POSTPRINT (final version before submitting for journal formatting)

A Q-methodological study of smoking identities

Psychology and Health

Farrimond, H*., Joffe, H., and Stenner, P.H.D.

*Correspondence to: Dr Hannah Farrimond, University of Exeter

H.R.Farrimond@exeter.ac.uk

Citation: Farrimond, H., Joffe, H., & Stenner, P. (2010) 'A Q-methodology study of 'smoking identities", *Psychology and Health,* 25 (8): 979-998.

Abstract

In contrast with the psychological literature on adolescent smoking, little research has investigated the social identities of adult smokers. This study aimed to identify shared 'smoking identities' amongst a sample of 64 British smokers from different socio-economic groups using Q-methodology. Participants were asked to sort 70 items concerning smoking and smokers according to their agreement/disagreement with them. The 64 Q sorts were then subjected to a by-person factor analysis yielding six factors, with the first four interpretable factors being presented here. Each factor is understood to represent a distinct 'identity position'. The first two, the 'Addicted' smoker, and the 'In Control' smoker, oriented around a biomedical model of smoking as an addictive health risk. The final two, the 'No Big Deal' smoker and the 'Proud' smoker reflected alternative understandings and values. The identity positions also differed in the extent to which smoking was considered a core part of self-identity. Unpacking the 'smoking identities' of current smokers offers the opportunity to devise targeted health promotion.

KEY WORDS: SOCIAL IDENTITY THEORY, SMOKING, HEALTH PROMOTION, Q-METHODOLOGY

In the face of legislative and social disapproval (Louka, Maguire, Worrell, & Evans, 2006), one in four adults in Britain continues to smoke (Goddard, 2006). Reducing smoking rates remains a number one health priority for government (Department of Health, 1998, 2000, 2003). As with all health behaviours (Joffe, 2002), it is important to understand the thinking of smokers if smoking cessation is to be effective and resonate with its target audience. This paper explores the thinking of smokers through the 'social identities' they hold, utilizing Q-methodology which locates socially shared accounts.

Social identity and smoking

Social identity can be defined as 'that part of the individual's self-concept which derives from their knowledge of their membership of a social group (or groups) together with the value and emotional significant of that membership' (Tajfel, 1981, p. 255). Self-categorisation theory (one form of social identity theory) suggests that people hold a multiplicity of social identities which are fluid and determined by social contexts (Tajfel & Turner, 1986). However, as the initial quote indicates, identity is more than simply 'self-concept'; one's identity is also salient to others and the basis for social judgement (Tajfel & Turner, 1986). In Britain, there is widespread acceptance of passive smoking as a public health problem and smokers as a legitimate target for public segregation (Louka et al., 2006). The identity of 'being a smoker' can therefore be the basis for social, legislative and moral judgements.

In one minimal group paradigm experiment (where the person is identified as part of the group on minimal information), two primary representations of smokers were identified (Echebarria-Echabe, Fernandez-Guede, & Gonzalez-Castro, 1994). The first represented smoking as stemming from psychological disturbance, the second, a defensive representation, characterised smoking as 'social' and positively stereotyped smokers. When a conflict between smokers and non-smokers was made explicit at the start of the task, more smokers

identified with the defensive representation. Echebarria-Echabe and colleagues suggest that smokers identify more strongly with other smokers when they perceive themselves to be under attack. Other research has used scales of smoker 'self-concept' to categorise 'strong' or 'weak' smoker identity through ranking attitudinal statements concerning whether the subject identifies themselves as a 'real' or 'typical' smoker or holds a 'future smoker' identity (Falomir & Invernezzi, 1999; Freeman, Hennessey, & Marzullo, 2001; Shadel & Mermelstein, 1996; Shadel, Mermelstein, & Borrelli, 1996).

Although this research has been valuable in establishing the relevance of social identity to adult smoking, the methodology of the minimal group paradigm and attitudinal scales of self-concept promote a de-contextualised sense of social identity. Scales of smoker 'self-concept' also render smoker identity as separate from other types of beliefs about smoking. This study therefore draws on recent re-conceptualisations of social identity theory which emphasise both the context and the socially shared nature of social identities (Campbell, 1997). From this perspective, the beliefs or representations underlying social identities are primarily social rather than individual entities, located in shared thinking and discourse (Moscovici, 1984). As such, social identities are constructed through and evidenced in the beliefs, behaviours and practices of daily life. Furthermore, social identities both reflect and frame the potential behavioural possibilities or constraints of individuals. For example, certain behavioural possibilities (such as quitting) are more likely from a mind-set which conceptually allows for identity change than one which does not. Finally, it is worth re-emphasising that emotion plays a key part in Tajfel's original SIT. The identity of 'being a smoker' in the context of widespread social disapproval is an emotionally charged one.

Turning to the empirical research, much attention has been paid to the importance of social identity in the initiation of smoking in adolescence. The research suggests that teenagers use smoking, with its connotations of maturity, 'coolness' and confidence, to complement their developing sense of self (Lloyd & Lucas, 1998; MacFayden, Amos,

Hastings, & Parkes, 2003; Mitchell & Amos, 1997; Nichter, Nichter, Vuckovic, Quintero, & Ritenbaugh, 1997). Denscombe argues that choosing to smoke during adolescence goes beyond simply wanting to appear cool. It can be understood as an act of self-empowerment, a way of demonstrating independence in a culture which values personal autonomy, even though it also risks adopting an 'unhealthy' identity which is negatively perceived by others outside their social group (Denscombe, 2001). The transition from 'cool' 'social' smoker to a 'proper' smoker can therefore be a difficult one (Lennon, Gallois, Owen, & McDermott, 2005) given the stigmatisation of adult smokers (Farrimond & Joffe, 2006). Amos and colleagues found that certain social contexts, such as being unemployed, were linked to a faster transition than for those who were able to maintain the 'social' smoker label for longer (Amos, Wiltshire, Haw, & McNeill, 2006). Other researchers have suggested that as many young adults (aged 18-24) deny labelling themselves as 'smokers' in the first place, smoking cessation campaigns should be careful to be more inclusive in their terminology (Levinson et al., 2007).

Although adolescence is a key time in identity formation, identity is constructed and reconstructed throughout the whole life-span (Tajfel & Turner, 1986). The clinical and sociological addiction literature has always emphasised the importance of identity change in the transformation of individuals from 'addicts' to 'ex-addicts' (Becker, 1963; McIntosh & McKeganey, 2000; Prochaska, DiClemente, & Norcross, 1992; Waldorf & Biernacki, 1981). However, little psychological research has been conducted on social identities of smokers in relation to adults. This may be due to the focus on bio-behavioural factors within current addiction research rather than social ones (Gillies & Willig, 1997; Willms, 1991). West has recently argued for a return to the consideration of the role of self-labelling (e.g. 'I see myself as a smoker') in smoking behaviour change (West, 2005), something with which we agree. However, it is unlikely that there is only one 'smoker' identity which all smokers share (Echebarria-Echabe et al., 1994). Equally it is unlikely that, given that the participants come

from a particular culture at a particular point in time, there are an infinite number of such identities. Rather we would expect these identities to cohere together in finite, socially shared ways, so producing a 'limited independent variety' (Keynes, 1921) of identities (Stenner & Stainton-Rodgers, 1998).

Examining the current cultural construction of smoking gives us clues to what these identities might be. Crawford has argued that 'health' has become a dominant ideological value within Western society (Crawford, 1980). Those individuals or groups that evidence health, by engaging in 'healthy' behaviours such as not smoking, are deemed socially worthy. The 'unhealthy', such as smokers, are excluded and stigmatized (Farrimond & Joffe, 2006). The dominant understanding of smoking is thus a biomedical one; as a 'health behaviour' which is addictive, damaging to one's health and which invokes an individual's responsibility to quit (Gillies & Willig, 1997). It is embedded in governmental and health promotion smoking cessation initiatives, as well as in the addiction models promoted within research. That is not to say that all individuals or groups necessarily understand their own smoking in this way. Working-class women living in poverty offer accounts of smoking as a way of coping with the stress of daily life with little mention of long-term health (Graham, 1987). The 'social' aspect of smoking may also have important identity functions (Collins, Maguire, & O'Dell, 2002). However, in contrast to other countries such as Greece, UK smokers seem to have internalised the dominant account of smoking as a risk to health to the self and others and see quitting as a social responsibility to quit (Louka et al., 2006). There is little discourse concerning individual freedom or the right to smoke. This study therefore sets out to consider the 'limited independent variety' of smoking identities against the backdrop of this dominant understanding, but also alert to the possibility of alternative values and identities.

Following a tradition of health related research begun by Wendy Stainton Rogers (1991), this study utilizes Q-methodology to access a variety of constructions of smoking

identity. Q-methodology 'employs a by-person factor analysis in order to identify groups of participants who make sense of (and who hence Q-sort) a pool of items in comparable ways' (Watts & Stenner, 2005). Of late, there has been a resurgence of interest in using Q methodology in psychology in general (Stenner, Watts, & Worrell, 2007; Watts & Stenner, 2005) and to study health and illness in particular (Baker, Thompson, & Mannion, 2006; Bryant, Green, & Hewison, 2006; Collins, Maguire & O'Dell, 2002; Cross, 2005; Stenner, Dancey, & Watts, 2000). Q-methodology was chosen here for two theoretical reasons. Firstly, as argued previously, we believe that identity is best studied not as a separate entity, but as evidenced through a set of beliefs and practices. In Q-methodology, participants sort the sets of items in relation to each other to produce a holistic 'viewpoint' (Watts & Stenner, 2005). Statements about self-identity can therefore be configured in relation to other aspects of smoking. Secondly, because this approach permits the discovery of multiple viewpoints, Q-methodology can be a useful tool to uncover alternative or less dominant identities within a culture.

Method

In the Q-methodological studies listed above a group of participants are typically asked to sort a set of items on a topic into a distribution which reflects their subjective viewpoint (often their degree of agreement/disagreement). This process is called Q sorting. A Q-sort grid with a fixed distribution is often used to aid the sorting task (see Figure 1). The configurations (i.e. the entire Q-sorts) are inter-correlated with each other into a matrix and then factor analysed. The initial inter-correlation matrix represents the relationship of each Q-sort to the other Q-sorts (by-person), rather than the relationship between individual items (by-item). By-person factor analysis results in the identification of factors loaded by comparably-sorted Q sorts. For purposes of interpretation, the Q sorts loading on a given

factor are merged to yield a 'best-estimate' of the factor in the form of a single Q-sort pattern (known as the 'factor array'). The interpretation of these factor arrays aims to reconstruct the shared subjective viewpoint expressed in the particular patterning of items. Q-methodology is less naturalistic than interview techniques in that it asks participants to respond to pre-generated statements (Stenner et al., 2007). However, this allows for the direct comparison between Q-sorts to obtain a limited number of discrete patterns of statements out of a potentially huge number of combinations (Brown, 1980). Q-methodology also differs from surveys or attitudinal scales in which the subject is 'passively subjected to measurement' (Stenner et al., 2007). Here, the 'active' participant is free to understand the statements from their own subjective point of view and respond to them with open-ended comments to produce their 'gestalt' point of view.

Sampling the 'concourse'

The items which are sorted in a Q-methodological study should represent the 'concourse' relevant to the issue at hand (here 'smoking identities'). This concourse can be thought of as comprising everything that is sayable and thinkable that relates to smoking identities. Such a concourse can never be fully known, of course, but the sample of items (usually written statements) should give a workable estimate of it. In this instance, the Q-set was derived from extensive reference to the academic literature on smoking (e.g. Graham's work with poor smokers generated Item 1, 'Smoking is my only luxury'), from media texts and from comments on the topic from a previous interview study (X & X). Items which specifically referenced identity (e.g. Item 70 'I wouldn't really call myself a smoker, more someone who smokes') were combined with other dimensions of being a smoker, such as the addictive, experiential and functional aspects, to allow identity to be situated within a wider set of beliefs and practices. Initially, 155 items covering these topics were generated. These were

then reduced by taking out repetitions or unclear items, and by asking two smokers to read the set for authenticity, clarity and tone. This produced a final set of 70 items, listed in Table 2.

Participants and response rate

As the participants are the vehicles through which smoker-identities are articulated at a given point in time (through their sorts), so a diverse group of participants was sought using theoretical sampling (see Watts and Stenner, 2005). For example, we deliberately targeted men and women from different socio-economic status (SES) backgrounds given that smoking is much more prevalent amongst lower income groups (Lader & Meltzer, 2004). The demographic characteristics of the participants are shown in Table 1 [Insert Table 1 here]. It is important to note, however, that although we sought diversity amongst our participants, their 'identity positions' are not presupposed to be fixed (i.e. inherently related to their demographic features). Participants were sought from a Central London Smokers' Clinic, from UCL's Research Participants Database and via two print adverts in newspapers with a lower SES readership. They were paid £15.

Ninety-four participants were invited to take part. Sixty-eight returned their sorts. Four were incorrectly completed or had missing data. Sixty-four sorts were therefore entered for analysis (68% of total sent). A 50% response rate or below is common given this is a labour-intensive method. Large numbers of participants are not required in Q methodology as the aim is to identify patterns amongst the Q sorts, rather than to extrapolate to population statistics.

Procedure

The research was conducted under local ethical approval at UCL, University of London and was carried out in accordance with universal ethical principles.

Participants were sent a study pack comprising a consent letter, 70 numbered statements on card and a study booklet with step-by-step instructions. Participants spread the 70 statements out and arranged them in the fixed distribution grid (shown in Figure 1) according to how much they agreed (+6), disagreed (-6) or felt neutral (0) about each statement. When happy with their sort, they wrote the number of each statement into the corresponding position in the grid. They also gave open-ended responses to a selection of statements, by completing the following sentences: *'I strongly agreed with statement ___. The reason was…'* (x2); '*I strongly disagreed with statement ___. The reason was…*' (x2) and finally; '*These statements were also interesting to me ___. The reason was…*' (x3).The completed booklet was returned by post.

Analysis and interpretation

The 64 complete Q-sorts were analysed using the computer software PQ Method 2.11. Initially, all Q-sorts were inter-correlated with the other sorts, producing a 64 x 64 matrix. From the resulting pattern matrix (which was rotated using the orthogonal varimax procedure) six factors emerged which had an eigenvalue greater than one. Further details of the statistical aspects of the technique can be found elsewhere (Brown, 1980; Stainton-Rodgers, 1995). Only the first four of these factors are presented in this paper to allow their full interpretation. As Brown has argued, not all factors with an eigenvalue greater than one need to be interpreted (Brown, 1980). Here, the first four factors were clear in terms of being interpretable and supported by numerous comments to aid this interpretation. The final two factors were not as clear, and the lack of comments made interpretation more difficult. These four factors account for 43% of the variance.

Q-sorts which load significantly on only one factor are known as 'exemplars'. In this analysis, this indicates a loading of 0.4 or greater, with a p value of $p<0.01$. Factor One had 24 exemplars who loaded at this level (20% of the variance), Factor Two had 16 (11% of the

variance), Factor Three had 5 (7% of the variance) and Factor Four had 3 exemplars (5% of the variance). Q-sorts which load onto the same factor are those which are similarly sorted, so the 24 exemplars of Factor One are assumed to represent a shared understanding. To make it easier to interpret this, a 'factor array' is created by merging all the exemplars. This is done using a weighted averages method in which higher loading exemplars are given more weight in the merger (see Brown, 1980; Stenner, Watts and Worrell, 2008). The result is an 'ideal' exemplar representing this position. The factor array for Factor One is provided as an example [Figure 1].

Two of the factors (3 and 4) were bi-polar. This means that in addition to having positive loadings, at least one Q-sort loaded onto the factor negatively. In effect, this means that whatever is agreed with in the positively loading Q-sort is disagreed with in the negatively loading sort. It is customary to give separate interpretations for the positive (+) and negative versions (-) of the factor, although as there was only one negatively loading sort for each bipolar factors here, they are not the main focus of the discussion.

The interpretation primarily focuses on the factor arrays as shown in Table 2. Items which are ranked at the extremes (indicating strong agreement or disagreement) or ranked differently (3 places or more) from other Factors are considered key items on which to focus. In the results, the key items and their loadings for that Factor are presented. For example, in Factor One, Item 24 (**Health is my number one concern in relation to smoking**) is ranked as +5, indicating that it is the subject of strong agreement. If the Item has been written out in full in a previous factor, it is subsequently abbreviated (e.g. 24: +5). The interpretation is also aided by the open-ended comments provided by 'exemplar' participants in relation to the items and, where relevant, demographic information about participants (Eccleson, Williams, & Stainton-Rodgers, 1997). Consensus items identified by PQ Method, which do not discriminate between factors, are also reported where they relate to social identity.

Results

Several items relating to the social identity of smokers were broadly consensual. Smoking was characterized as a socially diverse activity, *'I think addiction to nicotine transcends social barriers',* but the days of having to be a smoker to be socially included were seen as past:

66. No one group in society smokes, all types of people are smokers (Factor 1: +2, Factor 2: +5, Factor 3: +5, Factor 4: +4)

40: You are not a part of things if you don't smoke (F1: -4, F2: -4, F3: -3, F4: -2)

41. I like the fact that being a smoker puts you in a little club with other smokers (F1: -2, F2: -1, F3: -1, F4: +1)

One Item, which associated smoking with lower SES, was met with broad disagreement. It provoked the most comments for any Item and was seen by some as a slur against smokers (e.g. *'very insulting, even doctors and nurses indulge')* although it was ranked more neutrally in Factors 1 and 4:

10. I do tend to associate smoking with poorer or less well-educated people (F1: 0, F2: -3, F3:-4, F4:-1).

Beyond these consensual Items, there were four distinct identity positions.

Factor one: The 'addicted' smoker

The Factor One position is oriented around thinking about 'why' one smokes, shown by the unique negative ranking of this Item:

15. I don't think too much about why I smoke (-3)

These smokers ask 'why' because their smoking seems incompatible with their great concern about the damage smoking is doing to their health:

24. Health is my number one concern in relation to smoking (+5)

36. I know what the doctors say, but I sometimes feel that the risks of smoking have been exaggerated (-6)

56. I give a lot of thought of what cigarettes are doing to my health (+4)

The comments reflect health as a central issue: '*If cigarettes had no harmful side effects, where would the problem be? Health is certainly the key issue for me*'. This position also rejects a cavalier or fatalistic attitude to health risk. Future health is valued over any present benefits of smoking, whether excitement or living for the moment:

37. People worry too much, you could get run over by a bus tomorrow (-4)

38. It sounds crazy to say it, but somehow the danger of smoking makes it seem a little bit exciting on some level (-4)

57. I smoke because life is short, and I want to live for today (-4)

58: In general I think smokers know how to enjoy themselves a bit more than other people (-2)

Addiction is the dominant reason given for smoking here. Comments focused on the addictive properties of nicotine: '*It is more addictive than heroin'.* '*Smokers are preoccupied with where their next nicotine fix is, the nicotine monkey on their backs*' and the following items were ranked strongly:

33. Smoking should be seen as a medical addiction, just like drug or alcohol addiction: (+6)

53. I think the dependence aspect of smoking is exaggerated (-5)

The conceptualisation of smoking as addictive is internalised as a sense of loss of control over the self, shown by the strong rating of numerous items on control:

4. I feel powerless in the face of nicotine addiction (+5)

21. It would be a struggle to quit, but I honestly feel that I could stop if I wanted to (-3)

34. I control my smoking, my smoking doesn't control me (-6)

45. I'd have no problems stopping, I've done it quite a few times (-5)

46. The lack of control is the worst thing about smoking (+6)

54. I feel like I will never quit smoking (+3)

63. I can't go without cigarettes for very long, I just can't do without them (+4)

The comments reinforce the sense of powerlessness: *'even in my sleep I've awoke to find myself smoking with an imaginary cigarette'.* Thus it is smoking that has the control, not the person, perhaps due to personality characteristics (44: +2). Being an addicted smoker is restrictive rather than liberating:

17. Smoking limits the type of life I would like to lead (+3)

60. I don't think my smoking affects the way that I live my life (-5)

As a solution, quitting remains a personal and social (and perhaps moral) imperative, something one 'ought' to do:

16: You may be addicted, but you should still try and do something about it (+3)

Alongside the addictive rationale for smoking run emotional reasons for smoking. There is moderate agreement that smoking is relaxing, calming and a way of coping with stress and boredom:

5. When you get stressed, the first thing you do is reach for a cigarette (+3)

19. Smoking is a means of relaxation for me (+2)

22. I'm a real worrier, which is one reason I smoke (+2)

67. When I'm bored, the first thing I do is reach for a cigarette (+3)

Although thinking of smoking as emotionally functional is not unique to this factor, here there is an additional focus on internal emotional drivers and dispositions (e.g. '*I get stressed easily and the biggest relaxation tool I have is a cigarette or joint')* as a reason for smoking shown by these unique rankings:

64: Smoking often has its roots in emotional problems (+2)

68: I'm definitely more laid-back than most non-smokers that I know (-2)

Finally, the Factor One position holds a primarily negative social and self-identity. The smoker is identified as dirty and the object of self-dislike and disgust, hence one exemplar commented, '*I never feel good about myself for smoking'*.

11. Even though I am a smoker, I don't really like smoking (+4)

31. I often feel disgusted at myself for continuing to smoke (+5)

42. Smoking is a dirty habit, whichever way you look at it (+4)

There is also some acceptance that smokers pose a risk to others and that societal restrictions are therefore justified, shown by the fairly neutral ranking of two items which were the subject of disagreement in all other Factors:

7. As long as people are adults, they should be left alone to decide if they want to smoke (+1)

69: I agree with all these restrictions on smokers, after all, we are the ones in the wrong (+2)

All of the twenty-four participants loading onto this Factor reported themselves to be daily smokers smoking 10-40 cigarettes a day, with most smoking within one hour of waking (which is considered to indicate high nicotine dependence). Taken with the key rankings, this suggests that this Factor represents a 'dependent' or 'addicted' smoker identity, in which smoking is understood as driven by a need for nicotine and, to a lesser extent, to control emotional states.

Factor Two: The ' in control' smoker

There are some points of similarity between Factor One and Factor Two. Factor Two exemplars are in broad agreement that smoking is not exciting (38: +2) or that smokers know how to enjoy themselves more than others (58: -2). Additionally, Factor Two exemplars are neutral about smoking being characterised as sexy (8: -1), being creative (14: -1) or rebellious (18: -1). There is also agreement with Factor One that smoking has severe health consequences (24: +6, 36: -4, 47:-3), that it can be connected with an 'addictive personality' (44: +3) and can be seen as a 'dirty habit' (42: +4). As one exemplar participant commented *'this idea [that the risks of smoking have been exaggerated] is ludicrous and if smokers attempt to deny all ideas of how dangerous smoking is, then it is very odd'.*

However, although Factor Two exemplars agree that smoking can be construed as unhealthy and addictive, this is not the rationale behind their own smoking. Factor Two exemplars attribute their smoking to external environmental factors, such as habit and social context, rather than internal states and dispositions as in Factor One:

3. Smoking is really just a habit for me, something I do (+5)

23. I think my smoking is very much down to people around me smoking (+3)

This factor is also the only one in which the Item 'Smoking is one way of letting your hair down every now and again' (9:+1) was ranked positively.

The notion of smoking through worry or emotional problems or as a way to cope has no real resonance (22:-3, 64: -2, 35: +3). Comments included *'I don't think I am actually addicted. It is more by force of habit that I smoke (I hope)!'* Being a smoker is thus about pleasure and sharing experiences: *' I only seem to smoke when I'm out with my smoker friends- it's not peer pressure, but rather a reminder that smoking feels good and if others let themselves do it, then why can't I?'.* This account also is the only factor not to feel that 'smokers are demonized these days' (30: -2) and sees the social world as relatively accepting of smoking:

52: Most people are essentially tolerant of smoking, as long as it is not in their face (+3)

The rejection of the Factor One identity of the 'addicted' smoker is also evidenced by the emphasis on personal self-control over smoking in this Factor. The notion that one might be powerless in the face of nicotine addition (4: -5), unable to quit (54: -6, 21: +5, 25: +6) or have no control over one's smoking is roundly rejected (34: +4, 63: +5). This is emphasised in the comments: *'I don't crave or depend on smoking. I naturally have long periods in between without it even coming to my mind'.* The concept of personal self-control is also linked with personal freedom and the rights of adults to decide whether to smoke (e.g. 7: +4): *'I've stopped smoking a couple of times and started again from my own free will.'*

The role of smoking in the smokers' life is also quite different from this identity position compared with Factor One. Here, the notion that smoking might constitute an 'only luxury' (1: -4) or a solitary activity to create space in one's life is strongly rejected:

28. Smoking is the only thing that I've got for myself (-5)

43. One of the only times I get on my own is when I smoke (-4)

51. Stopping smoking would be like losing a best friend (-6)

60. I don't really think my smoking affects the way I live my life (+4)

Comments included: *'It sounds ridiculous to say 'smoking is the only thing I've got'! I don't think things could ever get that bad!'* Smoking is simply not perceived a fundamental feature of life: *'I don't need it to live my life…I live my life the same as when I wasn't smoking, nothing is different*'.

Many of the sixteen exemplar participants loading significantly onto Factor 2 were higher SES and younger in age (15 were aged 20-40). Although we cannot link this in a statistical sense, it adds weight to the interpretation of this factor as an identity position of the younger 'social' smoker. Those holding this position are not merely asserting a distinct understanding of smoking as an enjoyable (though unhealthy) social experience, but also rejecting another identity, namely that of Factor One's 'addicted' smoker, by emphasising their self-control over smoking and its more peripheral place in their lives.

Factor Three: The 'no big deal' smoker

Factor Three is a bipolar factor, so a positive and negative interpretation (Three + and Three -) are offered.

Factor Three + represents a laid-back acceptance of smoking as a habitual part of everyday life. This manifests itself in two ways. Firstly, those holding this position tell us what smoking is *not* about. Stereotypes about smokers are challenged, such as that smoking is rebellious

(26:-6) or sexy (8:-6): '*there is nothing sexy about smoking, you are covered in ash and you smell!*' They also disagree that smokers smoke because of emotional problems (64: -3) or because they are neurotic (55:-4).

The notion that smoking is always bad for the health is also challenged (6:+4), as is the idea that smoking is necessarily driven by addiction. For example, this is the only factor in which Item 47 is ranked in a neutral position rather than the subject of disagreement:

47. When you think about it, there are lots of things worse than smoking for your health (+1)

44. I think smoking is connected with having an addictive personality (-5)

53. I think the dependence aspect of smoking is exaggerated (+4)

20. Smoking is just another habit like eating too much chocolate (+6)

Many exemplars pointed out that they were *'healthy and fit'* and disagreed that smoking is comparable with harder drugs: *'people always say that smoking is bad for you, but it's not as bad as drinking excessive alcohol, taking drugs.'* Rather, smoking is viewed as habitual and minimally harmful in a way similar to chocolate or coffee. As one participant put it *'a chocoholic would not want to give up and neither would I'.* That is not to say that Factor Three + exemplars feel they would have no problems stopping (45: -3). Rather, the addictive property of smoking is not a primary focus of their concern.

In addition to breaking down these stereotypes about smoking, the factor tells us what smoking *is* about from this perspective. Smoking is understood as enjoyable and a way of combating boredom. Factor Three + also emphasises the opportunity for time out which smoking represents: *'5 minutes for yourself, a time for reflection and thought'.* This is shown by moderate agreement with Item 1 (which is not agreed with in any other Factor) and Item 32:

1. Smoking is my only luxury (+3)

13. There are many things I do to enjoy myself, and smoking is one of them (+5)

32. Smoking is a chance to escape for a while (+3)

67. When I'm bored, the first thing I do is reach for a cigarette (+4)

In addition to playing down the harmful aspect of smoking, this account also downplays the impact of smoking, both in terms of affecting everyday life, and in terms of self-identity. Being identified as a smoker is not a matter for self-disgust (Item 31:-4) or dislike (Item 11:-5). Being a smoker is accepted, *'smoking is part of me, part of who I am'*, but it is not seen as core to self-identity. There is no need, from this perspective, to analyse why one smokes, or how one is perceived as a smoker: one just smokes. It is thus more a behaviour than a strong orienting identity:

39. Being seen as a smoker really doesn't bother me (+4)

15. I don't think too much about why I smoke (+5)

17. Smoking limits the type of life I would like to lead (-5)

59: I feel that to stop smoking would be to lose part of myself (-3, also ranked similarly in Factor Two)

This lack of fundamental self-identity around smoking coheres with a perception of smoking as something controllable, and something which one can move on from if desired. Thus one participant commented *'[Item 59] is to me the statement of a weak person; on giving up smoking, it just means you find a new 'self'*. Smoking is an adult behaviour and adults should be left alone to decide if they want to smoke (7: +6).

Only one Q-sort loaded negatively onto Factor Three- . It is difficult to offer a complete interpretation as the individual loading onto it made very few comments. The account expressed considerable health fears (*'I don't want to die of lung cancer')*; held smoking to be life-limiting (*'I always have to carry cigarettes with me and it's so expensive'),* and evidenced self-disgust for continuing to smoke.

Factor Four: The 'proud' smoker

Factor Four is a bipolar factor, so a positive and negative interpretation (Four + and Four -) are presented.

Factor Four + shares some similarities with Factor Three +: smoking is definitely not all about health and addiction, with often neutral or mild emotion towards Items concerning these issues (e.g. 33: -1, 34: -2, 24: -1, 36: -1, 56: -1). Factor Four+ smokers don't smoke out of worry (22:-4), rather they see smoking as enjoyable (13: +5), a way of counteracting boredom (67: +5) and relaxing (19: +3).

However, whereas Factor Three + held that traits such as being sexy, artistic, rebellious and individual were 'stereotypes' about smokers to be rejected, in Factor Four +, these are seen as positive aspects of smoker identity:

8. I sometimes think smoking looks quite sexy (+5)
2. I sometimes think people forget that a lot of the great artists and musicians smoked (+3)
18. If I'm honest, there's a bit of me that still feels slightly rebellious when I smoke (+3)
58. In general, smokers know how to enjoy themselves a bit more than other people (+3)

27. I think smokers in general tend to be a bit more individual than the next person (+2)

Smoking is not seen as a social barrier, but as attractive. One exemplar commented '*I think a woman who is smoking but has an element of grace is really sexy. Must be my oral fixation, cheers Sigmund*' and another stated: *'I would never consider a non-smoker as a potential boyfriend… (Still I never say I wish I didn't smoke, I say I wish he were a smoker)(!)'*

This enjoyment of smoking is linked with an explicit prioritization of living in the moment, as opposed to worrying about future health risks (57:+4). This Factor also uniquely ranked the following Item neutrally, rather than negatively:

38: It sounds crazy to say it, but somehow the danger of smoking makes it seem a little bit exciting on some level (+1)

Smoking is also held to be a matter of choice for adults (as in Factor Two) (7:+6), however, the argument is taken further. Here, restrictions on smoking are understood to constitute a breach of smokers' rights:

48. The rights of smokers are increasingly ignored (+4)
69. I agree with all the restrictions on smokers, after all, we are the ones in the wrong (-6)

Freedom and a liberal (relative) interpretation of morality are prioritised: '*Outside of the obvious things (murder, rape etc), I have a bit of a problem with the right/wrong concept. Nothing is set in stone, it's just popular opinion*'. They are also the only Factor to rank Item 29 negatively:

29: People sometimes do think less of smokers, although they shouldn't (-2)

Given the positive connotations of being a smoker, it is perhaps not surprising that in this identity position, being a smoker is a source of positive self-identity and something to be enjoyed. The notion of being disgusted (31: -6) or feeling dirty (42:-5) as a smoker is strongly rejected:

70. I wouldn't really call myself a smoker, more someone who smokes (-4)

11. Even though I am a smoker, I really don't like smoking (-5)

In relation to Item 11, one exemplar participant exclaimed: '*I LOVE SMOKING! I HATE HYPOCRISY! I find it funny that some people keep on saying they don't like smoking and keep on trying to quit (in vain), because if you don't like smoking, you don't do it*'.

Stopping is just not a priority (25: -5, 45: -3, 54: +4) as the following comment illustrates: *'If anyone has a problem with this (smoking), might I suggest you taking a look around at the world in which we live and…shutting your fucking mouth' Bill Hicks, Relentless, 1991*'.

As with Factor Three, just one Q-sort loaded negatively onto this factor (Four-). In addition to an acceptance of the dominant understanding of smoking as an out-of-control addiction, Four

- goes further in disavowing smokers' rights. For example, there is disagreement with Item 7 that adults should be left alone to decide whether to smoke '*because people's health would decline without health warnings'*. There is also strong agreement that smokers should be restricted as they are the ones in the wrong (Item 69) *'because it is unfair for non-smokers to damage their health due to our addiction'*. The key to this negative loading is therefore the belief that smokers have forfeited their rights along with the adoption of their addiction.

Discussion

The smokers in this sample were sensitive to negative perceptions of their social identity, as shown in their reaction to Item 10 which suggested an association with poverty and smokers. Beyond this consensus, four interpretable factors, each relating to a different 'identity position' were presented. These identity positions differ on two key dimensions; firstly, the extent to which the positions orient (or not) around dominant biomedical understandings of smoking, and secondly, the extent to which the social ('smoker') identity appears fundamental to personal self-concept (Turner, 1999). These dimensions are discussed theoretically and in relation to their potential application in smoking cessation.

The identity position of Factor One is the embodiment of the dominant biomedical addiction model discussed in the Introduction (Gillies & Willig, 1997; Louka et al., 2006). At the heart of this identity position is the loss of control which goes along with conceptualising smoking as an addiction. For smokers themselves, this addictive attribution is a double-edged sword. On the one hand, loss of self-control is stigmatised within Western culture (Joffe & Staerkle, 2007). Internalizing this means adopting a 'spoiled identity'(Goffman, 1963). On the other hand, addictions can also be understood as medical conditions (West, McNeill, & Raw, 2000). Hence, participants here presented their loss of control as a rationale to justify medical treatment.

Some theorists have argued that addiction discourses are disempowering because they reinforce the notion that the smoker has lost control and requires external help to regain it (Gillies & Willig, 1997). This may particularly be the case where smokers strongly identify with the 'addicted smoker' identity found here (Eiser, Sutton, & Wober, 1978). Comments from exemplar participants reinforce the notion that being addicted is fundamental to their self-identity: they describe themselves to be 'taken over' by smoking in daily life and in their dreams. We agree with West that smoking cessation research should pay greater attention to supporting the identity transition from smoker to non-smoker (West, 2005), but add the caveat that this may be much harder (and therefore more necessary) for smokers who are both highly physiologically dependent, but also strongly self-identify as addicted smokers. Any attempt to encourage identity transition also has to take account that these smokers see smoking as fulfilling an emotional need which is intrinsic (i.e. part of their internal disposition) rather than contextual, increasing their sense of dependence on nicotine.

Factor Two is an identity position which finds its distinctiveness through positive comparison with other groups (Tajfel & Turner, 1986), in this instance other types of smoker, such as the Factor One addict identity. This is done through making positive comparisons between themselves as 'social smokers' and addicted smokers, for example, by emphasising their high self-control and external 'social' motivation. This is likely to be driven by the fear of stigmatisation discussed above. Amos and colleagues suggest that it may be problematic if smokers making the transition from teenage years to adulthood continue to think of themselves as 'social smokers' when have they moved into more established patterns of nicotine addiction without realising they have lost control (Amos et al., 2006). On the other hand, in Factor Two, smoking is not a core part of either everyday life, or, perhaps more importantly, personal self-identity. This is likely to be linked with lower nicotine dependence; it also may be a smoking identity more easily relinquished than that of Factor One.

The rationale for choosing Q-methodology was that it can be a useful tool with which to identify alternative values and identities, as participants are asked to react to the 'unsayable' rather than articulate it themselves as in an interview. Here, Factors Three + and Four + were not primarily oriented around the dominant biomedical model of smoking. The Factor Four + position, the 'proud' smoker, was a positive smoker identity, in which values such as freedom, the rights of the individual, and living life to the full were explicitly prioritised. This can be understood as an act of social creativity in the face of a potentially stigmatised social identity (Tajfel & Turner, 1986). This set of positive personal values and attributes was combined with a 'rights of the individual' discourse, one which to a large extent has been marginalised within the UK (Louka et al., 2006). The only negative loading onto Factor Four - was defined precisely by opposition to the notion of 'smokers' rights'. It is also a position in which smoking, and being a smoker, is integral to personal self-concept.

In contrast, in Factor Three +, being a smoker is conceptualised simply as behaviour one engages in, not as a core part of personal identity. This position has some parallels with factors in previous Q-methodological studies, most notably Kitzinger and colleagues' study of lesbian identities (Kitzinger & Stainton-Rodgers, 1985) in the 'individualistic' identity, where although happy to identify as lesbian, the women who define this factor were not happy to be labelled, and saw their lesbian behaviour as only one part of their multiplicity of 'things they do'. Similarly, in Factor Three +, there is no denial of being a smoker, it is simply 'no big deal' and understood as a behaviour which delivers enjoyment and relief from boredom, rather than a core aspect of identity.

In terms of smoking cessation, the significance of Factor Three + and Four + is not clear. Within this sample, they appear as minority accounts, and neither offers a rationale in terms of motivation to quit. To this extent, they appear to fit the 'pre-contemplation' stage of

smoking (Prochaska et al., 1992) although it is important to note that even today's pre-contemplator may make an unplanned quit attempt (West, 2005).

One limitation is that the Q-methodology results reflect the characteristics of the sample. For example, Factor One, the 'Addicted' smoker, may be a factor onto which many people loaded because the sample contained a relatively large number of people who described themselves as 'at home/unemployed', so more likely to be heavy, dependent, smokers. Approximately one third of the sample was also recruited from a smoking cessation clinic which would imply that they had already conceptualised their smoking as 'problematic'. Further Q-methodology studies, with different sample populations, would provide a valuable route to exploring the span of identities within different groups and at different-time points along smoking trajectories.

In conclusion, this study has provided new insight into the thinking of smokers by drawing together participants' smoking beliefs, identity and values into coherent 'identity positions'. Although there is no claim that these accounts are either fixed (to particular types of individuals) or finite as a set, it is important to identify such a multiplicity of voices and identities within smokers as a group, to counter notions that there is one smoker identity to whom all health promotion or cessations interventions might apply. It is also important to note that these identities are produced relationally (e.g. Factor Two as a rejection of Factor One), so that appealing to one 'identity' through health promotion might inadvertently alienate another. Highlighting the multiplicity of smoker identities has the potential to inform more nuanced smoking interventions in the future.

Acknowledgements: This research was carried out by X. None of the authors have any conflict of interest in the area of this research. Thank you to the anonymous reviewers for their very helpful contribution to this paper.

Table 1: Characteristics of participant sample (n=64)

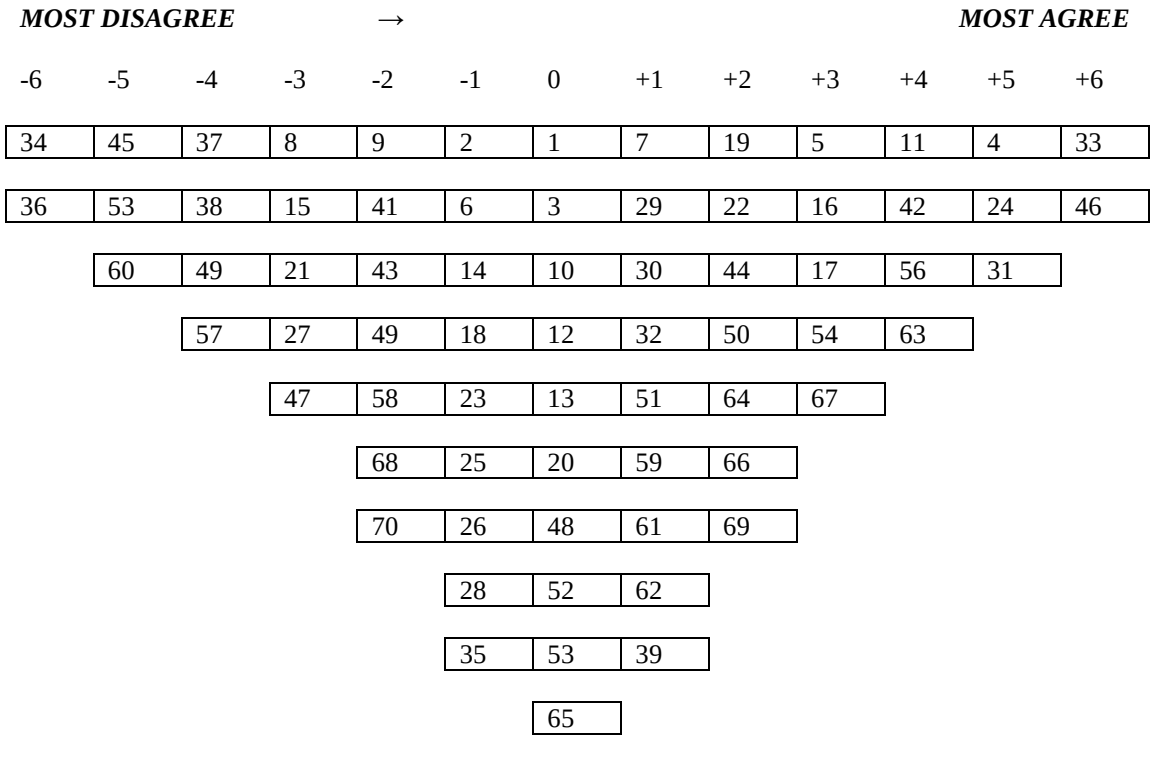
Variable name	Categories	Participants no. (%)
Gender (n=64)	Male	(38%)
	Female	40 (62%)
Socio-Economic Status	Higher	37 (58%)
(n=64)	Lower	27 (42%)
Age (n=64)	Mean=33.3	
	20-29 years	32 (50%)
	30-39 years	13 (21%)
	40-49 years	8 (13%)
	50-59 years	10 (16%)
Children (n=63)	None	35 (55%)
	1-4 children	29 (45%)
Ethnicity (n=63)	White	58 (92%)
	Black/asian/other	5 (8%)
Age started smoking (n=63)	Mean = 15.5	
No. cigarettes a day (n=62)	Less than 10	26 (42%)
	10 to 20	28 (45%)
	More than 20	8 (13%)
Desire to quit smoking (n=62)	Not at all	4 (7%)
	Slightly/moderately	24 (38%)
	Quite/very strongly	34 (55%)
First cigarette of the day within…(n=62)	Less than 30 min	27 (43%)
	30 min to 1 hour	11 (18%)
	1 to 2 hours	8 (13%)
	More than 2 hours	16 (26%)

Table 2: Numerically ordered list of Q-sort statements and their rankings across the four factors.

Factor	1	2	3	4
1. Smoking is my only luxury	0	-4	3	0
2. I sometimes think people forget that a lot of the great artists and musicians smoked	-1	-1	-2	3
3. Smoking is really just a habit for me, something I do.	0	5	2	1
4. I feel powerless in the face of nicotine addiction.	5	-5	-1	-3
5. When you get stressed, the first thing you do is reach for a cigarette	3	0	3	3
6. It is wrong to say that smokers can't be healthy; it all depends on the individual.	-1	1	4	-2
7. As long as people are adults, they should be left alone to decide if they want to smoke.	1	4	6	6
8. I sometimes think smoking looks quite sexy.	-3	-1	-6	5
9. Smoking is one way of letting your hair down every now and again.	-2	1	-4	-3
10. I do tend to associate smoking with poorer or less well-educated people.	0	-3	-4	-1
11. Even though I am a smoker, I really don't like smoking	4	2	-5	-5
12. Being a smoker these days isolates you from your friends and colleagues.	0	-1	-2	-1
13. There are many things I do to enjoy myself, and smoking is one of them.	0	2	5	5
14. I am more creative when I smoke	-1	-1	-1	1
15. I don't think too much about why I smoke.	-3	2	5	0
16. You may be addicted, but you should still try and do something about it	3	3	-1	-1
17. Smoking limits the type of life I would like to lead.	3	-2	-5	1
18. If I'm honest, there's a bit of me that still feels slightly rebellious when I smoke.	-1	-1	0	3
19. Smoking is a means of relaxation for me.	2	0	0	3
20. Smoking is just another habit like eating too much chocolate	0	-1	6	0
21. It would be a struggle to quit, but I honestly feel that I could stop if I wanted to.	-3	5	0	2
22. I'm a real worrier, which is one reason I smoke.	2	-3	2	-4
23. I think my smoking is very much down to people around me smoking.	-1	3	0	-3
24. Health is my number one concern in relation to my smoking.	5	6	0	-1
25. If I feel my smoking getting out of hand, I tend to do something about it.	-1	6	-1	-5
26. A little bit of me likes doing something a lot of people disapprove of, like smoking	-1	-2	-6	0
27. I think smokers in general tend to be a bit more individual than the next person.	-3	-2	-2	2
28. Smoking is the only thing that I've got for myself.	-1	-5	-1	-2
29. People sometimes do think less of smokers, although they shouldn't.	1	2	2	-2
30. Smokers are demonized these days, which is quite unfair.	1	-2	1	2
31. I often feel disgusted at myself for continuing to smoke.	5	1	-4	-6
32. Smoking is a chance to escape for a while	1	0	3	0
33. Smoking should be seen as a medical addiction, just like drug or alcohol addiction.	6	1	2	-1
34. I control my smoking, my smoking doesn't control me	-6	4	1	-2
35. Smoking helps me cope with life.	1	-3	2	1
36. I know what the doctors say, but I sometimes feel that the risks of smoking have been exaggerated.	-6	-4	3	-1

37. People worry too much about smoking; you could get run over by a bus tomorrow.	-4	1	1	1
38. It sounds crazy to say it, but somehow the danger of smoking makes it seem a little bit exciting on some level.	-4	-2	-3	1
39. Being seen as a smoker really doesn't bother me.	-1	1	4	6
40. You are not a part of things if you don't smoke.	-4	-4	-3	-2
41. I like the fact that being a smoker puts you in a little club with other smokers.	-2	-1	-1	1
42. Smoking is a dirty habit, whichever way you look at it.	4	4	-1	-5
43. One of the only times I get on my own is when I smoke	-2	-4	1	2
44. I think smoking is connected with having an addictive personality.	2	3	-5	-2
45. I'd have no problems stopping; I've done it quite a few times.	-5	0	-3	-4
46. The lack of control is the worst thing about smoking	6	1	-2	-4
47. When you think about it, there are lots of things worse than smoking for your health.	-3	-3	1	-2
48. The rights of smokers are increasingly ignored.	0	0	-1	4
49. When I look around, smokers do seem to be more sociable than other people.	-2	0	0	2
50. I think smoking looks down-market, even though I do it myself.	2	2	0	-3
51. Stopping smoking would be like losing a best friend.	1	-6	-2	2
52. Most people are essentially tolerant of smoking, as long as it is not in their face.	0	3	2	0
53. I think the dependence aspect of smoking is exaggerated.	-5	-1	4	-1
54. I feel like I will never quit smoking.	3	-6	1	4
55. Neurotic people are far more likely to smoke	0	-1	-4	-1
56. I give a lot of thought to what cigarettes are doing to my health.	4	3	1	-1
57. I smoke because life is short, and I want to live for today.	-4	0	1	4
58. In general, I think smokers know how to enjoy themselves a bit more than other people.	-2	-2	-1	3
59. I feel that to stop smoking would be to lose part of myself.	1	-3	-3	1
60. I don't really think my smoking affects the way I live my life.	-5	4	0	0
61. People have a really negative perception of smokers nowadays.	1	2	3	0
62. One of the reasons I smoke is because cigarettes are a stimulant, they get you going when you need it.	1	0	0	0
63. I can't go without cigarettes for very long, I just can't do without them.	4	-5	0	2
64. Smoking often has its roots in emotional problems	2	-2	-3	-3
65. I'm aware when I'm smoking that it is a little taste of your own mortality.	0	1	-2	0
66. No one group in society smokes, all types of people are smokers.	2	5	5	4
67. When I'm bored, the first thing I do is reach for a cigarette.	3	0	4	5
68. I'm definitely more laid-back than most non-smokers that I know	-2	1	2	1
69. I agree with all these restrictions on smokers, after all, we are the ones in the wrong.	2	0	-2	-6
70. I wouldn't really call myself a smoker, more someone who smokes.	-2	2	1	-4

Figure 1: Ideal factor array for Factor One



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