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# Naturalising non-smoking: A grounded theory study of smoking cessation

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A thesis submitted in complete fulfilment of the requirements for the degree of  
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The University of Auckland, 2019.

## **Abstract**

Tobacco smoking is one of the leading causes of preventable death worldwide. Most smokers have attempted to quit smoking, but they often find it hard to achieve success in these attempts. Nevertheless, some people manage to achieve tobacco cessation. Using a constructivist grounded theory methodology, the present study set out to explore what happens during a successful quit attempt and to construct a theoretical model to explain it. Experiential accounts from 14 participants who had first-hand experience of giving up smoking and becoming non-smokers were generated via in-depth interviews. Participants were migrant health professionals, who started to smoke in a country other than New Zealand and then gave up smoking in New Zealand. Simultaneous data generation and analysis led to the construction of the theory of naturalising non-smoking. The constructed theory argues that becoming a non-smoker requires the naturalisation of non-smoking. In turn, the naturalisation of non-smoking involves three processes: giving up smoking, socialising as a non-smoker, and normalising non-smoking. The two processes of socialising as a non-smoker and normalising non-smoking are advanced by participating in what is called here a non-smoking milieu. Becoming a non-smoker, then, is presented as a relational and contextually sensitive process. These findings underscore the potential benefits of re-examining assumptions embedded in how smoking cessation is commonly explained and studied, such as those present in theories that rely heavily on psychological constructs. These findings also provide insights into prospective new spaces for actions that could be implemented in supporting smokers to become non-smokers.

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My father always told us that through us, his kids, my grandmother who was not able to finish primary school also attended university. Abuela, papá, we made it to a PhD this time! I wish so hard it was possible for me to show you this thesis. Unfortunately, I will not know which might have been the dad joke you would have told me when looking at it, but, on your behalf, I'll tell one: you got a PhD, well, it's not as good as a PhA, but that's okay.

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## List of Notations

Notation	Item	Example
Single inverted commas	Emphasis added to a word or phrase	the problem is not in ‘trying to quit’, the problem is in ‘staying quit’
	A construct introduced by the developed theory	‘naturalising non-smoking’
Double inverted commas or indented without inverted commas (>40 words)	Direct participant quote	<p>“I don’t think people know of the social implications before they try to give up”</p> <p>or</p> <p>You go, and you have a cigarette with people, so it breaks down those barriers... etc.</p>
Brackets	Clarification	“wasn’t surrounded by them [smokers] completely”
	Identifying information removed for confidentiality purposes	Because back in [my country of origin] it’s cool to smoke.
	Alteration of a direct quote to fit the sentence	... grounded in “individual-focused, personal-responsibility model[s] for behaviour change” (Kearney & O’Sullivan, 2003, p. 150)
Parentheses	Nonverbal communication	“During the lunch break I (he laughs) went to smoke”
Ellipsis	Omission of a word or words in a quote	“a statement ... but only in relation to certain things like buildings or customs or all of those things, people”

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Please indicate the chapter/section/pages of this thesis that are extracted from a co-authored work and give the title and publication details or details of submission of the co-authored work.

Appendix A.

Literature review and constructivist grounded theory methodology

Nature of contribution  
by PhD candidate

Rodrigo Ramalho was responsible for the article concept, preparation, submission, and response to reviewers

Extent of contribution  
by PhD candidate (%)

85%

### CO-AUTHORS

Name	Nature of Contribution
Peter Adams	Provided advice regarding content and format
Peter Huggard	Provided advice regarding content and format
Karen Hoare	Provided advice regarding content and format

### Certification by Co-Authors

The undersigned hereby certify that:

- ❖ the above statement correctly reflects the nature and extent of the PhD candidate's contribution to this work, and the nature of the contribution of each of the co-authors; and
- ❖ that the candidate wrote all or the majority of the text.

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Karen Hoare		15 <sup>th</sup> August 2018

Last updated: 28 November 2017

# Chapter 1 Introduction

*Giving up smoking is the easiest thing in the world.*

*I know because I've done it thousands of times. Mark Twain*

As a former smoker, I have personal experience both of trying to quit smoking and of managing to quit successfully, and I know these are two different experiences. As people would often say, the problem is not in 'trying to quit', the problem is in 'staying quit'. Despite many advances in tobacco control research, including an increasing number of tools available to help smokers deal with cravings and withdrawal symptoms, the health sector is not yet fully able to assist smokers in staying quit. A significant step in developing an effective way to help smokers achieve cessation is to improve our understanding of what is involved in a successful attempt to quit smoking. In turn, this better understanding could inform current and future strategies to address tobacco smoking, both at an individual and a public health level.

## 1.1 Statement of the problem

Tobacco smoking is recognised as one of the leading risk factors for health loss and cause of preventable death worldwide (Lim et al., 2013; Ministry of Health, 2016; World Health Organization, 2013). Even before the widely cited US Surgeon General's Advisory Committee Report (1964) on smoking and health, it was acknowledged that tobacco smoking was a health issue (Breslow, 2015). But still, the list of diseases caused by or associated with smoking has continued to expand (US Department of Health and Human Services, 2014). At least one of every two smokers will die because of smoking (Peto, Lopez, Boreham, Thun, & Heath, 1994), and it is estimated that tobacco kills approximately seven million people each year, claiming more lives than HIV/AIDS, tuberculosis, and malaria combined (Forouzanfar et al., 2016; World Health Organization, 2017).

In New Zealand, tobacco smoking is a significant cause of health problems (Tobias & Turley, 2013). In 2013 it was one of two leading modifiable risks for health loss, high body mass index being the other (Ministry of Health, 2016). It is estimated that around 16% of the adult population in New Zealand are current smokers (Ministry of Health, 2017a). But smoking is not an issue that affects only those that smoke. In 2012/13, more than 150,000 New Zealanders were exposed to second-hand smoke in their homes (Ministry of Health, 2014a); and over 250 deaths each year are estimated to be attributable to second-hand smoke exposure

in New Zealand homes, more than twice the number estimated for the mortality from exposure at work (Thomson, Wilson, & Howden-Chapman, 2005).

Since 1996/97, and at different rates for different population sub-groups, there has been a steady decline in the number of smokers in New Zealand (Ball, Stanley, Wilson, Blakely, & Edwards, 2016; Ministry of Health, 2014a). The largest relative decline in smoking prevalence is seen in the population of 15–19 years old (Ministry of Health, 2014a). This suggests either a decrease or a delay in smoking initiation, however, a decrease in smoking uptake is further indicated by the increasing number of people who have never smoked regularly (Tu, Newcombe, Edwards, & Walton, 2016). Unfortunately, smokers giving up smoking is happening at a lower rate than that decrease or delay of smoking initiation (Ministry of Health, 2014a). In 2013, the overall percentage of ex-smokers was 22.9%, which represented a small change when compared with the 22.1% of 2006 (Tu et al., 2016). The literature continues to show that smoking rates are declining for younger adults, yet, there has been no significant change since the years 2011/2012 for adults aged 35 and over (Ministry of Health, 2017a). All of which suggests that the decline in smoking prevalence is more closely related to a decreasing uptake of smoking than to an increasing number of people giving up smoking.

It is important to help current smokers to successfully achieve cessation in order to reduce the health consequences of smoking, both to smokers and to those around them. According to the New Zealand Health Survey 2012/13, most smokers had tried to quit in the previous 12 months, with 6 out of 10 smokers having quit for at least a week (Ministry of Health, 2014a). Over two-thirds of these smokers mentioned health concerns as their main reason for wanting to quit (Ministry of Health, 2014a). Still, even though most smokers would like to quit and have tried to quit, only one out of nine were successful in their attempts (Ministry of Health, 2014a).

A similar scenario can be seen across the globe. In the United States, around two-thirds of cigarette smokers were interested in giving up smoking, yet, fewer than 1 in 10 were able to quit (Babb, Malarcher, Schauer, Asman, & Jamal, 2017). According to Public Health England (2015), one in five adults smokes in England, and of those who tried to quit, only 19% were successful. In Australia, the 2016 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2017) found that just 17.2% of smokers successfully quit for at least a month before the survey. In sum, it seems that smokers are very interested in quitting, and they are trying to quit, but they are not able to quit permanently.



## **1.2 Tobacco control in New Zealand**

In 2003, New Zealand signed the World Health Organization Framework Convention on Tobacco Control (FCTC) (Trainor, 2008). The FCTC is the world's first international public health treaty which requires ratifying countries to adopt broad and comprehensive tobacco control policies (Fong et al., 2006; World Health Organization, 2003). In 2011, the New Zealand government recognised tobacco smoking as the single leading preventable cause of early death in the country (New Zealand Parliament, 2011). As a result, it adopted the goal of a Smokefree Aotearoa by the year 2025, aiming to reduce the prevalence of smoking and reducing tobacco availability to minimal levels. But, New Zealand has been implementing strategies addressing the burden of tobacco-related harm even before having signed the FCTC or adopted the goal of a smokefree country (Dow, 1995; Thomson & Wilson, 1997; Trainor, 2008).

For example, to reduce exposure to smoking and to promote a smokefree lifestyle, New Zealand implemented the Smoke-free Environments Act in 1990 (Ministry of Health, 1990). Consolidated by its subsequent amendments, this measure restricted and banned smoking from various public spaces, including public transport, schools and early childhood centres, as well as indoor workplaces such as bars, cafes, restaurants, casinos, and members' clubs. Building entrances, parks, playgrounds, beaches, sports fields, and outdoor dining areas have also adopted this policy (Marsh, Robertson, Kimber, & Witt, 2014), as well as tertiary education institutions (Robertson & Marsh, 2015).

The New Zealand government also has a long history of targeting tobacco advertising through various policies (New Zealand Parliament, 2010; Thomson & Wilson, 1997; Trainor, 2008). In 1963, cigarette advertising was banned from television and radio (8 years before there was a TV advertising ban in the USA), and in 1973 from billboards and cinemas. In 1995, all tobacco product signs in shops were removed, sponsorship signs were banned and taken down, and all tobacco sponsorships ended. By 2012, the Smoke-free Environments (Controls and Enforcement) Amendment Act 2011 had resulted in the removal of points of sale tobacco display, prohibiting the display of tobacco products at sales outlets (Ministry of Health, 2012). All these measures minimised the visibility of tobacco advertising in all its forms, including that of the tobacco products themselves.

New Zealand's national free-phone support was launched in 1999 (New Zealand Parliament, 2010; Trainor, 2008). Quitline is a phone-counselling service where quit coaches provide support to smokers interested in giving up smoking. In 2000, the initiative became the

first one worldwide to provide subsidised nicotine replacement therapy along with the telephone smoking cessation service (Beckert & Meyer, 2007; Grigg & Glasgow, 2003). Quitline has also launched various health campaigns reaching out to the country's diverse population.

Tobacco control policies in New Zealand have also affected cigarette packets and their price. The first health warnings on cigarettes packets appeared in 1974, and in 1987 new and emphatic text health warnings were put on both the front and back of packets (Thomson & Wilson, 1997; Trainor, 2008). In 2008, the phone number that accompanied health warnings in cigarette packets was made explicitly linked to the national Quitline initiative, which led to an increase in the number of smokers calling the service looking for support (Wilson, Li, Hoek, Edwards, & Peace, 2010). More recently, the tobacco standardised packaging regime has come into play in 2018 (Ministry of Health, 2017b; New Zealand Parliament, 2017). This regime requires all packets to be of a standard brown/green colour with new health warnings covering at least 75% of their front.

Besides these changes in the cigarette packets, New Zealand had also raised the price of tobacco by increasing the excise tax on all tobacco products. Successive increases in tobacco excise taxes led to a significant rise in the number of people making quit attempts in the years following those increases (Tucker, Kivell, Laugesen, & Grace, 2017). For example, following the tax increase of 2010, the cost of tobacco was more than twice as likely to be mentioned as a reason to quit compared with the year before; and the number of calls to Quitline doubled that of the previous year (MacFarlane, Paynter, Arroll, & Youdan, 2011).

Various authors have pointed out that these complementing strategies have contributed substantially to the diminishing trend in the prevalence of smokers in New Zealand (Edwards, Ajmal, Healey, & Hoek, 2017; Edwards, Tu, Newcombe, Holland, & Walton, 2017; Tucker, Kivell, Laugesen, & Grace, 2017; Wilson, Blakely, & Tobias, 2006; Wilson & Thomson, 2005). This might be the reason why both the Smokefree Aotearoa 2025 goal and the interventions in place aiming to achieve this goal have received extensive support, even by smokers (Edwards et al., 2013; Edwards, Wilson, Thomson, Weerasekera, & Blakely, 2009; Maubach et al., 2013; Wilson, Edwards, Thomson, Weerasekera, & Talemaitoga, 2010). Moreover, both smokers and non-smokers in New Zealand support the application of further or stronger measures (Ball, Edwards, Waa, & Tautolo, 2017; Edwards et al., 2009; Gendall, Hoek, Maubach, & Edwards, 2013; Thomson & Wilson, 2006; Wilson, Blakely, Edwards, Weerasekera, & Thomson, 2009).

New Zealand is one of the highest achieving countries in regard to tobacco control policies according to the World Health Organization (2017). It is one of a few countries that

has adopted broad and comprehensive measures in its approach to tobacco smoking (Cairney & Mamudu, 2014). Furthermore, there has been a recent realignment of tobacco control services aimed at improving the provision of cessation support to current smokers, as well as increasing its reach and accessibility (Edwards et al., 2015). Unfortunately, and despite all these actions, giving up smoking remains a difficult task for current smokers in New Zealand (Ministry of Health, 2014a; Tu et al., 2016). Nevertheless, there are stories of successful cessation, one of which is my own story of giving up smoking in New Zealand.

### **1.3 Personal relationship to the topic**

I smoked for around 15 years before quitting. I grew up in Paraguay with my father smoking in the living room while the family was watching television and in the car while driving us to school. Back then smoking was not an unusual thing for me, and not just because of my father but also because most people around me smoked. So, when a high school classmate offered me a cigarette, it seemed a natural thing to accept it.

When I started smoking, my first source of cigarettes was my father's packets left in the kitchen unchecked. Not long after that, I started buying my cigarettes. At first, I would buy loose individual cigarettes, but I soon started to buy whole packets. They were cheap, and all I needed to do was save some change from bus rides to have enough money to buy them. When I was 15 or 16 years old, I got my first job as a waiter in a fast food restaurant, and all my co-workers smoked. This was when I started smoking daily.

I smoked all through high school, and then all through medical school. Most of my university friends smoked. At that point, smoking was pretty much embedded in my social and private life, and I remained a smoker all through my psychiatry training after medical school. My first attempt to quit smoking happened once I was working as a psychiatrist.

That first attempt to quit lasted less than a day. Several other attempts followed that one, and then some more. Probably the longest I managed to stop in any of these multiple attempts was three or four days. All my quit attempts were through going 'cold turkey'. I just did not think there was any other way. Back in Paraguay, there was no access to nicotine replacement therapies, and there was some concern about using medication to quit smoking.

I came to New Zealand as a smoker. But, smoking in New Zealand was a very different experience. Firstly, I felt as if I was probably the only one smoking among my peers. Actually, I felt as if I was one of the few smokers in the whole country. I travelled around quite a bit that first year, and there were definitely fewer people smoking in public in New Zealand than in Paraguay. Also, tobacco was very expensive when compared to Paraguay. It cost more than 20

times what it cost back in Paraguay. It was also more challenging to smoke in New Zealand because I had to leave my apartment or the building I was in whenever I wanted to smoke. It just was not the same.

After a few months in New Zealand, I quit smoking. Giving up smoking was a very interesting experience. Up until that point, I had made peace with the idea that I would probably smoke until my 50s and then, pressured by health issues, I would stop smoking. But smoking cessation became a very palpable option. Then, one day, I just did it, I quit by going cold turkey. There was something different about this last successful attempt. I believe that, somehow, coming to New Zealand played a crucial role. This experience triggered various questions, yet, the biggest one was: what happened during that last quit attempt that made it a successful one? This is the question that drove the research for this thesis.

## **1.4 Purpose and significance of the study**

The present study aimed to explore successful attempts to quit smoking and the contribution of the social context in which they occurred. The goal was not to approach the phenomenon from a set of pre-determined variables and notions that, in a way, would prompt the answer even before having posed the question. On the contrary, the goal was to develop an understanding of what happens during a successful quit attempt from the ground up, that is, from the perspective of people who have first-hand experience of it.

The significance of this study lies in the knowledge that smoking is one of the leading risk factors for health loss and cause of preventable death worldwide (Lim et al., 2013; Ministry of Health, 2016; World Health Organization, 2013), as well as in the hope of developing a better understanding of what is involved in a successful quit attempt. Such better understanding will not only add to the existing body of knowledge, potentially opening up new lines of inquiry that could guide future research in this area, but it could also inform and advance current and future strategies aimed at helping smokers to become non-smokers.

## **1.5 A note about the methodology**

The key factor influencing the design of this study was the aim of exploring smoking cessation from the point of view of people who managed to quit smoking. Consequently, and quite early in the research project, a grounded theory methodology was found to be particularly suitable for the study. Glaser and Strauss (1965, 1967, 1968; Strauss & Glaser, 1970) developed the grounded theory methodology during a study about death and dying in hospital settings. Grounded theory is a qualitative research methodology that allows the researcher to develop a

theory that explains the studied phenomenon from the ground up (Charmaz, 2014; Corbin & Strauss, 2008; Glaser & Strauss, 1967).

In a grounded theory study there is an intimate connection between data collection and analysis, with analysis guiding data collection, and vice versa (Birks & Mills, 2015; Charmaz, 2014; McCallin, 2003). Driven by observations and discussions with the participants, hypotheses are made in the field and then immediately tested through further data collection and analysis (Stern, 1994). The resulting theory is developed through systematic and simultaneous data collection and analysis, and that allows the theory to develop from the ground up. A significant aspect of the methodology involves prioritising the data provided by the participants over any previously acquired knowledge, which facilitates the development of novel and meaningful insights (Birks & Mills, 2011, 2015; Dey, 2007; Ramalho, Adams, Huggard, & Hoare, 2015; Strauss & Corbin, 1998).

## **1.6 Research questions**

Consistent with the purpose and the research design, the leading question for the present study was: what is happening here? (Charmaz, 2014; Glaser, 1978). During the study, the term ‘here’ referred initially to successful attempts to quit smoking. Thus, an early guiding question was set out as: what is happening in a successful attempt to quit smoking – to be referred to as a ‘successful quit attempt’? As part of the efforts to better understand the role of one’s social context in the success of a quit attempt, a second guiding question was developed: what role does the social context play in a successful quit attempt? Finally, and having taken into account that health concerns were described as the main reason for people to make a quit attempt and stop smoking (Ministry of Health, 2014a), it was considered relevant to add a third guiding question: what role does knowing about the harm of smoking play in smoking cessation?

In summary, there were three initial guiding questions:

1. What is happening in a successful quit attempt?
2. What role does the social context play in a successful quit attempt?
3. What role does knowing about the harm of smoking play in smoking cessation?

These initial questions helped to keep the study focused on the particular phenomenon under investigation (Strauss & Corbin, 1990; Willig, 2013). Consequently, early data generation and analysis were focused on smoking cessation. However, as the study progressed, it was acknowledged that those three guiding questions had been drafted under the assumption that

‘giving up smoking’ and ‘becoming a non-smoker’ were the same process. In a shift encouraged and facilitated by the methodology (Charmaz, 2014; Glaser & Strauss, 1967; Strauss & Corbin, 1990; Willig, 2013), the focus of the research and that of the leading question – what is happening here? – moved from smoking cessation to ‘becoming a non-smoker’.

## **1.7 Outline of the thesis**

The remainder of this thesis is organised into nine further chapters.

Chapter 2 introduces the ongoing debate about the time and role of the literature review in a grounded theory study. It also describes the multi-staged approach to the literature review taken in this study. This chapter includes an analytical review of studies that explored barriers to successful cessation and grounded theory studies on smoking cessation. This review highlights the individual-focused lens with which these studies approached smoking cessation.

Chapters 3 and 4 describe the methodology and the methods of data generation and analysis used in the present study, respectively. These chapters include a discussion of the choice of a constructivist grounded theory methodology and the philosophical assumptions underpinning the study, as well as information about the participants and a description of the procedures used for data generation and analysis.

Chapter 5 introduces the reader to the theory of naturalising non-smoking. It presents an outline of the theory construction process that led to the development of the theory. It also emphasises how the research process and the information provided by the participants made it necessary for the researcher to review some key assumptions, including the one that ‘giving up smoking’ and ‘becoming a non-smoker’ were the same process. The chapter also introduces the main categories of the theory: ‘normalising non-smoking’, ‘socialising as a non-smoker’, and ‘giving up smoking’, which are then explored in Chapters 6, 7, and 8, respectively.

Chapter 9 presents a discussion of these findings in regard to the extant literature. This chapter identifies relevant literature and compares and relates the constructed theory to other authors’ theories and ideas. Finally, chapter 10 introduces a summary of the thesis and the new knowledge. Informed by the constructed theory, chapter 10 also revisits the three initial guiding questions, before discussing quality considerations and limitations, as well as recommendations and implications for policy, health care practice, and future research.

## **Chapter 2 Literature Review**

In a grounded theory study, the timing, place and role of a literature review is a contentious issue (Ramalho et al., 2015; Thornberg, 2012; Walls, Parahoo, & Fleming, 2010) (Appendix A). This chapter first introduces a summary of the ongoing debate around the timing and role of a literature review in grounded theory studies. Next, it presents the way in which the literature review was approached in the present study. It then describes literature directly related to smoking cessation: firstly, it discusses studies that explored the barriers to successful cessation as described by people who quit or tried to quit smoking, and secondly, it explores other grounded theory studies that explored smoking cessation.

### **2.1 Literature review and grounded theory**

Although the grounded theory methodology is more fully covered in the next chapter, it is necessary here to provide a brief overview of this methodology, especially in regard to how it relates to a literature review. Barney Glaser and Anselm Strauss (1967) developed grounded theory as a methodology that enables researchers to formulate novel and meaningful understandings of a phenomenon. Grounded theory was introduced as an alternative to the traditional model of first selecting a pre-developed theory, and then collecting and analysing data to check if the theory applied to the studied phenomenon. Instead, Glaser and Strauss designed a methodology that allows the development of a new theory about the phenomenon from the data.

Glaser and Strauss (1967) advised grounded theory researchers against conducting a literature review before the research study. The advice was “literally to ignore the literature of theory and fact on the area under study” (Glaser & Strauss, 1967, p. 45). It was suggested that refraining from a literature review would allow researchers to avoid contaminating the study with notions that came from the literature. In turn, ignoring the literature would lead to developing a theory genuinely grounded in the data, from where it would fully emerge.

After their initial work together, Glaser and Strauss continued developing their versions of grounded theory separately. Their different approaches diverged on ontological, epistemological, and methodological grounds (Annells, 1996, 1997; Bryant, 2003; Charmaz, 2003; Health & Cowley, 2004; Kelle, 2007). However, they both continued to emphasise the importance of allowing the theory to emerge from the data as uncontaminated as possible (Kelle, 2007; Ramalho et al., 2015). In other words, both approaches aimed at the development of an ‘objective’ theory, one not influenced by the researchers’ previously acquired knowledge.

A third approach, developed by Kathy Charmaz (1990, 2003, 2006, 2014), introduced a different perspective on the issue. Charmaz's constructivist grounded theory claimed that researchers have an unavoidable influence on both the research process and its result. Acknowledging that the researcher's previously acquired knowledge influences the research, constructivist grounded theory does not advise to ignore the existing literature, but rather to remain mindful of its influence.

Constructivist grounded theory, which was the approach selected for the present study, emphasises the importance of reflexivity and prioritising the data offered by the participants over all other sources of information (Charmaz, 2014; Ramalho et al., 2015). In constructivist grounded theory, researchers are not regarded as neutral observers. On the contrary, this approach acknowledges that a theory developed through the methodology is, ultimately, a construction of the researcher (Charmaz, 2014). Therefore, it is fundamental to engage in a sustained reflexive stance throughout the research process (Cutcliffe, 2000; McGhee, Marland, & Atkinson, 2007; Mruck & Mey, 2007; Ramalho et al., 2015). Such a reflexive position will enable researchers to be aware of their impact and influence on the research process and its result.

## **2.2 A multi-staged process**

Grounded theory research is not a linear process, and it can often lead researchers and their developing theories in unexpected directions. Similarly, a literature review in a grounded theory study is also a nonlinear process. A researcher might engage with entirely different literature at different stages of the research. It is often difficult to connect a literature review done at the early stages of a study with the theory developed by the end of the study; and, the literature that is relevant to the constructed theory might not seem relevant to the reader if it is introduced before the constructed theory is presented.

To find the most appropriate place for a literature review in a grounded theory final report can be a challenging task (Dunne, 2011). It is commonly expected that the final report of a grounded theory study will follow the typical linear structure of a literature review chapter preceding the methodology/methods and results/findings chapters. But, this structure might not reflect the way in which a literature review was undertaken during the research process. Also, to present the relevant literature embedded within the findings chapters might lead to a long and cumbersome final product, and to place a literature review chapter at the end of a thesis can result in a confusing structure.



It is advised to be explicitly clear about the timing and role of all literature reviewed during a grounded theory study to minimise potential misunderstandings (Dunne, 2011). In the present study, the literature review was conducted through a multi-stage approach, specifically through three distinct yet overlapping stages. The role of these three stages was related to the stage which the study had reached at the time of the literature review. Early in the study, a first stage literature review aimed to justify the research, following university and ethics committee requirements. A second stage literature review took place during data generation and analysis, and it aimed to contribute to the theory construction and theoretical integration – topics further explored in the following chapters. Finally, a third literature review was conducted after this study's resulting grounded theory was constructed. It is on part of this third stage literature review that the present chapter is focused. The following is a brief overview of the three stages of literature review here described.

### **2.2.1 First stage**

As mentioned in the introduction, the three research questions that initially guided the present study were:

1. What is happening in a successful quit attempt?
2. What role does the social context play in a successful quit attempt?
3. What role does knowing about the harm of smoking play in smoking cessation?

Although this topic is further discussed in the methods chapter, it is relevant here to mention that these three research questions guided the present study's participant recruitment and initial sampling. As a result, the target population were migrant health professionals, who having started to smoke before coming to New Zealand then quit smoking in New Zealand.

Before embarking on the present study, a preliminary literature review was conducted. This first stage literature review searched for previous grounded theory studies that explored smoking cessation in a population of migrants and health professionals. Four research databases were used for this first literature review. These included: ProQuest, Scopus, Web of Science, and PsycINFO. This literature search used the keywords "grounded theory" in combination with four different sets of other keywords:

1. "tobacco" and "health professional",
2. "smoking cessation" and "health professional",
3. "tobacco" and "migrant",
4. "smoking cessation" and "migrant".

No similar previous studies were found at the time, nor grounded theory studies that explored smoking cessation in a population of health professionals and/or of migrants; and it was reported as such in the research proposal presented to The University of Auckland and the ethics application.

### **2.2.2 Second stage**

The second stage of literature review accompanied the study and contributed to theory construction. Driven by theoretical sampling (Morse, 2010; Ramalho et al., 2015) – a grounded theory tool further described in the next chapter – the relationship between the literature and the research process was bidirectional. In the early stages of the research, the second stage literature review provided the study with useful sensitising concepts (Blumer, 1954; Bowen, 2006). A sensitising concept is an initial idea, a starting point, from where the researcher can engage analytically with a line of questioning and data gathering (Blumer, 1954). They are “tentative tools, rather than definitive concepts” (Charmaz, 2014, p. 31), which provide initial yet provisional ideas and notions to guide the lines of inquiry pursued at those early stages.

As the research advanced, further engagement with the literature fostered theoretical sensitivity and theoretical pluralism (Giles, King, & de Lacey, 2013; Thornberg, 2012; Strauss & Corbin, 1990; Wolfswinkel, Furtmueller, & Wilderom, 2013). This second stage of literature review enabled the researcher to entertain a diversity of ideas while collecting and analysing data, and thus it influenced the research process in turn. It also led the researcher to engage with literature that, although not anticipated at the beginning of the study, became relevant to the process of theory construction (Walls et al., 2010).

It is worth mentioning here that sustaining a critical and reflexive stance was of fundamental importance at all stages of the research. This reflexive stance allowed the researcher to prioritise the information provided by the participants at all times, so that only those concepts that were relevant to the developing and final grounded theory were further considered.

### **2.2.3 Third stage**

In the final stages of the study, the researcher continued to engage with the literature as data. This engagement utilised the same tools used with all other data, including the before-mentioned theoretical sampling, as well as the constant comparison method and memo writing, which are all further explored in the next chapter (Charmaz, 2014; Ramalho et al., 2015; Thornberg, 2012). Through these tools, the researcher was able to engage critically with earlier

studies and theories and to make comparisons with the constructed theory (Charmaz, 2014). They also allowed the researcher to engage in theoretical discussions with the literature and to integrate the constructed theory with the extant literature, a topic further examined in the discussion chapter.

The literature review presented in the following two sections draws from this third stage. These two sections focus, firstly, on studies that explored barriers to smoking cessation, and secondly, on other grounded theory studies that explored smoking cessation. The decision to focus on these two groups of studies was made considering that the literature that is relevant to the constructed grounded theory might not seem relevant to the reader if it were introduced in this chapter, before the constructed theory is presented. However, the way by which the main points raised here are related to the constructed theory, plus other key literature reviewed during this third stage, are further explored in the discussion chapter.

### **2.3 Barriers to smoking cessation**

As previously described, most individuals who smoke express a desire to quit smoking (Australian Institute of Health and Welfare, 2017; Babb, 2017; Babb, Malarcher, Schauer, Asman, & Jamal, 2017; Office for National Statistics, 2018; Public Health England, 2015). In New Zealand, the New Zealand Health Survey 2012/13 found that the majority of smokers expressed this desire to stop smoking, and also that most of them had tried to do so in the year before the survey (Ministry of Health, 2014a). However, the success rate of these attempts remained significantly low, with only one out of nine quit attempts being successful (Ministry of Health, 2014a). This situation suggests that even though smokers would like to quit smoking, some significant barriers stand between them and smoking cessation.

In an attempt to better understand these barriers, Macnee and Talsma (1995) developed the Barriers to Cessation Scale (BSC). Based on a review of the literature available at the time, they created a 19-item scale listing smokers' perceived barriers to cessation. These 19 items were divided into three groups: addiction barriers, internal barriers, and external barriers, plus one extra item: weight gain. More recently, two other scales were developed to assess the barriers and challenges smokers face to achieve cessation. In 2003, Asher and colleagues (2003) developed a scale to assess barriers faced by alcohol-dependent smokers. This scale, the Barriers to Quitting Smoking in Substance Abuse Treatment (BQS-SAT) contains 11 yes/no items and one open-ended item asking about any other perceived barrier. In 2006, Thomas and colleagues (2016) developed a 21-item scale that aimed at synthesising the various challenges faced during smoking cessation. Drawing on items from the BSC to create their 21-item

Challenges to Stopping Smoking (CSS-21), Thomas and colleagues modified and expanded the initial item pool, rephrasing original items, discarding or combining others to avoid redundancy, and adding 13 new ones.

These scales have been widely used to explore the challenges smokers face when attempting to quit (Buckner, Farris, Schmidt, & Zvolensky, 2014; Kraemer, McLeish, Jeffries, Avallone, & Luberto, 2013; Martin, Cassidy, Murphy, & Rohsenow, 2016; McHugh et al., 2017; Peasley-Miklus, McLeish, Schmidt, & Zvolensky, 2012). The use of these scales, however, frames in advance how participants can formulate their experiences. Thus, given that the present study focuses on exploring smoking cessation from the perspectives of those who had a first-hand experience of it, it was considered relevant to examine studies that have explored these barriers to cessation without using any pre-determined scale or questionnaire.

To find these studies, the researcher used the ProQuest database, a database accessible through the University of Auckland library system. The researcher looked for studies that used the keywords ‘smoking cessation’ and ‘barriers’ in their abstracts. The search was limited to English-only and peer-reviewed studies and to studies published between 2006 and 2017. This initial search led to a total of 1,111 published studies.

The titles and abstracts of the 1,111 studies were then examined in more detail. Studies that explored people’s perceived barriers to cessation using a pre-determined survey or questionnaire, such as the Barriers to Cessation Scale or the CSS-21, were excluded from the present literature review. Also, studies that explored barriers to participate in a cessation program, or barriers to implement a cessation program, or to implement tobacco control policies, were not considered. Other studies excluded from this review were those that focused on a specific pre-determined barrier, such as health beliefs, pain, couples’ dynamics, among others. Finally, studies that were not accessible to the author were also not included in this review. After examining the 1,111 studies, all but 19 studies were excluded from this literature review (Appendix B).

These 19 studies explored either smoking cessation or smoking plus smoking cessation. They included a variety of target populations, such as young people, adults who experienced homelessness, and rural communities. The studies collected data using focus groups (11 studies), individual interviews (four), or a combination of both (four). Data collection was conducted through open-ended questions or topic guides, which allowed participants to elaborate on their answers without the constrictions of a pre-determined scale.

The most commonly used analytical approach was thematic analysis, used in 11 studies. Two studies used constant comparison and coding – grounded theory methods – to identify

themes in their collected data. One study used a grounded theory methodology; however, it did not specify which grounded theory approach was used in the study. As explored in the next chapter, there are various approaches to grounded theory, and the choice of one over the others has significant methodological implications. The remaining studies used content analysis (four) and framework analysis (one).

The open-ended nature of these studies' data collection allowed their participants to talk about a wide range of challenges that they faced during their attempts to quit smoking. To facilitate the presentation of these barriers here, they were organised into three groups: 'institutional barriers' included those related to tobacco control policies or the health care system; 'personal barriers' described challenges at an individual or a personal level; and 'interpersonal barriers', those at an interpersonal, social, or community level. These three groups are examined next, and they are also presented in Tables 2-1, 2-2, and 2-3 below, and Appendices C, D, and E. The tables list those barriers mentioned in five or more studies, and the appendices list specific barriers described in three or more of the 19 studies with their sources.

The institutional barriers were not the most commonly mentioned type of barriers (Appendix C, Table 2-1). These were barriers that stemmed from lack of – or limited provision of, or low accessibility to – professional or institutional support, the high financial costs associated with this support, as well as people's limited knowledge of it.

Table 2-1. Institutional barriers to smoking cessation

Barrier	Studies ( <i>n</i> )
Lack of or limited provision or accessibility to quit support	11
Lack of or limited knowledge of available support	6

All 19 studies described several personal barriers to smoking cessation (Appendix D, Table 2-2). This barrier was mentioned more frequently than institutional barriers. This might be related to these studies participants' common account that the success or not of their quit attempt depended on themselves, regardless of the absence, presence or amount of professional support. Among these personal barriers, the most frequently mentioned was the use of smoking as a coping mechanism; that is, the use of smoking as a resource or as a strategy that helped to deal with negative emotions, such as stress, loneliness, tensions, boredom, as well as difficult circumstances like homelessness. The second most frequently mentioned personal barrier to

cessation was ‘addiction’, described as nicotine dependence, physical addiction, cravings, an urge to smoke, or withdrawal symptoms.

Table 2-2. Personal barriers to smoking cessation

Barrier	Studies ( <i>n</i> )
The use of smoking as a coping mechanism, a way of coping with negative emotions or difficult circumstances	19
Nicotine dependence	15
Low self-efficacy	7
Lack of willpower	7
The experience of smoking as something pleasurable or enjoyable	6
Low interest in quitting or low motivation	6
The habit of smoking	5
Fear of gaining weight	5

All studies also mentioned several interpersonal barriers to cessation (Appendix E, Table 2-3). The most common of this type of barrier was the experience of smoking as a practice intimately related to one’s social life and personal relationships. This close connection between smoking and socialisation as a barrier to cessation is labelled here as ‘social influences’, but it was described differently in different studies; for example, as having friends who smoke, peer pressure, environmental temptations, or social norms that acted as barriers to cessation. Still, these descriptions all referred to a very similar experience, the one of having tobacco smoking embedded in one’s social world.

Table 2-3. Interpersonal barriers to smoking cessation

Barrier	Studies ( <i>n</i> )
Social influences, described for example as peer influence, social pressure, smoking linked with socialisation, or environmental temptations	19
Limited support from the immediate environment (family, friends, work)	8

While institutional barriers were the least mentioned type of barriers, all studies mentioned both personal and interpersonal barriers to cessation. Giving up smoking, it seems, was hindered not only by nicotine dependence but also by how smoking was embedded in their personal and

social life. Smoking was a coping mechanism, an enjoyable practice, and a socialising tool; it was something integrated into their social lives and personal relationships. Thus, the implications of giving up smoking were not only personal but also social.

These findings were further examined regarding the theoretical lens used to analyse the data. However, not all studies made an explicit reference to the theoretical framework underpinning their data collection and analysis. One study mentioned having used a socioecological framework (Dawson, Cargo, Stewart, Chong, & Daniel, 2012a); one study mentioned using the PRECEDE model, looking at factors that predisposed, reinforced, and enabled smoking (Bryant, Bonevski, Paul, O'Brien, & Oakes, 2011); one study used the health belief model (Acquavita, Talks, & Fiser, 2017); one study used the theory of planned behaviour and the transtheoretical model of change as its theoretical framework (Abdulla & Ho, 2006); and finally, two studies mentioned the social cognitive theory as their theoretical lens (Kerr, Woods, Knussen, Watson, & Hunter, 2013; Vijayaraghavan et al., 2017). In sum, most of the studies that mentioned the theoretical framework guiding their data collection and analysis were underpinned by theories that understood behavioural change as an individual or a psychological process.

Thirteen of the 19 studies did not discuss any theoretical lens guiding and shaping their data collection and analysis. Nevertheless, these studies used constructs such as motivation, self-efficacy and readiness to change in their analysis and discussion, which hinted at what might have been their theoretical framework, namely the transtheoretical model of change (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992; Prochaska & Velicer, 1997). But even if this was not the case, the prevalent use of these psychological constructs indicates these studies also regarded behavioural change as an eminently individual or a psychological phenomenon.

The prevailing understanding of behavioural change as an individual process frequently led these studies to regard the above mentioned interpersonal barriers as not directly influential in smoking cessation. In other words, they were influential only through their impact on biological or psychological factors, such as motivation, self-efficacy, cravings, or withdrawal symptoms. Participants' social lives and personal relationships were commonly equated to increased accessibility to tobacco or to external cues that triggered smoking or cravings. Consequently, the most common suggestion provided to overcome the studied barriers to cessation involved the need to increase the availability of and the accessibility to professional support, as these would help smokers to better deal with those triggers and cues to smoke. Also, any influential role played by these interpersonal barriers – however indirect – was normally

explained as, for example, the consequence of being young or part of a lower socioeconomic population or a rural community, rather than resulting from a social component inherent in smoking and smoking cessation.

Two studies, one from Stewart, Stevenson, Bruce, Greenberg, and Chamberlain (2015) and the other from Dawson and colleagues (2012a), presented a different discussion on the issue of addressing these interpersonal barriers. Stewart and colleagues discussed the findings from their study using socio-ecological principles. They explained that addressing smokers' motivation might not be enough, given that smoking was an important component of their participants' social lives. As mentioned above, Dawson and colleagues' study was underpinned by a socioecological framework. These authors' discussion of their findings emphasised how interventions at an individual level might not be effective unless these are implemented with interpersonal, community, and work-level strategies that foster the environmental conditions that would favour smoking cessation.

In sum, the open-ended nature of data collection from all these studies facilitated the capturing of a fuller picture of the challenges smokers face when trying to quit. However, it is possible that the constraints of a theoretical framework that characterises behaviour change as a highly personal affair shaped how these challenges were accounted for, and frequently made a contextualised phenomenon into something discussed in a somewhat de-contextualised manner.

## **2.4 Grounded theory and smoking cessation**

This section presents a review of grounded theory studies that explored cessation from the perspectives of those who tried giving up smoking and/or successfully quit smoking. Grounded theory studies aim to understand a phenomenon from the ground up. The goal is not to look at it from the lens provided by pre-determined theoretical frameworks, but rather from the perspective of those who are living or that have lived that phenomenon.

The studies presented here were identified through a search of electronic databases accessible through the University of Auckland library system. These databases included: ProQuest, Scopus, Web of Science, and PsycINFO. The researcher looked for studies that used the keywords 'grounded theory' and 'tobacco' or 'smoking' in their abstracts. The search was limited to English-only and peer-reviewed journal articles, with no year of publication restrictions. This initial search produced a total of 646 published studies.

For inclusion in the present review, the researcher looked for studies that, using a grounded theory methodology, focused on smoking cessation and/or quit attempts, or both



smoking and smoking cessation and/or quit attempts. The titles and abstracts of the 646 studies found in the initial search were scrutinised, and further reading was prompted if the abstract suggested the study met the criteria mentioned above. Studies with a larger focus on tobacco use rather than cessation, and studies that focused on a specific issue or issues different from the experience of cessation, for example, health beliefs, parenting, or couples' dynamics, were excluded from the present literature review. Also, studies that focused on the experience of people receiving professional support or that analysed the development or effectiveness of this support were excluded. Finally, studies that only used grounded theory methods to analyse their data, but not as a methodology for the study, were also excluded from this review. As a result, five studies were identified and included in the present review (Appendix F).

These five studies explored cessation in a variety of populations, which included postpartum women, older adults, people with a diagnosis of mental illness, and people with a diagnosis of chronic obstructive pulmonary disease (COPD). Not all of these studies specified the grounded theory approach they used. Also, not all of them presented their results as categories or as a grounded theory, but rather as a collection of themes found through data analysis.

Lawn, Pols and Barber (2002), for example, presented the results of their study as themes. They explored smoking and quitting among community-living psychiatric clients who were current smokers. Participants in their study described smoking as a core need, and this need was expressed through six themes, for example, cigarettes as a symbol of control or smoking as a self-medicating illness. Participants in this study explained they would quit without a second thought if quitting was painless, and most of them had tried to quit in the past. However, since smoking was experienced as a core need, cessation was regarded as an almost existentially painful event. Lawn and colleagues' study was underpinned by the transtheoretical model of change, which might explain their primary focus on cessation as a personal experience and their use of psychological constructs to explore and explain such experience.

Solway's (2011) study also explored tobacco use and cessation among people with mental illness. Solway's study is one of the two studies that mentioned the grounded theory approach used in the study, in this case, the constructivist grounded theory. Yet, Solway repeatedly used the term 'emerge' – a term rejected by the constructivist grounded theory approach – to refer to how she developed the themes and categories presented in her study. She organised her findings into four major categories, one of which focused on smoking cessation. In this category, labelled 'never smoking, smoking, and the process of quitting', Solway explained that participants in her study often started to smoke because friends or family around

them smoked, but continued to smoke because smoking was enjoyable and provided them with an opportunity to relax.

Solway (2011) then noticed a difference between thinking about quitting and trying to quit. Thinking about quitting was described as being open to the possibility of quitting, whereas trying to quit was described as being committed to quit. Only one participant in her study was trying to quit, while the majority of those who smoked said they were thinking about quitting. Health concerns were the main motivating factor leading participants to think about or try quitting. Giving up smoking, her participants explained, was ultimately a matter of willpower and inner strength. However, Solway also described – in the other three categories – some significant social implications related to continuing to smoke and attempting to give up smoking; for example, how smoking provided her participants with a sense of normalcy and belonging, a way to fit in, and how a former smoker was motivated to quit after he realised that everyone around him had given up smoking. In other words, in the category in which giving up smoking was presented, it was described as an individual affair, yet there also seemed to be wider contextual forces playing a key role in her participants' cessation, and these were described as somewhat disconnected from it.

Lundh, Hylander, and Tornkvist's (2012) study aimed to explore the difficulties that patients with a diagnosis of COPD experienced when trying to quit. The authors explained in their introduction to the study that smoking cessation involved moving through the five stages of change described in the transtheoretical model of change. Lundh and colleagues then stated they were using a classic grounded theory approach, yet, they also mentioned their study followed assumptions from a different methodological approach, namely a constructivist one.

Lundh and colleagues (2012) developed a theoretical model called 'the process of trying to quit in patients with COPD'. They explained that while trying to quit, their participants developed 'pressure-filled mental states', which included feeling fearful, criticised, pressured, and/or worthless. These participants then used two types of strategies to deal with those states: constructive and destructive pressure-relief strategies. Destructive pressure-relief strategies, such as hiding their smoking from others or blaming others for their lack of success, were risk factors for loss of motivation and hope of success, and thus, of relapse. On the contrary, constructive pressure-relief strategies, such as trying various methods or using aids or support, led participants to continue with the attempt and even achieve cessation. The model they developed, the authors explained, contributed to understanding what people in the contemplation and preparation stages experience while trying to quit, in terms of the transtheoretical model of change.

Unlike Lundh and colleagues (2012), Kennison (2009) presented her study as one aiming to better understand the “multidimensional nature of the challenge of smoking cessation” (p. 32). Kennison explored the experiences of women who quit smoking while pregnant and then either relapsed after birth or were able to sustain their cessation. She claimed that to explain postpartum smoking relapse or success in cessation, it was necessary to first describe the role of smoking in her participants’ lives. Kennison described these women’s relationships with smoking as very personal, one she compared to a love story. She also explained that smoking was described as integral to their lives.

Kennison (2009) further explained that her participants’ quit attempts were largely the result of smoking restrictions imposed during pregnancy. Smoking during pregnancy was a social taboo, and these women reconciled this restriction and their pregnancy by either stopping or concealing their smoking. During the postpartum period, however, these smoking restrictions lessened, making smoking more acceptable. Some participants regarded this change as an opportunity to resume smoking. Those participants who did not resume smoking sustained their cessation by choosing new priorities that were more important than their love affair with smoking, such as being a ‘good mother’. Kennison then described the latter participants’ successful cessation as the result of personal choice and personal effort, which is understandable given that smoking itself was also framed as a personal relationship with tobacco.

The need to redefine one’s relationship with smoking was also emphasised in Brown’s (1996) grounded theory study. Brown explored smoking cessation in a population of older adults. She interviewed participants over 60 years old who lived independently in their homes, except for one participant who lived in a nursing home. She described her participants’ smoking cessation as a process of ‘redefining smoking and the self as a non-smoker’.

Brown (1996) mentioned that various issues, including changes in social norms and public policies, led her participants to recognise a need to quit. These participants, she said, then began a process of redefining smoking. This redefinition involved changing their views about it, from an enjoyable and pleasurable social activity to something ridiculous, disgusting, and undesirable. Brown claimed that as they began this process of cognitive redefinition, they also decided to quit. She then explained that as her participants began to operationalise their new definition of smoking through cessation, they also began to think of themselves as non-smokers.

The next step, Brown (1996) claimed, was to learn how to be a non-smoker. Drawing from her participants’ accounts, Brown explained that learning how to be a non-smoker involved going on with their lives, experimenting with alternative behaviours, and manipulating

the environment through strategies that helped to create a smokefree environment. The latter included asking others not to smoke in their homes or to smoke but only in specific areas, which indicated these participants were authoritative enough to modify the behaviour of those around them, although this is not highlighted in the study. However, several participants said they could only quit smoking after the death of a spouse or when a family member who smoked moved away from their homes. While others found they could only quit because they and a significant other had quit together as a joint effort to manipulate their environment.

The final step was one of 'sustaining as a non-smoker'. Participants in Brown's (1996) study talked about an ambivalent feeling, one of wanting to remain a non-smoker yet at the same time experiencing a desire to smoke. These periods of desire remained after quitting, and they made it essential for these older adults to learn how to handle them. This final step was described as a signal that sustaining as a non-smoker was an ongoing process for her participants.

These last three studies from Lundh and colleagues (2012), Kennison (2009), and Brown (1996), focused on different aspects of the process of becoming a non-smoker. Lundh and colleagues' study emphasised personal aspects of giving up smoking, while Kennison's study shed light on the influential role of external forces in redefining one's relationship with smoking. Brown's study further pointed to the need to redefine this relationship during smoking cessation, while also indicating that there is more to becoming a non-smoker than just giving up smoking. However, these three studies, as well as the previous two from Lawn and colleagues (2002) and Solway (2011), all revealed a significant issue. That is, the way in which a study understands smoking, the theoretical framework it uses to explain smoking cessation, and the role it ascribes to the social context and a person's capacity to manipulate it, together shape both the study and its results.

## **2.5 Summary**

The time, role, and place of a literature review in a grounded theory study is a highly debated issue. The present study used a multi-staged approach to the literature review, with the first stage helping to get the research started, the second stage assisting in the theory construction, and the third stage, contributing to theoretical integration. There were two groups of studies reviewed in the present chapter. Firstly, were studies that explored institutional, personal, and interpersonal barriers to smoking cessation. The majority of these studies framed smoking cessation at an individual level and interpreted the barriers to cessation according to their impact on bio-psychological factors, such as motivation, self-efficacy or withdrawal symptoms.

Secondly, the chapter presented grounded theory studies that explored smoking cessation. These studies further highlighted the impact that the theoretical framework underpinning a study has on its results, by emphasising certain aspects often overlooked by studying smoking cessation through pre-determined notions. However, these grounded theories, as well as the previously mentioned studies, ultimately approached smoking cessation as a personal affair.

## **Chapter 3 Methodology**

The goal of the present study was to develop a theory about smoking cessation grounded in information provided by those who had first-hand experience of it, rather than on pre-determined notions provided by the literature. A constructivist grounded theory approach was selected because it offered “systematic, yet flexible guidelines for collecting and analysing qualitative data to construct theories from the data” (Charmaz, 2014, p. 1). This chapter focuses on the selection of constructivist grounded theory as the methodology underpinning the present study. The first section of the chapter introduces the rationale for a qualitative research approach, and the second section presents the epistemological standpoint of the thesis. The chapter then examines the rationale for a grounded theory methodology, followed by a discussion of grounded theory approaches and the choice of a constructivist approach for this study. It then discusses how despite their differences, all grounded theory approaches share key tools that allow them to develop a theory from the ground up. Constructivist grounded theory’s particular emphasis on reflexivity is then explored, as well as some key quality considerations. The final section presents a summary of the chapter. The research design, sample, and means of data collection and analysis will be presented in Chapter 4.

### **3.1 A qualitative research approach**

Various factors supported the choice of a qualitative approach for the present study. As mentioned above, the study aimed to understand smoking cessation from the perspective of those who have been through it. A qualitative approach allows researchers to explore a phenomenon from the perspective of those who have experienced it (Charmaz, 2004; Corbin & Strauss, 2008; Denzin & Lincoln, 2005, 2017a; Hansen, 2006). At the same time, it also enables access to a phenomena “in terms of the meanings people bring to them” (Denzin & Lincoln 2017a, p. 10).

A qualitative approach facilitates an original assessment of the studied phenomenon (Corbin & Strauss, 2008; Denzin & Lincoln, 2017a, 2011; Neumann, 2013; Stern, 1980). It focuses on the qualities of a phenomenon rather than on its quantification, and as a result, it helps to identify qualities that may be overlooked if approached through predefined variables. At the same time, a qualitative approach favours a critical attitude and a questioning stand of taken-for-granted assumptions (Hansen, 2006), which further fosters a novel understanding, rather than the testing of pre-existing notions and theories (Morse & Field, 1995; Neale, Allen, & Coombes, 2005).

Finally, a qualitative approach can help researchers to elicit the contextualised nature of a phenomenon (Ulin, Robinson, & Tolley, 2012). It facilitates exploring meanings, experiences and processes, in a contextualised manner (Harper & Thompson, 2011; Rice & Ezzy, 1999). A qualitative approach prompts researchers to consider the complexities of human interaction, including the one between researcher and research participant (Altheide & Johnson, 2011; Creswell & Creswell, 2017; Ulin et al., 2012).

In sum, the choice of a qualitative research approach was supported by its fit with the research goals. A qualitative approach allowed the exploration of smoking cessation in a contextualised manner, and from people's accounts of giving up smoking rather than from pre-established theoretical frameworks, while facilitating a critical attitude towards those pre-established frameworks.

### **3.2 Research paradigm**

Methodological congruence can be defined as a fit between all elements of the research design, including the research questions, methodology, and data collection and analysis (Burns, 1989; Creswell, 2013; Richards & Morse, 2012). Methodological congruence shows that a research project was considered as a whole, with purpose and intention, and that a congruent way of thinking ran across it entirely. It is relevant, then, for all components of a research design to be appropriately linked one to the other, as well as to the studied area and the research questions. Still, as Birks and Mills (2015) explain, a research design is not only constituted by its choice of methodology and methods, but also by its underlying philosophical assumptions.

Guba (1990) encapsulates these philosophical assumptions under the term paradigm, which is defined as “a basic set of beliefs that guide action” (p. 17). Researchers' philosophical assumptions influence how they perceive and understand the world (Guba & Lincoln, 1994; Lincoln, Lynham, & Guba, 2011, 2017; Rossman & Rallis, 2003). Whether consciously or inadvertently, researchers bring these philosophical stances to their research studies (Creswell, 2013). Thus, the goal of achieving methodological congruence should include an explicit discussion of the philosophical assumptions underpinning and guiding the research (Birks & Mills, 2015).

Two key components constitute a research paradigm: its ontology and its epistemology (Crotty, 1998; Denzin & Lincoln, 2017a; Grix, 2004; Guba & Lincoln, 1994; Lincoln et al., 2017). On the one hand, ontology refers to “the study of being” (Crotty, 1998, p. 10), and it is concerned with “what we believe constitutes social reality” (Blaikie, 2000, p. 8). Ontological assumptions relate to the form and nature of reality and what can be known about it (Guba &

Lincoln, 1994; Lincoln et al., 2017). On the other hand, epistemology is the “theory of knowledge” (Crotty, 1998, p. 3), and is concerned with understanding how we know the things we know (Crotty, 1998). In other words, epistemological assumptions are related to the relationship between the knower and what can be known (Guba & Lincoln, 1994; Lincoln et al., 2017).

Recognising the influential role of these philosophical assumptions in a study, Birks and Mills (2015) recommend researchers to engage in a reflexive exercise early in the research process, where they explore their ontological and epistemological stances. Following this advice, one of the first written memos of the present study focused on exploring the researcher’s ontological and epistemological positions. Through this reflexive exercise, the researcher recognised his epistemological stance as one that acknowledges the importance of subjectivity when accessing knowledge about experience, a position characterised in the literature as epistemologically subjectivist (Charmaz, 2003; Guba & Lincoln, 1994; Lincoln et al., 2017; Mills & Francis, 2006).

According to Guba and Lincoln (1994), research paradigms can have epistemological assumptions that are either objectivist or subjectivist. Objectivist assumptions are aligned with the belief that “social phenomena and their meanings have an existence that is independent of social actors” (Bryman, 2016, p. 29). Objectivism argues in favour of research that produces results that grow ever closer to a ‘correct’ description of social phenomena (Davis, McCarty, Shaw & Sidani-Tabbaa, 1993). However, as Lakoff and Johnson (1980, p. 113) argue:

The idea that there is absolute objective truth is not only mistaken but socially and politically dangerous. As we have seen, truth is always relative to a conceptual system that is defined in large part by metaphor... In a culture where the myth of objectivism is very much alive and truth is always absolute truth, the people who get to impose their metaphors on the culture get to define what we consider to be true—absolutely and objectively true.

Lakoff and Johnson’s argument is particularly relevant to the present study, since there is a growing body of research on smoking cessation and becoming a non-smoker that is grounded in “individual-focused, personal-responsibility model[s] for behaviour change” (Kearney & O’Sullivan, 2003, p. 150). These are models of behaviour change that reflect the western European culture from where they are typically developed (Kearney & O’Sullivan, 2003), and it could be argued that these models often disregard the influential role of context in giving up smoking and becoming a non-smoker.



Subjectivist assumptions are more aligned with the belief that the social world does not and cannot be understood separately from the social actors (Bahari, 2010; Holden & Lynch, 2004). Thus, the goal of subjectivist researchers is “to understand and to explain a problem in its contextual setting; they do not perceive that it is a question of causality but rather it is a question of the meaning individuals attach to a given situation” (Holden & Lynch, 2004, p. 11). This epistemological subjectivist approach was found not only to be aligned with the researcher’s epistemological position but also with the goals of the present study.

After further reading about different research paradigms, the researcher situated his epistemological stance within a research paradigm called ‘social constructionism’. At the same time, the researcher ran into a debate about the terms ‘constructivism’ and ‘constructionism’ (Burr, 2015; Crotty, 1998; Raskin, 2002). Since this debate was pertinent to the choice of a constructivist grounded theory methodology, it was considered important to understand better the conceptual differences between these two terms.

### **3.2.1 Constructivism and constructionism**

Denzin and Lincoln (2017a) use the term constructivism to characterise a research paradigm that assumes a relativist ontology and a subjectivist epistemology. However, the term constructivism initially emerged in developmental and cognitive psychology, and it is more frequently used in learning theories that regard knowledge and meaning as constructed rather than as passively acquired (Liu & Matthew, 2005; Phillips, 1995; Young & Colin, 2004). Constructivist learning theories include the work of authors such as Piaget (1970) and Vygotsky (1962, 1978). The latter is often considered a social constructivist because of his depiction of social relationships as playing a role in an individual’s constructions of reality.

Social constructionism, however, pays particular attention to how people create social reality/realities through both individual and collective actions (Charmaz, 1990, 2008, 2014). Influenced by the work of Berger and Luckman (1966), social constructionism regards the social world as constructed through social and relational practices, which shape the way we understand reality. Thus, while constructivism focuses on the individual knower and their cognitive processes of meaning construction, social constructionism has a larger social focus (Young & Colin, 2004).

Berger and Luckman’s (1966) theories were significantly influenced by symbolic interactionism (Andrews, 2012; Burr, 2015; Holstein & Gubrium, 2001). Symbolic interactionism, in turn, is commonly associated with the work of Mead (1934) and Blumer (1969). Mead (1934) stated that “the individual mind can exist only in relation to other minds

with shared meanings” (p. 5), emphasising the interdependency between self and society, and transcending the dualism of self/other (Burr, 2015).

Blumer (1969), one of Mead’s students, introduced the term ‘symbolic interactionism’ and expanded on Mead’s work (Burr, 2015). He summarised symbolic interactionism in three premises. Firstly, that people act towards things based on the meanings they ascribe to those things; secondly, that these meanings are derived from, or arise out of, social interactions; and finally, that these meanings are modified through interpretation. In sum, symbolic interactionism claims that the meaning of a phenomenon does not emanate from the phenomenon itself since meaning is not intrinsic to a phenomenon, but it is instead constructed through social interactions and shaped through interpretation.

Influenced by symbolic interactionism, social constructionism is opposed to the idea of an objective and unbiased understanding of the world (Burr, 2015). It represents an alternative to the epistemological stances of positivism/post-positivism. Unlike social constructionism, both positivism and post-positivism hold objectivity as their regulatory ideal, aiming to develop objective knowledge; that is, knowledge which is as unbiased and as uninfluenced by researchers’ subjectivity as possible (Guba & Lincoln, 1994). Thus, positivism/post-positivism differs from social constructionism through its claim that the knower and what is known are not necessarily interdependent (Burr, 2015; Lincoln et al., 2017).

In a social constructionist approach, knowledge is regarded as subjective (Charmaz, 1990, 2008, 2014). Now, and as mentioned above, according to Denzin and Lincoln (2017a), constructivism also shares this epistemological stance. That is, both social constructionism and constructivism hold the assumption that the knower and what is known are interrelated, and that knowledge is not the objective and direct representation of the world it claims to reflect. Instead, they both understand knowledge and knowing as constructed, or in other words, subjective. It seems then that the key difference between these two frameworks lies in whether the emphasis is on the individual (constructivism) or the social (constructionism) processes of knowledge/reality construction.

Social constructionism was selected as the theoretical framework underpinning the present study. Although both constructivism and social constructionism acknowledge the subjective nature of knowledge and knowing, it is social constructionism that highlights the social processes embedded in them. Thus, given that the present study focuses on smoking cessation as a socially situated event, social constructionism was regarded as a better choice than constructivism. At the same time, social constructionism aligned with the choice of a constructivist grounded theory methodology, a choice further explored later in this chapter.

### **3.3 Grounded theory**

The goal of the present study was to develop a better understanding of smoking cessation, one that acknowledged the influential role of social context. At the same time, it aimed at developing such understanding from the ground up, that is, from the perspectives of those who had a first-hand experience of giving up smoking. A grounded theory methodology dovetailed with these goals.

As previously mentioned, grounded theory is a research approach developed by Barney Glaser and Anselm Strauss (Glaser & Strauss, 1965, 1967, 1968; Strauss & Glaser, 1970). They created a methodological approach that enables researchers to generate a theory based on empirical data rather than on a priori assumptions. This methodology allows researchers to construct a theory grounded in first-hand experiences of the studied phenomenon.

Grounded theory was developed at a time when quantitative methods were becoming a strong part of the social sciences (Bryant, 2002). Glaser and Strauss (1967) aimed to create a qualitative research approach that was systematic in its development, and that could hold a level of rigour comparable to that of quantitative approaches. The goal was also to develop a methodology that would itself generate theory, instead of validating or testing existing theories in the field. As a result, they created a research approach that, through simultaneous data collection and analysis, enables the construction of a theory grounded in the collected data.

In a grounded theory study, data collection and data analysis are intimately connected; moreover, data analysis drives and guides data collection (Birks & Mills, 2015; Charmaz, 2014; McCallin, 2003). Through observation and questioning, hypotheses are developed in the field and immediately tested through further analysis and data collection (Stern, 1994). Thus, the developed theories are not predetermined through existing conceptual frameworks but instead developed from observations and discussions with participants.

Grounded theory research is regarded as particularly appropriate when research has the goal of understanding a phenomenon from a novel and meaningful perspective (Dey, 2007). The methodological strategies of grounded theory allow the construction of a theory that explains a phenomenon from the perspective of those who lived it (Birks & Mills, 2015; Bryant & Charmaz, 2007; Charmaz, 2014; Corbin & Strauss, 2008). Consequently, the developed theory provides not only a novel perspective of the area of inquiry but also an insightful and meaningful guide to action (Strauss & Corbin, 1998).

### 3.4 Grounded theory approaches

As mentioned above, Glaser and Strauss developed grounded theory during a time when quantitative methods were dominant in social sciences (Bryant, 2002; Bryant & Charmaz, 2007; Charmaz, 2003). On the one hand, Glaser was from Columbia University's school of psychology, known for supporting objectivism and quantitative methods. On the other hand, Strauss was from the University of Chicago, where he had embraced pragmatism and symbolic interactionism, as well as an emphasis on processes and subjectivities. It was due to the merging of these divergent perspectives that grounded theory was first developed as a mid-way between quantitative and qualitative research approaches.

Symbolic interactionism is commonly regarded as the theoretical basis of grounded theory (Chamberlain-Salaun, Mills, & Usher, 2013; Charmaz & Keller, 2016; Clarke, 2005; Handberg et al., 2014; Hall, Griffiths, & McKenna, 2013). However, grounded theory was first developed with an underlying objectivist/positivist theoretical framework (Annells, 1996; Bryant, 2002, 2003; Charmaz, 2003; Kelle, 2007). Various elements in the first book about grounded theory point to the use of these theoretical frameworks; for example, its use of principles that were consistent with quantitative approaches of the time, its lack of an explicit epistemological stance, and its use of the notion of emergence (Glaser & Strauss, 1967; Kelle, 2007).

A key concept within this first approach to grounded theory was the one of emergence (Kelle, 2007; Ramalho et al., 2015). The notion of emergence is related to the assumption that a grounded theory study should aim to discover a theory within the data, or let it emerge from it, without forcing preconceived notions or the researcher's previously acquired knowledge. Emergence, then, has its roots in the idea that knowledge can be objective, and somewhat uninfluenced by the knower.

After this first approach was developed, and very likely due to their divergent intellectual orientations, Glaser and Strauss continued to develop the grounded theory methodology separately (Birks & Mills, 2015; Mills, Bonner, & Francis, 2006; Stern, 1994). Barney Glaser further expanded his approach in the book *Theoretical Sensitivity: Advances in the Methodology of Grounded Theory* (1978) and, later in the book *Basics of Grounded Theory Analysis* (1992). The divergence between the two original creators of grounded theory became apparent after Strauss published his guidelines to the methodology (Health & Cowley, 2004; Kenny & Fourie, 2014) first, through the book *Qualitative Analysis for Social Scientists* in 1987

(Strauss, 1987), and then with Juliet Corbin in the first edition of *Basics of Qualitative Research: Grounded Theory Procedures and Techniques* (1990).

The divergence between the two approaches was ontological, epistemological, and methodological (Annells, 1996, 1997; Bryant, 2003; Charmaz, 2003; Health & Cowley, 2004; Kelle, 2007). It is commonly said that Glaser remained more closely aligned with the ‘original’ grounded theory, while Strauss developed a reformulation of that approach (Annells, 1996; Kenny & Fourie, 2014). This could be the reason why Glaser’s approach is usually referred to as ‘traditional’ or ‘classical’ grounded theory, whereas Strauss’s approach is commonly called ‘evolved’ grounded theory (Mills et al., 2006).

Despite their divergence, both traditional and evolved grounded theory approaches continued to emphasise the importance of emergence (Kelle, 2007; Ramalho et al., 2015). Glaser, for example, described his approach as one that ensured emergence, while Strauss and Corbin’s approach did not (Glaser, 1992; Kelle, 2007). Nevertheless, Strauss and Corbin did continue to focus on the notion of emergence. For example, they claimed that through the use of their approach “the researcher begins with an area of study and allows the theory to emerge from the data” (Strauss & Corbin, 1990, p. 12). In sum, both approaches continued to aim towards developing an objective theory through the appropriate use of the methodology.

As mentioned earlier, it was probably Glaser and Strauss’ divergent intellectual orientations that prompted them to develop the methodology in different directions. In this regard, it was Strauss’ background as a symbolic interactionist that influenced his apparent shift towards a more epistemologically subjectivist approach (Health & Cowley, 2004; MacDonald, 2001). However, even though Glaser and Strauss diverged on how to achieve their goal, they both kept the idea that participants’ experiences and meanings of a phenomenon could be objectively theorised through a grounded theory study (Glaser, 1992; Kelle, 2007). It was the third approach to grounded theory, constructivist grounded theory, which moved beyond a subjectivist tendency and became explicitly framed under a subjectivist epistemology (Charmaz 1990).

### **3.5 Constructivist grounded theory**

Developed by Kathy Charmaz (1990, 2006, 2014), constructivist grounded theory does not assume that a theory can be discovered in the data or that it can emerge from it. Instead, it assumes that researchers construct their theory from the data. In constructivist grounded theory, the constructed theory “depends on the researcher’s view; it does not and cannot stand outside of it” (Charmaz, 2014, p. 239). This approach repositions researchers as actively involved in

the construction of the resulting theory, rather than as biased agents hindering the discovery or emergence of one (Mills et al., 2006; Ramalho et al., 2015).

The main divergence between constructivist grounded theory and Glaser and Strauss' grounded theories lay in having moved the methodology away from positivist/post-positivist research paradigms and placed it in subjectivist epistemological foundations (Bryant, 2003; Charmaz, 2003, 2008). Thus, a researchers' interpretation of the data does not become something that should be avoided, as Glaser advises, or systematically removed, as Strauss and Corbin propose, but it rather becomes explicitly acknowledged as an essential aspect of the theory construction. Glaser (2002) has criticised this role of the researcher in constructivist grounded theory, describing it as an undesirable intrusion of the researcher that hinders the emergence of a theory. However, such critique fails to recognise the different epistemological frameworks underpinning constructivist grounded theory.

In constructivist grounded theory, the researcher is not a neutral element of the research process or a detached observer, but instead an active and integral component of the study (Charmaz, 2014). This position towards the role of the researcher in a constructivist grounded theory study is the main reason why Charmaz (1990) labelled her approach as 'constructivist'. Even though constructivist grounded theory could be better aligned with social constructionism than constructivism, Charmaz called her grounded theory approach constructivist as a reaction against social constructionists of the 1980s and 1990s, whom she believed did not acknowledge the influential role of the researcher in the study (Charmaz, 2014). She intended to emphasise the subjective nature of the research endeavour; thus, she aligned her approach to the work of social constructivists, such as Vygotsky (1962, 1978; Charmaz, 2014). Nevertheless, when first introduced, Charmaz (1990) presented her approach as a "social constructionist version and application of grounded theory" (p. 1161); and she has recently emphasised that her approach is "consistent with the larger social constructionist literature" (Charmaz, 2008, p. 398).

In keeping with the work of Berger and Luckman (1966), constructivist grounded theory assumes that our understanding of reality is fundamentally shaped by our social interactions (Charmaz, 1990). In a position that resembles the one embodied by social constructionism, constructivist grounded theory aims to understand "how, when and to what extent the studied experience is embedded in larger and, often, hidden positions, networks, situations, and relationships" (Charmaz, 2006, p. 130). A constructivist grounded theory study approaches both data gathering and analysis in a contextually situated manner (Charmaz, 2008, 2014). All collected data is considered embedded within its social, cultural and historical context. Moreover, it acknowledges that both the data and its analysis are the result of an interactional

construction between researcher and research participants. The constructed theory, then, is not discovered in the data, but rather developed from experiences and relationships established with participants and the social context.

In sum, methodological congruence requires careful consideration of all the components of a research study. From the underlying philosophical assumptions and research questions to the methodology and methods selected to answer these questions, all elements of a study should appropriately link to one another. Grounded theory aligns with the present study goal of constructing a theory about smoking cessation from the perspective of its protagonists. Among the various approaches to grounded theory, a constructivist grounded theory approach fitted with the present study's epistemological leanings and with its focus on social processes. Following its roots in symbolic interactionism and social constructionism, a constructivist grounded theory emphasises interpretation, acknowledging that ultimately the constructed theory depends on the researcher's interpretation and understanding of the phenomenon under study. In constructivist grounded theory, then, a theory is an "interpretive portrayal of the studied world, not an exact picture of it" (Charmaz, 2014, p. 17).

### **3.6 Developing a grounded theory**

A grounded theory study produces a grounded theory. It could be confusing that both the methodology that develops the theory and the developed theory that is its result share the same name. Moreover, the notion of theory can be itself a source of confusion as it might refer to different things according to different authors. The present study understands the constructed grounded theory as it was defined by Wiener (2007). According to Wiener (2007), two key notions define the grounded theory that is the result of a grounded theory study. On the one hand, the term 'grounded' refers to a groundedness on the data. Grounded, then, implies that the theory has been developed from the data rather than from existent theories explaining the phenomenon. On the other hand, 'theory' refers to an "explanation of the inter-relationship between and among concepts, in order to present a systematic view of what is going on" (Wiener, 2007, p. 308).

Grounded theory was first described as an inductive methodology (Birks & Mills, 2015; Glaser & Strauss, 1967). Through inductive reasoning, a researcher moves from fragmented details to a connected view of the phenomenon (Dewey, 1997). In grounded theory, inductive reasoning starts with a study of individual cases that are then extrapolated into patterns that form a conceptual category. Charmaz (2014) later proposed abductive reasoning as a second integral element of a grounded theory analytical process.

First described by Peirce (1958), abduction is a “type of reasoning that begins with the researcher examining inductive data and observing a surprising or puzzling finding that cannot be explained with conventional theoretical accounts” (Charmaz, 2014, p. 341). As it is disentangled from conventional explanations and already existing knowledge, abduction allows a researcher to develop new relationships within the data, new explanations, new ideas (Åsvoll, 2014; Reichertz, 2007; Richardson & Kramer, 2006). Abductive thinking requires creativity and what Charmaz (2014) refers to as an ‘imaginative leap’ that mixes both logical and innovative thinking. It involves considering all possible theoretical explanations for the observed data and developing hypotheses for these explanations, which are then tested through further data collection and analysis.

In this way, grounded theory provides researchers with a systematic process of theory development. This process relies on simultaneous and iterative data collection and analysis. In a grounded theory study, data collection and analysis “should blur and intertwine continually, from the beginning of an investigation to its end” (Glaser & Strauss, 1967, p. 43). This simultaneous and iterative process of data collection and analysis leads the developing theory through successive levels of abstraction, each one building on the one before. It is this bottom-up or ground up process of developing a theory that provides the developed grounded theory with a solid foundation.

Despite their differences, all grounded theory approaches share some key tools that allow the development of a theory from the ground up (Charmaz, 2014; Hood, 2007). These include theoretical sampling, saturation, coding, constant comparison, and memo-writing. This chapter now moves to present a brief overview of each of these tools.

### **3.6.1 Theoretical sampling**

In a grounded theory study, the initial sampling is guided by the initial research questions (Charmaz, 2014; Coyne, 1997; Glaser, 1978). It is purposive, that is, guided by the purpose of the study as it was initially set (McCrae & Purssell, 2016; Sbaraini, Carter, Evans, & Blinkhorn, 2011). This initial sampling aims to obtain rich and useful data that can get the study started. However, as the research progresses, further data collection is guided by the developing theory and the questions it raises, rather than by the goal of answering the initial research questions (Charmaz, 2014; Morse, 2010). This approach to sampling is called theoretical sampling, and it is a vital component of any grounded theory research (Birks & Mills, 2015; Charmaz, 2014; Coyne, 1997; Glaser & Strauss, 1967; Morse, 2010; Strauss & Corbin, 1990).



Whereas initial sampling “gets you started”, theoretical sampling “guides you where to go” (Charmaz, 2014, p. 197). Theoretical sampling is guided by its possibility to contribute to the analytic process (Charmaz, 2014; Glaser & Strauss, 1967; Strauss & Corbin, 1990). Thus, instead of being driven by the initial research questions, it is driven by the “conceptual and theoretical development of your analysis” (Charmaz, 2014, p. 198). Theoretical sampling takes place once the researchers are already immersed in the research process, and they recognise an area where more data is needed to advance the developing theory. Consequently, it might take researchers in directions that cannot be predetermined (Becker, 1993).

Theoretical sampling is a tool that leads the analytical process back to the data (Charmaz, 2014). New hypotheses or new theoretical insights developed during the research are tested against the newly collected data. So, theoretical sampling endows a grounded theory study with a self-correcting tool that ensures the groundedness of the resulting theory (Birks & Mills, 2015; Charmaz, 2014; Charmaz & Belgrave, 2012). Theoretical sampling continues until further data collection develops no new theoretical insights, that is until theoretical saturation has been achieved (Charmaz, 2014).

### **3.6.2 Theoretical saturation/sufficiency**

A grounded theory study reaches saturation when no new information is gathered from further data collection (Charmaz, 2014; Glaser, 1978; Strauss & Corbin, 1990). Saturation should not be confused with new data showing a repetition of previously observed actions or statements. Instead, saturation represents a place in the research process where “gathering fresh data no longer sparks new theoretical insights” (Charmaz, 2014, p. 213). It is at this point that data collection can be regarded as completed. In a grounded theory study, “sampling ceases when saturation is achieved” (Morse, 2010, p. 231).

Saturation can be a problematic notion, one easy to claim, but harder to prove (Charmaz, 2014), particularly since, as Denzin and Lincoln (2017b) claim, the process of analysis is always “on-going, emergent, unpredictable and unfinished” (p. 757). Even Glaser and Strauss stated in 1967 that new interpretations might continue to arise after the final report has been written, “so the published word is not the final one, but only a pause in the never-ending process of generating theory” (Glaser & Strauss, 1967, p. 40). Nevertheless, the notion of saturation indicates a point of completion, one where no further interpretations are warranted.

The notion of saturation as signalling that all possible interpretations of the data have been exhausted is one that has been contested (Dey, 1999, 2007). The notion of saturation resonates with an objectivist stance, since it suggests that a grounded theory study can only be

completed once the developed theory has gotten as close as possible to represent the actual nature of the studied phenomenon. It implies somewhat that a grounded theory study can follow an objectivist replication logic, where if a different researcher were to undertake the same study, saturation would lead to the same conclusion.

As an alternative, Morse (1995) proposes that saturation can be claimed when researchers “have enough data to build a comprehensive and convincing theory” (p. 148). Thus, a grounded theory study is completed not when all possible interpretations are exhausted, but rather when a possible interpretation can support the development of a comprehensive and convincing theory.

In a similar note, Dey (1999) favours the use of the term theoretical sufficiency over the one of saturation. The term theoretical sufficiency implies that new interpretations might continue to arise as long as the analytic process continues. However, it also expresses how the analytical process has led researchers to a sufficient depth of understanding about the studied phenomenon that they can build a theory about it. The term theoretical sufficiency is more aligned with a constructionist approach since it embraces and encourages a multiplicity of understandings. Given the present study’s constructionist foundations, the term theoretical sufficiency was preferred over the one of theoretical saturation.

### **3.6.3 Coding**

Coding is the process that turns data into conceptual abstractions (Charmaz, 2014; Holton, 2007; Saldaña, 2015). Coding enables a researcher to separate the data, facilitating an analytic interaction with it (Glaser & Strauss, 1967). By coding, the data generated with research participants is fragmented, sorted, and reconstructed into an analytical account of such data. The different approaches to grounded theory have developed their own stances towards coding. While Glaser, Strauss, and Corbin (Glaser, 1992, 2005; Glaser & Strauss, 1967; Strauss & Corbin, 1998) advocate for a more regimented approach to coding, which would ensure the unbiased discovery of theory within the data, constructivist grounded theory has a more flexible approach.

In constructivist grounded theory research, there are two coding steps: initial coding and focused coding (Birks & Mills, 2015; Charmaz, 2014). During the initial coding, the data is fractured, and the fragments are analysed and categorised with a label. These fragments can be words, lines, or segments of the generated data. The label assigned to a fragmented segment of data accounts for that segment, although eliciting interpretation rather than its description (Birks & Mills, 2015; Star, 2007). In vivo codes – codes labelled using the participant’s own words –

and gerunds, that is, verbs turned into ing-nouns, are particularly useful in remaining both close to the data and attentive to processes (Birks & Mills, 2015; Charmaz, 2014).

During this initial coding, the researcher must keep in mind the question of what is going on in the data, paying special attention to processes and patterns (Charmaz, 2014; Glaser, 1978). Keeping this question in mind allows the researcher to begin to make sense of the data while staying open to all possible theoretical explanations. Even though this initial coding aims to build an analytical representation of the collected data, a constructivist grounded theory researcher recognises that any developed code is ultimately a construction made by the researcher (Charmaz, 2006, 2014). The codes constructed through initial coding reveal the researcher's appraisal and understanding of the data instead of reflecting the data's "empirical reality" (Charmaz, 2014, p. 115). Nevertheless, theoretical sampling, the constant comparative method explored below, and a frequent back and forth analysis of the data facilitate the construction of codes that are closely related to such data, ensuring the groundedness of the constructed theory.

Focused coding, follows an initial coding (Charmaz, 2006, 2014). During focused coding, a researcher studies and compares initial codes, selecting those that explain larger batches of data, or devises new codes that can subsume various initial codes with the same result. Through focused coding, codes that have the most analytic sense, that is, those that both explain and synthesise larger amounts of data, are further used in the path of theory construction. Therefore, focused coding involves a process of categorisation and clustering of larger and larger portions of data under a code.

Although the above description might present coding as a staged process, with the first stage of initial coding and the second stage of focused coding, the coding process is not a linear procedure (Hoare, Mills, & Francis, 2012). For example, focused coding starts as early as during initial coding, since already at this stage the researcher is trying to decide which code will better account for the data. Thus, coding involves a back and forth, often going back to previously analysed data and studying it afresh with new eyes.

Still, it is through focused coding that the analysis moves towards a more abstract level, following a theoretical direction set by the researcher (Birks & Mills, 2015; Charmaz, 2006, 2014). Focused coding leads to a simultaneous refinement and enhancement of the analytic depth of the developed codes. Nevertheless, and as it is the case with initial coding, all codes developed during focused coding are constructed by the researcher rather than found within the data. It is the researcher who constructs and names the code, thinking it fits the data it represents. It is also the researcher who then elevates specific codes to categories.

### **3.6.4 The constant comparative method**

Researchers are continually sorting through collected data, memos, and codes, analysing them through constant comparisons, all while developing a theory (Kolb, 2012). These constant comparisons start early in the study when comparing transcripts with transcripts, sentences with sentences, incidents with incidents, codes with codes, codes with incidents, and so on. These constant comparisons enable researchers to develop a sharper sensitivity to nuances and patterns within the data (Birks & Mills, 2015). The constant comparison continues throughout the study, and the process is registered and advanced through memo writing.

Theoretical sampling, constant comparison, and a focus on theory development have been described as the “troublesome trinity” (Hood, 2007, p. 163) in which all grounded theory studies rest. Also, along with theoretical sampling, the constant comparative method has been described as one of the “twin foundations” of a grounded theory study (Holton, 2007, p. 277), and the core component of a grounded theory study (Hallberg, 2006). According to Kelle (2007), coding and constant comparison are the two grounded theory tools that provide a basis for category construction.

Categories are defined as the “conceptual elements of a theory” (Glaser & Strauss, 1967, p. 36). These categories, Charmaz (2006) explains, “explicate ideas, events, or processes in your data—and do so in telling words” (p. 91). The constant comparative method is a crucial analytic strategy that couples the systematic coding with a close examination and constant comparison of the data, fostering the development of these conceptual abstractions or categories (Hallberg, 2006).

At the final stages of a grounded theory study, the constant comparison method also includes the literature as data to be compared (Ramalho et al., 2015; Thornberg, 2012). While doing a literature review, the researcher also engages with the literature through a constant comparative analysis, ensuring that only the literature relevant to the developing theory is further engaged in the theory construction. In sum, the use of the constant comparative method helps to progress theoretical construction, and also to keep it grounded in the data.

### **3.6.5 Memo writing**

Memos are analytic notes that researchers develop during their research journey (Charmaz, 2014). Memo writing fosters analysis, capturing ideas, comparisons, insights, questions, and directions researchers would like to follow. The written memos represent an interactive space, one where researchers have a conversation with themselves, while they are fully immersed in the analytical process (Lempert, 2007).

Memo writing starts early in a grounded theory study (Birks & Mills, 2015). It helps researchers to explore their ontological and epistemological stances, resolve methodological dilemmas, sustain a reflexive stance, and to keep a record of all decisions made during the study. Memos writing also helps to move the research forward (Birks & Mills, 2015; Charmaz, 2014). It prompts and registers the analytic process, and it facilitates increasing the level of abstraction of one's ideas.

Along with coding and the constant comparison method, memo writing helps raise focused codes to conceptual categories (Charmaz, 2014). While memo writing, researchers can further explore their focused codes, treating them as categories, developing them, and evaluating them in such roles. Memo writing helps to go beyond using a code as a synthesising tool and to start using it as a way of representing key processes taking place within the data. In sum, it helps to make a code as conceptual as possible, while keeping it consistent with the generated data.

At later stages of the research, written memos become increasingly focused on the constructed theory and its final report, which represents a signal that theoretical sufficiency has been achieved (Birks & Mills, 2015; Charmaz, 2014). At these stages, the strategy of sorting one's memos facilitates theoretical integration and theory report.

Finally, memo writing also helps researchers to engage with the literature in an analytical manner (Ramalho et al., 2015). Memo writing helps researchers to evaluate the literature critically as either pertinent or not to the constructed theory, by constantly and actively prioritising the information provided by the research participants over the literature during its evaluation.

### **3.7 Reflexivity**

The above explored tools are shared among the three grounded theory approaches described in previous sections. There is, however, a key difference between Glaser and Strauss' approaches and the one used in the present study, namely, constructivist grounded theory. In constructivist grounded theory, researchers are not in pursuit of objectivity. On the contrary, "the constructivist grounded theory approach shreds notions of a neutral observer and value-free expert" (Charmaz, 2014, p. 13). As an approach that regards researchers as active and integral elements of the study, constructivist grounded theory requires researchers to sustain a reflective stance throughout the study (Charmaz, 2014; Clarke, 2005).

Reflexivity is a vital aspect of a grounded theory study (Cutcliffe, 2000; McGhee et al., 2007; Mruck & Mey, 2007). Reflexivity can be defined as "the process of reflecting critically

on the self as researcher” (Lincoln et al., 2017, p. 143). Constructivist grounded theory researchers need to acknowledge their influential role in the research process. Even from the start, researchers might be drawn to a specific area due to their professional or personal knowledge, experience, or interest in that area. Throughout the study, researchers influence how a research area is framed, how participants are selected, how data is generated and analysed, and ultimately, how the theory is constructed.

Reflexivity allows researchers to examine their research experience and how this experience relates to decisions made during the study, as well as to data collection and analysis (Charmaz, 2014; Cutcliffe, 2000; McGhee et al., 2007; Mruck & Mey, 2007; Robson, 2002). Constructivist grounded theory researchers do not aim to remove this influential role from the research process, but rather to become both aware of such a role and transparent about it. This role is particularly relevant regarding how, through their interactions with the research participants, researchers are immersed in the study’s data generation. Sustaining a reflective stance helps researchers to ensure that the research participants’ voices and experiences are kept in the foreground.

Reflexivity, however, is not only applied to the researcher’s actions, but also to the generated data (Charmaz, 2014). Reflexivity helps researchers not to force their theoretical preconceptions into the generated data, and also to look beneath the research participants’ assumptions, all of which might lead to reproducing dominant conventions and discourses. Finally, reflexivity also allows researchers to prioritise the information provided by the participants over any other input of data, including the literature (Ramalho et al., 2015). Engaging in various reflexive strategies, such as memo writing, can help researchers to establish a theoretical dialogue with the literature, without allowing such literature to direct the research process. The constant comparative method can also foster reflective thinking, aiding the researcher to validate or reject the literature according to what is considered relevant to the developing theory.

In sum, although in a constructivist grounded theory study the researcher’s personal and professional perspectives are not considered undesired biases, it is essential for such researchers to be aware of these perspectives, not to assume that research participants share them, and to make them explicit while sharing the constructed theory. Various strategies for reflexivity can be used throughout a constructivist grounded theory study. For the present study, the use of these strategies included reflexive memoing, constant comparison, supervision meetings, and formal and informal conversations with peers and fellow grounded theorist researchers.

### **3.8 Quality considerations**

As with any other research, a significant quality consideration for a constructivist grounded theory lies in methodological congruence and procedural precision (Birks & Mills, 2011; Burns, 1989; Creswell, 2013; Charmaz, 2014; Elliot & Lazenbatt, 2005; Richards & Morse, 2012). Another important quality consideration is transparency about the tools used during the study (Charmaz, 2014; Meyrick, 2006; Tuval-Mashiach, 2017). If a study claims to be a grounded theory study, it is important for it to demonstrate the use of key elements of the methodology, such as coding, the constant comparative method, and theoretical sampling. But, regarding constructivist grounded theory research specifically, Charmaz (2014) proposes four criteria to be used when evaluating the quality of a study: credibility, originality, resonance, and usefulness.

The first criterion, credibility, refers to the rigour with which the collected data supports the constructed theory. To develop credibility, the researcher needs to achieve an “intimate familiarity” with the studied phenomenon (Charmaz, 2014, p. 337). The second criterion is originality. This criterion refers to the contribution made by the constructed theory, and whether it provides new insights into a phenomenon or not, or whether it extends, refines, or challenges the current understanding of it. The third criterion, resonance, refers to the extent to which the research findings make sense or resonate with the participants and the people who are involved in or affected by the phenomenon under investigation. Finally, usefulness represents the potentiality of the constructed theory to be of practical use, including its possibility of sparking new lines of inquiry, extending existing knowledge, or being relevant to current practices. These criteria and how they relate to the present study are further explored in the discussion chapter, once the findings and the theoretical model developed in the present study have been introduced.

### **3.9 Summary**

A social constructionist theoretical framework underpinned the present study. This framework aligned with both the researcher’s epistemological stance and the goal of exploring smoking cessation from the perspective of its protagonists, emphasising the influential role of the social context. Driven by this goal, a qualitative research approach was selected, specifically a grounded theory approach. Among the various grounded theory approaches, the constructivist grounded theory was selected as the most appropriate methodology. Core characteristics of a

constructivist grounded theory were described, as well as the importance of reflexivity and key quality considerations.



## **Chapter 4 Research Methods**

The present study used a constructivist grounded theory methodology to explore smoking cessation. This methodology offered key strategic tools that allowed the construction of a theory that was grounded in the data. Although some of these tools were already introduced in the previous chapter, this chapter further explores their use in the specific context of the present study. The present chapter is divided into two main sections, data generation and data analysis. However, it should be noted that data generation and analysis do not represent two consecutive steps during a grounded theory study. On the contrary, they occur simultaneously during the study, one driving the other, and both advancing theory construction.

### **4.1 Data generation**

In order to emphasise the researcher's role during data production and the interactive nature of such data acquisition, the term data generation is preferred over the one of data collection (Birks & Mills, 2015; Given, 2008). The primary source of generated data was intensive interviews conducted with migrant health professionals, who started to smoke outside of New Zealand and then gave up smoking in New Zealand. This section presents a rationale for the sampled population and initial sampling, as well as a description of the recruitment process. Theoretical sampling, as well as the interview processes and ethical considerations, are also discussed in this section.

#### **4.1.1 Initial sampling**

As Charmaz (2014) explains, for “initial sampling, you establish sampling criteria for people, cases, situations, and/or settings before you enter the field” (p. 197). Three research questions initially guided the present study. These questions were:

1. What is happening in a successful quit attempt?
2. What role does the social context play in a successful quit attempt?
3. What role does knowing about the harm of smoking play in smoking cessation?

The principle of appropriateness (Morse, 1991), or the identification of participants who were suited to inform the study best, guided the present study's participant recruitment and initial sampling. This initial sampling was purposive and theory-based. Purposive, as it involved a sampling based on the study purpose and guided by the research question (Coney, 1997; McCrae & Purssell, 2016; Sbaraini, Carter, Evans, & Blinkhorn, 2011). Theory-based because

the researcher selected what was considered a representation of the theoretical process targeted by the study (Creswell, 1998; Onwuegbuzie & Leech, 2007).

As a result of the above considerations, the present study targeted migrant health professionals, who started to smoke in a country other than New Zealand and then gave up smoking in New Zealand.

It was considered that people who have experienced the phenomenon under investigation, namely smoking cessation, could provide access to information-rich data from which to examine such phenomenon (Morse, 2010). Furthermore, targeting this population was aligned with the goal of exploring smoking cessation from the perspective of those who had a first-hand experience of it. Given the present study's focus on people's experiences of successful cessation, it was decided not to use any standardised criteria, such as the Russell Standard (West, Hajek, Stead, & Stapleton, 2005), to categorise a successful quit attempt. Instead, the present study categorised a successful quit attempt as one if the individuals themselves characterised it as such.

The goal of understanding the role of the social context in smoking cessation framed another characteristic of the target population, the one of being a migrant who had started to smoke in a country other than New Zealand and then gave up smoking in New Zealand. This aspect was underpinned by the researcher's own experience of giving up smoking in New Zealand. The assumption at the time was that migrating to New Zealand would influence people's smoking cessation. Thus, it was decided that gathering data from people who, like the researcher, were probably influenced by the New Zealand context to give up smoking would facilitate exploring the impact of one's environment on smoking cessation.

Finally, the decision to target health professionals was also purposive and theory-based. The reason for this decision was the idea that health professionals would be aware of the harm of smoking. Consequently, it was assumed that gathering data from health professionals would enable the identification of how understanding about the harm of smoking influences smoking cessation.

As a result of the points explored above, the inclusion criteria for the present study were set as: being a migrant, being a health professional, having started to smoke outside of New Zealand, and having successfully given up smoking in New Zealand. The exclusion criteria were defined as: not living in Auckland, and not being able to communicate in English. The reason for recruiting people who lived in Auckland was based on logistics. The researcher used public transportation and given a possible need to re-contact participants as per grounded theory methods it was considered necessary for participants to live in Auckland. Finally, potential

participants who did not speak English were excluded because of the importance that was given in the study to the interaction between researcher and research participants. It was assumed that the mediation of a translator would hinder that interaction.

#### **4.1.2 Participant recruitment**

Potential participants were contacted through an email invitation sent via institutions linked with health professionals (Appendix G). These institutions included, in alphabetical order: the Dental Council of New Zealand, Dietitians Board of New Zealand, Midwifery Council of New Zealand, New Zealand Association of Psychological Type, New Zealand Association of Child and Adolescent Psychotherapists, New Zealand Association of Optometrists, New Zealand Association of Positive Psychology, New Zealand Association of Psychotherapists, New Zealand Chiropractor's Association, New Zealand College of Clinical Psychologists, New Zealand Dental Association, New Zealand Institute of Medical Radiation Technology, New Zealand Register of Acupuncturists, Occupational Therapy Board of New Zealand, Occupational Therapy New Zealand, Osteopathic Council of New Zealand, Pharmaceutical Society of New Zealand Incorporated, Physiotherapy Acupuncture Association of New Zealand, Physiotherapy Board of New Zealand, Podiatrists Board of New Zealand, Podiatry New Zealand, Psychotherapists Board of Aotearoa New Zealand, Royal Australian and New Zealand College of Radiologists, Royal New Zealand College of General Practitioners, Smokefree Nurses New Zealand, Social Workers Registration Board, and the University of Auckland.

A more personalised email invitation to an interview, with an attached participant information sheet, was sent to those potential participants who expressed interest in the study. When agreed, the time and location of the interview were set at the participant's convenience; locations included meeting rooms at the University of Auckland, as well as participants' workplaces and a participant's home. Also, in both the email invitation and after each interview, participants were asked to share information about the study with other potential participants, and contact information was provided to that end.

The recruitment process occurred between May 2014 and May 2016. This recruitment process was initially driven by the above mentioned initial sampling, and later by the below discussed theoretical sampling. Both recruitment and data generation through interviews stopped once theoretical sufficiency was achieved (Dey, 1999).

### **4.1.3 Ethical considerations**

The present study paid careful attention to protecting and safeguarding the well-being of the participants. An application for ethics approval was submitted to the University of Auckland Human Participants Ethics Committee (UAHPEC) on November 5th, 2013, and the committee's approval was received on February 19th, 2014 (Appendix H).

All potential participants were provided with a participant information sheet (Appendix I). This document outlined the research study and included contact information for the researcher, research supervisors, and the head of the Department of Social and Community Health, in case a participant had any additional questions or concerns. All participants signed a consent form (Appendix J), and the voluntary nature of participation was emphasised at all times. Participants were informed they could withdraw from participation at any time, without having to give a reason for it.

Maximising confidentiality was considered of utmost importance. Confidentiality was here understood as a guarantee to all participants that any information provided would not be traceable back to them as its source within the public domain. A first step in the process of ensuring confidentiality was asking transcribers collaborating with the study to sign a confidentiality agreement form (Appendix K). Also, all participants were offered the opportunity to edit their interview transcripts and change or omit whichever information they felt could be traced back to them. Finally, pseudonyms were used in the development of this thesis, and specific references to participants' ages, professions, places of work, and nationalities were avoided.

Special attention was paid to cultural awareness and cultural sensitivity throughout the research. Participants were offered a voucher in compensation for their time and effort, as well as an equivalent and culturally appropriate alternative, such as a koha, gift, or donation. A number of advisors were on hand to provide cultural and ethical guidance in their areas of expertise if needed, including Associate Professor Vili Nosa, Pacific Health Academic Adviser; Mrs Karen Dorrian, International Development Manager from the Faculty of Medical and Health Sciences; and Dr Denise Greenwood, Ethics Advisor for the School of Population Health. They agreed to offer their assistance if requested during the study.

While no specific issues regarding Māori or the Treaty of Waitangi were identified, Māori health researchers were consulted. Professor Papaarangi Reid, Tumuaki and Head of Māori Health at the Faculty of Medical and Health Sciences; Doctor Matire Harwood, Senior Lecturer and Director of Tōmaiora Research Unit at Te Kupenga Hauora Māori; and Doctor

Marewa Glover, Senior Research Fellow and Director of the Centre for Tobacco Control Research at the time, were consulted for this project and provided insightful advice that was included in the decision planning stage of the study.

Finally, there were no physical risks identified from participating in the present study. Although it was not considered non-existent, the risk of psychological harm was regarded as extremely low. It was assumed that sharing one's story of smoking cessation would be experienced as sharing a story of success. Nevertheless, the researcher was prepared to provide contact information to support services that could assist if needed. Neither the assistance of the advisors nor any other support service was required during the study.

#### **4.1.4 Theoretical sampling**

Even though the initial sampling got the research started, it was the theoretical sampling that led to the construction of the grounded theory presented in this thesis. Unlike initial sampling, theoretical sampling is led by clues and insights developed during analysis, and it aims to test, expand, or refine the developing theory (Birks & Mills, 2015; Coyne, 1997; Morse, 2010). At the outset of a grounded theory study, it is difficult to predict the direction theoretical sampling might lead a researcher.

The initial set of three research questions guided initial sampling, and because these questions were focused on smoking cessation, early data generation and analysis also centred on smoking cessation. This data generation also tackled the role of the social context in a successful attempt to quit smoking, as well as of understanding the harm of smoking. At one point, however, the researcher found that this sole focus on successful quit attempts was hindering theory development.

The use of storylining (Birks & Mills, 2015; Strauss & Corbin, 1990), which will be explored later in this chapter (see Section 4.2.5), and the flip-flop technique, further helped to recognise how a sole focus on smoking cessation was interfering with the theory development. Corbin and Strauss (2008, p. 79) described the flip-flop technique as turning a concept “upside down” to help “obtain a different perspective” on the studied phenomenon. It involves turning a concept around and examining it from a different angle, to highlight other aspects of it (Hoare et al., 2012). First, a narrative account of the constructed theory was developed through storylining. It was then noted that participants' experiences of becoming non-smokers were analysed following the same narrative structure by which participants presented it; that is, by discussing smoking first, and then giving up smoking, which was at the time considered an equivalent of becoming a non-smoker. However, turning this narrative upside down helped the

researcher to see and explore the studied phenomenon from a different perspective, which in turn helped to advance theory construction at this stage. The focus, then, shifted from smoking cessation to the process of ‘becoming a non-smoker’.

Disentangling smoking cessation from becoming a non-smoker hinted at issues that were not exclusively related to giving up smoking. It was recognised that continuing to focus data generation and analysis on smoking cessation would hinder the possibility of exploring these new lines of inquiry. As a result, data generation then centred on the various aspects highlighted by the developing theory instead of focussing solely on smoking cessation. In other words, data generation was framed according to what was considered theoretically relevant, and not by the initial research questions. This theoretical sampling guided the subsequent interviews with new research participants, and at one point, it led to having a second interview with a research participant who had already been interviewed.

As the research advanced, theoretical sampling was driven by the need to further explicate the constructed categories. The last two interviews represented an opportunity to compare a first draft of the findings presented in this thesis with participants’ perspectives and experiences, in a process that mirrored a member checking approach (Lincoln & Guba, 1985, 1986). At this stage, it was considered that theoretical sufficiency had been achieved.

Following the principles of a grounded theory study, all generated data was coded and constantly compared with previously generated data. Memo writing also accompanied this process (Birks, Chapman, & Francis, 2008; Lempert, 2007). Any theoretical insight obtained through memos furthered the theoretical sampling process. Thus, theoretical sampling was a strategic tool that kept bringing the analytic process back to the data, allowing the construction of a theory that was both solid and grounded in that data (Charmaz, 2014; Glaser & Strauss, 1967; Strauss & Corbin, 1990).

Theoretical sampling was also applied to the literature (Ramalho et al., 2015). As with data generated in the field, the relationship between the literature and theoretical sampling was bidirectional. On the one hand, the literature to be reviewed was selected through theoretical sampling, that is, guided by the developing theory and what was considered theoretically relevant. On the other hand, this reviewed literature also influenced further theoretical sampling by promoting theoretical sensitivity and theoretical pluralism, which enabled the researcher to entertain a diversity of ideas while collecting and analysing data (Giles et al., 2013; Thornberg, 2012; Wolfswinkel et al., 2013). The intimate relationship between theoretical sampling, constant comparison, and memo writing resulted in including literature that was relevant to the theory under construction, further ensuring the groundedness of the final theory.

#### **4.1.5 Theoretical sufficiency**

In a grounded theory study, “sampling ceases when saturation is achieved” (Morse, 2010, p. 231). Theoretical saturation is often the preferred term to refer to the moment in a grounded theory study where “gathering fresh data no longer sparks new theoretical insights” (Charmaz, 2014, p. 213). However, the present study preferred the term theoretical sufficiency to refer to such point (Dey, 1999, 2007). Theoretical sufficiency is more aligned with the perspective that analysis is always on-going and that new interpretations may continue to arise as long as the analytic process continues. Nevertheless, theoretical sufficiency also implies that the analytical process has led the researchers to a sufficient depth of understanding about the studied phenomenon that allows them to construct a comprehensive and cogent theory.

There were various indicators in the present study that signalled theoretical sufficiency. These indicators included recognising that further data generation was not triggering new theoretical insights, that data analysis was no longer indicating the need for further theoretical sampling, and that the content of memos had become less focused on theory development and more focused on generating and refining a report of the constructed theory.

From multiple readings of the interview transcripts to the iterative process of coding, the researcher remained close to the generated data at all stages of the study. The use of in-vivo coding, that is, using words participants themselves used to describe their experiences, helped the researcher to remain close to the imagery provided by the participants’ accounts (Strauss, 1987). As Charmaz (2006) explained, an in-vivo code “helps to preserve participants’ meanings of their views and actions” (p. 55). At the same time, the use of illustrative frameworks, and the repeated labelling and re-labelling of codes and categories to better reflect the data they represented, kept the researcher close to the data at all times.

The layered analytic process characteristic of a grounded theory study drove this continuous interrogation of data towards increasing levels of abstraction until further data generation prompted no new theoretical insights. Throughout the study, all new theoretical insights were recorded in memos. At one point, both the analytical process and memo writing became more focused on reporting the constructed theory than in further theory development. This shift in focus was recognised as another signal that theoretical sufficiency had been reached. Furthermore, discussions with supervisors and various academic presentations of the developing theory also led to the perception that theoretical sufficiency had been achieved. At this stage, both data generation through interviews and participant recruitment stopped.

#### **4.1.6 Description of the sample**

The present study had no pre-defined number of interviews. In alignment with the principles of theoretical sufficiency and theoretical saturation, participant recruitment continued until no new theoretical insight was gained from further data generation (Charmaz, 2014; Dey, 1999, 2007; Glaser & Strauss, 1967; Morse, 1995, 2010; Strauss & Corbin, 1990). This process led to a total of 14 participants, with one participant being interviewed twice.

To ensure confidentiality, it was considered appropriate to avoid a detailed description of the participants' ages, nationalities, professions, and places of work. Instead, it was decided that a brief description of each participant was a better option (Appendix L). The description presented below of the research participants comprises information that was both regarded as relevant to the problem under investigation, and that would help to contextualise the theory presented in the following chapters.

Overall, participants' ages ranged from 23 to 68 years old. Their countries of origin included China, India, and the United Kingdom, among other countries. Some participants had been in New Zealand most of their lives while others had been in the country for just a few years. Participants had various professional backgrounds, including medicine, nursing, dentistry, and others. At the time when they stopped smoking, they were working in various areas. Some were working in their respective healthcare roles, and others were working in administrative roles, continuing their education, or doing research. The 14 participants sampled for the present study were (in alphabetical order of pseudonyms):

##### ***Alex***

Alex had been a smoker for around seven to eight years before quitting. He decided to quit smoking around six months after he came to New Zealand, in his late-20s. Alex gave up smoking cold turkey.

##### ***Amit***

Amit started to smoke when he was 15 or 16 years old. He gave up smoking cold turkey about three months after he came to New Zealand. He was in his early-20s at that time.

##### ***Ben***

Ben started to smoke when he was about 14 years old. He gave up smoking 2 years after he came to New Zealand. He quit smoking with the assistance of medication. He was in his early-30s at that time.



### ***Chloe***

Chloe started to smoke when she was 12 years old. She gave up smoking 1 year after she came to New Zealand. She was in her late-20s. After planning her quit attempt for some time, Chloe stopped without using any pharmacological assistance.

### ***Emily***

Emily started to smoke in her early-20s. She gave up smoking 15 years later, around six months to a year after she came to New Zealand. She quit smoking cold turkey. Unlike all other participants, Emily had no previous quit attempts.

### ***Franco***

Franco smoked for 13 years. He reduced his smoking over a period of years, preparing to quit smoking completely, which he did immediately after he came to New Zealand. He was in his early-30s at that time.

### ***James***

James continued to smoke after he came to New Zealand. He quit smoking cold turkey right before he moved to another country. He was in his early-30s at that time. He subsequently returned to New Zealand.

### ***Jason***

Jason smoked for over 15 years. He reduced his smoking over a period of 1 year until he completely stopped. This reduction took place during his first year in New Zealand. He was in his early-30s at that time.

### ***Kevin***

Kevin stopped smoking shortly after he came to New Zealand. He was in his early-30s at that time. Unlike the other participants, Kevin did not believe smoking could be addictive.

### ***Laura***

Laura smoked for 10 years before quitting. She gave up smoking cold turkey around eight months after coming to New Zealand. She was in her late-20s then.

### ***Peter***

Peter smoked for several decades before quitting in New Zealand. He gave up smoking after being in New Zealand for more than 10 years. He quit with the assistance of medication. Peter was in his mid-50s at that time.

### ***Rahul***

Rahul had been a smoker for 7 years before he came to New Zealand. He gave up smoking cold turkey a month after being in the country. He was in his mid-20s then.

### ***Tanya***

Tanya continued to smoke for over five years after she came to New Zealand. She gave up smoking cold turkey due to some health issues. She was in her mid-20s at the time.

### ***Tom***

Tom came to New Zealand as a teenager. He stopped smoking in his mid-30s, after having smoked for around 20 years. After planning his quit attempt for some time, Tom stopped without using any pharmacological assistance.

## **4.1.7 Data generation methods**

Intensive interviews were the primary source of data generation (Charmaz, 2014). Intensive interviews are “open-ended yet directed, shaped yet emergent, and paced yet unrestricted” (Charmaz, 2014, p. 85). They are flexible enough to allow researchers to follow leads during the interview, mirroring the simultaneous data collection and analysis approach that is central to grounded theory. Intensive interviews enable researchers to focus and coordinate the conversation so that the generated data remains relevant to the ongoing analysis. It was this mixture of flexibility and control that is intrinsic to an intensive interview that made it a good choice for the present study.

Unstructured interviews are interviews not driven by a predetermined set of questions and they proved to be a good fit for this study (Corbin & Strauss, 2008). Unstructured interviews enabled seemingly off-topic issues and unexpected details to evolve, allowing data generation to take unforeseen directions. However, in the early stages of the study, it was considered useful to have at hand a prepared set of triggering questions (Appendix M). Guided by the initial focus on smoking cessation, these triggering questions were intended to prompt a conversation around this topic. Early in the study, it was apparent that an open-ended question such as ‘could you share with me your story of giving up smoking?’ was more than enough of a trigger to start the flow of conversation, and the set of triggering questions became unnecessary.

Early interviews facilitated the generation of rich and detailed data. Still, prompted by the initial research questions, these interviews focused heavily on smoking cessation. As the research advanced, it was recognised that focusing data generation on smoking cessation was a constraint. Therefore, further data generation shifted from smoking cessation to the process of

becoming a non-smoker, and interviews were then shaped and guided according to what was considered theoretically relevant.

The dynamic between researcher and research participant occupied a significant role in the present study. It was considered important to establish a sense of reciprocity whenever an interview was conducted (Birks & Mills, 2015; Mills et al., 2006; Mishler, 1991). Various strategies helped with the goal of creating a space committed to a relationship of reciprocity. These strategies included scheduling interviews at a time and place chosen by participants; fostering rapport by being open about the researcher's personal story of giving up smoking; using a flexible approach to questioning in order to enable participants to assume more power regarding the direction of the conversation; and allowing participants to occupy the position of an expert informant.

Although it was participants' perspectives and experiences that were sought during these interviews, it was acknowledged that the interviews constituted a 'site of knowledge construction' (Charmaz, 2014; Kvale, 1996; Mills et al., 2006). The researcher was aware that stories reconstructed during the interviews were not a mirror reflection of the events to which they referred. Instead, these stories were regarded as retrospective accounts participants offered to "explain and justify their behaviour as well as [to] report past events from the vantage point of the present" (Charmaz & Belgrave, 2012, p. 350). At the same time, it was acknowledged that it was the interactional nature of the interviews which prompted these stories and that it was in this interaction that data was generated (Lincoln et al., 2017; Mills et al., 2006; Rapley, 2001).

The interviews lasted on average for one hour, and they were audio recorded and transcribed for analysis. A professional transcriber, who signed a confidentiality agreement, was hired to do the transcriptions. The researcher double-checked transcriptions against the audios of the interviews to ensure accuracy and to develop familiarity with the data. Even though all participants were given a choice to edit their transcripts, no participant chose to modify their transcript. In addition to the audio record, the researcher took notes during the interviews to register ideas, insights, and questions raised during the conversation, as well as non-verbal interactions.

## **4.2 Data analysis**

The constructivist grounded theory methodology offers a set of concrete yet flexible analytical steps that enable the construction of a theory grounded in the generated data (Charmaz, 2014). This generated data was fragmented through qualitative coding and further analysed through

memo writing and the constant comparative method. Theoretical directions developed by these processes were explored via theoretical sampling, which led to additional coding, memo writing, and constant comparison. As the research progressed, coding aimed to avoid fragmenting the data further, but rather to bring the fragments back together. Further analysis elevated the level of abstraction of the developing theory, leading to the construction of categories that synthesised and explained all generated data (Birks & Mills, 2015; Charmaz, 2014; Hoare et al., 2012). Finally, a theoretical model that explained the studied phenomenon was constructed and integrated with the extended literature. The present section describes the use of these analytical tools, namely, memo writing, coding, and the constant comparative method, as well as memo sorting, diagramming, storylining, and the use of computer-assisted qualitative data analysis software.

#### **4.2.1 Memo writing**

Memo writing involved taking notes of all steps taken during the analytic process, whether they were thoughts, comparisons, feelings, insights or questions (Charmaz, 2014; Glaser, 1978; Strauss & Corbin, 1990). Memos were written at all stages of the research, frequently and without worrying about structure or grammar, using a strategy of free-writing (Charmaz, 2003). They were mostly written in Spanish, the researcher's first language, and in various notebooks or using the software programmes NVivo and Evernote, as discussed later in this section.

Memo writing helped to move the analysis forward, and at the same time, it helped to keep track of the path followed and the decisions made during the study (Birks & Mills, 2015; Charmaz, 2014). For example, one of the first written memos was a reflexive exercise where the ontological and epistemological stances of the researcher were explored – a memo which was mentioned in the previous chapter and that further supported the choice of constructivist grounded theory for the present study. Throughout the research, memo writing provided a tool that assisted the researcher in remaining aware of assumptions and preconceptions while generating and analysing data. These reflexive exercises facilitated prioritising the information provided by the participants over any other input of information, ensuring the groundedness of the constructed theory.

Memo writing offered the researcher a space to have a conversation with himself. Writing down these internal conversations was a helpful way of getting ideas 'out there', seeing them, and further elaborating on them. Memo writing also represented an "analytical conversation" with data (Lempert, 2007, p. 247). Exploring these ideas and theoretical insights in writing facilitated constant comparison and the development of new lines of inquiry, as these

were prompted by engaging with the data. As this analytic conversation progressed, the level of abstraction of the developing theory moved along with it. Thus, as the research advanced, memo writing helped to raise the analysis to a conceptual level, raising focused codes to categories, while recording the process as it moved forward (Birks et al., 2008; Hoare et al., 2012; Lempert, 2007).

Writing memos also helped to record and keep track of the numerous insights prompted by conversations with supervisors; discussions held at academic gatherings and social events; theoretical conversations with the literature; and the unexpected and very welcomed ‘aha’ moments. However, as a written representation of an internal conversation, some memos were often a very personal rendering of assumptions and ideas, and some often looked ‘raw’ or ‘unfinished’ as they registered some developing ideas that were themselves ‘raw and unfinished’.

Nevertheless, it was considered useful to introduce some of these memos in the present thesis. It should be mentioned, however, that the memos presented in this thesis were first translated from Spanish, edited to avoid references to very private information, and reformulated so that a reader could make sense of them. It was considered appropriate, then, not to date these memos, as this might lead to the impression that they were written at that time exactly as here presented. An example of one such memo is below.

I am describing quite significant events in their lives as if they were almost solely connected to having become non-smokers, but I am sure this was not everything that was happening to them. It was not just that they were becoming non-smokers, a lot was going on. It is just me that is connecting it all to a single thing. Making new friends, for example, I don't think I could claim that it is just connected to becoming a non-smoker. It was a single facet of their lives. But still, I think there is nothing wrong with this. Yes, it was a single facet of their lives and being ‘non-smokers’ does not define them as a whole. They ‘were’ and ‘became’ different things, and these are not necessarily disconnected to becoming a non-smoker, but just keep in mind that you are focusing on this one aspect, this one identity, how it was developed, how they ‘became non-smokers’. I think this is a fair representation of what they are telling me; it is indeed an identity, they are developing a new identity when becoming non-smokers.

The above memo registered a moment of struggle prompted by the perception that participants' experiences were being simplified to fit the narrative of the study. The notion that everything they did was driven almost exclusively by their 'becoming non-smokers' felt oversimplistic and reductionist. However, recognising that the discussion of how they became non-smokers referred to how this single identity was developed, and that this discussion did not necessarily claim to explain all aspects of their lives, helped to reassure the researcher of two things. Firstly, it highlighted that the developing theory was indeed the product of a study which explored the development of this particular identity. Secondly, it prompted a recognition that such developing theory was aligned with a notion of identity as multiple and flexible. The latter aspect is further examined in the discussion chapter.

Memo writing also facilitated analytical conversations with the literature. Writing memos about the reviewed literature helped to ensure that only notions considered relevant to the developing theory found their way into the theory construction (Ramalho et al., 2015). At later stages of the research, the perception that memo writing had become increasingly focused on how the theory could be presented rather than theory development was recognised as a signal that theoretical sufficiency had been reached (Dey, 1999, 2007). Finally, re-engaging with all previously written memos facilitated theoretical integration and the drafting of the present thesis (Birks & Mills, 2015; Charmaz, 2014).

#### **4.2.2 Coding**

The present study used a two-step approach to coding: an initial coding followed by a focused coding (Charmaz, 2014).

Before engaging in coding, all generated data was first closely read. This first reading of the generated data, which is to say of the interview transcripts, was accompanied by the audio recordings of the same interview. When necessary, non-verbal expressions registered in either the recordings or the notes taken during the interviews were added to the transcripts. This process facilitated the development of intimate familiarity with each transcript, as well as a general sense of the information provided by participants.

Such coding of the data did not involve an indiscriminate process of labelling fragments of data. On the contrary, it was a process of careful selection of such fragments, and thus, it was driven and framed by the researcher. This aspect of the coding process is emphasised in constructivist grounded theory, as this approach acknowledges the influential role of the researcher in data analysis (Hoare et al., 2012).

Initial coding then followed the close reading of transcripts. In early stages of the study, initial coding was done using a line-by-line approach (Saldaña, 2015). This approach was selected because it could help to prompt ideas that might have otherwise been lost by reading the data looking directly for concepts or through notions taken for granted (Birks & Mills, 2015). Coding line-by-line fostered an in-depth knowledge of the information provided by participants and facilitated the recognition of what participants found relevant in their experiences.

An incident-by-incident coding then replaced the line-by-line coding (Saldaña, 2015). This transition was prompted by a theoretical sensitivity being further developed during the study (Hoare et al., 2012). An incident-by-incident coding allowed to capture the fullness of research participants' accounts, which was often fragmented through a line-by-line coding. While coding segments of the transcript, the researcher made sure to have the whole transcript in the foreground and to check constructed codes against larger segments of the transcript or the entire transcript. This process facilitated understanding the segmented code in the context of the whole interview, which further helped to ensure the groundedness of the constructed code.

Codes were labelled using either the participants' own words (in-vivo codes) or gerunds (ing-nouns or verbs functioning as nouns). The latter was useful in conveying a sense of progression and action to the codes, and thus avoiding the perception and understanding of the data as a static portrayal of a dynamic experience (Charmaz, 2014). In-vivo codes allowed to remain close to the words participants used to describe their experiences. Sometimes these labels were changed if a better fit came to mind later. An example of these initial codes can be found in Table 4-1. In the table, in-vivo codes are presented with double inverted commas.

Table 4-1. Initial coding

Data	Initial code
Back in my country, we used to smoke, smoking in the hospitals was perfectly normal (Peter)	experiencing smoking as normal
When I started smoking it was as a consequence of it basically being normal behaviour in the environment in which I grew up in (Ben)	smoking due to its normalcy
I talk about it as a migrant, you know, so when I was there all my friends smoked, everyone smoked, the smokefree legislation wasn't as strong as here (Chloe)	contextualising smoking normalcy
But you don't need that here, and nobody else did it, so, you do tend to fall into that culture and the way your peers are (Emily)	not needing it "nobody else did it" falling into their ways
Nobody, almost nobody smokes on the streets, you cannot see as many people smoking on the streets everywhere, in the cafes and restaurants (Alex)	"almost nobody smokes"
In [my country of origin] the normal thing is to smoke, here [in NZ], the normal thing is not to smoke (Laura)	"the normal thing is not to smoke"
It felt like the normal thing was not to smoke (Tom)	experiencing not smoking as normal

A large number of codes were constructed during initial coding. These codes advanced the process of defining what was going on in the data and grasping what this meant (Charmaz, 2014; Glaser, 1978). These codes also prompted new lines of inquiry that guided further data generation through theoretical sampling. As the study advanced, data generation and analysis became more focused on those codes that seemed to integrate and explain larger portions of data. In other words, an initial coding was then followed by a focused coding.

Focused coding was a more conceptual stage than initial coding (Charmaz, 2014). During focused coding, a segment of the data – whether it was a segment of an interview, various segments of an interview, or various segments from different interviews – was synthesised through a code that summarised the data and elicited an interpretation of it. The researcher selected those codes that made the most analytical sense or constructed new codes that were able to subsume various codes with the same result. This process was fostered by the constant comparison method and by memo writing, tools that helped to enhance the analytic



depth of the constructed codes (Birks & Mills, 2015; Charmaz, 2014; Hallberg, 2009). Examples of focused codes can be seen in Table 4-2.

Table 4-2. Focused coding

Data	Initial code	Focused code
When I started smoking it was as a consequence of it basically being normal behaviour in the environment in which I grew up in (Ben)	smoking due to its normalcy	contextualising smoking
Back in my country, we used to smoke, smoking in the hospitals was perfectly normal (Peter)	experiencing smoking as normal	
I talk about it as a migrant, you know, so when I was there all my friends smoked, everyone smoked, the smokefree legislation wasn't as strong as here (Chloe)	contextualising smoking normalcy	
But you don't need that here, and nobody else did it, so, you do tend to fall into that culture and the way your peers are (Emily)	not needing it  "nobody else did it"  falling into their ways	normalising non-smoking
Nobody, almost nobody smokes on the streets, you cannot see as many people smoking on the streets everywhere, in the cafes and restaurants (Alex)	"almost nobody smokes"	
In [my country of origin] the normal thing is to smoke, here [in NZ], the normal thing is not to smoke (Laura)	"the normal thing is not to smoke"	
it felt like the normal thing was not to smoke (Tom)	experiencing not smoking as normal	

These two steps of coding, initial and focused, did not linearly follow one another. Focused coding started as soon as initial coding did, as the researcher was always in search of a code that could provide the best interpretation of the data; and at times, a focused code prompted going back to previously analysed data and studying it with a new perspective. Nevertheless, focused coding advanced the analytic process towards more abstract levels.

Coding required remaining sensitive to the data and its subtleties while reflecting on it through theoretical terms (Glaser & Strauss, 1967; Kelle, 2007). This 'theoretical sensitivity'

represented the “ability to understand and define phenomena in abstract terms and to demonstrate abstract relationships between studied phenomena” (Charmaz, 2014, p. 161). Theoretical sensitivity endowed the analytical process with the ability to move beyond descriptions. From the first interaction with data to coding, constructing categories and constructing a theory, theoretical sensitivity allowed the researcher to establish a constant theoretical dialogue with the data.

Although it may seem like a mechanical process, developing theoretical sensitivity involved playfulness and wonder (Charmaz, 2006, 2014). Theoretical sensitivity required being open to all theoretical possibilities, to all potential theoretical explanations, while remaining close to the data and having at all times the question ‘what is happening here?’ present in one’s mind. Various elements contributed to the development of theoretical sensitivity. These included: constant interaction with the data (Birks & Mills, 2015; Hoare et al., 2012; Strauss & Corbin, 1990); all stages of coding (Glaser, 1978); as well as engaging with the literature in areas related and unrelated to the phenomenon under investigation (Health, 2006; Lo, 2016). Discussions held with supervisors, which included sessions focused on coding, as well as with the Grounded Theory Network – a group of fellow grounded theory researchers who met monthly at the University of Auckland – were also invaluable in the development of theoretical sensitivity. Finally, memo writing was both a way of registering theoretical insights and fostering theoretical sensitivity. Below is a rendering of another memo, one that guided the labelling of a code as ‘contextualising smoking’, a code presented in the above Table 4-2.

When they are talking about the places where they came from, and when they compare those places with New Zealand, what they are doing is telling me, well, what? They are telling me how they saw those contexts, both of them, now, looking back at them. They are explaining to me how their previous smoking was very closely related to the context in which they were living before coming to New Zealand. But, that seems to be not only about describing the place where they smoked, but it is also kind of explaining why they smoked. Now they wouldn’t smoke, it makes no sense now, so, I guess what they are doing is telling me how it was that it once made sense. They are contextualising their smoking. They are telling me a story that starts with their smoking, yes, but they are also contextualising that smoking.

At the moment of writing this memo, the researcher was struggling with two codes thought to refer to the same process. A previous memo discussed the codes ‘smoking due to its normalcy’ and ‘contextualising smoking normalcy’, and how the researcher was beginning to think they might refer to a similar process. Although both signalled the importance of context, one emphasised the effect of the context while the other contextualised the phenomenon. The researcher then understood that the key aspect of both these codes was their reference to the contextualised nature of the experience. Various other initial codes referred to such contextualised experience of smoking, which then became subsumed under the one of ‘contextualising smoking’. As a result, ‘contextualising smoking’ became a code that referred to their previous experience of smoking, evoking the interpretation of such experience as a contextualised one.

#### **4.2.3 Computer-assisted qualitative data analysis software**

The analytic process and theory construction were at all times driven by the researcher, as it was ultimately the researcher who interpreted the generated data (Birks & Mills, 2015; Bringer, Johnston & Brackenridge, 2006; Bryant & Charmaz, 2007, Charmaz & Belgrave, 2012). Nevertheless, such a process was facilitated by the use of the software programme NVivo 10 – and later NVivo 11 – which helped to manage the large amounts of generated data. NVivo was a programme recommended by the literature (Hutchison, Johnston, & Breckon, 2010), fellow grounded theory researchers, and supported by the University of Auckland.

The programme NVivo was a useful electronic repository of generated data, codes, and memos. It helped to organise, sort, and retrieve the audio recordings of the interviews and their transcripts, as well as the generated codes, which are labelled as nodes by the programme. The researcher also wrote some memos in the software while coding and analysing the data. The programme facilitated tracing a certain code back to its source, which in turn facilitated the constant comparison of codes and data. Memos written directly into the programme were also easily connected to the code or data to which they were linked.

As the research advanced, this software allowed the organisation of a large number of codes constructed during the study. The software was also used to obtain a visual representation of the relationship between codes, which were organised in branches that showed hierarchies. This visual representation facilitated the perception of these codes as a whole, and it advanced comparison and analysis. At later stages of the research, this programme also simplified writing the first draft of this thesis, by allowing easy access to the data and codes that supported the main categories presented in this thesis.

The researcher also used the note-taking management software programme Evernote to keep some notes, photographs of developed diagrams, and memos written during the study. The programme allowed the researcher to title and store the written notes in folders and to retrieve them using keywords. When writing memos in the Evernote software, the researcher identified participants using pseudonyms only and removed any information that could compromise confidentiality. Both NVivo and Evernote were password-protected, as was the computer in which they were installed.

#### **4.2.4 The constant comparative method**

Constant comparison started early in the research process. At the first reading of an interview transcript, the researcher began by comparing one segment of the transcript with another. During initial coding, sentences were compared with sentences, then incidents with incidents, and codes with codes. From the second interview onward, these constant comparisons included not only segments of the same interview, but also comparisons between different interview transcripts. The process then expanded to include these separate interviews' incidents and their codes. The constant comparative method allowed the researcher to remain as close as possible to the data during the analytical process, and it fostered a particular sensitivity to nuances and patterns within the data.

The constant comparison method also contributed to the construction of categories, elevating the conceptual level of analysis. Constant comparison allowed the level of abstraction to increase, facilitating the construction of categories that could better represent key processes taking place within the data. At the same time, and through keeping the analytic process close to the data, the constant comparison method ensured the groundedness of the constructed categories, and as a result, of the grounded theory presented here.

The constant comparison method was also applied to the literature review. All literature reviewed was considered data to be engaged with through a constant comparative analysis. During the literature review, the constant comparative method enabled the researcher to keep the data in the foreground at all times. This process enabled a simultaneous literature review and a close examination of the data, verifying that only the literature relevant to the developing theory was included in the analysis, further ensuring the groundedness of the constructed theory.

#### **4.2.5 Theoretical integration**

Theoretical integration is a useful term that describes a “pulling together of the abstract theoretical scheme into a final grounded theory” (Birks & Mills, 2015, p. 181), as well as integrating the final grounded theory with the extant literature (Birks & Mills, 2015; Urquhart, Lehmann, & Myers, 2010). Theory construction began as soon as the researcher engaged with the first piece of data. Theoretical integration began later, and it focused on the categories constructed during the study. Through theoretical integration, these categories were integrated into an abstract scheme, allowing the researcher to formulate the theory as it is presented here. Still, the researcher continued making comparisons and analysis even after the final theory was developed. These comparisons and analysis were focused on comparing, relating, and integrating the constructed theory with the extant literature.

Three specific strategies were very helpful for theoretical integration: memo sorting, diagramming, and storylining (Birks & Mills, 2015; Charmaz, 2014; Lempert, 2007). However, these strategies were not only used in the final stage of the study. The researcher sorted memos, developed diagrams, and wrote storylines throughout the research. They helped to identify links and relationships between codes and categories, as well as gaps that might have required further data generation and analysis. But, at the final stages, these tools served “as the bridge between analysis and theory” (Birks & Mills, 2015, p. 128). They allowed relating one category to the other and fostered an unambiguous comprehension of the whole data.

Memo sorting helped to organise and refine theoretical links (Charmaz, 2014). Memos were organised in various ways, for example, according to whether they referred to the same participant or the same category. This engagement with written memos made links between categories more easily recognisable. The process was facilitated by the use of both NVivo and Evernote, although the simultaneous use of notebooks made it at times a cumbersome process.

Diagramming also assisted the analytical process and theoretical integration by providing “a visual representation of categories and their relationships” (Charmaz, 2014, p. 218). The researcher repeatedly drew and re-drew diagrams showing the changing status of the elements that composed the developing theory. These diagrams showed the categories and how they related to one another, and photographs of these diagrams became data the researcher often went back to and re-examined as the research advanced. Different iterations of these diagrams were discussed with supervisors and colleagues, discussions which further advanced theory construction.

Storylining was also a tool that assisted the researcher in the process of analytic integration (Birks & Mills, 2015; Strauss & Corbin, 1990). Birks and Mills (2015) define storylining as a strategy that “assist[s] in production of the final theory and provides a means by which the theory can be conveyed to the reader” (p. 118). As with memo sorting and diagramming, the present study not only used storylining for theoretical integration but also as a tool that helped to advance theory development.

At various stages of theory construction, a narrative account of the developing theory was made through storylining. The researcher used storylines as summaries of the developing theory, which were often used during supervision meetings. These storylines facilitated a perception of the theory as a whole, which helped to recognise new lines of inquiry and areas where more data generation was needed. Moreover, the use of storylining and what is called the flip-flop technique helped to overcome the moment when theory development had become hindered by a singular focus on smoking cessation, as was explored above.

At the final stage of the study, storylining was a useful tool in the development of this thesis. At this stage, storylining involved the construction of a narrative account, a storyline that enabled the researcher to render the constructed theory into a readable and theoretical account. Moreover, the findings discussed in the following chapters followed the narrative style of a storyline, introducing an abstract account of the data, yet one that is grounded in the data (Birks, Mills, Francis, & Chapman, 2009; Dey, 2007).

Finally, once the final grounded theory was developed, the researcher engaged with the extant literature employing the same methods used to engage with all other data; that is, through theoretical sampling, constant comparison, and memo writing (Birks & Mills, 2015; Ramalho et al., 2015; Thornberg, 2012). This allowed the researcher to compare and relate the constructed theory with other authors’ studies and ideas, in an attempt to identify “where and how their ideas illuminate your theoretical categories and how your theory extends, transcends, or challenges dominant ideas in your field” (Charmaz, 2014, p. 305). The use of the above mentioned methods, as well as maintaining a critical reflexive stance, ensured that only those concepts and ideas that were relevant to the constructed theory were further considered, aiming at scaling up the constructed theory (Urquhart, 2012).

### **4.3 Summary**

The target population for the present study was migrant health professionals, who started to smoke in a country other than New Zealand and then gave up smoking in New Zealand. Participants were recruited via various institutions linked with health professionals, and

recruitment took place between May 2014 and May 2016. The primary source of data generation was unstructured intensive interviews. A total of 14 participants were interviewed, and since one participant was interviewed twice, a total of 15 interviews were conducted. Interviews were transcribed and coded using initial and focused coding. The use of theoretical sampling and the concomitant use of the constant comparison method, memo writing, and other analytical tools culminated in the construction of categories. These categories were then brought together into what constituted a systematic view of what was happening in the data, and further integrated with the extant literature. The management of generated data, notes, and memos included the use of the software programmes NVivo and Evernote. Storylining was used in the development of the following chapters, where the constructed grounded theory is presented to the reader.

## Chapter 5 Constructing the theory

*Knowing was a barrier which prevented learning. Frank Herbert*

The present study initially had the goal of exploring smoking cessation from the viewpoint of people who managed to quit smoking. It was assumed that successfully giving up smoking and becoming a non-smoker were the same process. Thus, it was believed that a better understanding of what is involved in smoking cessation would shed light on what is involved in becoming a non-smoker. This assumption guided initial data generation and analysis.

The use of a constructivist grounded theory methodology allowed the researcher to follow leads and hunches prompted by the initial gathering and analysis of data. A critical hunch at this early stage was prompted by noticing how participants would often talk about smoking cessation and becoming a non-smoker as two different processes. Following this lead, the study shifted its focus from ‘giving up smoking’ to ‘becoming a non-smoker’. Theoretical sampling guided further data gathering and analysis, which in turn, led to the construction of the theory presented here: the theory of naturalising non-smoking.

In the constructed theory, it is the naturalisation of non-smoking – and not giving up smoking – that leads smokers to become non-smokers. The naturalisation of non-smoking involves three processes, of which ‘giving up smoking’ is one. The other two processes are: ‘normalising non-smoking’ and ‘socialising as a non-smoker’. As explored in the following chapters, the processes of ‘normalising non-smoking’ and ‘socialising as a non-smoker’ require interacting with an environment that facilitates them, whereas ‘giving up smoking’ does not necessarily require such interaction.

This chapter presents a summary of how the theory of naturalising non-smoking was developed. But first, the chapter discusses participants’ previous smoking, mirroring how participants in this study would normally first talk about their smoking before talking about how they gave up smoking and became non-smokers. The following section describes the development of the categories and sub-categories that make up the theory of naturalising non-smoking. This description highlights how the researcher found it necessary to review the focus of the study and re-define certain assumptions as the research progressed. The final section presents an outline of the chapters that follow.

### 5.1 Contextualising smoking

All participants referred to their previous smoking during the interviews and talked about the contexts in which they used to smoke. At first, these accounts of past smoking were regarded



as a useful way of beginning a story about giving up smoking. That is, participants would first talk about their previous smoking and then about giving it up. It was later noticed that these accounts also served other purposes. Firstly, by talking about the contexts in which they used to smoke, participants were able not only to describe their past smoking from the vantage point of the present but also to explain and justify it. Secondly, by describing those contexts, they were setting the background against which they would describe the context in which they became non-smokers. In other words, by talking about the contexts in which they used to smoke, participants were able to compare and contrast two contexts, the one where they were smokers and the one where they became non-smokers.

All participants described the contexts in which they lived before migrating to New Zealand as ones where smoking was constantly present. To describe those contexts, participants would use phrases such as “everybody smoked there” (Ben) or “everybody was smoking there” (Franco). Rahul, trying to put a figure on the number of people smoking in his country of origin, said that “almost 70% of the population” smoked. Regardless of the accuracy or not of that number, what Rahul and all other participants were doing was to describe those places as ones where smoking was quite widespread.

Those contexts were also described as having minimal restrictions on smoking. For example, it was common to smoke inside one’s house: “wherever you live, this is where you smoke” (Peter); as well as at one’s workplace: “smoking together in the lab or in the corridor” (Jason). Basically, “everyone smoked everywhere” (Chloe). At the same time, tobacco was recalled as readily accessible. People could “get the cigarettes very easily” (Kevin), and tobacco was “really cheap” (Tanya).

Participants frequently describe smoking in such contexts as ‘normal’. Moreover, they would usually explain their previous smoking as “a consequence of it basically being normal behaviour in the environment” (Ben). As James described it:

I think to a certain degree is just the position you are surrounded by, the situation that you are in, to just go along with what everybody else is doing sometimes, I would say peer pressure, but it just, you are around it so why not do it anyway.

Smoking was remembered as normal, so one’s smoking was also recalled as normal in such a situation.

Smoking was often recalled as having been linked with certain qualities that increased its attractiveness. For example, Tom remembered his smoking initiation as “a badge of maturity... you felt really grown up when you were smoking”; which is to say that he

experienced his smoking as a sign of adulthood at the time. As another example, Peter implied that in his country of origin, smoking was a sign of manhood, explaining that “very rarely you will come across a man who didn’t smoke, even then this man would sometimes smoke, like, a cigar or a pipe, just like a ritual”. Peter self-identified as a man, so, in his country of origin, it was practically necessary for him to smoke in order to carry that ‘badge’ of manhood. These experiences were framed and shaped by the contexts in which they were taking place, contexts in which smoking drew its different meanings.

Smoking was also remembered as a having a very strong social element. Participants were mainly interacting with other smokers, and as Alex explained, when smoking “you felt that you always had company”. Smoking was described as a useful way of connecting with new people, for example, at a party, because “it breaks down barriers when you are brand new” (Emily); or at the workplace, where smoking “was just the culture” (Emily).

In short, participants talked about their previous smoking and the contexts in which they used to smoke, and they would commonly use these descriptions of those contexts as a way of explaining and justifying their past smoking. But, as discussed in the following chapters, the description of those contexts was further used for another reason. A contextualisation of past smoking and the things that led to it allowed participants to contextualise their present non-smoking and the steps that led to it. When talking about how they became non-smokers, participants would contrast the environments in which they smoked with the ones in which they became non-smokers, highlighting the elements that they believed facilitated the one and the other.

The following chapters describe ‘normalising non-smoking’ and ‘socialising as a non-smoker’ using a similar strategy. Mirroring how participants described these processes, these chapters will present a contrast between the contexts in which participants used to smoke and the ones in which they were able to either normalise non-smoking or socialise as non-smokers.

## **5.2 Constructing the categories**

This section presents a simplified version of how the researcher constructed the categories and sub-categories of the theory of naturalising non-smoking. Although the analytical process is presented here as linear and constantly moving forward, the actual process was one that could be better compared to a dance (Hoare et al., 2012). It involved not only moving forward in various theoretical directions, but also moving backwards, retracing steps, starting again in new directions, and even moving sideways across different theoretical lines. However, the goal here is to outline the researcher’s process of acknowledging assumptions, re-evaluating notions

taken for granted, and prioritising the information provided by the participants over those notions and assumptions. As such, the rest of this section is written in the first person.

### **5.2.1 The importance of labels**

I noticed early in the study how my assumptions had an impact on the research even before data generation started. As mentioned in the introduction, I had attempted to quit smoking several times in the past, but it was not until I lived in New Zealand that I was able to quit. I assumed that having moved to New Zealand played an important role in my own cessation. It was because of this assumption that the present study consequently targeted people who began smoking in a country other than New Zealand and then gave up smoking once in New Zealand. The idea was that talking with people who changed environments would facilitate understanding how one's environment influences one's smoking cessation. However, the underlying assumption was that 'environment' and 'New Zealand' were the same thing.

Similar to my experience, most participants in the study described having come to New Zealand and finding themselves in a place that helped them quit smoking. Ten out of the 14 participants talked about coming from countries where smoking was a normal and social practice and then finding an environment in New Zealand where smoking was neither a normal nor a social practice; and the difference between these two environments influenced their smoking cessation.

But not all participants shared that experience, and this heterogeneity of experiences proved to be extremely valuable to the construction of the theory of naturalising non-smoking. For example, Peter and Tom found an environment in New Zealand that, in regard to smoking, was quite similar to those from where they came. As in those contexts, they continued to experience smoking as a normal and social practice once they were in New Zealand. Eventually, Peter and Tom found themselves participating in a different environment, and both of them found this different environment highly influential in their process of becoming non-smokers. However, the country of New Zealand per se was not that environment. Thus, the very act of coming to New Zealand was not one that provided an environment that facilitated smoking cessation, as I had previously assumed.

There was a second assumption which I also found necessary to revise as the research progressed. It was the assumption that 'giving up smoking' and 'becoming a non-smoker' were the same process.

Not all participants said the environment in which they managed to stop smoking facilitated their cessation. James, for example, was another participant who found an

environment in New Zealand where smoking was a normal and social practice, similar to the country from where he came. He gave up smoking in New Zealand, shortly before moving to a different country, and he described New Zealand as a place that was not particularly helpful to his smoking cessation. But in that other country, he found himself in an environment that helped him to become a non-smoker.

Tanya was another participant who also interacted mainly with other smokers after she came to New Zealand, and she too gave up smoking in that environment. Tanya talked about struggling with herself, the environment, and others during her cessation; and, it was also only after she moved to a different environment that she was able to become a non-smoker. Both Tanya and James said the context in which they became non-smokers was helpful to that process, as opposed to the context in which they quit smoking which was not helpful to that process. Tanya and James's experiences flagged, firstly, the possibility that giving up smoking and becoming a non-smoker were not the same thing, and secondly, that the influential role of the context was more closely related to becoming a non-smoker than to giving up smoking.

In sum, although choosing to talk with people that changed their environments indeed facilitated exploring how becoming a non-smoker is influenced by the environment, this was not due to the assumptions that supported that choice. Participants' experiences challenged two key assumptions: that merely coming to New Zealand would facilitate smoking cessation, and that giving up smoking and becoming a non-smoker were the same process. A revision of these assumptions led to uncoupling 'giving up smoking' from 'becoming a non-smoker' and exploring both processes independently. Also, it led to shifting the focus of the present study from 'giving up smoking' to 'becoming a non-smoker'. Consequently, the leading research question 'what is happening here?' superseded the three initial guiding questions, as these had been developed under the assumption that smoking cessation and becoming a non-smoker were the same process, and it continued to be the leading research question throughout the study.

### **5.2.2 Smoking and non-smoking milieus**

I initially assumed that merely coming to the country New Zealand would influence participants' smoking cessation. But I found that the influential role of the environment was more closely related to becoming a non-smoker than to giving up smoking. The different contexts that helped nearly all participants to become non-smokers were indeed in New Zealand, but they were not New Zealand per se. It was therefore necessary to develop a label different from 'New Zealand' to more accurately describe these contexts.

Participants' descriptions of the contexts in which they used to smoke helped them to describe the contexts in which they became non-smokers by contrasting the two. Once I noticed this, I re-visited all generated data and recognised how participants would repeatedly make use of two characteristics to differentiate the two contexts. In the context where they used to smoke, smoking was a normal and a social practice, whereas, in the context where they became non-smokers, it was 'non-smoking' that was a normal and a social practice. Drawing from these descriptions, the labels 'smoking milieu' and 'non-smoking milieu' were developed.

The term 'milieu' has a very interesting history (Spitzer, 1942). The meaning ascribed to the term has changed substantially over time. It originally signified a clear equivalent to the English word 'middle', later representing a moral golden mean or the 'juste milieu', and then a 'milieu ambiant' or the media or element that provides sustenance and that nurtures a biological culture. It is to the latter meaning that the present study's use of the word is more closely aligned. In this study, a milieu represents the environment in which people live their daily lives. It is the physical and symbolic surroundings from where they draw meaning to their experiences. People are an important component of a milieu since it is in one's interactions with others that those meanings are realised, reproduced, and changed. Chloe described this sense of the word when talking about her previous smoking, which she characterised as "a statement... but only in relation to certain things like buildings or customs or all of those things, people".

Participants described two types of milieus regarding smoking: a smoking milieu and a non-smoking milieu. Both milieus are further discussed in later chapters, but I consider it necessary to present a brief description of them at this point. Participants described a smoking milieu in a general manner as an environment where everyone smoked and where smoking was a constant presence, that is, where smoking was normal. They also described it as context where all their friends were smokers and where smoking facilitated interacting with others. On the contrary, a non-smoking milieu was an environment where tobacco smoking was noticeably absent, and to be a smoker in here was not the norm. In a non-smoking milieu, participants interacted mainly with non-smokers; moreover, smoking in this context often hindered socialisation.

Most participants found themselves interacting with a 'non-smoking milieu' in New Zealand immediately upon arriving in the country. Chapter 6 and Chapter 7, which explore the categories 'normalising non-smoking' and 'socialising as a non-smoker' respectively, begin by describing their experiences. It is through these participants' accounts that the sub-categories of each of those two categories are presented. These participants shared a similar story: they gave up smoking and became non-smokers in the non-smoking milieu in which they found

themselves after they came to New Zealand. This non-smoking milieu facilitated both normalising non-smoking and socialising as a non-smoker.

But four participants: Peter, Tom, James, and Tanya had a different experience. These four participants found themselves interacting with ‘smoking milieus’ in New Zealand after arriving in the country. As a result, they had a different experience giving up smoking and becoming non-smokers. Chapters 6 and 7 describe their stories in sections called ‘a non-smoking milieu’, in which their experiences are introduced and explained by the constructed theory. Moreover, it is these four participants’ stories that further emphasise that it was not New Zealand per se that helped participants to become non-smokers, but rather their interaction with a non-smoking milieu.

### **5.2.3 Naturalising non-smoking**

Once I stopped considering ‘giving up smoking’ and ‘becoming a non-smoker’ as the same thing, a question remained: if the influential role of the context in becoming a non-smoker is not necessarily related to giving up smoking, what is it connected to then? I kept coming back to the data in search of an answer; then, I ran into a quote that I found particularly significant. It was from Alex, when he explained that: “it happened really naturally to us here, so, we became non-smokers; when I’m thinking about this, the first thing that comes to mind is the environment”. Alex was talking about how the environment – the non-smoking milieu – made it feel, in his words, “less natural” to smoke. Based on this description of the experience of becoming a non-smoker, I re-thought about the process of becoming a non-smoker as one where smoking becomes less natural; and, as smoking becomes less natural, ‘non-smoking’ becomes more natural.

Re-framing the issue of becoming a non-smoker as a process of ‘naturalising non-smoking’ led to various theoretical insights that allowed me to understand the data better. Franco’s account of the moment when he realised he had become a non-smoker is a good example of how ‘naturalising non-smoking’ helps to understand the process better. In Franco’s words:

It was when I did not do it [smoking] when everything was there [for him to smoke], yes, it was then, and in that moment, what I felt was, well, basically I felt like doing it, but at the same time I felt like: tomorrow I will have, or right after doing it I will have bad breath, and tomorrow I will feel my breath stink, and for what purpose? I mean, I haven’t done it for a while now, because it was quite a while since I stopped

that I had a chance to smoke again. But it didn't have any sense to me; it doesn't have any sense to do it. I just couldn't find any sense to it, I couldn't find any reason.

Through the lens provided by the notion of 'naturalising non-smoking', I understood this not as Franco describing a moment when he made a choice not to smoke, but instead, that he was describing a moment when, regardless of having the choice to smoke, he was experiencing his non-smoking as a 'fait accompli'. He was not making a choice of whether to sustain or not his non-smoker status; non-smoking, by this account, was a done deal for him, something he was doing effortlessly and had been doing effortlessly for some time. Thus, when facing an opportunity to smoke, he found no sense to it and no reason for it. In sum, Franco was describing a moment when, having naturalised non-smoking, he realised he was a non-smoker.

Finally, uncoupling the process of becoming a non-smoker from the one of giving up smoking and focusing on the naturalisation of non-smoking helped me to explain the influential role of the social context. But before I could do that, I needed to become aware of how relevant it was for the participants to tell their stories of becoming non-smokers by first talking about the contexts in which they used to smoke.

### **5.3 Normal and social**

All participants contrasted the milieus in which they had previously smoked with the ones in which they became non-smokers. They used two main characteristics to differentiate these two milieus: in the one where they used to smoke, namely a smoking milieu, smoking was a normal and a social practice; whereas in the one where they became non-smokers, that is a non-smoking milieu, it was 'non-smoking' that was a normal and a social practice. Coming back to the data with this insight in mind led to the construction of two main categories: 'normalising non-smoking' and 'socialising as a non-smoker'.

Participants made frequent references to how normal smoking was in the contexts in which they previously smoked. But in a non-smoking milieu, it was not 'smoking' that was perceived and experienced as normal, but rather 'non-smoking'. All references about how normal non-smoking was in a non-smoking milieu became part of the category 'normalising non-smoking'. This category contained descriptions, comments, or observations participants made about the broader context, which often targeted 'New Zealand' in a general sense. The category 'normalising non-smoking' included three sub-categories: 'nobody else did it', 'more of an effort', and 'you don't even think about it'. These were all in-vivo codes, that is, codes I labelled using the participant's own words.

In addition to frequent references to how normal non-smoking was in a non-smoking milieu, participants also talked about how embedded it was in their social interactions. In a non-smoking milieu, most of their friends and colleagues were non-smokers, and smoking in a non-smoking milieu was experienced as anti-social. In addition, their friends and colleagues would often talk about how smoking was bad for their health or how they could not understand why someone would smoke. This interaction with a milieu where non-smoking was the practice embedded in social interactions made it easier to socialise as a non-smoker than as a smoker. All these references to non-smoking as a social practice became part of the category: 'socialising as a non-smoker'. This category contained participants' references to the people with whom they had a more direct relationship and their accounts of that relationship. The category 'socialising as a non-smoker' included four sub-categories: 'it was completely flipped', 'it's really anti-social', 'a nagging element', and 'you wonder, what for?' which were all in-vivo codes as well.

## **5.4 Giving up smoking**

'Giving up smoking' was the third main category included in the process of 'naturalising non-smoking'. There were two key differences between this category and the other two: normalising non-smoking and socialising as a non-smoker. Firstly, no participant had previously undergone these two other processes, but nearly all participants had previously tried to quit smoking. Secondly, even though all participants were able to normalise non-smoking and socialise as non-smokers after they interacted with a non-smoking milieu, not all participants were interacting with one when they gave up smoking.

Nearly all participants had at least one prior quit attempt and all these previous attempts had taken place in a smoking milieu. Health concerns commonly prompted these previous attempts, and they were all experienced as very personal, and because they were unsuccessful, as personal failures.

The final and successful quit attempt was commonly prompted by health concerns too. For those participants who were interacting with a smoking milieu at the time they quit smoking, these concerns were the main reason behind their decision to quit. But there were also other reasons prompting participants' last attempts. For example, participants who were working in health care at that time talked about feeling hypocritical in telling others to quit smoking while they were still smoking. For some participants, the decision to give up smoking was related to a desire to reclaim personal self-control. Finally, those participants who were interacting with a non-smoking milieu at the time they quit smoking also mentioned reasons



such as the feeling of smoking as a burden. All of these reasons supporting the decision to quit smoking became part of the sub-category ‘making the call’.

The actual process of stopping smoking was also experienced as very personal during the last attempt. But since this one was a successful attempt, instead of a personal failure, it was recalled as a personal victory. To give up smoking, some participants used the same strategies they had used in previous attempts, and others used a different approach. All participants’ references to how they stopped smoking became part of the sub-category ‘smoking cessation’.

In short, the category ‘giving up smoking’ included two sub-categories: ‘making the call’ and ‘smoking cessation’. In turn, the sub-category: ‘making the call’ included the main reasons supporting the decision to quit smoking, which were: health concerns, feeling hypocritical, reclaiming control, and smoking as a burden.

There was, however, a key difference between all previous attempts to quit smoking and the last one. Unlike the final and successful attempt, all previous ones were solely focused on giving up smoking. They were not accompanied by the other two processes of normalising non-smoking and socialising as a non-smoker. As a result, those previous quit attempts led participants to discontinue smoking in the short term, but not to naturalise non-smoking and thus become non-smokers.

Even though past attempts did not lead participants to naturalise non-smoking, participants were indeed ‘not smoking’ for variable periods of time during those attempts. But there was a qualitative difference between that experience of ‘not smoking’ as a product of giving up smoking, and the one of ‘non-smoking’ which was a result of the naturalisation of non-smoking. Past quit attempts led participants to a sort of active state of smoking avoidance. They were struggling with cravings, withdrawal symptoms, and often also with friends and the social milieu. This active not smoking was labelled here as: ‘not smoking’, which emphasised the ‘actively not doing something’ aspect of the term. On the contrary, after having naturalised non-smoking, there was no struggle involved in rejecting a cigarette. Non-smoking, then, was taken for granted, effortless, natural.

In short, during the final and successful attempt, the naturalisation of non-smoking was the process that allowed participants to transition from ‘not smoking’ to ‘non-smoking’, and thus, to become non-smokers. This naturalisation of non-smoking was the result of three processes: giving up smoking, normalising non-smoking and socialising as a non-smoker; and these last two processes were facilitated by interacting with a non-smoking milieu.

## 5.5 Outline of the following chapters

Figure 5-1 shows a diagram that summarises all the main categories and sub-categories of the theory of naturalising non-smoking. The theory of naturalising non-smoking is comprised of three main categories: ‘normalising non-smoking’, ‘socialising as a non-smoker’, and ‘giving up smoking’. Each of these three categories, in turn, contain the sub-categories mentioned above. A non-smoking milieu was the condition that facilitated the categories ‘normalising non-smoking’ and ‘socialising as a non-smoker’. The category ‘giving up smoking’, however, also took place when the condition ‘non-smoking milieu’ was absent.

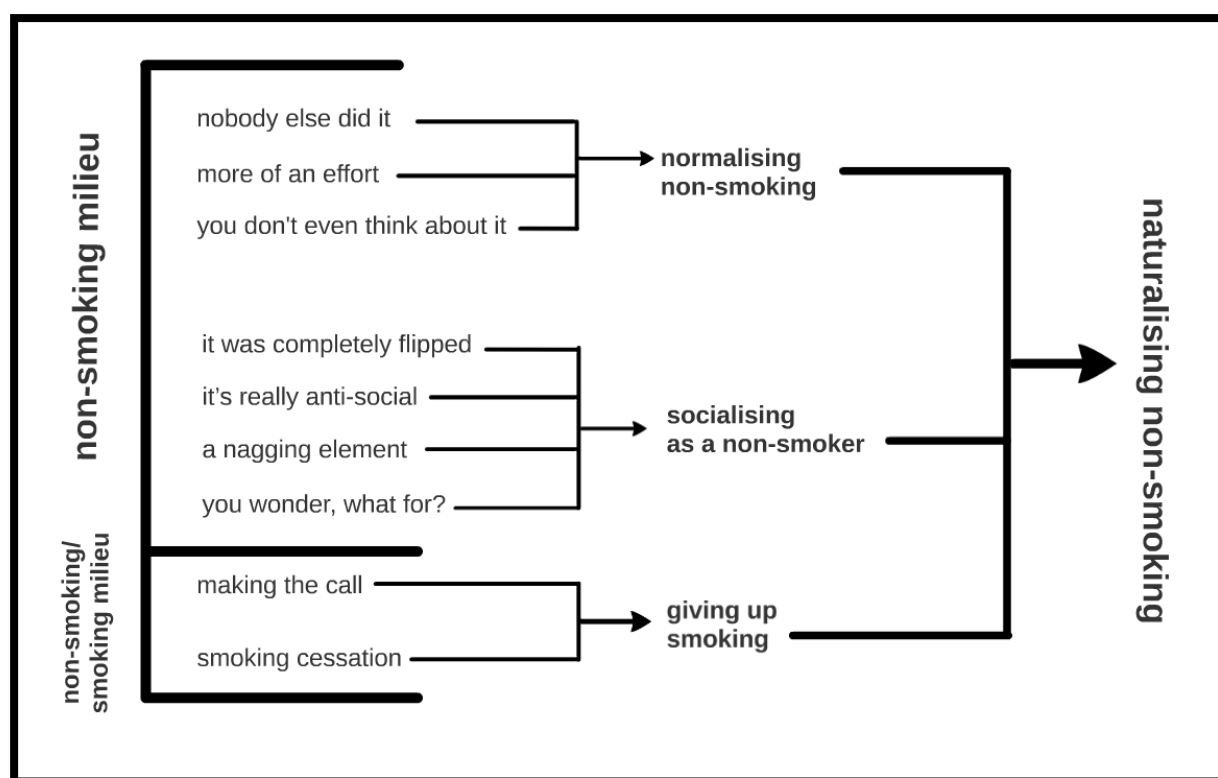


Figure 5-1. Theory of naturalising non-smoking

It was this diagram that allowed me to make sense of all the data. Most participants in the study were interacting with a non-smoking milieu at the time they gave up smoking. For these participants, the three processes – giving up smoking, normalising non-smoking, and socialising as a non-smoker – were co-occurring and influencing one another. But, some participants gave up smoking while still interacting with a smoking milieu. These participants were able to naturalise non-smoking after they shifted from such a milieu to a non-smoking one, as this shift facilitated ‘normalising non-smoking’ and ‘socialising as a non-smoker’. Previous quit attempts, those which did not lead participants to become non-smokers, were

focused solely on ‘giving up smoking’, and since they were unaccompanied by the two other processes, they did not lead to the naturalisation of non-smoking.

Chapters 6, 7 and 8 focus on each of the three main categories: normalising non-smoking, socialising as a non-smoker, and giving up smoking. The title of each chapter comes from the category being explored in that chapter. Within each chapter, sub-titles have the name of the sub-categories that comprise the category. Finally, each chapter also contains a description of how the condition: ‘non-smoking milieu’ influenced each of the categories.

All three chapters were written using storylining (Birks & Mills, 2015; Strauss & Corbin, 1990), so they each present the category through a narrative that resembles the one used when telling a story. They follow participants in time, describing to the reader how the processes being explored unfolded. However, it is worth mentioning that the processes described in each chapter did not always unfold in as linear a way as depicted. Also, these processes were most commonly happening simultaneously, influencing one another. This required including constant cross-references in the first draft of these chapters. But, since the need to repeatedly move back and forth between chapters could become a cumbersome process for the reader, it was decided to minimise these constant cross-references. Instead, each of these chapters was written as a stand-alone piece. This made it necessary to repeat some information across chapters.

## Chapter 6 Normalising non-smoking

*It felt like the normal thing was not to smoke. Tom*

The theory of naturalising non-smoking contains three main categories: ‘normalising non-smoking’, ‘socialising as a non-smoker’, and ‘giving up smoking’. The present chapter focuses on the category ‘normalising non-smoking’. This category includes participants’ references to the context in a general sense, which often targeted the country of New Zealand. The category ‘normalising non-smoking’ contains three sub-categories: ‘nobody else did it’, ‘more of an effort’, and ‘you don’t even think about it’. These sub-categories were in-vivo codes, that is, codes named using participants’ own words (Charmaz, 2014; Hoare et al., 2012).

As a ‘normalised practice’, non-smoking becomes something that requires no explanation or justification; it is taken for granted. It becomes the assumed behaviour, something even expected of others, as well as oneself. The normalisation of non-smoking is facilitated by participating in an environment where non-smoking can be perceived and experienced as normal. Below is a rendering of a memo where the researcher explored this notion of normalising non-smoking:

He is telling me that it was normal to smoke there, but you don’t really think about this until you find a different normal. I mean, when you are fully embedded in the ‘normalcy’ of something, you probably don’t even notice it. You don’t even think ‘it is normal to do this’. It is only after you find a different ‘normal’ that you realise: wait a minute, so that was just something we did there? But then, do you end up with a new normal? I think he did. I think that is what he is telling me, that he found that smoking was normal where he used to smoke, but it was not ‘the normal’. ‘The normal’, as he was living it at the moment of the interview, was not smoking.

The above memo was written after the interview with Jason. Jason talked about how smoking in New Zealand was different from smoking in his country of origin. One of the ways in which it was different was that it was no longer normal. Still, Jason was not emphasising how non-smoking was normal in New Zealand, but rather how smoking was normal in his country of origin. Non-smoking, as it was implied during our conversation with Jason, was ‘just normal’. This implied normalcy of non-smoking suggested that Jason had already normalised non-smoking at the time of the interview.

All participants came to New Zealand from countries where smoking was recalled as normal; and after they came to New Zealand, there were two different types of experiences. On the one hand, most participants found themselves interacting with an environment where smoking was not normal. The first three sections of this chapter: ‘nobody else did it’, ‘more of an effort’, and ‘you don’t even think about it’, explore participants’ accounts of these experiences. On the other hand, some participants found themselves in an environment within New Zealand where they continued experiencing smoking as something normal. Accounts of their experiences are discussed in the section: ‘a non-smoking milieu’, which also highlights how participating in a non-smoking milieu facilitated the normalisation of non-smoking. The last section of the chapter presents a summary of the category ‘normalising non-smoking’.

## 6.1 Nobody else did it

*Something that I always used to do and that was quite acceptable, suddenly it wasn't.*  
Chloe

All participants came to New Zealand from places where smoking was “just the done thing” (Emily). Participants repeatedly characterised smoking as something that was normal in those places, using phrases like “smoking was something so normal” (Franco) or “it was part of the normal to be a smoker back in our country” (Peter). After they came to New Zealand, however, most participants found themselves in an environment that contrasted sharply with the one from where they had come.

In New Zealand these participants found themselves interacting with a milieu where smoking was noticeably less prevalent. This was a different context regarding smoking, as it was one where, as they perceived it, “nobody smokes” (Laura). Thus, something that had always been present in the background was, suddenly, practically absent. Smoking was not common and ordinary, on the contrary, it was rare and unusual. For these participants, New Zealand was a place where smoking was instead of “the done thing” something “nobody else did” (Emily).

These participants recalled that in the places in which they found themselves in New Zealand, “when you smoke, you are one of the weird ones” (Laura). Unlike the places where they came from, whenever they smoked in these new contexts, they were “one of only a few people smoking rather than one of the crowd and the normal people smoking” (Ben). Alex echoed this sentiment when he recalled:

Here [in New Zealand], it was a bit different. Because definitely it was me, probably [this guy], and probably one or two people sometimes, but when we used to go out, and when we were in cafes or other environments, we were in a minority.

As smokers, these participants were no longer blending in with a background where smokers were common and ordinary. On the contrary, smoking set them apart from, as Ben described it, the crowd.

Consequently, smoking in these contexts exposed smokers as different. These participants came from contexts where “there were very few people who did not smoke” (Peter), so someone else’s smoking usually went unnoticed. But as Laura explained, in New Zealand this was not the case:

It was the opposite here, even if I was [at work and went out] to smoke; it’s not like people were watching you in a negative way, but, they did notice you were smoking, and they were like: she is smoking and she is [from this place]! They weren’t looking at me in a sort of negative way, but they noticed it, and it was like it shocked them.

Participants noticed that in these contexts smoking was unexpected, while non-smoking was not even expected, but just taken for granted.

Some participants recalled recognising that there were pockets of smoking in New Zealand. Chloe, for example, explained: “I think it depends where you live though... like my best friend from home lives [in this city], so, when I go [there] and see her, I’m blown away. It feels like everyone smokes.” Ben also commented on how “actually in certain areas, there are still, well, there still were quite a lot of smokers”. Still, these were not the areas where these participants were living or working in New Zealand. Instead, they found themselves in places where “almost nobody smokes” and “smoking isn’t really the norm” (Alex).

Smoking, then, was something that belonged to contexts different than the ones in which they lived their daily lives. Amit recalled being confused by this:

The only people who smoke here, go for a smoke, are those workers, the construction site workers basically, or the heavy lifters... Because back in [my country of origin] it’s cool to smoke. If you smoke a cigar you’re a rich man. Over here the people from different socio-economic backgrounds smoke.

Amit talked about coming from a place where everybody smoked. He described himself in such a place as just “a normal guy smoking”. But in the contexts in which these participants lived in

New Zealand, smoking was presented to them as associated with, as Laura described it, the “lower classes”.

Thus, smoking was not only mostly absent in these contexts, but it was also not expected from people participating there. Smoking used to be, as Chloe explained, “a statement... but only in relation to certain things like buildings or customs or all of those things, people”, from where those meanings “bounced off”; and in the contexts in which they found themselves in New Zealand, the statement made by smoking was a different one, and often not a positive one.

Finally, they recalled their smoking not only as something that exposed them as different or separated them from everybody else but also as something that was objected to by others. Jason, for example, avoided smoking at his workplace because “I heard some people complain about smokers, they just smoking besides building”. Alex also recalled that in his country of origin no one would feel uncomfortable smoking in places like bus shelters, “but here [in New Zealand] even sometimes one guy would light up a cigarette, but I can see that other people, they don’t look at him with, you know, respect”, and he added, “people often look at you in a certain unpleasant way when you’re a smoker”.

Interacting with milieus where people would normally object to smoking or look upon it with disapproval also affected the way in which smoking was experienced. Ben, for example, explained: “before when 30% of people are all smoking, you’re not readily identifiable as the source of the pollution, but if you’re the only one, and you’re coming back, you know, it lingers”, and added “plus, people are more readily commenting that you stink”. Alex also talked about the experience of returning from having a smoke and feeling that he did something wrong:

During the lunch break I (he laughs) went to smoke and I came back [to work] thinking: oh my God, I feel so bad, I feel, you know, so miserable doing this, and that feeling of, you know, being, of doing something wrong, or doing something that is not accepted in the society.

In sum, these participants found themselves after they came to New Zealand interacting with a milieu where smoking was mostly absent, unexpected, and something to what others would commonly object. The norm in New Zealand, as these participants described it, was non-smoking. Non-smoking was presented to them as requiring no contextualisation or circumstantial explanation. It was just normal behaviour, or something people would normally do ‘unless’ they were living in specific contexts or under certain circumstances.

## 6.2 More of an effort

*Here [in New Zealand], with all the restrictions the fun is killed. Amit*

As was explored in the introduction, the New Zealand government signed the FCTC in 2003, and in 2011 adopted the goal of becoming a smokefree country by 2025 (New Zealand Parliament, 2011; Trainor, 2008). Some of the strategies implemented to achieve that goal include excise taxes on tobacco products, plain packaging, and other measures aimed at reducing exposure to smoking and promoting a smokefree lifestyle. There were two strategies participants in this study repeatedly mentioned as having affected the experience of smoking in New Zealand. In the words of Franco:

The society here, when you come to New Zealand, it tells you: hey, smoking is not welcome here, smokers are not welcome here. And it [the society] further goes: we will charge you a lot of taxes, and we are going to forbid smoking basically everywhere.

The high price of tobacco in New Zealand and policies that obliged participants to leave places such as their rental homes, or their friends' houses, or workplaces, were things to which these participants were not accustomed. These were things that made a previously effortless and practically unconstrained activity something that suddenly required effort, planning, and a significant amount of money to sustain.

In New Zealand, the smoking etiquette was also different. Smoking etiquette is understood here as the unspoken rules, guidelines, or conventions governing the practice of smoking; and although it is a point further explored in the next chapter, it is relevant to discuss it briefly here. All participants recalled having come to New Zealand from countries where "smokers kind of dominate the environment" (Alex). These were places where, as they recalled it, smokers did not feel obliged to refrain from smoking when they were with a non-smoker. Also, a non-smoker would normally not object to someone else's smoking, even when it happened in closed spaces. But the etiquette regarding smoking in New Zealand obliged smokers to refrain from smoking whenever they were with non-smokers, and they would have to leave the room and sometimes the building whenever they were going to smoke. Having to leave a closed space to smoke, however, was also very closely related to the tobacco control policies in New Zealand.

Now, participants recalled that before coming to New Zealand they could smoke practically everywhere. It should be mentioned here that being able to smoke practically everywhere furthered the perception of smoking as something normal. But after they came to



New Zealand, they found that they needed to take their smoking outside. Chloe felt this restriction particularly strongly in relation to her house:

It was the house thing that was such a big change, I was just used to smoking, smoked all the time: wake up, have a cigarette. But it was just more of an effort because, I couldn't wake up and have a cigarette, all those things, more of an effort.

Something that was previously effortless and unplanned became more of an effort. Participants could not just light up a cigarette whenever they felt like it. Instead, they needed to be aware that they might have to leave the house or the building and prepare for it, for example, by putting on a coat or grabbing their keys or an umbrella.

Smoking became a planned activity, one that required a conscious effort to be performed. As Laura explained:

It is more complicated here, first, if you smoke [in this place] you have to go quite far away because you can't smoke anywhere. [At my workplace] you can't smoke anywhere either. And then, none of my friends smokes, and if I wanted to smoke or anything, I had to leave the house or the apartment, because they don't want you to smoke in their houses here.

Smoking would sometimes require walking a certain distance until finding a place where it was permitted; and participants would commonly do all of this alone, since there were usually no other smokers to accompany them.

Smoking, then, became a planned and conscious effort that disconnected the smoker from the norm. As Franco described it, "I have the impression that, well, fewer people do it, and when they do it they don't do it like so freely, but rather they are in some corner somewhere". Smoking literally exposed smokers, it had to be taken outside as requested by rules and a different smoking etiquette; and within a context of fewer other smokers, smoking outside alone further exposed a smoker as someone acting outside of the norm.

The high price of tobacco was something that also added to the effort required to smoke. Participants talked about how cheap it was to smoke in their countries of origin. Amit, for example, recalled being able to buy loose individual cigarettes, "you have coins, you have a couple of [coins] on you, so you just go and buy one cigarette, and they provide you with the matches and all those things". But, when talking about buying tobacco in New Zealand, there were repeated comments about how "extremely" (Laura), "very" (Amit), or "really" (Rahul) expensive smoking was here. Some of these participants said they could have managed to

continue smoking regardless of the price, but still, they all mentioned that the high price of tobacco demanded one to be mindful of one's smoking. The cost of tobacco, then, further strengthened the perception of smoking as something that required an effort to sustain.

### **6.3 You don't even think about it**

*But you don't need that here, and nobody else did it, so, you do tend to fall into that culture and the way your peers are. Emily*

After coming to New Zealand, most participants found themselves interacting with contexts where "the normal thing is not to smoke" (Laura). Interacting with a milieu where non-smoking was the norm not only changed the way smoking was experienced, but it also changed the way non-smoking was experienced.

Interacting with a non-smoking milieu facilitated the perception and experience of non-smoking as the normal behaviour. Emily, for example, came to New Zealand from a place where, as she explained, people often focused almost exclusively on working, and smoking was a way of relaxing at the end of a long day at work. Once in New Zealand, she recalled being pleasantly surprised by people's different outlook on life:

And those people [working at her workplace] are like you, they are more, they are less interested in work, and they are more interested in their life and exploring the country or doing whatever they do, so you don't even think about smoking.

In New Zealand, Emily was presented with a different approach to work and life. Within this different approach, non-smoking was not so much an alternative to smoking, but rather a given. She found herself participating in a milieu where smoking was simply not even considered.

Franco had a similar experience to that of Emily. Franco recalled, "I have tried it [smoking cessation] before with no success, and I had the same underlying reasons, and the same underlying will to do it, and it didn't work out", and he added, "I couldn't do it basically because of the environment... you go out to the street and everybody is smoking". But in New Zealand, "not having smoke around you works; it helped me a lot, and I think it is probably one of the things that helped me the most, the smokefree environment" (Franco). One of the ways in which the environment helped Franco to become a non-smoker was by helping him to perceive and experience non-smoking as the normal behaviour. This was an environment that required of him no reason or justification for his non-smoking.

In a non-smoking milieu, the experience of non-smoking was overall a more positive experience than the one of smoking. Alex, for example, talked about finding it rewarding to be a non-smoker in an environment where non-smoking was the norm. He explained:

You can enjoy a smokefree environment, and actually, as a non-smoker in New Zealand, you have more benefits of living, if you like, compared to [my country of origin]. When you come to the restaurant and it's not (pause) there is a no smoking area, but it's still, you know, very often it's only one room and it's impossible to split the air conditioning. So, you'd better be a smoker.

In New Zealand, Alex found himself participating in an environment where his experience of non-smoking “was different; it was different in a really good way and in a really positive way”.

In sum, these participants found in New Zealand a milieu where non-smoking was the norm, to the point of being taken for granted, and participating in such a milieu facilitated the normalisation of non-smoking.

## **6.4 A non-smoking milieu**

It was an early assumption of this research that migrating to New Zealand would likely prompt people to give up smoking, which was at the time equated to becoming a non-smoker. However, participants' accounts did not reflect this assumption. As soon as they arrived in New Zealand, most participants found themselves interacting with environments that facilitated their process of becoming non-smokers. However, not all participants shared that experience. Four participants: Tom, Peter, James, and Tanya, came to New Zealand and found themselves participating in milieus where they were able to continue experiencing smoking as a normal practice, in other words, smoking milieus.

Tom came to New Zealand as a teenager some decades ago. He explained that he migrated at a time when “the normal thing was to smoke”. While in New Zealand, his experience of smoking mirrored the one he and all other participants had before coming to New Zealand. As he recalled, “it was really unusual not to smoke and to object to anybody smoking”. Tom's experience of smoking changed when, as an adult, he moved to a different city for professional reasons. In this new context, “the thing that changed really was that I was working in [that place, and it] is really a non-smoking environment”. Nevertheless, he continued smoking for a while:

I would go outside or have a cigarette or have a cigarette in my office because it was okay to do that in those days. They didn't mind, it wasn't a condition that I stop smoking apparently, but it became evident that it was not right to keep smoking.

After moving cities within New Zealand, Tom had an experience similar to that of most other participants. He was interacting with an environment where almost nobody smoked, and where he felt his smoking was out of place. In such an environment, "it felt like the normal thing was not to smoke". However, unlike the other participants, this did not happen immediately after he came to New Zealand, but rather after he moved to a different environment within New Zealand.

Peter also came to New Zealand around 15 years before our interview. He explained that it was a time when "it was more normal to be a smoker". Back then, he explained:

I wasn't noticing that I am still smoking. My income was much, much smaller than it is now, but I could afford the cigarettes, and I wasn't thinking how much they cost. It was like the bread, and the butter, and the water, it's part of the normal, just the normal expense. But in addition to that, there was no concern, there was no public rejection.

But, after being in New Zealand for some years, Peter's partner and several of their friends gave up smoking. Peter then began to feel "different, and not in a good sense". He recalled feeling like he was a "bad exception, not a good exception".

Peter recalled that about the time those around him quit smoking, his perspective of the future also changed. He talked about coming to New Zealand from a country where people did not often live much beyond their retirement, and where there was not much to do even if you did. But in New Zealand he noticed people approaching their retirement differently. He then explained that, as a result, "you start caring, slowly, well, if I die at 58 or 60, I won't be able to enjoy 10, 15 years of retirement when I can travel around and do things". Also, his father's health was deteriorating due to smoking, and he mentioned that this was "something that helped to think about, okay, this could be my future". Peter was by then participating in an environment that he felt would reward his non-smoking, one that would offer possibilities to those who lived beyond retirement, and this made non-smoking not only a feasible option, but also a more appealing option than smoking.

Like Peter and Tom, Tanya also found herself among smokers after she came to New Zealand. As she explained, in such environment "you kind of live in this, I don't know, an illusion that nothing's going to happen to you". After being in the country for a few years,

Tanya gave up smoking because of health issues. As it will be explored in the next chapter, after giving up smoking, Tanya found herself interacting with a non-smoking milieu, where she felt as if she was “out of that illusion”. Similarly, James too came to New Zealand and found himself participating in an environment where he was, as he described it, “surrounded” by smokers. James stopped smoking right before travelling to another country. It was in that other country where he was “not being surrounded by it [smoking], seeing someone doing it right in front of you all the time, or smelling it”. It was in that other country where he could become “a complete non-smoker”.

All participants found the environment highly influential in their process of becoming non-smokers. But, this influence was not always related to giving up smoking. Some participants gave up smoking while they were interacting with a milieu that did not necessarily facilitate that process. However, at one point all participants found themselves interacting with a non-smoking milieu. In a non-smoking milieu, non-smoking required no reason, explanation or justification, it was the norm, something taken for granted and even expected of others. While interacting with a non-smoking milieu, participants were able to perceive and experience non-smoking as a normal practice, which in turn facilitated the normalisation of non-smoking.

## **6.5 Summary**

This chapter presented the category ‘normalising non-smoking’, a category that contains participants’ references to the broader context in regard to smoking and non-smoking. It also described the normalisation of non-smoking as a key process in the naturalisation of non-smoking. As a normalised practice, non-smoking became something invisible to some extent. It was not only expected from others but also taken for granted. Participants’ interaction with non-smoking milieus facilitated their normalisation of non-smoking. It was also suggested that New Zealand’s tobacco control policies promoted these non-smoking milieus in the country. The following chapter explores the process of socialising as a non-smoker. This process, like the one of normalising non-smoking, is also facilitated by participating in a non-smoking milieu.

## Chapter 7 Socialising as a non-smoker

*I don't think people know of the social implications before they try to give up. Tanya*

The present chapter focuses on the category 'socialising as a non-smoker'. This category contains participants' references to the people with whom they commonly interacted and to that interaction. The category 'socialising as a non-smoker' includes four sub-categories. These are 'it was completely flipped', 'really anti-social', 'a nagging element', and 'you wonder, what for?', which are all in-vivo codes.

Similar to the process of 'normalising non-smoking', the one of 'socialising as a non-smoker' is facilitated by interacting with a non-smoking milieu. All participants were able to socialise as non-smokers following their interaction with a non-smoking milieu. Most participants found themselves interacting with such a milieu right after they came to New Zealand. The first four sections of this chapter: 'it was completely flipped', 'it's really anti-social', 'a nagging element', and 'you wonder, what for?' explore the accounts of their experiences. The last section, 'a non-smoking milieu', explores the accounts of the four participants – Tom, Peter, James, and Tanya – who continued socialising as smokers after they came to New Zealand. This section emphasises how participating in a non-smoking milieu facilitated socialising as a non-smoker. The last section of the chapter presents a summary of the category 'socialising as a non-smoker'.

### 7.1 It was completely flipped

*I was literally becoming the only person [who smoked], and it became, you become aware that you're dragging yourself off from conversations. Ben*

All participants recalled that before coming to New Zealand, most or all of their friends were smokers. They used phrases such as "probably not everyone I knew, but a lot of my close friends smoked" (Chloe) and "we had a lot of friends and parties together with, most smoked at that time" (Jason). Consequently, before they came to New Zealand, it was easy for these participants to find themselves "in situations when, at informal meetings, gatherings, or parties, there were more smokers than non-smokers" (Alex).

For most participants, this situation changed after they came to New Zealand. As Emily recalled, "I knew very few non-smokers in [my country of origin] in my social circle, whereas here it was completely flipped, I didn't know that many smokers here". Franco described a similar situation, "none of them [his friends] smokes, and I don't know that many people who smoke [in New Zealand]".

While most of these participants tended to have mainly non-smoker friends, some would occasionally interact with smokers. As Ben explained:

I [do this thing] at the moment with a group of people that I usually only meet up with once a year, we [go there and we do it], and there's only three out of [a big] group who smoke, but they've smoked from before. And they will go sort of, like, you know, we'll go out to a pub, they'll sort of have to go outside to have a cigarette. And I was sort of used to be in that sort of same situation, but there's at least two or three others with you. I was finding, well, that's really the only setup in my life where there was additional other smokers. Because in my, outside of that environment, my normal environment, very few people in [my workplace] were smoking and very few people in my friend group were smoking at all.

Still, even though some of these participants were occasionally meeting with other smokers, all of them recalled interacting predominantly with non-smokers.

These participants were also facing the same situation in their workplaces. Some recalled that before they came to New Zealand, smoking in the workplace furthered a sense of “social connection” (Kevin). Sharing a cigarette with a colleague was a way of connecting, “that’s how you start talking, you break ties, so it’s casual, but it’s also professional, but, yeah, there is nothing like that [in New Zealand]” (Amit). In short, these participants were living and working in places where they socialised mainly with non-smokers.

These participants also found a different smoking etiquette in New Zealand. They explained that in the places they lived before coming to New Zealand, it was common for them to smoke when they were interacting with non-smokers, regardless of whether it was in an open or a closed space. Ben, for example, recalled that during his nights out, there would normally be so many people smoking that you could “cut the air with a knife, and nobody really complained about that”. Jason echoed a similar situation from his previous workplace, sharing that “the staff have a meeting every weekend, even in the meeting room, maybe about a hundred people, you know, sitting together, some people smoking”, and people would “tolerate the smoker”.

In New Zealand, however, the unspoken rules or conventions governing smoking were different. Smokers in New Zealand were obliged to “take your smoking outside” (Laura). As Kevin explained, “if I’m smoker, here’s another group of, it’s a whole group of people that are non-smokers, I will not smoke; even if I want smoke, I will go outside”. This was in part due to tobacco control policies, but also because it was the expected behaviour. Smokers were

expected to refrain from smoking when they were with non-smokers, or at least to refrain from smoking until they moved away from them.

Franco described this etiquette as a sign of respect, “I respect that others might not like the smell or that they might think I am harming their health”. Kevin talked about it as “common sense” and also mentioned that it could be embarrassing not to follow the new etiquette: “we all know it’s unhealthy, and if they don’t like it, don’t like the smell, it’s very embarrassing because you cause other people inconvenience”. Whether it was out of respect, embarrassment, or common sense, these participants followed the new smoking etiquette they encountered in New Zealand.

Moreover, they adopted this new etiquette up to a point where they did not need to monitor their behaviour to follow it. As Ben explained:

Amongst the group that I’m around now, there’s no way: me (points to himself), sitting in a room like this (signals the room we are in); you’re just going (mimics smoking), you know? It just wouldn’t be allowed, wouldn’t even cross your conscience to think about it. You wouldn’t even go: do you mind if I smoke here? It would just be like: of course, you’ll mind.

There was no need to think about whether they could smoke or not when interacting with non-smokers, because the idea of smoking while interacting with a non-smoker became, basically, unthinkable.

In sum, after these participants came to New Zealand, they found themselves in an environment where there were fewer smokers with whom to interact and share their smoking. It was also one where tobacco control policies and a new smoking etiquette converged to make it unthinkable for them to smoke while interacting with non-smokers. Thus, given that most of their friends and colleagues were non-smokers, smoking became an inconvenience to socialisation.

## **7.2 It’s really anti-social**

*If you are in a society that basically doesn’t like it, and you have to be separated from them when you are doing it, it takes away that social component from smoking. Franco*

Participants recalled that, before coming to New Zealand, they were living and working in an environment where smoking helped to connect with others. Kevin, for example, explained it was an equivalent to “sharing coffee, sharing drinks” and Jason explained that it helped because



“you smoke together, make the relation closer”. Smoking was also helpful when meeting someone for the first time, as Emily explained:

You go, and you have a cigarette with people, so it breaks down those barriers because there’s just, that you and me, what shall we talk about? So, you get to know people a lot easier than if you and I were just sitting. Whereas if you’ve got something in common and something to do with your hands, it’s more sociable.

Thus, participants talked about having come to New Zealand from countries where smoking was not only part of socialising but where it also facilitated socialisation.

For most participants, however, the situation changed after they came to New Zealand. Participants were required to distance themselves from others to smoke. In Chloe’s words:

I lived in a flat with people that didn’t smoke and every time I wanted to smoke it was really antisocial. I’d have to go out and sit by myself. Sometimes people would come outside with me but everyone else would be indoors, and I felt like I was missing out.

Smoking moved one away from the gathering, from the common space. It was no longer something that helped to connect with others; on the contrary, smoking prompted a sense of disconnection from the group.

Smoking became “more of a solitary behaviour” (Laura). It frequently separated the smoker from the group, in quite a literal manner. Laura explained:

And you leave a conversation, from being with your friends, and when you come back 20 minutes after; because you had to go down, leave the building, smoke the cigarette, and then come back up, and you say: so, we were talking about this, and they tell you: no, that was 20 minutes ago, and you just go: oh, I am just going to grab a beer and wait patiently (she laughs).

The need to distance oneself from the group led to separating oneself from the interaction, and it could then take a while to re-engage with it again.

Smoking was no longer a very social practice. This was the case even when there was another person with whom to share a cigarette, as Chloe explained:

There was one person that moved in, and he smoked so we would sit outside and smoke. But, yeah, but still it wasn’t the same, you know, because everyone, especially when it was cold and just sitting out in the court, like, in the rain, smoking. It wasn’t the same.

Thus, even if a smoker was able to smoke with someone else, the experience was still one of having to disengage from the interaction to smoke. As a result, smoking shifted from being “kind of a social thing” to being “anti-social, the complete opposite” (Laura), or as Ben described it, smoking was “clearly more an anti-social behaviour”.

In addition, smoking was not viewed favourably in these contexts. As a result, some participants also talked about how it was preferable not to be identified as a smoker when meeting someone. Jason, for example, talked about how he “didn’t want people to know I was a smoker”, because “I think people, you know, see you smoking and feel weird, because if you saw some people smoke in the street I just keep away from him”. Jason was talking about how he perceived that people would normally cross the street if they saw someone smoking or how they would distance themselves from a smoker on the street.

These participants explained that it was often a good idea to avoid smoking in front of others, not only because it might bother them or because of the smoking etiquette, but also to protect one’s image. As Amit explained, “you also start thinking that if I’m seen smoking a cigarette, what will people think about me”. Kevin described a similar situation talking about his friends, stating:

I don’t think they like to smoke in front of strangers because they don’t know what’s opinion for these people, if they like smoker people or non-smoker people. If they want to make friends with other people (pause) they really not smoke in front of strangers or some friends they are not very familiar with.

This was the case not only in social settings but also in professional ones. As Laura explained:

Here [in New Zealand], even in a job interview, when they ask you: do you smoke? You always have to answer: no, of course, I don’t smoke. In [my country of origin] that is not even a question someone would consider asking.

Therefore, it was often best not to let oneself be identified as a smoker by the person with whom one was interacting, both in private and professional settings.

In short, smoking literally separated participants from their friends and colleagues, which made it more of an isolating practice than a socialising one. These participants found themselves in an environment where smoking was stripped of its previously held social acceptability. Moreover, there was a certain negative quality attached to smoking in this milieu that further made it a less appealing practice in social spaces.

### 7.3 A nagging element

*There is a small thing I always remember, feeling that people look at you, non-smokers look at you in a sort of strange way, like they don't understand why you do this. Alex*

Participants talked about coming from countries where smoking was “a normal social behaviour” (Ben). Still, some participants also talked about being occasionally confronted about their smoking, particularly by family members. Jason, for example, recalled, “my kids and my wife, particularly my daughter, asked me to stop”. However, such confrontations were contextualised in an environment where, as Kevin explained:

The living or social connection (pause) is still a smoker society or smoker environment. It is very hard for them smoke, to cease smoking (Kevin corrected himself). Even when they go back to the family, their kids, or their family members try to persuade him not smoking, but after, they go to work and hang out with their friends. It's very hard.

Thus, even if one's family member or friend occasionally commented about one's smoking, this comment would often be ignored within a milieu that presented smoking as a normal social practice.

In New Zealand, these confrontations were not only coming from their families, but also from most of their friends or colleagues. Ben described it as “a nagging element, saying: you know this isn't actually good for you”. There was another difference, and it was that these challenges about one's smoking were not only targeted at the harmful effects of smoking but also at smoking itself as a practice.

As smoking was stripped of its social component, it became more of an isolating practice than a social one. Because of this, friends and colleagues would often ask participants about their smoking, especially when they were together in a shared space where smoking had no place. Laura explained:

When all your friends smoke, it is very normal, you pull out a cigarette and you smoke it in any bar or wherever. But here it was more like I was isolating myself from the rest because nobody else smoked. I had to go outside, I smoked, and then came back, and if I were to go out again, the first thing my friends would ask was: are you going to smoke again?

Smoking was commonly an alien practice for these friends and colleagues, one with which they struggled to understand. They would often point out the incongruity of being in a social space,

sharing a moment with people, and then having to move away to do something on one's own. Thus, the feeling of being nagged about one's smoking also included the feeling of being questioned about the whole rationale for continuing to smoke.

These participants were confronted with the perception that their smoking was something that was harmful and yet continued to be done even though it made no practical sense. In other words, they were faced with representing the image of an addict. Alex described it as follows:

I also started to be asked by other people why I smoked, so it was quite unusual for me, unusual question if I were in [my country of origin]. The people there, from different nationalities, different backgrounds, they said: why do you smoke? It was like, I don't know, addiction.

The milieus in which these participants found themselves stripped smoking of its normalcy and its social component. Consequently, smoking was reduced to practically nothing but something that caused harm. Moreover, it was a practice that could only be understood by others, and also oneself, as one continued solely because of its addictiveness.

#### **7.4 You wonder, what for?**

*Before, it was just part of my social life... but if it's not fitting with you, make it go, cigarettes just have to go. Emily*

Smoking became a practice that required a certain level of planning, and at the same time, one to which all the effort involved contributed to an experience of otherness and disconnection. As Laura explained:

If you do it with someone, if you go to smoke with someone, and you keep talking, well, it is more pleasant and enjoyable. But, if you go by yourself, looking at the street, and if it is raining, you are freezing, you wonder, what for?

These participants were struggling to find a rationale for continuing to smoke. Smoking had previously required no explanation or justification, plus it had a significant social component. But, in a non-smoking milieu, as Laura said, it "is not comfortable, it is not practical, it is not social, it is not enjoyable".

Participants also talked about how smoking was no longer useful for networking at their workplaces either. As Amit explained:

I normally hang out with [my friends from work] here, and I see myself in the future getting a good white-collar job, nice suit and tie, and those people don't smoke. So, I'm not sure if that [tobacco smoking] would've helped.

Smoking was recalled as something that hindered the development of connections, both in private and professional settings; and it was often described as something that made no real sense to continue doing. As Ben explained, "I was a social leper, you know, working in the health field and being a smoker, and [in this particular field], it was like, what are you doing?"

In a milieu where non-smoking was integral to social interactions, it was hard to find any sense to smoking when one was socialising. Smoking was no longer the practice that facilitated socialisation. On the contrary, it was 'non-smoking' that enabled them to socialise with others. While smoking separated them from shared spaces, non-smoking allowed them to remain in those shared spaces. Non-smoking facilitated the participation in a social space, and thus, it facilitated connection with others. Smoking in a non-smoking milieu required effort, whereas non-smoking demanded no effort, and it led to more positive results.

Participants would often talk about having reduced their smoking merely because of their participation in a non-smoking milieu. Jason, for example, explained that he "started smoke less and less, because when I came here [to New Zealand], not so many friends smoke here". Emily also recalled a similar situation, referring to the broader context, "actually, from the minute I arrived here smoking wasn't, wasn't really the norm here, whereas [where I came from] it is the norm, so I guess I reduced my amount of smoking from the minute I arrived".

Socialising as a non-smoker was not only more appealing than doing it as a smoker, but it was also more feasible in a non-smoking milieu, and it was often described as easier than smoking. As Laura explained when talking about her previous attempts to stop smoking in her country of origin, she often went back to smoking because "it was more like, normal, more like, oh well, it's just okay", however, among her group of friends in New Zealand she was more likely to be confronted with the question: "are you smoking again?" She then added, "it is easier here [in New Zealand] to stop smoking and not go back to it because in my current environment it is more complicated to go back to smoke than not to smoke".

## **7.5 A non-smoking milieu**

Most participants found themselves in non-smoking milieus right after they came to New Zealand. However, this was not the case for all participants. Four participants: Tom, Peter, James, and Tanya, were interacting mainly with other smokers after they came to New Zealand.

Tom, for example, was living in a place where smoking had “quite a strong social element”, and that “the social part was quite a big part of it”. He also recalled that people would normally smoke in social spaces, and that “even if non-smoking friends came along they put up with it, they didn’t complain”. In short, Tom found himself in a smoking milieu. For professional reasons, he later moved to a different city in New Zealand. In this other city, he found there were “very few smokers”. In this different environment, Tom would mainly socialise with his new colleagues, and although he made friends with some of them, he was “more isolated” because of his smoking. These friends and colleagues would sometimes talk to him about how smoking was not a good idea. In short, it was in this other city where Tom found himself in a milieu that mirrored the one most participants found themselves as soon as they arrived in New Zealand, namely a non-smoking milieu.

Tom found it impractical to continue to smoke in such a non-smoking milieu. He explained, “it certainly wasn’t useful, in fact, it was slightly the other way; it was slightly a bit of a handicap to smoke”. In addition, he was able to perceive non-smoking as a more appealing and feasible option. As he said:

Most social activity, even semi-work activity was over [at this place in the city, and] the people that I went to were connected with my work, and they didn’t smoke either, so it was quite easy not to smoke in that situation.

Tom further explained, “with the people I was with, there were lots of interesting things going on, and nobody smoked, so it didn’t become anything to think about”. Thus, interacting with a non-smoking milieu provided Tom with the conditions that favoured socialising as a non-smoker.

Peter was another participant who also found himself interacting mainly with other smokers after he came to New Zealand. He came with his family who were all smokers; and at the same time, he made friends with mostly smokers in New Zealand. Peter explained, “I’d been thinking about stopping for years, as maybe most smokers do”. However, as he further explained:

From my experience, if you have smokers around you, it’s very difficult [to give up smoking], if you have them [smokers] for an hour that’s fine, but if you see them often, if they live close to you [it is not].

Peter continued to smoke for some years after he came to New Zealand. At some point, most of the people around him started to give up smoking. In Peter’s words, “one of the incentives

for quitting was perhaps the fact that I saw several of [my] friends quitting, and also my wife stopped smoking”. At the same time, some of Peter’s friends, would often “in a very friendly manner, suggest that I should stop smoking”. Unlike Tom, Peter did not move to a different environment. Instead, it was his environment that shifted from being a smoking milieu to being a non-smoking one; one where he was then able to socialise as a non-smoker.

Tanya also found herself interacting with a group of friends that was “predominantly a smoking group”. She recalled that, before arriving in New Zealand, her smoking “was very social”; but once she was in New Zealand, “I was with a group which used to smoke every day, and that’s when you start sort of getting into the habit”. Tanya not only continued to smoke in New Zealand, but she also got into the habit of smoking daily.

Tanya explained she had to stop smoking because of some health concerns, a topic explored in the next chapter, and shared that giving up smoking had an impact on her socialisation. She was interacting mainly with other smokers when she quit smoking, and, as she explained:

It takes time for your friends that smoke, for them to sink in that you’ve made a change as well, because the friends that I used to hang out with, they were like, come on, just have one smoke. It’s not going to be that bad for you.

Tanya found it hard to be in the same place with her friends when they were smoking. Therefore, whenever Tanya’s friends went out of the building to smoke, she would stay inside. As a result, as Tanya said, “you lost out on social stuff”.

Tanya explained how giving up smoking had a profound effect on her social life. In her words, “I don’t think people know of the social implications before they try to give up [smoking]”. She explained that giving up smoking “changes the dynamics of which group you sit with and which group you interact with”. As she recalled, “it was very interesting; all my non-smoking friends remained friends after that. But all my smoking friends (pause) I think because I would not go and stand with them when they were smoking”. Even though Tanya continued interacting with her smoking friends somewhat, she found herself more and more embedded in the part of the group made up mostly of non-smokers, where she was able not to lose out on the social stuff because of her non-smoking.

Tanya also began to make new non-smoker friends outside of her usual circle. As she explained it, she was re-engaging with some outdoor activities she had stopped doing because “when your health limits you, you can’t do that much outdoors”. But as Tanya began to do those activities again, “you just make, you make friends, you meet people... and you just start

to, so you just have that interaction”. As a result of making new non-smoking friends, “I had more non-smoker friends after I quit smoking, I had a few non-smoking friends in the beginning, but predominantly more non-smoking friends after”. In short, Tanya was in a smoking milieu when she quit smoking, but she found herself shifting to a non-smoking milieu afterwards, where she was able to socialise as a non-smoker.

James recalled similar events saying: “my very close friends, where I used to live [here in New Zealand], a lot of them were smokers”. Smoking was embedded in his social interactions, as James explained, “every time I’d go to see them they’ll be doing it [smoking], so I do it, just kind of a social routine”. James quit smoking in New Zealand after he got a chance to move to another country, and in that other country: “I wasn’t surrounded by them [smokers] completely, not like the situation here in New Zealand”. James made mostly non-smoker friends in that new country. He explained: “I think you surround yourself with people, who you would like to help you with your life, and you get attracted to people, and groups, friend groups, that are similar person who you would like to become as well”. In other words, it was in that other country where James found himself participating in a non-smoking milieu, which helped him to socialise as a non-smoker.

## **7.6 Summary**

Most participants were still smoking when they found themselves in a non-smoking milieu. Smoking in a non-smoking milieu disconnected them from the social spaces, and people around them would frequently comment on how nonsensical and harmful it was to smoke. But some participants found themselves in a non-smoking milieu only after they quit smoking. However, whether it was after they quit smoking or not, all participants characterised their interaction with a non-smoking milieu as a positive influence in their process of becoming non-smokers, as this interaction helped them to socialise as non-smokers. The following chapter focuses on ‘giving up smoking’, the third main category contained in the theory of naturalising non-smoking. Along with ‘normalising non-smoking’ and socialising as a non-smoker’, ‘giving up smoking’ is presented as a key step in the naturalisation of non-smoking.



## Chapter 8 Giving up smoking

*I didn't see it fitting in my new life. James*

The theory of naturalising non-smoking proposes that it is through the naturalisation of non-smoking that participants in this study became non-smokers. The naturalisation of non-smoking requires three processes: 'normalising non-smoking', 'socialising as a non-smoker', and 'giving up smoking'. This chapter focuses on the category 'giving up smoking'. This category has two sub-categories: 'making the call' and 'smoking cessation'. The first section of this chapter, 'making the call', explores participants' decisions to quit smoking. The following section, 'smoking cessation', describes the strategies they used to stop smoking. The section 'the role of the social milieu' explores previous attempts to quit smoking and compares them with the last and ultimately successful one. The next section, 'the naturalisation of non-smoking' discusses how the two other processes involved in the naturalisation of non-smoking, namely, normalising non-smoking and socialising as a non-smoker, relate to giving up smoking, highlighting the role of the context in the naturalisation of non-smoking. The last section presents a summary of the category 'giving up smoking'.

### 8.1 Making the call

*Why are you giving up the pleasure of the cigarette if there is no good reason for that?*  
*Peter*

All participants described smoking cessation as the result of a personal decision, or as Ben explained, "it didn't come from somebody else". Most participants were in a non-smoking milieu when they quit smoking. These participants would often talk about how this context was influential in their decision to quit smoking. But still, the decision itself was described by all participants as a personal one.

Participants described various reasons that supported their decision to stop smoking. These reasons were usually situations or experiences that prompted or reinforced their dissatisfaction with smoking. As Laura explained:

There comes a moment when you think: I don't want to keep going, I don't want to keep paying for it, I don't want to keep having issues with my throat, I don't want to have to leave, or when I am in a meeting I don't want to have to run out because I want to smoke.

The reasons supporting the decision to quit smoking often stemmed from the perception of ‘non-smoking’ as a better option than continuing to smoke. Below is a rendering of a memo the researcher wrote when analysing these reasons to quit smoking:

Whenever participants are sharing with me the reasons that supported their decision to quit smoking, they are describing them as if they were behind the decision, as if they preceded the decision. This could be an artefact of having the whole experience now in the past, and probably also because it is easier to say that the reasons supporting a decision preceded it. But what if while being there, at that moment, some of these reasons were not in the past, but rather in the future? What if at the moment of deciding to quit smoking they were thinking ahead? And what if previous attempts to quit smoking also had reasons placed in the future, but in those previous attempts, these did not become real after the attempt? I mean, this last time, their attempt to quit smoking was a successful one, but what if previous attempts were similar, and since those reasons that were set looking ahead did not become real, then the whole thing became unappealing, and they just gave up the attempt. Keep in mind this ‘future reasons’.

PS.: I just talked to [someone] about this, and she recommended me to read an article, and the author [Schutz, 1960] talks about this, calling the past-reasons ‘because motives’, and the future ones ‘in-order-to-motives’.

This memo was written at a time when I was struggling with how a code was labelled. This code was named ‘steering towards a better self’. This label aimed at eliciting the idea that participants envisioned a better, aspirational, or desired identity, one to which giving up smoking would lead them. This code was later re-labelled because I came to understand this identity as the one of a ‘non-smoker’, and that the underlying desire was not necessarily to become a non-smoker, but rather to practice non-smoking. In other words, that the decision to give up smoking was driven by the perception of non-smoking as a better option than continuing to smoke.

The most commonly recalled reasons to engage in an attempt to quit smoking were: health concerns, feeling hypocritical, and a desire to reclaim control. Participants interacting with a non-smoking milieu also described the context as influential in their decision to quit, mainly by having made smoking a burdensome practice.

### 8.1.1 Health concerns

Health concerns were the most common reason for giving up smoking. All participants said they were long aware of the harmful effects of smoking. All participants were health professionals; however, their knowledge about the harm of smoking was not necessarily related to their professional training. As Ben explained:

There was a tacit acknowledgement that it wasn't a healthy thing to be doing, yeah, I haven't grown up suddenly being told: hang on, these things are bad for you, we now have new evidence that shows that they're not good for your health. I have actually grown up knowing that there was a surrounding knowledge of information that cigarettes weren't actually good for you.

Participants knew smoking was harmful long before they made the call to quit smoking.

Health concerns did not have the same significance for all participants. For two participants, Chloe and Tanya, these health concerns were elicited by recognising the harm of smoking to their bodies. As Chloe recalled:

I remember the day I decided to quit, we [went for a walk], and we stopped, and we had lunch, and then I went to walk again, and I felt (pause) I had lunch, and I had a cigarette, and then I felt exhausted. I just felt like my body was really heavy and I just made this connection thinking, oh, maybe that's smoking that does that.

Chloe was already participating in a non-smoking milieu at that time, and she mentioned the context was also influential in her decision to quit. However, as Chloe explained, it was this concern for her health which ultimately led her to decide to give up smoking.

Tanya had a similar experience. She decided to quit smoking during a time when she did not feel particularly well:

Smoking made it just very difficult. I used to get tired very easily. You know, so I did [decided to quit]. When that happened, and I had a choice. I had to make a choice at that point: whether I continue to smoke and feel miserable or I give up smoking.

Tanya was interacting mostly with other smokers at that time, and she did not consider the social context as having influenced her decision. As she explained, "it was like, either I die eventually smoking (laughing) or I make a change, and I think it was a choice that I had to make". Both Chloe and Tanya knew smoking was harmful beforehand, but it was not until they identified that harm in themselves that they decided to quit smoking.

For most participants, however, the health concerns supporting their decision to quit were not related to having recognised the harmful effects of smoking to their bodies. For example, James also mentioned health concerns as the main reason for having decided to quit smoking, but for him, there was no immediacy to these concerns. His decision to give up smoking was “mainly for long time health”, because, as he explained, “I’ve always been relatively healthy, even though I did smoke”.

James got an opportunity to move from New Zealand to another country. He saw this change of countries as a chance to quit smoking. He had also planned to quit smoking before coming to New Zealand, but he recalled ending up with “just the same routine as back [at my country of origin]”. James explained, “I didn’t see myself as a smoker in New Zealand [before coming to the country], but the situation dictated that I was”. James was using the word ‘situation’ here to refer to how he found himself around smokers after coming to New Zealand. Once in New Zealand, he had a chance to move countries again, and he saw it as another opportunity to quit smoking. He wanted to quit smoking because of health concerns, but for him, these health concerns were linked to the future more than to the moment in which he decided to quit.

Peter also mentioned health concerns as a reason for having quit smoking. Peter’s father was a smoker, and his health was rapidly deteriorating due to various illnesses related to his smoking. Peter recognised that he might also follow a similar path if he were to continue smoking. Like James, he mentioned that “health-wise, I’ve been always healthy”. Still, as Peter explained, he was able to encounter a “greater appreciation of life and the perspectives in this country [New Zealand]”. He talked about how most people live long and active lives after their retirement in New Zealand, and he thought that if he were to continue smoking, he might not be able to do the same.

The milieu also influenced the participants who were in a non-smoking milieu at the time they decided to quit smoking. As discussed in previous chapters, in a non-smoking milieu, smoking was neither a normal nor a social practice. These participants also recalled being nagged about their smoking, since those around them regarded it as a harmful and nonsensical practice, which further reinforced these participants’ health concerns.

### **8.1.2 Feeling hypocritical**

Some participants mentioned ‘feeling like a hypocrite’ as one of the reasons supporting their decision to quit smoking. Even though all participants were health professionals, not all of them

worked in health care. Those participants who were providing health care services were telling others to quit although they were still smoking, which made them feel hypocritical.

Ben, for example, was a participant who routinely provided cessation advice. As he explained, “part of that particular job was going out to groups and telling them how they could reduce their risk of [various diseases] and saying: you shouldn’t smoke.” However, he was still smoking at the time, and he recalled feeling that it was “becoming increasingly untenable to work in that field and continue to smoke”. Still, this was not the only reason why Ben gave up smoking, but one of several reasons. Tom, however, described feeling hypocritical as the main reason for having quit smoking. Tom recalled he was telling a client that it might be a good idea to adopt healthier behaviours, and the client responded: “how do you spell hypocrisy, [Tom]?”, referring to Tom’s smoking. Tom explained:

By that stage, I knew about the harm and everything else, and that was kind of the last straw; that I was not, I guess I wasn’t living to my values at that stage. And I didn’t realise it until somebody pointed it out to me.

It was then when he then decided to quit. Tom’s account is a good example of how even the most significant reason was not necessarily the only one prompting participants’ decision to quit. For Tom, feeling hypocritical was the last straw, but he also quit smoking because of health concerns and the influence of the environment in which he was participating at that time.

### **8.1.3 Reclaiming control**

Some participants talked about giving up smoking as a way of reclaiming control over themselves. These participants recalled feeling that smoking was something they did not want to do, yet they continued to do it as if they had lost control over their own behaviour. These were all participants who were still smoking while interacting with a non-smoking milieu.

These participants explained that smoking in a non-smoking milieu was, paraphrasing Laura, not comfortable, practical, social, nor enjoyable. Smoking was an isolating practice; one that often quite literally separated smokers from everybody else. Moreover, smokers would commonly smoke alone, because in a non-smoking milieu there were few others with whom to share smoking. Smoking became something they continued to do even though they would have preferred not to, or as Laura said, “it is more like you are going outside because you need it” (Laura). Peter echoed that sentiment when, as he explained, he was becoming increasingly embarrassed about his smoking: “the embarrassing part was, that for me, that I had to (pause) I

felt the necessity to do it". This made him feel "powerless to some extent, and no one likes to feel powerless".

Giving up smoking was a way of reclaiming power or control over oneself. The decision to quit smoking expressed these participants' desire to get rid of something they no longer saw as fitting in with their lives. It was an act of reclaiming control, because, as Emily explained, "if I can't control one simple little thing like a cigarette, if I can let one stupid little cigarette rule my life, then, that doesn't make any sense for the rest of my life, does it?"

All participants, except for Kevin, characterised their previous smoking as an addiction. Kevin did not believe smoking was addictive. He regarded smoking as a practice shaped by the "social environment or cultural [environment]" and driven by a desire for "social connection". According to Kevin, people only smoked because – and when – it was a useful way of connecting with others. He also explained that he stopped smoking because he found smoking no longer useful for socialisation. To Kevin, giving up smoking was just a decision. Nevertheless, like all other participants, his decision to stop smoking was also supported by the perception of non-smoking as a better choice than continuing to smoke.

#### **8.1.4 Smoking as a burden**

Those participants who continued to smoke while they were interacting with a non-smoking milieu also talked about the influential role of context in their decision to quit. On the one hand, smoking was no longer part of the norm nor a social practice. At the same time, tobacco control policies in New Zealand plus a different 'smoking etiquette' made smoking an effortful practice. Moreover, the effort put into smoking was an effort put into a practice that disconnected smokers and isolated them from everybody else. On the other hand, these participants also talked about how 'non-smoking' had become an increasingly desirable and feasible alternative to continuing to smoke. Consequently, and especially when balanced against the effortful and negatively experienced smoking, non-smoking became a viable and more appealing option.

In short, all participants described one or more reasons for which they decided to quit smoking. Some participants characterised their decision to quit as an impromptu one, like Emily, who recalled, "I just went no, I'm not doing this anymore, and I just stopped". Other participants explained their decision was the product of a "long-lasting disagreement with my habit" (Peter), and as Laura explained it, "the day you decide to quit: today I am not going to smoke anymore!; it is like you remember them all [the reasons for quitting], and they boost

your decision”. Nevertheless, all participants’ decision to stop smoking was underpinned by the perception of non-smoking as a better choice than smoking.

## 8.2 Smoking cessation

*Essentially, we always have to do these things our own way. Tom* Participants used various strategies to quit smoking. Some of them stopped smoking immediately after they decided to do it, and others took some time planning their cessation. Some participants also used medication to aid their attempt to stop smoking.

Some participants decided to “better do it now” (Alex) and stopped smoking immediately after they made the call to quit. James, for example, ran out of cigarettes and saw that as an opportunity to quit. He explained, “I ran out, and then I said to myself, why am I going to buy some more?” Other participants got rid of whatever tobacco they had on themselves as an enactment of their decision to quit. Rahul, for example, bought a packet of cigarettes, of which he “just smoked only five to six, and then thought other things, I just thought other things, I totally was like, okay, let’s stop it with this, not gonna smoke anymore”, and then got rid of that packet. Laura, however, decided to quit smoking and stopped immediately after having made the decision, but kept her cigarettes with her, because “it was like a way of reassuring myself that I am not smoking because I don’t want to”. For these participants, smoking cessation involved deciding to stop smoking and then stopping altogether.

Other participants took some time planning their cessation after first making the call to quit and they postponed quitting until their plan was ready. As Chloe recalled, “I wrote a plan, I put together this plan that was just an A4 piece of paper”, and she added:

So, I was thinking, oh well, bus stops are really hard. So, what will I do if I’m at the bus stop? And I had a plan that if I’m at the bus stop, then I’ll walk to the next stop just to keep myself busy. So, I had, yeah, I had a big plan, and then I had lots of things like rewards. So, if I get through one day I’ll buy a magazine, if I get through two days I’ll do this. And then I had all the way up to a year, all these rewards that I would have over periods of time.

Chloe took into account her previous attempts to quit smoking and thought it best to prepare for situations where she might feel a strong desire to smoke. She then made a plan for how to deal with these situations, and once she felt ready, she stopped smoking and “stuck to the plan”, as she explained.

Similarly, Tom also considered it important to use his previous attempts as learning experiences. Tom “worked out”, as he said it, the moments when he was more likely to smoke, and decided to address those moments by keeping himself busy. He then explained:

I didn’t set a time and date. Every so often, when you’re smoking you come to a point where you think: I’ve had enough of this, I don’t want to do this anymore, and that’s quite a good time. So, I thought I’ll wait until one of those times comes round. It happened to come round about midnight on a Sunday night as I was going to bed. I put my cigarette out and thought: I wonder if I can make that my last one. So, I knew what I had to do, not stay in bed, get up in the morning before I lit the cigarette, and that sort of stuff. And I did that, and that was the last cigarette I smoked.

Tom prepared in other ways as well. For example, he did not tell anyone he was going to quit and he kept an unopen packet of cigarettes in his car because it made him feel less deprived.

Even though Tom and Chloe did not stop immediately after they decided to quit, they still shared a common experience with those participants who did it. That is, they described their quit attempts as having started only after they ceased to smoke. However, not all participants recalled their cessation in a similar manner.

For two participants, Jason and Franco, giving up smoking was a process of gradually reducing the number of cigarettes they smoked until stopping altogether. Jason explained he did it that way because he heard that stopping abruptly could be risky or harmful. He decided not to buy cigarettes anymore; then, he increased the time between cigarettes, and moved from smoking more than once a day to smoking only once a day, then every three days, then once a week, until he ran out of cigarettes. It took Jason about one year before he stopped smoking. Franco went through a similar process, although it took him many years to achieve complete cessation. He did it this way because he thought of his smoking cessation as a process of “basically, aiming to reduce the levels of nicotine that I was consuming daily, gradually, aiming to stop at one point”. Franco also reduced the frequency of cigarettes he smoked, then switched to low-nicotine cigarettes, and once he was in New Zealand, he stopped smoking completely.

Peter and Ben were two other participants who also continued to smoke amidst their attempt to give up smoking. However, Peter and Ben did it because it was part of the advice they received when they were prescribed medication that would help them quit. Peter used this medication “for maybe about a month”, as he recalled, and he also “combined them [the tablets]



very rarely with chewing [nicotine] gum”. Ben used medication for around two weeks, and he explained:

I would still go and light up a cigarette after a meal, where I would find that, especially by the end of the two-week run-in, I would literally go from smoking a full cigarette without thinking to having two inhalations and going: I’m not getting anything from this at all.

Peter and Ben had not used medication in their previous quit attempts, but their friends suggested it and they decided to try it, and as Ben said, “it worked for me”.

### **8.3 The naturalisation of non-smoking**

*It happened really naturally to us here, so, we became non-smokers; when I’m thinking about this, the first thing that comes to mind is the environment. Alex*

Except for Emily and Kevin, all participants had tried to quit smoking previously. Emily explained that she did not try to because “I didn’t have any incentive before”; and, giving up smoking was more of a decision for Kevin than an attempt. All other participants had at least one previous attempt at quitting, and there were some commonalities and differences between those previous quit attempts and the last successful one.

For their final attempt at quitting – the one that resulted in smoking cessation – some participants used the same strategy they used in earlier attempts and others used a different strategy. Tanya, for example, gave up smoking cold turkey, which is an approach she had previously tried. Rahul also gave up smoking cold turkey; however, he did it because he had previously tried to gradually reduce his smoking first without success. He explained, “I felt like if I want to quit, I need to quit it immediately; otherwise it’s not going to happen”. Other participants had tried medication or nicotine replacement therapy without success. Alex recalled, “replacement therapy, awful thing, I have to say, tried it many times, these band-aids [nicotine patches], chewing gum, everything, but nothing worked”, whereas Peter and Tom found using nicotine replacement therapy and medication very helpful. In short, there was no single approach to cessation that worked for all participants.

Participants explained that health concerns also supported their decision to quit smoking during their earlier quit attempts. Alex explained:

All previous attempts to quit smoking were in some way underpinned by one idea, or one obsession, like health. I have to do this because of the health, because of, you know, it was something really strict. Or I tried new methods such as

replacement therapy, or reading some books or, you know, listening to audio CD's, with hypnosis, or something to quit smoking; different stuff. But it was all like I was obsessed, I was really, you know, I was restless in my thinking about smoking.

Alex's account of his previous quit attempts echoed that of other participants. Firstly, the decision to quit was described as supported mainly by health concerns. Secondly, participants either did something they had previously tried or they tried something new. Finally, these attempts were focused on their struggle not to smoke.

During their previous quit attempts, participants were engaging in a conscious effort not to smoke. This 'not smoking' led participants to be, paraphrasing Alex, restless in their thinking about smoking. Participants often dealt with this restlessness by directing their attention to alternative behaviours, like walking or working. They would also try to avoid thinking about how they were indeed not smoking by either keeping their tobacco at hand or getting rid of it. Some participants used nicotine replacement therapy or medication to assist them with that 'not smoking' struggle. Thus, even though participants were not smoking, this 'not smoking' required an active effort directed at dealing with the – quite present – absence of smoking.

The lack of success in those previous attempts to quit smoking was commonly recalled as a personal failure. Tom, for example, explained, "I wasn't strong enough to keep myself out of it". Alex also recalled, "somehow, I don't really know how, but I started smoking again". However, at another point in the interview Alex also explained:

I was determined to quit smoking when I entered [the university], but I emerged into, you know, into an environment where I saw a lot of smokers. So, there were always smokers around, and it was totally normal, so it was quite hard, and I also felt some peer pressure probably, you know during the parties.

Participants frequently described their earlier quit attempts in a somewhat de-contextualised manner. Their characterisation of those prior attempts was often unrelated to the environment in which the attempt had been taking place, which probably facilitated their perception as a personal failure.

Some participants' accounts in which the context was highlighted signalled this absence of context in others' accounts of previous quit attempts. Chloe, for example, explained:

And why didn't it work? When I was in [there], so, when I was living in [this place], then I think a lot of it was, just everyone around me smoked, and we were students. And then, even when I'd left, and I was working, everyone smoked. Everyone.

Chloe was not the only participant who was interacting with an environment where smoking was the norm and where it was integral to most or all social interactions – a smoking milieu – during their previous quit attempts. But still, all these previous quit attempts were commonly described without context.

Tanya and James were two participants whose final quit attempt also took place in a smoking milieu. As Tanya explained, “it’s that constant fight with your cravings, yourself and your friends that smoke, you know?”. However, after she found herself in a non-smoking milieu, she was able to make “some lifestyle changes” and “really homed in, like: I am not going back”. James explained that, as part of his efforts to stop smoking, he removed himself from the company of his friends and kept himself occupied to avoid thinking about smoking. James picked up juggling as an attempt to have something to do with his hands that would also grab his attention and stop him from thinking about smoking. He explained, “I wouldn’t necessarily stand with the smokers, I’d stand over the other side, but juggle, to take my mind away from going: I’d really like a cigarette now”. He was still juggling at the time of the interview, but as he explained:

Instead of doing it because: Okay, now I’d have a cigarette, so I am going to juggle or play guitar, now I am juggling just because I feel distressed. Not: I am feeling a bit stressed, I’d usually smoked, but now I juggle, because, to overcome that. I missed out that smoking bit. So, now go: oh, stress, I am going to juggle, do that make sense? So, I don’t even think of the smoking anymore.

James further explained that it was after he found himself participating in a non-smoking milieu that he was able to take smoking, as he put it “out of the equation”.

Even though trying to quit in a smoking milieu did not lead these participants to become non-smokers, these attempts did lead them all ‘not to smoke’ for a variable period. This ‘not smoking’ often represented a struggle with oneself and with others. Not smoking, then, not only required dealing with the sort of ‘present absence’ of smoking, but also with the impact of the quit attempt in one’s social life and personal relationships. Thus, even though participants were motivated to cease smoking even while they were in a smoking milieu, the quit attempt itself felt “more like a struggle than like a liberation”, as Alex described it.

The naturalisation of non-smoking led participants to a different relationship with smoking than the one described above. ‘Naturalising non-smoking’ took smoking out of the equation. To differentiate better these two ways of relating to smoking, it was considered necessary to label them differently. ‘Not smoking’ was the preferred term used when referring

to the common outcome of giving up smoking, one where participants struggled not to smoke and where ‘not smoking’ was an active and conscious effort. In contrast, the term ‘non-smoking’ was used to refer to the practice that leads to – and the outcome of – the naturalisation of non-smoking, one where ‘non-smoking’ was something taken for granted, effortless, spontaneous, natural.

The key difference between all previous quit attempts and the final one appeared to be in that the last and successful quit attempt was accompanied by the two other processes explored in previous chapters: ‘normalising non-smoking’ and ‘socialising as a non-smoker’. All previous quit attempts were focused on giving up smoking and they led participants to ‘not smoking’ in the short term, yet, they also stopped there. The other two processes – normalising non-smoking and socialising as a non-smoker –were missing from those previous attempts. However, during or after the last attempt to quit smoking, and facilitated by their interaction with a non-smoking milieu, these participants were able to normalise non-smoking and socialise as non-smokers. It was these two processes that furthered the transition from ‘not smoking’ to ‘non-smoking’, and thus, advanced the naturalisation of non-smoking.

## **8.4 Summary**

Giving up smoking was a process that had taken place both in smoking and non-smoking milieus. Participants decided to give up smoking prompted by the perception of ‘non-smoking’ as a better option than continuing to smoke. Participants used various strategies to stop smoking, and previous quit attempts were in some ways similar to the last and successful one. However, those previous quit attempts had led only to ‘not smoking’, that is, to the active and effortful avoidance of smoking. Their last quit attempt was accompanied by the two other processes of ‘normalising non-smoking’ and ‘socialising as a non-smoker’, which along with their smoking cessation led them to the naturalisation of non-smoking, and thus, to becoming non-smokers.

## Chapter 9 Discussion

The goal of a grounded theory study is to develop a theory from the ground up. Theories are conceptual frameworks that “pull the strands of seemingly disparate occurrences and tie them into coherent systems guided by common principles” (Van Lange, Kruglanski, & Higgins, 2011, p. XIX). For this thesis, a theory was defined as “an explanation of the inter-relationship between and among concepts, in order to present a systematic view of what is going on” (Wiener, 2007, p. 308).

This study set out to explore successful attempts to quit smoking and answer the question: what is happening here? Following the principles of grounded theory methodology, it was acknowledged that a focus on smoking cessation hindered the possibility of answering that question. Thus, the researcher shifted the focus of the study from ‘giving up smoking’ to the process of ‘becoming a non-smoker’, and as a result, the theory of naturalising non-smoking was constructed. This new theory answers the question ‘what is happening here?’ by describing seemingly disconnected occurrences that, once integrated, present a systematic view of what happened when participants in the study became non-smokers.

As with most grounded theory studies, the researcher continued making comparisons and analyses after the final theory was developed. However, these comparisons and analyses were focused on the extant literature. The researcher engaged with literature both inside and outside the field of addiction following the same methods used to engage with all other data, that is, through theoretical sampling, constant comparison, and memo writing (Birks & Mills, 2015; Ramalho et al., 2015; Thornberg, 2012). This engagement with other authors’ studies and ideas was aimed at identifying “where and how their ideas illuminate your theoretical categories” (Charmaz, 2014, p. 305). It was focused on looking at the constructed theory through the lens of other theories, and integrating it with those concepts that were relevant to the constructed theory, with the goal of further increasing its level of abstraction (Urquhart, 2012; Urquhart et al., 2010).

Before exploring the relevant literature, this chapter first discusses how participants described what it is to be a non-smoker, a discussion that highlights the relevance of ‘identity’ in the constructed theory. The chapter then examines how the constructed theory positions itself regarding the construct of identity. This is followed by a discussion of performativity (Butler, 1990, 1993), a concept that is both relevant to the constructed theory and aligned with how the theory approaches the construct of identity. The chapter then explores how two other theoretical models approach identity: the transtheoretical model of change, and the PRIME theory of

motivation, arguing that their particular lenses do not make them a good fit for the constructed theory. The chapter then presents the theory of symbolic investment (Clark, 2009), which, unlike motivational theories, furthers the present study's findings in its depiction of the social context as playing a significant role in the process of becoming a non-smoker.

## **9.1 Being a non-smoker**

All participants considered themselves non-smokers at the time they participated in this study. What it meant to the participants to be a non-smoker can be exemplified in Franco's account of the moment when he realised he was a non-smoker. As he put it:

It was when I did not do it [smoking] when everything was there [for him to smoke], yes, it was then, and in that moment, what I felt was, well, basically I felt like doing it, but at the same time I felt like: tomorrow I will have, or right after doing it I will have bad breath, and tomorrow I will feel my breath stink, and for what purpose? I mean, I haven't done it for a while now, because it was quite a while since I stopped that I had a chance to smoke again. But it didn't have any sense to me; it doesn't have any sense to do it. I just couldn't find any sense to it, I couldn't find any reason.

As previously discussed in Chapter 5, Franco was talking about the moment he recognised how easily he could sustain his non-smoking; a moment when, having naturalised non-smoking, he realised he was a non-smoker. Like Franco, all other participants took their non-smoking for granted. Non-smoking was for them something natural, spontaneous and effortless, both in private and social settings.

For all participants, smoking had become something that had no connection with them. As Tanya explained:

And then you start to sort of, you know, sort of agree with people who don't smoke. And you realise what they are going through as in passive smoking. You know, when someone's standing and smoking outside like I used to, and how much discomfort you caused to people. Because now you're one of those people who don't smoke. And you're standing beside someone who just can't stop smoking. And you're like, please can you step aside. I really don't want to be smoking that.

Participants' current relationships with smoking were often one of discomfort. When talking about this relationship with smoking and smokers, participants emphasised how they were talking about it from the position of a non-smoker. Smoking had become something alien to

them, something ‘smokers’ did. For example, Peter talked about often feeling “sorry about him [a smoker he saw outside the building], seeing him smoking, and I was wondering: why he can’t stop?” In short, they were non-smokers, and smoking was something completely disconnected from them.

Now, having naturalised non-smoking, non-smoking was, indeed, something natural to them. As James explained:

The only time I really now get related to having smoked, is this for example [referring to the interview], or, for a medical test, like at the GP, or a questionnaire: have you ever smoked, and I have to put yes. That’s the only time now I think about when I used to smoke, if that makes sense. Apart from that, I never really think about it, I am just [me].

Alex echoed this sentiment when he explained that others, “they know me as I am, they know me as a non-smoker now”. It was in specific situations such as being confronted with the question ‘do you smoke?’ when participants were ‘non-smokers’; apart from that, being a non-smoker was defined as just being oneself.

## **9.2 Identity in the theory of naturalising non-smoking**

As mentioned in Chapter 4, the researcher recognised that the present study was increasingly focused on the development of an identity, the one of a ‘non-smoker’. The memo presented in that chapter described a moment when the researcher struggled with the idea that participants’ accounts of various aspects of their lives were oversimplified to fit a narrative, one that described parts of their lives as if they were driven exclusively by one thing: becoming a non-smoker. However, the researcher also recognised that participants did share their stories of becoming non-smokers. Thus, two things were acknowledged: firstly, that the theory indeed referred to how smokers develop a non-smoker’s identity and that the development of an identity – the one of a non-smoker – play a significant role in the theory, and secondly, that the theory was aligned with a notion of identity as multiple and fluid.

‘Identity’ is a key construct used in various disciplines. It has been defined and operationalised in many different ways, and often within the same discipline. It is not the intention of this section to present an exhaustive analysis of a concept as complex as the one of identity. However, it is important here to take an explicit position regarding this concept, particularly since it plays a significant role in the constructed theory.

Theoretical approaches to the concept of identity can be divided into two different perspectives: essentialists and non-essentialists (Woodward, 1997). On the one hand, essentialist approaches regard identity as relatively fixed and clear, and as an intrinsic property of the individual. These approaches to identity are strongly influenced by Erik Erikson's (1968) work on identity crisis, in that they understand identity as a cohesive sense of self, one that provides continuity and orientation, a "self-sameness" as Erikson (1968, p. 50) defined it. An essentialist perspective regards identity as a psychological construct or a mental representation, ultimately an inner essence.

On the other hand, a non-essentialist perspective sees identity as multiple, fluid, contingent, and relational (Woodward, 1997). Non-essentialist approaches to identity describe it as a construct intimately related to the social world. Symbolic interactionism, Mead (1934), social constructivism, and Vygotsky (1962, 1978) are all examples of authors and approaches to identity as more of a social construct than a psychological one (Holland & Lachicotte, 2007). Non-essentialist approaches also emphasise the discursive construction of identity, as well as the role of power in one's identity configuration, as exemplified in the work of authors that highlight its political and ideological dimensions, like Bourdieu (1973, 1977; Bourdieu & Passeron, 1977) and Foucault (1977, 1980).

The theory of naturalising non-smoking understands the process of becoming a non-smoker – or developing the identity of a non-smoker – as a relational one, intimately related to the social context. Thus, non-essentialist perspectives' more explicit recognition of the role of one's interactions and social world make them relevant to the constructed theory. The exploration of theories with a non-essentialist perspective to the construct 'identity' led to engaging with theories in the field of addiction and outside of it, which in turn, led to the two concepts of symbolic investment (Clark, 2009) and performativity (Butler, 1988, 1990, 1993). These two concepts are discussed here as further underpinning the theory of naturalising non-smoking. The next two sections, 'becoming a non-smoker' and 'investing in non-smoking', examine the concepts of performativity and symbolic investment respectively, and how they relate to the theory of naturalising non-smoking.

### **9.3 Becoming a non-smoker**

'Non-smoking' has commonly been characterised as 'the other side' of a dichotomy between smoking/non-smoking. But, while smoking is normally understood as something that is done or practised, non-smoking is seen more as the absence of practice or as something that is 'not done'. Consequently, giving up smoking and becoming a non-smoker are understood as the



same process, one where becoming a non-smoker involves discarding a practice or not doing something.

But the constructed theory argues that giving up smoking and becoming a non-smoker are not the same process. Instead, it argues that it was the naturalisation of non-smoking that led participants in this study to become non-smokers. In this theory, 'non-smoking' is not seen as a not doing, but rather as a certain kind of doing; one whose naturalisation leads to developing the identity of a non-smoker. The constructed theory, then, argues that becoming a non-smoker was not solely the result of not doing something, but also of 'doing something', namely non-smoking. Drawing from Judith Butler's (1990, 1993) concept of performativity, it could be further argued that the participants' identity of a non-smoker was performatively constructed.

The notion of performativity, as used in Butler's theory, is informed by the work of John Langshaw Austin (1975). In the book *How to Do Things with Words*, Austin discusses what he calls performative utterances. Unlike a constative utterance, which describes the world or represents a statement about the world, a performative utterance is one where the uttering of the statement is – or is part of – the doing of some action. For example, when stating: 'I name this ship The Beagle', the utterance is not meant to describe the act of naming the ship, but rather itself enacts the action of naming the ship. Thus, performative utterances do not describe an action; they perform the action itself.

In Butler's (1990, 1993) work, gender is both created and performed through acts. Gender is described as the effect of reiterated actions that produce the appearance of an essential core that is expressed through the acts which are fabricating it. Those reiterated acts, those gendered acts – or acts which are congruent with a fictionalised ideal gender – are not the expression of gender but rather the performative acts that construct it. Gender, then, is a construction that, concealing its genesis, is seen as the producer of that which is producing it (Butler, 1990).

Butler explains, "performativity must be understood not as a singular or deliberate 'act', but, rather, as the reiterative and citational practice by which discourse produces the effects that it names" (Butler, 1993, p. 2). In this study, it is argued that participants became non-smokers through the reiterative and citational performance of non-smoking acts, which led to the naturalisation of non-smoking. These non-smoking acts should be differentiated from the non-performance of smoking which is achieved through smoking cessation. The non-performance of smoking which results from giving up smoking is what the theory of naturalising non-smoking calls 'not smoking' – an active and conscious effort not to smoke – whereas non-smoking is here the outcome of having become a non-smoker, and also what leads to it.

Interacting with a non-smoking milieu facilitated the performance of non-smoking acts. Participating in a non-smoking milieu allowed participants to construct their identities of non-smokers through the production and reproduction of these acts. These acts were not only reiterative performances of non-smoking but also an enactment of what Butler calls citational performances (Butler, 1993). In other words, interacting with a non-smoking milieu facilitated citing non-smoking acts or citing models of non-smoking and being a non-smoker the way these were performed in the milieu.

Butler (1988, p. 519) explains, “gender is in no way a stable identity or locus of agency from which various acts proceeded; rather, it is an identity tenuously constituted in time - an identity instituted through a stylized repetition of acts”. The theory of naturalising non-smoking presents a similar argument regarding being a non-smoker. It is not from an underlying essence or an inner property of the participants that non-smoking proceeded; instead, the ontological existence of the identity of a non-smoker was an artefact that arose from the performative acts – non-smoking acts – that constituted it. Participants’ process of becoming a non-smoker, then, could be better understood as a performance of non-smoking acts that “congeal over time to produce the appearance of substance, of a natural sort of being” (Butler, 1990, p. 33). Therefore, non-smoking could be described as the producer of their non-smoker identity, rather than the result of it.

#### **9.4 Investing in non-smoking**

The notion of a performative construction of the non-smoker identity contributes to illuminate further how the naturalisation of non-smoking led participants in this study to become non-smokers. However, it provides little insight into what drove them to engage in the process of becoming non-smokers. This section focuses on that particular aspect of the process.

When attempting to explain what leads people to give up smoking or to become non-smokers, authors have commonly drawn from the disciplines of psychology and education. For example, the Reasons for Quitting Scale (Curry, Edward, & Grothaus, 1990) – a scale that presents a list of intrinsic and extrinsic motivators – draws from the self-determination theory (Deci & Ryan, 1985, 2000). The self-determination theory is a theory of motivation widely used in education. It proposes that people’s behaviours are either self-determined, that is, freely chosen by the individual, or controlled, meaning done under external pressure. Also, the theory describes two different types of motivation: intrinsic, which leads individuals to perform a task because they find it enjoyable or interesting; and extrinsic, which leads individuals to perform a task because doing so might result in an external reward. Regarding smoking cessation, the

theory argues in favour of the importance of having intrinsic motivation to give up smoking. It also argues for the attempt to quit smoking to be a self-determined behaviour.

The next two sections will discuss a similar approach to behaviour and behaviour change found in the transtheoretical model of change (Prochaska & DiClemente, 1982, 1983) and the PRIME theory of motivation (West, 2006; West & Brown, 2013). It is argued here that these models, understand human behaviour as driven and shaped by an identity that is seen as an inner property of the individual. The following section introduces the theory of symbolic investment (Clark, 2009), a theory is more closely aligned with the findings of this study.

#### **9.4.1 Transtheoretical model of change**

The transtheoretical model of change (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992; Prochaska & Velicer, 1997) focuses on the decision-making process of individuals, and it is a model of intentional change. The model explains behaviour change through processes and stages that people go through when, for example, discarding unhealthy behaviours and adopting healthier alternatives.

This model was developed in the early 1980s. As Prochaska and DiClemente (1982) explain, there were approximately 200 types of psychotherapy available in the market at the time. They created the model in an attempt to synthesise the increasing number of divergent theories and presented it as an integrative and comprehensive model of behaviour change. The model was labelled ‘transtheoretical’ because it included constructs, principles, and techniques from various theories of behaviour and motivation.

The foundation for the model can be found in a comparative analysis of different types of psychotherapy and theories of change developed by Prochaska (1979). In the book *Systems of Psychotherapy: A Transtheoretical Analysis* – currently in its ninth edition (Prochaska & Norcross, 2018) – Prochaska identified 10 processes of change. These processes of change represent the common pathways by which the analysed therapies produced behaviour change. Some of these processes were more widely used in therapies that focused on language, consciousness, or increasing awareness (labelled ‘verbal psychotherapies’), and others in therapies that focused on external behaviour or actions (labelled ‘action or behavioural therapies’).

Another component of the model – the stages of change – was developed in a study that compared the use of those processes of change in smokers that quit smoking with or without professional support (DiClemente & Prochaska, 1982). In that study, DiClemente and Prochaska found that all smokers, regardless of the use or not of professional support, went

through three distinct stages of change: decision to change, active change, and maintenance. The processes of change commonly employed by verbal therapies such as consciousness-raising were used more by smokers at the decision to change stage, and those commonly employed by behavioural therapies such as stimulus control were used more at the active change and maintenance stages.

The model was further developed in the article *Transtheoretical Therapy: Toward a more Integrative Model of Change* (Prochaska & DiClemente, 1982). In this article, Prochaska and DiClemente continued to develop the stages of change. Firstly, they presented these stages as a revolving door, to which smokers would come in (once they began thinking about quitting) and out (whether as satisfied non-smokers or due to a relapse). Secondly, they added an extra stage of change, making the stages four instead of three: thinking about stopping smoking (contemplation), becoming determined to stop (determination), actively modifying their habits and/or environment (action), and maintaining their new habit of not smoking (maintenance). The model also acknowledged smokers who were not thinking about changing (immotive smokers). For smokers to move through these stages of change, it was necessary for them to make a serious commitment to stop smoking; since although it was the decision to stop that might have triggered their quit attempt, for them to continue with that attempt required commitment.

The model continued to be developed (DiClemente, Prochaska, & Gibertini, 1985; Prochaska, 2013; Norcross, Krebs, & Prochaska, 2011; Prochaska & DiClemente, 1983; 1984, 1986, 2005; Prochaska, DiClemente, & Norcross, 1992; Prochaska & Velicer, 1997), and it now proposes five stages of change, each requiring specific tasks to progress to the next stage. These five stages are: pre-contemplation, contemplation, preparation, action, and maintenance. Precontemplation is the stage at which no intention to change is present. During the next stage, contemplation, individuals recognise there is a problem, and although they are considering change, they are not yet committed to it. Ambivalence to change is a main component of the contemplation stage, thus, increasing the positive aspects related to change is key here.

Once individuals commit to change, they then move to the preparation stage. At this stage, addressing a possible fear of failure is one of the main tasks. The next stage is action, where individuals are effectively changing their behaviour. This is followed by the maintenance stage, where individuals consolidate their new behaviour and work to prevent relapse. Finally, Prochaska and Velicer (1997) also mentioned another stage, the termination stage, “in which individuals have zero temptation and 100% self-efficacy” (p. 39).

Along with the stages of change, the processes of change continue to be a key component of the model. As explained by Prochaska, DiClemente and Norcross (1992), the stages of change allow us to understand ‘when’ changing occurs, but the processes of change allow us to understand ‘how’ they occur. As mentioned above, certain processes of change are more relevant during certain stages than others. For example, consciousness-raising – increasing awareness about the problematic behaviour – is particularly important during the contemplation stage, and self-reevaluation – reappraising how one thinks and feels about oneself concerning the problematic behaviour – is key during the contemplation and preparation stages. Moreover, these two particular processes emphasise a key driving force prompting behavioural change: evaluating certain behaviour as problematic in regard to one’s identity or “self-identity” or one’s “sense of self” (Prochaska, DiClemente, & Norcross, 1992, p. 1109).

It is argued here that the transtheoretical model of change is aligned with an essentialist perspective of identity. In the model, identity is an inner property of the individual, a psychological construct that provides the individual with that “self-sameness” described by Erikson (1968, p. 50). It is regarding this identity or self-identity that behaviour is evaluated, balancing the pros against the cons that changing one’s behaviour would bring to it (Grimley, Prochaska, Velicer, Blais, & DiClemente, 1994).

Two other components of the model that highlight its essentialist approach to identity are self-efficacy and the levels of change. Adapted from Bandura’s self-efficacy theory (1977, 1997), self-efficacy is used in the model as the situational confidence that individuals have in that they can cope with tempting situations without relapsing into the problem behaviour (DiClemente, 1981; DiClemente et al., 1985; Velicer, Prochaska, Fava, Norman, & Redding, 1998), a notion that emphasises how the model sees behaviour change as a highly individual process. The levels of change represent a hierarchical organisation of psychological problems that need to be addressed (Grimley et al., 1994; Prochaska & DiClemente, 1984, 1986). These levels are: symptom/situational, maladaptive cognitions, current interpersonal conflicts, family/systems conflicts, and intrapersonal conflicts. According to the model, the further down the hierarchy, the more these psychological problems are interrelated with the above mentioned ‘sense of self’, and the more time and effort they take to change.

Regarding smoking, the transtheoretical model of change understands the process of ‘becoming a non-smoker’ as one of giving up smoking. In turn, giving up smoking is seen as an individual process, one that requires effort and commitment. The social context is relegated to a background role, or to an indirect supportive/hindering role which acts through psychological processes. In the theory of naturalising non-smoking, however, becoming a non-

smoker and giving up smoking are not seen as the same thing. Furthermore, while giving up smoking might be a personal process, becoming a non-smoker is described as a relational and a contextually sensitive one. Personal relationships and the social context are then brought to the foreground, and they are regarded as playing a direct role in the process.

#### **9.4.2 PRIME theory**

In the article *Time for a Change: Putting the Transtheoretical (Stages of Change) Model to Rest*, West (2005) proposes, using his words, to put the model to rest. In this article, he discusses shortcomings of the model – which are in turn addressed in the publication *A Premature Obituary for the Transtheoretical Model: A Response to West* by DiClemente (2005) – and argues the need for alternative models. West later put forth one such an alternative: the Plans, Responses, Impulses, Motives, Evaluations (PRIME) theory of motivation (West, 2006; West & Brown, 2013).

West's PRIME theory of motivation is presented in the book *Theory of Addiction* (West, 2006); of which there is now a second edition (West & Brown, 2013). In that book, West first summarises and comments on a wide range of theories from the field of addiction, before presenting the PRIME theory. Similar to the transtheoretical model of change, the PRIME theory is introduced as a synthetic theory with a psychological orientation that brings together notions from various theories. As West (2006; West & Brown, 2013) explains, the PRIME theory of motivation draws ideas and findings from existing theories, common sense and naturalistic observations.

PRIME theory describes a 'motivational system' that is composed of five sub-systems organised in hierarchical levels: responses, impulses/inhibitory forces, motives, evaluations, and plans. Responses are the lowest level in the system, and they include reflexes, which can be innate or learned. The impulse-inhibition level is more flexible than simple reflexes, but it remains as automatic as them. It is in the next level, motives, where behaviours start to become goal-directed. In the motives level, and unlike the stimulus-response scheme of the previous two levels, the possible consequences of one's behaviours are considered. Motives can be represented in feelings of wanting or anticipating satisfaction; or feelings of needing or anticipating relief. Plans and evaluations represent the highest levels. Evaluations can have a positive or a negative value, making that which is evaluated either attractive or unattractive; and plans refers to plan-driven behaviours.

West (McEwen & West, 2010; West, 2009) also developed the SNAP model of smoking cessation, a model based on PRIME theory. In the SNAP model, smokers are in one of four

states: smoking, not smoking, attempting to quit, or planning to quit (SNAP). The model explains that it is the smoker's desire at a given moment that moves him/her from one of those states to the other. Thus, the SNAP model presents a less linear and stage-related model of change than the one described in the transtheoretical model of change. Nevertheless, the model also claims that plans that will have lasting changes, such as planning to quit smoking, require a high level of commitment, a claim similar to that made by the transtheoretical model of change (Prochaska & DiClemente, 1982).

In both the SNAP model and the PRIME theory, self-control is crucial for smokers to 'overcome their addiction to cigarettes' (McEwen & West, 2010; West, 2009). Self-control is defined as a process that allows the enactment of one's intentions in the face of challenging desires or impulses that may come from other sources. Self-control is also described as "the influence of mental representations involving ourselves and evaluations and motives that we ascribe to ourselves in the motivational system" (West & Brown, 2013, p. 213). PRIME theory (West & Brown, 2013) defines identity as a "mental representation" (p. 213) and "how one views oneself", (p. 155). Thus, the above descriptions of self-control aim at explaining the multiple levels of the motivational system in which self-control can exert its action; and also the significant role that one's identity – or "self-labelling" (p. 86) – plays in one's self-control.

According to PRIME theory, identity change is a starting point for intentional behaviour change (West & Brown, 2013). The theory sees identity change as a change in one's self-label. The theory explains that people ascribe certain rules of appropriate behaviour to their identities or self-labels. Thus, making "the mental transition" (West & Brown, 2013, p. 215) to a new label or new mental representation of oneself represents a starting point for intentional behaviour change, as it brings new rules of behaviour. However:

...maintaining behaviour change requires 'self-control': the effortful generation of desire to adhere to a rule that is sufficiently powerful to overcome desires arising from other sources (West & Brown, 2013, p. 226).

One might easily make a mental transition to a new label and attempt to engage with the associated behaviours, but sustaining the behaviours that are aligned with that new mental representation of oneself requires self-control, which in turn requires effort and commitment. Consequently, the SNAP model of smoking cessation suggests that assisting smokers who are trying to stop smoking should involve assessing what might hinder their possibilities to exert that self-control, taking into account problems of motivation and self-regulation, and provide

behavioural and pharmacological support to help increase self-regulatory skills and counteract motivations to smoke (McEwen & West, 2010; West, 2009).

It could be argued that PRIME theory understands the process of ‘becoming a non-smoker’ as a highly individual one, much like the transtheoretical model of change. Similarly, the process also requires effort and commitment, focused on the construct of ‘self-control’. However, PRIME theory puts an added emphasis on the ‘identity change’ involved in becoming a non-smoker, although this change of identity is described as one of making a mental transition to a new self-label.

The relationship between behaviour change and identity suggested by PRIME theory is drawn mainly from the ‘identity shifts theory’ (Kearney & O’Sullivan, 2003; West & Brown, 2013). The identity shifts theory, developed by Kearney and O’Sullivan (2003), is also a theory about behaviour change. Kearney and O’Sullivan developed this theory through a classic grounded theory study, analysing a sample of 14 qualitative studies. These 14 studies were focused on turning points or changes in health behaviours related to weight loss and cardiovascular risk reduction (6 of the 14 studies), alcohol and/or drug abuse recovery (6 of the 14 studies), and smoking cessation (2 of the 14 studies).

The theory of identity shifts proposes that behaviour change starts with becoming increasingly aware of how one’s behaviour is incongruent with one’s values and goals (Kearney & O’Sullivan, 2003). This conflict leads people to a critical self-appraisal, realising that they will not be able to continue with that behaviour without feeling distressed. This, in turn, leads to behaviour change, which starts first with a small step and if this small step proves successful, further change follows. The success of that first step leads people to see themselves differently, to revise their identities. Further behavioural changes are set to be congruent with that new identity, and if they are rewarding, they are maintained. The new self-image also feeds into the behaviour change, until a new identity with its new set of behaviours is consolidated.

As mentioned above, the identity shifts theory was developed from analysing 14 studies focused on behaviour change (Kearney and O’Sullivan, 2003). Kearney and O’Sullivan mentioned that the theoretical orientation used in those 14 studies was considered during their analysis. They also explained that, as a result, the theory they developed reflected the “individual-focused, personal-responsibility model for behaviour change” that was an underlying theme of the studies in which their theory was grounded (Kearney & O’Sullivan, 2013, p. 151).

This individual-focused and personal-responsibility theme is one that can also be seen underlying both the PRIME theory of motivation and the transtheoretical model of change,



which is why these theoretical models were not considered a good fit for the theory of naturalising non-smoking.

### **9.4.3 Investment theory**

The theory of naturalising non-smoking is aligned with a non-essentialist perspective of identity, and while motivational theories might be better aligned with an essentialist approach to identity, they are at odds with a non-essentialist one. There is, however, an alternative theory that is more relevant to the findings of this study: the theory of symbolic investment (Clark, 2009). But, to better present this theoretical model, it is necessary to introduce first the one of ‘investment’ (Norton, 1995, 1997, 2000, 2001), upon which it was developed.

Norton’s (1995, 2000) theory of investment is part of a shift in the field of second language acquisition (SLA). This shift represents a movement from seeing language learners as somewhat de-contextualised individuals to recognising them as members of a collective, a shift which in turn placed further emphasis on the conditions in which language learning takes place.

In the context of this shift, Norton (1993) explored language learning experiences with five migrant women in Canada. Norton helped to teach an English-as-a-second-language course to recent migrants in Canada. At the end of the course, she invited the learners to participate in a longitudinal case study about language learning experiences, and five women agreed to participate in her study. The study lasted one year, and the main source of data collection was a diary study, accompanied by personal and group interviews. She analysed her data from a feminist poststructuralist perspective, drawing from the work of Weedon (1987), who regards subjectivity as socially and discursively constructed.

In her study, Norton (1993) argues that the field of SLA struggles to understand the relationship between language learners and their social worlds. The reason for this struggle, she explains, is that the field has not taken into account the impact of larger structural and societal forces on language learners and their opportunities or not to practice the target language with target language speakers. Norton (1995) further explains that another reason for the struggle lies in the field’s lack of a comprehensive theory that integrates both language learners and their contexts.

Norton (1995) claims that SLA has commonly made an artificial distinction “between the individual and the social, which lead to the arbitrary mapping of particular factors on either the individual or the social” (p. 11). The concept of motivation, for example, is an outcome of that distinction. This concept has led to understanding language learning as an individual affair,

an almost exclusively self-driven process. In addition, ‘motivation’ assumes language learners have enough power to control their language learning environment:

Theories of the good language learner have been developed on the premise that language learners can choose under what conditions they will interact with members of the target language community and that the language learner’s access to the target language community is a function of the learner’s motivation (Norton, 1995, p. 12).

Drawing from the findings of her study, Norton rejects the assumptions that the target language community is an idealised and equitable collective, where all its members normally create the conditions necessary for language learners to practice the target language and to feel supported in that practice.

Before tackling the concept of motivation, Norton (1995) argues in favour of re-conceptualising previously held notions of the individual and the language learner’s identity, particularly in how they draw a distinction between language learners and their language learning context. She proposes an alternative understanding of a language learner’s identity, which she describes as having multiple, complex, and changing identities. Identity, she suggests, should be seen as “diverse, contradictory, and dynamic; multiple rather than unitary, de-centered rather than centered” (Norton, 1995, p. 15). Norton (1995) then explains that “a logical extension of reconceptualising notions of the individual in SLA theory is the need to problematize the concept of motivation” (p. 16).

With the goal of resolving the dichotomous separation between language learners and the language learning contexts, Norton (1995) introduces the sociological construct of investment as an alternative to the psychological one of motivation. To develop the construct, Norton draws from Bourdieu’s (1973; Bourdieu & Passeron, 1977) economic metaphors, specifically that of cultural capital. Bourdieu (1973) defines cultural capital as “instruments for the appropriation of symbolic wealth” (p. 73). By instruments, Bourdieu refers to ideas, skills, tastes, social styles – for example, styles of dress, expressions, and speaking – and consumption practices, among other things. In short, instruments that in a specific context are not only an expression of symbolic wealth but are also a resource for their acquisition.

Norton (1995) claims that language learners acquire a second language because they are invested in that language. She further explains: “to invest in a language is to invest in an identity” (Norton, 2000, p. 4). Language learners’ investment in a second language, then, is related to an aspiration to develop identities expected to provide access to hitherto unattainable

resources, resources typically reserved for those who speak the target language. Thus, to better understand language learners' investment in a second language it is necessary to relate it to their multiple identities and their social context. It is also necessary to relate this investment to these language learners' life trajectories, as in how they had constructed their identities across time and how they came to understand their possibilities for the future. In other words, it is necessary to relate it to their constant "organizing and reorganizing a sense of who they are and how they relate to the social world" (Norton, 1995, p. 18).

Building on Norton's (1995, 2001) construct of investment, Clark (2009) proposes the one of 'symbolic investment'. Informed by Norton's work, Clark conducted an ethnographic study where she looked at the investments and identities of nine self-identified multi-generational Italian-Canadian youth in a French language learning and teacher education programme. Supported by the findings of her study, Clark found it necessary to re-develop Norton's approach to identity and investment, especially regarding how her participants related their identity construction of citizenship to the target language.

Unlike the participants from Norton's (1993) study, who self-identified as, for example, a Peruvian in Canada, Clark's (2009) participants self-identified with a somewhat more fluid identity, namely Italian-Canadian. The ways in which they described this identity, for example, 'half and half' or 'both at the same time', in addition to other elements of their multi-lingual and multi-cultural experiences, led Clark to suggest that their identities were not only multiple but also overlapping. As Clark explains:

So, to clarify, when I use the word *overlapping* here with identities, I am implying that the identities are being performed/claimed/enacted at the same time; and, more importantly, that the discourse and practices surrounding the identities are not entirely separate from one another (Clark, 2009, p. 7 [emphasis in the original]).

Clark claims that it is necessary to understand language learners' identity/identities as overlapping. Such understanding facilitates acknowledging that they are being and becoming multiple people at the same time, and it "permit[s] us to see how people perform multiple, overlapping, and diverse identities" (Clark, 2009, p. 2).

Clark (2009) also re-develops Norton's (1995) construct of investment to better relate it to one of overlapping identities. Clark points out the strong influence of Bordieu's (1977) economic metaphor in Norton's construct. Clark sees Norton's construct of investment as aligned with the notion that investing in a language is ultimately related to increasing one's self-worth, or the self-worth of one or more of the language learners' multiple identities. She

then explains that such an understanding of the language learners' relationship with the target language might have been a product of Norton's own investment in the target language. That is, as Norton was teaching an English class to migrants with the goal of helping them to better integrate into the Canadian society, she might have seen the target language as an asset that would increase those learners' access to wider capital, and thus, characterised their investments in the language as such.

Clark (2009) then proposes the term symbolic investment, a term in which she includes both a symbolic and a reflexive component. In her words:

I argue that the notion of investment must include the ways in which people invest (at times, simultaneously) in ideologies, representations, spaces, discourses (from family members, educational institutions, peers, media, texts, etc.), and attachments of languages and language learning (as a system and as a practice); how we become engaged and invested in the appropriation of words, and more importantly, how aware we are of our own investments in social categories, ideologies, and representations of the social world in relation to certain ways of being, doing, and thinking (Clark, 2009, p. 190).

On the one hand, the reflexive component was set to allow researchers, teachers, and learners to be reflexive when analysing others' relationships with a target language; paying attention to their own ways of being, doing, and thinking, as well as to their own symbolic investments in languages, identities, and knowledge (Clark & Lamoureux, 2014). On the other hand, the symbolic component was meant to emphasise how language should not be seen only as a commodity or a highly valued asset, but also as, for example, a cultural attachment, an emotional space, a way of belonging to a group or to interacting with one, or as a skill with little value, or as all of these.

Similar to Norton (1995) and Clark's (2009) depiction of how SLA has normally approached language learning, it could be argued that 'becoming a non-smoker' has also been normally understood as an individual process, one whose success relies primarily and ultimately on the individual's 'motivation'. It could also be argued that such understanding is, firstly, developed from an artificial distinction between individual and the social world with a wider focus on the former; secondly, based on the premise that smokers can choose the conditions in which they will attempt to become non-smokers or that they can choose to change these conditions at will; and finally, underpinned by a non-smoker's way of being, doing and thinking.

Drawing from the concept of symbolic investment (Clark, 2009), it is suggested here that the driving force behind participants' naturalisation of non-smoking was not solely placed within them as individuals. The social world in which they carried out their daily lives was also a force guiding and shaping the process. Thus, their attempt to become a non-smoker was not exclusively driven by their individual 'motivation', nor it was a result of external forces puppeteering their behaviour. On the contrary, their attempt was a result of a dialogical interaction between them and their context, one where their overlapping identities and symbolic investments were developed in an interdependent manner.

When attempting to become non-smokers, these participants invested and were invested in non-smoking in multiple dimensions related to their overlapping identities. But this symbolic investment should be seen not only as a consequence of their current state of being and becoming, but also to the trajectory of their lives and how they understood the possibilities for their future (Norton, 1995). At the same time, it should be acknowledged that how these participants related to their social world was not necessarily a result of their own choices, desires, or aspirations. There were larger structural forces at play with which they negotiated and claimed their identity/identities, and dealt with often conflicting demands and expectations (Clark, 2009).

Finally, by drawing on the reflexive component of the concept of symbolic investment (Clark, 2009), it should be acknowledged how smoking and non-smoking are regarded and how one relates to them both might be different for smokers and non-smokers. For example, smoking might mean something very different to a smoker living in a smoking milieu than to someone who has naturalised non-smoking. To someone who has naturalised non-smoking, smoking might be something alien, abnormal, practically non-sensical, and a harmful practice; which is also how smoking might be seen by someone who has never smoked. In short, that smoking or non-smoking might represent different symbolic investments for different people, including researchers and health practitioners.

## **9.5 Summary**

This chapter aimed to discuss the constructed grounded theory in light of other authors' theories and ideas, with the goal of increasing its level of abstraction. Participants in this study described being a non-smoker as simply being oneself. To the participants, non-smoking implied acting as themselves, since – as the constructed theory suggests – they had naturalised non-smoking. The theory of naturalising non-smoking, then, describes the development of an identity, the one of a non-smoker. This makes the construct of 'identity' a relevant one for the constructed

theory. This chapter explored the theory's approach to that construct, aligning the constructed theory to a non-essentialist understanding of identity (Woodward, 1997) – one that understands identity as multiple, fluid, contingent, and relational. It also wove the theory with other authors' theories that have a congruent approach to identity, theories which in turn further underpinned the constructed theory.

Drawing from the concept of performativity (Butler, 1990), it was argued that the naturalisation of non-smoking could be described as a process that involves the performative construction of a non-smoker's identity. This requires understanding non-smoking not as the mere absence of smoking but instead as a practice, as a certain kind of doing. For the participants in this study, interacting with a non-smoking milieu facilitated the reiterative and citational performance of non-smoking, providing the conditions that favoured both. It was this reiterative and citational performance of non-smoking – facilitated by a non-smoking milieu – that advanced the naturalisation of non-smoking, and thus, the construction of a non-smoker's identity.

This chapter also discussed the difficulties of aligning commonly used motivational theories with the constructed theory's approach to identity. However, the constructed theory was easily woven with a theory found in the SLA field, one that proposes the sociological construct of symbolic investment (Clark, 2009) as an alternative to the psychological one of motivation.

Drawing from Clark's (2009) theory of symbolic investment, the chapter argued that participants in this study have not just multiple identities, but rather overlapping identities. Such a perspective facilitates acknowledging that they were being, becoming, and performing multiple and diverse identities at the same time. These overlapping identity/identities were framed and shaped by the social world in which they unfolded and with which they interacted. It is in this interaction that the driving force behind a symbolic investment in non-smoking could be better understood. In addition, the notion of symbolic investment encourages those studying smoking cessation and the process of becoming a non-smoker to be mindful of their own ways of being, doing, and thinking, and how these might influence the ways in which they approach both smoking and non-smoking.

## **Chapter 10 Conclusion**

The initial purpose of this study was to develop a ground up understanding of what is involved in a successful attempt to quit smoking. The study was designed and conducted using a constructivist grounded theory methodology. Simultaneous data gathering and analysis, guided by the leading question ‘what is happening here?’ led to a shift in the direction of the study, from the initial focus on the process of ‘giving up smoking’ to a later one on the process of ‘becoming a non-smoker’. Further data generation and analysis, in which the information provided by the participants was prioritised over other inputs, led to the construction of the theory of naturalising non-smoking.

The present chapter introduces a brief review of the study’s aim and methodology. It then provides a summary of the thesis and the constructed new knowledge represented in the theory of naturalising non-smoking. Informed by the constructed theory, the chapter then revisits the three initial guiding questions, which were developed under the assumption that giving up smoking and becoming a non-smoker were the same thing. It then discusses the study’s quality considerations and limitations, before examining recommendations for future research, health care practice and policy, based on this study’s findings. Finally, the chapter offers some reflections on the research journey and concluding thoughts.

### **10.1 Research aim and methodology**

As discussed in the introduction, the literature shows that most smokers express a desire to quit smoking and have also tried to quit, but there seems to be great difficulty in achieving cessation (Australian Institute of Health and Welfare, 2017; Babb, 2017; Ministry of Health, 2014a; Public Health England, 2015; Tu et al., 2016). Still, there are stories of many people who manage to stop smoking, and I can count myself among them. In fact, the original idea for this research stemmed from my own experience of giving up smoking in New Zealand after having tried to quit countless times in Paraguay.

The present study was set to explore successful quit attempts from the perspective of people who had first-hand experience of them, as well as to examine the role of the social context in their success. A social constructionist lens underpinned the study, as this framework aligned with the exploration of the phenomenon from the perspective of those who experienced it, with a particular emphasis on the influential role of social context.

A grounded theory approach was selected, specifically a constructivist grounded theory approach. This choice was supported by the congruence of the methodology and the goal of

exploring smoking cessation from the perspective of those who have experienced it first-hand. It was also supported by the synergy of the methodological standpoint, namely social constructionism; which acknowledged the researcher as an integral component of the research process and favoured approaching data generation and analysis in a contextually situated manner (Charmaz, 2014). Thus, the choice of a constructivist grounded theory approach enabled a good fit between all elements of the research design, including the studied area, data collection, analysis, and the underlying philosophical assumptions.

Influenced by the methodological framework, the leading research question was defined as ‘what is happening here?’ In early stages of the research, and based on an initial assumption, the term ‘here’ in this research question referred to attempts at smoking cessation. Additionally, three guiding questions were posed to steer initial data generation and analysis:

What is happening in a successful quit attempt?

What role does the social context play in a successful quit attempt?

What role does knowing about the harm of smoking play in smoking cessation?

The use of a constructivist grounded theory methodology allowed the researcher to revise his initial assumptions while prioritising participants’ accounts of how they became non-smokers. Initial data generation and analysis led to differentiating the construct ‘giving up smoking’ from the one of ‘becoming a non-smoker’, which led to a shift in the focus of the study. As a result, further data generation and analysis focused on the process of becoming a non-smoker rather than on smoking cessation. This shift, in turn, led to the construction of the theory of naturalising non-smoking.

## **10.2 Summary of the thesis and new knowledge**

The constructed theory provides a new theoretical explanation and understanding of the process by which smokers become non-smokers. The theory proposes that it is not giving up smoking per se, but rather the naturalisation of non-smoking that leads smokers to become non-smokers. The theory of naturalising non-smoking contains three main categories: ‘normalising non-smoking’, ‘socialising as a non-smoker’, and ‘giving up smoking’, with their respective sub-categories (Figure 10-1).



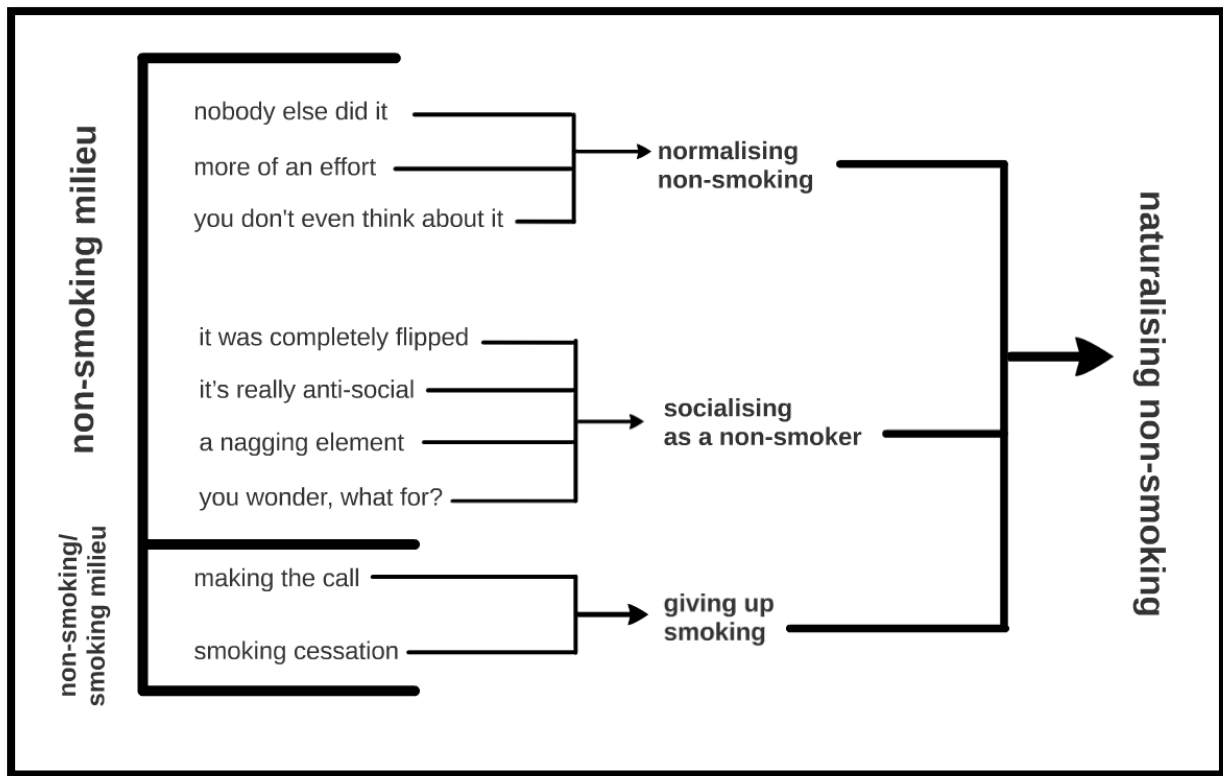


Figure 10-1. Theory of naturalising non-smoking

As indicated in the literature review chapter and the discussion chapter, commonly used theoretical frameworks focus on the biological and psychological aspects of the process of becoming a non-smoker. These theories describe a certain degree of self-evaluation that must take place, and that leads to regarding smoking as an unwanted practice, as well as requiring a necessary commitment that then ensures the smoker follows the process of smoking cessation to its end, which is presented as having become a non-smoker. The results of this study suggest that although giving up smoking is an essential part of becoming a non-smoker, it might not be sufficient on its own.

The constructed theory's key contribution lies in its innovative approach to the process of becoming a non-smoker. It expands the boundaries that have commonly framed that process, and the way in which it does so is twofold. Firstly, the theory explores the process of becoming a non-smoker beyond the limits of smoking cessation. The constructed theory includes two other processes – normalising non-smoking and socialising as a non-smoker – besides the one of giving up smoking. These two other processes advance that of becoming a non-smoker past smoking cessation and towards the naturalisation of non-smoking. Secondly, while acknowledging the role of personal factors related to deciding to quit smoking and giving up smoking, the constructed theory extends outside the limits of these personal factors. In this

regard, the theory highlights the significant influence of one's social context and personal connections in the process of becoming a non-smoker.

Participants in this study described their non-smoker status as an effortless expression of who they were, namely non-smokers. This natural performance of non-smoking was not described as the sole result of smoking cessation, but rather as an outcome of the participants' interaction with an environment that facilitated their process of becoming non-smokers. This process, according to the theory, is one centred on the naturalisation of non-smoking. In other words, it was the naturalisation of non-smoking that was facilitated by the environments in which they were participating. The constructed theory, then, emphasises the relational and contextual nature of the process of becoming a non-smoker, bringing to the foreground the role of one's social context in the process, and extending the process beyond smoking cessation.

### **10.3 Revisiting the initial research questions**

*The real voyage of discovery consists not in seeking new lands, but in seeing with new eyes.*  
Marcel Proust

The leading question guiding data generation and analysis in the present study was: what is happening here? This question permeated the whole study, and it was crucial in the decision to shift the focus of the study from smoking cessation to the process of becoming a non-smoker. The nature of a grounded theory study allowed the researcher to prioritise the information provided by the participants over any pre-conceived framework. Moreover, it encouraged a shift in the focus of the study for it to better fit the developing theory in accordance with that information.

In the initial stages of the study, however, the three other questions mentioned above served as a starting point for data generation and analysis. As can often be the case in grounded theory studies, the initial questions guiding the study's focus did not accurately reflect what was later considered to be the central phenomenon. The dominant theme underlying these initial questions was their focus on smoking cessation. As such, they captured and presented an adequate picture of the assumption held before the study regarding the process of becoming a non-smoker, that is, that giving up smoking and becoming a non-smoker were the same thing.

This section revisits those three initial research questions. However, the answers it provides to these questions are informed by the constructed theory, and as such, these answers are focused on becoming a non-smoker more than on smoking cessation. Revisiting these questions further expose the initial assumptions that framed how the process of becoming a non-smoker was regarded. The first revisited question: 'what role does knowing about the harm

of smoking play in smoking cessation?’ is probably the one that more explicitly captures the initial assumption that smoking cessation and becoming a non-smoker were the same process. Revisiting this and the other two questions will also enable the constructed theory to bring to the foreground aspects of the process of becoming a non-smoker that the theory highlights.

### **10.3.1 What role does knowing about the harm of smoking play in smoking cessation?**

All participants in this study claimed to have known about the harmful effects of smoking while they were still smoking. This knowledge prompted health concerns, which in turn facilitated the perception of non-smoking as a better option than smoking. For two participants, Tanya and Chloe, these health concerns were connected to recognising the harm that smoking had caused to their bodies. For most participants, however, there was no immediacy to these concerns. Still, knowing about the harm of smoking was described by all participants as one of the reasons for making the call to quit smoking.

### **10.3.2 What is happening in a successful quit attempt?**

For the participants in this study, a successful attempt to quit smoking was the one that, accompanied by other processes different from smoking cessation, led them to naturalise non-smoking. These other processes were called: normalising non-smoking and socialising as a non-smoker. Accompanied by these other processes, the quit attempt led not only to discontinuing smoking but also to the practice of non-smoking, its normalisation and its natural performance in social settings. The success of a quit attempt, then, did not rely solely on the cessation of smoking, but also on being able to participate in an environment that favoured the naturalisation of non-smoking. It was as a result of the naturalisation of non-smoking more than just smoking cessation that the participants in this study became non-smokers.

### **10.3.3 What role does the social context play in a successful quit attempt?**

For the participants in this study, the social context played a crucial role in the success of their attempts to quit smoking. Not all participants described the context in which they quit smoking as playing a facilitating role in that process, but all participants characterised the social context as playing a fundamental role in their process of becoming non-smokers. The key difference between participants’ previous attempts to quit smoking and the last and successful attempt was in that the latter led not only to discontinuing smoking but also to the naturalisation of non-smoking. It was in regard to this process of naturalising non-smoking that the milieu played a key role.

The type of milieu that facilitated the naturalisation of non-smoking was called a non-smoking milieu. Participants used two main elements to characterise a non-smoking milieu: firstly, it was a context where non-smoking was normal and smoking was not; and secondly, it was one where smoking was excluded from most or all social interactions. Interacting with a non-smoking milieu helped participants to further their process of becoming non-smokers beyond smoking cessation. While giving up smoking led them to not smoke, participating in a non-smoking milieu facilitated the normalisation of non-smoking and socialisation as non-smokers. As a result, they were able to naturalise non-smoking, which made non-smoking an effortless, taken-for-granted, and natural thing. In short, the social context played a key role in their successful quit attempt by facilitating processes other than smoking cessation to unfold.

## **10.4 Quality considerations**

Having discussed the new knowledge put forth by the present study, this chapter moves on to explore some key quality considerations that run through the whole study, and that will help the reader to assess the value of the constructed theory.

Methodological congruence and procedural precision are significant aspects of a quality grounded theory study (Birks & Mills, 2011; Burns, 1989; Creswell, 2013; Charmaz, 2014; Elliot & Lazenbatt, 2005; Richards & Morse, 2012). In this regard, it is important to follow key tenets of the methodology and to articulate the data generation and the analysis procedures, research questions, and underlying philosophical assumptions along with this methodology. It is also important to be able to show the reader that these tenets were followed and that there was a good fit among all the elements of the study. This is why transparency has also been highlighted as another element that can help determine the quality of a study (Meyrick, 2006; Tuval-Mashiach, 2017).

I tried to make all aspects of the study transparent. I considered it relevant to show the reader all steps, considerations, philosophical and conceptual assumptions, and choices made during the research process; as well as how the study approached key elements of the methodology, such as simultaneous data generation and analysis, constant comparison, theoretical sampling, and memoing. Nevertheless, and aligned with the epistemological standpoint of the present study, it is undeniable that certain choices and underlying assumptions might have remained invisible even to me. All acknowledged decisions and interpretations leading to the construction of the resulting theory – which were audited through a constant reflexive stance, repeated discussions with supervisors and fellow grounded theorists, as well

as through continuous memo writing at all stages of the study – were included in the development of the present thesis.

Besides methodological congruence and procedural precision, Charmaz (2014) proposes four criteria to be used when evaluating the quality of a constructivist grounded theory: credibility, resonance, originality, and usefulness.

Credibility (Charmaz, 2006, 2014) requires an intimate familiarity with the studied phenomenon, which fosters congruency between the participants' views and the researcher's interpretation of these views. I took various steps to ensure the development of that intimate familiarity with participants' views of the studied phenomenon. These included repeatedly listening to the recorded interviews, multiple readings of the generated data, and the various stages of coding. It is, however, also important to provide enough evidence to allow the reader to form an independent assessment of this credibility. Consequently, I used numerous extracts from the generated data to support the connection between the constructed theory and the data. I would also like to point out that using in-vivo codes – codes labelled using the participants' own language – in the theory construction further supports the credibility of the constructed theory.

To achieve resonance, it is important for a grounded theory to portray the fullness of the studied phenomenon, and to make sense to both the participants and the people who had lived that phenomenon (Charmaz, 2014). In this regard, the constructed theory offers a fuller picture of the experience of becoming a non-smoker than the one that could have been drawn from an exclusive focus on smoking cessation. The theory also resonated with participants' accounts of this experience. At the last stages of the study and at a time when the constructed theory had reached theoretical sufficiency, a first draft of this theory guided the last two interviews, mirroring a process of member checking (Lincoln & Guba, 1985, 1986) often used in other studies, and it resonated with their experiences. Also, I found that discussions of the findings of this study in academic and informal settings resonated with the experience of those present at these discussions and/or with those of people they knew. I was approached by people who were able to transfer the theory to their own experiences of becoming 'non-users' of substances other than tobacco, which shows how the constructed theory might further resonate with experiences not exclusively related to smoking. All of this aligns with what has been called 'grab and fit', a term often used to describe what makes a good grounded theory (Bryant & Charmaz, 2007; Glaser & Strauss, 1967; Lewis, 2015).

The constructed theory shows originality by offering new insight into the studied phenomenon. It is a novel interpretation of the studied phenomenon that provides a systematic

view of the elements involved and how they interrelate with each other. This view is original in that it challenges the assumption that giving up smoking, and its related biological and psychological processes, lie at the core of becoming a non-smoker. The theory instead introduces the naturalisation of non-smoking – a relational and contextually sensitive process – at its core. Although the theory challenges a sole focus on the individual when approaching the process of becoming a non-smoker, it does not disregard the significance of achieving smoking cessation in that process. Nevertheless, it represents an alternative to individual-focused and person-responsibility models, which the theory extends by acknowledging, firstly, that other processes are involved in becoming a non-smoker beyond smoking cessation, and secondly, the crucial role of one's social context and social interactions in the naturalisation of non-smoking.

The usefulness of the constructed theory lies in its novel insight into the studied phenomenon. But it is also useful in how it can inform further research of tobacco smoking, smoking cessation, and other addictive substances and behaviours, as well as current and future policies, and health care practices addressing smoking. All of this is discussed later in this chapter.

## **10.5 Study limitations**

The researcher adhered to the principles of a constructivist grounded theory methodology throughout the study, and the constructed theory achieved credibility, originality, resonance, and usefulness. Despite these strengths, it is important to acknowledge some limitations.

Even though it is not a limitation per se, constructivist grounded theory sees knowledge and knowledge construction as contextual and dialogical. The constructed theory is not only a reflection of the researcher's interpretation of data but also of the co-construction of such data in a specific time and place. Such context could be defined as Auckland, New Zealand, or migrant health professionals, working in Auckland, New Zealand, during the first half of the 2010 decade – depending on where its limits are drawn or how the space is framed.

The sampled population consisted of migrant health professionals, who started to smoke in a country other than New Zealand and then quit smoking in New Zealand. While the rationale for such sampling choice was explained in the methods chapter, the narrowness of the inclusion criteria could also be considered a limitation. These criteria caused difficulties for participant recruitment and slowed the research process. Although a slow research process was initially frustrating, it proved to be a strength by providing the study with plenty of time in between interviews that allowed for the development of in-depth familiarity with the data and the construction of numerous memos, diagrams, and storylines exploring several theoretical

directions. It also provided time to discuss these theoretical directions with supervisors, peers, and fellow grounded theorists from the grounded theory network; all of which contributed to theory construction.

Finally, the constructed theory was constructed by myself as the researcher. It represents my interpretation of the participants' accounts; and even though all categories of the theory reached theoretical sufficiency, I acknowledge that a different understanding of the data might have been developed had data generation and analysis continued. While some may view this as a limitation, I shared my assumptions and the rationale for choices and interpretations made with as much transparency as I could; but the constructed theory should not be seen as a mirror image of the phenomenon it explains, as it never was intended nor considered possible to be one.

## **10.6 Recommendations**

### **10.6.1 For future research**

This section provides recommendations for further research. These include highlighting the relevance of certain lines of inquiry suggested by the findings of this thesis, describing potential further studies inspired by these findings, as well as further elaborations of the present study.

Previous authors have pointed out the potential benefits of assuming a critical stance towards notions embedded in the ways tobacco smoking is commonly understood (Eakin, Robertson, Poland, Coburn, & Edwards, 1996; Keane, 2002). Bell (2003), for example, discusses the portrayal of smokers as isolated and de-contextualised individuals, and outlines the contribution of research that brings to the foreground the social and political influences on smoking. Likewise, Marron (2017) argues the value of thinking about what it is that makes smoking social and of following this line of inquiry. Adams (2007) also offers a critical discussion of frameworks that explore addictions in terms of individuals or what he calls a 'particle perspective', while stressing the importance of acknowledging relationships and connections in the understanding of addiction. Similarly, the findings from this thesis indicate the potential benefits of re-evaluating common assumptions about what it is to become a non-smoker, particularly in regard to the process' impact in one's social world, and vice-versa.

These findings support the adoption of a lens that looks at the process of becoming a non-smoker as a contextualised event. Blue, Shove, Carmona and Kelly (2016) have previously recommended not to approach smoking as a practice somewhat disconnected from the context in which it takes place and from other social practices. Maller (2015) has also emphasised the

value of understanding people's health behaviours as social practices that draw meaning from the context. The findings from this thesis also highlight the relevance of acknowledging the influence of social context on smoking cessation. As Frohlich, Corin and Potvin (2001) argue, context is not just a background for individuals' behaviours, but a place where agency, practices, rules, resources, and social structures interact with each other, providing daily life activities with their inherent social meaning. But, as Poland and colleagues (2012) indicate, to be able to incorporate such understandings of context, it is necessary to sustain a reflexive stance towards assumptions that favour a more individualistic approach to the notion of context. Similarly, the findings from this thesis underscore the need for a reflexive stance so that the context is not regarded as a backdrop against which an individual's process of smoking cessation takes place.

The constructed theory provides a framework that could allow a future study to incorporate an understanding of context as an inextricable component of smoking cessation. It could inform a study exploring social aspects of smoking and smoking cessation. A future study might target current smokers in countries with strong tobacco control policies, like New Zealand, and collect data through in-depth interviews. Such a study could aim to explore the experience of interacting mostly with other smokers in a country where non-smoking is commonly regarded as the norm, and if and how such interactions influence smoking, smoking cessation, or the process of becoming a non-smoker. But still, even if the specific theory described in this thesis is not used in a future study, it indicates the potential usefulness of applying theoretical frameworks that interpret smoking cessation as grounded in specific contexts, to which it is intimately related.

The findings from this thesis also indicate the value of research that aims to explore smoking and smoking cessation from the perspective of those who have experienced them first-hand. It has been previously suggested that acknowledging the smoker's perspective may contribute to a better understanding of the factors contributing to or hindering smoking cessation (McKie, Laurier, Taylor, & Lennox, 2003; Robinson & Holdsworth, 2013). To explore smoking and smoking cessation from the perspective of those with first-hand experiences of these phenomena might bring to the foreground elements that could be otherwise overlooked. Previous studies approaching smoking and smoking cessation from such perspective have also mentioned the influential roles of social context (Baha & Le Faou, 2010; Haines, Oliffe, Bottorff, & Poland, 2010) and a sense of social connectedness developed through smoking (Dawson, Cargo, Stewart, Chong, & Daniel, 2012b). It has also been suggested that there might be a particular value in research carried out by smokers or former



smokers, who could provide an insider's perspective on the issue (Haines-Saah, 2013). The findings from this thesis are aligned with these suggestions, and they further support the value of 'eliciting the smoker's agenda', as McKie and colleagues (2003) phrase it.

The constructed theory, developed from the ground up, highlights the complexity inherent in discarding a practice or a substance often intimately connected to one's social world. It also points to the value of further study about the role of people's milieus in their process of becoming non-smokers. However, any future exploration of the role of context in smoking cessation should be mindful of two potential issues. Firstly, that the current dominant discourse about that process emphasises the role of the individual's responsibility while concealing to some extent the roles of relational and contextual elements that may be at play. Secondly, that research participants would normally draw from such discourse to describe their experiences. It could be of interest to conduct a study focusing on how these two issues may influence the meaning-making process of one's experience of smoking cessation. Discourse analysis could be an adequate methodological approach for such research.

A future study aiming to explore the influential role of context in smoking cessation could attempt to frame data collection in a way that encourages new narratives about that process, unconstrained from a prominently bio-psychological framework. Such a study could address this issue by including questions that would prompt participants to examine the role of their contexts and elaborate on that role. For example, a qualitative study exploring challenges to smoking cessation that stem from the social milieus could include questions such as: How normal is smoking in your environment? How embedded is smoking in your social circle? Do you have access to non-smoking environments? Do you feel you could belong to those non-smoking environments, or do you feel identified with them?

Nevertheless, there is an opportunity to assess the role of context in the process of becoming a non-smoker without necessarily adding complexity to data collection. A study examining the effectiveness of individualised interventions aimed at decreasing or ceasing smoking could incorporate assessments about relational aspects in their examination. These are interventions that range from phone messaging to the use of nicotine or non-nicotine-based medication or psychotherapeutic approaches, and their outcomes are often explored directly regarding substance use. These studies may also explore outcomes that are not – or at least not apparently – directly related to whether smoking continues or not, and to what degree, by assessing information such as a percentage estimate of the ratio of smokers and non-smokers among the participants' social circle, and the variations of these ratios as the intervention unfolds. This information might provide an insight into how elements other than the

intervention could be influencing the process, or vice-versa, how the intervention could be influencing other processes which could lead to new lines of inquiry.

The findings from this thesis encourage researchers to pay attention to relational and contextual aspects of smoking cessation, without overlooking individual factors. Another line of inquiry that is also encouraged by the present study relates to the influence of one's identity/identities in the process of becoming a non-smoker and/or vice versa, how the process of becoming a non-smoker might relate to one's identity/identities. There is a growing interest in the influence of one's identity in smoking cessation. Drawing from the work of Kearney and O'Sullivan (2003) – which was explored in the previous chapter – van den Putte, Yzer, Willemsen and de Bruijn (2009) argue that smoking cessation might first require an identity shift. Specifically, they propose the need for smokers to shift their identity or self-identity from 'smoker' to 'quitter' in order for them to attempt to quit smoking. The importance of changing one's 'categorical self-label' is also highlighted in a study by Tombor, Shahab, Brown, Notley and West (2015). These authors found that endorsing the statement 'I think of myself as a non-smoker' was associated with longer-term abstinence, and as a result, they too argued the importance for smokers to adopt the self-label of 'non-smoker' to achieve cessation. Other studies have also pointed out the impact of a non-smoker self-identity (Meijer, Gebhardt, van Laar, van den Putte, & Evers, 2018), as well as other self-labels, such as 'team stop-smoker' or 'ex-smoker' (Vangeli & West, 2012), and 'smoker' (Dupont et al., 2015).

The constructed theory supports the potential benefit of broadening the scope of theories used to define the construct 'identity' beyond those with a highly psychological focus. One alternative to the notion of a non-smoker identity as a self-label was suggested by Luck and Beagan (2015). These authors propose understanding the process of becoming a non-smoker as an occupational transition. This transition to the new 'occupation' of a non-smoker, with its re-configured social connections and rules of behaviour, would be self-initiated and it would impact one's identity. Yet, the transition itself would not be triggered by the adoption of a new 'identity' or self-label. Even though this alternative continues to highlight psychological aspects of the process it also suggests that broadening the scope of theories used to approach smoking or smoking cessation and identity might prove beneficial. Another alternative is a theory like the one put forth by Judith Butler (1990, 1993). Butler's concept of performativity could be particularly useful, especially if we think of smoking – and as the constructed theory suggests non-smoking too – as a practice whose performance has a significant role in the configuration of people's identities.

The findings from this thesis, however, offer but one interpretation of the process of becoming a non-smoker which is grounded in the data generated with the 14 participants who contributed to the study. Further research using a grounded theory approach and focused from the start on people's experiences of becoming non-smokers rather than quitting might provide additional insights related to that process. It could also be beneficial to target different population groups; for instance, in New Zealand, these could be the currently considered priority groups, namely pregnant women, Māori, Pacific peoples, and users of mental health services (Ministry of Health, 2014b). Conducting a future study using a grounded theory approach in countries with fewer restrictive policies on smoking might also provide further insights that could improve the way in which we understand the process of becoming a non-smoker.

Finally, the theory constructed in this thesis represents what is called a substantive theory, that is, "a theoretical interpretation or explanation of a delimited problem in a particular area" (Charmaz, 2014, p. 344). A relevant next step regarding future research could be that of evaluating the transferability of the constructed theory to other substantive areas, for example, those of substances different from tobacco, and other addictive behaviours, like gambling. This future research could be conducted in a new substantive area without necessarily linking its data generation and analysis with the theory constructed in this study, or it could use this constructed theory as data to be compared with the newly generated data. The latter option would involve using the findings from this study as a starting point and conducting additional theoretical sampling in new substantive areas. This process would expand the theory across other substantive areas, thus, leading it to higher levels of abstraction and making it what is called a formal theory or "a theoretical rendering of a generic issue or process that cuts across several substantive areas of study" (Charmaz, 2014, p. 343).

#### **10.6.2 For public health policy**

New Zealand has adopted comprehensive tobacco control policies and is one of the highest achieving countries in this respect (Cairney & Mamudu, 2014; World Health Organization, 2017). Moreover, the country aims to continue improving the ways in which it provides cessation support to current smokers (Edwards et al., 2015); and there is an ongoing appraisal of the evidence supporting currently used and potential interventions that might help New Zealand to achieve the status of a smokefree country (Thornley, Edwards, Thomson, & Waa, 2017; Waa, Edwards, Thornley, & Thomson, 2017).

However, not all countries have adopted strong tobacco control policies (World Health Organization, 2017). While some countries are implementing these measures at a slow pace, others have not yet adopted a single recommendation from the World Health Organization (World Health Organization, 2017). The significant impact of comprehensive tobacco control policies in the prevalence of smoking has been widely documented (Hoffman & Tan, 2015; Hopkins et al., 2010; Levy, Chaloupka, & Gitchell, 2004; Stephens, Pederson, Koval, & Macnab, 2011; Thornley et al., 2017; Wakefield et al., 2014). The constructed theory suggests that these policies promote, facilitate, and support the configuration of what the theory calls non-smoking milieus, which in turn facilitate the naturalisation of non-smoking. But overall, the findings from this study emphasise that the implementation of comprehensive tobacco control measures warrants special attention from policymakers in countries where there is a lack of such measures.

At the same time, the findings from this study call attention to policies that would promote building connections within environments that will facilitate smoking cessation and becoming a non-smoker. It has been previously suggested that tobacco control policies should not be grounded in frameworks that reformulate social and contextual issues as psychological ones (Carro-Ripalda, Russell, Lewis, & Heckler, 2013; Mair, 2011). To do so runs the risk of having such frameworks permeating the ways in which these policies are formulated and implemented, leading them to focus on individuals while disregarding historical, economic, social, and cultural factors (Baum & Fisher, 2014). The constructed theory supports the notion that public health measures should acknowledge the influential role of context and personal connections in smoking cessation, since these seem to be significant in that process and they merit attention.

As an example, current tobacco control policies in New Zealand have claimed numerous environments for non-smokers (Bell, McCullough, Salmon, & Bell, 2010a). But, these policies might have also contributed to an increasing stigmatisation of smokers and smoking (Bell et al., 2010a; Bell, Salmon, Bowers, Bell, & McCullough, 2010b; Evans-Polce, Castaldelli-Maia, Schomerus, & Evans-Lacko, 2015; Voigt, 2013). Unfortunately, it seems that it is often through that stigmatised identity that non-smokers see smokers and relate to them (Dennis, 2013; Dillard, Magnan, Köblitz, & McCaul, 2013; Louka, Maguire, Evans, & Worrell, 2006). Public health measures should be mindful of this issue, as it might deter smokers from participating in environments that could help them achieve cessation and add to the burden of disadvantaged smokers (Ritchie, Amos, & Martin, 2010).

It has been suggested that public health measures addressing smoking should be inter-sectoral and their development and evaluation should include the voices of those that are their target, particularly from communities where current strategies are proving less successful (Frohlich, 2008). In this regard, it could be useful to promote and support grassroots community interventions, as they may have a stronger potential in creating opportunities for smokers to participate in non-smoking environments. These interventions should be community driven and designed for the community by the community. Still, the constructed theory could inform these types of initiatives, acting in collaboration with local knowledge and expertise. Grassroots community initiatives might be able to provide support to smokers by not having a single minded focus on smoking cessation and by also acknowledging the contextual and relational nature of the process of becoming a non-smoker.

### **10.6.3 For healthcare practice**

The theory of naturalising non-smoking offers some recommendations that could be beneficial for health practitioners supporting smokers in their smoking cessation. The constructed theory acknowledges it is important to remain aware of the well-documented challenges smokers face regarding how to handle cravings or withdrawal symptoms while giving up smoking. It also suggests that regarding the process of becoming a non-smoker as a contextually sensitive and relational process could prove beneficial. For example, it might be useful during the assessment process carried out with smokers to collect details about the smokers' current milieu. This assessment, however, should not see people's context only as a source of potential triggers, but also as the space in which they establish and sustain meaningful connections that will exert a significant influence on their process of becoming non-smokers.

The constructed theory also indicates that it might be useful to employ interventions that recognise contextual influences on the process of becoming a non-smoker. It might be helpful for these interventions to acknowledge and address the meaning people give to smoking and non-smoking. An example of such interventions is narrative therapy, a person-centred approach that recognises the existence of multiple perspectives (White & Epston, 1990). Previous research has documented the value of this approach in acknowledging an individual's culture, social context, life's situation, and agency (McCullough & Anderson, 2013; Ritchie, Shulz, & Bryce, 2007; Wigginton, Morphet, & Gartner, 2017). It might not prove hard for a service supporting smokers to quit to incorporate this intervention, since its teaching and learning could be integrated with that of commonly used approaches, such as motivational interviewing (Oshman & Combs, 2016), and it could be utilised in parallel with other

interventions (Butt, 2011). Additionally, it has been pointed out that addressing tobacco smoking via narrative accounts is a contextually and culturally sensitive approach that could be used across ethnicities (Haring, 2013; Lin, Green, & Bessarab, 2016). Nevertheless, further research about the effectiveness of this approach is required.

Finally, the findings from this thesis highlight the importance of reflexive practice. These findings suggest that health practitioners should remain aware of how their personal relationship with both smoking and non-smoking inform their practice. In this regard, the constructed theory supports the use of strategies that, on the one hand, provide clear and up-to-date information about smoking, and on the other hand, address contextual and relational aspects of the process of becoming a non-smoker in a non-judgmental and supportive manner.

## **10.7 Reflections on a learning experience**

As a psychiatrist, it is important for me to remain aware of my own practices and this would be impossible without reflection. I brought this same attitude to the study, sustaining a reflexive stance throughout it. This proved extremely valuable, as it allowed me to let certain notions lie fallow while prioritising the information provided by the participants. Memo writing was key in this respect. I would often write down a single line or a single word trusting that I would later understand what it was that I was putting down on paper. That was not always the case, so I learned the importance of writing down a whole idea. I would suggest to those people who are in a hurry that they record the idea on their phones or as a voice message to themselves instead of trusting that their memory would help them decode some scribbles.

During my conversations with participants, I initially found it difficult to shift from a ‘psychiatrist mode’ of conversation to a ‘researcher mode’. These interviews helped me to learn how to refine that role of someone who brings questions to the table instead of answers. I also learned a lot about myself as an interviewer and about how I interact with research participants. The opportunity to re-listen to the interviews is not only a chance to hear what and how participants shared during the conversation or to double-check the interview transcriptions, but it was also an opportunity to listen to myself – my questions, the leads I did not follow, my own comments, and my overall interviewing technique.

I found that disclosing my own experiences of smoking and becoming a non-smoker helped participants open up and share their stories more freely. Tobacco control policies in New Zealand and the overall attitude towards smoking have had a noticeable impact on people who smoke or have smoked. Sharing with the participants the status of someone who had been through this too fostered a certain camaraderie that provided me with a vantage point that fed

into the study. Also, sharing English as a second language with some participants proved not to be a limiting factor, but rather something that further added to that experience of camaraderie that comes with common backgrounds.

For my thesis, I committed to using a constructivist grounded theory methodology from the start. I found that all the time spent reading about the methodology, consulting with my supervisors and others who were using it or that had used it proved invaluable. I would recommend to anyone engaging in a grounded theory study to set aside enough time for the planning process. In my case, this time also allowed for ideas to form and for various questions to arise, one of which led to the article included as an appendix (Appendix A). These were questions that were answered along the way and allowed me to develop confidence in my competencies as a grounded theory researcher.

But still, I was new to the methodology at the beginning of this journey. The literature often suggests grounded theory researchers should stick to the methodology and trust that everything will work out. Although I found this maxim to be true, I was a bit overwhelmed by the methodology at first. This situation prompted me to look for others who might be going through the same experience, which in turn led to the creation of the grounded theory network of the University of Auckland. The possibility of sharing my learning process with others was extremely valuable and I would highly recommend it to others. I now find myself sharing tips and resources with those new to the methodology, and I appreciate the opportunity to provide to others what was given to me.

I am now very attached to the methodology. Using a constructivist grounded theory approach has taught me about the beauty inherent in the qualitative approach, expressed in the value it places on people's experiences and stories and their sensitivity to contextual and cultural elements. The use of constructivist grounded theory has allowed me to appreciate and value the co-construction of meanings that takes place in a study. It has also fostered my curiosity, driving me to read about topics outside of the studied area and prompting me not to take things for granted and to be mindful of my assumptions.

In addition to the challenges and rewarding moments that came with constructing the theory presented in this thesis, there were also the challenges and insights that came with writing it. Academic writing proved a whole new language, one I was not aware of until embarking on this journey. I would recommend to those writing for the first time in this other language to take a course about it and read as much as possible with the intention of grasping grammatical structure and the choice of words and phrases rather than content. I have to mention how my supervisors were always supportive, working through drafts filled with grammatical and

structural errors, and how much it helps to have that support. In this regard, I should also mention that they were always as close as an email or a knock on the door, and through their unwavering support and collegiality I learned the tremendous impact that having a good supervisor(s)/supervisee relationship can have on a PhD project.

## **10.8 Concluding thoughts**

*We shall not cease from exploration, and the end of all our exploring will be to arrive where we started and know the place for the first time. T. S. Elliot*

In this study, I set out to examine what was involved in a successful attempt to quit smoking. I was driven by my own experience of giving up smoking in New Zealand after more than 20 years of being a smoker. Like most smokers, I knew from experience that the problem was not in quitting, but in staying quit. The goal of the study was to develop a ground up understanding of successful quit attempts, a goal that was based initially on the assumption that smoking cessation and becoming a non-smoker were the same thing. Using a constructivist grounded theory methodology, I was able to review that and other assumptions, all the while prioritising the information generated with the participants that contributed to the study. As a result, I constructed the theory of naturalising non-smoking. This is a theory that assembles a fuller picture of the elements involved in the process of becoming a non-smoker than the one provided by a singular focus on smoking cessation.



# Appendices

## Appendix A. Literature Review and Constructivist Grounded Theory Methodology



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**Key words:** grounded theory methodology; constructivism; literature review; reflexivity; epistemology

**Abstract:** In Grounded Theory research it is commonly discouraged to conduct a literature review before data collection and analysis. Engaging with the literature about the researched area in that stage of the research is described as a constraining exercise rather than a guiding one. This can be a puzzling notion for the researcher engaging with grounded theory methodology (GTM), particularly when she/he is expected to produce a literature review in early stages of the research process, e.g., by ethics committees and/or funding bodies. The current article examines this controversial issue by exploring the different stances taken on the subject by the founders of the methodology, as well as the one introduced by constructivist GTM. The different approaches towards the potential impact of a literature review conducted before data collection and analysis are introduced not only as a methodological issue, but also, and more importantly, as an epistemological one. Reflexivity is described as a key element in ensuring the groundedness of a theory in constructivist GTM and various reflexive strategies are presented. It is suggested that the researcher's epistemological framework should be explicitly explored and acknowledged in early stages of the research.

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### 1. Introduction

In grounded theory research, the existing literature is not used as a theoretical background, but rather as data to be used by the analytic strategies of the research. In most research studies, a literature review precedes data collection and analysis as it helps the researcher to contextualize the research within existing knowledge (CRESWELL, 2012; GIBBS, 2008). However, in a grounded theory research, conducting a literature review prior to data

collection and analysis is commonly presented as a constraining exercise rather than as a guiding one (GLASER, 1992; GLASER & STRAUSS, 1967; STRAUSS & CORBIN, 1990). But funding bodies usually expect that applicants will demonstrate knowledge in the field of inquiry through a literature review, and Ethics committees also often require a brief review of the topic of interest. This tension between the expectations of a literature review while the same is discouraged by the research methodology can be particularly challenging for those engaging with GTM (BOWEN, 2006; McCALLIN, 2003). [1]

This article analyzes the impact that conducting a literature review before data collection and analysis can have on the grounded theory research product, a grounded theory. This is examined through the perspectives presented by the three main approaches: traditional or classical GTM, evolved GTM, and constructivist GTM. The implications of doing a literature review in early stages of a grounded theory research are presented as related not only to the methodological approach, but also, and more importantly, to its epistemological framework. [2]

In Section 2, after a brief introduction of the GTM and its three main approaches, the suggestion first made by the creators of the GTM about disregarding the literature on the researched area is presented. Their later disagreement about the potential influence of reviewing this literature is examined in the following Section 3. Section 4 explores the epistemological background of the traditional or classical, evolved, and constructivist GTMs. In this section, the first two are described as positivist/post-positivists and contrasted with the constructivist foundations of the latter. In Section 5, the researcher's commitment to favor the data over any previously acquired knowledge, rather than his/her disregard of the literature, is presented as the key element in ensuring the groundedness of constructivist grounded theory research. Section 6 then examines various reflexive strategies that could support the researcher in the task of prioritizing the data over any other input. Finally, the conclusion is presented in Section 7, where the importance of actively exploring one's epistemological position when doing a grounded theory research is highlighted, as it is through this positioning that the literature review will exert its potential impact and utility on the resulting grounded theory. [3]

## **2. The First Advice: Ignore the Literature**

GTM is a qualitative approach that seeks to develop a theory grounded in systematically collected and analyzed data. The method was first introduced by Barney GLASER and Anselm STRAUSS in 1967. They developed this research approach while studying the interaction with terminally ill patients in a hospital setting (GLASER & STRAUSS, 1965). In this study, they created a method of simultaneous data collection and analysis that enables the construction of a theory grounded in the collected data (BIRKS & MILLS, 2011; BRYANT & CHARMAZ, 2007; GLASER & STRAUSS, 1967). In other words, they created a method that aims to construct theory rather than to test pre-conceived notions. [4]

Since the inception of GLASER and STRAUSS' method, GTM has been further expanded through three main approaches (BIRKS & MILLS, 2011; MILLS, BONNER & FRANCIS, 2008). Its original creators, GLASER and STRAUSS, developed two of these approaches separately. On the one hand, Barney GLASER (1978, 1992) further elaborated the "traditional" or "classical" GTM, and on the other hand, Anselm STRAUSS (1987), along with Juliet CORBIN (1990) developed what MILLS, BONNER and FRANCIS (2006) called

"evolved" GTM. Finally, Kathy CHARMAZ (2000) introduced the third approach, which she labeled as the "constructivist" GTM. Regardless of the fact that all three GTM approaches share the goal of developing a theory grounded in data rather than testing a hypothesis, they differ in other aspects. The role of a literature review conducted before data collection and analysis is one of them (DUNNE, 2011; GILES, KING & DE LACEY, 2013; MCGHEE, MARLAND & ATKINSON, 2007). [5]

When GLASER and STRAUSS first introduced GTM, they explicitly argued against reading about the area under study before the beginning of data collection, and even during later stages of the research. Their advice was "literally to ignore the literature of theory and fact on the area under study, in order to assure that the emergence of categories will not be contaminated" (1967, p.45). The rationale was that refraining from a literature review would allow the theory to emerge from the data, rather than being imposed to it from the existing literature. GLASER and STRAUSS later diverged on their stances about conducting a literature review before data collection. Despite their divergence on the methodological approach to literature reviews, they remained connected by the shared core notion that in order to produce a grounded theory it was key to allow such theory to emerge or to be discovered by means of avoiding the researcher's "contamination" of the research product. [6]

### **3. Avoid "Contamination": Diverging on How to Achieve the Goal**

The importance of emergence is contained in both GLASER's, and STRAUSS and CORBIN's GTM approaches. However, they differ on how, and how much, a literature review conducted in early stages of the research can contaminate the research product, and thus, hinder the emergence of a grounded theory. Their divergence rose from their different perspectives on how a researcher should discover, or allow to emerge, a theory, without imposing preconceived ideas and assumptions on the research product. [7]

GLASER argued in favor of no reading on the topic of inquiry prior to the research itself, at least not in the field related to the study. To better explain his point, he divided the literature into three categories, the first one being non-professional, popular, and pure ethnographic descriptions (e.g., diaries, records, catalogs, biographies, etc.), the second one professional and unrelated to the substantive area under research, and the third one professional and related to the area under study (GLASER, 1992, p.31). He argued that the literature related to the researched area should only be read in later stages of a study. GLASER (ibid.) claimed that "this dictum is brought about by the concern to not contaminate, be constrained by, inhibit, stifle or otherwise impede the researcher's effort to generate categories, their properties, and theoretical codes from the data." Therefore, if a literature review were conducted before data collection and analysis, existing theories could impose themselves on the analysis and the resulting theory, and thus, prevent it from being truly grounded in, and emerged from, the data (WALLS, PARAHOO & FLEMING, 2010). [8]

On the other hand, STRAUSS and CORBIN (CORBIN & STRAUSS, 2015; STRAUSS & CORBIN, 1990) recognized that a researcher brings to the research not only his/her personal and professional experience, but also knowledge acquired from literature that may include the area of inquiry. On this subject, they stated that literature—which they divided into technical and nontechnical—read before data collection could not necessarily hinder the emergence of the theory. Furthermore, STRAUSS and CORBIN (1990, p.56) did not

recommend dissociating from the literature, but rather to engage with it and use it in "all phases of the research". They claimed that beyond interfering with the emergence of the theory, engaging with the existing literature could further foster the process by helping the researcher to identify what is important to the developing theory (HICKEY, 1997). That is, as long as the researcher "maintain[s] an attitude of skepticism" (STRAUSS & CORBIN, 1990, p.45) and do not allow it to impose itself on the theory. [9]

GLASER framed his divergence with STRAUSS and CORBIN as an emergence versus forcing debate, although not in exclusive relation to the role of literature reviews in early stages of the research (GLASER, 1992; KELLE, 2005). GLASER claimed that his stance allowed theory to be grounded in the data, while STRAUSS and CORBIN's approach forced preconceived ideas into the resulting theory (GLASER, 1992). This difference in opinion between the original creators of GTM stemmed from a divergence on how to approach the shared notion of emergence. However, although GLASER advises to refrain from a literature review before the research and both STRAUSS and CORBIN do not, their arguments revolve around the same rationale: not to interfere with the emergence or the discovery of a theory. The concern of all three authors is to avoid imposing the researcher's preconceptions on the data and its analysis. [10]

#### **4. Emerging, Forcing, or Constructing?**

The assumption behind the notion of emergence is the one of an "objective" theory existing within the data. That is, a theory that should be discovered or allowed to emerge without forcing preconceived ideas and assumptions on it, and thus, contaminating it with the researcher's subjectivity. Even though both GLASER and STRAUSS (1967, p.3) agreed that "the researcher does not approach reality as a tabula rasa," this notion of emergence or discovery of a theory implicitly assumes that such theory exists independently from its discovery or perception. It also assumes that the researcher's preconceived ideas and assumptions can be purged by means of an appropriate use of the research methods, or as GLASER (2002, §24) phrases it: "[p]ersonal input by a researcher soon drops out as eccentric and the data become objectivist." These assumptions in both "traditional" or "classical" GTM and "evolved" GTM have been related to a positivist/post-positivist paradigm (ANNELLS, 1996; BRYANT, 2002, 2003; CHARMAZ, 1990, 2003; MILLS et al., 2006, 2008). [11]

The idea that the researcher should remain somehow "removed" from the research process, so that one "objective" theory can be discovered or allowed to emerge is heavily loaded with a positivist/post-positivist epistemology (LINCOLN, LYNHAM & GUBA, 2011). But the notion that the researcher can be purged from the research product by an appropriate use of the methods has been largely contested, especially in qualitative research (FLICK, 2014). In qualitative research, the researcher's influence on the research product is more easily recognized, as the nature of the epistemological process is more clearly interactional and constructional (BREUER, MRUCK & ROTH, 2002). Challenging the idea of an "objective" knowledge has a long tradition that can be traced back to hermeneutics, where understanding is seeing as interpretation, and interpretation is acknowledged as historically and culturally located (KINSELLA, 2006). Various authors have since argued against the possibility of a subjectivity-free research product. For instance, Alfred SCHÜTZ's notion that "[a]ll facts are from the outset facts selected from context by the activities of our mind" (1962, p.5, cited in FLICK, 2014, p.97), and GOODMAN's (1978) suggestion that there are as many

worlds as ways to describe them, are clear examples of a qualitative research methodology that recognizes the need of thinking about the researcher as more than a neutral observer. [12]

Following the positivist/post-positivist paradigms (GERGEN, 1990; LINCOLN et al., 2011), both GLASER's traditional or classical GTM and STRAUSS and CORBIN's evolved GTM assume that objective knowledge can be discovered through a GT research by an appropriate use of the research methods. But by shifting the attention to the researcher and his/her influential role, knowledge is recognized as situated, contingent, and intimately related to the epistemic subject and his/her social and material environment (BREUER & ROTH, 2003). This perspective considers knowledge to be constructed in nature and inextricably linked to the researcher and his/her interactions with others and the environment (LINCOLN et al., 2011). Knowledge here is seen as "constructed in processes of social interchange" (FLICK, 2014, p.78) and the research process is both contextualized in its social, cultural, and physical context (HANRAHAN, 2003) and made aware of its bias and limitations (GUILLAUME, 2002). Now, even though this constructivist trait has been described in STRAUSS and CORBIN's evolved GTM (ANNELLS, 1996), it is CHARMAZ's approach—constructivist GTM—the one that, unlike the others, explicitly claims to be based on this research paradigm (CHARMAZ, 1990, 2003, 2014; MILLS et al., 2008). [13]

CHARMAZ, STRAUSS, CORBIN, and GLASER agree that a theory developed through GTM should be grounded in the data and not in the existing literature. However, GLASER diverges from STRAUSS and CORBIN in the ways in which a researcher should avoid "contaminating" the data and allow emergence or discovery, and thus, groundedness. But constructivist GTM, following a long tradition within qualitative research methodology, differs by suggesting that to avoid the researcher's influential role in the research process is an unattainable task. The researcher cannot be purged from data collection and analysis as both are "created from shared experiences and relationships with participants and other sources of data" (CHARMAZ, 2014, p.239). In a constructivist GTM, the resulting theory "depends on the researcher's view; it does not and cannot stand outside of it" (ibid.). Therefore, its groundedness is not the result of a somehow removed researcher, but instead, it "results from these researchers' commitment to analyze what they actually observe in the field or in their data" (CHARMAZ, 1990, p.1162). The core idea is that a theory cannot be grounded in the data by an active passivity that allows its emergence, but rather by a proactive focus on the data, acknowledging that it is not the research methodology that aims to discover a theory despite the researcher, but it is the researcher who aims to construct a theory through the methodology. [14]

## 5. Ensuring Groundedness

In constructivist grounded theory research, the researcher's presence in the research product is neither neutral nor undesirable. From the topic selection, to the research preparation, data collection, analysis, and the final rendering of the research result, the author is a key element of the process (MRUCK & BREUER, 2003). The researcher's voice in the resulting theory should not be excluded, avoided, or hidden. On the contrary, it should be explicitly acknowledged as it is this voice that shows and talks about the researched area (CHARMAZ & MITCHELL, 1996; CLARKE, 2005). It was DEVEREUX (1967, p.XIX) who mentioned that it is only by not disregarding the observer that one would have "access to the *essence* of the observational *situation*." In a constructivist GTM, reflexivity does not aim to eliminate the

researcher's subjectivity from the resulting theory, but to allow the data to be prioritized over the researcher's assumptions and previously acquired knowledge, including any reviewed literature (CHARMAZ, 1990). The idea is not to disregard existing knowledge, but to engage with it critically (THORNBURG, 2012). [15]

The researcher will often review literature—technical, nontechnical, professional, or non-professional—before beginning data collection and analysis, whether this review is guided by the research-to-be or not. Furthermore, it is likely that this previous reading will be the one that guides the choice of the area to be researched and the method to be used in that research. Therefore, and as pointed out by several authors (CHARMAZ, 2006; CUTCLIFFE, 2000; DUNNE, 2011; STRAUSS & CORBIN, 1990), it is very unlikely that even without conducting a literature review specifically oriented to the researched area, a researcher will arrive at the research project without a previous reading somehow related to, as well as influential in, the research. One advice could be to let this literature review "lie fallow" (CHARMAZ, 2006, p.166) until later stages of the research in order to encourage the researcher to use his/her own ideas. [16]

However, this previously acquired knowledge could be a source of sensitizing concepts that could represent an initial idea from where to engage analytically with the collected data, providing a general sense of direction (BLUMER, 1954; BOWEN, 2006; CHARMAZ, 2001, 2006; THORNBURG, 2012). At the same time, an analytical engagement with this knowledge could also be helpful as a rehearsal for the exercise of establishing a theoretical dialogue with the data (KELLE, 2007). In any case, it is the imperative to favor the data over the literature during the research process that will reveal whether this reviewed literature is going to be helpful in the data analysis and theory construction (DUNNE, 2011). [17]

Although the main focus of this article is on the influence of literature reviews conducted prior to data collection and analysis, it is also relevant to highlight that the researcher's own life experiences have a broad influence in the research process. It is necessary to notice that there is no method that will enable a clear removal of the impact of the researcher's subjectivity on the research product (MEEK, 2003; SULLIVAN, 2002; WEBER, 2003), and that furthermore, paying attention to the researcher could prove to be a key source of important information (DEVEREUX, 1967). The researcher's voice should not only be explicitly recognized, but also analyzed as an influential element in the resulting theory. Acknowledging the researcher's subjectivity, even the unconscious mental processes (MEEK, 2003), and their dialogical interaction with the research participants' subjectivities can highly benefit the research process in its co-construction of knowledge (MARKS & MÖNNICH-MARKS, 2003; RUSSELL & KELLY, 2002). Furthermore, engaging in a self-reflexive exercise that helps to contextualize the research practice in the researcher's cultural background (DRESSEL & LANGREITER, 2003), especially when this implies doing research in a country different than his/her own (ALSOP, 2002; RITTENHOFER, 2002), can further assist to recognize the researcher's voice in the research product. Finally, it is also important to recognize that the research context has a large influence on the research, and thus, a "contextual reflexivity" (NAIDU & SLIEP, 2011) should be considered throughout the research process. [18]

In sum, reflexivity can assist the researcher in positioning himself/herself and gaining a better sense of the choices, and their rationales, made before and during the research (BIRKS, CHAPMAN & FRANCIS, 2008; KAY, CREE, TISDALL & WALLACE, 2003; ST. LOUIS &

CALABRESE BARTON, 2002), and therefore, strengthen and support his/her commitment to privilege the data during the research process. [19]

## 6. Reflexive Strategies

There are various reflexive strategies that can support a researcher in the task of favoring the data over any other input, and thus, ensure groundedness. For example, the constant comparative method of the GTM is an analytic tool that promotes reflective thinking (DUNNE, 2011; GILES et al., 2013). This method is constituted by constantly comparing the data, codes, categories, and memos among themselves (CHARMAZ, 2006; GLASER & STRAUSS, 1967; STRAUSS & CORBIN, 1990). At the same time, this is the analytic strategy used in the process of integration—or not—of the literature. In other words, comparing the literature with the data, codes, categories, and memos written during the study validates, or rejects the literature as useful for the research. During this process, the data should be constantly and actively put first over any literature. [20]

Memo writing is also one of the analytic tools of the GT method that fosters reflective thought (BIRS & MILLS, 2011; BIRKS et al., 2008; CHARMAZ, 2006; GILES et al., 2013; GLASER, 1978; MCGHEE et al., 2007; MILLS et al., 2006; STRAUSS & CORBIN, 1990). Memo writing involves writing down thoughts, feelings, or questions that arise from the analytic process. These notes become further data to be analyzed and they are a key element of the analytic process (CHARMAZ, 2006; GLASER, 1978; STRAUSS & CORBIN, 1990). Memos can aid the researcher to use the literature as a tool towards the engagement of a theoretical dialogue with the data, without allowing such literature to define the research (LEMPERT, 2007). In this regard, it is advisable to start the production of memos early in the research process, even from the moment the study is being conceptualized, in order to help the researcher to keep a trail of the decisions made during that stage, as well as their rationale (BIRKS & MILLS, 2011; BIRKS et al., 2008). [21]

Besides those two analytic tools, interviews, usually perceived only as data collection tools, can also help the researcher to practice reflexivity (MRUCK & MEY, 2007). For example, while interviewing participants, paying attention to the contributions of the interviewer as well as to the accounts of the interviewees can further provide information about the researcher's assumptions and their impact on the research process (JENSEN & WELZER, 2003). At the same time, the analysis of interviews should go beyond explicit verbal content, and include non-verbal interactions and transference (HEIZMANN, 2003). It is also important to be aware that the researcher's subjectivity plays a key role in enabling or dis-enabling the research participants' narratives during their interaction (RILEY, SCHOUTEN & CAHILL, 2003). Lastly, the reflexive use of interviews, or self-interviews, could not only aid the researcher to identify his/her own assumptions brought to the research process but also serve as data to be used in the research (BOLAM, GLEESON & MURPHY, 2003). [22]

Beyond these tools of data collection and data analysis, from the beginning of the research to the writing and publishing, the researcher should be encouraged to reflect on his/her assumptions, emotions, perspectives, and expectations (MRUCK & MEY, 2007). In the particular case of a PhD student—although not exclusive to this scenario—, this requires a supervisor-supervisee relationship framed as a terrain of reflexivity. A peer relationship, which encourages dialogical interaction and acknowledgment of the multiple levels that intercross, could help the researcher to recognize the influence that differences in power and

knowledge can play in any relationship (McMORLAND, CARROLL, COPAS & PRINGLE, 2003). In this regard, setting up the relationship as a peer partnership where every encounter starts with a check-in exercise and the relationship itself is continuously mapped and reflected upon, can be highly beneficial for both supervisor and supervisee (ibid.). This relationship could be one of struggle, but nonetheless a transformative one, one that supports the supervisee's process of becoming a researcher and increasing his/her participation in the academic community (LEE & ROTH, 2003). [23]

## 7. Conclusion

The notion that conducting a literature review prior to data collection hinders a grounded theory research denotes an epistemological stance. The assumption that it is possible for a researcher to serve as a conduit of a theory, between the data and the scientific and general communities, without influencing its development is an epistemological assumption. The idea that the researcher's influence on the research product—including that of the literature he/she has previously read—can be excluded or isolated and removed by a proper use of the methods is also an epistemological assumption. These are the assumptions that appear to frame both the traditional or classical GTM and the evolved GTM. In a constructivist GTM, the researcher's influence—and through him/her that of the reviewed literature—is neither avoidable nor undesirable, but rather recognized and included in the analytic process. In this approach, it is not a "researcher's free" quality that ensures the groundedness of a theory, but rather the researcher's active, ongoing, and deliberate commitment to prioritize the data over any other input. It is essential for the grounded theory researcher to explicitly explore and acknowledge his/her epistemological position in the early stages of the research, as it is this positioning that will ultimately frame the usefulness and potential impact that a literature review conducted before data collection and analysis will have on the resulting grounded theory. [24]

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## Appendix B. Literature barriers to smoking cessation

Authors, year	Country	Target population	Recruitment	Smoking status	Sample size	Data collection	Data analysis
Thompson et al., 2007	USA	Undergraduate students	Using student newspapers	Current smokers	40	Interviews	Thematic Analysis
Okuyemi et al., 2006	USA	Homeless population	In homeless service facilities	Current smokers	62	Focus groups	Thematic analysis
Abdullah & Ho, 2006	China	Adolescents	Via school teachers	Smokers and ex-smokers	32	Focus groups	Grounded Theory approach
White, Bush, Kai, Bhopal, & Rankin, 2006	UK	Bangladeshi and Pakistani adults	Snowballing	Different smoking status	73	Interviews and focus groups	Grounded Theory approach
Hutcheson et al., 2008	USA	Rural communities	In clinics involved in a rural preceptorship program	Smokers	63	Focus groups	Thematic analysis
Kaholokula, Braun, Santos, & Chang, 2008	USA	Native Hawaiians	Through the Kohala Health Research Project	Former and current smokers	52	Focus groups	Thematic analysis
Stewart et al., 2011	Canada	Low income women	Assisted by community agencies and provincial organizations	Smokers	64	Focus groups	Thematic analysis

Authors, year	Country	Target population	Recruitment	Smoking status	Sample size	Data collection	Data analysis
Carter-Pokras et al., 2011	USA	Latino adults	At community health clinics and Latino events	Current smokers and ex-smokers	55	Focus groups	Thematic analysis
Bryant, Bonevski, Paul, O'Brien, & Oakes, 2011	Australia	Disadvantaged communities	Through coordinators of community services organisations	Smokers	32	Focus groups	Thematic analysis
Dawson, Cargo, Stewart, Chong, & Daniel, 2012a	Australia	Aboriginal Health Workers	Via purposeful invitations	Different smoking status	34	Interviews and focus groups	Content analysis
Gierisch et al., 2012	USA	Iraq- and Afghanistan-era veterans	Via mail and telephone calls	Current smokers	20	Focus groups	Content analysis
Kerr, Woods, Knussen, Watson, & Hunter, 2013	UK	People with enduring mental health problems	Assisted by workers in community-based mental health teams	Current smokers	27	Interviews	Framework analysis
Wang et al., 2014	China	Rural residents	Via directors of local healthcare administration departments	Current, former smokers, second-hand smokers	59	Interviews and focus groups	Thematic analysis

Authors, year	Country	Target population	Recruitment	Smoking status	Sample size	Data collection	Data analysis
Cosh, Hawkins, Skaczkowski, Copley, & Bowden, 2015	Australia	Young Aboriginal Australian smokers	Through a social research company database	Had smoked in the past week	32	Focus groups	Thematic analysis
Mohammadnezhad, Tsourtos, Wilson, Ratcliffe, & Ward, 2015	Australia	Older Greek-Australians	Snowball sampling	Smokers	20	Interviews	Content analysis
Stewart, Stevenson, Bruce, J Greenberg, & Chamberlain, 2015	USA	Sheltered homeless parents	Via program director	Current smokers	33	Focus groups and one interview	Thematic analysis
Vijayaraghavan et al., 2017	USA	Older African American homeless-experienced adults	Population-based sampling	smokers	22	Interviews	Grounded theory approach
Matthews, Cesario, Ruiz, Ross, & King, 2017	USA	LGBT smokers	A variety of outreach methods	Current smokers	31	Focus group	Thematic analysis
Acquavita, Talks, & Fiser, 2017	USA	Pregnant women diagnosed with substance use disorders	At a substance use disorders residential treatment centre	Smoked during pregnancy	21	Focus groups	Content analysis

## Appendix C. Institutional barriers to smoking cessation

Barrier	Studies ( <i>n</i> )	References
Lack of or limited provision or accessibility to quit support	11	Bryant et al., 2011; Dawson et al., 2012a; Gierisch et al., 2012; Hutcheson et al., 2008; Kaholokula et al., 2008; Kerr et al., 2013; Matthews et al., 2017; Okuyemi et al., 2006; Stewart et al., 2011; Wang et al., 2014; White et al., 2006
Lack of or limited knowledge of available support	6	Bryant et al., 2011; Carter-Pokras et al., 2011; Dawson et al., 2012a; Gierisch et al., 2012; Hutcheson et al., 2008; Wang et al., 2014
Lack of institutional restrictions or smokefree policies	3	Dawson et al., 2012a; Hutcheson et al., 2008; Okuyemi et al., 2006



## Appendix D. Personal barriers to smoking cessation

Barrier	Studies ( <i>n</i> )	References
The use of smoking as a coping mechanism, a way of coping with negative emotions or difficult circumstances	19	Abdullah & Ho, 2006; Acquavita et al., 2017; Bryant et al., 2011; Carter-Pokras et al., 2011; Cosh et al., 2015; Dawson et al., 2012a; Gierisch et al., 2012; Hutcheson et al., 2008; Kaholokula et al., 2008; Kerr et al., 2013; Matthews et al., 2017; Mohammadnezhad et al., 2015; Okuyemi et al., 2006; Stewart et al., 2011; Stewart et al., 2015; Thompson et al., 2007; Vijayaraghavan et al., 2017; Wang et al., 2014; White et al., 2006
Nicotine dependence	15	Abdullah & Ho, 2006; Acquavita et al., 2017; Carter-Pokras et al., 2011; Dawson et al., 2012a; Gierisch et al., 2012; Hutcheson et al., 2008; Kaholokula et al., 2008; Kerr et al., 2013; Mohammadnezhad et al., 2015; Okuyemi et al., 2006; Stewart et al., 2011; Thompson et al., 2007; Vijayaraghavan et al., 2017; Wang et al., 2014; White et al., 2006
Low self-efficacy	7	Bryant et al., 2011; Dawson et al., 2012a; Hutcheson et al., 2008; Kerr et al., 2013; Matthews et al., 2017; Mohammadnezhad et al., 2015; Okuyemi et al., 2006
Lack of willpower	7	Abdullah & Ho, 2006; Bryant et al., 2011; Hutcheson et al., 2008; Kaholokula et al., 2008; Kerr et al., 2013; Wang et al., 2014; White et al., 2006
The experience of smoking as a something pleasurable or enjoyable	6	Acquavita et al., 2017; Hutcheson et al., 2008; Kerr et al., 2013; Mohammadnezhad et al., 2015; Stewart et al., 2011; Wang et al., 2014
Low interest in quitting or low motivation	6	Cosh et al., 2015; Dawson et al., 2012a; Hutcheson et al., 2008; Kerr et al., 2013; Matthews et al., 2017; White et al., 2006
The habit of smoking	5	Carter-Pokras et al., 2011; Hutcheson et al., 2008; Kaholokula et al., 2008; Kerr et al., 2013; Stewart et al., 2015

Barrier	Studies ( <i>n</i> )	References
Fear of gaining weight	5	Bryant et al., 2011; Dawson et al., 2012a; Hutcheson et al., 2008; Kaholokula et al., 2008; Stewart et al., 2011
Concerns or bad experiences with pharmacotherapy	4	Gierisch et al., 2012; Hutcheson et al., 2008; Stewart et al., 2015; White et al., 2006
Smoking linked to other behaviours, such as work, driving, and drinking alcohol	3	Gierisch et al., 2012; Kaholokula et al., 2008; Stewart et al., 2011
Smoking fills up and gives structure to the day	3	Gierisch et al., 2012; Okuyemi et al., 2006; Stewart et al., 2011
Thinking that one's smoking is under control and quitting will be easy	3	Abdullah & Ho, 2006; Thompson et al., 2007; White et al., 2006
Believing one is not susceptible to the risks of smoking	3	Acquavita et al., 2017; Dawson et al., 2012a; White et al., 2006

## Appendix E. Interpersonal barriers to smoking cessation

Barrier	Studies ( <i>n</i> )	References
Social influences, described for example as peer influence, social pressure, smoking linked with socialisation, or environmental temptations	19	Abdullah & Ho, 2006; Acquavita et al., 2017; Bryant et al., 2011; Carter-Pokras et al., 2011; Cosh et al., 2015; Dawson et al., 2012a; Gierisch et al., 2012; Hutcheson et al., 2008; Kaholokula et al., 2008; Kerr et al., 2013; Matthews et al., 2017; Mohammadnezhad et al., 2015; Okuyemi et al., 2006; Stewart et al., 2011; Stewart et al., 2015; Thompson et al., 2007; Vijayaraghavan et al., 2017; Wang et al., 2014; White et al., 2006
Limited support from the immediate environment (family, friends, work)	8	Abdullah & Ho, 2006; Acquavita et al., 2017; Cosh et al., 2015; Dawson et al., 2012a; Kaholokula et al., 2008; Matthews et al., 2017; Okuyemi et al., 2006; Stewart et al., 2011
Accessibility of cigarettes from one's peers	3	Abdullah & Ho, 2006; Mohammadnezhad et al., 2015; Wang et al., 2014
Fear of being excluded after quitting	3	Dawson et al., 2012a; Kerr et al., 2013; Stewart et al., 2011
Pressure to quit from others.	3	Dawson et al., 2012a; Kaholokula et al., 2008; Stewart et al., 2011
Lack of alternative social activities	3	Hutcheson et al., 2008; Okuyemi et al., 2006; Stewart et al., 2011

## Appendix F. Literature grounded theory and smoking cessation

Authors, year	Country	Target population	Smoking status	Recruitment	Sample size	Data collection	Analysis
Brown, 1996	USA	Older adults	Former smokers	Various recruitment methods	21	Interviews	Grounded Theory
Kennison, 2009	USA	Postpartum women	History of smoking before becoming pregnant	Through contacts at county health departments	19	Interviews	Grounded Theory
Lawn, Pols, & Barber, 2002	Australia	Community-based psychiatric population	Current smokers	Through case managers	24	Interviews	Grounded Theory
Lundh, Hylander, & Tornkvist, 2012	Sweden	Patients with chronic obstructive pulmonary disease	Current smokers, former smokers who quit after diagnosis	From primary health care centres	14	Interviews	Classic Grounded Theory
Solway, 2011	USA	People with mental illness	Different smoking status	Through adults and older adults' programs at a social service agency	26	Four focus groups and one interview	Constructivist Grounded Theory

## **Appendix G. Recruitment email invitation**

### Subject line:

Giving up smoking in New Zealand. Research Invitation.

### Email body:

We are interested in hearing the experiences of immigrant health professionals who gave up smoking in New Zealand.

If you are a health professional that came to New Zealand being a smoker, and then successfully gave up smoking while being in the country, we would like you to share your experience with us.

You will be compensated for your time and effort with a voucher for either petrol or groceries worth \$30, and your contribution will benefit others by providing a chance to better understand what is involved in giving up smoking successfully.

Please contact:

Rodrigo Ramalho

[rram417@aucklanduni.ac.nz](mailto:rram417@aucklanduni.ac.nz)

Note<sup>1</sup>: You are being invited because you are subscribed to (name of the institution) email alerts. You are under no obligation to answer this email.

THIS STUDY WAS APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 19-FEB-2014 FOR 3 YEARS, REFERENCE NUMBER 011005

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<sup>1</sup> In the case of people contacting the researchers, having being informed about the research by a third person or a research participant, the note section of the email will read: You are being invited because you express interest in the research. However, please remember that you are under no obligation to either participate or answer this email.

## Appendix H. UAHPEC Ethics Approval

Research Office  
Post-Award Support Services



The University of Auckland  
Private Bag 92019  
Auckland, New Zealand  
  
Level 10, 49 Symonds Street  
Telephone: 64 9 373 7599  
Extension: 83711  
Facsimile: 64 9 373 7432  
[ro-ethics@auckland.ac.nz](mailto:ro-ethics@auckland.ac.nz)

### UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE (UAHPEC)

21-Aug-2018

#### MEMORANDUM TO:

Prof Peter Adams  
Population Health

#### Re: Application for Ethics Approval (Our Ref. 011005): Approved

The Committee considered your application for ethics approval for your study entitled **Investing in oneself. A grounded theory inquiry into smoking cessation..**

We are pleased to inform you that ethics approval has been granted for a period of three years.

The expiry date for this approval is 19-Feb-2017.

If the project changes significantly, you are required to submit a new application to UAHPEC for further consideration.

If you have obtained funding other than from UniServices, send a copy of this approval letter to the Activations team in the Research Office at [ro-awards@auckland.ac.nz](mailto:ro-awards@auckland.ac.nz). For UniServices contracts, send a copy of the approval letter to the Contract Manager, UniServices.

The Chair and the members of UAHPEC would be happy to discuss general matters relating to ethics approvals. If you wish to do so, please contact the UAHPEC Ethics Administrators at [ro-ethics@auckland.ac.nz](mailto:ro-ethics@auckland.ac.nz) in the first instance.

Please quote Protocol number **011005** on all communication with the UAHPEC regarding this application.

*(This is a computer generated letter. No signature required.)*

UAHPEC Administrators  
University of Auckland Human Participants Ethics Committee

c.c. Head of Department / School, Population Health

Dr Peter Huggard  
Dr Denise Greenwood  
Dr Rodrigo Ramalho Vera

**Additional information:**

1. Do not forget to fill in the 'approval wording' on the Participant Information Sheets, Consent Forms and/or advertisements, giving the dates of approval and the reference number. This needs to be completed, before you use them or send them out to your participants.
2. At the end of three years, or if the study is completed before the expiry date, please advise the Ethics Administrators of its completion.
3. Should you require an extension or need to make any changes to the project, please complete the online Amendment Request form associated with this approval number giving full details along with revised documentation. If requested before the current approval expires, an extension may be granted for a further three years, after which a new application must be submitted.

## Appendix I. Participant Information Sheet

### PARTICIPANT INFORMATION SHEET

(For interview volunteers)

**RESEARCH TITLE:** Investing in oneself. A grounded theory inquiry into smoking cessation

**STUDENT RESEARCHER:** Rodrigo Ramalho

**SUPERVISORS:** Peter Adams and Peter Huggard



THE UNIVERSITY OF AUCKLAND  
FACULTY OF MEDICAL AND  
HEALTH SCIENCES

School of Population Health, Bldg 730,  
Tamaki Campus, Main Entrance  
261 Morrin Rd, Glen Innes  
Private Bag 92019, Auckland, NZ

Telephone: 64 9 373 7599, ext. 86538  
Facsimile: 64 9 373 7624  
Email: p.adams@auckland.ac.nz

Date:

Hello. My name is Rodrigo Ramalho. I am a PhD candidate in the School of Population Health of The University of Auckland. Thank you for taking the time to read this sheet. If you agree to participate in this research, your contribution will be highly appreciated. Please, keep in mind that participation is voluntary.

### Aims of the Project

The main goal of this project is to build a theory on smoking cessation. This theory is intended to account for the process or processes involved in a successful quitting attempt, without overlooking either the individual or the social context.

### Eligibility

Participants need to be:

- \* living in Auckland,
- \* English speakers (either native or non-native speakers),
- \* working as health professionals, and
- \* ex-smokers, who have immigrated to New Zealand as smokers, and successfully gave up smoking in this country.

### Project Description

#### Part 1: Interview

We will schedule an interview according to your time availability. This interview will last approximately 90 minutes, and it will take place in a location convenient to you, although it is important for the place to be quiet enough to allow a fluent conversation. In addition to taking short notes during the interview, I will also record it using a digital audio recorder. While being interviewed, you can refuse to answer any questions or ask me to stop the recording at any time. A professional transcriber will transcribe the recording of the interview after signing a Confidentiality Agreement Form. An electronic copy of this transcription will be sent to you upon request, in case you want to make changes or corrections to it,



although you are not obliged to make any. If I do not received your transcript with changes within one week after I have sent you the transcript, I will assume you have approved the original one.

### Part 2: Follow up interview

You might be invited to a follow up interview. This interview will be necessary if during the development of the theory it becomes necessary to further elaborate certain points that were discussed during the previous interview, or to address other points that may have been overlooked. This interview will be of shorter duration than the first one, i.e., approximately 60 minutes. It will be set at a time and place of your convenience, although it would be important for the place to be quiet enough to allow a fluent conversation. This interview will also be recorded and later transcribed, by the same means as the first one. Remember that participation is voluntary, and all information gathered will be held in strict confidence by my supervisors and me.

### Part 3: Focus groups

To further test and deepen the developed theory, if you agree, you will receive an invitation to participate in a focus group. The invitation will be sent along with a different Participant Information Sheet and Consent Form. A summary of the results will be attached to this invitation. In this summary, a brief presentation of the theory developed through the interviews will be presented for a group discussion. However, if you chose not to participate in the follow up interviews and/or focus group this very same summary of the results, and a later one including data from the focus group, will be emailed to you anyway, once the research is completed. The time and place of the focus groups will be set according to the participants' availability. A research assistant will also be present during the focus group, after signing a Confidentiality Agreement Form, taking notes. This discussion will also be recorded and later transcribed.

### **Compensation**

For each interview you will receive a voucher for either petrol or groceries worth \$30 in compensation for your time and effort. You will receive the voucher immediately after each interview. You can choose to decline payment, or seek compensation in an equivalent and culturally appropriate manner. If this were the case, please let us know beforehand so we can take the necessary steps.

### **Benefits & Risks**

There are no perceived potential risks or harms associated with this research.

Although you will not benefit directly from the research, except from being able to share your experience of a successful quitting attempt, your contribution will benefit others by providing a chance to better understand what is involved in giving up smoking successfully.

### **Right to Withdraw from Participation**

You have the right to withdraw from participation in the study at any time, without having to give a reason.

If you are being interviewed and you decide to withdraw, the recorder will be turned off, and the audio recording of your interview will be deleted.

After the interview has concluded, you can decide to withdraw from further participation (follow up interview and/or focus group) at any point. If this were the case, we see two possible scenarios: a) if you requested an electronic copy of the transcript of your interview, you have one week after I have sent you this copy to choose to withdraw any (or all) information you provided during the interview, and b) if you have not requested an electronic copy of the transcript of your interview, you have one week after your interview to choose to withdraw any information you provided to the study. After these periods of time, you will not be able to withdraw any information you provided to the study. In both cases, you will no longer receive invitations to the follow up interview and/or focus group.

### **Anonymity and Confidentiality**

The interviews will be face to face, so anonymity will not be possible. However, confidentiality of all participants will be of high priority. The data gathered will be used in my doctoral thesis and in future publications and presentations during my academic career. Confidentiality will be ensured to the best of my abilities, and when reported or published, the information you provide will not be able to be traced back to you as its source. Pseudonyms (i.e., false names) will be used to refer to participants. You will be offered with the possibility to edit the transcripts of your interview, in case you feel it is necessary to change any comments may make the information you provided be traceable to you.

### **Data use/storage/retention/destruction**

The data gathered during the interviews will be used for my thesis. Audio recordings and transcript files will be kept on my computer as password-secured files. All hard copies of the transcripts will be stored in a locked cabinet at my office in the University of Auckland until the research is finished. Thereafter they will be destroyed through the confidential document destruction service at the University of Auckland. A back-up electronic copy of the recorded interviews and transcriptions will be securely stored in a deidentified form on password-secured files on a flash drive and CDs during my academic career. This information may be used for publications/presentations and further research I may carry out throughout my academic career, e.g., further research regarding the topic of smoking cessation, or smoking cessation and health professionals and/or migrants, or research expanding the topic to include other harmful consumptions. Consent forms will be stored separately in a secured locked cabinet in my office, until the research is finished, and then, in a safe place at the University of Auckland's Department of Social & Community Health, adding up a total 6 years. After those 6 years they will be destroyed through the confidential document destruction service at the University of Auckland.

## Contact Details

If you have any questions regarding any aspect of this study, please contact us. Also, if your contact details change throughout the course of this research project, please, let us know.

<b>STUDENT RESEARCHER</b>	<b>MAIN SUPERVISOR</b>	<b>CO-SUPERVISOR</b>	<b>HEAD OF DEPARTMENT</b>
Rodrigo Ramalho PhD Candidate Social & Community Health School of Population Health The University of Auckland Phone: 64 9 373 7599, ext. 81443 <a href="mailto:rram417@aucklanduni.ac.nz">rram417@aucklanduni.ac.nz</a> Office: 730-360 F1-15	Peter Adams Associate Professor. School of Population Health The University of Auckland Phone: 64 9 373 7599, ext. 86538 <a href="mailto:p.adams@auckland.ac.nz">p.adams@auckland.ac.nz</a> Office: 730-340	Peter Huggard Senior Lecturer School of Population Health The University of Auckland Phone: 64 9 373 7599, ext. 84500 <a href="mailto:p.huggard@auckland.ac.nz">p.huggard@auckland.ac.nz</a> Office: 730-390	Associate Professor Elsie Ho Social & Community Health School of Population Health Phone: 6493737599, ext. 86097 <a href="mailto:e.ho@auckland.ac.nz">e.ho@auckland.ac.nz</a> Office: 730-348

For any concerns regarding ethical issues you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 87830/83761. Email: [humanethics@auckland.ac.nz](mailto:humanethics@auckland.ac.nz).

THIS STUDY WAS APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 19-FEB-2014 FOR 3 YEARS, REFERENCE NUMBER 011005

## Appendix J. Informed Consent Form

### INDIVIDUAL INTERVIEW CONSENT FORM THIS FORM WILL BE HELD FOR SIX YEARS

**RESEARCH TITLE:** Investing in oneself. A grounded theory inquiry into smoking cessation

**STUDENT RESEARCHER:** Rodrigo Ramalho  
**SUPERVISORS:** Peter Adams and Peter Huggard



THE UNIVERSITY OF AUCKLAND  
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Private Bag 92019, Auckland, NZ

Telephone: 64 9 373 7599, ext. 86538  
Facsimile: 64 9 373 7624  
Email: p.adams@auckland.ac.nz

Date:

I \_\_\_\_\_, have read the Participant Information Sheet and understand the nature of the research and the reasons why I have been selected to participate in this study. I have had the opportunity to ask questions and have them answered to my satisfaction. I understand that my participation is voluntary. I agree to take part in this research.

\* I understand that my participation will involve taking part of an interview of approximately 90 minutes.

\* I wish / do not wish to receive a voucher for either petrol or groceries worth \$30 in compensation for my time and effort, or compensation in an equivalent and culturally appropriate manner. If you opt for the latter, please specify:

\_\_\_\_\_  
\* I agree / do not agree to be recorded.

\* I understand that a third party, after signing a Confidentiality Agreement, will transcribe the recordings.

\* I understand that I am free to withdraw participation at any time, without giving any reason.

\* I understand that I am free to withdraw any data traceable to me up to one week after the interview, or one week after the transcripts had been sent to me.

\* I understand that I can make changes to the electronic copy of the transcriptions up until one week after they had been sent to me.

\* I understand that no material which could identify me will be used in any reports in this study.

\* I understand that all information will be held in strict confidence by the researchers.

\* I wish / do not wish to receive a summary of the results of the study to be made available to me

\* I wish / do not wish to receive an electronic copy of the transcription.

\* I understand that the data from the interview will be used for future publications.

\* I agree / do not agree to this consent form to be stored in a safe place in a safe place at the University of Auckland's Department of Social & Community Health for six years, and thereafter being destroyed.

\* I agree/ do not agree to allow the data to be kept in deidentified form and used in similar future studies carried out by the researcher.

\* I agree / do not agree to participate in a follow up interview, if it were necessary.

\* I agree / do not agree to be invited to participate in a focus group

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email the invitation to the follow up interview, and/or the focus group, and/or the summary of the results to this email address: \_\_\_\_\_

THIS STUDY WAS APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 19-FEB-2014 FOR 3 YEARS, REFERENCE NUMBER 011005

## Appendix K. Transcriber Confidentiality Agreement

### TRANSCRIBER CONFIDENTIALITY AGREEMENT



THE UNIVERSITY OF AUCKLAND  
FACULTY OF MEDICAL AND  
HEALTH SCIENCES

**RESEARCH TITLE:** Investing in Oneself. A Grounded  
Theory Inquiry into Smoking Cessation

**STUDENT RESEARCHER:** Rodrigo Ramalho  
**SUPERVISORS:** Peter Adams and Peter Huggard

School of Population Health, Bldg 730,  
Tamaki Campus, Main Entrance  
261 Morrin Rd, Glen Innes  
Private Bag 92019, Auckland, NZ

Telephone: 64 9 373 7599, Ext. 86538  
Facsimile: 64 9 373 7624  
Email: p.adams@auckland.ac.nz

Date:

I \_\_\_\_\_ agree to maintain full  
confidentiality in regards to any and all audio recording files received from the researcher.

- \* I agree to keep the audio recording files of all interviews, and their computer access, secure during the period in which I am transcribing them.
- \* I agree not to discuss details of the interviews with anyone except the researcher and his supervisors.
- \* I agree to return all materials to the researcher after the transcription is completed.
- \* I agree to delete all data related to the interviews once the transcription process is completed.

Signature\_\_\_\_\_

Date\_\_\_\_\_

## Appendix L. Description of the sample

Participant	Description
Alex	Alex had been a smoker for around seven to eight years before quitting. He quit smoking around six months after he came to New Zealand, in his late-20s. Alex gave up smoking cold turkey.
Amit	Amit started to smoke when he was 15 or 16 years old. He gave up smoking cold turkey about three months after he came to New Zealand. He was in his early-20s at that time.
Ben	Ben started to smoke when he was about 14 years old. He gave up smoking 2 years after he came to New Zealand, with the assistance of medication. He was in his early-30s at that time.
Chloe	Chloe started to smoke when she was 12 years old. She gave up smoking 1 year after she came to New Zealand. She was in her late-20s. After planning her quit attempt for some time, Chloe stopped without using any pharmacological assistance.
Emily	Emily started to smoke in her early-20s, and gave up smoking 15 years later, around six months to a year after she came to New Zealand. She quit smoking cold turkey. Emily had no previous quit attempts.
Franco	Franco smoked for 13 years. He reduced his smoking over a period of years, preparing to quit smoking completely, which he did immediately after he came to New Zealand. He was in his early-30s at that time.
James	James continued to smoke after he came to New Zealand. He quit smoking cold turkey right before he moved to another country. He was in his early-30s at that time. He subsequently returned to New Zealand.
Jason	Jason smoked for over 15 years. He reduced his smoking over a period of 1 year until he completely stopped, a period which coincided with his first year in New Zealand. He was in his early-30s at that time.
Kevin	Kevin stopped smoking shortly after he came to New Zealand. He was in his early-30s at that time. Unlike the other participants, Kevin did not believe smoking could be addictive.
Laura	Laura smoked for 10 years before quitting. She gave up smoking cold turkey around eight months after coming to New Zealand. She was in her late-20s then.
Peter	Peter smoked for several decades before quitting in New Zealand. He gave up smoking after being in New Zealand for more than 10 years. He quit with the assistance of medication. Peter was in his mid-50s at that time.
Rahul	Rahul had been a smoker for 7 years before he came to New Zealand. He gave up smoking cold turkey a month after being in the country. He was in his mid-20s then.
Tanya	Tanya continued to smoke for over five years after she came to New Zealand. She gave up smoking cold turkey due to some health issues. She was in her mid-20s at the time.
Tom	Tom came to New Zealand as a teenager. He stopped smoking in his mid-30s, after having smoked for around 20 years. After planning his quit attempt for some time, Tom stopped without using any pharmacological assistance.

## **Appendix M. Initial interviews triggering questions**

1. Could you describe your last quitting attempt?
2. How would you compare the last quitting attempt to (the) previous one/s (if there were any)?
3. How would you describe yourself in terms of “before and after” giving up smoking?
4. What role, if any, do you think your social environment played on that last quitting attempt? How about (the) previous one/s?
5. Is there any other thing we haven’t talked about that you think can help me understand things better?
6. Would you like to ask me anything?

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