like, you know, 'coz I was wondering what the hell, but . . . I don't really remember all the details. What I *do* remember is thinking, 'Eww! Yuck! Why does my mom do that [smoke]?' It just tasted soooo gross! My neighbour was just like, showed up one day to go play in the woods like we always did. And he like had this cigarette, and it was there and I tried it and that was about it. Nobody found out about it and we never like talked about it after that. I just don't like thinking about smoking (Pat, age 14, Grade 9, Committed nonsmoker - sympathetic).

Pat expressed an inquisitiveness about smoking; yet at that time, her thinking pointed to a reason of an empathetic nature as a way to discern the intent in support of her mother's smoking. Although she certainly met with some of the unpleasant physiological effects of tobacco, her trial however appeared to be more about an opportunity for discovery learning and a means to acquire a first-hand experience with smoking.

While a person has a choice, it is quite evident that a person can easily choose to exert one's autonomy or make an autonomous decision. Consequently, the implication is that one must take responsibility for one's choice. Mara demonstrates that learning the consequences of a decision through the experience of another is one way to learn. Moreover, the experience gives her an explanation for why her sister tried smoking, and although she did not anticipate getting caught, the consequences resulted in a punishment or withdrawal of privileges, or loss of personal freedom (i.e., things kids like to do or define as "having fun"). This girl also credited this experience as one of the reasons why she would not smoke. Put simply, smoking had no purpose, except for learning an important lesson. She predicted, and quite accurately from the sounds of it, if she tried smoking, then she knew the outcome, one that was shaped by her sister's experience. This participant also added that, "Getting caught

smoking. Now that's a cause for some serious yelling at our house. Like, you just don't wanna go there!"

Imaginative play is a normal childhood behaviour. As one way to gain rudimentary instruction about the art of smoking and its associated behaviours (i.e., holding a cigarette, exhaling smoke), 13 informants (five boys and eight girls) described "pretend" or "play smoking" as early childhood experiences. Specifically, their recollections of imaginative play with smoking commonly involved candy and/or bubble gum cigarettes that were packaged to resemble cigarette brands. At that time confectionary cigarettes provided children with opportunities to engage in smoking-related play. Candy cigarettes were often spoken of as being enjoyed in a group setting and were commonly used to imitate smoking behaviours.

One informant recalled the Popeye label, one of the then popular name brands for packaging candy cigarettes, aptly named after the cartoon character. The following recollection of experience represented part of this informant's narrative as he described "The Popeye Game":

They are just like little white sticks and you buy 'em in a candy store. You eat them, I used to just eat them, but sometimes I would just put them in my lip and go like Popeye or probably just from my mom or something, like watching her [smoke]. Yeah, I don't actually really think of smoking, but I don't know, they're mostly just little sticks of candy. Kinda dumb. I don't think they have them anymore, but like when I was little they had them (Roy, age 13, Grade 8, Indifferent nonsmoker).

Other informants' narratives typified recollections of the use of other snack foods as smoking toys such as pretzels, pepperoni sticks, licorice strips, carrot sticks, and cookies. Yet others described episodes of imaginative smoking which involved usual items associated with early childhood play such as toys, novelty items, or colouring pencils as "cigarette" props. One boy recalled an early episode of pretend smoking whereby he and his friends spontaneously imitated a cartoon character while they watched a home video.

It was a while back, I guess, and we were just playing games, you know? With sticks and, you know, those little Tinker Toy things? Yeah, and watching the animated movie One Hundred and One Dalmatians where the Cruella De Vil person smokes, she has the big long one [cigarette]. You know, the really mean one? We were pretending we were using that thing [cigarette on a filter holder]. We really liked that movie and we used to watch it a lot (Rob, age 13, Grade 8, Indifferent nonsmoker).

resented early experiences at about the ages of seven to 10, a girl's story is related here as one that occurred over the past year, and did not involve props. This participant spoke of her "play" activities with her friends where they had a recent occasion to engage in "pretend smoking" one that did not involve the use of props. In this example, this girl described a sense of "acting out" behaviours associated with

smoking. Here, the focus was to exaggerate behaviours associated with an imaginary attempt at trying smoking and to role play their anticipated outcomes of such an experience.

My friends . . . sometimes [we pretend to smoke] but at least after we do that, we say, 'Don't smoke' to each other and all of that, because you never know what will happen. Yeah, all these girls, acting like baggage and stuff like, stupid people. When we play, we go like this [coughs four times], or like to pretend to throw up or something like that. I don't know, we, we like to act out (Enna, age 11, Grade 6, Adamant nonsmoker).

The above example is a scenario based on a role-play activity. As seen with Rob and Roy, imaginative play was described by participants as an indifferent activity that occurred between the ages of four to seven. While these examples are illustrated by two boys' retrospective associations with play smoking, there were other examples, yet most participants could not clearly remember the situation or scenario details. Although others shrugged off their experience, their actual behaviours may not be seen in today's context, owing to legislative efforts such as the *Tobacco Act* (1997) which banned the manufacture and sale of such confectionary novelties simultaneous to participants moving beyond the imaginative play period. This experience represents a unique cohort trend as, today, very few if any school-aged children would have experience buying and/or using candy cigarette products. Aside from the one experience described by Pat, which indicated curiosity related to why her mother smoked, very few participants, however, indicated any future desire or curiosity to experiment or play with cigarettes.

#### *Summary of the Major Findings of the Study*

The findings from the aforementioned narrative thematic analysis offer an insider's perspective into early adolescents' notions of smoking and nonsmoking that emerged from their lived experiences, used their parlance, to acquaint the reader with an operational definition of cigarette smoking and its meaning based on nonsmokers' social comparative judgements. Participants' thoughts and beliefs about smoking, and their feelings, actions, intentions, and behaviours toward smoking were explored during their narratives from which emerged a composite image of smoker and nonsmoker identities. Participants were often confronted by contradictions in their own definitions of smoking as they struggled to comprehend the complex nature of smoking, the multiplicity of factors and influences involved as they grappled with issues concerning tobacco use/non-use, and explored the impact smoking had on important aspects of their lived realities (e.g., personal freedom, achievement, social images, health, well-being, environment).

Participants' statements, "Smoking is un/cool" and "Smoking is stupid" represented typical early

adolescent attitudes and a position that translates to smoking as *unacceptable*, both as an activity and social-psychological behaviour. Accordingly, participants described smoking as "gross" and "disgusting," a habit that was "bad" for a teen's social image and health, not only for the smoker but for people in the smoker's surroundings. As well, they expressed a developing concern for the environment and the impact smoking has, both as a choice made by others, and what it means to be a smoker. Early adolescent nonsmokers further reasoned that if a person was "intelligent" or "smart" then one would not choose to smoke. Consequently, their shared view and conclusion – smoking was an impediment to an early adolescent developing a positive social image, one that did not support their health conscious values and beliefs. Rather, making an autonomous smoke-free decision and creating a nonsmoker image was an expression of individuality and need for independence (e.g., personal control, assertion of free choice), representing their values for health and well-being.

Participants constructed an overall negative smoker image and what that image represented to others or how the person was perceived in society (i.e., the social self or self-image). Specifically, nonsmokers saw a social image that sharply contrasted with everything they knew to be true or real in their worlds. Accordingly, they rejected an identity they did not value and respect. Generally speaking, nonsmokers judged smokers as physically unfit, unattractive, reeking of smoke, and not in control of their lives and emotions. Consequently, those images shaped or informed their meanings of what smoking could do to you (i.e., the consequences) and what smoking would not achieve ("Smoking does not make you look cool"). On that basis, social and psychological profiles were deconstructed to inform their "smoke-free choices" which laid the groundwork for constructing a smoke-free decision and nonsmoker identity.

From the standpoint of a nonsmoker, the addicted smoker was likened to a slave or a fish caught on a hook, or becoming stuck on smoking and hopelessly dependent on nicotine. In other words, smokers were depicted as out of control, weak-minded individuals who fell prey to influences such as peer pressure and persuasive advertising – eventually realizing the numerous hazards to the mind, body and societal stigma due to cigarette smoking. Put simply, smoking did not "fit their picture." Smoking was antithetical to the notion of meeting one's needs for personal freedom, achieving personal goals (not smoking being one), and desiring for themselves a healthful, clean image. Smoking certainly presented a negative image and an identity that was feared and purposively avoided. Moreover,



smoking was not perceived as a fun activity or as a way to gain a sense of adventure – the smoker was unhealthy, inactive, un/cool, nor was it fun to be around a person who smoked.

The findings represented early adolescents' images of smokers and nonsmokers that emerged out of their everyday exposures and experiences. When faced with making a comprehensive decision about smoking, early adolescents experienced an intellectual and emotional struggle over its many meanings and experienced distress relative to the known effects of smoking concerning the health and well-being for the smoker, themselves, and others in the smoker's environment.

### Discussion and Implications of Study Findings

The major findings of this study are discussed in relation to the literature according to the research questions that guided this study generally, and specifically according to those fundamental questions that structured the aforementioned interpretive narrative analysis. In this section to follow, the major findings that point to what contributes as experiences and contextual factors relative to smoking-related decisions are discussed. As well, based on the findings of this study and previous work, implications are suggested which take a family and education focus, emphasizing social-cognitive developmental and health promotion perspectives. Findings are compared to the literature to highlight those instances where the literature supports the study findings; where inconsistencies remain, these are illustrated and discussed. The findings are compared to new literature reviewed during the conceptual phases of analysis, as well from the preliminary review presented in Chapter Two.

As few studies were found that took a qualitative focus, those studies are integrated in the discussion that follows to compare how findings of this study further our understandings of early adolescents' lived experiences with smoking, not smoking, issues relative to tobacco control, and smoking prevention. Also, where further work is needed, these instances are presented on based on the findings from this study. This discussion is then followed by Chapter Five, that is, how early adolescents make nonsmoking decisions is outlined according to the explanatory model, one that was based on the aforementioned thematic narrative analysis.

### *Definitions about Smoking and Not Smoking: Experience and Context*

The findings of this study seem to support participants' thoughts and actions in the social-emotional domain that would reflect the preparation stage within an established model for predicting smoking uptake (e.g., Conrad et al., 1992; Flay et al., 1983; Leventhal & Cleary, 1980). Although

previous studies have indicated smokers progress through different stages, this predictive model is linear and does not allow for a sense of how preparatory work (i.e., social-emotional and cognitive processes) specifically impacts or shapes nonsmoking decisions, or how smoking-related decisions are made.

To achieve a better sense of process or the involved dynamics for smoking, work by Flay and colleagues (1983, 1993) proposed a preliminary causal model of the major influences on the stages of smoking behaviour. Their conceptualization emphasized six domains or determinants of tobacco use: SES, peer selection, family influences, peer influences, self-image/personality, and physiological reinforcement. Of these, family influences seemed to indicate the most important source of influence during the preparatory stage, having a decreased influence as smoking behaviours develop. Additionally, attitudes formed during this stage influence the selection of important peers (i.e., most people select friends with similar attitudes), yet peer selection and choice is inextricably bound, to an extent, by the child's environment, one partially determined by SES.

From the perspective of this study, participants' standpoint from a childhood paradigm clearly indicated there is no need for kids to smoke. Upon satisfying that pre-condition, participants could then rationalize or account for the reasons of others' smoking, and provided their adolescent "theories" indicating those specific "causes" for smoking or influences on the choice to smoke. Put another way, early adolescents viewed smoking as an intrusion from an adult paradigm, and specifically viewed smoking as a hindrance to reaching one's dreams, future life goals, and individuality. Accordingly, early adolescents could step back from their own position to appreciate the numerous and varied reasons that might exist for people choosing to smoke or purposes for smoking by others. Further, informants identified reasons that would account for other adolescents who smoke, and frequently evoking images they perceived as desirable or achievable when taking on the social role or identity as a smoker (e.g., look older, improve one's social status, appear in control). Their reasons closely paralleled those reported by others with similar aged participants (e.g., Gilmore et al., 2002; Luke et al., 2001; Morrison, Simpson, Gilmore, Wells, & Hoppe, 1996; Rugkåsa et al. 2001a, 2001b).

Participants held clear and definite views as to the image of smokers, one that was consistently appraised negatively and judged as socially unacceptable. The characteristics associated with a smoker were the exact opposite of the image nonsmokers desired for themselves. Key aspects of image were related to concepts of control and personal freedom, ones not highlighted in the Luke et al. (2001),

although their focus groups included participants ages 12 to 18 ( $n = 125$ ), similar in age to this study sample, yet their group seemed to reflect the same understandings of all participants, including those under age 12. Additionally, the Luke et al. study was American-based, representing different cultural groups and reflecting differing norms and expectations relative to smoking and not smoking. For instance, in that study, cultural heritage was a predominant theme amongst African-Americans, with reasons for not smoking related to family respect and pride. However, others (e.g., Hafstad & Aarø, 1997), pointed to image concerning independence as salient relative to interpersonal influences vis-à-vis anti-smoking campaigns targeting Norwegian adolescents (ages 17-18), as well provocative appeals in anti-smoking mass media targeting adolescents aged 14 and 15, according to themes of indicative of achieving a sense of autonomy or independence (e.g., Hafstad, Aarø, Engeland, Andersen, Lagmark, & Stray-Pedersen, 1997).

In this study, participants could find very little positive about smoking, except for some, there were those specific benefits that could be construed to arrive a pro-smoking decision by others. In this sample, participants pointed to the conundrum between smoking and independence – people smoke to portray a fun, glamorous image, to get noticed, most especially among friendship cliques. As well, they made a link in contradiction – nonsmoker's perceptions were that smoking would certainly result in loss of personal freedom. Once addicted, smokers were no longer in control of their habit or reasoned in their use of cigarettes. Personal control seemed more related to a sense of social image or reputation (i.e., an affiliation with smokers led to rumors and a bad reputation), disappointment to parents, and self-disappointment. If participants were caught smoking, they were certain to lose privileges; most times this had an implication for activities they enjoyed, ones that did not include smoking (e.g., athletics, team sports).

An interesting finding was related to the sociometric nominations nonsmokers made of themselves as nonsmokers and of smokers. Participants viewed smokers as being "controversial" in that smoking represented a risk to one's health, threats to family relationships, rebellious or defiant images, and lack of pride or self-respect. They also perceived smoking as a way to become part of a popular crowd, yet they did not admire people who made decisions based on false friendship pretenses and affiliations. Moreover, most of the nonsmoker participants were self-categorized as "conformists" and those who respected rules. This image theme has been supported by others (e.g., Amos et al., 1997;

Lloyd et al. 1997; Lucas & Lloyd, 1999; Lynch & Bonnie, 1994) with similar aged samples.

One study indicated a developmental difference in relation to self-image and stereotypical images of smokers, where those images were similar to the ones found in this study, yet in that study by Aloise-Young and Hennigan (1996), the smoker image appeared to become more positive with increased age. One reason to account for a developmental difference could be related to appraisals concerning purposes of smoking. That is, in this study, early adolescent nonsmokers concluded that smoking served no useful purpose (i.e., smoking is a pointless activity), yet as participants get older, they could make a connection to what they *think* smoking can achieve for their images relative to those qualities they desired, which may be more salient in middle adolescence (i.e., smoking could be one way to enhance a social image).

Looking at the differences in patterns between reasons for smoking and not smoking, it is possible that nonsmokers base their ideas on a different set of values and beliefs than those of would-be smokers. One study by Thrush, Fife-Schaw, and Breakwell (1997) demonstrated that young smokers views on smoking do systematically differ from those of their nonsmoking counterparts based on their large-scale UK-based survey of nine to 12 year olds ( $n = 1,985$ ). Specifically, smokers held defensive representations of smoking, where boys judged smoking as an acceptable childhood activity. However, further work is needed to investigate additional social-psychological mechanisms that might be implicated in the early onset of smoking.

Other understandings from qualitative studies demonstrated images youth hold in relation to an identity as a smoker. One study illuminated the key identities for a variety of youth (ages 14-18) with various smoking histories. In that study, Johnson and colleagues (2003) interviewed youth which revealed profiles similar to the ones described by this sample of nonsmokers. As that sample had experience with smoking (all tried) and not smoking, *how* youth created their identities emerged as key descriptors about the role tobacco played in their lives, as they experienced their social worlds. The "confident nonsmoker," for example, was described as a clear-cut identity by those who stopped smoking, and described it as a phase (i.e., no intention to become a smoker) or a period in their lives. As now nonsmokers, in retrospect, they did not appear to rely on smoking. Hence, once tobacco no longer has personal meaning or salience, they gave up smoking cigarettes. This identity is contrasted to the "vulnerable nonsmoker," one susceptible to trying smoking again in the future. In the present study,

the indifferent nonsmoker shared a similar quality – four participants in this study, although nonsmokers currently, did not rule out smoking as something they might try in the future. Although participants in this study were *indifferent*, or more or less tolerant or unbiased toward smokers, there was an element to their care-free or noncommittal refusal style that could be seen as placing an indifferent nonsmoker at risk for future smoking. As well, the “ardent” nonsmoker was similar to this study’s adamant nonsmoker. That is, both groups distanced themselves from those who smoked, and tended to be harsh in their social comparative judgements of smokers. Finally, the “accepting nonsmoker” shared characteristics of the indifferent and committed nonsmokers in this sample. It was interesting that even though the comparative study sample was older, this study sample was able to describe themselves in similar terms *without* the benefit of smoking, except for the six participants who experienced limited trials. These descriptions seem to indicate that internalization of images associated with reconstructing an new identity may be an important aspect when it comes time to consolidate a social identity.

Another point of interest, however, nonsmokers seemed to feel comfortable with ratings which placed them in “between” or “just below between” friendship categories. In other words, an individual who stood firm on a decision was highly valued, and one preferred over joining a group just for the sake of being the same as everyone else. Hence, confidence seemed to be an important aspect of having enough strength for standing up for one’s beliefs, especially concerning autonomous choices. Specifically, self-confidence was also demonstrated by Dunn and Johnston (2001) as both an important condition and outcome for adolescent girls making smoke-free decisions. However, their findings placed greater emphasis on themes associated with self-confidence and independence, as participants in that their grounded theory sample were older (13-17years) than this study sample, as well that sample was not school-based.

Participants valued their ability to make free choices, especially once a choice becomes personally meaningful and in their best interests. It would seem that participants even as young as age 10 do make informed choices about lifestyle. Making that autonomous choice seemed to indicate they were prepared to make in a transition to early adolescence. Moreover, participants acknowledged that others recognizing they were capable of making an autonomous decision was important for self-esteem. This indicated to participants that they were in control and capable to effectuate their respective futures goals and social selves (self-efficacy). This would seem to support participants’ notion that self-control

was an important, personal value and goal linked to a need for independence.

Other researchers using qualitative methods, ones such as grounded theory, supported the finding that children at ages 9 to 10 conceptualize a range of solutions within a health promotion framework (Kalnins et al., 2002). Their findings, as well as those from this study would suggest that society needs to rethink the position and roles that are assigned to children. Specifically, children and young adolescents are agents who make autonomous choices for themselves through their relationships with adults, and other children (e.g., James & Prout, 1997; Mayall, 2002; Morrow, 2000; Morrow & Richards, 1996).

Another value associated with making an independent decision seemed to be related to one's intelligence. This was a pervasive theme in participants' narratives, one they believed as an essential part of making a choice. For instance, most participants viewed making a choice to smoke reflected poor judgement on the part of the smoker. Hence, making smoking-related choices was about constructing knowledge. It seemed to be about judgement as much as seeking salient information on which to base and execute an informed choice. Once their knowledge was applied and they were set on a smoke-free choice, early adolescents appeared confident and ready to make a decision.

In the minds of participants, looking foolish was not a desirable trait and social image. Some indicated they would feel shameful, as a decision to smoke would reflect badly on their ability to make sound, reasonable decisions. The implication – making poor decisions was predicted to have an impact on achieving a positive judgement by peers, potential for personal freedom, and maintaining trust from parents. Prior research (e.g., Pechmann & Ratneshwar, 1994) experimentally investigated the effects of anti-smoking and cigarette advertising on nonsmoking youths' evaluative judgements of a peer who smoked. Those results suggested exposure to the anti-smoking ads with seventh-grade subjects' made salient their preexisting beliefs that smokers foolishly endanger their health, and resulted in even less favorable evaluations of the smoker's common sense and personal appeal.

Generally, support existed relative to themes of intelligence. For instance, four qualitative studies were found, yet participants in those studies seemed less mature in their thinking when compared to this sample. Rugkása et al. (2001a, 2001b), conducted individual interviews with 85 children (10-11 years) in Northern Ireland as part of a four-year longitudinal study. Their same-aged participants focused on attitudes and ideas which included, "stupid" or "not very clever" and described smoking as a "bad"

activity. Their narratives from in-depth interviews yielded themes that focused on participants' notions of "taboo" relative to childhood smoking. Clearly, children viewed smoking as an adult activity, yet the participants in this study seemed to possess a deeper understanding, one that encompassed dimensions associated with moral reasoning, taking risk, and fear regarding smoking outcomes, compared to the Irish studies. Put another way, participants in this study went beyond the notion that smoking was "bad," or "forbidden" – responses that could be anticipated if young children parroted the same attitudes or beliefs of their parents and other adults.

Another difference in understandings was related to participants' notions concerning addiction and nicotine dependence. While participants in the Irish studies could articulate addiction as a reason for continued adult smoking, those young participants did not seem to have the same deep appreciation or level of insight that matched one based seen in this study based on the lived experience with an adult addiction. Participants in this study clearly linked personal freedom and addiction, ideas that were offered spontaneously and independently during interviews. Moreover, participants' artwork demonstrated metaphoric language that seemed to highlight sophisticated understandings, ones that reached beyond pure recognition of the addictive properties of nicotine – participants sympathized with smokers who felt "trapped" and "stuck on a habit that was very difficult to quit." Those thoughts and understandings clearly motivated participants to make a smoke-free choice in the interest of maintaining personal control, and represented a solid reason to never start smoking.

When I reflected on the personal characteristic participants ascribed to themselves, I recognized attributes that are those typically associated with those global assessments or judgements concerning the dimension of self (i.e., confidence, control, efficacy, intelligence). Specifically, the development of self-concept would be characterized according to the domain of self-worth or image, and self-esteem, those domain-specific evaluations characteristic of adolescents' self understandings (Erickson, 1968; Marcia, 1989; Santrock, 1998). Participants appeared strong minded, self-assured individuals empowered to act on informed choices.

#### *Smoking and Notions of Self-Control from Cognitive and Developmental Perspectives*

Broadly speaking, the participants in this study were progressing toward thought that reflected their integration of distinctions they had learned to make and indicated beginning evidence of formal operations. Accordingly, thought concerning smoking can be represented as part of the social-emotional

cognitive domain. It appeared participants had long since transcended concrete here-and-now experiences as they showed early signs of abstract thought (i.e., imagine possible alternatives about why people smoke, how parents would react to children's smoking, planning for the future). Generally speaking, the findings of this study seemed to indicate that self-control increases within a developmental context. Other studies have indicated children develop concepts about health and illness slowly, and according to a predictable developmental process (Bibace & Walsh, 1980; Hughes et al., 1996; Perrin & Gerrity, 1981; Pion et al., 1997; Walsh & Bibace, 1991) as they learn about how the body and mind work and how a person gains control and responsibility for personal healthful living and well-being.

All participants demonstrated evidence of hypothetical thinking – filling in gaps in knowledge with generalizations from prior concrete experiences. They articulated numerous, complex understandings about why others smoke. Participants differentiated between self and the external world. Specifically, they articulated smoking in terms of internal, physiologic and psychologic systems, identifying a variety of external manifestations or consequences of smoking. Accordingly, their understandings follow a pattern similar to formal reasoning and operational central cognitive structures (cf. Case, 1991). Other indicators of abstract thought related to causal reasoning – multiple causes and effects of smoking were identified throughout dialogue and narratives. Participants made predictions based on their own experiences; they imagined experiences without actually having lived those experiences with smoking.

Participants also understood the relative vulnerability of all people. Although they perceived some groups as more likely than others, under certain conditions, they were aware that anyone could be affected by second-hand smoke. They demonstrated complex understandings of numerous consequences of smoking, and their artwork revealed abstract ideas, sometimes with simultaneous and multiple meanings.

Previous studies taking a health promotion or prevention focus have suggested at this age, young people attend to a message about death as an absolute outcome – one conceptualized in concrete terms. While as a theme, death was frequently mentioned as a smoking outcome, although participants seemed to view death as the ultimate loss of control. Death was feared and perceived as a real danger, and served as a strong motivator (i.e., fear) to not start smoking. Death per se seemed to require a conceptual understanding, one that subsumes both complex and abstract meanings. Other consequences focused on both physiologic and psychologic mechanisms (i.e., internal and external



dimensions of smoking, intrinsic and extrinsic smoker characteristics and traits). It is reasonable to believe participants feared death and smoking-related illness, and elicited those consequences to support and motivate their underlying reasons for not smoking.

Developmental theorists have repeatedly demonstrated that in the fundamental domains of causality, number, time, and space, children adhere to a logic that is qualitatively different from that of adults – a logic that not only relies on different principles, but also follows a developmental sequence. Yet few studies are undertaken that explicate the unique or novel way in which the general stages of cognitive development are expressed in the content area of prevention, much less smoking. Concepts of illness have been demonstrated by others, specifically that children's understandings of cause and cure of illness is consistent with a Piagetian ontogenesis of causal reasoning (e.g., Bibace & Walsh, 1980; Perrin & Gerrity, 1981; Walsh & Bibace, 1991). That is, a major shift has been demonstrated in thinking whereby participants at this age can think of illness in terms beyond those of physiologic manifestations to integrate illness systems and provide explanations that include psychophysiologic explanations of illness. For instance, a child is aware that a person's thoughts or feelings can affect the way the body functions. Hence, these latter studies indicated the concrete-logical stage for physiologic explanations by younger children (7-11 years) were in fact differentiated from those at approximately 11 years wherein older participants manifested formal-logical reasoning to include an integration of both physiologic and psychologic explanations for cause of illness.

Although a developmental approach could specify conceptions of health or illness which children at different ages manifest cognitively, a developmental approach could not specify the *precise* content of educational programs. A developmental approach, for example, could suggest that children at a particular developmental stage are capable of understanding the notion of prevention, it cannot, however, stipulate which specific preventive behaviour ought to be taught. The implication for prevention in an educational context would need to consider the aspect of change or a shift in thinking to include the degree of control a person has over his/her health. As well, decisions about tobacco use/non-use can be made autonomously. The notion that children's understandings increase as their sense of control over their health grows with age is intriguing, and one deserving of further study.

Participants seemed very concerned about the numerous and deleterious outcomes of smoking. While some of their thinking can be explained as a result of wanting to know more about smoking, it is

also reasonable to expect that early adolescents ask "why" question as a means to develop and deepen their knowledge. It might also be one factor related to their advancing thinking. Specifically, abstract thought requires an emphasis on prediction. The reasons (the "why" part of smoking) were also the same in some cases as "what causes" smoking. In other words, participants demonstrated "adolescent theories of causality" to explain people's reasons for smoking and not smoking. Applying this in an educational context, early adolescents could actively engage in classroom discussions about their reasons for not smoking. Thus, hearing the reasons made by others could serve as a source of validation and support to maintain a smoke-free choice.

One specific developmental approach used in this study was the draw-and-write technique. As a specific aspect of methodology for studying children's learning, the drawing and writing allowed for an indirect measure to assess the development of analogic thought. Analogy is a central process on discovery and learning (Gentner, 1983; Gentner & Toupin, 1986). This technique, as used in this study, took into account the different stages of children's development and recognized their growing skills and command of language, symbolism in drawing, narrative, and creative writing. One skill to using the technique is to craft story or scenario that gives structure to the task, yet does not in any way determine participants' responses, while encouraging them to think reflexively about the subject in question.

Based on the experience in this study, I found the task served the purpose of being open-ended and it was easily carried out as a homework assignment. Participants found the task non-threatening and one that was fun. As health education and health promotion forms an important part of the school curriculum, this research method can provide a baseline for creating educational materials for children, based on the types of metaphoric and analogic language they presented. It could also serve as a simple exercise that teachers could implement in their own classroom learning activities to assess in a concrete as well as judge what stage their students are at before taking on a health-related topic.

The findings of this study only concerned nonsmokers' perceptions and at only one point in time. Images of smokers were constructed on participants' proxy reports based on their perceptions of others' smoking behaviours. As such, these social images constructed at the time of the study were contextually bound and age-dependent. Despite such constraints, participants' own statements made during narratives and interviews were used to later categorize image responses (rather than responding to predetermined researcher categories or test items). While their image statements and reasons for

not smoking were similar to those reported elsewhere, participants in this study seemed to discriminate clear and personal reasons for not smoking, yet it would be interesting to discover whether smokers form reasons for choosing to use tobacco on the same basis, in a comparative study. For instance, students' reasons for tobacco use/non-use have been investigated in previous studies in order to understand why young people start smoking, yet this knowledge has not been consistently applied to designing better anti-smoking programs.

Cross-sectional studies have demonstrated that student smokers have different attitudes to nonsmokers on some items, and on some scales (e.g., Stern, Prochaska, Velicer, & Elder, 1987; Urberg & Robbins, 1981). Stanton et al. (1993) looked at reasons for smoking and not smoking for students when they were 11 to 13 years old. Results of their factor analysis revealed similar parsimonious categorizations and descriptors of smokers' reasons for smoking (e.g., relaxation, pleasure, friends' behaviours and attitudes, images of smoking). Additionally, another factor structure was identified for nonsmokers' reasons for not smoking. Again, this study identified similar factors that could be identified by the factor loadings in the cross-sectional study – social context, effects of smoking, access to cigarettes, and health reasons. Yet in the Stanton and study, nonsmokers' reasons for why people smoke demonstrated a completely different pattern of factor loadings. That is, nonsmokers did not identify a meaningful set of reasons why people smoke (most items formed a single undifferentiated factor). Even though the results of that study revealed 13-year old New Zealand smokers and nonsmokers had similar sets of reasons for not smoking, both groups gave entirely different sets of reasons in favour of smoking. One explanation is that all students knew what it was to be a nonsmoker, yet only the smokers had learned to discriminate clear reasons for smoking.

The findings of the present study could also point to a difference in social comparative judgements. Specifically, participants in this study could not reconcile any good reasons for smoking. Once they learned about the purposes for smoking, they reached the conclusion that smoking was not the answer to achieve their goals or a desirable image. In other words, participants in this study believed that smoking was a pointless activity and socially unacceptable behaviour. Hence, if a person feels an activity does not serve a useful purpose, then one could reasonably expect a nonsmoker, for example, would be less discriminating about a behaviour that was perceived personally unappealing or not useful.

Regarding sources and types of influence, participants in this study indicated "peer pressure" as

a term most often used by teachers and adults, when talking about smoking. Participants did not appear to experience a great deal of "peer pressure," at least directly, or that they were uncomfortably aware of. When using the term peer pressure, participants seemed to indicate the notion of *influence* as more pervasive than actual "pressure" or "pushing" someone into doing a particular act or behaviour.

Participants believed they could make autonomous decisions, yet if a person was "pushed" into smoking, then they reasoned he or she was either ambivalent about a decision or had not taken a firm position. This may be an important point to consider, given that all participants were self-reported nonsmokers, for the most part, those who were insistent their decisions would not change. Control seemed to play a key role in "peer pressure" – participants were savvy to the would-be tactics involved by another to exert an undue influence. Participants provided their adolescent "theories" of the types of individuals who would "fall prey" to such social pressure (i.e., weak minded individuals or those who did not value their individuality).

Participants in the elementary school were the oldest students in the school. Many were involved in peer-leadership activities, especially those who took their responsibility seriously and maintained their enthusiasm for leadership. It may well be, in addition to being the oldest students, there were those students who were younger and looked up to and admired their "experienced" ways. This could also explain their feelings of self-confidence and self-efficacy. There also exists the possibility, older siblings and friends with older siblings aside, that these students did not experience the direct influence of older students (and those who might smoke) while in their school context. As smoking was something that was not done in elementary school (even teachers were nonsmokers), opportunities were therefore not anticipated during school hours or on school property. Another feature was group cohesion. Most students knew each other as they had attended the same school since first grade. As well, many had younger siblings attending the same school. Hence, feelings of responsibility toward others may have been related to younger siblings attending the same school – older siblings knew their brothers or sisters relied on their judgement as the eldest child. The older siblings responded to the need to set a good social example and as supports for younger students.

It was also interesting to note the nature of "influences" as described by participants. Some had not considered convincing someone not to smoke would be perceived as "pressure" to conform to the same position. Participants did not, however, seem surprised that I asked so many questions about the

nature of "peer pressure" when participants used the term in their narratives. That participants attributed parents' notions of "pressure" as relating to factors outside the child seemed to imply a person did not have "control" over the ability to choose. Others believed that peer pressure was "an excuse" rather than a reason to explain how people would start smoking. Yet there were still others who clearly pointed to an internal sense (desire or curiosity) to explain why other kids tried smoking or why they personally tried smoking. A few others learned vicariously through others' experiences with smoking. The picture of peer influences in this study seems quite unique and different to those commonly described in the tobacco literature (e.g., Lucas & Lloyd, 1999; Mitchell & West, 1996; Nichter, Nichter, Vuckovic, Quintero, & Ritenbaugh, 1997).

This picture of peer influence was as it was perceived by participants. In other words, I did not validate participants' notions with their parents' perceptions. There was a difference between "peer pressure" when it involved older adolescents, and some participants reported their understandings as those based on the shared experiences with older siblings. Participants seemed to experience situations involving influences. These sounded like another person had tried to persuade or convince participants in the past, yet these participants made their intentions known; they were not interested in smoking. By making their decision, participants were also taking a stand on smoking, one that was "not part of their picture". Some believed that making the decision was protective, and likened to a "deflective shield" as a way to keep safe from offers at cigarette smoking.

Participants credited witnessing their parents' experiences with addiction as one way to realize the powerful hold nicotine had over a person. Once participants translated smoking as a mismatch to their independence, the negative aspects of smoking seemed all the more reason not to smoke. Again, parents' attitudes were not studied directly, although their proxy reports seemed to indicate their parents as smokers clearly and consistently emphasized to children their dissatisfaction or regret for starting in the first place. Participants' parents were reported to strongly and repeatedly advised against smoking, even the parent smokers, although some received conflicting messages. The "do as I say, not as I do approach" was difficult for participants as they believed their parents were not consistent in their actions. For those participants, this was another reason why they did not want to smoke. Watching a parent smoke was as frightening as much as it was disgusting to nonsmoker participants.

Previous research has clearly indicated parents attitudes as important in the influence on

children's attitudes about smoking and subsequent use of cigarettes. Important aspects of the social environment include the presence of smokers. One study designed using a different approach from previous research, was proxy reports of parent attitude were not used to collect data on parental concerns. As actual parental responses were sought directly, recall bias was therefore avoided. Andersen et al. (2002) argued for a longitudinal prospective study, given there exist many potential influences on adolescents, parents were hypothesized to be most effective, in particular when they hold strong anti-smoking attitudes regarding smoking generally, as well behave in a manner consistent with their attitude (i.e., they are nonsmokers). Accordingly that study investigated third-grade students ( $n = 2,736$ ), and their female guardians formed the baseline parent portion of the survey. Although their results did lend support to the Nolte et al. (1983a) study, mothers' attitudes about smoking and parental behaviour were also shown to have an interactive effect on children's risk for future smoking. The 50% decrease in smoking associated with maternal attitude and behaviour found in the Andersen et al. study was smaller than the large effect size found by the Nolte study (participants in the latter study were older and used proxy reports which might explain the differences in the two studies).

These studies are noteworthy given there is an implication for education. As well, the original Nolte et al. (1983a) study was extended in a replication by Newman and Ward (1989), both of which are frequently cited as compelling evidence concerning parental attitudes. Even though almost 15 years has elapsed since these studies were first published, findings suggested that parental attitude, *when expressed*, appeared to be important in tempering adolescent smoking behaviour. Specifically, the other implication is that regardless of whether a parent smoked or not, both studies clearly suggested that parents' opposition, when expressed does affect adolescent smoking behaviour. Proxy reports in the present study acknowledged that regardless of the parents' smoking status, they did not want their children to smoke. Participants had made their intentions known relative to their own decisions. They also spoke of others' influences, including parents, commenting that making their own personal, autonomous decision as one they believed was in *their* best interests, was the important part, and not so much what their parents wanted or desired for their child to decide. Although participants valued their parents' opinions and respected their authority, when it came to making a personal decision about smoking, participants appeared less likely to be influenced by their parents actions. One exception for children whose parents did smoke was that seeing a parent smoke was a good reason (incentive,

validating evidence) for that individual child not to use tobacco in the future.

The Andersen (2002) study is also important as there appears to be an implication for parents to anti-socialize and denormalize smoking, and to start the process at a young age. However, more studies are needed to investigate such practices in households where parents do in fact continue to smoke (e.g., Jackson & Dickinson, 2003). Other mediators such as the parent-child bond, specifically what effect, if any, does length of time and quality of parenting have in mediating children at this age. Additionally, other mediating influences, such as effects of parental talks with children about tobacco use and congruence between parent attitude and behaviour (e.g., parents who smoke requiring friends to smoke outside when visiting in the child's home) require further investigation. It would seem that a mother's concern for her child (e.g. trials or experimenting with smoking) on its own does not appear to be a mediator of the effects of more general maternal attitudes about smoking. Again, the quality of those interactions require investigation to determine further results in this area.

Despite strong objections by proxy, participants believed they would not smoke, regardless of their parents wishes. No doubt any parent would be pleased to hear that his or her child has made a smoke-free decision. In the minds of participants, parents would clearly rewarded an independent decision – especially one that also just happened to please their parents. The approval from parents appears to be significant for children between the ages of 10 and 14. Moreover, receiving support from parents seemed to be a contributing factor in their ability to maintain a smoke-free choice.

This investigative effort looked at early adolescent nonsmokers as a unique group and was undertaken to achieve an enhanced understanding of social comparative judgements and processes as a beginning step toward designing developmentally appropriate educative prevention programming in a school context. The findings of this study extend cognitive-developmental theory in order to examine early adolescents' ideas about tobacco use/non-use, its causes, and consequences and links nonsmoker image development and the process of decision-making about tobacco use. The results revealed that making smoking-related decisions was inextricably bound to developing a self-image and toward meeting a need for independence. Important aspects about tobacco-related decisions and nonsmoker image development entailed maintaining an autonomous perspective and communicating a point of view (e.g., free choice, self assertion), using communication patterns to express the notion of separateness (how one is different from others), and declaring one's desires, concerns, intentions, and preferences

(e.g., self-control, self-efficacy, self confidence).

What follows in Chapter Five is the ultimate outcome of this grounded theory study that is a tentative theory, based on a synthesis of the descriptive portions of the present chapter.



## Chapter Five

### The Basic Social Process and Grounded Theory

In this chapter, the basic social process and theory are introduced. Specifically, a brief overview of the theory and the processes involved is presented prior to explaining each of the processes of the explanatory model. This is followed by a discussion of theoretical perspectives and limitations of the study in Chapter Six.

#### *Synopsis of Conceptual and Theoretical Analyses*

Glaser (1978, 1992) provided advice for crafting the ultimate outcome of a study, that is, the grounded theory. Specifically, he suggested formulating the basic social process is analogous to writing up a storyline, in this case, to explain how participants developed a nonsmoking identity. The other idea put forth related to analysis of data. Specifically, Glaser suggested imagery as a way to make participants' actions come alive in the analyst's head. Consequently, the theory presented here is based on participants' understandings about smoking and nonsmoking. As well, discovery of their smoking-related decisions were embedded within their social-cultural contexts, as presented in Chapter Four.

Initially, I entered participants' early adolescent worlds to acquaint myself with participants' social-cultural context, that is the school setting. Specifically, I engaged in non-participant observations of students while they attended class, participated in their usual learning activities, watch teacher and student interactions, and noted various peer and friendship dynamics during school work, as well during recess and lunch time. These observations were also made to build a developing trust with potential participants and to prepare for in-depth individual interviews with participants. Specifically, during interviews I documented participants' thoughts, feelings, intentions, and actions relative to their lived experiences with creating meaning about smoking and nonsmoking, as well how participants avoided smoking situations and smoking encounters so they could maintain their smoke-free commitments and ideals. Hence, based on issues relative to early adolescents' smoking-related decisions and identities, those embedded within their social-cultural contexts, a storyline ensued that was based on my translation of a enquired collaborative journey with a selected sample of nonsmoking early adolescents, and according to a blended constructivist and interactionist approach, one that both informed and shaped this grounded theory study.

The morphology of participants' images about smoking and not smoking were represented

conceptually wherein informants' deconstruction of smoker attributes and characteristics resembled a blueprint of those images which captured their reconstruction of nonsmoker images and subsequently shaped their nonsmoker identities. In other words, participants' images of smokers informed their nonsmoker images and shaped their nonsmoking choice, one that emerged as a smoke-free decision and eventually transformed to represent their conceptualizations of a nonsmoker identity or social self. Hence, developing a nonsmoker image was represented as a recursive interpersonal process.

During analysis, three major categories were developed. Overall, 11 conceptual categories were represented by the analysis: the core variable (BSP), major categories, and four supporting categories (properties, conditions, strategies, and consequences). *Developing a Nonsmoker Image* was determined as the core variable which eventually emerged as the BSP. Additionally, the two remaining categories, namely *Creating Meaning about Smoking* and *Reaching Committedness about Nonsmoking*, emerged as two iterative processes. As pieces of data were reassembled, in my mind the BSP emerged metaphorically – it was like following a trail of *cognitive breadcrumbs*. This imagery worked well for me as I began to flesh out *Developing a Nonsmoker Image*. As I wrote the storyline, I imagined the fairytale child characters, Hansel and Gretel dropping breadcrumbs along their path as they headed into the Black Forest. As I achieved a bird's eye view of participants' cognitive processes, I gathered up their "cognitive breadcrumbs" as birds would have collecting the children's breadcrumb trail. Hence, I followed my way through this cognitive process which represented participants' mental images of how they managed smoking encounters, avoided smokers, and safeguarded against smoking situations. Hence, as I wrote participants' stories, I used the image of breadcrumbs to track their thoughts, actions, feelings, and intentions to achieve a shared wide angle lens perspective of participants' journeys in their respective social-cultural contexts, where smoking took on a complex, multifaceted meaning.

#### *Overview of the Theory*

The theory, *Developing a Nonsmoker Image* addresses the ongoing, reciprocal relationship between early adolescents and their social-cultural environment and sets forth their experiences as a dynamic social-psychological process. This theory is conceptualized as a social-psychological process wherein an interpersonal process is enacted within the context of the social-cultural environment and transition though the entire process is mediated by personal (intrinsic) and environmental (extrinsic) factors. Further, understanding what the term *smoking* means and how this translates to tobacco

use/non-use by early adolescents is embedded within their personal and social-cultural worlds. Accordingly, one specific dimension to participants' understandings involved exposure to negative advertising about tobacco use within a contemporary context whereby smoking has been denormalized (i.e., debunking the myth that tobacco companies are respectable businesses). Another aspect of participants' family and educational contexts included learning about the devastation of tobacco by their parents and teachers. Participants explicitly recognized that choosing to use tobacco products is not merely a recreational choice – smoking was viewed as the number one cause of preventable death. In this context, making a smoke-free choice is a necessary but not a sufficient condition for maintaining a smoke-free lifestyle. Put simply, enacting a personal lifestyle choice or preference was linked to developing one's social identity as a nonsmoker.

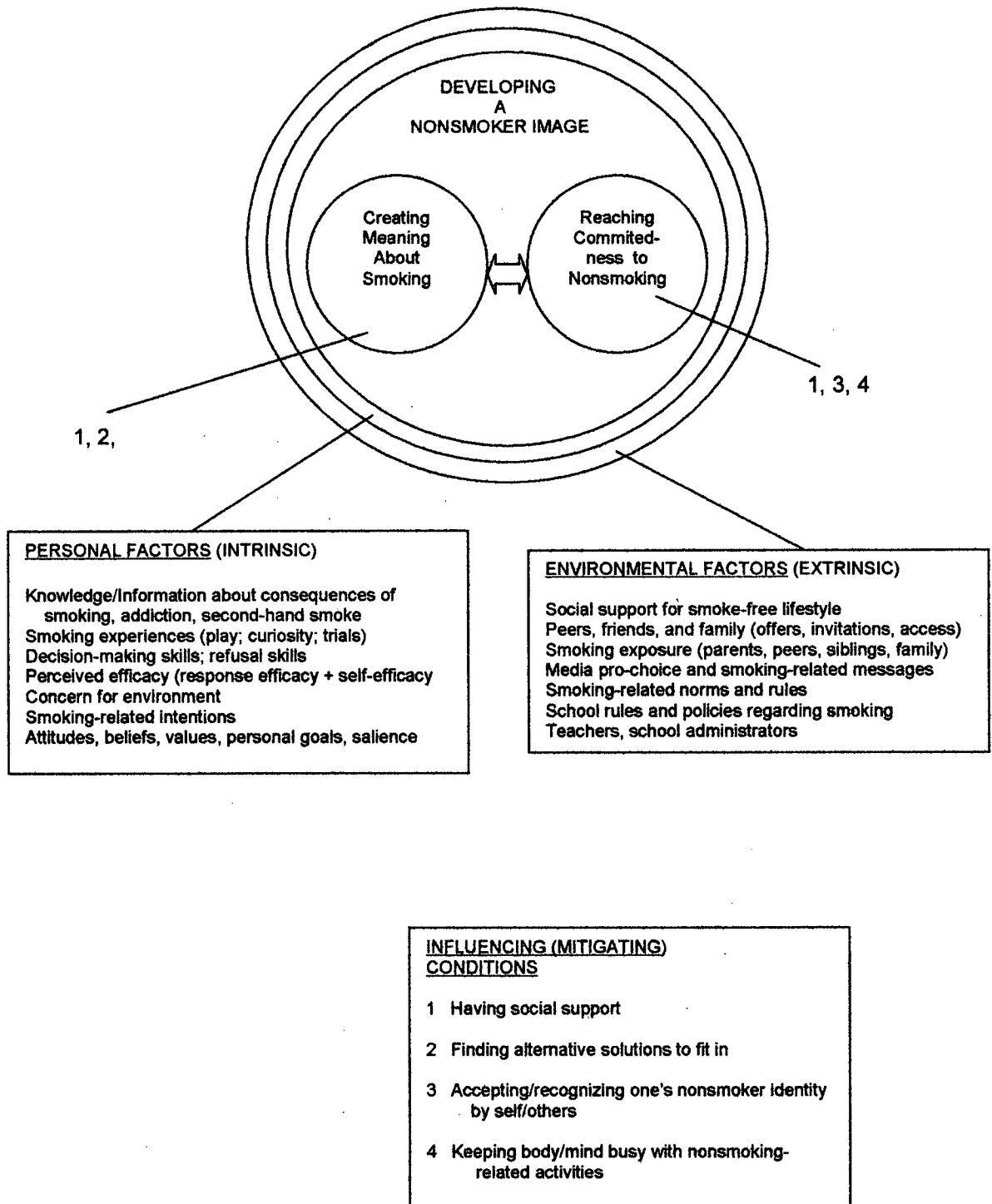
During this developmental phase of early adolescence, participants' collective standpoint indicated that smoking was unacceptable (or described in their terms *un/cool*) social-psychological behaviour. Specifically, they presumed that smoking represented a deliberate, personal choice. Making a smoke-free choice was a personal goal, one that represented their ideas about health and values concerning well-being.

Throughout this process, early adolescents appraised or judged their knowledge and information about smoking which involved intrapersonal and personal-environmental transactions (cf. Lazarus & Folkman, 1984) that were dynamic and constantly evolving. Not all personal and environmental factors applied to every aspect of their respective situations, yet those instances of how these factors influenced the process are discussed where factors had the most impact. Informants who completed the entire process developed a nonsmoker identity and successfully maintained their nonsmoker status. An overview of this theory is represented in Figure 1.

#### *Overview of The Basic Process*

*Developing a Nonsmoker Identity* was the basic social process experienced by early adolescents who made a decision concerning smoking and about themselves as nonsmokers. This process occurred between early adolescents, members of their families, other individuals, and social systems as a consequence of being exposed to smoking in everyday situations. As featured in Chapter Four, participants' thick, descriptive image statements were identified according to two overall factors, each of which subsumed four image-related themes concerning tobacco use/non-use. Specifically, *extrinsic*

**Figure 1. Developing a Nonsmoker Image: Making Smoke-Free Decisions to Consolidate A Social Identity in Early Adolescence.**



factors encompassed interpersonal (social) characteristics and *intrinsic factors* embodied intrapersonal (psychological) characteristics. Hence, *interpersonal themes* included those images related to the physical features or social attributes of people who smoked (smokers) whereas *intrapersonal themes* included attributes and emotional dispositions which represented personal or internal characteristics of smokers.

Smoking was posited as a purposeful, deliberate activity yet to the nonsmoker, smoking was viewed as a pointless activity or one that served no purpose. Formation of a nonsmoker identity related to early adolescents both making a "smoke-free" decision and the eventual cognitive, social-psychological, and behavioural outcomes that resulted from their constructions of a nonsmoker image. Recall, from Chapter Three, important aspects of identity consolidation were viewed as a composite of three elements: (1) the ability to hold an autonomous perspective and communicate a point of view (e.g., self-assertion, free choice); (2) the use of communication patterns to express how the self is different from others (i.e., separateness); and, emotional gratification (self-confidence, self-efficacy, self-control), to declare one's desires, concerns, intentions, and preferences. These dimensions of identity and individuality reflect a cognitive-developmental paradigm and a perspective derived from Ericksonian theories of identity, an outlook that considers identity development as one that matches how an adolescent carries out an identity exploration or crisis (cf. Erickson, 1968; Marcia, 1989).

*Developing a Nonsmoker Image* permeated all the work early adolescents did to support and maintain a smoke-free goal, as well protected their individuality and future. As social comparative judgements and self-evaluative processes, affiliations, and attribution of personal qualities evolve primarily in the context of peer cultures, consolidation of a nonsmoker identity represents thought in the social-emotional domain (cf. Case, 1991). The established processes and having social support, finding alternative solutions to fit in, accepting/recognizing one's nonsmoker identity by self and others, and keeping body/mind busy with nonsmoking-related activities, were the most important conditions that influenced the BSP.

As illustrated in Figure 1, these iterative processes are, *Creating Meaning about Smoking and Reaching Committedness about Nonsmoking*. Together, they define a recursive process from the time the early adolescent begins to demystify smoking, realizing the many purposes and functions smoking serves to a person who smokes, to making decisions about tobacco use/non-use which is linked to

constructing a nonsmoker or "smoke-free" image to define a social self-identity, one that ultimately results in efforts aimed at expressing one's individuality as the nonsmoker then begins to integrate new behaviours. The properties that make up each of these processes and the conditions under which those properties exist are explained where their impact is most pronounced. Participants disclosed strategies which they were familiar, yet there remains the possibility that other strategies could also exist.

#### *Personal and Environmental Factors*

The recursive nature of the processes of making tobacco-related decisions and developing a nonsmoker image is mediated by personal and environmental factors, as identified in Figure 2. The same correlates and predictors of smoking initiation as identified in previous studies are represented during decision-making about tobacco use/non-use (e.g., Ajzen & Fishbein, 1977, 1980; Biener & Siegal, 2000; Botvin et al., 1984; Flay, 1983, 1993; Leventhal and Cleary, 1980; Perry et al., 1982). As identified in the descriptive thematic analysis in the previous chapter, those factors which seemed to influence transition through the process were identified as specific intrinsic smoking-related experience (e.g., play, curiosity, trials), decision-making skills and refusal styles, as well as extrinsic factors (school rules, policies, teachers) and smoking exposure.

A basic presumption underlying this process is that to enact a lifestyle preference, a person is initially confronted with a choice. One of the many lifestyle choices today concerns cigarette smoking. As the participants in this study demonstrate, most have been exposed to cigarettes and environmental tobacco smoke at different times and in various places long before the time they reach their early adolescent years. As the vast majority of early adolescents came to encounter smoking-related situations, they were faced with situations that required certain choices and decisions. As was seen by participants' experiential accounts, what the term *smoking* means and *who smokes* were embedded within their personal contexts and social-cultural environments.

Participants also learned to settle on their personal preferences within the wider context of the wishes of others. This required making a judgement, one that depended on requisite level of autonomy and self-confidence to assert one's wishes (i.e., intolerance) for remaining smoke-free. To illustrate this point, one participant articulated a low tolerance for cigarette smoking. Her intolerance was related to personal choice, yet this choice was also based on her concerns that stemmed as a person who had a chronic lung condition:

There's too much of a risk for me to be ruining my life because I really enjoy sports and I really enjoy running . . . . Even just my grandma smoking outside. If I walk past, I'll start coughing, my head off, right? 'Cos I have asthma. I couldn't, I couldn't really smoke otherwise, like I'd probably have an asthma attack and die! (Myra, age 14, Grade 9).

For this participant smoking clearly posed a threat to her health as she has a respiratory condition which is exacerbated by cigarette smoke. Participants degrees of intolerance for smoke ranged from being severely allergic, not wishing to "reek" of smoke, to being indifferent ("It's a habit . . . as long as the person doesn't smoke around me, I could care less).

When information required for social judgements was conflicting, unclear, insufficient and/or difficult to comprehend, a person was more likely to experience ambiguity, doubt, concern, and/or curiosity. Accordingly, the most important personal factors influencing the process included knowledge about consequences of smoking, addiction, second-hand smoke; smoking experiences; decision-making skills; perceived efficacy; and personal values/beliefs and salience.

Exposure to and availability of information about smoking was also dependent on the social-cultural environmental context. For instance, smoking-related information was accessed from variety of different sources, under different conditions or situations, and took many forms. In this study, the most salient *sources* of information, knowledge, and messages were parents, family, peers, teachers, and school leaders (e.g., counsellors, administrators). This was followed by media influences where participants described particular anti-smoking advertising campaigns or examples of print media viewed as magazine advertisements for smoking, to either discourage or promote smoking by young people. Although participants identified specific *groups* as sources, they also indicated that these were a salient *forms* or sources of influence. As well, *information* (i.e., facts, statistics, vicarious learning experiences, trials at smoking) gleaned from these sources appeared very important regarding participants' smoking-related decisions.

### *Overview of Processes*

*Creating Meaning about Smoking* was established as the first phase of the process, one that appeared to begin very early on during early childhood, and continued for many years. During *Creating Meaning*, participants appraised and judged everything they knew about smoking and subsequently made a decision about tobacco use/non-use. Early adolescents employed strategies during the process which involved their knowledge concerning the numerous consequences to health due to nicotine and

tobacco, as well as their knowledge concerning the purposes for smoking. Additionally, some early adolescent nonsmokers employed a third strategy, trying smoking, one that enabled experiential first-hand knowledge about smoking to effectuate a definite conclusion about not smoking. Hence, a smoke-free choice was viewed as a primary safeguard toward establishing a personal smoke-free decision and ultimately, to define an identity as a nonsmoker.

Throughout this iterative process, early adolescents applied their knowledge on the subject of smoking and upon its completion, they reached the conclusion that smoking was a pointless activity or served no purpose. Conclusively arriving at smoke-free decision was evidenced by participants' statements, "I do not smoke," or "I have chosen not to smoke."

Participants articulated smoking images, communicated personal understandings about smoking, and discovered a mismatch between being a smoker and personal control. Throughout this process participants pointed to a broadening and deepening of their knowledge on the subject of smoking. As this process started very early in a child's life, participants had time to reflect on their knowledge related to the short- and immediate consequences to health due to tobacco and nicotine. As a consequence of having support and finding alternative solutions to fit in that did not involve tobacco use, participants arrived at a judgement – a smoke free decision. Hence, their smoke free decision was a composite of a smoke-free decision and a nonsmoker image.

Upon meeting the prerequisite condition that smoking is a pointless activity or serves no purpose, participants made a transition in their thinking process about their nonsmoking choice and social image. *Reaching Committedness about Nonsmoking* entailed internalizing a nonsmoking decision and identity. Participants reached internalization of their decisions by re-stating or reaffirming existing reasons for not smoking, most commonly when they faced a new or different smoking encounter. Although making a decision was only one aspect of consolidating a nonsmoker identity, the subsequent assertion of that decision was an important pre-requisite condition in the process.

During *Reaching Committedness*, participants engaged in constant re-appraisals and reflection on their smoke-free commitment and goals for a smoke-free lifestyle. *Reaching Committedness* occurred at different times for different participants, where new smoking encounters required acceptance and recognition of their nonsmoker status by others. Ultimately, participants reported that once they had settled conclusively that smoking was pointless, they made a commitment to a nonsmoking identity. For



these informants, taking ownership of their decision was an essential component of process. They related their profound feelings of commitment to the realization that they were set on their unique personal decision, one that they believed was made autonomously. Informants also expressed that they would discuss their decision with a best or close friend. Once their friends knew their intentions, this was an important part of gaining support. In a smoking situation social support was an important influencing condition, especially in a situation that could require "back up" of a friend (e.g., an offer to smoke made by a larger peer group).

Strategies to maintain their goal as nonsmokers included manipulation of the environment, specifically by limiting smoking by others, purposefully avoiding smoking situations where they knew there would be smoking, and refusing offers to smoke. Some participants were able to characterize themselves as nonsmokers and this was the only strategy they needed. "It's not part of my picture . . . I don't smoke. Period." Consequently, these strategies enabled the nonsmoker to successfully present a nonsmoking identity and gain recognition as a nonsmoker as one's nonsmoking identity was accepted by others. As a consequence, the person developed a smoke-free decision and a nonsmoker image to consolidate a social identity to meet the need of independence.

#### *Creating Meaning about Smoking*

*Creating Meaning* began very shortly after being exposed to smoking in everyday situations, often during the early grades of elementary school. When asked how their initial acquaintance with smoking came about, participants frequently introduced their stories with accounts of imaginative play, described as an indifferent activity between the ages of four to seven. As candy cigarettes are symbolic of real cigarettes, they may in fact represent a child's initial first-hand experience for creating meaning about smoking behaviours. Although today, very few school-aged children would likely not be exposed to or gain experience buying and/or using candy cigarette products due to legislative efforts such as the *Tobacco Act of Canada* (1997).

During the later years of elementary school participants were faced with unanticipated offers to smoke, while others were unexpectedly confronted with friends who smoked once they reached the middle school grades. For some participants, an element of surprise and bewilderment was experienced on discovery that their friends who "were definite nonsmokers" or "totally hated smoking" before the summer vacation break, now returned to grade 8 or 9 as smokers. Accordingly, early adolescents were

required to understand what smoking was all about and subsequently, they needed to make a choice about whether smoking would become part of their lived realities.

When asked to look back on the time following childhood and before they decided that smoking was not going to be part of their lives, early adolescents discovered that a shift occurred in their thinking at around the time of Grade 4. During that time, early adolescents' knowledge about smoking evolved as they acquired new knowledge about smoking which then prompted them to challenge existing beliefs and attitudes about smoking. Participants shared and described their cognitive conflicts that occurred when existing beliefs were contradicted by new information. One informant outlined a transition in her thinking and illustrated how this came about:

'Cause in Grade 2, we probably didn't know what a cigarette was that much, and then in Grade 3 we started *what* they were. In Grade 4 we started learning what goes into them and lots of other facts on why we shouldn't. And how it's bad for you and that like all the research that they've done like taken like people's lungs and compared them to people that have died of lung cancer 'cause of smoking. And I've learned what cigarettes actually are. Like I thought they were just rolled up pieces of paper that you smoked but there's a lot more stuff in it that's bad for you than what I thought it used to be. So I've learned about that kind of stuff. And, I've learned what happens to your lungs and what you look like. Like last year, this boy in my class had this poster on what goes into cigarettes and there's a lot of gross that goes into cigarettes. You know that smoking is bad, but do you know what you're actually sucking in? It makes you stop and think. It makes you think twice . . . nail polish remover, battery acid, gasoline, and stuff . . . you're sucking them into your body. Eww! I definitely don't want to do something that horrible, it sounds gross! Might wanna use those things every day, but I don't wanna suck them in. It's gross. Smoking would be that bad . . . I've seen a lot of people smoking around. I saw one girl who was smoking, thinking she was so cool. I was like, 'You don't know how *un-cool* it is and it's really disgusting (Dana, age 11, Grade 5).

Another girl in Grade 5 analogized the cognitive processing of information as "taking another little chunk until I finally got lots of chunks." For example, at about the age of four or five, she did not recall receiving a great deal of information on the subject of smoking. She also admitted to not comprehending a lot of the information she heard. However, once she entered elementary school she received "a chunk of it every now and then." In other words, "chunks" represented "a little part of [information about] smoking, like how it can affect your lungs, or what's in it, or how it can affect my dancing." This participant recalled the moment of Daniel when he visited her class. In the months following the presentation this informant drew upon her memory of Daniel and credited the new information she learned "as that last chunk" in order to settle on a choice about not smoking. The statement, "It's like don't get those things [cigarettes] near me!" signaled the arrival of her smoke-free choice.

Even though participants agreed, *kids have no need to smoke*, they soon discovered a mismatch existed between being a smoker and independent. Based on their knowledge and learning experiences participants were swift to point to a disagreement or an inconsistent link between a smoker's beliefs and actions. Accordingly, one informant illustrated his dissonance about his father's smoking as he struggled to understand the contradiction between being a smoker and the limitations smoking placed on one's personal freedom:

My dad smokes . . . on the one hand he tells me, 'Don't ever smoke' and he knows it's bad for him but he does it anyway . . . he keeps on smoking and at the same time you hear about all the information about smoking and the warnings and hazzards [to your health]. And then, on the other hand you see your parent smoking. And it's like you get confused, you know? You hear one thing and they go do another. It's you get very worried because you know that smoking kills one out of every two smokers, and you think, 'One of my parents could *die*!' Then you get very concerned and a little bit emotional . . . surprised when you first hear that . . . horrible outcomes like dying . . . and telling your parents about what you know and it seems like they're not listening, even though they were trying to quit . . . and it gets frustrating . . . you feel sad (Sean, age 11, Grade 6).

Other participants credited guest representatives from the Drugs and Alcohol Resistance Education (DARE) Program who participated during scheduled class time at their school. Some participants spoke of their learning at the time of fifth and sixth grades. Usually, speakers were representatives from various safety programs in the community, and included people such as fire fighters and police officers. One aspect of the DARE program participants appreciated was information was presented in the spirit of making an informed choice and a subsequent decision. Some participants credited the knowledge they gleaned from the "DARE messages" as an important contribution for their ultimate choice about smoking. As well, part of the program included factual information on both smoking and other high risk behaviours, social skills, and refusal techniques. A typical participant comment concerning this educational program involved the notion of choice:

It's good, 'cos having those discussions [in CAPP class] sorta triggered me into that thinking . . . like there's a choice to be made [about not smoking] and we learned like all the stuff about it in the DARE program . . . we had a lady police officer . . . she told us all things, like how it can ruin your life and what it does to your body and stuff . . . like how if you get into it, it's hard to get out of . . . what pressures it [smoking, drugs, alcohol] can put on you . . . she's like if you give them [smokers] the cold shoulder and just walk away, the offers are turned down like that, and you're basically saying just don't want it. You could just say 'No.' And then if they like try to persuade you into it, just keep saying 'No' and then you leave the situation. Just walk away. I think it's good to get those lessons in how to tell people you really don't wanna do something, like smoking (Lisa, age 13, Grade 8).

As Max explored the politics for making a choice, his thinking seemed sophisticated for a 12

year old where he demonstrated insight to unveil two intervening influences that impacted this process. As well, the notion of a nonsmoking decision having a "protective" quality to one's image was alluded to as Max mounted a deconstruction on peer influences and advertizing and outlined when youth confront a choice about smoking:

But excuse me! If you just take the time to think about it, there's tons of people who don't smoke. One can make the difference of an entire life time. One cigarette, that can be it. That can be all it takes. I don't want to take that chance. . . . In fact, my uncle told me that [why] he started [was] he liked the light-headed feeling that it gave him. At that point he did not really know that much to what it could, you know, do to you? But by the time he found out it was too late. . . . And then there is this business of peer pressure. Well, I think that's an excuse. It's not giving you any credit. Like kids can make up their own minds, and lots of them do, so saying it's peer pressure just takes the responsibility away from the person. It's like you gotta make your own choice and stick by it. . . . I think it's a good thing that they're starting early, in elementary school because at that point, there's no way you're really gonna be offered cigarettes. It could be, but it's a pretty small chance, rather than getting into high school when it's too late. Between my age and maybe 14 is probably when a lot of people make that decision 'cos that's what the tobacco companies want. They're aiming at youth, like me and up. Like all these commercials and stuff, like I mean really nice people, you know, smoking cigarettes, saying it's cool when it's not. It's not a good thing, I don't think, 'coz the tobacco companies are lying through their teeth is what they're doing, and that's not right. They try to make you think that it's fine, it's not like you're going to die or anything. It's like any advertizing from shaving commercials to food commercials – they all kind of make you want . . . they persuade you is what they are doing – to buy their product. The tobacco companies are very good at making people . . . influencing people to make the wrong choice (Max, age 12, Grade 7).

As did many participants, Max possessed a requisite level of self-confidence to make an autonomous choice. He displayed a unique, mature perspective for a participant his age. In particular, he was savvy to the deceptive methods of advertizing designed to prey on youth before they made their decisions about smoking. He drew an interesting parallel between the influences of peers and advertizing and offered a position to explain how peers and the tobacco industry try to "lure" people to "make the wrong choice by making smoking seem so appealing in convincing ways."

Max shared a common concern amongst participants relative to their perceived inexperience with autonomous choices. He highlighted additional factors as crucial elements of the creating meaning process:

It's like at this age, I haven't really had very many decisions to make along that sort of way of things go. And with smoking, you have a choice so that gives you more time to think about it. If you have a choice, you have more time to think about it and take responsibility for your actions. I made my decision and I'm gonna stay away from all that kind of stuff because it's not really what they told me, that's had a smaller impact. I mean, all the information about smoking had an impact. But the main one has been, you know, if I do decide to smoke A. my breath is gonna stink, B. it's gonna take all of my money, and C. people aren't gonna like me as much any more (Max, age 12, Grade 7).

Max provides some of the reasons behind why he believed smoking would serve no purpose. For him, applying his knowledge translated to personal reasons. This was an important part of "weighing of evidence" to support his personal choice and conclude that smoking was a pointless activity. He believed that to derive personal meaning (hence conclude there was no point in smoking), a person needed time to "sift, sort, and think through" one's knowledge and reasons for not smoking. After all, making a choice was one way for Max to partially meet his need for personal control and execute a personal, deliberate choice. Moreover, this was an important decision for Max, one he could make independently. He wanted to make the best choice for his life.

All informants described themselves as nonsmokers, yet all talked at length of the significance of smoking as a social identity and means to charter the peer relational hierarchy. However, as part of their mounting deconstruction about smoking, they made a clear link to the impact smoking had relative to personal freedom and self-control. In other words, this association was inextricably related to nonsmokers' values concerning autonomy and making a free choice.

Personal freedom translated to activities and having fun:

If you smoked and you get caught, then you won't be able to have a fun time with your friends. You won't be able to do as many activities and your parents won't trust you as much . . . you won't have as much opportunity . . . to do as much stuff. And getting into trouble means privileges would be taken away. I know my mom would be extremely disappointed in me for smoking. It's a pretty stupid thing to do. I wouldn't do it. No way! I know I'd get grounded. No friends. I'd have to come straight home after school. No TV. No baseball. And that would make me really sad 'coz I play four or five times a week. And my sister plays, too. So, I'd have to sit and watch her play and my mom because she's coaching. No baseball, now that would be harsh (Noah, age 11, Grade 6).

Hence, for the nonsmoker, smoking was perceived as denial of personal freedom.

Freedom was signified as being able to go places, engaging in activities during school time and outside of school hours, and making free choices. Participants soon realized that the cigarettes – not the smoker – dictated when and how often a person would smoke. Nonsmokers valued their self-control too and did not desire an addiction to nicotine to take over their lives. The negative effects to health could limit what they could do physically which posed a contradiction to remaining eligible for sports. Cigarettes would dictate how they spent their money, and who they could associate. Having to leave and "go out and smoke" was perceived as an interruption to activities, as was "always thinking about smoking," keeping a secret. The notion that cigarettes were "illegal" and participants were not of age to smoke, signaled another hindrance to achieving personal freedom. Some participants knew themselves

well enough to know that "smoking was not part of my picture." As one girl reconciled, "It's I'm not a good liar. I could never hide the fact I'd be smoking from my parents, so what's the point in it? Another girl commented that one of her friends was a smoker. She felt that smoking made everything harder, "My friend [name] smokes and he's like, 'Where can I go for a smoke?' and if it's not where can he go, it's like he's always scheming how to get them . . . it's not like he can just buy them in the store, ya know?" Others commented on a similar sentiment adding that when parents smoked, it was especially frustrating. Smoking was deemed "a big turnoff":

It just makes everything a lot harder. I see what it does to people . . . what my mom is like now. I'm just like, I am around it so much and at first I didn't really mind, like it didn't bother me. But like now, I don't always want to be, 'I'll be right back' then have to go out to have a smoke. Or, you know, she's not physically fit. It's like you can totally see what smoking has done to her. And now, I do kind of mind, being around all that smoke . . . certainly not good for my mom and it doesn't help me, either! (Lucy, age 14, Grade 8).

Many of the short-and immediate consequences of smoking prompted participants to make a link to one's image – people who smoke do not look cool. Despite crediting or alluding to the reason such that other kids smoke to look cool, these participants maintained "it was cool not to smoke." Accordingly, participants realized there was an immediate threat to one's image should they decide to smoke. Numerous consequences to health were cited as reasons for not smoking, especially consequences that had a social implication (e.g. smelly breath, yellow teeth and fingers). Boys were especially concerned about "associating with smokers as a way to get a bad reputation" or "hanging out with smokers leads to rumors that you [are alleged to] smoke." As participants appreciated the threat smoking posed to their social image, they linked a smoke-free choice to a fear of social isolation.

Participants cited a number of varied ways social isolation could be realized. First, there was a concern for the environment, and specifically, being exposed to second-hand smoke. Additionally, given what smoking represented, they felt it was antithetical to their beliefs concerning health and values, social activities (e.g., team sports, choir, ballet), or any activity that required physical exertion. Not only was smoking bad for you, it was predicted to have a significant impact on one's ability to perform their favourite activities. Getting caught smoking would be cause for an immediate dismissal on any team sport. Some girls maintained that choir and band activities required "[our] lungs to be in top shape as breathing is really important when you sing or play the clarinet." Still others were very concerned about the impact of cigarette smoke not only on the smoker but for people in the smoker's immediate vicinity.

One girl recounted an incident where her father always smoked in the car. As much as she did not mind smoking,

The car is another thing altogether. So, my dad throws his butt out the window, and we're on the highway . . . and if that butt didn't come back in on my side of the car, right through my window. And it was a *huge panic* 'cos the cigarette was *still* burning . . . making a big hole in the seat. Ha, but that didn't stop my dad from smoking in the car. You'd think he'd get it, hey? (Rachel, age 14, Grade 8).

Once participants realized the negative image associated with smoking and internalized their knowledge concerning the harmful effects of smokers and second-hand smoke, they developed a concern about the environments, as well for others in the smoker's vicinity. This realization prompted them to create strategies to both avoid smokers and avoid the image of a smoker. Hence, fear of physical consequences to health due to cigarette smoke was a salient concern, and a reason to not smoke.

#### *Strategies for Creating Meaning about Smoking*

Two strategies already alluded to during the process entailed *knowledge about the consequences or hazards about smoking* and *knowledge concerning the purposes for smoking*. After considering all the knowledge on smoking and weighing in her mind the "good things about smoking" and the "not so good things" such as the harmful effects of smoking," one girl made an expressive statement that summed up her decision on the subject:

It's you have no reason to smoke. Like, wh, what are you gaining from it? I don't know, we're so young . . . what's the point in screwing your life up right now? I don't think anyone that smokes looks cool. Just seeing my mom trying to quit and just seeing it [smoking]. I don't know, it's just, it's really pointless. It's just like, what's the point on smoking? It doesn't do anything for you, except for harm (Sue, age 14, Grade 9).

*Discovery learning* or "trying on" smoking was achieved by "pretend" or "imitation" behaviours by children, ostensibly based on the observations of adults who smoked. When talking about trying smoking, a third strategy emerged. Yet, participants were uncertain whether their early imitation smoking was a lead into an actual trial at smoking. Pretend smoking was one way to acquire experiential knowledge, but participants typically expressed uncertainty, "I don't know. I never really thought much about that play smoking stuff until now. I guess what I was doing was trying as way to see why my mom does it."

Unlike most participants, some shared examples of unexpected/unanticipated encounters with smoking which ultimately led them to a decision about not smoking. One example of an *unplanned trial*

at smoking provided one participant with an opportunity to make a decision early on about smoking. Prior to this situation, even though this informant expressed that his knowledge on the subject was extremely limited, he had not considered smoking either way. In retrospect however, he credited his one and only trial at smoking as one experience that provided "a push" to make his decision. The experience, as it occurred during Grade 6, unfolded as follows:

It's like I know now that I have a choice and I wouldn't do it [smoke]. 'Coz, this one time, my cousin gave me a drag on his cigarette and then he put it right out. 'Coz I think he just realized, 'I shouldn't be giving this to a kid'. It tasted bitter, like a bunch of salt, and oh, it was *disgusting* [emphasis on *dis*]. I don't know what I was thinking. Well, I guess that's the point. I *wasn't* thinking! Man! It just happened so fast. Like we were standing out there by the bus stop and we were just talking about something and then, like he made a joke and said, 'Try this' and then he gave it to me and I stuck it in my mouth, and he's like, 'Blow it out!' and I [exhaled] . . . and remember coughing a lot and spitting to get out the taste, that horrible taste in my mouth (Rob, age 13, Grade 8).

While the circumstances in the above narrative could ring familiar to any early adolescent, Rob considered this early incident an opportunity during a critical time in his life, although he would not recommend it, as a way to make both a choice and decision about smoking. That is, for Rob, once he settled conclusively on a smoke-free decision, he looked upon his decision as his "deflective shield" against future offers to cigarettes. Rob only needed one try at smoking to know it would serve him no purpose. Although the experience itself was frightening for Rob, he was one of the few participants who viewed his experience as an opportunity for growth. In other words, smoking was not considered a positive experience. For him, his trial had a positive outcome. He later realized, upon a subsequent offer while in Grade 7, he could use this experience as a way to decline an offer. Put simply, he had the experience and did not want to repeat it. His deflective shield also became his excuse to refuse offers. Moreover, he was met with a sense of relief once the kids at school realized he had made his choice. Rob was viewed as the type of person who would not "back down" once he made his choice.

An ultimate outcome for a student who smokes at school is an experience that evokes the educational judicial system. Smoking on school property was a definite rule and transgressions were treated seriously. The outcome of smoking at school resulted in an immediate school suspension..

As a part of one participant's interview, her story led to another incident, one that involved marijuana. Although I was specific in my focus for exploring participants' experiences with smoking cigarettes, at the time of the study I did not consider marijuana smoking. This informant's experience is illustrated to add another dimension to the complexities of the creating meaning process, and to show



additional personal strategies.

Upon first meeting this participant (Barb, age 13), I selected her as a person who could give a girl's perspective on a trial at smoking. Although her trial with smoking was similar to others, it contrasted others in the way Barb came to know her ultimate decision about smoking. Trying smoking was a way to see if she would like the experience. Barb described herself, "I have to do it to know if I'll like it." Barb recalled that, "Smoking, and like how you hear it's so great, and you'll get this, like you'll be happy and all that, and stuff" yet upon actually trying it, the experience, "... it was not like how everyone said it would be. Like it was gross! And then I imagined all those movies ... the pictures of deep inside, what it looks like, and just yuck, ya know?" Barb went on to continue her trials at smoking "quite a few times, just to give it a chance," so to speak." Her final realization came down to this:

Well, it was like, my dad smokes, so it's, well, it was easy as it was a way to get the cigarettes. And then he kinda noticed ... he realized that I was smoking *his* cigarettes and he wasn't too happy about that ... he got mad and stuff ... like nagging on me and nagging on me about it ... and then I got new kinds of friends, I guess you could say and they're totally against that [smoking] and that helped me out with it and they helped me to say no.

In Barb's situation, if she had made a decision about smoking before she was offered her first cigarette, she believed the outcome would have been different.

It's like it was just kind of there, you know? And they're like, 'Do you want to try this?' and I did. It's like I hadn't really thought about it ... Well, I guess that's the point, I wasn't thinking! It was just that it kinda came up and then, well it was just an offer ... not so much anyone pressuring me or like making me, I made a ... I just did it ... I was grounded and I wasn't allowed to hang out with those people anymore, so that's why I got new friends and stuff, so yeah. I was just kind of cut out from everyone for a while so that I couldn't be around to do it.

Thus, for Barb, having friends who did not smoke was an important factor for two reasons:

It really helps a lot, because [1] they don't smoke so I'm not around it and don't think about it so nobody can like offer me one type deal ... they are totally against it so it's not like they are gonna all sudden get up the idea that we should all go try it type thing ... I think it'd is easier, [2] like when you're with a group of people that are like my friends and they're definitely not gonna do it, and then it's like you've got back up [support] 'cos like if the other group is a whole bunch of smokers and you have this group who are all saying no, its they tend to just leave, and then not bother 'cos you know you'll all stand up for each other. If you're just one person and all these smokers around then yeah, it's really hard to say know, but if you have the other group who will stand up with you, then saying no, so that helps having your friends. 'Coz, like, one of the smoking group could say, 'Aww, come on, just try it, like you won't get addicted or anything' but then on the other side, the others will be, 'Like ya, you will so!' [get addicted] and you have two opinions, so it helps to decide whether you want to or not.

Hence, friends were a *source of support* to provide that extra "boost" to help one stand up under stressful

conditions, such as when an offer to smoke came up in a social situation. Additionally, having friends who did not smoke was "protective" in her mind. If she had friends who did not smoke, then she became known as a nonsmoker by association. She had friends who shared a common goal.

Even though friends were an important source of support, participants credited having made a *definite decision about nonsmoking* was critical to make offers cease. Barb was unusual in the sense that she developed a sophisticated level of understanding about her own choices. She was a good example of a person who initially took the position that smoking presented a challenge, one that was anticipated as a positive experience. In order to "test" this image, Barb believed she needed to first try out the experience to determine "if smoking was really all that good."

Other characteristic Barb possessed that did not "go together" with a smoker image (as described by others participants) included honour roll student, a talented member of the drama club, and member of the popular crowd. Contrasting the image statements provided by others to describe a smoker, Barb was not this "ditz" girl who "smoked to get noticed or be cool" or to "be one of the popular people". Barb was nominated by several participants as a member of the popular. So it seemed that Barb did not try smoking to "fit in" as she was already "in" the popular group, yet she contrasted the "typical" image of a person who would try smoking.

However, during our interview Barb revealed another experience – not only had she *tried smoking*, she had tried marijuana. Her marijuana experience resulted in a school suspension. As she was the only candidate who was suitable at the time of the study, her viewpoint was interesting and contrasted to her cigarette smoking experience, and those of other participants. She tried marijuana "because everyone was doing it." In her way of thinking, "I was kinda like being pressured into it because, well, everyone is doing it and stuff." One point to note, her initial cigarette trial was not planned, yet she made a deliberate decision to seek out this experience with marijuana. Moreover, she expressed a keen desire to try it. In other words, she wanted the lived experience as she heard "that everyone is doing it" so in her mind, it must have been okay to try it. She and three other girl friends from school purchased the marijuana cigarette.

Oh, it was 419, April 19<sup>th</sup> [note the critical incident format to remember the date, similar to the recent '911' terrorist attack in New York] as used to and we went and got some weed from a person that has weed in the school and it was just all of us deciding together that we wanted to know what it was all about and we tried it. And the next day, er on the Monday at school, we were all called into the principal's office and we were all suspended

from school for a week. The first two days was at home and that was not so great 'cos I was like all alone and I wasn't allowed to do anything, I got grounded and I had to stay in the house. Then there were the comments from the parents and stuff. What freaked me was that after the principal talked to us, then he spoke to all of us by ourselves, and asked questions, and he called my mom, so I was waiting in the office and 'coz I hadn't seen my mom yet, so I didn't know what she was gonna say . . . Both of them were mad at me. But, it was more like disappointed. They weren't really as much mad at me as disappointed at me and that's good. To me that's like worse than mad 'coz their disappointed that saying, 'I don't trust you' like it's kind of a mix between mad and I let them down. So that's worse than them saying I'm mad at you.

Getting caught was the critical part of the experience and was a serious lesson. Barb disappointed her parents, she certainly lost their trust, and she was suspended. Despite the experience, Barb was glad she "got busted." She explained how the experience turned into a challenge. Specifically, she learned about making another choice and linked smoking as a negative consequence for her personal freedom. She reflected on the situation and discovered the recursive nature of creating meaning:

I think it was pretty good that I got caught because if I didn't it could have been keep on going on and then I'd end up addicted [but] it wasn't like that . . . [The worst part] was losing my friend's trust and how everybody looked at me differently, you know? You could say they looked at me as a bad kid or something, but yeah, I just kinda blocked it out 'cos it doesn't bother me that much. It's just their opinion and I can't really change it so I can't really do anything about it. I don't know, it's I guess I like sharing it [suspension experience] so then all the other kids know what's gonna happen if, so they know not to choose what I did. And it helps them in a sense. And me, it was a tough, hard learning experience to go through but it's good. I think it's pretty good that I got busted [caught] 'cos if I didn't, it could have been[ if it] keep going on and on and [I could get] addicted . . . to weed, but it wasn't like that. . . . In dealing with coming back to school, everyone has so many questions of you that's still kind of a punishment too. And I had to stay in the house for the first while and being at home and getting comments from your parents, too. It just all adds up.

Barb certainly showed insight when she immediately came to know the significance and purpose behind, and the logic for, a school suspension as a definite and serious punishment:

And then well, you think about what you did . . . and why like sometimes people try [weed] to like please their friends or go on the right group or hand out with the popular kids or something . . . . There are both [cigarettes and marijuana] like, really, really, really highly addictive and illegal. Well not cigarettes, but for our age it is, but yeah, it's illegal. And after that, it was like the smoking all over again. It made me think twice. And watching those commercials on TV, you know, the really sickening ones and in class we saw this movie about weed and what it does and stuff that can happen from smoking it and that really, really, really, really made me think about it again. And you revise your thinking, like it's just more now not to do it, because now I have made the decision so it's seeing that and, wow, yeah. It definitely helps. And I think if they had people come in like what they did with the drinking driving, having people come in . . . to the school . . . people close in our ages and tell us about how addicted it is and how it changed that person's life and then having the pictures of what it does, that's good. And then again, when people tell you like how I've been there, you know, look at me, like nothing good happened for me so it like, what is says it there nothing good about it and it's not doing anything for you, and it makes people think about it again.

This situation also revealed two other strategies. Barb *created meaning out of her lived experience* and she *shared her experience to offer a vicarious learning experience for others*. She also pointed to other cognitive problem-solving strategies, framing the problem was described as “made me think twice.” In so doing, she was creating more meaning by *seeking additional information* about smoking.

*Summary.* Overall, *Creating Meaning* gives a snap shot view to the process of making a smoke free choice and making a smoking-related decision. As participants reconstructed a nonsmoker image using strategies during the process, they began to integrate new beliefs and strengthened their smoke-free goals. Their smoke-free decision set them apart from their smoking peers. As illustrated, one strategy, trying smoking was one way to establish that smoking was not an acceptable social image, nor was it one to be desired. Others discovered that smoking was just simply not appealing. Participants considered a nonsmoker image as one that matched closely with their ideals for their health and well-being.

The core category, *Developing a Nonsmoker Image*, helps to explain some of the variation in patterns related to creating meaning about smoking. Early adolescents applied their knowledge to justify and motivate their decisions to maintain a smoke-free decision. The consequences of their understandings and knowing included forming emotions about smoking, establishing pro-choice normative beliefs, and ultimately reconstructing a nonsmoker image.

In order to make a smoke-free decision, a person needed to possess enough self-confidence to initiate a personal decision-making process. As well, participants' confidence increased when they were able to hold an autonomous perspective about not smoking. In other words, a person needed to be able to make a choice and assert that choice. Making a smoke-free decision and create a nonsmoker image was one way to reconstruct a social image. Making a smoke-free choice was a statement of confidence in that a person could make a free choice. Hence, nonsmokers could set themselves as separate from their smoking peers. As this was a personal choice versus one being made on the person's behalf, participants felt good about themselves in the process. Participants felt “good” or “great” or “excellent” or “cool” they did not smoke. Hence, a person develops a greater sense of self-respect based on a decision that was based on a free choice. Knowing they had enough information to base a decision was another sign they were growing and shifting in their thinking. This realization also brought to light an important health promotion concept – empowerment of the individual to make an informed choice, and

ultimately a decision that required a commitment.

Strategies that were identified involved acquiring, appraising, and applying knowledge about the consequences or hazards related to smoking, and knowledge concerning the purposes for smoking. Some participants experienced smoking first hand with trials at smoking and accepting offers from school friends, and in some cases siblings, as well neighbourhood playmates. Although participants did not acknowledge credence with their smoking-related play, it would be interesting to know if such experiences, if purposively studied in another investigation, would develop in significant ways. Additionally, others credited an internal drive or natural curiosity about smoking, one that may have been a significant aspect of imaginative play, despite parents' ideas that peers were the primary source (extrinsic) or factor leading to trials at smoking. Hence, expressing one's desires, intention to maintain a smoke-free goal, and preferences regarding smoking (i.e., tolerance) was a consequence of concluding smoking was a pointless activity or served no purpose.

An important intervening condition or mitigating factor in the creating meaning process involved participants finding alternative solutions to fit in that did not require smoking. Most participants were involved in either school team sports or school-related activities or hobbies. Some had interests outside school such as ballet, voice training, musical instruments, and computer technologies.

Participants quickly realized that all their "solutions" had nothing to do with smoking or people who smoked. Moreover, engaging in such activities afforded a sense of belonging, such as being on a team sport or the track team, and met a need for connecting with others who shared the same interests as a way to meet their needs for affiliation. Participating in such activities were "healthy" and "good for their minds and bodies" and in many cases, participants could establish another way to express how they were different by mastering a personal interest and hobbies. This further strengthened their feelings of self-confidence and met their need for personal freedom.

For some participants, it was not possible to have a friend who smoked. For example, adamant nonsmokers did not tolerate smoking or people who smoked. For those participants who had friends who smoked, they reported a feeling of abandonment, or loneliness as their friends went off to smoke. Others needed the support of friends to help them defend their nonsmoking decision. Maintaining friendships with others who did not smoke also helped some to achieve a sense of affiliation.

Once participants firmly concluded that smoking was a pointless activity or served no purpose,

the settled on a smoke-free decision. Arriving at this conclusion was a prerequisite to progression to the next phase of the process. In order to continue developing a nonsmoker image, the early adolescent was required to form a commitment to a smoke-free goal. As well, having a nonsmoker identity was one way to set nonsmokers apart from their peers who smoked.

#### *Reaching Committedness about Nonsmoking*

Throughout *Reaching Committedness* early adolescents continued developing a nonsmoker identity. Once the prerequisite condition that smoking was pointless or served no purpose was met, early adolescents internalized their autonomous decisions about not smoking. Their actions were directed toward refusing offers or invitations to smoke and avoiding smoking situations so that they could effectively defend and uphold their nonsmoking image. Early adolescents engaged in various strategies to refuse smoking, yet not all strategies were used by all informants. Four strategies used included avoiding smoking situations, refusing offers, using firm refusal styles, and self as a smoke-free individual.

As a consequence of *Reaching Committedness*, early adolescents internalized their smoke-free commitment and successfully avoided smoking and the behaviours of other smokers. Internalizing a smoke-free decision was considered a secondary safeguard toward developing a nonsmoker image. By internalizing their decision, participants found ways to express their independence and individuality, as a nonsmoker. An influencing condition that mediated transition through the process entailed a deliberate choice of keeping one's mind and body busy with nonsmoking activities. As participants specified their options, they also increased the perceptions of independence through self-confidence and individuality. Hence, participants implemented their alternative solutions to fitting in once they reached the end of the process – keeping busy was a key condition yet it was also a way to further develop one's self-identity. That is, by avoiding smoking and keeping busy with activities such as sports, participants tried on other roles and met their needs for achievement and affiliation.

Once early adolescents took a stand as nonsmokers this signaled their self-acceptance which was subsequently followed by the approval of others in their social cultural system. At the conclusion of the process participants had shifted from the point of merely articulating their decision to one where they could integrate new ways for keeping safe from smoking. Denouncing smoking was evident in their statements as a clear indication of one's intent to maintain a smoke-free lifestyle as evidenced by the

statement, "I am a nonsmoker."

Early adolescents evoked confirmatory evidence to protect their status as nonsmokers by articulating their reasons for not smoking, expressing a strong desire not to smoke, predicted their future success for not smoking, and maintained their hopes for continued success. Four strategies involved limiting smoking by others, obtaining social support, joining in and participating at community awareness campaigns to assert their positions as nonsmokers, and respecting choices. By the end of this process early adolescents expressed their feelings of pride, self-confidence, and a new-found respect for their nonsmoking behaviours. These consequences reinforced the process *Developing a Nonsmoker Identity*.

#### *Strategies for Refusing Smoking*

*Avoiding smokers and smoking situations.* Avoiding smoking was a strategy that made early adolescents' refusals easier. Moreover, avoiding smoking permitted nonsmokers to both refuse smoking yet not reject their friends who did smoke. Maintaining a safe distance from smokers permitted nonsmokers the freedom from the "stink" of cigarette smoke and prevented them from "reeking of smoke" as well as removing themselves from peer influences to smoke. Maintaining their distance simultaneously allowed the smokers a period of time and a separate location to smoke. A common statement made by the few nonsmokers who had friends who smoked included, "I don't like their smoking. As long as they do it away from me, then I'm okay with it."

Participants could set apart feeling isolated from and being alone and being lonely. For instance, during *Creating Meaning*, Max, stated, "Like a million people don't do it," implying a person is not alone if one chooses not to use tobacco products. However smoking posed a serious hindrance to meeting one's need for affiliation. Even though avoiding smokers kept nonsmokers away from cigarette smoke, some nonsmokers could not help but feel a *sense of isolation* as a result of their friends leaving them to smoke. As an adamant nonsmoker, one participant believed that her "fierce opposition to smoking" was protective or another way to deflect offers to smoke. She shared her mental dialogue as she pondered a strong intervening influence – peer pressure – on her decision now that she was committed to a smoke-free goal. She questioned the outcome of peer pressure if she did or did not smoke:

It's like I might not have any friends any more. It might be kind of lonely trying to get more

friends . . . all your friends might just leave you 'coz you're smoking. If they were popular people, I'd be thinking, 'Oh, should I do it?' Then they might not think too highly of me if I don't but I know I'm going, 'I won't be doing as well in my life and stuff if I do do it' and coming to conclusions like that. And, 'Oh, will she like me if I say no?' and 'Will she think I'm cool if I say no?' It's like I could be friendless!

Further thought on the situation by the same informant had the following predictive outcome:

If I went along with them, then I'd say they aren't real friends. Like all we'd have in common is the smoking part and that's why I'd be fitting in with their crowd. "I'd rather have like one friend than smoking than being lonely and doing something bad for your body." But then, well sports is like a really big part of my life. And there's no way I want something like smoking to wreck that. Here at my school, if you're good at sports then you are popular. So I kinda thought to myself, 'What's the point in smoking?' I'd way rather be on the track team than smoke' (Jan, age 11, Grade 5).

Hence, making the discovery that belonging to a school sports team was a better solution to "belong with the popular crowd" this participant could satisfy both her desires to maintain a commitment to her personal smoke-free goal and become popular by fitting in through athletics.

Other informants nominated a few people as close or "best friends" and seemed to lack a great desire to fit in as other early adolescents might feel. They gained a sense of connectedness from a few friends who did or did not attend the same school. One participant resolved that an affiliation with any one group was not desirable as he was happy to not belong to any one specific group. He rationalized:

I'm the type of person who has friends everywhere. I've got friends in the popular crowd, I've got tons of friends outside of school, and I've got friends who are not so popular. It's, well, they do things that are not mainstream, more their controversial, and its kids wanna stay away from that, well, that it's an influence, not a good influence . . . And basically with me, it's I'm just kind of in the middle, or sorta between really popular and not so popular (Toby, age 14, Grade 9).

Nonsmokers respected themselves as individuals over being the same as others and attributed self-respect as an important factor in achieving individuality. Independence was suggested as informants vocalized about how they were becoming increasingly self-confident, extroverted, and self-reliant. One participant likened independence to being respected for making one's own decisions when she remarked:

It's just like, well, I feel more comfortable now, you know? It's like now I find that people respect you more if you make up your own mind . . . and stick with your decision . . . In middle school it's different now 'cos you can make different decisions than your friends and that's okay . . . everyone isn't like deciding on the same things anymore. Just because you've made some different decisions, it doesn't mean you're not going to be in the same group (Rachel, age 14, Grade 8).

Yet informants also pointed to a "sifting and sorting" that occurred in their friendship groups until they found people who "shared common values and the same ideals." Informants were cognizant of the notion that by refusing invitations to smoke they were also rejecting "the other stuff that goes along with



it." Max provides an example in a tone commensurate with his drawing, one that depicted a sarcastic response to the "Just 'Say no' strategy" he recently revisited as part of his CAPP class:

It's like they teach you 'Just say no' and it's yeah, just say no . . . like that's gonna . . . I mean that would be like telling Wayne Gretzky to sit on the bench for the whole game. It's just not going to happen, you know what I mean? It's more like saying no is one thing but it's totally another thing as to what you are saying no to. So I see it as saying no is one thing but it's what you are saying no to that's the important part in the message (Max, age 12, Grade 7).

Some basic principles can be extracted from this one example. Although Max respects the choices of others and recognizes that adults smoke by choice, he was very intolerant of smoking. He didn't like the smell, nor "what it could do for you." First, the meaning for Max was that it is all about what is being said and how it is being said. Essentially, Max refused smoking, or the actual offer. Further, he rejected the social image that went along with smoking and refused to take on or buy into why people smoke. Recall, Max was the informant who was clear that smoking served no purpose. Moreover, Max rejected what smoking stood for and all the other things that went along with it, such as drinking and smoking marijuana. After all it was illegal for minors to purchase cigarettes, although Max was seemingly perplexed that the same logic did not carry through to the actual smoking act – it is illegal for children to purchase cigarettes yet it was not unlawful for children to smoke.

Contrasting this example with another participant's refusal philosophy, smoking just was not part of her picture and "Did not fit the picture or where I wanna go with my life." Recall, Rachel is the talented artist who desires to make drawing animated characters her professional goal. Moreover, smoking did not represent her life in terms of beliefs and values concerning health. For her, smoking was definitely not a way to achieve independence given the prior link she made for personal freedom. For Rachel, "Smoking just causes more problems" as she was the participant on the other end of her father's cigarette as a passenger in his car.

For Max and other boys, reputation was a big issue concerning how smoking would reflect on one's image and dynamic with parents, one that had an implication for trust and self-respect. For Max, smoking represented "People who are the rebellious type, drugs and alcohol, their unhappy, and definitely not being smart!" Further, other participants were savvy to the politics relative to "peer pressure" and group influences. Although both participants respected the choices of others, Rachel seemed to be more sensitive toward the choices of others which translated into a deeper appreciation

and respect for choices, as evidenced by an overall non-judgmental tone. One difference with Rachel, her intolerance for smoking was far less intense than sentiments expressed by Max.

Recognizing and accepting the choices of others was an important influencing condition as an early adolescent needed to be accepting and respectful of his or her own choice before one was able to appreciate and accept the point of view of another. A delightful example is provided by Kim, an adamant nonsmoker. She explained how she and her grandma "teamed up" to get her grandpa to smoke in only one room at his house. She learned at an early age that she could exert a certain level of self-control to manipulate the external environment. Moreover, this was one way to assert her free choice, that is let her intention be known that she was against smoking. When her grandfather smoked, he goes into his office because, "[grandma] doesn't want to get infected with all that smoke!" Infection (i.e., "contagion theory") was her metaphor as it would be like "catching a cold." To prevent getting a cold, she would wear a thick coat in winter. Hence, keeping herself safe from smoking entailed that she *prevent* the smoke from entering her breathing space. Accordingly, Kim and her grandmother decided that, "Grandpa just has got to go in his office." After all, the smoke was not good for her grandma and she quit smoking years ago, for a good reason! Consequently, this girl knew, "How to stick with my guns." It was important that she not go back on her word. She promised herself, both parents, and her grandparents, that she would not smoke, "Like *not ever!* NO WAY!" This girl was certainly internally motivated, and she demonstrated remarkable confidence for a 10 year old.

One definite signal that participants had internalized their smoke-free commitments was to talk about their plans for the future – ones that did not include smoking nor the intention to smoke at anytime in the near future. Moreover, some participants expressed a concern for others and widened their scope of concern to include a community and societal perspective. For some of the participants at the middle school, their "crusade" included school-led peer groups such as CODES. Many expressed that they joined the CODES group as a way to learn leadership skills and make a connection with those who shared their same ideals and values for a smoke-free society. For others, keeping busy and having an outside interest, sport, or hobby was the answer to internalizing their smoke-free goals:

I don't really think there's anything good about smoking . . . you couldn't do sports . . . like your parents would probably get mad at you and you wouldn't be very close to them and your other friends could get mad at you and not be your friend. You could, well, there's lots of bad things about smoking. And I don't think there's anything fun about smoking. I just wanna pile on the sports. I want to take up tennis. Just get busy. It's like you gotta

get a good hobby and do something fun instead. Get busy and keep busy. There's things a lot better than smoking and if your concentrating on something you don't have time to think about smoking (Mara, age 11, Grade 6).

The core variable, *Developing a Nonsmoker Identity* explains the variance in patterns during *Reaching Committedness*. Regarding a sense of internalization, some participants were quite emphatic when telling me about their nonsmoking commitments. One boy professed, "I mean, I'm not gonna smoke. Like not ever!"

Personal tolerance for smoking and a deepening sense of respect for the choice of others was duly noted as an integral part of the process. Participants believed that it was imperative to keep themselves busy and their minds occupied. As well, making a distinction between the notion of politeness versus disrespect was illustrated by one girl:

I'm in track, and right, that's a lot of running, and then at the finish line, the parents are watching their kids, and they are smoking away. It's like, "Excuse me!" I just ran a whole race, I don't wanna have tar float like in my lungs, you know? It's gross, but I wouldn't want to be rude to them, so I don't say anything. I might think it but it would never come out loud (Myra, age 14, Grade 9).

In fact, some participants remarked that their smoking counterparts were "jealous" or "resentful" of that fact they smoked, and some smokers were reported by nonsmoking participants that they were "envied" by their friends as people who did not smoke. One participant had a friend who smoked and she reported how he was "continuously amazed" at how she could resist smoking, given that her father smoked, most of her relatives, including her two older adolescent cousins, were "hard core smokers."

Another participant was nearing closure of the process when he made the realization that his tolerance for smoking was changing. Although he claimed to be used to smelling smoke, due to his mother's cigarettes, he concluded that he needed to set limits on smoking in the house:

Well, at first we didn't think much about it. Then once what we learned in school started to sink in, it's like, yeah. I thought about it and it was like, yes, I do mind. I know my brother doesn't like it 'cos it always makes her clothes smell and all that stuff. We kinda did, you know, we did kinda mind with the smoke right there in the house. We started getting mum to do it outside, and more often. And we're pretty happy about that. And for a while there, we even had her to the point where she'd quit for a little while. But, she's been doing it for so long now. I know it is really, really hard to quit (Toby, age 14, Grade 9).

Hence, for this participant, even though he was a committed nonsmoker and sympathetic to the cycle of addiction, he needed to have his choice respected.

As a consequence of making their smoke-free decisions, participants created an identity, one

that was based on an informed, personal, free choice. Moreover, concluding smoking was pointless, also became a reason or "evidence" for why they did not smoke. In their views, smoking dictated when a person smoked, how they spent money, and what dreams or hopes they could accomplish.

One other signal that this process was coming to a close - participants experienced an uncertain feeling toward their futures as they anticipated another transition. In their terms, they described the experience as one that was, "Keeping safe and waiting it out." During this process, early adolescents expressed their need to maintain their smoke-free goal and nonsmoking status. They linked their smoke-free goal with their planned ideals for the future, developed a sense of pride, evoked confirmatory evidence to validate their nonsmoking behaviours, and maintained their hopes of continued success.

I guess it's pretty stupid, but proud, I guess. I dunno. It just sounds weird. Well, I'm, I'd feel good and feel like you like maybe got your goal and went a long way. Well, it's like when our soccer team won second and when I got the highest grade on my report card I've ever gotten. And well, just when I've done something new . . . yeah, challenges and stuff. Feeling happy . . . good about me . . . and my parents being all proud of like what I did and stuff. Well, I don't really know, it's just . . . like I guess it's not really different 'cos you're choosing. It's sort of a challenge for some people, so I guess it's not really different. Yeah, I'm a nonsmoker! (Mara, age 11, Grade 6).

Pride and self-confidence seemed to go hand in hand. The longer the person remained committed to one's decision, the longer he or she remained smoke-free. Hence, a person needed self-confidence to refuse offers to smoke, in turn, self-worth increased and the person felt proud he/she was able to stand up to others and assert a commitment.

As participants were able to successfully reject smoking, they developed an overall good feeling about themselves and felt proud that they had been "strong enough" to make the personal decision that was both "right" and "respected." They received positive support from their family and friends about their decision, and in turn, felt accepted by others. Some informants expressed a sense of relief once that they had made their decision. Even once success at rejecting smoking was experienced, some participants expressed hope of being able to maintain their decision in years to come. Some crossed their fingers when talking about their future as nonsmokers. These expressions of hope symbolized that *Developing a Nonsmoker Image* was both an iterative and recursive process.

## Chapter Six

### Discussion of Major Findings and Theoretical Perspectives

This chapter concludes the findings of this grounded theory study. The discussion to follow includes a theoretical perspective and analysis of the limitations of this study. To continue the spirit of rendering study finding as a storyline, and as a way to bring closure to this study, I begin this chapter as a *dénouement*, one that translates my researcher-as-instrument position and exploratory journey as a synergetic author with participants-as-experts on early adolescence. This is my story.

#### *Dénouement*

Many sanctions on smoking abound in a present day North American context. Of the numerous social restrictions in place, two such examples of smoking limitations are illustrated as follows: (1) access and purchases of cigarettes are permitted only by adults; and, (2) specific locations are designated so that people are allowed to smoke. Accordingly, legislative measures and local efforts dictate a narrow, more specific scope on a social phenomenon such as smoking. Since the implementation of social reform policies and public laws, the now undeniable lowered tolerance for smoking is palpable, exerting a dramatic effect at both national and personal levels. In British Columbia, a person must be at least 19 years of age to purchase cigarettes. Although provincial laws, and one such as this, deny children access to cigarettes, it has yet to become unlawful for young people to consume or smoke cigarettes.

Smoking is clearly an unacceptable aspect of a childhood paradigm. Despite firm objections, early adolescents were frequently exposed to the multifaceted nature of cigarette smoking, commonly affected by the numerous health problems associated with second-hand smoke, and routinely impacted by social issues concerning smoking. Statistics reveal Greater Vancouver youth continue to have the lowest smoking rates (6% currently smoke, down from 12%), a trend proportionate to provincial adult smoking, a rate of 20% and the lowest in Canada. Even though 73% of all youth were nonsmokers in 2003 (Adolescent Health Survey, 2004), apparently those short-term negative consequences and knowledge concerning risks associated with nicotine addiction are not enough to deter those people who continue to smoke. Simple extrapolation from the latter rate indicates 27% do smoke.

A significant number of nonsmokers remain unceasingly vulnerable to environmental tobacco smoke due to friends and peers who smoke. As the young people in this study most certainly demonstrate, a vast majority came to know their experiences with smoking at different times, in diverse

places, and to varying degrees. Aggregate numbers capture a growing trend, one duly noted by participants – smoking is an unwelcome intrusion from a grown-up world and poses a meaningful threat to transition into an adolescent world. Put simply, there is no need for children to smoke cigarettes.

As young people of this generation navigate their adolescent years, they will continue to face a multiplicity of important choices that will have an undoubted impact on their lifestyles and well-being. Making a smoke-free decision represents just one of these personal choices. Participants negotiated both their individuality as nonsmokers and their independence as autonomous people in an adolescent paradigm. Moreover, participants' shared standpoint confirms that smoking symbolized an intrusion from an adult paradigm, one they believe would be imposed again and again, whether it is expected or unanticipated, as they continued their respective journeys through the latter phases of adolescence. Adolescent smoking represents one of the largest threats to our country's health. Smoking represents the most preventable cause of death in present day society.

Up until now, studies that consider age and gender vis-à-vis nonsmoking and others that honour early adolescents' lived realities both represent perspectives that have been systematically excluded and categorically under represented in the scientific research literature. Early adolescent nonsmokers are clearly impacted by societal smoking and their voices need to be continuously heard relative to the behaviours/actions of adults/peers who smoke in their environments. A qualitative paradigm is well-suited to explore people's lived experiences and their socially constructed realities. Grounded theory as a qualitative method of inquiry is clearly appropriate and highly conducive way to carry out an exploration into early adolescents' experiences with nonsmoking, given the achievement of the substantive middle range theory as represented by the ultimate outcome of a study such as this one. Now, more so than ever, naturalistic researchers use qualitative studies to narrate people's experiences with smoking and not smoking and report those realities in the humanities literature, although a comparative few situate a focus and direct their attention toward a nonsmoker's perspective and an early adolescent's experience. Much more troublesome, and more to the point, is that the early adolescent nonsmoker's perspective is seriously lacking in the smoking prevention literature.

This research directive put forth the argument that an inequality existed among nonsmokers in a discussion about smoking as a social phenomenon. This qualitative study was designed to embrace a research directive that attended to the inherent shortcomings of antecedent contributions in scholarly

literature and theoretical research. Accordingly, this investigation specifically focused on the shared perspectives and lived experiences of boys and girls during an early adolescent period. Accordingly, this study was designed to explore the perspectives of 10 to 14-year-olds who made smoke-free choices, documented their collective standpoint and social comparative judgements and processes, portrayed a comparative focus that considered gender, delineated a specific social-cultural context, and profiled a specific developmental phase of adolescence and transitional encounter. Overall, the outcome of this research effort renders a *unique* qualitative contribution and a *specific perspective* embracing an expert early adolescent nonsmoker paradigm, as well valued the involvement of young people as both individuals and research participants.

### Limitations

There are both obvious and subtle limitations in this study. Specific constraints are discussed relative to procedures imposed that were due to restricted sample selection and recruitment, time limitations, and methodological confinements. As such, constraints and restrictions are presented initially to situate a context for the major conclusions that were developed on the basis of the present study.

#### *Limitations Related to Sampling Procedures*

*Study setting and data collection.* The first constraint to the findings of this study was that research involved one elementary school and one middle school from the same public school district in a rural community in western Canada. Hence, it is difficult to know how applicable the theory might be to other educational settings, with similar student populations, and comparable socioeconomic family profiles. As this was a public school-based study, the findings would therefore not apply to home schooled students, and would not likely not apply to students who attend private schools. Due to the requirements for individual interviews, students with learning and/or behavioural difficulties, cognitive challenges, and sensory deficits were ruled out as participants. As well, students who were not fluent in English were excluded on the same basis. Consequently, as these participants lived in a region and school district that were almost exclusively Caucasian, interviewing opportunities representing visible minorities were just simply nonexistent. I do, however, provide a detailed description of both the participant group and social-cultural setting to allow readers to make judgements to determine congruence with their educational settings and situations.

*Theoretical sampling and sample characteristics.* Theoretical sampling was achieved in this study by the process of open sampling. At the study outset I began data collection by meeting with several students from both schools. As well, lifestyle and socioeconomic diversity were sought to enrich the data. In this study two schools were accessed; both were considerably different concerning students' ages, cognitive developmental level, family history for smoking, and smoking exposure profiles, hence allowing for maximal variation in the data. However, most of the participants lived with well-educated parents, employed in profession-focused careers, and resided in neighbourhoods that reflected higher than average income categories for Vancouver Island families.

Regarding diversity in family history smoking profiles, only one participant lived in a household where both parents smoked. Additional suitable participants in similar situations simply did not coincide with the study period. Besides this one participant, three others experienced smoking from both a natural parent and/or a step parent due to their blended family situations. However, the difference was that even though they all experienced simultaneous parental smoking, each of these participants lived primarily with one parent, yet experienced smoking in separate residences. Accordingly, the experiences for each of these participants collectively represented six households and two family life environments where they rendered familiarity with various rules to govern adult smoking behaviours and varying levels of tolerance for smoking.

This study was conducted over a four-month time interval yet the findings represent a "snap shot" of participants' tobacco-related decisions and nonsmoker image and at only one point in time. As such, the results do not represent a change in process over time. As well, study participants were self-identified nonsmokers all of whom developed a nonsmoker identity within a contemporary social-cultural context wherein smoking has been denormalized.

The perspective of girls is well represented in this participant sample. Girls outnumbered boys by almost one third and girls' enrollment numbers remained slightly higher for all classrooms and all grades, at both schools. While a 3:2 ratio in this study is just slightly higher than actual enrolment per class by grade, this rate does not represent a significant departure from extant proportions. By virtue of the attendance rates at both schools for girls, it just so happened that a larger number of girls were available, as well suitable participant candidates. It is curious that more girls seemed more willing to volunteer and more often. For whatever reason, girls showed more interest in telling their stories; the



researcher was female so perhaps girls were more inclined to meet with an adult of the same gender. This is not to say, however, that boys' perspectives were any less sought after or valued. Clearly, boys in elementary school welcomed an opportunity to talk, even if some instances of involvement in the study represented (or translated to mean) participation was "a way to get out of going to class," or some admitted they volunteered as they had heard, "The study is fun; you get to draw, you get free pencils, and cool erasers." It is also curious that for some participants, missing a physical education class was not considered a hardship, especially if one considers the high value that was placed on physical fitness and competence in sports. Yet others, boys and girls alike, were highly motivated because of the prize draw at the end of the study. Lastly, whether more girls participated by virtue of a heightened social nature and/or more sophisticated or highly-developed social skills, the aforementioned reasons are based on anecdotal observations while in a specific research context within two different educational environments.

*Recruitment.* Maximal variation was partially achieved by including boys and girls who tried smoking and/or smoked less than 20 cigarettes in their lifetimes. One constraint to advancing participants with smoking experiences related to the active consent procedure. Specifically, one unanticipated difference between participation and nonparticipation, albeit the least obvious reason at the outset of the study design, appeared to stem from the consent procedure. First, fewer boys returned consents, and they also required more reminders from their teachers than girls. Nevertheless, it was a very obvious and frequent issue at the middle school, especially among boys in the upper grade. Three boys received reminders on three separate occasions; despite these reminders, none of their completed consent forms were returned. Second, additional attempts were made to recruit both boys and girls as topic areas became more specific. For instance to achieve boys' perspectives and experiences, with smoking, other informants nominated those who they knew had tried smoking and/or smoked on a sporadic basis.

At the middle school I approached nine additional boys, all of whom seemed keen enough and each candidate took a study packet. Two replied that their parents would not give consent. Three others approached me and explained that they did not feel comfortable with obtaining parental consent. Two in particular believed that approaching their parents could potentially lead into a discussion about smoking and neither of their parents had knowledge about their smoking. Despite my best and creative attempts

to secure signed parental consent forms, in the end, a total of only four boys from the middle school were suitable study participants. Given that epidemiological data indicates that more girls smoke than do boys, an issue with participant suitability relative to girls' experiences with smoking was not anticipated. Even though girls were more cooperative and prompt with the consent procedure, they too shared the boys' concerns relative to approaching their parents for permission.

*Consent and ethical considerations.* All potential study candidates were minor children, hence parental permission was required for their involvement and participation. Accordingly, I required the cooperation from both parents and children – for written consent and for completed forms to reach their teachers. For the most part, parental permission was not an issue. However, one situation did surface for the boys at the middle school which placed constraints for gaining maximal variation. For older boys in particular, taking home a consent form to their parents meant one thing – parents would use this as an opportunity to talk about not smoking and smoking. Of the nine boys who did not return their consent forms, two approached me and I asked about their nonparticipation as a way to plan for future studies with kids their age. Both conveyed a similar sentiment and made comparable statements. This example by one boy illustrates the essence of these conversations:

[I know you are interested in talking] with me, like you've been talking with kids who . . . we all know *they* don't smoke, like the kids in CODES and those types . . . . I have tried [smoking] and yeah, it's just my mom . . . I can't deal with [her] asking about smoking. I just know it! The minute she sees that form and 'not smoking' it's right on your letter-thing, and it'll be question [after] question, like, 'You aren't smoking, now are you?' or 'Do *you* think you'll start smoking?' I know she'll go off on some big lecture-type thing. And then it'll be, she'll start asking about my friends and the smoking . . . if they, do they [smoke] kinda thing. I just like, I don't want to go there, ya know? (An anonymous grade nine student).

Clearly, a reluctance on the part of students was related more to confronting their *parents* and less about talking to the *researcher*. In other words, if parental permission had not been required, then these candidates would have gladly spoken about their smoking experiences. So, even in a study about nonsmoking, one I thought was an innocuous subject, it was judged to be a threat for some students, especially those who kept their smoking secret.

In this study, a strict requirement for active consent precluded participation by some and excluded access to many participant candidates. While consent policies differ from one school district to another, passive consent is used in other districts, especially with older students. However, very few parents refused permission for their children to participate in this study. Even so, *passive consent* may

well have encouraged better participation, especially among older boys, and particularly for those with smoking experiences. Moreover, passive approval would have greatly reduced the logistical challenges associated with administering and collecting approval forms, in this study, from ten classrooms at two geographically distant schools. Passive approval has successfully encouraged better participation rates, hence better quality data for large-scale quantitative research within Vancouver Lower Mainland student populations (e.g., Adolescent Health Survey, 2004).

*Methodological considerations relative to analysis.* The process of research in and of itself may also contribute to the social construction of early adolescence (Solberg, 1997). In truth, attention also needs to be given to the ways in which this is done. Specifically, by virtue of articulating and sharing experiences, these informants' gained both an awareness and a heightened sense of the processes used regarding their smoking-related decisions as a result of participating in personal, in-depth interviews. While this outcome is not intended in any negative sense, it does remain, however, that on some level there is a potential future implication for conducting further work with this study sample.

As a result of in-depth interviews, initially, I was faced with a massive set of data, one which required simultaneous collection and analysis, and a subsequent collection and analysis of more complex data. Consequently, some readers will undoubtedly react negatively to the analysis I have presented, especially to the unquestionable value I implicitly link to the autonomy and independence of today's early adolescent (as both individuals and research participants). To my critics, I defend my analysis as follows. I put forth the argument that this construction of early adolescents' lived experiences is true to reality, and the interpretation is one that has been co-created, and helpful for the teens who shape and are shaped by it.

One kind of objection might be encouraged more by a developmental paradigm that asserts every child has a right to be a child. Accordingly, this view implies that adults (i.e., parents and teachers) are charged with the duty to *protect* children against responsibilities that are deemed (by adults) too difficult for their stage of development or maturity. Accordingly, this view regards children as weak, small, vulnerable, and dependent. I submit that a position such as this is antithetical to the metaphoric symbolism reflected in this study, one that epitomized participants' thoughts and feelings with their rich, confident, honest, and straightforward voices and masterful artwork as *experts* on the ways of adolescence. Moreover, participants demonstrated deep, insightful appreciation on concepts such as

addiction and linked social and psychological themes to create profiles of smoker and nonsmoker identities.

In all honesty, it is *children* who need to keep themselves safe from exposures of passive tobacco smoke created by *adults*. Participants respected their choices and the decisions of others by creating their own strategies to safeguard their social-cultural environments and identities as nonsmokers. In so doing, early adolescents constructed personal meaning about lifestyle choices, and confirmed their competence by making clear-cut smoking-related decisions. Another skeptical attitude toward this coauthored storyline may stem from a feeling of being hurt – adults (especially grown-ups as parents) being placed in a too distant sphere from their teenager's lives. To the constructivist, the "shape" or "construction" of social reality is a *sine qua non* – social reality is shaped or conceived differently depending on the position of the actor (or in this case, participant-as-actor).

One point I must stress relates to how the researcher views the *abilities* of participants. Specifically, attention is required concerning how early adolescents construct meaning based on their social-cultural environmental cues and supports. Based on my experience, I would strongly encourage continued research using a similar design and child-centered methods for data collection. The success of this research was due in large part to how participants were treated as study participants. I hold early adolescent participants, even as young as a ten-year old, as highly capable individuals.

My view is this – participants were consulted as experts to gain access to the lived experience and shared realities to achieve the "taken for granted" aspects of early adolescent life. Based on the findings of this study, *Developing A Nonsmoker Image* is just as complex as it is to learn the art of smoking cigarettes. While self-esteem is a global appraisal of the self, it is the domain specific evaluation of self that shapes what image an adolescent presents to society. A nonsmoker identity is an important social-emotional domain and represents one way an adolescent makes a lifestyle choice, one that may have a long-term impact for future goals and achievements. Hearing to their stories was an eye opening experience into the many challenges early adolescents face concerning the exploration of self and coming to know who they are as individuals.

In response to the aforementioned objections, I have narrated a storyline of early teen life as seen from a teen's point of view. If these stories read as unfamiliar, I can anticipate that most adults (and academics) are unfamiliar to the world from a teen paradigm. One fundamental aim of this study

was attending to the lived experiences of early adolescent boys and girls regarding their smoking-related decisions. Sometimes we listen but we do not always *hear*. Often more times than not, this seems to be reality when it comes to a study about children. Accordingly, a qualitative framework was explicitly chosen to design this study so that *adults* could hear to early adolescents' voices. Consequently, I behold this study as a first step to enrich our understandings and those processes which young people use to effectuate their smoking-related decisions and smoke-free lifestyle choices. Finally, by purposively applying methods that empower children to speak in their own voices, it is much more likely the findings of this study will hold truth-value for other teens, hence sidestepping the issues of a childhood-by-proxy or adult perspective.

*General comments.* Based on participants' shared understandings, a unique perspective was presented, one that makes a case for conducting research when the aim is to study a specific stage within the adolescent developmental cycle. In making this statement, I submit that a definition of early adolescence as a separate phase of adolescence appeared to be supported based on the method for recruitment, using two separate school structures. Thornburg (1983) argued early adolescence as a separate stage of development – that is, a stage represents a definite beginning and end point.

When researchers do studies concerning adolescent development, most often this period of development is differentiated as: early, middle, and late adolescence due to age-associated differences in the social, cognitive, biologic, and emotional behaviours of adolescents (i.e., based on work by Kagan, 1971; Thornburg, 1983). Further differentiation during adolescence is also shaped by superimposing chronological age as a quantitative measure of human maturity. Hence, it is possible for a young person of 10 years to be "categorized" or "labelled" adolescent due to timing of biological events such as puberty. Conversely, another person may not achieve early adolescence until age 14.

The notion of transition, although not explicitly identified as such by all participants, was clearly supported in this study. Specifically, the explanatory model can be traced to developmental theories that model adolescent transition, such as development of self-concept and social identities.

Consistent with the expectations of a cognitive-developmental framework, thoughts, actions, intentions, and knowledge concerning smoking were considered part of the social and emotional domain which is linked to the role of social and emotional thought development, a central conceptual structure associated with the neo-Piagetian paradigm (e.g., Case, 1991, 1996; Griffin, 1991; Porath, 2001, 2003).

Specifically, in this study, nonsmoker image themes were based on participants' social and cognitive deconstruction of a smoker image, reconstruction to accommodate the profile or blueprint of a nonsmoker image, and consolidation of a nonsmoker identity, as one way to express the social self. Consequently, individuality was linked to self-gratification (i.e., self-confidence, self-efficacy, and self-control). Personal control was a central theme and seemed to motivate participants to make autonomous choices. Participants ascribed different personality characteristics to smokers than to never smokers, a finding that is supported in the previously reviewed image literature.

The ultimate goal of this research was to make a contribution to educational health psychology and tobacco control. To achieve this aim, I developed an explanatory theoretical model to extend our understandings of social comparative processes and cognitive judgements concerning early adolescents' smoking-related decisions and a nonsmoker identity. My hope is that health educators, teachers, and early adolescents and their families can apply this theory to craft developmentally appropriate tobacco control educational initiatives, strategies, and programs to support early adolescents achieve healthful living.

There are many conclusions as a result of the findings of this study. The major conclusions are presented in the next chapter, along with recommendations for further work.

## Chapter Seven

### Conclusions and Recommendations

This study was designed to investigate the understandings of complex issues about smoking and not smoking in an early adolescent social-cultural context, as well document participants' experiences, thoughts, and actions regarding smoking-related decisions. In addition, the study was carried out to discover and explicate the processes for making smoke-free choices, constructing nonsmoker identities, and consolidate a social identity with a group of early adolescent boys and girls, capturing diverse shared experiences with not smoking and smoking, all of whom lived as self-identified nonsmokers during the study period.

In this final chapter, an overview of this study is presented by way of outlining the major conclusions of this study vis-à-vis the inherent limitations of the study as discussed in the previous chapter. As well, implications are presented addressing three general areas: educational health promotion research with early adolescents, social-cultural environmental contexts, and recommendations to extend the major components of the theory *Developing a Nonsmoker Image*.

#### *Wrap-up of Major Findings: Tentative Conclusions*

In light of the shortcoming inherent in this study, some tentative conclusions can be made.

1. The discovery of the core category was a significant finding, which subsequently became the BSP, *Developing a Nonsmoker Image*. The BSPP, *Transitions*, was what participants struggled with during the developmental period of early adolescence. As a specific social-content was studied, the early adolescents boys and girls who attended elementary school described a specific educational context, as did middle school students. This research emphasized the vantage point of the early adolescent and considered their every day lived reality as a way to improve our understandings of patterns of difference concerning gender, social comparative processes, and shared judgements in their smoking-related decisions.
2. Early adolescents made informed choices and commitments regarding their smoke-free decisions. A key feature of decision-making involved internalizing a decision which seemed to be inextricably linked to their developing sense of self (i.e., self-worth or self-image), as well consolidating a social identity to express and establish their individuality during early adolescence.
3. Concluding smoking was a pointless activity or served no purpose was an important condition

influencing transition through this social-psychological process. This condition also became a consequence of the process. First a person needed to make free choice about smoking and communicate a point of view. Second, a nonsmoker image is one way to consolidate a social identity.

4. Smoking-related decisions are made autonomously, deliberately, and individually. A smoke-free decision holds personal meaning for the person who actively constructs a decision, one based on salient meanings. Given the findings of this study, adolescents need time to reflect on an important decision, one that has an impact for their future health. Hence, it would seem reasonable to start smoking-related social-cognitive processes early in a child's life.

5. Educators and parents are key supports in the process of *Developing a Nonsmoker Image*.

6. In light of previous studies on early adolescents and smoking prevention, participants' accounts suggest that educative programming for health promotion needs an approach that respects early adolescents as a unique and separate group of interest and in terms of cognitive development levels and gender.

#### Recommendations for Further Work

*Developing a Nonsmoker Image* was the theory captured at the point of writing as developed using the grounded theory method of research. Consequently, such a theory is forever modifiable and dynamic in accordance with changes to the social-cultural context in which it occurs (Glaser & Strauss, 1967). Further research would serve to refine the theory across different early adolescent groups, social-cultural environments, and educational systems. Changes in the way in which smoking-related information is learned in the future, or revisions in social policy legislating smoking, may also necessitate revision of the theory. For instance, in parts of the world where smoking is tolerated with fewer restrictive policies on smoking, the findings of this study raise several questions about the application and testing of the theory *Developing a Nonsmoker Image* with other nonsmoking adolescents including countries where cigarette smoking is highly prevalent (e.g., Spain, Hong Kong, Japan). Additionally, in contexts where autonomy and individuality are not emphasized or valued, application and testing of the theory would be warranted.

The findings indicate that one of the most important conditions was concluding that smoking is a pointless activity or serves no purpose. In fact, some participants remarked that their smoking counterparts were "jealous" or "resentful" of that fact they smoked, and some smokers "envied" their



friends who did not smoke. Accordingly, if a person needs to meet this prerequisite condition to make a smoke-free decision, then does a *smoker* reach and internalize the same conclusion or meet that condition to make a decision to quit (or stop experimenting)? That is, is the cognitive process similar for (a) making a decision to quit, and (b) reconstructing one's needs for independence? The general impression from the cessation literature is that smokers must be "ready" to quit, and do so for their own reasons. It would be of great interest to this researcher to apply and test *Developing a Nonsmoker Image* with adolescent smokers desiring a smoke-free lifestyle, and creating and establishing an "ex-smoker" identity.

Grounded theory and other qualitative methods can contribute enormously to the development of quantitative measures of characteristics and attributes associated with nonsmoking. The findings of this study seemed to indicate four personal factors as important to making smoke-free decisions: desire, benefit, intent, and concern. In order to continue to document the contextual factors related to nonsmoking in young people, other qualitative endeavors are warranted to detail nonsmoking profiles/biographies of individuals, identified during this study, who appear to follow similar processes. This study is a beginning in this direction. Further work is needed to provide additional insights into the range of experiences among those who appear to be using similar processes at one point in time. Of particular interest would be those youth who demonstrate a rapid trajectory to nonsmoking; those who maintain nonsmoking behaviours over the course of early adolescence; and those who experience marked changes in nonsmoking as a result of grade and school transitions and/or significant developmental changes (e.g., middle school to high school, employment, dating, post secondary education).

As participation was contingent upon comprehension and reading skills to articulate lived experience and complete the draw-and-write task, a clear picture of the cultural dimension of the sample was not entirely possible. Hence, replication of this study is needed with participants who can speak to various cultural sub-populations and wide geographic areas to broaden the transferability and potential implications. More specifically, ethnic and school culture differences that influence smoking-related decisions require further study. For example, during interviews, early adolescents expressed differing notions about the appropriateness of adult smoking relative to their home life situations (e.g., smoking indoors, in the car). Specifically, what other factors contribute to a development of tolerance for second-

hand smoke, and more specifically, nicotine levels.

Another suggestion to address cultural norms came through in one participant interview who revealed a Mexican heritage. This participant explained that even though smoking was common in Mexico, children would not smoke in front of their elders as this would be viewed as a sign of "disrespect," indicating "the child had not been raised properly." Other participants spoke of similar values from a North American context by describing hypothetical smoking situations in terms of "being a disappointment to parents" or "brining shame to their parents and families." Addressing an issue such as this is a move away from a discourse on "culture" as a reified category to one that considers what is it about culture that influences behaviour.

Another avenue for qualitative research of potential importance would be to learn more about school environments relative to affecting and effectuating nonsmoking behaviours. The findings from this study gave the impression that participants were able to easily characterize schools in their district as 'low' versus 'high' regarding prevalence and incidence of smoking amongst peers and friendship cliques. Others experienced first hand school policies on smoking (e.g., suspension), while others expressed norms such as, "Nobody at *this* school smokes, not even the teachers!" Consequently, more needs to be known about what factors lead to differences in school nonsmoking norms and what impact the school reputation has on students' smoking-related decisions. In addition, to the collection of data on group and individual behaviour, research is needed on environmental factors that influence nonsmoking behaviour, to validate the findings of this study, as well as suggest others.

The findings of this study seemed to indicate the most salient sources of messages were parents, family, peers, teachers, and school leaders (e.g., counsellors, administrators), and media. Although participants identified specific groups as sources, they also indicated that these were a salient forms or sources of influence, yet qualitative findings do not translate to *degree* of influence. As well, information (i.e., facts, statistics, vicarious learning) from these sources appeared very important regarding participants' smoking-related decisions. Additional work will be needed to quantify these identified sources by measuring *frequency* of use, establishing their exact mechanisms or pathways, and identifying relationships among sources and types of influence relative to smoking-related decisions.

The findings indicate that participants used two overall approaches for keeping safe from smoking. A future study is needed to place an important focus on the effectiveness of strategies or

constellations of strategies used, as well as individual strategies. In particular, it would appear that effectiveness in a specific transaction is seemingly based on both solution-focused and emotion-based functions of keeping safe or safeguarding. In other words, effectiveness in one sphere may be a necessary but not sufficient condition that can generalize to an individual's ability to keeping safe in all situations (e.g., outcomes such as social functioning, life satisfaction or quality of life, indicators of confidence and self-efficacy). Ideally, such an investigation would be carried out over time.

As this study was conducted at a specific time during the school year and over a four-month period, and even though participants contributed a thick, rich understanding about smoking and not smoking, this investigation did not allow seeing a change in processes over time. Moreover, would the findings of this study be the same if I conducted it at the beginning of the school year (e.g., before Christmas break-up or after spring break)? In other words, participants' decisions in 2002 maybe subject to challenge and change with time. One cohort or history effect was duly noted. All participants in this study were old enough to experience consumption and/or use of confectionary cigarettes. Due to legislative efforts such as the *Tobacco Act*, future generations will not have the same experiences. Moreover, participants in this study did not recall early episodes of candy cigarettes or did not mention such experiences as these may not have represented a salient aspect of play. Others may well have just never been exposed to such products. The point is, what are the effects of early play experiences on future smoking uptake? There has been research conducted that specifically addressed candy cigarettes, yet the notion of imaginative play is one aspect of childhood that has potential to inform other work in social-cognitive and social-emotive domains of developmental psychology.

At minimum, an extension and follow-up to participants in this study would enable this researcher to investigate the same participant at future study periods. That is, participants could be followed up on a one-year interval spanning six years (i.e., until the youngest matriculates grade 12) to allow a sense of pattern development with the same participant across both developmental and educational situations. Even though a vast majority of participants were emphatic about their smoke-free decisions, it would be interesting to know if they remain smoke-free, and if so, what factors facilitate and mediate smoke-free commitments? Additionally, what conditions and situations changed, and how did this impact their decisions and strategies? What, if any cognitive revisions were made and how did processes mediate/impede processes? For those who make a transition to go on to try out smoking and

subsequently progress to start smoking, what person factors, situations, and conditions mediate such a transition?

As the longitudinal design (or ethnographic and case study approaches in a qualitative paradigm) enables the researcher to study the same individuals or subcultures of a group over time and within a specific social-cultural context, future studies could be designed to follow one group of early adolescent boys and girls starting in elementary school and continue into their middle-and high school years as a way to follow the same participant at a future time over time and across developmental situations. Specifically, a longitudinal design could incorporate both qualitative components and quantitative methods (e.g., nonsmoker biographies as case studies) as well follow-up studies that employ test construction principles to develop instruments and measures to quantify concepts identified in this investigation (e.g., nonsmoker identity characteristics, personal factors, risk assessments, decision trees) as defined in this study and measured over time) to address specific aspects of the phenomenon, as suggested earlier in discussion of the findings of this study.

Further research is indicated to investigate *Developing a Nonsmoker Image* throughout the adolescent developmental period, as this study only focused on the early phase of adolescence. Additionally, this research focused on transition as a social phenomenon, and one specific social-cultural encounter, cigarette smoking. It would be interesting to apply this theory in the adolescent context for making other lifestyle choices involving health-risks similar to that of nicotine addiction (e.g., smoking marijuana, crack cocaine); taking illegal drugs (e.g., ecstasy, crystal methamphetamine, heroin); sports-enhancement drugs (steroids, appetite suppressants); and issues related to sexuality (e.g., intercourse, contraception). Given that the increasing incidence for overweight and obesity in North American adolescents is currently a significant health issue, and given being overweight and/or obese has potential to pose serious health conditions for young people (e.g., diabetes, hypertension), it would be of interest to apply this theory in a context to investigate how adolescents make decisions relative to healthy and unhealthy food choices.

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## APPENDICES

**APPENDIX A**

**Drawing Task Homework Assignment**

Overview

PROVIDE HANDOUT to participant. WRITE DOWN APPOINTMENT TIME!

To get ready for the next interview I am giving you this task to work on at home.

I'd like you to draw an advertisement for kids your age.

The idea is to make an advertisement that tells kids why you do not smoke.

You might have seen advertisements on TV or in books that give a message about not smoking (anti-smoking).

I am interested in seeing *your* ideas and what *you* think. You can be as creative and original as you want and use any art or drawing materials you want.

After you draw your advertisement, write a short story about what is going on in your drawing. Write your story on a separate piece of paper. You can use a computer if you want.

It is very important to bring your drawing and story to the next interview.

I'd suggest that you spend about 30 minutes on this drawing and no longer than one hour. For the story,

I'd suggest you spend about 15 minutes and no longer than 30 minutes.

There are no right or wrong answers.

No marks or a grade will be given to your work.

Your drawing will need to be kept secret. Nobody can help you with your drawing.

I will keep your drawing for my project. Your real name will not be put on the drawing. I can make a copy of your drawing if you want to keep one.

Trigger Questions

Tell me what is going on in your drawing.

Would you want to change anything in your drawing for *younger* kids? What would your picture look like?

Would you want to change anything in your drawing for *older* kids? What would your picture look like?

General Prompts

Explain what you mean by \_\_\_\_\_.

Tell me more about \_\_\_\_\_.





How does that work?

What's up with \_\_\_\_\_?

How do you know that?

Overview

An advertisement (ad) can be any of the following:

-  an image
-  a picture or drawing or photograph or television ad
-  a poster
-  concept or gimmick used to promote or market

Here are some ideas as to the content of the drawing:

- ✓ a drawing/image that focuses on the unique dangers of smoking (tobacco)
- ✓ dangers of smoking smokers and nonsmokers (second-hand smoke)
- ✓ smoking short and long term effects on the body
- ✓ ideas you have seen in other ads
- ✓ a message or theme
- ✓ how you avoid smoking in your life
- ✓ what you have done to avoid smoking
- ✓ why you don't smoke
- ✓ why you will not smoke in the future

What is *your* idea?

What is *your* message?

How will *your* drawing be effective in communicating your idea?

Why do you think this is so?

Do you have any questions to ask me?

Do you need any art supplies or paper to get started?

Homework Assignment

To get ready for the next interview I am giving you this task to work on at home.

I'd like you to draw an advertisement (ad) for kids your age. The idea is to make an ad that tells kids why you do not smoke. You might have seen ads on TV or in books that give a message about not smoking (anti-smoking). I am interested in seeing *your* ideas and hearing what *you* think. You can be as creative and original as you want and use any art or drawing materials you want.

After you draw your ad, on a separate piece of paper, write about your drawing in as much detail as you can. You can use a computer if you want.

It is very important to bring your drawing and writing to the next interview.

I'd suggest that you spend about 30 minutes on this drawing and no longer than one hour. For the writing, I'd suggest you spend about 15 minutes and no longer than 30 minutes.

There are no right or wrong answers. No marks or grades will be given to your work. Your drawing will need to be kept secret. Nobody can help you with your drawing. I will keep your drawing for my project. Your real name will not be put on the drawing. I will make a copy of your drawing if you want to keep it.

The next interview will be on: \_\_\_\_\_.

## UBC STUDY - MIDDLE SCHOOL

Homework Assignment

To get ready for the next interview I am giving you this task to work on at home.

I'd like you to draw an advertisement (ad) for kids your age. The idea is to make an ad that tells kids why you do not smoke. You might have seen ads on TV or in books that give a message about not smoking (anti-smoking). I am interested in seeing *your* ideas and hearing what *you* think. You can be as creative and original as you want and use any art or drawing materials you want.

After you draw your ad, on a separate piece of paper, write about your drawing in as much detail as you can. You can use a computer if you want.

It is very important to bring your drawing and writing to the next interview.

I'd suggest that you spend about 30 minutes on this drawing and no longer than one hour. For the writing, I'd suggest you spend about 15 minutes and no longer than 30 minutes.

There are no right or wrong answers. No marks or grades will be given to your work. Your drawing will need to be kept secret. Nobody can help you with your drawing. I will keep your drawing for my project. Your real name will not be put on the drawing. I will make a copy of your drawing if you want to keep it.

The next interview will be on: \_\_\_\_\_.

**APPENDIX B**

**Letter of Introduction**



## **APPENDIX C**

### **Informed Consent Forms**

**Informed Consent Form for a Participant**

**Informed Consent Form for a Parent**

**Informed Consent Form – Signature Section**



**Main Office**  
Tel: (604) 822-8229  
Fax: (604) 822-3302

**Department of Educational and Counselling Psychology,  
and Special Education**  
Faculty of Education  
2125 Main Mall  
Vancouver, B.C. Canada V6T 1Z4

3 of 3

**Informed Consent Form**  
**Signature Section**

**Project Title: Pre-Adolescents' Experiential Process About  
Maintaining A Smoke-Free Lifestyle**

**Program Areas**

Special Education

I have read the above information and have had the opportunity to ask questions about my participation in this study. I have received a copy of this consent form after signing it today.

School Psychology

I, \_\_\_\_\_ (child's name) would like to be in  
the study.

Measurement, Evaluation  
& Research Methodology

Human Learning,  
Development,  
& Instruction

\_\_\_\_\_  
Participant's Signature Date

Counselling Psychology  
Tel: (604) 822-5259  
Fax: (604) 822-2328

I have read the above information and have had the opportunity to ask questions about my son/daughter's participation in this study. I have received a copy of this consent form after signing it today.

I, \_\_\_\_\_ would like my child to participate  
in the study.

\_\_\_\_\_  
Parent's Signature Date

I, \_\_\_\_\_ would not like my child to  
participate in the study.

\_\_\_\_\_  
Parent's Signature Date

**Please return this form to your child's teacher in the enclosed envelope. Thank you.**

version date: November 16, 2001.

**APPENDIX D**

**Reply Card**

Code Number: \_\_\_\_\_

**REPLY CARD**

Project Title: Early Adolescents' Experiential Process About  
Maintaining a Smoke-Free Lifestyle

Would you like to participate in this study?

Please mark ( ✓ ) your answer in the box below:

☐

NO

☐

YES

Homeroom Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_ Division: \_\_\_\_\_

Student Name: \_\_\_\_\_

PLACE THIS REPLY CARD IN THE ENVELOPE PROVIDED and  
PLEASE RETURN IT TO YOUR HOMEROOM TEACHER.

Remember, your name will be placed in a draw for a prize!

Thank you!

**APPENDIX E**  
**Household Information Sheet**

Code Number: \_\_\_\_\_

## Household Information

Each child who participates in this study is being asked to have his or her parent(s) provide information relative to household social and economic details. Below appear a number of questions. Please answer these questions as they describe your current situation.

Please check ( ✓ ) the box which applies to you.

Education Level:

- |                    |                          |
|--------------------|--------------------------|
| Up to Grade 10     | <input type="checkbox"/> |
| Grade 11           | <input type="checkbox"/> |
| Grade 12           | <input type="checkbox"/> |
| College/University | <input type="checkbox"/> |

Total Annual Family Income (before income tax):

- |                        |                          |
|------------------------|--------------------------|
| Below \$ 10,000        | <input type="checkbox"/> |
| \$ 10,000 to \$ 19,999 | <input type="checkbox"/> |
| \$ 20,000 to \$ 39,999 | <input type="checkbox"/> |
| \$ 40,000 to \$ 59,999 | <input type="checkbox"/> |
| \$ 60,000 to \$ 79,999 | <input type="checkbox"/> |
| Over \$ 80,000         | <input type="checkbox"/> |

Person completing this form: father ☐ mother ☐ guardian ☐

Occupation: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

**Please return this information sheet in the postage-paid self-addressed envelope provided and return it by mail directly to the researcher. Thank you.**

**APPENDIX F**  
**Request for Study Findings**

REQUEST FOR STUDY FINDINGS

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If you are interested in receiving the final results of this study, please tear off the bottom portion and mail it with your questionnaire (*Household Information*) in the postage-paid self addressed envelope provided in the study package. This request form will be separated from the questionnaire at the time the envelope arrives

=====

Please send me the final results of the study, *Pre-Adolescents' Experiential Process About Maintaining A Smoke-Free Lifestyle* to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_



**APPENDIX G**  
**Nonsmoking Categorization Protocols**

In order to determine smoking status, the researcher will administer the following questionnaire in order to define each participant as a non-smoker and hence, to determine eligibility for selection as a participant to meet the needs of the study.

Question: "Have you ever smoked a whole cigarette?" (Yes / No)

If response is NO: Ask,

Question (b): "Not even a puff?" (Yes / No)

If response (b) is NO: The participant is determined as a non-smoker and is defined as a *Never Smoker*.

If response is YES: Ask,

Question 2 (a): "In your lifetime, how many cigarettes have you puffed on?" (range: 1 to 19 or 20 or more)

If response is 1-19: Ask,

Question 2 (b): "In the last 30 days, have you puffed on a cigarette?" (Yes / No)

If response is NO: For the purpose of the study the participant is determined as a *Non-smoker* and is defined as a *Trier*.

If response is YES: For the purpose of the study the participant's status is defined as an *Experimenter*; not eligible as a participant.

If response is 20+: Ask,

Question 2 (b): "In the last 30 days, have you puffed on a cigarette?" (Yes / No)

If response is NO: The participant's smoking status is defined as an *Experimenter*; not eligible as a participant.

If response is YES: The participant's smoking status is defined as an *Experimenter*; not eligible as a participant.

Categorization of response

NS = Never smoker

N = Nonsmoker

N - T = Nonsmoker - Trier

E = Experimenter

Go to PART B - Biographical and General Questions

APPENDIX H  
Biographical Questions

**Screening Protocol:** (Circle) Never Smoker (NS) Nonsmoker (N) Trier (T) Experimenter (E)

**PART B**

FOLLOWING PART A (Smoking Screening/Category Protocol).

Complete with each participant at the beginning of the first interview. Researcher asks questions and writes down responses on this form. Transpose following interview to Demographic Spread Sheet according to code name/number.

1. Identifying Information:

Code Name: \_\_\_\_\_

2. Personal Data:

Birth date (MM-DD-YY): \_\_\_\_\_

Age: \_\_\_\_\_

Gender:            male            female

3. Social-cultural Information:

Primary language spoken at home: \_\_\_\_\_

Secondary language spoken at home: \_\_\_\_\_

People who live in Canada view themselves as Canadians.

How long have you lived in the [School District]?

Have your parents always lived in the [School District]?

(a) Where did you live before?

What country was your mother born?

What country was your father born?

What population group do they belong (e.g., White, Asia [China], Japanese, Latin America, African-American, South East Asia [Vietnam], West Asia [Iran, Afghanistan], South Asia [Pakistan])?

What is their cultural background [e.g., Canadian, German, Irish, English, Polish, Italian, Dutch]?

What about your grandparents?

(a) Where was your mother's mother born?

(b) Where was your father's father born?

Where do your grandparents live now?

What population group do your grandparents belong?

What population group do your parents belong?

[Population group should not be confused with citizenship or nationality].

Do you visit your grandparents?

(a) How often?

(b) For how long?

4. Family of Origin Structure:

Tell me about the people who live at your house.

Total number of people who live in your household, including yourself: \_\_\_\_\_

Adults

Who are the adults in your house?

Siblings

Do you have brothers and sisters?

Brother age:

Sister age:

Do you have any pets or animals at your house?

If parents are divorced, ask about blended family situation

(a) Where natural/step parent lives

(b) Half siblings

(c) Year divorce happened

5. Smoking History:

Tell me about the people at your house who smoke cigarettes.

List family members who smoke

(a) Tell me about rules at your house about smoking (in the house, car, etc)

(b) Have any of your siblings ever tried/do smoke?

(c) Any trial smoking situations?

(d) Quit/start scenarios/experiences

(e) How long ago was that? Do you remember when (person's relationship to participant) quit/started

Code Number: \_\_\_\_\_

Do any of your relatives smoke?

6. Important People in your Life:

Tell me about your best friend(s)?

Tell me about heros/people you admire?

Tell me about the significant adults/peers/ those people you admire?

Tell me about who influences you?

(a) what is that influence - what does the person do?

(b) How is that important for you?

(c) Why is your best friend your best friend?

(d) What kinds of things do you do together?

(e) Tell me about hobbies/sports/clubs

(f) Tell me what you like to do in your free time

(g) What are the fun things you and your friends do together?

7. Smoking Status of Peers and Friends:

General questions about smoking exposures

Do any of your parents' friends smoke?

Tell me about your friends. Do any of your friends smoke?

Tell me about the people at this school. Does anyone here smoke?

What are the rules about smoking at this school?

How do you feel about smoking at your house?

Tell me about the information you have about smoking

How did you learn those sorts of things?

Tell me about the information you learn about smoking here at school

Tell me about your parents. What would happen if you were caught smoking?

What kinds of things do your parents say when they talk about smoking?

What do you think your teacher would say if you were caught smoking?

What do you think your best friend would say if you were caught smoking?

How do kids get cigarettes?

Tell me what would happen if your best friend/sibling/peer group offered you a cigarette

Subject: Clarification for culture and ethnicity

Along with QUESTION # 3 - Social-cultural profile

Statement by researcher: People who live in Canada view themselves as Canadians.

QUESTION: How long have you lived in the [name of school district]?

QUESTION: Have your parents always lived in the [name of school district]?

Where are they from?

QUESTION: What is their cultural background (Canadian, German, Irish, English, Polish, Italian, Dutch, etc.)?

QUESTIONS: What about your grandparents? Where do they live? Where were they born?

*What population group does your family belong?*

Population group should not be confused with citizenship or nationality).

(e.g., White, Chinese, Japanese, Black, Filipino, Latin American, Korean, Arab, Southeast Asian [Vietnamese], West Asian [Iranian, Afghan], South Asian [East Indian, Pakistani]).

What population group do your grandparents belong?

So, then what population group do your parents belong?

Reference: Statistics Canada (2002) *Census Test Guide*

*Culture* - the customs of particular people or group; a familiar way of life.

*Ethnic* - of a racial group; relating to race or culture; ethnic or cultural origins of a person's ancestors. Race is defined by certain inherited physical characteristics; a number of people related by common descent. An ancestor is someone from whom a person is descended and is usually more distant than a grandparent. Ancestry should not be confused with citizenship or nationality.

Report the specific ethnic or cultural group or groups to which the participant's ancestors belonged, not the language they spoke. For example, report "Haitian" rather than "French," or "Austrian" rather than "German."

A person of aboriginal descent needs to report a specific group (e.g., Haida, Cree) and not "Indian."

## PART C

Instructions: I am interested in knowing what/how kids your age think about smoking. I am going to ask you some questions about smoking and not smoking. Some of the questions may sound the same, yet I need to make sure that I understand your thoughts about smoking and not smoking.

### Exposure to smoking:

Tell me what you think about kids your age who smoke. What about older kids?

Describe under what conditions or in what situations do kids smoke.

[If parents, siblings, or relatives smoke] Tell me how you feel about your (family member's) smoking.

Have you ever pretended to have a cigarette?

Do you think you will ever smoke?

### Direct comparison between not smoking and smoking:

Describe for me a person who does not smoke.

Describe for me a person who *does* smoke.

Tell me about your decision to not smoke: I feel \_\_\_\_\_ that I do not smoke (How do you feel about yourself as a person who does not smoke?)

Tell me about your opinions/attitudes/beliefs about smoking/not smoking.

### Rejecting smoking:

Has anyone ever pushed you to try smoking?

[If "no" then ask, "Imagine for a moment that someone pushed you to try smoking"]

Tell me what was happening.

Tell me what you thought about when it happened.

Describe to me what you said.

Describe to me what you did.

Describe to me how you felt.

Describe to me what the person said who offered the cigarette.

Describe to me what the person did who offered the cigarette.

How successful would you be with these responses? Where did you learn to make these statements?

Would your answer be the same if the person just asked you if you wanted a cigarette but didn't really push you to smoke?

Try scenario with probes concerning gender. [offer to smoke by same-sex friend, opposite-sex friend, best friend].

What if the person is a friend who is a girl? A boy? Your best friend? An adult?



Parents

When you took home this questionnaire, tell me about the conversation you had with your parents.

Tell me about the talks about smoking between you and your parents. How did the topic come up? What was discussed?

What would your parents say if they found out you smoke? What about when you are older?

## **APPENDIX I**

### **Interview Guide Topics and Probe Protocols**

Instructions: I am interested in knowing about kids your age and what they think about smoking. I am going to ask you some questions about smoking and not smoking. Some of the questions may sound the same, yet I need to make sure that I understand your thoughts about smoking and not smoking.

Do you have any questions?

Exposure to smoking questions:

Tell me what you think about kids your age who smoke.

Describe under what conditions or in what situations do kids smoke.

[If parents, siblings, or relatives smoke] Tell me how you feel about your (family member's) smoking.

Direct comparison between not smoking and smoking:

Describe for me a person who does not smoke.

Describe for me a person who *does* smoke.

Tell me about your decision to not smoke.

Rejecting smoking:

Has anyone ever pushed you to try smoking?

[If "no" then ask, "Imagine for a moment that someone pushed you to try smoking]

Tell me what was happening.

Tell me what you thought about when it happened.

Describe to me what you said.

Describe to me what you did.

Describe to me how you felt.

Describe to me what the person said who offered the cigarette.

Describe to me what the person did who offered the cigarette.

Would you answer be the same if the person just asked you if you wanted a cigarette but didn't really push you to smoke?

Try scenario with probes concerning gender. [offer to smoke by same-sex friend, opposite-sex friend, best friend].

Is there anything you thought I'd ask you? (or) Is there something I missed you want to talk about?

Do you have any questions?

**Elaboration** probes – ask for more detail

- "Tell me a little more about that."
- "What did [ ] say to you?"
- "Explain to me what you mean by..."

**Continuation** probes – encourage the participant to keep talking

- "Go on."
- "What happened then"
- The raised eyebrow (the eyebrow flash).

**Clarification** probes – aim to resolve ambiguities or confusions about meaning

- "I'm not sure I understand what you mean by that."
- "Do you mean..."
- Repeat a key term/a respondent's last remark.
- "What do you mean ' ' exactly?"

**Attention** probes – indicates the interviewer is paying attention to what is being said

- "That's really interesting."
- "I see."

**Completion** probes – encourage the participant to finish a particular line of thought

- "You said that you [ ]. What happened then?"
- "Are you suggesting there is some reason for that?"

**Evidence** probes – seek to identify how sure a person of his/her interpretation and needs to be used carefully

- "How certain are you that things happened in that order?"
- "How likely is it that you might change your opinion on that?"

APPENDIX J  
Locating the Researcher

## Locating the Researcher - Part I

### *Distinctive Qualities of the Grounded Theory Method*

One distinguishing characteristic of a grounded theory study rests with the researcher deriving one's analytic categories directly from the data and not from preconceived concepts or hypotheses. As such, in a grounded theory study the researcher is directed to closely attend to what is happening in the empirical world one studies. Accordingly, as the primary investigator, my purpose or end-in-view was to *actively construct data* in concert with my participants. Moreover, as the research participants were minor children, I was challenged to craft research questions commensurate with their uses and understandings of what we call the English Language.

To this end, I quickly picked up the terminology of an early adolescent paradigm, one where every single sentence seemed to be constructed with the word, 'like,' at least three times. Also, I had to develop a formula to "transcribe" words used as a part of spoken language, yet never written down as such, or at least not that I have ever seen. For instance, the abbreviated form of "because" was typed as 'coz or 'cuz and "kind of" became, *kinda*, as that's how these terms sounded to me. Utterances of pause were also a cause for creativity. So, is it humm, or hum, and hummmmm for a really long pause? How is that different from . . . uhm . . . hum . . . . I never did figure *that* out. Certainly not in the *OED*!

A final note on language. I had to become facile with *kid-speak* or *teenage-isms* to survive and make sense of the data. I had to become facile with *the language of the adolescent paradigm*. Everything seemed to be "sweet" or "lame" or "cool" and, not so cool ("un/cool" is my transcription of that word to distinguish it from "cool"). Additional indicators of approval were also noted to translate as "excellent" and "awesome" and if highly approved, terms such as "It rocks" and "Right on" were typically employed. To this end, data were collected through the use of interactive and intensive interview sessions, yet very child-centered in approach. One caveat I believe to be important concerns my use of terminology for categorizing young people. Specifically, I use the terms "children" and "early adolescent" interchangeably as a way to denote/reflect use of the term children vis-à-vis adults in terms of paradigm or world view.

### *Ontology and Epistemology for Conducting a Grounded Theory Study*

The manner and style by which I conducted each interview was inextricably linked to my background and education in nursing, as well by my many years of experience conducting individual and

group interviews in both clinical and administrative roles and settings. Characteristic to the discipline, I approached each interview situation with a holistic approach and a non-judgmental stance, viewing each participant as a unique individual, one who *actively and consciously constructs* and derives *shared* meaning from one's lived experiences within a social-cultural context.

Another fundamental premise of the grounded theory method was to allow the key issues to emerge rather than to *force* them into preconceived categories. As an observer-interviewer, or *researcher-as-instrument*, my world view, background, assumptions, theoretical tendencies, posturing, and research interests would undoubtedly exert an influence on my observations, participant interview interactions, and emerging categories. Approaching this study from constructivist and interactionist perspectives, my end-in-view was to explore and interpret meanings, intentions, thoughts, and actions of the participants ("*actors*" or *informants*) by engaging in direct observations and intensive interviews. As a result, the emerging stories and resultant categories reflect the collaborative interaction between the observer and the observed.

Conducting a grounded theory study requires researchers to use their disciplinary perceptions, epistemological assumptions, and interests to sensitize them to be on the lookout for certain topics and processes they define in the data, yet not to *blind* them to other issues. In other words, the researcher needs to remain as open as possible in the early stages of data collection and analysis. Rather, the use of sensitizing concepts and perspectives provides a *point of departure* to look creatively at data, listen intuitively to participants, and to think analytically about the data as a way to develop, rather than limit, one's ideas. For example, initial interview questions were based on topics I came to know through personal and professional experience, by familiarity with the extant literature and during the systematic analytic process of the grounded theory method as I studied the data.

#### *Tales from the Field: An Example of an Interview Transcript*

To illustrate some of the processes for inductively deriving meaning during the simultaneous collection and analysis of data, an excerpt from one interview and transcript is provided. This was a second interview with a participant in grade six. I wanted to further explore the notion of *vicarious learning* versus learning by discovery (learn by doing and reach meaning by knowing). In this interview I brought along the transcript from the first interview. Note: insertions that appear in the transcript to follow, as indicated with square brackets, denotes my notes inserted at the time of the initial read through

of the transcript. I listened to the audio tape and cross checked interview notes to insert notations that reflected body language (e.g., gestures); those descriptions were written directly on the hard copy of the transcript. This was done for each transcript. One week had elapsed between interviews. This informant was about to tell me about her draw-and-write task artwork during this excerpt of our interview:

Researcher: This morning, I was looking over the transcript of our first interview [pulls out transcript and places it on table]. So, to take you back to that day, I wanted to just make sure my stick is on the ice, so to speak.

Informant: Ha! That's a good one! I'll have to remember that one, "keeping your stick on the ice." My brother plays hockey so he'll just love that one! Gotta remember that, to tell him, like, what you said [stated in a half-laughing tone]

R: Like we're playing on the same team and the sport, yeah, the same sport. Okay, so just to make sure I'm with you, I wanted to ask you to hear, to *listen* to my thinking to make sure it really is what you were thinking. Make sense?

I: Yep. Shoot! Go for it . . .

R: . . . Okay, sports fans, here we go! So, in this interview, you told me about how you would never smoke. In fact, you were quite convinced, *emphatic*, one might say. [emphasis notation, by italics] And, you said [takes transcript so informant can see it, points to highlighted portion] " . . .

I: Like, let me see, to . . . can I see, look at this thing. Nineteen pages. *Holy* [pronounced, hole-lee, emphasis on "lee"]! How *long*, can I like see this thing here [reaches to bring document closer and stops] like is it okay if I like touch, you know, have this and get a more close . . .err . . . better look?

R: Absolutely. Go ahead, knock yourself out!

I: *COOL!!!* [inflection noting discovery]. Wow, we talked a *lot*! [flips to last page of transcript] *Twenty nine* [note inflection of emphasis on the number 29] number is, like 29 pages?. And you got all this on . . . [pause - thinking] the tape and then typing it . . . deal . . . sorta deal?

R: Yes! Did I [inflection tone of voice in question form] explain all this to . . . [participant interjects]

I: Yeah, you told me about taking it all down but I had *no ideas* about what it . . . for looking at it all printed up like *this*.



- R: So, I gave the tape to a lady who listens to the tape and types at the same time with a special machine called a *Microcassette Transcriber* [slow pronunciation to say the noun correctly, to emphasize the technical, accurate title of the transcription unit]. It writes over [I'm thinking, i.e., "trans" from the Latin to mean trans-late but I don't actually say it out loud. I'm trying to think up a true descriptor or "sounds like" to get my meaning across] what we talked about. You know, it *transfers* the spoken words into written words. It's language but *transformed*?
- I: Sweet! Yeah, I get it, kinda like the cartoon, The Transformers [title underlined to denote title of a TV program]?
- R: Yeah, neat, eh? Yeah, I've seen that one [the cartoon] and that's where these big machine-like characters turn into different things. Like it *transforms* the spoken words into writing. Written words. That's why I pay her the big bucks! So, here in green . . . [interruption]
- I: You mean, like, you have to like . . . you *pay* her to do this?
- R: Yes.
- I: Go'ol [abbreviated "golly gee"]. That's a *lot* of typing!
- R: Yeah! It says BLAH and I thought I'd see if you could remember the expression your friend's mom always said about the cat and curiosity.
- I: Oh yeah. I kinda remember that.
- R: Does, 'Curiosity killed the cat, satisfaction brought him back' sound familiar?
- I: Yeah! That's *IT* [capitals to depict shouting and emphasis]. But she says got the cat, like it didn't kill it . . . and . . . it comes back into . . . life . . . like . . . or anything.
- R: Oh well. That's how I remember it, like how my mum said it. So, here, you talk about not smoking, or, your sister's experience was such you *learned* by watching her experience and now, now what will happen if . . .
- I: *IF* I were to . . . yeah. Like I'm not gonna. NO WAY! *Never, never never!* [very emphatic]. That would be a horrid nightmare, imagining myself smoking. Oh, oooo . . . yuck. Gross, all that smoke going into your lungs and tar plugging up the tubes and stuff, and breathing . . . for like breathing and stuff. Gross!
- R: Okay, so I got that. And then you were really insistent, like quite firm on that point.

- I: Yeah. Like I'm set on, like totally set on *not smoking*. Yeah. Not gonna do it. Like, not ever.  
GROSS!
- R: 'Gross,' good word, that word is. I mean it's a good *descriptor*, like *the same as* really disgusting, but *really* disgusting.
- I: Ug! I just . . . ewww . . . [shakes shoulders up and down, like shrug of shoulders, yet really quick, twice or three times in rapid succession]
- R: Mmm . . . I see your shoulders going up and down like your shuddering or shaking at the thought at . . .
- I: Yuck! IT's just *too gross!*
- R: Okay. I'm with you there. So, you didn't have to do it, to know, that smoking, is not for you.
- I: Well, yeah, like . . . you know? It's she did and, man! Did *she* ever get *it!* Like in our house that's some cause for some serious yelling. Like no way! Don't want to go *there!* And my mum, like her, my errr . . . errr . . . my sister, yeah, my sister did and it was a big deal and they like do the same thing if you get into trouble. Like it's the same like, no you can't do . . . like priv . . . are, like, yeah, *privileges* [emphasis to indicate she came upon the correct noun] are like *taken from* . . . like you can't do stuff and everything is like boring and stuff and like, no TV or like friends over and . . .
- R: And yeah. No privileges. So, like, what does that mean?
- I: Well, it's like, you can't do well, your like, you aren't allowed to do stuff, like certain stuff. Because you've been bad.
- R: So, would you agree that you learned by watching your sister getting into trouble. You could say, 'Yes, without a doubt, if I did that then . . .'
- I: Like there'd be yelling, like sone serious trouble, if you can imagine that much pain.
- R: So, yes, you'd say I got what you were saying to me.
- I: Yeah, That sounds like me or like what I'd kinda say. Yeah. It's. Yup. That's it.
- R: Okay. So, the . . . you said 'No privileges' and what I take you to mean is that it *sounds like* your freedom is like being taken away. Like punishment for something so you can't do X because you did Y. The other well . . .

I: Mmm . . . mmm . . . uhm . . .

R: . . . the other point I had was. Some kids have to like do it, like *do* something to say that they *actually did* and then go *do* it. Like, they learn by doing the thing. You know *how* because you actually now have experience *doing it*. Like smoking, some kids have told me that they tried smoking because they wanted to see what it was all about, like what was the big deal kind of thing.

I: Yeah, well . . . like *it is* a big deal. Like just *don't* . . . don't do it. 'Cos like, at this age, there's like *no reason* for kids to smoke. Like why would you? Why would you do it? It's there's just no *good reason* for kids to be *smoking*.

R: Good point. It's like some of the other kids I've talked to in the middle school where I am, they are like, older, you know, 14, and say, 13 and 14 years old. . . One of the girls said, 'It's like what's the point on smoking' and she told me all the things like you said, and how it is like 'gross,' and 'disgusting,' and 'yuck.' Like, same words? Right?

I: Mmm . . . uhum . . .

R: . . . and that kind of thing. What *struck me* as she was talking was the word she used to describe it, 'smoking.' It's like she said, 'And the *pointless-ness* of it all' and that like what's the point? What's the use kind of deal?. It's not like doing . . . it's

I: Yeah. It doesn't *do* anything for you except for like bad stuff, like *bad things*. And then it's like it . . . it's . . . bad 'cos then like you can't *do* stuff, like having fun.

R: Okay, so I'm hearing, smoking is bad and it's doing bad things will result in things like no friends, like it's *no fun* . . . to . . . [participant cuts in]

I: . . . yeah, like there's no *fun* about, there. There's nothing *fun about smokin!*. I just wanna do stuff. Like I want to learn how to play tennis. I want to just pile on the sports like. Like keep busy. It's 'Say no,' and get busy, keep your body busy doing good things, and not good things like thinking about smoking. It's kids just . . . it's . . . Stay. *Just get busy!* And *keep* busy.

R: Like that Nike ad, 'Just do it' meaning get on with it and do the stuff you like. So for you, smoking just doesn't come into the picture . . .

I: It's there's no need for it. Its . . . it's . . . like kids don't *need to be smoking* at this age.

R: At *this age*, but later, like, I mean, like when they grow up and stuff . . .

I: . . . yeah. Like, well, yeah. Like if they wanted, *if they wanted to* they, like, could but it's just that I don't. I just think it's, like gross and don't wanna. Because of, 'cos of like my sister.

R: Okay. So I think I get your point here.

What follows is an example of a theoretical and procedural memo to match one aspect of this transcript:

*Theoretical Memo*

Metaphor: My first experiment: Finger in Light Socket. Was almost electrocuted. My mother said same thing about curiosity and the cat.

Reference: Participant E 007 (Interview #2)

Related concepts: Learn by doing/making meaning/salience/self-and-others

Category: Creating Meaning about Smoking

Cross reference - interview page 19 - pink stickie - told P my story - good for trust/disclosure

P didn't remember all of expression "Curiosity killed the cat; satisfaction brought him back."

Sister was caught smoking. This was one of her mother's responses to the situation.

Sub-category - Horribilizing smoking outcome - strategy (emotional component to decrease fear)

P19 - page 4 . . . That's a cause for some serious . . .

Code- yelling/continuity-parental authority/privileges/parent attitude

Relate to earlier notions about privileges and "freedom with boys" and "being able to do stuff" and "fun" and what "fun" means.

Analysis - P gave example of vicarious leaning - doesn't have to smoke to know she won't do it

Emphatic about not smoking (intent). No plans to smoke in the future

No desire (not curious)

Concern - trouble if she were to smoke. Also gives other social reasons for not smoking (xref isolation)

Procedure -

1. F/U with Grade 8 (M 021) re: smoking experience and getting caught (suspension) and how this is different. Check out notion of opportunity v threat. All Ps say smoking is a hindrance or threat to independence = personal freedom/having fun/doing sports. M021 thought of her experience differently. Check out "peer pressure" and how that term is used with Middle School Ps. P talked about how it was

good to get caught (making something positive out of a negative [potentially] situation). ??Is that like an opportunity - opposite of reaction (positive) to threat. Like a challenge [cf Lazarus & Folkman, 1984 cognitive appraisal theory]

2. Is opportunity the opposite of threat? Lit talked about smoking as an opportunity r/t image and being more like an adult. ES kids validate that perception yet do not think that is so for them.
3. Compare M021 to a boy's experience - get consents from Ms. H class for two f/u candidates - boys (Grade 9).
4. Flesh out personal freedom and how this r/t independence.
5. Politics of negotiating cool v un/cool - cool means different things r/t independence and individuality

I had to insert a lot of commas to indicate spoken structure for speech. The other point, even though it may seem obvious, is that I found this participant delightful. She certainly had a quick, keen sense of humour. This example was provided to give a sense of how one segment of one interview played out, with one participant.

As mentioned in Chapter Three, I would critique my own style and technique for posing questions while listening to tapes, as I checked the transcript for transcription accuracy. This transcript excerpt is from one of my initial interviews. Anxiety made my speech rapid. I made a note that, from this interview onward, I would closely attend to pace and to aim for precision when asking or formulating questions. Although I improved, one reason for my style coming across the way it does, I think, reflects the conversational style and tone of the interviews. I was thinking, actively listening, engaging in the participant's words, and trying to get meaning all at the same time. As well, I wanted to make sure I got *what* the participant was saying (i.e., validation), yet I needed to make sure the participant felt as though he or she had been given ample opportunity to present his or her view completely.

This example is also provided to illustrate my anxiety relative to body language. For instance, this participant spoke in a very soft tone. As we spoke, I obsessed about the quality of the recording as I knew *somebody* was going to transcribe this tape! Consequently, I made the decision to transcribe it myself. I made notes during the interview so I could refer to these points as I transcribed the tape. In real-time, this was a 70 minute conversation and it took me 12 hours to transcribe. It was painful as I had to repeat numerous sections of the tape countless times due to the participant's soft tone to discern her precise words. I had to get family members to listen to some of the words as I could not discern what

was being said. Having been at the interview, context and notes helped me to deduce what word was really being used. I also started this tape immediately following the interview so I could deal with the challenges I anticipated for transcription.

*A Personal Statement - Researcher Qualities, Professional, and Educational Background*

As a way to avoid the potential for prior theoretical conceptions to force data collection and analysis into preconceived concepts or hypotheses, Glaser (1978) advised against reading too much in the substantive area for fear of contaminating the researcher's ability to generate concepts from the data. The grounded theorist attempts to "suspend" or [bracket] one's preconceptions about the phenomenon under study as a way to *allow* the true nature of the phenomenon to be developed or *emerge* in the analysis, as such an epistemological dictum cannot be fully actualized. For instance as a doctoral student, I engaged in course work in the subject area and as part of the course requirements a wide range of readings were undertaken in both the theoretical literature and substantive area. Moreover, in preparation of the dissertation proposal, it would have been impossible and unacceptable, not to mention just plain-old *impractical*, to avoid the literature altogether. So, in order to make a compromise to this principle of bias and to come to an awareness of personal preconceptions, values, and beliefs and how these may influence the data, I used a daily journal to express feelings and reflections throughout all phases of the study. As a means to sustaining a heightened level of self awareness, documenting subjective notes through the course of data collection and analysis enabled me to bracket or suspend my values and how these might influence the analysis. Hence, this next section is a means to that end.

As a 40 year-old female former smoker, I was interested in studying the phenomenon of nonsmoking choices as constructed and lived by early adolescents from two perspectives. First, as a registered nurse, my interests stem from educational health psychology, social learning, and health promotion philosophies aimed at the prevention of smoking-related illnesses and early death. Early on during my career working as a staff nurse on a thoracic surgery and adult cardiology nursing unit, I witnessed first hand the numerous, devastating health consequences due to cigarette smoking, not only for individuals, but also for their children and families. Not long after this early experience, I came to realize that lung cancer was not going to be cured in any operating room in the ever so distant future. I thought that some how we have to address smoking (not as a health behaviour but as a *social behaviour*

*problem or phenomenon*) and direct our educative efforts early in people's lives – the earlier the better. As the newbie educational psychologist, my second interest concerns an investigation into cognition as an integral part of health promotion, make a contribution to knowledge, and guide education that is, developmentally appropriate and sensitive to the social-cultural context to effectively support and target smoke-free lifestyle choices.

During my early years as an undergraduate in university I did smoke on a regular basis with my friends, and even though it seemed like everybody smoked, there seemed to be a gradual shift occurring in social norms. People were slowly becoming restricted from smoking in public places. I can remember being on the *Woodward's Food Floor* and lighting up a cigarette as I chatted with a friend in the grocery aisle. Soon that became a short-lived behaviour as "no smoking regulations" were becoming more commonplace. Once I arrived at university to complete a BSN, most of my friends either did not smoke, or had quit. I also realized that once I was buying my own cigarettes (versus accepting offers at university) I was into the grind of nicotine. I don't remember whether it was the novelty effects of smoking wearing off, or the ever increasing sanctions and warnings against smoking, and/or pressure from my family and friends, yet after three or so years of smoking, I gave it up.

During my second year of doctoral studies I married a nonsmoker, one who is *exquisitely* sensitive about, and conscious of, his health status and patterns. Accordingly, our lifestyle has a health promotion focus. We both exercise regularly and take long walks and hikes with our two dogs. We buy organic foods, eat foods that are free of hydrogenated fats or oils, consume very little red meat, and make deliberate choices about what we eat, and how we prepare our meals. In our social circle, all of our friends are nonsmokers except two who have continued to smoked since their high school days.

This next installment of *Locating the Researcher* concerns some of my ways-of-knowing vis-à-vis the life in the world of early adolescents and teenagers. In addition to the previous commentary on "locating the researcher," one from personal, professional, and educational stances, I provide a glimpse to "suspending" my other life, that as a fashion-savvy, high-maintenance, appearance's conscious female who dresses the part of a college administrator-educator. As well, I needed to learn what adolescence was all about; discover reality as lived by early adolescents. In order to do this, I had to relocate and live in the community where my participants resided.

## Locating the Researcher - Part II

### *Life-in-the-Adolescent World - Life According to Roberta as Seen Through Ana*

During the time of this study, I was living with my goddaughter, Ana, and her mother, Janet, in their community within the school district. We shared a townhouse, one that Janet recently purchased, while Janet attended the local college to complete her diploma in Early Childhood Education (ECE) and Ana attended a public middle school as a ninth grade student.

While in Canada, Ana celebrated her 15<sup>th</sup> birthday, which made Ana my ticket to early adolescence. It just so happened that Janet and Ana came to live on Vancouver Island between August 2001 and July 2002. I was thrilled to hear my Spanish family was coming to gain their respective Canadian educational experiences. As Ana is the youngest (and the only girl) in the family, it was now "her turn" at the "Canadian experience" as had her two brothers, many years before. Janet and Ana spoke fluent English and Spanish, so language did not pose a barrier to communication or learning. It was serendipity and just plain, good timing that my Spanish family would be on Vancouver Island during the time of my study. At the time prior to actually conducting the study, I did not have any particular school district in mind. Hence, the one located in Ana's community certainly posed definite possibilities. Accordingly, I worked up the final planning stages to implement the present study and prepared my ethics proposal to conduct the study in this community.

I soon learned that even though I could leave the city and live in a rural community, I had to first take the *city* out of the *researcher*. Part of "locating the researcher" had as much to do with examining my own philosophical ways of knowing as it did finding out who I was as a person, albeit a city slicker and academic, and identifying who I am regarding the actual "doing" of the research in a child-centered context. Ergo, I had to suspend or "bracket" my world view, or "park my paradigm" so to speak in terms of what I had to come to know, be, do, see, hear, think, and value regarding early adolescent life in a rural community. It's like packing up the car for a trip. You need a map, a suitcase with clothes to dress for the climate, and a location.

My transition and subsequent shift in paradigm(s) involved many changes. One such change was physical relocation; I took temporary residence in the community where I was conducting the study. At the time of moving, I could not appreciate or anticipate what I was embarking upon, nor could I know what my journey was to involve, and how I was going to achieve it. Having the support of family, for me,



was really important. I left my husband and our two dogs at home in West Vancouver. Even though I was free to devote my undivided attention to the research project, I was however on an unpaid leave of absence from work. Due to the procedures involved receiving final approval to conduct this study, I ended up with only four months to both collect and conduct a preliminary analysis of data. I was also on a one year extension to complete doctoral studies.

Another transition involved coming to know the qualitative paradigm for research. Hence, my task was to simultaneously integrate the philosophy and method of grounded theory and learn *how* to do it. Keeping up the pace of data collection with interviews and observations, transcription of interview data, and analysis rated as one of my larger undertakings; it was a very challenging experience.

Ana had another part to play in my study. She was 15-years of age and a popular student as the "Spanish transplant-in-residence" at her school. She had made many new friends while at middle school, many of whom came over to our townhouse on a regular basis. As Ana's mother was oftentimes busy with her own school work, this afforded Ana and I time to "bond" and establish a new alliance. I was also the one who spent most of the time driving her to and from friends' homes and social activities. Ana's friends were all interested to meet *la madrina* and learn about my project. All of her many friends volunteered, on what I might add their own volition, to help with numerous aspects of my research. I practiced interviewing 14-and 15-year-old boys and girls and spent time doing "teenager stuff" – listening to their music, watching their movies, and their television programs.

As a way to say "Thank you" to Ana and her friends, we collectively shared a lot of pizzas in every topping combination imaginable, drank what seemed like hundreds of litres of *Coca Cola*, consumed cases of potato chips, and dozens of donuts. I also helped Ana and her colleagues with trips to the recycling depot. At Ana's school a large CODES group was involved in similar activities to the ones at the middle school where I conducted interviews. Ana was a never smoker and did not like smoking one bit. We made many trips to the local recycling depot to exchange pop cans for nickels; they returned the refunds collected to the school to finance guest speakers as part of their CODES counterattack crusade to prevent high-risk teenage behaviours.

#### *Learn by Doing as a Way to Know Teen Life*

What follows is an excerpt of one of my numerous conversations (or tutorials in the teenage ways-of-knowing) with Ana, my expert and advisor, as I prepared my "presentation" for coming out to the

schools. To set the stage for this conversation, I was in my room, getting ready for the next day at the schools. Ana has just arrived home from school. Janet was at the college and was not expected home until later that day as she has a class meeting with her "project team" to complete a collaborative design on the child's playground at a nearby nursery school. In the transcript that follows, words that appear in italics indicate emphasis placed on words by speaker.

Ana: Hey, what *you* doin?

Roberta: Hey. Getting ready for tomorrow.

A: Cool! [Ana notices a lady's suit in a dry-cleaning bag, hanging on the door] So, *what's* with the Armani suit?

R: Oh, that's what I'm wearing tomorrow.

[At this point, Ana does not realize that I am preparing my clothes for the first day at the schools]

A: Sweet! And what about shoes? Lemme see the shoes!

R: Uhm. These ones here.

A: Awesome! Your Bruno's will go nicely with the outfit. Now, belt? What about accessorizing? How that going?

R: I'm thinking this belt [Roberta holds up a black Cartier leather belt], and my briefcase [points to the floor by the bedroom door indicating location] and . . . what else? And, oh, this jewelry [a sapphire ring, blue topaz and diamond pendant, an emerald ring, a strand of pearls, and diamond stud earrings].

A: That's *quite* the outfit.

R: [diction in a Spanish accent] Is alright? [end accent] It's for tomorrow, when I go to the schools. It's the first day tomorrow.

A: Sure, it's *awesome*! You always look great. It's just that . . . uhm. . . You said this's, its' what you're wearing to the *schools*?

R: Yep. Is there a problem?

A: No, well . . . it's just . . . like you're going to school and it's . . . this is hard . . .

R: Oh, Go on, Ana! Say it! You're the expert and that's why I'm paying you the big bucks. Spit it out, already, would you!

A: Okay. Here's the thing. *Not* that it's not a nice outfit or anything. It is! And it's *haute couture*,

*non* [gestures with hands up and waving as is walking down a fashion show run-way]?

R: Hey, good French, Ana! *C'est très bon!* Do you *love it*? I mean are you *just* lovin' it? You know, the teacher and French class? Howz that goin'?

A: [diction in a Spanish accent] Yes. Is alright [end accent]. But you're changing the subject! I wanna talk about these clothes!

R: Right. It's all about me! I'm supposed to be the *teenager* here!

A: Well, yeah. Whatever. What I was *going* to say. But *here* it's different . . . it's like, well, like this is [name of town] and people here are like, well, they're not gonna know. Like they aren't going to get LV, and Bruno Magli shoes, and Armani suits. There's just like no need. Like you need to dress like everyone else here. This is a population of 18,000 here. *Hello?* They aren't gonna get it. Like, ya know? Like what I wear to school, hey. You gotta get hip to the fashion scene for *school*. It's elementary school, right? And middle school. But, it's not like *high fashion*, like this. Like regular people . . . [name of town] people.

R: Okay, so I get it. I see you're weaning jeans, a T-shirt, and . . .

A: Yeah. Casual, but not grungy . . . sloppy . . . or like ???? [indecipherable] or anything. I don't mean that in like a *bad* way. Not that there's anything *wrong* with your outfit. It's like if we were going to a restaurant, like *The Five Sails* in Vancouver or something, for dinner. Then I could totally see it. It's just, people, here, they just don't get *that*. It's not such a biggie, what you wear, it's just that you wanna fit in, right?

R: Yes! Absolutely! So, how do I become more *hip* and happening for [name of town]?

A: Got any jeans?

R: [Turns to open closet door and pull out jeans]. Like how about these [two pair jeans, one denim and black]?

A: Sweet!

R: Pardon, did you say, 'Sweet?' I've heard you say that before. So, it's *sweet*?

A: Yeah, you know, nice, like those are nice-looking jeans. Kinda like, those are 'cool' jeans, but nice, at the same time.

R: Okay. Note to self. Gotta remember the term, 'sweet.' Okay. It's in my Rolodex. Go on.

- A: Yeah, I guess that's all part of it. But those jeans are Versace. Not that there's any th . . .
- R: *Anything* wrong with Versace jeans. I know. They don't go with the town mentality.
- A: OH MY GOD! Like people here don't even *know* what LV is here! Never mind getting them to *pronounce* or even *spell* 'Vuitton!' Like *that's* gonna happen! Ha! Versace. That's a good one! You're hilarious, Roberta!
- R: And you know this because you've been here the whole of what, five months?
- A: Well, yeah, kinda. It's I get all that designer fashion stuff, because of Valencia [Ana and Janet live in Valencia, Spain]. And the Europe thing. It's big over there but not really so much here, ya know?
- R: Yeah. So, wanna go shopping? I guess I better get some Levi's and a pair of Dr. Martens?
- A: Cool. I'll get my stuff and we can go! Yay! Shopping! [runs out of the room, in a skip motion step]
- R: Thanks, Ana, for helping me park my paradigm for fashion.
- A: You're what? Para who?
- R: Paradigm. P-a-r-a-d-i-g-m [spells word out loud]. Like your *world view* or model or *prototype* for fashion. Get it? *Model. Fashion*. Pun intended!
- A: Yeah, I get it. Prototype [says word slowly to annunciate]. Always the teacher, now aren't you? Hey, I really like that word!
- R: Yeah! Ha! It's like *parking* your paradigm.
- A: Ha! Now for you, that would be *valet* parking for you! *Valet* park your paradigm!!
- R: Ha, ha! You're *too* funny!
- A: [Ana exits the bedroom and on leaving makes the statement] Oh, and lose the jewelry, will ya?
- R: *What?* You've lost some jewelry?
- A: *NO!* You have to *lose* the jewelry. For the outfit. Lose it. Oh, yeah, guess you haven't heard *that* one either. It's like you don't have to have it, get rid of it kinda thing. You don't *need* it. Don't wear so much jewelry.
- R: Gracias, chica! [Sp. thank you, girl]
- A: De nada. [Sp. You are welcome/it's nothing]. Are we goin' shopping now, or what?

### *Lessons Learned*

So, the up-shot and reason for providing this example is that I had to learn to *Walk the Walk and Talk the Talk* if I had any hope of being accepted as a visitor to these schools in a rural public school district. Having an academic way-of-being was tough enough to get over so I could work with kids ages 10 through 14. At least if I *dressed like a 15-year-old*, I figured I'll have a better chance at getting accepted and welcomed as a person who just wants to *talk* with the kids about not smoking.

*Salience.* The other thing I learned was that kids like free stuff. Not just any free stuff – it has to be fun, and something they would find useful. As a way to say, "Thank you" to participants who volunteered as part of my study, and give the kids something for participating, I asked Ana and her friends for advice. One of Ana's friends knew of a great store to buy stationary supplies. Ana and I went shopping and decided on a pencil and an eraser top. Of all the designs, we liked five: sports, dinosaurs, happy faces, stars, and neon-coloured stripes. We had to pick through about 300 pencils to get enough for one participant each (and a few spares). The problem was, I did not know *how many* participants I would need to fill all my categories or reach theoretical saturation. The pencil eraser tops were sold separately and came in different, bright colours, funny smiley faces, in packs of 10. So, I purchased 50 pencils, just in case. And, the kids loved them. Even the 14-year-old participants gave their seal of approval, as taken by the statement, "These pencils are really neat and the erasers are very cool!"

**APPENDIX K**  
**Analytic Questions**

### Analytical Questions

The questions which follow were used to guide analytic thinking and writing.

1. What does this datum represent? What is going on here?
2. What are informants saying and doing?
3. What do these statements and actions presuppose or take for granted (i.e., implicit and explicit assumptions underlying participants' statements/actions)? What are their beliefs and values? What does this tell me about how early adolescents view their world?
4. How do structure and context serve to support/maintain, change/impede these statements and actions?
5. What are early adolescents' perceptions of the interrelatedness/connectedness among social settings (e.g., school, friends, influential others, family) influencing their nonsmoking choice?
6. How do early adolescents' definitions and perspectives develop and change regarding smoking?
7. What is the fit between early adolescents' perspectives and their nonsmoking activities?
8. When and if used, what strategies do early adolescents use to maintain their nonsmoking choice?
9. What do these quotes have in common? What are the common themes and patterns? How do these themes relate to one another?
10. What process is at issue here? What process(es) do these data indicate?
11. What are the conditions under which this process develops?
12. How do participants feel, think, and act while involved in this process?
13. When and how does the process change? What shapes the process/mitigates/intervenes?
14. What are the consequences of the process?
15. What is the storyline? Can I find a sub-plot?
16. What are participants struggling to understand/come to know? What's the phenomenon under study. What are they managing? [Participants may not articulate this directly].
17. How do participants process this phenomenon? [Similar to question 10 yet this gets at BSP].

Based on collective works of the following authors: Charmaz (1990, 1995, 2000); Glaser (1978, 1992); and Glaser and Strauss (1967) Strauss and Corbin (1990, 1994, 1998).

## APPENDIX L

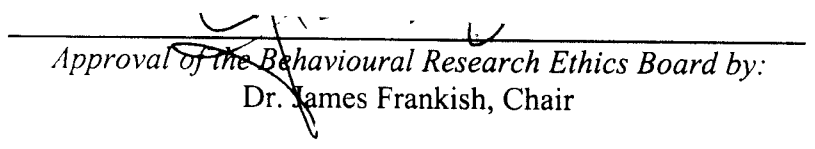
### Certificate of Approval

#### Examples of Artwork from the Draw-and-Write Task





## ***Certificate of Approval***

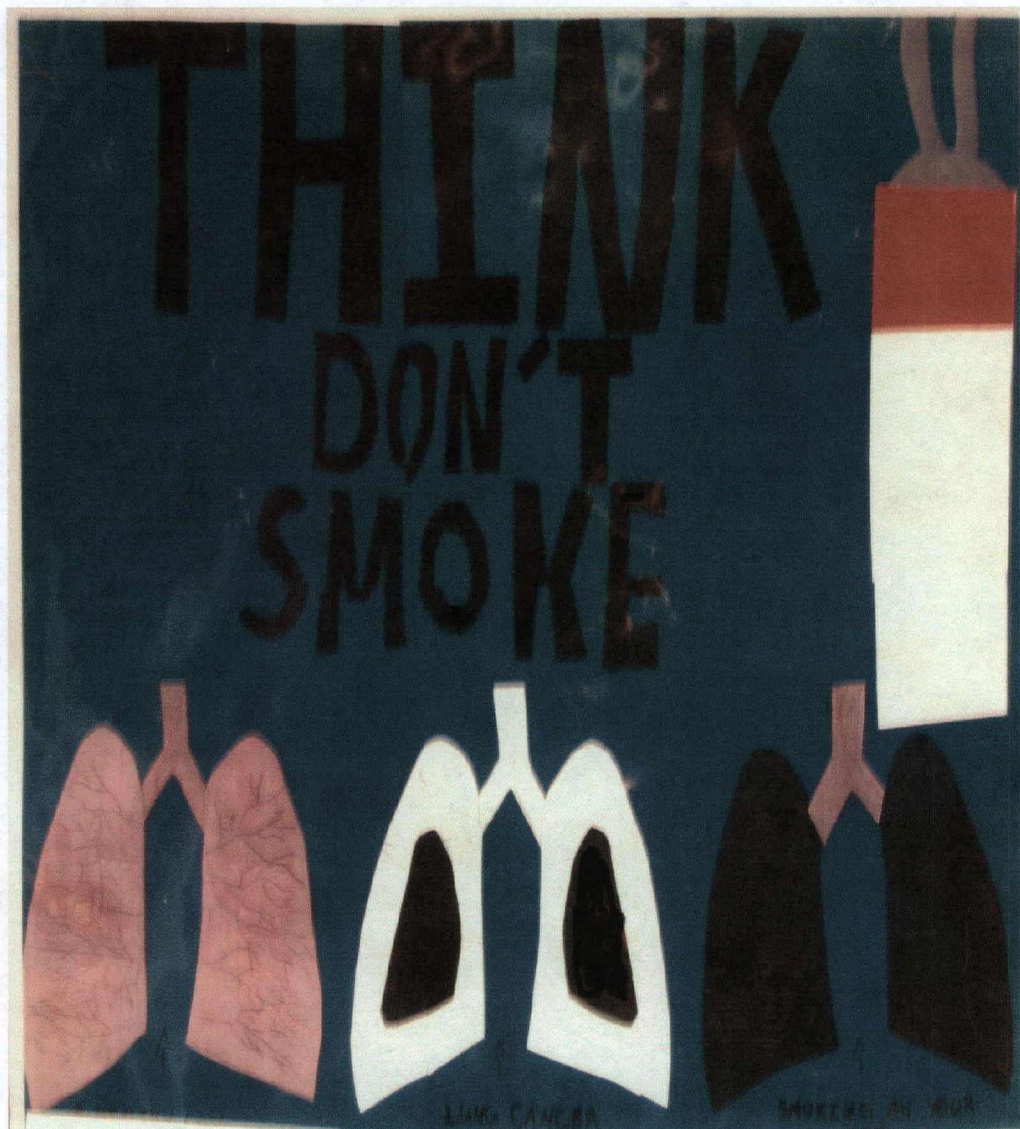
PRINCIPAL INVESTIGATOR <b>Porath, M.J.</b>	DEPARTMENT <b>Educ Psych/Spec Educ</b>	NUMBER <b>B01-0616</b>
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT <b>School District # ,</b>		
CO-INVESTIGATORS: <b>Swanson-Holm, Roberta, Educ &amp; Couns Psych &amp; Spec Educ</b>		
SPONSORING AGENCIES		
TITLE: <b>Pre-Adolescents' Experiential Process About Maintaining a Smoke-Free Lifestyle: A Social and Cognitive Approach</b>		
APPROVAL DATE <b>FEB 25 2002</b>	TERM (YEARS) <b>1</b>	DOCUMENTS INCLUDED IN THIS APPROVAL: <b>31 January 2002, how data kept, recruitment, consent forms</b>
CERTIFICATION:  <p>The protocol describing the above-named project has been reviewed by the Committee and the experimental procedures were found to be acceptable on ethical grounds for research involving human subjects.</p> <p style="text-align: center;">A</p> <p style="text-align: center;"> <i>Approval of the Behavioural Research Ethics Board by:</i> <b>Dr. James Frankish, Chair</b></p> <p>This Certificate of Approval is valid for the above term provided there is no change in the experimental procedures</p>		

**APPENDIX M**

**Drawings**

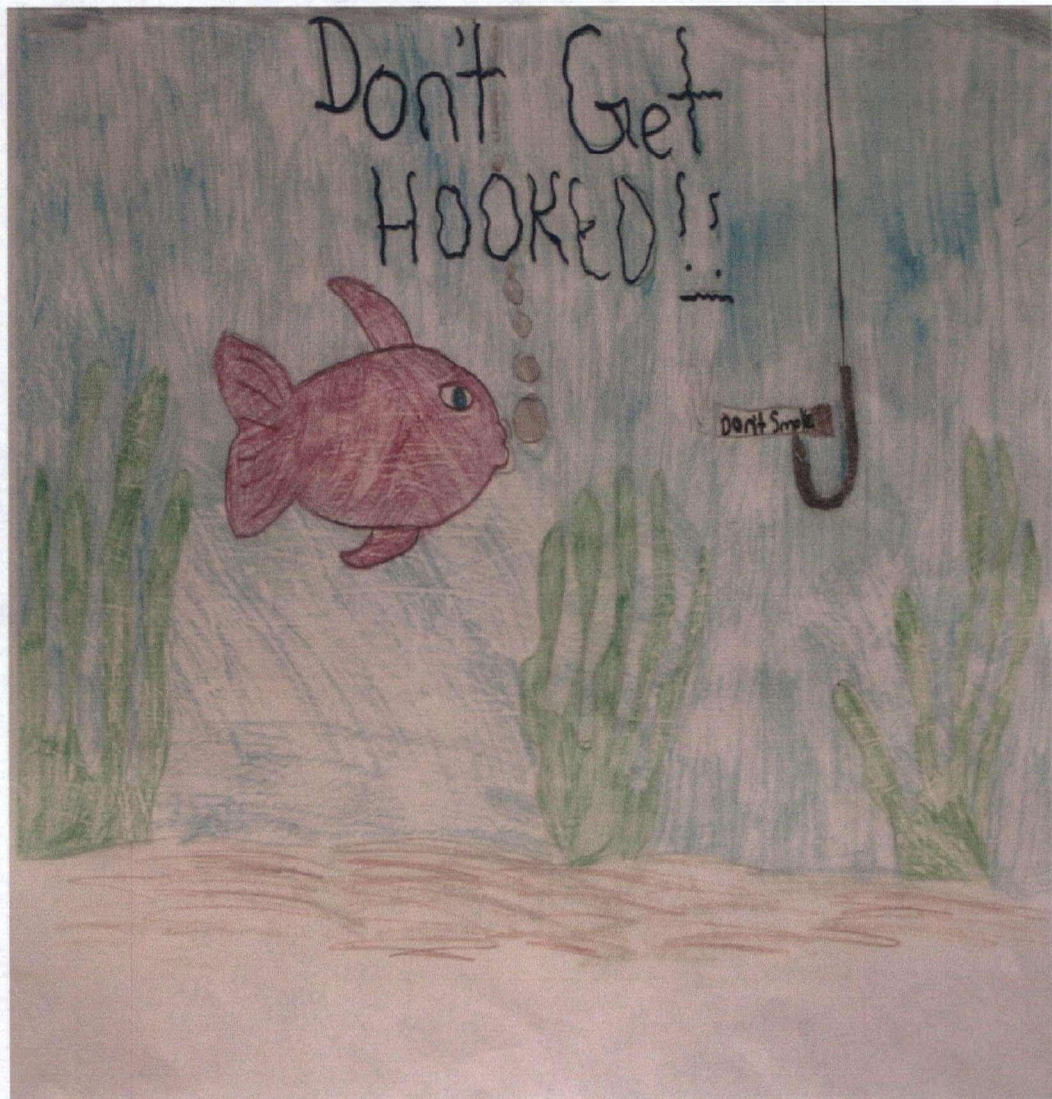
***Analogic Representation:*** The “stop and think” approach as an effective counterattack advertising strategy for kids. The artist provides a prototypical x-ray analogy to illustrate the devastating effect of tobacco with human lungs/(healthy tissue, a disease process such as lung cancer, and the outcome of smoking over a lifetime).

Jan, age 11, Grade 5





**Metaphoric Representation:** Cigarettes are addictive.  
The "look-took-hook" approach as an effective way  
to prevent tobacco use by kids.  
Tina, age 12, Grade 6





*Thematic Representation:* Intrapersonal characteristic of personal control and personal freedom to illustrate the "psychology behind smoking."

Rachel, age 14, Grade 8

