TARGETING YOUNG ADULT SMOKERS' MULTIPLE IDENTITY GAPS AND IDENTITY MANAGEMENT STRATEGIES FOR BEHAVIOR CHANGE: AN APPLICATION OF THE COMMUNICATION THEORY OF IDENTITY

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Abstract

The purpose of this thesis is to determine through focus groups and individual interviews the identity gaps experienced by young adult smokers, the strategies they enact to minimize or avoid identity gaps, and contexts in which layers of identity are aligned in order to target those sites in future smoking cessation health campaign messages. Engaging in stigmatized health behaviors, like smoking, impacts the messages individuals receive from other people and the media about their health, identity, and behaviors, and the way they communicate about themselves. Michael Hecht's (1994) communication theory of identity (CTI) explains the process of enacting and shaping identities through communication and provides the framework of this thesis. Identities consist of four interpenetrating layers: enacted, personal, relational, and communal. When there is a discrepancy between layers an identity gap occurs. Identity gaps are associated with uncomfortable dissonance and negative communication outcomes. However, identity gaps also present opportunities for targeted health messages that draw attention to dissonance as a motivational tactic and offer behavior change strategies to decrease gaps. I conducted four focus groups and ten interviews focusing on the daily experiences of 20 young adult smokers. Identity gaps emerged involving all four layers of identity, though personal-enacted, enacted-relational, and personal-relational identity gaps were reported most frequently. Strategies to manage identity gaps included lying about smoking, hiding the behavior of smoking, and gauging others' reactions prior to disclosing smoking status. Participants voiced contexts and relationships in which layers of identity aligned, including around other college-age individuals and friends. Theoretical and practical implications of these findings are offered, including suggestions for health messages and interventions targeting management strategies and contexts where identity

is aligned in order to decrease their efficacy and thus increase the magnitude of the already pervasive identity gaps young adults smokers experience in the hopes of motivating behavior change.

Keywords: communication theory of identity, identity, identity gaps, smokers, stigmatization

Targeting Young Adult Smokers' Multiple Identity Gaps and Identity Management Strategies for Behavior Change: An Application of the Communication Theory of Identity

I. Introduction

Cigarette smoking has long been a concern of health communication scholars and continues to be a productive area of study (Kim et al., 2010). From a health standpoint, smoking is an important health behavior to study because of the highly negative health outcomes associated with smoking and exposure to secondhand smoke (U.S. Department of Health and Human Services, 2014). From a communication standpoint, smoking is an important behavior to study because it offers a context for the use of strategic health communication to motivate behavior change and decrease the prevalence of negative health outcomes. A person communicates about his or her identity when he or she enacts the behavior of smoking. Smokers are likely to experience stigma as a result of their behavior because de-normalization campaigns and anti-smoking legislation have discredited those who smoke (Bayer, 2008; Bayer & Stuber, 2006). Stigmatization in turn leads to poor communication outcomes, such as devaluation, self-labeling, discrimination, feelings of guilt, isolation, embarrassment, and an increased likelihood for identity gaps (Jung & Hecht, 2008; Kim & Shanahan, 2003; Ritchie, Amos, & Martin, 2010).

Beyond the poor communication outcomes resulting from smoking, scholars have studied the process of smoking cessation (Biener & Abrams, 1991), the marketing of tobacco products (Wong & Capella, 2009), the role of self-efficacy in quitting (Condiotte & Lichtenstein, 1981; Schuck et al, 2014) and the use of fear appeals in smoking cessation messages (Popova, 2014). Scholars have also studied how smoker identity impacts smokers' intentions and ability to quit smoking as well as continue abstaining from cigarettes (Tombor, Shabab, Brown, Notley, &

West, 2015; Zhao, Nan, Yang, & Iles, 2014). From this extensive body of research scholars have analyzed and developed health promotion messages to prevent traditional cigarette uptake and encourage people who smoke to quit (Pepper, Emery, Ribisi, & Brewer, 2014; Popova & Ling, 2014). In order to further the field of health communication in the context of stigmatized health behaviors (i.e., smoking) and the effects of such health behaviors on identity and communication, this study uncovered the identity gaps experienced by young adults who smoke cigarettes for the purposes of health care promotion.

Statement of the Problem

Communication is central to changing people's health beliefs and behaviors. However, in order to design an effective health message campaign it is essential to understand the target audience and how their health status or health behavior affects their identity. The negative health impacts of cigarettes are well known. As a communication scholar I cannot further knowledge on the medical effects of smoking but I can contribute to understanding how cigarette smokers communicatively construct their identities and determine emerging identity gaps when their status as smokers is made salient. Identity in the context of addictive substances has been key to understanding behavior change (Berger & Rand, 2008;Kearney & O'Sullivan, 2003) and resistance against abusing drugs (Pettigrew, Miller-Day, Krieger, & Hecht, 2011). Therefore, knowledge about smokers' identity gaps could be used to create future public health campaigns that target the uncomfortable dissonance of identity gaps to motivate smokers to decrease identity gaps by adopting recommended behavioral strategies (e.g., reduce smoking, use a less harmful form of nicotine, quit smoking). The communication theory of identity (CTI) offers a framework to understand how multiple layers of identity are impacted by health behaviors,

including the potential for health behaviors to cause misalignment of identity. Misaligned layers of identity however could be targeted to motivate behavior change because CTI suggests identity gaps provoke uncomfortable dissonance as well as myriad negative communicative and psychological outcomes. The extension of CTI into the domain of health identities may reveal new avenues of study to health communication scholars. Hecht himself called for the exploration of more gaps and mental health issues, including substance abuse (Hecht & Jung, 2008). While Hecht has applied components of CTI extensively, and successfully, to the prevention of alcohol, tobacco, and other drug (ATOD) uptake in adolescents through the *keepin' it REAL* program (Hecht & Miller-Day, 2010), this is the first study that will examine identity gaps in the context of smoking as a stigmatized health behavior. Stigmatization makes the emergence of uncomfortable identity gaps more likely. Identity gaps may be areas of exploitation for future smoking cessation campaigns because identity gaps cause uncomfortable dissonance that an individual may try to resolve through behavior change. Thus, the purpose of this study is to use Hecht's (1993) communication theory of identity (CTI) to determine which identity gaps young adults who smoke report experiencing across a variety of contexts and relationships as well as the strategies they used to avoid those gaps and situations in which they do not experience identity gaps as a result of their smoking. These findings can be used to increase the magnitude of existing identity gaps through targeted health campaigns in order to prompt health behavior change (Hecht, 2014).

The following sections of this thesis outline in detail the health outcomes and prevalence of cigarette use by young adults in the United States. I will then trace the construct of identity as defined in CTI with a focus on identity gaps and the associated behavioral, psychological, and

relational outcomes. I will then argue that people who smoke cigarettes are likely to experience uncomfortable identity gaps because of discrimination against smokers resulting from de-normalization campaigns and smoke-free laws. Finally, I will argue that focus groups and interviews are the most appropriate methodologies to study emerging identities and explain how I will collect and analyze the data in order to uncover the identity gaps experienced by young adult smokers and consider their use in future health promotion messages.

II. Review of Literature

Cigarette Use by Young Adults

In order to understand the identities and emergent identity gaps of cigarette smokers it is first necessary to ground this study in historical and medical information about cigarettes as a form of tobacco. Traditional cigarette smoking first gained popularity in the United States after the Civil War (CNN, 2000). However, the negative health effects of smoking, which include lung and other cancers (e.g., prostate, breast, liver, colorectal), respiratory diseases (e.g., asthma, chronic obstructive pulmonary disease), cardiovascular disease, poor reproductive outcomes (e.g., congenital malformations, decreased male sexual function), adverse effects in those exposed to secondhand smoke, and other poor health outcomes, were not fully recognized until January 1, 1971 when the first report on the health consequences of smoking prepared by the Secretary of Health, Education, and Welfare were delivered (U.S. Department of Health and Human Services [DHHS], 2014). Nicotine is the addictive agent in cigarettes and is associated with health problems, however, the adverse outcomes listed above are primarily caused by the over 50 toxicants included in cigarettes.

While the prevalence of smoking in U.S. adults declined from 42% in 1965 to 18% in 2012 the rate of decline in young adults has slowed (DHHS, 2014). According to the CDC, in 2013 18.7% of young adults aged 18-24 smoked. Most first time tobacco use occurs before the age of 18 (87%) and young adults are likely to try other tobacco products as well (DHHS, 2014). This study examined young adults ages 18-25 that smoke cigarettes. Young adults are an important health population to study because they have the highest prevalence of tobacco use (Rath et al., 2012). Young adulthood is also a time of identity change when people develop their personal health behaviors and habits while dealing with the pressures of school and leaving home (Rath et al., 2012). Young adults also are at increased risk for non-traditional tobacco products like hookah, snus, cigars, and so forth (Rath et al., 2012). One rising trend among young adults is the use of electronic cigarettes (e-cigarettes), which are considered non-traditional tobacco products. They are the same shape and size as conventional cigarettes but have a battery-operated heating component. A refillable cartridge containing nicotine and other chemicals is heated by an atomizer, which delivers the contents of the cartridge to the user in the form of vapor (U.S. Food & Drug Administration, 2010). The Food and Drug Administration currently does not regulate e-cigarettes and the resulting variance in e-cigarette products has only increased the debate over their health outcomes (U.S. Food & Drug Administration, 2011). Despite the unknown health outcomes of smoking e-cigarettes the number of e-cigarette users is quickly growing, especially among young adults who are more likely than adolescents and adults to report ever use of e-cigarettes (Carroll Chapman & Wu, 2014).

Cigarette smoking is relevant to health communication scholars because it is only through communication that people are educated about the adverse outcomes of smoking, that

nonsmokers are discouraged from uptake, and that current smokers are encouraged to quit. The office of the Surgeon General recognizes the importance of communication in the context of cigarettes when it reports that "advertising and promotional activities by the tobacco companies caused the onset and continuation of smoking among adolescents and young adults" but media campaigns and community programs help to prevent uptake and reduce the prevalence of tobacco use among the same cohort (DHHS, 2014, p. 12).

Despite the widely publicized negative health effects of smoking, as of 2012 an estimated 42.1 million U.S. adults were smoking, thus placing their health at risk (DHHS, 2014). The rate of decline in prevalence of smoking among young adults is slowing. Different communication strategies must be used to continue targeting smokers in the hopes of changing their health behaviors in order to eradicate smoking and decrease the negative health outcomes associated with smoking. The developmental importance of young adulthood combined with already high levels of tobacco use make the population of 18-25 year old smokers an especially important population to target with health messages concerning smoking.

Communication Theory of Identity

Having explained the historical and medical context underlying cigarette smoking and the purpose of this study I will now explain identity as a communicative process and how smoking influences identity/communication. In tracing the origins of CTI, Hecht recognizes that historically identity has been investigated on either the individual or social level. The study of the individual within society can be traced back to the early 1900s when Cooley (1934) explicated the meaning of "I" and the "looking glass self" to explain how an individual's self concept is formed through his impression of others' perceptions of him. The formation of self

concept through social interaction was further explored by Mead through the lens of symbolic interactionism and the concept of the "generalized other" (Mead & Morris, 1934). Goffman moved identity further toward the group end of the spectrum by conceptualizing identity as a relational construct built through the performance of a role meant to maintain an individual's face or public self-image (Goffman, 1959). Moving fully toward identity formation on the social level, Tajfel's (1974) theory of social identity explained how individuals first must "find, create, and define" their place in various social groups and recognize through the "continuing process of self-definition" outgroup and ingroup members (p. 67). Drawing from both social and individual conceptualizations of identity for CTI, Hecht positions identity as an interactional and relational construct that represents the "pivotal point interrelating individual with society" (Hecht, 1993; Hecht, Warren, Jung, & Krieger, 2005, p. 260).

According to CTI, communication is central to identity because "communication rituals are used to create and express it [identity]" (Hecht, 1993, p. 78). In fact, CTI "conceptualizes identity as communication rather than seeing identity as merely a product of communication or vice versa" (Jung & Hecht, 2004, p. 266). Identity is shaped through communication and is acted out socially through a person's communication (Jung & Hecht, 2004). Communication is internalized as identity when one develops symbolic meanings through social interaction and associates those meanings with the self (Hecht et al., 2005). People also validate which social categorizations are relevant to them through social interaction, which allows others to develop expectations and ascribe characteristics to them that shape their identity. Individuals' own understandings of their identities entail motivations and expectations that also shape their communication (Hecht et al., 2005). Through the complex interaction of ascription and

enactment just described, it becomes clear that "identity is inherently a communication process and must be understood as a transaction in which messages and values are exchanged" (Hecht, Jackson, & Ribeau, 2003, p. 230).

In CTI, Hecht puts forth the idea that identity is composed of four layers: personal, enacted, relational, and communal. These layers refer to the four loci where identity resides: within a person, within interaction, within a relationship, and within a group (Hecht et al., 2005). The personal layer of identity represents the traditional individual-focused conception of identity as a person's self-concept, feelings and thoughts about the self, spiritual understanding of the self, and self-image (Hecht et al., 2005). The enacted layer locates identity in communication with others expressed as part of all verbal and nonverbal messages including the performance of behavior and social roles (Hecht, 1993). The relational layer of identity broadly describes the co-creation and negotiation of identity through roles and social interactions. Relational identity has four levels. First, individuals internalize others' perceptions to develop and shape their own identity, this is known as ascribed relational identity. Second, identity is formed according to the social roles one takes on in relationships with others (e.g., I am a mother, sister, student). Third, identity is formed according to the multiple roles an individual may hold in relation to each other (e.g., I am a mother which impacts my job as a teacher). Finally, a relationship can be a unit of identity (e.g., a couple as a unit) (Jung & Hecht, 2004). The fourth layer of identity is the communal frame, which encompasses the larger social groups such as cultures and communities that "bind us together through collective memories, histories, rituals, and practices" (Drummond & Orbe, 2009, p. 81). The characteristics held in common by members of the group form the contents of the group's identity (Hecht et al., 2005). These four layers guide appropriate and

effective communication because as individuals define their identities they also receive communication about socially prescriptive norms fitting those identities (Urban & Orbe, 2010).

Identity gaps. The four layers of identity should not be understood as isolated or separated from each other. Instead, the layers interpenetrate so that they influence each other (Hecht et al., 2005). When layers of identity are aligned with each other then identity is unproblematic for the time being and the individual is not aroused as a result of dissonance. The layers may vary in salience over time, however the negotiation of one layer necessarily impacts the other layers so that all layers are in flux. Layers may not always coexist in harmony with each other, in fact when communication frames are contradictory, as marked by cognitive inconsistency, an identity gap is said to occur (Hecht, 2014). Identity gaps can occur through external interactions and are an inevitable part of communication because no one is perfectly clear in communication and interactants have different frames of reference that lead them to different interpretations of communication and social interactions (Jung & Hecht, 2004). Individuals may also have internally inconsistent perceptions of their own identities. People likely have some awareness of internal and external inconsistencies because inconsistency creates dissonance (Festinger, 1962). Identity gaps are unavoidable but vary in the degree, type of gap, and implication of the gap for social interactions (Jung & Hecht, 2004). The emergence of identity gaps has been studied within intracultural and intercultural interactions (Brooks & Pitts, 2016; Drummond & Orbe, 2009; Hecht et al., 2003; Jung & Hecht, 2008; Wadsworth, Hecht, & Jung, 2008), young adult grandchildren (Kam, Hecht, & Matsunaga, 2007), transgender individuals (Nuru, 2014), always-single Japanese women (Maeda & Hecht, 2012), and first-generation college students (Orbe, 2004).

Despite the potential for 11 identity gaps to occur across the four different layers, some gaps have emerged in the literature more frequently than others. Most research investigating identity gaps has found evidence of personal-enacted and personal-relational gaps (see Drummond & Orbe, 2009; Nuru, 2014; Wadsworth et al., 2008). These specific identity gaps were the first explored by Jung and Hecht (2004), which may explain their ubiquity in identity gap research. However, this pattern in findings may also be explained by the relatively quick recognition of personal-enacted gaps. This type of gap is recognized rapidly because people are quick to identify when their message does not match the meaning they wanted to communicate in conversation (Wadsworth et al., 2008).

The purpose of this study is to determine identity gaps that may emerge between any of young adult smokers' four levels of identity. The three identity gaps presented below are those most commonly found in previous research and were the most frequently voiced gaps in this study. These are offered as examples of how identity gaps may emerge among young adult cigarette smokers, although the open-ended and exploratory nature of this research did reveal several other identity gaps including gaps involving the communal layer of identity. Table 1 further explains all 11 theoretically possible gaps and gives examples of how those identity gaps may surface for young adult smokers.

The *personal-enacted identity gap* is characterized by a difference in an individual's self-concept and the way that she expresses her identity through communication. Similarly, it has been described as occurring when the face a person presents in interaction does not match how the person actually sees himself or herself (Drummond & Orbe, 2009). Personal-enacted identity gaps are recognized quickly because individuals can tell if the messages given in conversation

represent their true self (Wadsworth et al., 2008). For example, a person may not self-identify as a smoker in conversation but engage in smoking behaviors. This gap in behavior and self concept is typified by the phenomenon of "phantom smokers" who are individuals that smoke but do not self-identify as smokers (Choi, Choi, & Rifon, 2010). Levinson and colleagues (2007) similarly found widespread discrepancies among college students' enactment of smoking behaviors and self-identifications as smokers. Many of the people who denied being smokers claimed they were "social smokers," which may have been an attempt to reduce the dissonance between their personal and enacted identities (Levinson et al., 2007). Discrepancies between identity layers may be the result of passive or active expressions of self, including "impression management, dishonesty, shyness, and intimidation" (Jung & Hecht, 2004, p. 269). There are serious health implications of identity gaps, especially personal-enacted gaps related to smoking behaviors. People who smoke but do not consider themselves smokers do not perceive themselves to be addicted to cigarettes, disregard health warnings because they believe they do not apply to them, and are unlikely to attempt to quit smoking (Levinson et al., 2007).

The *personal-relational identity gap* is characterized by differences in an individual's self-concept and the identity that other people ascribe to her. This identity gap assumes that individuals internalize other people's appraisals of them and these become part of an individual's identity (Jung & Hecht, 2004). Personal-relational identity gaps may require a delay in processing to "detect another's view of us reflected in conversation and the subsequent interpretation of those messages" (Wadsworth et al., 2008, p.71). In fact, Jung and Hecht (2004) suggest that a gap between the personal and relational layers of identity may be the result of the negative communication outcomes of a personal-enacted identity gap. Therefore, it may take

longer for personal-relational identity gaps to emerge, but the gap is likely to be present if the individual experienced a personal-enacted identity gap. While young adults who smoke cigarettes may not identify as smokers, like the phantom smokers described above, other people may perceive them as such, causing a personal-relational gap to emerge. Smokers have described feelings of frustration and resentment when discussing smoking with nonsmokers (McCool, Hoek, Edwards, Thomson, & Gifford, 2013) and are more likely to perceive stigmatization when their close family and friends disapprove of smoking (Stuber, Galea, & Link, 2008). These experiences may point to the occurrence of identity gaps resulting from nonsmokers' ascription of a "smoker" identity to people who smoke but do not self-identify as such. Alternatively, smokers report affiliating with other people who smoke (McCool et al., 2013). This suggests that smokers feel most comfortable conversing with others smokers, perhaps because a personal-relational identity gap does not emerge in their conversations.

The *enacted-relational identity gap* is characterized by a difference in an individual's expression of identity through communication and the identity that other people ascribe to her. Cigarette smokers may attempt to be perceived as nonsmokers by strategically hiding their smoking from relational others. Despite normally enacting the behavior of smoking, the communicative partner will ascribe the individual the identity of a nonsmoker. This will result in an enacted-relational identity gap. This gap would likely lead to feelings of guilt and a desire to avoid the relational partner who the behavior is hidden from.

Participants reported the above identity gaps as well as other identity gaps that resulted from their smoking. Table 1 below lists all 11 theoretical types of identity gaps and gives a short description of each as well as examples of how the gaps may emerge in situations that are

specific to people who smoke. These examples are by no means exhaustive because each identity gap may manifest in many ways among young adult smokers.

Table 1

Types, Definitions, and Smoker-Specific Examples of the 11 Possible Identity Gaps

Identity Gap	Description	Example
Personal-enacted	Difference in an individual's self concept and the way she expresses her identity through communication.	A person does not think of herself as a smoker but enacts the behavior of smoking. Or a person is quitting smoking but still thinks of herself as a smoker.
Personal-relational	Difference in an individual's self-concept and the identity that other people ascribe to him.	A person does not think of himself as a smoker but other people perceive him as a smoker. Or a person thinks of himself as a smoker but other people perceive him as a nonsmoker.
Personal-communal	Difference in an individual's self-concept and the identity of the group that the individual identifies with.	A person does not think of herself as a smoker but other people who do smoke perceive her as part of that social group. Or a person does think of herself as a smoker but does not identify as part of that stigmatized community.
Relational-enacted	Difference in the way an individual expresses his identity through communication as an attempt to be perceived in a certain	A person does not mention that he smokes in the hopes that other people perceive him as a non-smoker.

	way and the identity that other people ascribe to him.	
Relational-communal	Difference in the identity that other people ascribe to an individual and the identity of the group that the individual identifies with.	Other people understand a person to be a smoker but that person does not identify with smokers as a group.
Enacted-communal	Difference in the way an individual expresses her identity through communication and the identity of the group that the individual identifies with.	An individual shares a history and feels a group attachment with other smokers but does not affiliate with smokers.
Personal-enacted-relational	Differences in an individual's self-concept and the identity he expresses through his communication in order to be ascribed an identity by relational partners that does not match his own self-concept.	An individual does not think of himself as a smoker and so does not communicate to relational partners that he smokes but they still perceive him as a smoker and he enacts the identity of a smoker through the behavior of smoking.
Personal-enacted-communal	Difference in an individual's self-concept and the identity she expresses through her communication in order to be seen as part of a group that does not match the group she truly feels connected with.	An individual does not think of herself as a smoker, although she does in fact smoke, and so does not communicate that she smokes but still is associated with the smokers as a group.
Personal-relational-communal	Difference in an individual's self-concept, the identity that other people ascribe him, and the identity of the group that	An individual does not think of himself as a smoker but is perceived as a smoker by relational partners and is

	the individual identifies with.	associated with smokers as a group.
Enacted-relational-communal	Difference in the way an individual expresses identity, the identity that other people ascribe to her, and the identity of the group that the individual connects with.	An individual does not communicate that she smokes in an attempt to hide her stigmatized identity but relational partners perceive her as a smoker and she is disallowed from identifying with nonsmokers as a group.
Personal-enacted-relational-communal	Difference in an individual's self-concept, the identity he expresses through his communication, the identity ascribed to him by relational partners, and the collective identity of the group the individual connects with.	An individual does not think of himself as a smoker but he enacts a smoker identity through the behavior of smoking. Relational partners then perceive him as a smoker and view him as part of the general group of "smokers" where he believes she does not belong.

Note. The examples given in the table are not meant to be exhaustive but rather to illustrate how identity gaps might manifest for smokers. A smoker may not hide their smoking identity or dislike being perceived as a smoker or part of a general social group of smokers. However, given the stigmatized nature of smoking it is considered unlikely that smokers would feel comfortable enacting and being ascribed the identity of "smoker."

Now that the construct of identity and the identity gaps that may emerge as a result of young adult smoking have been explicated, I will unpack the psychological, communicative, and behavioral outcomes of identity gaps. I then argue that smokers are more likely to experience identity gaps as a result of anti-smoking legislation and de-normalization campaigns that have contributed to the stigmatization of smokers.

Outcomes of identity gaps. Identity gaps have been linked to negative psychological and communicative outcomes but also present opportunities for behavior change. Identity gaps can

decrease communication satisfaction, decrease communication appropriateness and effectiveness, decrease relationship satisfaction, cause people to feel misunderstood, lead to topic avoidance, and are linked with depression (Jung & Hecht, 2004; Jung & Hecht, 2008). While these negative outcomes are associated with identity gaps there is also speculation that identity gaps may be useful health promotion tools if they motivate an individual to change (Hecht, 2014). The speculated usefulness of identity gaps is consistent with research showing a shift in identity is key to health behavior changes (Kearney & O'Sullivan, 2003).

According to CTI, "identities are a source of expectation and motivation" that also "prescribe modes of conduct" (Hecht et al., 2005, p. 264; Hecht et al., 2003, p. 231). One of the core propositions of CTI is that identity is not only cognitive and affective, but also behavioral (Hecht et al., 2003). If identity gaps and the negative outcomes associated with them help people to recognize the difference between, for example, their enacted behaviors and their self-concept, then individuals may be motivated to change their behaviors in order to match their self-concept and decrease or eliminate the identity gap. Similarly, people may engage in behaviors as a form of impression management if they think it would make them look better in a specific social situation. However, this may not be in the desired direction (e.g., middle school boys smoking to impress girls; Pettigrew et al., 2011). In short, identity gaps are associated with poor communication and psychological outcomes but these negative outcomes may provide people the motivation to change their conflicting behaviors.

Past research illustrates the link between identity and either the uptake, resistance, or desire to quit drugs. Hecht and Miller-Day developed the *keepin' it* REAL drug resistance program for middle school students based on the premise that targeting messages to match

unique aspects of identities can lead to behavior change (Hecht & Miller-Day, 2010). For middle school students, their identity in relation to drug use was an important tool for avoiding, resisting, or choosing to use alcohol, tobacco, and/or other drugs (ATOD). For example, one strategy used by middle school students to avoid or explain why they would not accept offers of ATOD was the enactment of an anti-drug use identity (e.g., "I am not the kind of person who uses drugs") (Pettigrew et al., 2011). Non-user identity became not only a strategy to avoid being offered drugs but also a strategy to remain socially accountable in abstaining from drugs (Pettigrew et al., 2011). This illustrates an attempt to calibrate personal-enacted layers of identity. Non-use identities were also connected with personal-communal levels of identity. For example, one way black youths established personal uniqueness was through a non-use identity because they perceived drug use to be normative for members of their racial group and desired to contradict that perception (Miller-Day & Barnett, 2004). On the other hand, white students who identified with an ethnic group expressed a desire to fit in and were more likely to use ATOD to accomplish that goal (Miller-Day & Barnett, 2004). These studies show how identity negotiation translates into health behavior, in this case the avoidance, resistance, or uptake of ATOD. In order to avoid identity gaps, youth engaged in identity negotiation with peers and used their existing identities as a resource to call upon when explaining their reasons for avoiding or choosing to use drugs. Investigating the interpenetrating layers of identities allowed the researchers to understand some of the identity motivations underlying either the uptake or resistance of drugs (Hecht & Miller-Day, 2010). These findings illustrate the link between identity and health behavior, specifically addictive and stigmatized health behaviors.

Previous research on smoker identity in adults has similarly found self-identification to be an important determinant of health behaviors, including attempts to quit smoking or rejection of anti-smoking messages. People who smoked but self-identified as nonsmokers had stronger quit intention, more quit attempts, and more active quitting responses (Meijer et al., 2015). Conversely, another recent study found that participants who more strongly identified as smokers had lower intentions to quit, more positive attitudes towards smoking, and a more negative thought valence toward antismoking messages (Zhao et al., 2014). These findings are consistent with research that shows people devalue messages that conflict with their social identity and evaluate more positively messages, including scientific information, that affirm their identity (Morton, Haslam, Postmes, Ryan, 2006; Nauroth, Gollwitzer, Bender, & Rothmund, 2014). Cultivating a non-smoker identity is an important resource for smokers who are attempting to quit smoking because it increases intention to quit and is more likely to lead to behavior change.

Discrimination leading to identity gaps. Discrimination and devaluation have been identified as causing identity gaps. As Jung and Hecht (2008) explain, "gaps may be more likely to occur when communicators face barriers such as language, cultural and status difference, or stereotypes" (p. 315). Goffman (1963) similarly decried the negative effects of perceptual biases on identity when he declared that stigmatization leads to "spoiled" identity. There are multiple transactional processes through which negative perceptual biases (e.g., stigma, devaluation, discrimination) lead to spoiled identity. When people have a devalued layer of identity they may attempt to hide their "true" identity and take on a "socially acceptable" identity in order to fit in. This inherently leads to identity gaps. The perception of discrimination may make the target hesitant to communicate with the perpetrator and less likely to communicate freely, causing a

personal-enacted identity gap to emerge. The target of discrimination may also perceive a discrepancy between the identity ascribed them by the perpetrator and their own self-concept, causing a personal-relational identity gap to emerge (Wadsworth et al., 2008). Similarly, Nuro (2014) found that transgender individuals, who are often stigmatized and marginalized, reported personal-enacted, personal-relational, and enacted-relational identity gaps. In short, members of devalued and stigmatized groups are likely to experience identity gaps.

The stigmatized nature of smoking as a health behavior makes it likely that people who smoke experience identity gaps. Smoking has been stigmatized through legislation banning smoking in public places and the widespread use of public health de-normalization campaigns. Stigmatization occurs when a person is no longer fully accepted by others in society (Goffman, 1963). This externalized stigma often leads to internalized stigma so that the stigmatized individuals discredit their own behaviors and traits. The stigmatization of smoking, and by extension those who smoke, has been acknowledged as one of the possible outcomes of smoke-free policies (Bayer, 2008; Bayer & Stuber, 2006). Smoke-free policies require the separation of smokers from nonsmokers in public spaces including private sector worksites, restaurants, and bars. This often leads to loss of acceptance from others. Smokers themselves acknowledge that being relegated to designated smoking areas creates feelings of segregation leading to self-stigmatization and self-labeling as a "smoker," which some compared to "feeling like a leper" (Ritchie et al., 2010, p. 625).

The goal of health agencies like the World Health Organization that seek to de-normalize cigarette smoking and the tobacco industry in health promotion campaigns is twofold: change social norms so that tobacco use is seen as an "abnormal, undesirable" practice and raise

awareness of the tobacco industry's responsibility for tobacco-related disease (WHO, 2008, p. 7). In other words, "de-normalization strategies deliberately reframe smoking as socially unacceptable" (McCool et al., 2013). De-normalization leads nonsmokers to reject the behavior of smoking so that smoking becomes a negative attribute that discredits those who smoke. De-normalization directly contrasts the idea that smoking is cool, a belief that is most often voiced by adolescents (see Rugaska, Knox, Sittlington, Kennedy, Treacy, & Santos Abaunza, 2001; Watson, Clarkson, Donovan, & Giles-Corti, 2003). In fact, high school students perceive smoking images in the media to be acceptable and normal (Watson et al., 2003). Despite perceiving adult smokers as lacking control, adolescents perceive smoking as a social tool that will help them gain group membership and make them look cool (Rugkasa et al., 2001). De-normalization appears to fail among adolescents but work among older smokers. Many adult smokers of traditional cigarettes report feeling discriminated against, which is a predictor of stigmatization (Stuber et al., 2008). Participants in this study are young adults, which means they are still in the process of identity formation. While these young adults may originally have perceived smoking as "cool," the anti-smoking laws on college campuses increase the likelihood that participants, many of whom are in college, feel discriminated against and blocked from group membership because of their smoking.

Smoke-free legislation that segregates smokers and the de-normalization of cigarette smoking have made it socially normative to discriminate against smokers. The act of smoking discredits those who smoke in the eyes of nonsmokers who then reject them from full acceptance in society. Cigarette smokers are stigmatized and therefore are at increased risk for identity gaps. Despite the negative experience of stigmatization resulting from de-normalization campaigns and

anti-smoking legislation, these types of health messages likely created identity gaps. It is not enough however to de-normalize smoking in order to create identity gaps. These identity gaps must be targeted in order to induce behavior change.

III. Rationale

The purpose of this study is to determine what identity gaps are experienced by young adult smokers. Understanding which identity gaps emerge, and in which contexts/relationships, can provide useful points of entry for future health promotion campaigns. CTI positions identity as a transactional process that is constantly in flux because of the continual enactment, construction, and negotiation of identity in communication. Every individual's identity consists of four interpenetrating layers: personal, enacted, relational, and communal. Identity gaps occur when there is a discrepancy between layers of identity and are especially likely to occur among people with a stigmatized layer of identity. Smoke-free legislation and de-normalization campaigns have led to discrimination against smokers and so smokers are especially at risk for identity gaps. Identity gaps lead to poor communicative and psychological outcomes however there is also evidence to suggest that identity gaps may be useful sites for targeted health messages to change behaviors if the uncomfortable dissonance of identity gaps leads to changes in the enactment of identity (e.g., the cessation of smoking).

The potential identity gaps that are specific to cigarette smokers are unknown but essential to understand for future health campaigns because they may prove useful sites for targeted messaging. In order to have a full understanding of how enacting the behavior of smoking impacts young adult smokers' lives this study seeks to determine whether identity gaps arise in every layer of identity. In order to avoid or minimize the discomfort associated with

identity gaps young adult smokers may engage in strategic communication. Understanding how smokers cope with identity gaps communicatively, cognitively, or behaviorally will give researchers greater insight into how we can tip the scales so that positive behavior change results from identity gaps. Finally, it is important to understand in what contexts and relationships the layers of identity align even when smoking is salient. By understanding in what contexts identity gaps do not emerge health care practitioners can have a better understanding of risky situations where young adults may be more likely to smoke without fear of consequences. Given the practical goals of this study as well as the complexity of identity the following research questions are put forth.

RQ1: What identity gaps do young adult smokers experience in terms of their personal, enacted, relational, and communal frames of identity?

RQ2: What strategies do young adult smokers use to manage identity gaps?

RQ3: In what contexts and relationships do the layers of identity for young adult smokers?

IV. Method

Many studies investigating identity gaps have used qualitative methods because of the complexity and uniqueness of an individual's identity (see Drummond & Orbe, 2009; Maeda & Hecht, 2012; Urban & Orbe, 2010). The use of qualitative methods allows for detailed description of participants' lived experiences taken from their own words. The exploratory nature of extending identity gap research into health identities makes focus groups and individual interviews appropriate qualitative methods because they allow participants the opportunity to voice their unique perspectives without constraint, which can reveal unexpected findings. Focus groups and interviews also simulate the negotiation of meaning between interactants that occurs during everyday life (Duggleby, 2005; Zorn, Roper, Broadfoot, & Weaver, 2006). The negotiation of meaning that participants undertake with each other in order to understand their own identities occurs through interaction. Focus groups and interviews allow insight into how participants negotiate their identities as smokers and the identity gaps they experience.

Focus Group Methodology

Focus groups are small groups of people who share a similar characteristic and are brought together by a researcher to interact with each other and express their views about a topic (Zorn et al., 2006). A moderator guides the focus group discussion, attempts to make sure all participants are heard, and encourages diversity of viewpoints. Focus group data do not represent aggregated individual opinions. Instead, the findings from focus groups should be understood as views that are shaped and influenced by interaction between the participants (Zorn et al., 2006; Kidd & Parshall, 2000). This shaping and influencing is identity negotiation, which is the back and forth of conversation as people try to understand and express their identities and coordinate

the layers of identity. For example, during identity negotiation a person may recognize an identity gap between her enacted and personal layers and attempt to calibrate those layers communicatively and/or behaviorally so that the gap is reduced (Hecht et al., 2005). She may also use strategies like closeting to hide a devalued layer of identity or appropriating symbols and labels to manage the tension between layers of identity (Marsiglia & Hecht, 1999).

Identities are complex with multiple layers constantly in flux. Complex concepts such as identity are usefully investigated using focus groups because the moderator can both direct conversation and listen to the participants' own questions for each other. It allows for the uncovering of new and unexpected ideas, especially because both common and diverse experiences and viewpoints among group members emerge during focus groups (Morgan et al., 1998). Focus groups provide a window through which to view stigmatized smokers' realities and how they have been shaped by interpersonal communication and public health campaigns in smokers' own words with limited constraint imposed by the researcher.

Few studies of identity gaps have looked at identity gaps involving the communal layer of identity. However, focus groups may make the communal layer of identity and gaps involving the communal layer more likely to emerge. As Munday (2006) notes, focus groups as a method are "particularly suitable for investigating the processes through which individuals work together to form a collective identity" because the researcher is able to watch participants "construct their own realities and make sense of themselves as a group who share common values and ways of understanding themselves and their world" (p. 95). Putting smokers in discussion with other smokers will allow their group identity, if one exists, to emerge.

Focus groups can be beneficial for participants beyond the context of the study. Focus groups can increase participants' communicative self-efficacy so that they feel more confident and motivated to express their ideas in public forums after taking part in a focus group (Zorn et al., 2006). Participants who belong to stigmatized groups may also feel empowered by engaging with other members of the same group (Zorn et al., 2006). For example, in intraethnic focus groups participants described a feeling of comfort when interacting with people who were racially similar to them and were able to engage in types of talk and topics that they would not normally feel comfortable engaging in with dissimilar people (Drummond & Orbe, 2009). A focus group discussion will allow young adult smokers the opportunity to be heard and better formulate, understand, and articulate their own opinions about the devaluation and stigmatization of smoking and through dialogue with other smokers in a comfortable environment.

Despite the utility of focus groups they can be problematic, as they were in this study. Orchestrating focus groups requires extensive recruiting and logistical planning. Even with over-recruiting to focus groups, participants may not attend. The ratio of young adult smokers who were scheduled to participate in a focus group or interview (n = 53) versus those who actually attended a focus group or interview (n = 20) was low, resulting in a participation rate of 38%. Focus groups require a minimum of four participants. Focus group one only had two participants and focus groups two and three only had three participants each. In retrospect, the difficulty in recruiting members of this population is not surprising. Given participants' stigmatized nature as smokers they were wary of being discriminated against by others. As Rossman and Rallis (1998) note, "the process of negotiating entry can be as insightful about the people...as subsequent observations and interviews themselves" (p. 101). The difficult recruitment process solidified my

belief that young adult smokers are part of a stigmatized and marginalized population. Because of the low rates of focus group participation, I chose to triangulate my data collection methods by supplementing focus groups with interviews. Triangulation is the use of multiple sources and methods that provide converging information (Crawford, Woodby, Russell, & Windsor, 2005). Triangulation of data increases the likelihood of credible findings and enhances the validity of findings (Lincoln & Guba, 1985; Lindlof & Taylor, 2011).

Interview Methodology

Interviews are "conversations with a purpose" wherein both the interviewer and interviewee come together to understand the interviewee's unique understanding of a particular topic (Rossman & Rallis, 1998, p. 126). As with focus groups, interviews allow participants to explain and describe their experiences and are similarly well suited for gaining understanding of complex phenomena such as identity (Rubin & Rubin, 1995). As the primary investigator, I used a guided interview approach wherein I posed open-ended questions to participants to uncover their world-views as pertinent to the research question but also allowed participants to bring up their own experiences and feelings related to smoking and identity (Rossman & Rallis, 1998). In order to elicit narratives I asked for elaboration and examples during the interview (Rossman & Rallis, 1998). I also focused on listening to interviewees in order to probe their answers and gain greater insight into their experiences. I was able to successfully ask for elaboration and probe participants' answers by assuring interviewees that I was interested in their unique viewpoint, by showing that I understood their statements through relevant follow up questions, and by showing emotional understanding in mirroring participants' emotions through my tone and body language (Rubin & Rubin, 1995). I also developed co-membership with participants by looking for

similarities at the beginning of the interview to "build a sense of shared understanding" (Rossman & Rallis, 1998, p. 110).

Interviewing differs from focus groups in that the interviewer takes a greater role in data collection and becomes a participant in meaning making. As such, the interviewer must be aware of his or her own cultural assumptions so as to allow the interviewee to be heard and understood (Rubin & Rubin, 1995). Just as identity negotiation takes place during focus groups so too does it occur during an interview. The interviewer's responses to the interviewee influence the interviewee and vice versa so that both co-construct meaning over the course of the interview. This co-construction of meaning is important to note because although the interviewer is more involved in the data, she is also better able to pursue specific points of insight and gain a deeper understanding of the interviewee's experience.

While the communal layer of identity may be less likely to emerge naturally in interviews because of their individual nature, other information may arise as a result. During interviews I was able to probe focus group comments that indicated a communal layer of identity and question participants who had not participated in a focus group to see whether that experience was shared and recognized outside of focus groups. Participants may be uncomfortable sharing certain thoughts, feelings, or experiences in a group of smokers. For example, it may be face threatening if one participant dissociates from other smokers, prefers not to be identified as a smoker, or shares negative thoughts about smokers. However, in interviews participants do not have to worry about preserving their face as they would in focus group interviews (Rubin & Rubin, 1995). Taking part in an interview can also have positive outcomes for participants. Interviewing and listening to smokers who are marginalized members of society

allows them discursive space in society and can be beneficial on an interpersonal level (Dutta, 2014). Sharing one's story allows individuals to reflect on and better understand their own experiences (Weeks & Pasupathi, 2014). And when the interviewer listens empathically to the interviewee and takes his or her perspective the interviewee often feels understood, is validated in his or her experiences, and a sense of self-worth is cultivated (Floyd, 2014).

Recruitment

The primary investigator received IRB approval for the primary recruitment strategy and approval for two subsequent amendments made to the IRB in order to enhance recruitment and participation. A snowball sample approach to recruitment was taken. Young adults ages 18-25 who smoke traditional or electronic cigarettes were offered compensation for participating in a focus group. If they were unavailable to participate in a focus group, potential participants were invited to schedule an interview instead. Participants were recruited through flyers posted to social media pages and distributed on the college campus and surrounding areas, including nearby smoke shops. A classified ad was run in the school newspaper, email blasts with the recruitment flyer were sent to communication majors and minors, and professors posted the recruitment flyer on their class page. After completing the focus group or interview participants were advised that they would be given additional compensation if they recruited one additional eligible smoker who participated in the study. Focus group participants were also advised that if they had agreed to be interviewed they may be contacted and receive additional compensation for engaging in a follow-up interview. The same recruitment script was used for both direct and peer recruitment (see Appendix B).

Prior to signing up for a focus group or interview individuals completed a screening survey conducted through Qualtrics. In order to be eligible the person had to currently smoke cigarettes or electronic cigarettes, be 18-25 years old, and able to speak conversational English. Individuals who met these criteria were then asked additional questions to describing their smoking history and habits. These questions included whether they had smoked more than 100 times in their life (see Wong & Capella, 2009), the average number of cigarettes they smoked per day in the past week (Wong & Capella, 2009), what age they began smoking, how many times they had quit smoking for longer than one day, whether they had thought about quitting, their year in college, their race, and their gender. The screening and demographic questions are listed in Appendix A. Table 2 lists the participants' demographic information and characteristics of their e-cigarette and cigarette use.

Participants were then asked to rank order a list of potential focus group dates and times based on their availability and enter their email address. I then emailed participants confirming the date and time of the focus group they would be participating in based on the participant's preference as well as the availability of other participants. Participants were reminded of their focus group time via email and text message if they choose to provide their phone number. Reminders were sent out twice: 24-48 hours prior to the focus group and mid-morning or early afternoon the day of the focus group. For individual interviews the protocol was similar with the addition of one scheduling question in the criterion survey. As recruitment began to garner fewer potential participants focus groups could not be organized in a timely manner. As a result, the PI added a question in the Qualtrics screening survey asking potential participants to enter two dates and times that they were available to be interviewed. Follow-up interviews with focus group

participants were solicited via email and scheduled at the participants' convenience. Approximately five participants were invited to participate in each focus group, however actual focus group attendance was lower. On average each focus group had three participants and lasted one hour. Focus groups were scheduled for different days of the week during the late afternoon and evening to accommodate diverse student schedules and took place in a university conference room or lab. Three digital audio recording devices with multi-directional microphones were placed on the table. Each place setting was marked by a first-name-only name tent and included a notepad, a pen, and two informed consent forms (one to be kept by the participant, one to be returned to the PI).

Participants

In total, 20 unique individuals participated in this study. Thirteen individuals participated in four focus groups over the course of two months, from January 15th, 2016 to March 2nd, 2016. Ten participants were interviewed individually over the course of four weeks from February 3rd to March 7th. Of the ten interviews, three were follow-up interviews with participants who had first taken part in a focus group. Participants ranged in age from 19-24 at the time of the study with a median age of 21. On average, participants were 16.95 years of age when they first began smoking. Only 10% of participants were females. Eight participants smoked only cigarettes, three participants smoked e-cigarettes and formerly cigarette smokers, two participants smoker e-cigarettes regularly and smoked cigarettes socially, and seven participants used both e-cigarettes and cigarettes regularly. On the contemplation ladder that assesses readiness to change (Biener & Abrams, 1991), no participants indicated that they “had no thought of quitting,” two indicated that they “think they need to consider quitting smoking

someday", five indicated “I think I should quit but I'm not quite ready", seven indicated that they were “starting to think about how to change my smoking patterns,” and five indicated that they were “taking action to quit smoking.” Most participants were local university students, but two interviewees who were recruited through social networking sites were not local. See table 2 for more information about participant demographics and smoking habits.

Table 2

Participant Demographics and Smoking Habits

Participant	Age	Sex	Type	E-cigs	Cigs	Age of Uptake	Readiness to Quit
1P1	22	M	Dual User	Occasionally 1x per day	Everyday 20 per day	14	4
1P2	23	M	Cigs	None	Everyday 15 per day	19	3
2P1	20	M	E-cigs	Everyday 50x per day	Quit	14	2
2P2	23	M	E-cigs	Everyday 7x per day	Quit	19	5
2P3	20	M	Cigs	None	Occasionally .25 per day	18	5
3P1	20	M	Cigs	None	Occasionally 1 per day	18	5
3P2	21	F	Cigs	None	Occasionally .5 per day	19	2
3P3	20	M	E-cigs	Everyday 10x per day	Quit	18	4
4P1	22	M	Cigs	None	Occasionally 3 per day	17	5
4P2	19	M	Cigs	None	Occasionally 2 per day	16	5
4P3	23	M	Dual User	Occasionally 5x per day	Everyday 15 per day	18	4
4P4	20	M	Dual User	Occasionally 0x in past week	Occasionally 8 per day	15	4
4P5	19	M	Dual User	Everyday 20x per day	Everyday 5 per day	15	3
IP1	22	M	Cigs	None	Everyday 4	18	3

					per day		
IP2	21	M	Cigs	None	Occasionally 2 per day	15	4
IP3	24	M	E-cigs	Everyday 2x per day	Socially	19	3
IP4	22	F	E-cigs	Occasionally 15-20x per day	Socially	18	4
IP5	22	M	Dual User	Everyday 10x per day	Occasionally 1 per day	15	4
IP6	21	M	Dual User	Occasionally	Everyday 5 or more	18	3
IP7	21	M	Dual User	Occasionally 1 or 2 times per day	Everyday 2-5	16	4

Note: Readiness to quit indicated by 1 = No thought of quitting, 2 = Think I need to consider quitting someday, 3 = Think I should quit but not quite ready, 4 = Starting to think about how to change my smoking patterns, 5 = Taking action to quit smoking

Procedures and Protocol

Focus group procedures. During focus groups I, as the primary investigator, served as the discussion moderator. A trained undergraduate student note-taker was also present to help me welcome participants and collect informed consent forms. The note-taker was instructed to have pleasant but minimal interactions with the participants (see Pitts, 2015). After welcoming the participants the note-taker was seated unobtrusively in the room to record turn-taking of the participants. After arriving participants were welcomed, encouraged to make small talk with each other to build rapport, and offered light refreshments (Pitts, 2015). Once all participants had arrived and settled I gave a formal welcome, described the purpose and procedures of the study, and invited participants to review and sign the informed consent (see Footnote 1). The moderator then explained the general rules for discussion emphasizing the confidentiality of information

[1] The informed consent was amended after two focus groups to include a clause asking that participants indicate their willingness to be contacted again for a follow-up interview. Follow-up interviews were conducted to further probe participants' experiences.

disclosed during the focus group, the desire for diverse viewpoints, the need to respect others' opinions, and the importance of hearing from everyone (see Morgan, 1997). Furthermore, participants were encouraged to voice even incomplete thoughts but only talk one at a time and direct their comments to each other rather than the moderator. During each session an audio and written record was made.

Following each focus group the moderator and note-taker engaged in a debriefing session to identify the successful and unsuccessful aspects of the focus group, factors that may have impacted the data that was collected (e.g., a domineering group member), unexpected responses in the group, and possible changes to the interview guide (Kidd & Parshall, 2000). The moderator also wrote in-process memos detailing potential theoretical importance, insights, and implications of the focus group event and interviews (Emerson, Fretz, & Shaw, 2011). These allowed the moderator to simultaneously gather and analyze data so that as data was being collected, the moderator could look for specific patterns, begin to connect theoretical concepts to participant thoughts, develop and implement follow-up questions, maintain a flexible protocol, and anticipate specific interactions to focus her attention on (Emerson et al., 2011). This also allowed the moderator to "confirm, modify, or reject different interpretations" of focus group interactions and interview responses and reach saturation through interpretation confirmation, ultimately helping me to process the interactions rather than solely describe them (Emerson et al., 2011, p. 126).

Interview procedures. In addition to focus groups, a total of ten interviews were conducted. Each interview lasted approximately one hour and took place in small university conference room. One interview was conducted over Skype. Three of the interviewees had

participated in a focus group prior to the interview, although seven participated solely in an interview. This decision was made to allow young adult smokers who could not attend a focus group because of scheduling conflicts and to diversify the viewpoints given voice. The follow-up interviews with focus group participants were used to probe their earlier comments and so the primary investigator inductively created an interview guide based on the participant's earlier comments.

Focus group and interview protocol. As both focus group moderator and individual interviewer, I used a nondirective protocol (see Appendix C) consisting of 14 questions to elicit information relevant to the research questions. Specifically, the questions were designed to elicit information about all four layers of identity, identity gaps that smokers experience, strategies smokers use to minimize or avoid identity gaps, and areas where they feel comfortable enacting a smoking identity. Participants also had the opportunity to summarize their identity as a smoker and write down any final thoughts that they did not express at the conclusion of the focus group or interview in a written response. Nondirective questions were used to elicit spontaneous responses from participants (Kidd & Parshall, 2000). I used pauses to encourage additional points of view as well as probes to elicit more detailed and precise responses from participants (Krueger & Casey, 2000). At the end of focus group and interview sessions participant questions were answered. Participants were also given a list of smoking cessation and tobacco counseling resources before they were dismissed (see Appendix D). Focus groups and interviews were conducted until I reached saturation. I knew I had reached saturation when interviewees were adding little new information to what I had already heard from previous participants (Rubin & Rubin, 1995).

Analytic Strategy

I transcribed the focus group sessions and interviews verbatim with guidance from the detailed notes taken during each focus group session. During the transcription process participants were assigned a two-unit identification number based on focus group and participant number (i.e., 2P2 refers to focus group two, participant two, IP2 refers to interview only, participant 2) to ensure confidentiality. Writing out verbal interactions relies heavily on the transcriptionist's interpretation (Bailey, 2008). In order to increase the dependability of transcripts I used a transcription code wherein the symbol (.) represents micro pauses, the = symbol represents conversational latches where participants respond to each other's comments with no gap in time, bracketed text indicates overlapping talk between participants, and capitalized letters within sentences indicate speaker emphasis on the word (see Atkinson & Heritage, 1984). After all the data had been collected and saturation had been reached, I read the transcripts in their entirety and then began coding using N-Vivo software. N-Vivo is qualitative data analysis software that allows users to assign meaningful tags to chunks of data. Tags, also known as codes, are short meaningful labels that assign a "summative, salient, essence-capturing, and/or evocative attribute to a portion of language-based or visual data" (Saldaña, 2013, p. 262). Users can search the tags and group them together according to similar themes. Themes are broader concepts that reflect recurrent, repetitive, or forceful communication from the focus group interactions (Owen, 1984). As I coded, I wrote analytic memos, which are critical reflections on the coding process and data, including the researcher's own assumptions, theoretical connections, questions raised by the data, and emerging patterns in the data (Saldaña, 2013). More succinctly, "memos are sites of conversation with ourselves about our data"

(Clarke, 2005, p. 202). The goal of analytic memo writing is to reach clarity through reflection on complex data. Analytic memos help the researcher move beyond the descriptive codes and begin to make meaningful connections between data. Analytic memos were dated and kept in a folder separate from the transcripts and codes on the N-Vivo software. I used the analytic memos while formulating the result and discussion sections to ensure that the meaningful connections that developed during coding were represented in this written manuscript.

The first round of coding was open coding, which required analyzing the transcripts line-by-line to identify and label words and passages that are meaningful in answering the research questions. Open coding resulted in 916 unique tags. During open coding attention was paid to emerging patterns and or irregularities in the data (Pitts, 2013). When possible, I used in-vivo codes (codes that capture the actual language used by participants) to enhance confirmability of the coding. In-vivo coding is particularly useful for studies that prioritize the participant's voice, as is the case with this study because smokers are a stigmatized group whose voices are rarely heard (Saldaña, 2013). It is important to address focus group data as interactive rather than aggregative or individual level data. Thus, I coded both single-participant utterances and the linked turn-taking utterances between participants. To address the interactive level during analysis I attempted to trace how viewpoints arose in conversation and were modified through discussion in order to determine whether group consensus was the result of coercion, self-censoring, or genuine group understanding and negotiation (Kidd & Parshall, 2000). Not only did I look at the strength of themes, which may have resulted from only a few passionate participants, but I also looked for varied responses across the data set representing unique perspectives. I also reported detailed data excerpts in the following results section that show

group interaction processes and illustrate how participants co-construct and negotiate their identities if the interaction is relevant to the emergence of identity gaps (Duggleby, 2005).

Once the first cycle of open coding was complete I began to collapse the data through second cycle coding. Similar codes identified in open coding were clustered together under meaningful categories (Saldaña, 2014) that point to identity layers to better understand their unique features and also interrogate their possible interpenetration and the emergence of identity gaps. The smaller set of meaningful categories that the open codes are sorted into provided the themes and topic for the final report (Emerson et al., 2011). I looked for connections between the categories to understand how CTI, the theoretical framework of my research, explains the experience of smokers and the implications of the identity gaps that emerge. Ultimately, coding both expanded and collapsed the data making it possible to identify recurring themes and patterns in the ways that participants expressed their identities as people who smoke electronic and traditional cigarettes and the identity gaps they experience as a result.

While I have explained the process of coding in a linear way, the process of coding was both inductive and deductive in that I was guided by the data and my own analysis (Emerson et al., 2011). Reading through the transcripts, coding, memoing, and analyzing are not discrete processes. They inform each other, take place concurrently, and do not have to follow a rigid order. Throughout the coding process I discussed any difficulties I faced during coding and analysis with my research advisor to help illuminate my own analytic process, clarify ideas, draw upon theory, and develop new insights (Saldaña, 2013). When it was difficult to classify participants' experiences as indicative of a specific gap I also compared their voiced experiences

to the descriptions and examples of identity gaps in table 1. Table 1 helped me make consistent decisions when analyzing and interpreting data.

After engaging in second level coding and refining my data through the use of analytic memos, an outside advisor, and comparison with anticipated gaps I was able to organize data into three core categories corresponding to each of the three research questions. Examining RQ1 resulted in eight distinct identity gaps that were further categorized and subcategorized into 29 specific relationships and contexts in which gaps emerged (see Appendix E). Examining RQ2 resulted in seven strategies addressing each layer of identity (see Appendix F). Examining RQ3 resulted in nine contexts and relationships in which the layers of identity aligned (see Appendix G).

Establishing Trustworthiness in Qualitative Analyses

Lincoln and Guba (1985) articulated four benchmarks for trustworthiness in qualitative research that form the basis for establishing quality and credibility in this study. These include confirmability, dependability, credibility, and transferability. Confirmability refers to the likelihood that a person outside of the research situation would find similar observations and reach similar conclusions (Lincoln & Guba, 1985). To this end, an individual who was not involved in data collection reviewed the axial codes in order to determine whether others would draw similar observations from the data. I also engaged in discussion with the outside individuals to determine emerging themes and ensure confirmability and dependability of findings. Dependability is the consistency between the researcher's findings and research participants' own experiences. This was established through the use of participants' own words during coding, analysis, and in the final report. The use of individual interviews to further probe participants'

comments during focus groups also helped to clarify and validate participants' experiences. Focus group participants' summaries were also examined and compared to my findings to make sure that the findings capture the core of their interactions.

Credibility is the truth-value established in the interpretation of data (Lincoln & Guba, 1985). I established credibility by using in-vivo codes when possible during coding and in my final report by using the participant's own words as evidence. The number and length of focus groups and interviews also allowed me a sufficient amount of time to be immersed in conversation with young adult smokers and begin to understand the nuances of their identities. Transferability is the extent to which the findings are applicable outside of the specific research situation. Transferability is "established through detailed reporting on the case, the findings, and the analytic process" (Castonguay, Filer, & Pitts, in press, p. 15). The recordings, transcriptions, and notes detailing the focus groups and interviews will allow researchers to follow the process of gathering data. As discussed earlier, I wrote analytic memos to track my sense making of the data to ensure that my decision-making in writing the manuscript followed logically from my process of analysis.

V. Results

Identity gaps emerged during focus group discussions and interviews revealing that as a result of their smoking young adults experience identity gaps in all layers of their identity: enacted, personal, relational, and communal. Although gaps implicated all layers of identity this study found evidence of only eight of the eleven possible types of identity gaps. Personal-enacted, personal-relational, and enacted-relational were the most frequently reported identity gaps. These and other identity gaps emerge when there are discrepancies between different layers of identity. Identity gaps create uncomfortable feelings of dissonance for individuals, which may motivate them to take action to reduce their discomfort. Health messages may increase the magnitude of identity gaps young adult smokers report thereby motivating them to change their behavior in order to decrease the discomfort of gaps. In order to exploit identity gaps however, health messages must be targeted so that individuals do not change their layers of identity to align with their enactment of smoking (i.e. take on a smoking identity). Targeted messages should ensure behavior change is the only option to decrease dissonance.

Participants enacted different strategies to avoid identity gaps whenever possible and minimize those that were unavoidable. Some of these strategies were behavioral, such as hiding their smoking from others. Other strategies were communicative, such as gauging others' attitudes towards smoking. Still other strategies were cognitive, such as minimizing one's smoking habit by comparing it to other smokers' perceived habits. These strategies do little to change the health outcomes of smoking but rather relieve young adult smokers' feelings of discomfort. Ascertaining what strategies young adult smokers use to manage identity gaps not only gives insight into the experience of smokers but also uncovers additional areas for health

practitioners to target. Knowing the strategies that smokers use means that those strategies can be weakened through targeted messaging.

Despite the majority of participants reporting identity gaps, there were some relationships and contexts in which smokers' layers of identity aligned. For example, around friends, many of whom were perceived as ambivalent towards smoking or were smokers themselves, most participants felt their personal and relational layers of identity were in sync. When in larger social groups that are more accepting of smoking, such as the military, fraternities, and different national cultures, participants reported not experiencing identity gaps. The contexts and relationships in which young adult smokers do not experience identity gaps could also be useful places to target for interventions.

The following results are categorized according to the layer of identity they implicate. In each section I will first present the identity gaps experienced by participants, then the strategies they used to avoid or minimize identity gaps, and finally the contexts in which identity was aligned so that there were no identity gaps. At times the identity gaps experienced and strategies enacted by young adult smokers are difficult to distinguish. When I was confronted with difficult cases, I compared focus group and interview excerpts to the explanations and descriptions of identity gaps in table 1 to make decisions about which identity gap best captured the data. The difficulty in distinguishing identity gaps and strategies however is not a methodological or analytical failing, in fact it is accounted for by CTI because all layers of identity interpenetrate such that they can be identified individually but also make up part of a whole, analogous to a tide in the ocean (Hecht, 1993). That this study analyzes all four layers of identity and finds overlap

between the layers is a sign of the rich insight to be gained by investigating young adult smokers' identities.

Personal and Enacted Layers

The personal layer of identity captures an individual's self-concept, in other words the way he or she views him or herself. The enacted layer of identity focuses on the communicative aspect of identity, which can occur verbally or, as is the case with smoking, behaviorally. Identity gaps implicating both the personal and enacted layers of identity were the second most prevalent type of gap in this sample with 65 instances coded in the data. Many participants voiced personal-enacted identity gaps because they did not view themselves as a smoker or did not want to view themselves as a smoker despite enacting the behavior of smoking. The experience of negative health outcomes from smoking also forced participants to acknowledge their identities as smokers leading to identity gaps for those who typically did not self identify as smokers. Identity gaps also arose between past and future personal identities when participants stated they disliked smoking before they began enacting the behavior or that in the future they do not personally identify as smokers despite enacting the behavior now.

Personal-enacted identity gaps. Personal-enacted identity gaps were prevalent among participants, perhaps because smoking is an addictive behavior that individuals may not feel control over but that nonetheless expresses their identity nonverbally. The refrain that best captures personal-enacted identity gaps emerged during an interview with 0P3 who stated that if someone asked him whether he was a smoker “I'd say no. I have smoked and I do smoke sometimes but I wouldn't say I'm a smoker.” 0P2 echoed this statement when discussing how he and his older sister are the same because “she's not a smoker but she smokes cigarettes.” Many

of those who experienced personal-enacted identity gaps enacted the behavior of smoking despite personally not wanting to identity as a smoker. Participants discussed the negative outcomes of smoking such as smell and nausea but smoked nonetheless. 0P6 found identifying as a smoker to be a negative experience:

> Yeah it's like why do I smoke? It tastes so bad umm, like you smell, like all of those like it's I become really self conscious about the way I look when I'm smoking like, I always feel sort of ashamed... I don't wanna, still be dependent? on nicotine.

0P5 describes the entire first year he smoked as “horrible I feel like buzzed and all the like nausea. So I swear I like I'm Never gonna smoke this again but...” 3P1 “could tell my body wanted one [cigarette]...I didn’t like (.) that feeling but, I didn’t care enough cause I like smoking, I like nicotine.” 4P5 finds that, “near the end of the cigarette I start feelin' kinda shitty... I'm self aware like I know, I shouldn't be doing it and usually I end up thinking about it like every time.”

Smokers voiced a sort of forced identification when the health outcomes of smoking became apparent. During focus group four, 4P2 corroborated the experience of 4P1:

> 4P1: Or like if I wake up like coughing like my lungs up then I'm like “Oh shit, I'm like a smoker” (laughing) but-
>
> 4P2: Or it's just like I'll feel like my hands get really cold or like my feet will be like really cold and I'm like, “Ooh, no circulation” (hah).

0P7 who prefers not to identify as a smoker said he does not think about being a smoker "until I feel like I have a health issue. If I get a bad cough or something I'll think about it like Wow this I should really stop. But umm, realistically other than that I don't really think about it that much."

Participants also voiced personal-enacted gaps with future or past selves. Most reported that despite being smokers now “You don’t want to grow up to be a smoker” (3P1). 0P1 testified

that, “Before I started smoking I really had a negative view of smoking. I had nothing- wanted nothing to do with it” but despite disliking smoking “I kind of just, kept smoking.” Similarly, 2P1 “kinda had a stigma as well” prior to smoking. Despite holding negative views of smoking in the past and not wanting to take on the personal identity of a smoker, all of these young adults currently enact the behavior of smoking. Although they currently smoke, many of the participants envisioned a future personal identity as a nonsmoker, such as 0P6 who stated, “it's always on the back of my mind like I should quit.” 4P5 hoped that after college he will “have my life together” and believes that in order to become a successful member of society he will have to quit smoking. 3P1 spoke of being proud that he hadn't smoked over winter break because it “reassured me to know that, I Won't smoke cigarettes forever... Cause I definitely won't ever want to smoke one in front of my kids, I don't want my wife to, ya know, be married to a smoker.” This indicates 3P1 has preferred personal and relational future identities with his imagined kids and wife that do not involve smoking.

Strategies for managing personal-enacted identity gaps. Analyzing strategies resulted in two broad themes encompassing how participants managed personal-enacted identity gaps. These strategies included compartmentalizing their smoking habit and minimizing smoking habits. The minimization of smoking habits was achieved through three tactics including the cognitive strategies of comparing smoking habits to other smokers' habits, and insisting that they were capable of quitting, and the behavioral strategy of regulating the number of cigarettes they smoke.

Compartmentalize. Most participants who identified as smokers compartmentalized their identity such that, depending on relational partners, participants reported identifying as smokers

or dis-identifying. For example, when asked during a focus group whether they would identify as smokers 1P2 affirmed but 1P1 was more cautious saying, “It probably depends (.) on who’s asking.” When pressed for situations in which he would dis-identify 1P2 corroborated 1P1 explaining, “a job interview I would say no. It’s just (.) gross” which 1P1 further explained saying, “amongst friends in social situations, yeah I would identify as a smoker but I don’t like it. So, I think if a lot of people, especially in a professional setting ask then I’ll say 'no' cause they’ll never see me smoking a cigarette.” Conversely, 0P5 identified as a smoker at work in order to “bond” with “people around my age who are smokers?” He explained that he connected with “servers that smoke cigarettes. I smoke cigarettes [and] that's how we just got like get along. We can talk smoking.”

Minimize smoking habit. Participants engaged in two cognitive strategies and one behavioral strategy to minimize their perception of their own smoking habits in order to diminish the discrepancy between their enactment of smoking and their lack of a personal smoking identity. Participants compared their smoking habits to their perception of other smokers' habits. For example, when asked whether she identifies as a smoker 3P2 stated, “Not really. Um, like I said it doesn’t take-it takes me like a couple weeks to get through a pack.” She goes on to state, “When I think of a smoker I think of someone who smokes like a pack a day, ya know?” experienced. Many smokers also said they were trying to quit or could quit, which was why they did not identify as smokers. 0P1 stated that he does not identity as a smoker because “I could quit probably, Today if I wanted to.” 2P2 was a former cigarette smoker who currently smokes e-cigarettes. He noted, “I haven’t smoked a cigarette in like the whole semester so I wouldn’t really consider myself a smoker. But I would still consider myself as (.) not a nonsmoker totally.

I me-it's still part of my life I guess." Participants also reported the behavioral strategy of regulating the amount that they smoke such as 0P1 who stated, "I try not to smoke too much...that's why I've been rolling my own cigarettes most of the time anyway. So like, I don't know if I really consider-identify?" In a follow-up interview, 4P4 responded to the amount of cigarettes others in the group said they smoked saying:

> I feel like two or three smokes a day it's just like, that's Enough. Like I don't wanna overdo it like, ya know when I was hearing like group people are doin' like a Pack or like six or seven I was like okay well that's way too much for me.

Lack of identity gaps in the personal and enacted layers. Not all participants reported personal-enacted identity gaps. Those who were willing to identify as smokers felt their personal and enacted layers aligned. Other participants who did not often think about being a smoker did not experience personal-enacted identity gaps either.

Willing to identify. Not all participants were reluctant to identify as smokers, although willingness to identify arose during only one focus group discussion. Participants' readiness to identify in focus groups may be the result of group identification processes. For example, when asked whether they identified as smokers many of the participants in focus group four responded wholeheartedly "yes" and when asked to explain said:

> 4P2: Because we smoke. [haha all laughing]
>
> 4P1: [haha] Not really like ashamed of it=
>
> 4P4: [Yeah not like]
>
> 4P4: = yeah
>
> 4P2: I mean, some people drink coffee some people will drink, one hour energy, some people do Coke to stay awake [I] smoke cigarettes. Hahaha=
>
> 4P5: = yeah, it's a vice

4P4 further explained saying, “if I'm smoking at least like daily then, I feel like I am a smoker.” 4P3 said that he “can't really think of any situation where I'll identify as less of one [a smoker].”

I don't think about being a smoker. Other participants responded that they rarely thought about identifying as smokers. For example saying, “I don't really think about identifying myself very often but for me smoking's become so habitual that I really don't think about it anymore anyways” (4P3). 3P1 noted, “not once throughout the day did I (.) think about smoking or like someone else, being a smoker or smoking.”

In sum, identity gaps arose between the personal-enacted layers of identity as a result of participants recognizing the discrepancy that they personally did not identify as smokers despite enacting the behavior of smoking. However, participants managed this gap by compartmentalizing their smoking identity and minimizing their smoking habits. Although the majority of participant experienced personal-enacted identity gaps, those who did not were willing to identify as smokers or did not think about being smokers.

Relational Layer

The relational layer of identity captures the negotiation of identity through social interaction. Many participants reported personal-relational identity gaps because they did not hold a self-concept informed by smoking but felt that nonsmokers ascribed them negative characteristics of smoking. Relational-enacted identity gaps arose when participants hid their smoking in order to avoid being ascribed a smoking identity by relational partners. Personal-enacted-relational gaps arose when participants personally identified as smokers yet enacted nonsmoker identities in order to avoid being ascribed smoking identities by relational partners. Participants attempted to strategically avoid being ascribed a smoking identity by being

considerate of nonsmokers, by hiding their smoking, by gauging peoples' reactions to smoking prior to disclosing. Participants attempted to minimize gaps involving the relational layer by lying and saying they had quit when they were caught smoking by relational partners.

Personal-relational identity gaps. Participants felt they were ascribed characteristics by nonsmokers that did not match their personal identity, often noting the negative connotations that nonsmokers held regarding smokers. 3P3 stated that nonsmokers "feel like they're better than you" but rejected this notion because "it doesn't make you like inferior or superior if you're a tobacco user or not." Personal-relational gaps also occurred with friends. 1P1 felt:

> My friends don't get it either. The nonsmokers. Cause they, they make fun of me too. But there's sometimes when like I just need one. I'm really stressed, I haven't had one in like a few hours or something, and I just need a cigarette. And a lot of my friends would tease me about it, and I'm just, ya know, cranky.

Despite being a former cigarette smoker and currently smoking e-cigarettes, 2P1 feels that some of his friends who currently smoke experience "almost like the same stigma is there except just reversed...I think my friends assume that I'm judging them but like in actuality like, like I was there like, like a year ago basically and so like, it's just kind of a weird communication break down."

Relational-enacted identity gaps. Relational-enacted identity gaps were the most prevalent type of gap in this sample with 90 instances coded in the data. Participants reported hiding their smoking around family members, acquaintances, and authority figures in order to avoid being ascribed the identity of smoker, resulting in relational-enacted identity gaps.

Family. Relational-enacted identity gaps with family members were the most prevalent gaps voiced by participants in this sample. Many participants reported hiding their smoking status from their family members out of concern that it would change the way their family

members relate to them. For example, 3P1 stated, “I really don't want my parents or like anybody knowing that I smoke cigarettes. Um, (.) I think I've wanted to tell them but, just couldn't get it out of me because, I'm scared of the disappointment?” (3P1). 0P6's family is aware that he smokes but he attempts to smoke less around his family because “then my parents and my family know that, I smoked and umm, it's really embarrassing? So like, I try to smoke less when I'm in Phoenix. Or like around my family.” Even though he has smoked for six years, 1P1 has managed to hide his smoking from his family. 1P1 hides his smoking because his brother was disowned for doing drugs, including smoking cigarettes, and so:

> They [parents] have very negative connotation of smoking. Really don’t like it. And after he was kicked out of the house they told me that if I ever started smoking that they’d disown me too. So that was some (.) good motivation to keep it from them.

Overall, 4P5 said hiding smoking from his family is “not too much of a problem I guess getting caught unless I'm stupid and I'm comin' home smelling like it or leave 'em [cigarettes] around but, yeah I don't see it having to ever be a, conversation with them. Cause it wouldn't go well hah.”

Participants frequently cited their parents' concern for their health as a reason to maintain relational-enacted gaps. 4P5 rationalized not telling his mother because his grandfather smoked and died of lung cancer and further saying that she “definitely doesn't like smoking so I'm not really, gonna tell her any time soon like, I'd rather just, I Don't see myself being a smoker for life so, I kinda figure it's not something I'm gonna, disclose to my parents.” 0P5 acknowledged that smoking is bad for his health and so he does not tell his parents because “I don't want to make them worried.” 4P2's father smoked and as a result “had like uh, Lung cancer and got like, chunks of his tongue like cut out and like his lymph nodes cut out so. Yeah they'd be pissed,

(exhales), they'd be really real pissed." One participant who mainly smoked e-cigarettes said his parents do not know because "My dad's a doctor so he would be super pissed. Even though it's apparently healthier than cigarettes but I still think he'd be pretty upset" (0P3). 0P7 has not told his parents he smokes and acknowledged that the health issues of smoking would be his parents' "biggest bone of contention with me."

Significant others. Relational-enacted identity gaps arose often with significant others or romantic interests. When asked when he would be least likely to identify as a smoker 0P1 responded, "I don't know, meeting girls? You don't want you want to like tell girls like you smoke cigarettes...Because it smells bad...gives you bad breath." 3P1 recalled a girl who "wouldn't kiss me, hug me, whatever, if I had smoked a cigarette" but that he would risk not hanging out with her "to smoke a cigarette and like, go to the bathroom and rinse my mouth out and stuff and she still, would catch me." Participants in focus group four also described avoiding smoking around their significant others:

> 4P5: Actually I don't, I try not to smoke around my girlfriend she doesn't like the smell of it so. Which I mean as much as I can I try to be like courteous to that and, not to smell up, my clothes around her and stuff.
>
> 4P3: I do the same thing.

Authority figures. Many participants reported that they enacted a nonsmoker identity at work or to authority figures such as employers, doctors, or professors, because they did not want to be ascribed the characteristics of a smoker. Participants in focus group two described being less likely to identify as a smoker around authority figures including:

> 2P2: With my thesis supervisor for example. He knows, he probably knows I vape because my e-cig is always on my desk and he always comes to my office. But I wouldn't smoke in front of him or anything even if it were outside because that's just (.) I don't know, it's a (.) weird setting, it would feel awkward.

> 2P3: yeah, that's true. Around like (.) adult figures or respectable figures someone you look up to: a professor, a teacher, mentor. That kind of thing []. Unless I specifically knew that they had like, similar interests like that.
>
> 2P1: [yeah]

Focus group three participants similarly agreed that they would be unlikely to tell an employer because they wanted to avoid people's negative expectations of smokers:

> 3P2: just cause then it's like, if you put Yes then [they just assume you'll always come into work smelling like cigarettes?] and it's like, I'm not gonna smoke right before I go into work or something [like] [that so it's just easier to say no]
>
> 3P3: [then they're just like, oh, he's always gonna be on Break and he's always gonna] [yeah]

0P6 also would prefer not to disclose his smoking to an employer, saying:

> Most of the time like (.) smokers are seen like 'oh yeah they always have to go out and take a smoke break and then it's like, 'how come I don't get a break?' and, there's just like a lot of umm conflict that comes up with it. Umm, so like, if I really had to quit in order to get a job or whatever like I'd do my best but unless a potential employer asks then I won't I wouldn't tell.

Participants were also reluctant to tell physicians they smoke. 3P1 said he did not tell physicians about his smoking because "I don't want that to affect how they look at my health. Like I want them to think of me as just a normal, every day, 20-year-old, 5'10", ya know?" Participants in focus group four were also reluctant to disclose to their doctors. 4P2 avoided telling the doctor he smoked because "they tell you to stop" and 4P4 agreed saying, "yeah they were gonna tell me to stop and like, ya know give me the whole lecture like you know why you shouldn't but it's like I already Know that so I don't wanna go through that."

Personal-enacted-relational gaps. Participants most often enacted a nonsmoker identity in order to avoid being ascribed a negative smoking identity by relational partners despite

personally identifying as a smoker and typically enacting smoking behavior. When asked whether he identifies as a smoker 3P1 said “yeah, to myself but if people ask me (.) no. Like, doctor, you smoke drink? No. Parents, no, anybody older than me, no, like I don’t want to be looked at as a smoker.” Participants in focus group three evinced similar feelings when 3P2 said she would refrain from telling childhood friends about her smoking. 3P3 corroborated saying he would avoid telling old friends especially kids from his freshman dorm “that I always told like, 'I’m gonna quit.’” If they saw him smoking two years later he thought “God, they probably think I’m still just like the little old 3P3 just smokin’ a cig, ya know, not doin’ anything, ditching class.” 0P5 stated, “I'd rather not tell them [acquaintances] unless they ask me” and when pressed further responded that he did not want to be perceived in a certain way. 4P5 stated that he would be more comfortable identifying as a smoker with a stranger than someone he's familiar with saying:

> If I've made a connection with somebody and ... ya know they're familiar with me and then they find out “oh he smokes” they may not like that and that May, have more of a, negative effect on ... a relationship or, Connection with somebody versus like a stranger can look down all they want I'm not gonna see 'em again.

Relational-enacted-personal gaps also occurred in intimate relationships where participants did not tell romantic interests about their smoking out of concern that if their romantic partners knew it would change their view of the participant. During his heaviest period of smoking 3P1 recalled thinking:

> Wow (.) that's really bad, like, why? Why are you doing this, if, you looked at yourself three years ago, like, you would be disgusted with yourself ... you broke up with your girlfriend and imagine if she saw you smoking cigarettes now she'd be like 'ew, I'm Glad he broke up with me' and I was missing her so I was just like 'God I'm just a piece of shit.' But (.) would just hide it more then.

4P4 waits to tell romantic interests that he smokes because he does not want to “mess up anything” especially since “smoking's a deal breaker” and so he “Wait[s], until like, I know that I'm like actually into them they're into me and then I'll tell 'em like yeah hey I actually smoke ... I explain the whole like, just two to three cigarettes and why I smoke.” By waiting to tell romantic interests he attempts to enact a nonsmoker personal identity in the hopes that when he reveals his smoking his relational partner will not ascribe him a negative identity.

Strategies for managing gaps in the relational layer of identity. Smokers enacted four strategies in order to avoid or otherwise minimize gaps involving their relational layer of identity. In order to avoid gaps involving the relational layer participants attempted to be considerate when smoking and hide the smell of cigarettes so that they would not be ascribed characteristics of smokers. Another avoidance strategy was gauging peoples' reactions to smoking prior to disclosing in order to determine whether the person would be upset about the revelation. When participants were caught smoking, almost always by family members or significant others, they lied and said they quit in an attempt to manage relational gaps.

Be considerate. Smokers held themselves to specific standards that can be broadly described as "being considerate." Participants' standards included generally being respectful and smoking cigarettes away from people. Focus group two participants recognized a need to “be respectful. (..) It doesn’t, cost me anything to, respect these social standards” (2P2), to which 2P1 responded “true.” 0P4 has never been confronted but imagines that if she did meet someone who objected to her smoking “I'd probably try to be more respectful of them and try to be polite to them and Not do that in front of them if that's something that I know.” 4P5 listed off his rules about when and where it is appropriate to smoke but summarized them as “they all kinda just, to

me they- it ends up revolving around, courtesy I guess? Like I really try not bother people who, Aren't okay with it and I have to assume that, the average passer-by Won't be okay with it."

A more specific way that participants attempted to be respectful was to smoke away from people. 0P6 stated, "I try to like go Away from where most people are so like, umm like I'll hide behind like a building or something where not a lot of people walk by." 4P5 also described finding private areas to smoke in order to "try and just keep it out of other peoples' lives as much as possible like, I'll go, just like I'll find a Wall somewhere that's kind of ya know away from everything else...Not-Not near a walkway." 2P3 also described finding a place on campus to smoke "like in secluded areas walking from class to class things like that. Just like when there's like big open pathways where it's not really gonna (.) blow back or blow forward onto somebody." In these cases, participants smoked cigarettes away from people in the hopes that they would avoid being ascribed negative characteristics by nonsmokers.

Other participants recognized that not only did they distance themselves from others when smoking but also that they did so in order to avoid negative reactions. 4P3 said "I've never been approached negatively for smoking but I generally try and smoke away from areas that I would be negatively approached." 3P2 similarly stated that he never experienced any rifts in his social groups because of smoking and ascribed this to others' perceptions that "oh, he does, he does smoke but it's like he doesn't, ya know, he's pretty polite about it, he always ya know, goes to designated areas ... I've never encountered a problem in like, my own Personal social groups." 1P2 voiced understanding nonsmokers' dislike of cigarettes as the reason he smokes away from them:

> 1P2: I mean, I'd rather not be around people when I smoke cause it like, I don-I don't even like the smell of cigarettes like if I'm not smoking a cigarette and I can smell it I don't like the smell of it. =
>
> 1P1: = that's a good point, [neither do I]
>
> 1P2: [so I know] a lot of people that aren't smokers really don't like it so I don't want to be around them people be like "oh my god, do not smoke in my face" (whispering) cause that's just rude

By being considerate in the ways listed above, participants attempted to avoid enacting the negative behaviors and characteristics that nonsmokers associate with smoking. In doing so, participants hoped they would not be ascribed a negative identity thereby minimizing gaps involving the relational layer.

Hide the Smell. Throughout data collection participants cited the smell of cigarettes as the most obnoxious aspect of smoking. For many participants the lingering smell was the only evidence that they smoked and so in order to avoid gaps in their relational layer of identity they tried to cover the smell. 0P7 explained that many people dislike the "bitter smell" and "generally that's the only evidence that you have smoked...So I feel like a lot of people would definitely hide the smell... If I don't smell like a smoker and I'm not smoking how do you know I am one." 0P5 switched to e-cigarettes in order to avoid the smell of cigarettes because:

> I myself could smell it and I can feel the pressure people kind of give me when I smoke cigarette and go into class and I have people sitting next to me? I get it cause it's kinda obnoxious the smell? ... I don't wanna be being obnoxious.

1P1 stated that he avoids smoking around friends because "I don't like the smell of it either, I know they don't. So I don't (.) smoke in the car with friends, I don't make friends wait for me, it's pretty much always by myself."

Gauge their reaction. In order to avoid gaps involving the relational layer of identity smokers attempted to gauge others' reactions to smoking before admitting that they smoke. 0P4 explained how she would “try to bring it up casually in a Non-related to me sort of way and just be like 'oh look at that person smoking' or like some statement just to get them to commentate on it and to see how they feel about it.” Usually 0P7 is caught smoking before he has the chance to tell people but “I could definitely see keeping it back until you can gauge your audience, gauge the crowd around you and see what their reaction would be.” 4P5 stated that unless a person is a smoker or okay with smoking “I'm inclined to Not tell them until I, can feel it out and see if they're okay with it but I want to like figure that out on my own versus saying it and then getting, Possibly getting a negative reaction.”

Tell them I quit. Despite many participants successfully hiding their smoking from family members, romantic partners, and authority figures, some remembered times they were caught. In the case of being found out participants lied in order to avoid relational-enacted or relational-personal gaps. 0P5 reported being caught several times but his parents think he's quit, “remember the time I quit for two years? That's the last time they think I smoked.” When asked whether there are people he would deliberately not tell about his smoking 0P1 listed friends, family, and especially his mom who “already knows but I wouldn't-I would tell her that I'd Quit.” 3P1 told his mother drunkenly that he smoked cigarettes but when she confronted him the next morning he replied, “oh, no, like I-what did I say, like I just, I just have like one or two when I’m drinking occasionally, it’s not a big deal, like, I’m gonna stop, I don’t like it.” Unlike other participants, in order to eliminate an enacted-relational identity gap 0P6 chose to tell his mother

that he smokes so that “she doesn't have to find out like the hard way ya know? ...I didn't want her to see me do it. So, I just told her.”

Lack of identity gaps in the relational layer. Participants indicated an overall lack of identity gaps in friendships and more broadly among other college students. They cited various reasons for the lack of gaps with these relational partners including their perception that college students are generally accepting of smoking. Many participants also perceived that their friends were ambivalent about cigarette smoking or enacted the behavior of smoking themselves.

College students are accepting of smoking. Participants described college students as generally accepting of smoking, especially when compared to older people. 4P5 explained that, “I think it's also the age group. Like ya know college age students I've found (.) it's like hard to find somebody who will really even, have a problem with it.” Similarly when discussing smoking on campus 0P7 stated, “I feel like the student body as a Whole, it doesn't really have an opinion or maybe they don't wanna- are afraid of confrontation that that would cause.” Participants in focus group two felt similarly about college kids and e-cigarettes:

> 2P3: I feel college kids are more like, accepting, of like an e-cigarette versus like, if you were walking around like, some arts and crafts fair where there’s like a bunch of older people or something like that then you’d be like, you might get a comment or two and like probably a lot of looks so I think it depends like on the age group. =
>
> 2P1: = yeah, I think level of confrontation is probably drastically different in Those two groups so. I think in college everyone’s tryin’ to get their-their own stuff kinda worked out and they’re not 100% sure if they’re right but I feel like older people like, they’re, they’re pretty dedicated to what they think is right at that point so they’re a little bit more ready to say something.

My friends don't care about my smoking. Some participants stated that they did not experience identity gaps with their friends because “it [smoking] Doesn't really phase 'em it's like, mind your own business type thing kinda like not, that's not me like who cares” (0P2). Even

though 0P5 tries not to smoke around nonsmokers he said the most his nonsmoking friends do when he smokes is:

> Step back haha. Like they don't really like tell me like force me Not to smoke in front of them. Umm (.) but I try not to Smoke if there's any nonsmokers around me so but my friends yeah they don't- they don't tell me 'oh don't smoke in front of me.'

In the case that participants did have friends who objected to their smoking they were few in number. 2P1 discussed one female friend in particular who is "like very against it [smoking] and like uh, there's been a couple times where she's seen me smoke and she gets very upset by it." However most of his nonsmoking friends "don't really seem to care. I think they're on like the boat that like, as long as I'm not doing it I don't really care if other people are doing it" (2P1). Similarly, 0P6 stated that most of his friends "don't really care?" and that the friends he hangs out with at parties will "usually smoke with me or like they won't, cause they're really casual about it."

Most of my friends smoke. As in the case of 0P6 above, most young adult smokers in this sample were friends with other people who smoke. 0P4 who smokes e-cigarettes primarily, but cigarettes socially, says her friends are pretty tolerant because:

> A lot of them do smoke, like I Bought one [an e-cigarette] with one of my friends which is why I know that she's comfortable with it. My other friends, when we go out a lot of times they smoke cigarettes so it's not a big deal for them.

In some cases participants' friends smoked more than they did, "they'd smoke cigarettes more than I did so it was just like really easy to do that" (0P3). 0P7 described how his friend group formed saying, "there's I guess a select group that smoke and they've come to that decision on their own and we've just kind of found each other? ...There's also a large social aspect, just my friends smoke I'm around them I'm probably going to smoke." Participants also lived with

roommates who smoked and so smoking at their own homes seemed to be acceptable. For example, 2P2's roommates “used to smoke tobacco and there-it was never weird because it actually, created some kind of, I don’t know, working environment towards smoking.” Similarly, 0P5's roommates “are both smokers so they don't yeah. They don't care, they usually want to smoke with me.”

In sum, identity gaps involving the relational layer of identity, including personal-relational, enacted-relational, and personal-enacted-relational gaps, emerged during focus groups and interviews. Personal-relational gaps occurred with friends and others who ascribed participants' characteristics as a result of their smoking which participants felt did not match their personal identities. Enacted-relational identity gaps arose most often as a result of smokers enacting a nonsmoking identity in order to avoid being ascribed the negative characteristics of a smoker by relational partners including family, significant others, and authority figures. Personal-enacted-relational identity gaps arose when participants hid their smoking despite personally identifying as smokers because they did not want to be ascribed the identity of a smoker by relational partners.

Participants enacted a variety of strategies to avoid or minimize those gaps including, being considerate of nonsmokers, hiding the smell of smoking, gauging others' reactions toward smoking prior to disclosing, and lying and telling relational others that they had quit if they were caught smoking. Although the majority of participants experienced identity gaps involving the relational layer gaps, relational gaps seemed less likely to arise among friends and fellow college students and friends because of a perception that people belonging to those groups were ambivalent about others smoking or smoked themselves.

Communal Layer

The communal layer of identity captures the shared characteristics of people who hold a common history, rituals, and practices. Prior to collecting data it was unclear whether smoking cigarettes extended to a communal layer of identity. The data below make it clear that there is a communal layer of identity arising out of the shared behavior of smoking cigarettes and that the community of cigarette smokers share rituals and practices that are conveyed across cohorts. 0P7 considers himself part of a smoking community because "there's definitely a sense of community there with smokers ya know. That we're out there together, having a cigarette. There's something that links all of us." He goes on to say that, "if I gave up smoking I would probably still feel connected to the community of smokers." 3P1 similarly gave evidence of a smoking community when he spoke about the spread of smoking through generations saying, "there's always gonna be someone older or younger than you that, got it from someone older or younger than them." To which 3P3 responded, "it's not going anywhere." 0P3 was more cautious about identifying with a community of smokers:

> I wouldn't say that, there's like a huge connection but whenever you go out you know you're always like keeping an eye out for other people who smoke cigarettes. Cause it's like all right like who's gonna be the person who says like let's go smoke a cigarette and then like everyone goes outside? So I guess there's like that unspoken like bond.

Participants also described rituals shared among smokers. 4P3 stated that a lot of their rituals are "a tradition thing" and that "smokers do kinda have their own culture just like, coffee drinkers and other people." In the same focus group the participants explained why they flip two cigarettes in each pack:

> 4P2: Well, it's supposed to be your last
>
> 4P3: It's like a tradition, like you save it for last

> 4P5: yeah two of 'em
>
> 4P2: cause you're saving 'em. Those are like your Special cigarettes that like, then if anyone it's-I feel like if people don't flip Luckys, if someone comes up to you you have two cigarettes left they could be like "hey man can I have a cigarette?" and you have to be like, alright but if you have those Luckys then [you can be like Nope, they're my Luckys]
>
> 4P5: [God, I Never give away a Lucky, yeah]

During an interview 0P2 also talked about the last Lucky explaining, "you take one cigarette and you flip it and you keep it right side up. You smoke that one Last. Cause it's your lucky." He also described what distinguishes a real smoker saying, "A real smoker's pack like the tobacco will be like down like a centimeter."

Not all smokers felt part of a community. During a follow-up interview 4P4 spoke about not knowing the last Lucky ritual:

> The Lucky thing not really either like, I mean I kept hearing people saying that word. That would smoke, like at parties and everything but I didn't know exactly what that was like I'm-I'm a like it's funny I've been smoking for like, a good like, couple years but like I'm not that like, uh Competent when it comes to ya know the whole smoking rules and all that like I'm, still kinda clueless about it just cause I don't really smoke with a lot of people.

A few other smokers also stated that they do not feel like members of a community. 0P1 who considers himself a "solitary smoker" clarified by saying, "sometimes I'll just like smell it and be like Oh, kinda want a cigarette right now. But like I don't really feel connected with them [other smokers] otherwise." 2P1 also indicated:

> I don't think in terms of like how am I representing myself as a smoker I think of how am I like representing myself like as a whole I guess? Like, if I like if I feel like I'm being a dick to someone I'm not like 'wow, like they're gonna think smokers suck' I'm like 'Wow, they're gonna think I suck' kinda thing.

When asked whether she felt a sense of connection with others who smoke 0P4 responded “not more than nonsmokers.” These smokers did not hold a communal identity based on smoking and so experienced no discomfort arising from the fact that their enacted and, for some, personal layers of identity did not extend to a communal smoking identity.

Participants who did hold a communal layer of identity with other smokers reported identity gaps involving the communal layer, including personal-communal gaps, enacted-communal gaps, relational-communal gaps, and personal-enacted-communal gaps. Smokers enacted the strategy of smoking with others in the smoking community in order to manage gaps in the communal layer. Participants with a communal layer of identity from smoking expressed a lack of gaps involving the communal layer when they made friends smoking, used smoking as an icebreaker, felt comfortable approaching other smokers, and were situated in social groups where smoking was culturally acceptable.

Personal-communal gaps. Personal-communal gaps arise when an individual feels that his or her self-concept does not match the shared identity of that individual's community. 4P5 describes the stereotype of a classic smoker as “exaggerated in that, a good majority of the people who fall into just smoker wouldn't Be like a classic smoker like even if, they smoke a lot of cigarettes they're usually not...-they're stigmatized a little bit.” 0P5 described stereotypes that nonsmokers hold about smokers as unfair but “It's not always stereotype I think. Like I'm pretty sure there's some kind of statistics that shows smokers are like, some bad I don't know influence bad effects when it comes to like personality maybe less patient? less self-disciplined I guess.” 4P4 identified a type of smoker who “always has like a, leather jacket is in a bar or something havin' like a smoke and they're like doin' it really well and uh ... (.) I think that's just something

I'm not...those smokers I don't identify with." In fact, 4P4 felt fundamentally different from other smokers:

> I try Not to compare my-I don't know anyone else that like goes to the gym like at least like, ya know daily and then smokes. Or, ya know tries to eat healthy and smokes. I-like I still haven't met another person that's like that. Yeah so I feel like I'm pretty diff-like a different type of smoker.

Enacted-communal gaps. Although many participants felt comfortable around other smokers, many of them also described times when they were annoyed with other smokers or purposefully disconnected from them. Participants expressed annoyance with other smokers who were not conscientious. Focus group one participants explained:

> 1P2: Some smokers don't (.) give a shit at all =
>
> 1P1: = that (.) annoys me (.) though [] (laughs) when I meet people like that
>
> 1P2: [yeah]
>
> M: why, why does it annoy you?
>
> 1P1: I don't, I don't like the smell.
>
> 1P2: cause then it makes you look bad too =
>
> 1P1: = yeah, by association =
>
> 1P2: = cause yeah, then they associate all smokers with that (.) douchebag who's blowin' smoke at everyone's face.

Others similarly described looking down on people who smoke in public and on campus "right in front of the building? and then when the class is over people are just storming out of the building but they are just smoking right next to them on the way. Well that's when I'm like Oh they are, like Not civilized hah... Rude yea to everyone " (0P5). 2P1 described others' smoking as being an annoyance "when it's outside the buildings but most of the time I think people are

pretty good at staying to the sides." 2P2 responded that he feels the same and that "if you're not bothering anyone with it, whatever" to which 2P1 responded vehemently "yeah! yeah, just, yeah gotta be considerate." 0P2 also voiced frustration with smokers who do not watch where they smoke, "I'm gonna just smoke it over here just cause I don't wanna bother other people. Whereas E-cigs they don't, care at all they'll just blow wherever and it's like 'dude it smells good it smells like vanilla' that's stupid." Despite smoking for seven years, 4P1 dislikes smoke blowing in his face:

> It still pisses me off so much when I'm not smoking but like I'm walking and someone else is smoking in front of me...Like I've never had someone come up to me negatively but, I've gone up to someone else negatively and been like, can you not blow that smoke in my face while I'm walking.

Relational-communal gaps. Participants described differences between their community and the identity they were ascribed by others. Relational-communal gaps arose because participants felt nonsmokers ascribed inaccurate negative characteristics to smokers. For example, 3P3 described nonsmokers as having a "misconception of what's going on but it doesn't make you, like inferior or superior if you're a tobacco user or not." 3P3 also described feeling nonsmokers generalize smokers and "put you all in one category like 'Oh, they're all smokers, so they're all bad.'" He continued saying, "But it's like (..) there's-there's a Lot more people who, who smoke and stuff, than you-than you know." 2P3 stated that people who have never smoking "Look down on smokers." He believes people who smoked in the past are "a little bit more sympathetic towards it" and understand that while smoking may not be a good choice it is an individual's choice to make. 2P1 also discussed how nonsmokers have a stigma against smoking because they have never experienced the addiction of smoking and so they "just don't understand there's nothing really you can do about it."

Relational-communal gaps also arose because nonsmokers perceive cigarettes as gross but cigarette smokers do not view smoking in that way. 1P2 stated, “people look down on it, honestly, if they’re not a smoker. Cause they’re like 'oh, look at that smoker over there, he, you know, he needs his nicotine.' They think we smell bad.” 3P1 also describe people as “super sensitive to, smoke and worrying about other people” but that “it's their life...you can't make decisions for everybody?” 0P2 compared smokers to people with tattoos saying:

> If you don't have a tattoo you're not like really, you're like you've got this whole perception. But until you get a tattoo you jus-you don't really think anything of it...It's kinda like that with like smoking. Non-smokers'll be like “Oh like that's so gross like blah blah blah” and then smokers would be like, 'dude like whatever I just need a cigarette.' It's not a big deal.

Personal-enacted-communal gaps. In a few cases, personal-enacted-communal gaps were reported by participants when their personal identity did not match their enacted behavior of smoking nor the community that they feel part of. For example, 4P5 states that, “despite smoking myself I think there'd actually be a Kinda the opposite like I really would disconnect myself with somebody I see smoking on the street. I like to, (.) pretend that I'm not, I don't ha-ya know I don't have that problem?” 0P5 regularly attends church and found that smoking:

> Gives you like it gives people a Negative impression? ... Like, like I go to church and I know like there is some, well people can be like I don't know judgmental? like if you go to church but you smoke cigarettes that's kinda, Not consistent kind of thing.

0P5 also finds that despite enacting the behavior of smoking he makes negative assumptions about other people that he sees smoking.

Strategies for managing gaps in the communal layer of identity. In order to avoid gaps in the communal layer of identity participants strategically choose to smoke with others rather than smoke alone. Participants preferred to smoke with others in the smoking community

so that their smoking appeared more casual and insulated them from negative responses to their smoking.

Smoke with others. Many of the young adult smokers preferred to be part of a smoking community to insulate themselves from the judgments nonsmokers make about smokers. Participants in focus group two talked about feeling greater license to smoke when they feel part of a community of smokers:

> 2P1: And I think it's always kind of cool to find someone like when you are smoking who also does cause like, I don't know, I feel like there's a slight uh social stigma that like (.) like and when someone else kinda comes in and does it with you you kind of like, like, partners against the stigma? =
>
> 2P3: = yeah, you feel more like "okay, someone else is [doin' it,] I can do it too" =
>
> 2P1: [yeah you're just like]
> = there's like a general air of like eh, I know I shouldn't be doing this but then if like other people are doing it you're like okay, like, at least we're like goin' down together kinda thing like.

3P1 explained that people don't like smoking alone because "they feel like scum. They're like ew, like, I'm doing This alone like, it's way more casual and not so frowned up when there's one, two, three more people doing it with you? ... you probably shouldn't be doing it but it's not as bad when there's other people doing it." 0P4 said she "feel[s] more comfortable being myself around them [other smokers]...because they do smoke and it's like a lifestyle thing...so we have like a more similar lifestyle I guess."

The campus on which the interviews took place has a smoke-free policy. Many participants described smoking in places where others smoke as a way to avoid the negative repercussions of smoking on campus. 0P6 said that when smoking on campus "I always like try to, go into more like secluded areas or places I know where smokers like congregate. And I just

smoke there." He goes on to explain that "I'll just go to where they smoke so then like, there's less confrontation about it." Participants in focus group four also discussed preferring to smoke with others on campus:

> 4P5: I smoke on campus sometimes...among the thousands of butts that's scattered on the ground underneath the bench like. Like, ye-I'm kinda drawn to it sometimes. Especially if I can't like, find myself to an edge of campus to like get off the property? [I'll just kinda sneak in]
>
> 4P2: [the more cigarette butts] the safer that you-uh the safer you are
>
> 4P5: yeah
>
> 4P3: Yea especially behind Koffler cause there's always other people smoking behind Koffler it seems like
>
> 4P5: yeah if they can do it. I can too.

Lack of identity gaps in the communal layer. While participants did experience gaps involving the communal layer of identity gaps there were some contexts where the communal layer of identity was in sync with the other layers. The lack of communal identity gaps when among other smokers is evinced by participants' reports that they were able to make friends because of their smoking, that smoking acted as an icebreaker to help them meet people, and that they were comfortable approaching other smokers. This willingness to approach and make friends with others on the sole basis of the smoking indicates feeling part of a shared community and a lack of gaps preventing them from approaching other smokers. Participants also spoke of specific social groups where gaps implicating the communal layer did not emerge because smoking cigarettes was acceptable.

Made friends smoking. Many participants have made friends either directly or indirectly as a result of their smoking. When asked whether smoking ever benefited his relationship with

others 0P1 replied, “Well yeah I mean like sometimes like I talk to my roommate who smokes. We like go outside we smoke cigarettes on the porch and we'll talk. We'll have like conversations while we're smokin' cigarettes. And like I'll do that with other friends?” IP3 also felt that smoking cigarettes has enhanced his social experience:

> Especially in college and like going out and stuff. I guess I've made friends through smoking cigarettes umm that I wouldn't have talked to otherwise. And been like 'oh yeah like you're that person I smoked a cigarette with' and if I see them at another party I'll be like hey do you want to go smoke a cigarette?

0P6 overall felt that “I've made more friends smoking (hah) than losing them.”

Smoking is an icebreaker. An oft-repeated phrase used to explain why smoking has benefited their social lives was that smoking acts as an icebreaker. IP4 felt that smoking is an “easy way to share something with someone. And to get that talking repertoire going on.” 4P1 also felt “when you're first meeting someone you already have that similarity like, when you're not smoking you don't have a similarity to like, Talk to someone about.” Participants in focus group three described smoking as:

> 3P2: just a ne-it’s just a way to-to talk to them like [a..]
>
> 3P1: [it’s an icebreaker!]
>
> 3P2: [yeah, yeah it is]
>
> 3P3: [it’s like it really] is like “oh you have a light?” =
>
> 3P1: = yeah
>
> 3P3: or something and it’s just like [oh, well what’s your name] and like clearly you both are about to smoke a cigarette so you’ll be there for like a couple minutes at least so it’s like, then you get to talking, that’s how it goes
>
> 3P2: [yeah-really good ice breaker]

0P5 stated that he will purposely identify with a smoker saying, “if they're a smoker I'll be like 'oh yeah I smoke conventional cigarettes' haha to bond.” In social situations 0P6 finds smoking to be a way to meet people because “you can just go out on the patio and have your cigarette and then there's usually other people smoking and then, someone'll break the ice like 'hey how's your night going or something.'"

Comfortable approaching other smokers. Participants also said they were comfortable approaching other smokers and being approached for cigarettes or lighters. 2P3 describes smoking on his way to class and getting some negative looks but “more often than not it would be someone like coming up to me 'hey, can I borrow a lighter here?' or like 'hey, can I bum a cigarette?'“ Despite identifying as a solitary smoker 0P1 said, “whenever I smoke in public it's like people always ask me for a cigarette.” 0P2 describes this willingness to approach other smokers as similar to the “Jeep wave” saying he can “walk up to a stranger be like 'hey can I get a cigarette?' And you know they're gonna give you a cigarette.” Smokers reported looking for others to smoke with, such as 1P2 who said that at bars he will “see if anyone wants to come, see if there’s any other smokers.” These small interactions between smokers often lead to casual conversation as 3P1 describes, “it can lead to just very casual conversation especially cause if you know someone is a smoker then you do feel safe, safer to, talk about that.”

Social identity groups. In specific social situations participants felt comfortable smoking, especially in comparison to the dominant U.S. society. 3P1 described being in a military environment where smoking is “almost socially acceptable, it’s like everyone smokes” but transitioning back to civilian environment “it’s almost like Switch I noticed...instead of just like, 'oh, it’s an open thing' ya know, it’s kind of like...we’ll stay in the designated smoking sections.”

Another context in which participants voiced feeling comfortable smoking was in college fraternities. 3P1 explained, “I’m in a Fraternity, and I live at the house where there’s constantly cigarettes, being around the house so it’s very easy to get my hands on?” In response 3P2 stated that, “I feel like if I was in an environment like that where there was Like all the time 24/7 there just cigarettes Everywhere and like friends smoking like All the time? Then I’d totally be like, a heavy smoker.” In different nations, such as France, 2P2 felt smoking was more accepted indicating, “I was also conscious about the fact that nobody cared. I could smoke in the streets...anywhere in the street even if I were next to a museum, school, it was, ya know, it’s Paris, Paris is dirty.” 2P2 noted that despite French people “knowing about the (.) the damage that it does to your lungs...they don’t care as much.”

In sum, participants reported holding a communal layer of identity with others on the basis of shared smoking behavior. Shared rituals and the conveyance of smoking across cohorts were further evidence that a community of smokers exists. Other smokers, however, did not feel they belonged in a smoking community and so did not experience identity gaps involving the communal layer. Those who did feel a communal layer experienced personal-communal identity gaps when their self-concepts did not match their perceptions of the smoking community. Enacted-communal gaps arose as a result of participants feeling annoyed with or disconnecting with other smokers in the community despite enacting the behavior of smoking. Relational-communal gaps occurred when participants felt nonsmokers ascribed them a negative identity based on misperceptions of the smoking community. Personal-enacted-relational gaps emerged when participants held a smoking identity and enacted the behavior but purposefully disconnected from the smoking community. In order to minimize or avoid the gaps involving the

communal layer of identity participants preferred to smoke with others. Participants who felt a communal identity experienced a lack of gaps involving the communal layer when they were in a social group where smoking was acceptable and were among other smokers. The lack of communal gaps among other smokers is evinced by participants' ability to make friends with other smokers, use smoking as an icebreaker, and comfortably approach other smokers.

VI. Discussion

The purpose of this thesis was to determine the identity gaps young adults experience as a result of engaging in a stigmatized health behavior, smoking cigarettes, as well as the strategies they enact to manage those gaps, and contexts and relationships in which their layers of identity are in sync. The results are framed in the communication theory of identity, which describes four interpenetrating layers of identity that may not align causing identity gaps to emerge. Individuals who hold a stigmatized layer of identity are especially likely to experience identity gaps because they are likely to hide their "spoiled identity" (Goffman, 1963) and devalue the associated behaviors and traits, both of which inherently cause identity gaps. Cigarette smokers are likely to experience stigmatization, and the resultant identity gaps, because of anti-smoking legislation and the use of de-normalization strategies in public health campaigns. While identity gaps result in negative communication and psychological outcomes, they may also provide sites for targeted health messages to motivate behavior change in order to reduce the inconsistency inherent in identity gaps.

Results from focus group and interview data revealed that participants in this sample experienced identity gaps involving every layer of their identity as a result of smoking. Participants used a number of strategies to manage the identity gaps that arose in order to avoid the associated negative outcomes. Despite voicing many identity gaps, participants articulated some contexts and relationships in which identity gaps were not apparent. The results give theoretical insight regarding the importance of time and future identities in CTI, a desire to maintain identity gaps that is currently unexplained by CTI, and a tolerance for inconsistency that is also unrepresented by CTI. Practical applications of results may encourage smoking

cessation among young adults by increasing the magnitude and social implications of the identity gaps participants voiced. Messages and interventions preventing the cognitive and communicative strategies that participants use to avoid or minimize the discomfort associated with identity gaps may increase their magnitude. Promoting nonsmoking norms in contexts in which participants expressed a lack of identity gaps will increase the social implications of identity gaps so that disconnection between individuals and relational others will occur in contexts in which the layers of identity had formerly been aligned. Findings also provide insight into the positive and potentially negative consequences of de-normalization.

Smoking as a Communicative Behavior and Personal Identity Gaps

Participants voiced identity gaps involving every layer of identity. It should be noted however that identity gaps varied based on whether participants personally identified as smokers. For example, the few participants who were unashamed of their smoking and were willing to identify as smokers did not experience personal-enacted identity gaps. Those who personally identified as smokers were also less likely to report personal-relational or personal-communal gaps, often because their social network consisted of other smokers. The majority of participants however did experience personal-enacted identity gaps because of their reluctance to personally identify as smokers. Outliers, like the participants who took on personal smoking identities, are important to recognize when creating health messages. Future research determining how the emergence of identity gaps correlates with demographic variables such as length of time smoking, family history of smoking, readiness to quit, and number of quit attempts would improve audience segmentation so that the identity gaps likely to emerge among a certain group could be targeted in health promotion messages.

Most participants voiced discrepancies between their behavior and other layers of identity. That the principal identity gaps expressed were personal-enacted, relational-enacted, and personal-enacted-relational provides proof of behavioral discrepancy and shows that the enacted layer of identity was most often implicated in participants' experiences of identity gaps. The enacted layer of identity focuses on the construction of self through verbal and nonverbal communication (Hecht, 2014). Wadsworth and colleagues (2008) argued that personal-enacted identity gaps are recognized quickly because individuals notice misrepresentations of their personal identity rapidly during conversation. Behavior is a fairly concrete expression of identity that cannot easily be undone and is also likely to be noticed quickly when it is discrepant with one's self concept. With an addictive substance, like the nicotine found in cigarettes, individuals may feel little control over their behavior. Behavior, however, is an enactment of identity regardless of intent or perceived behavioral control. When an individual performs the behavior of smoking he influences observers who then make judgments about the individual's social status, traits, and characteristics (Goffman, 1959). Even if the individual attempts to engage in impression management and hide the behavior, the individual himself is likely to be taken in by his own performance and assign the associated characteristics to himself (Goffman, 1959). Therefore health behaviors, especially public health behaviors like smoking, influence identity despite attempts at impression management.

Most participants voiced disappointment that they enacted the behavior of smoking, which further confirms the pervasiveness of gaps involving the enacted layer of identity and is also symptomatic of identity gaps involving the personal layer. Indeed the personal-enacted identity gap was well represented in this sample. This finding is validated by previous research

that, although not explicitly labeled identity gaps, described differences in young adults' smoking behavior and self concept, such as the phenomena of phantom smokers and social smokers (Choi, Choi, & Rifon, 2010; Levinson et al., 2007). Negative outcomes associated with this particular discrepancy among young adult smokers include an increased likelihood to disregard health warnings and an unlikeliness to attempt to quit (Levinson et al., 2007). However, the presence of personal-enacted identity gaps among this cohort suggests that young adult smokers may in fact recognize discrepancies between their behavior and identity but engage in communicative and cognitive strategies to reduce that discrepancy. Findings did reveal strategies that participants used to reduce personal-enacted identity gaps, including compartmentalization and minimization of smoking habit. These findings offer a new approach for health campaigns and interventions targeting young adult smokers. If heath messages target and de-legitimize the strategies young adult smokers use to avoid personal-enacted gaps, then the only route to reduce the dissonance caused by such a pervasive gap will be behavior change. Dissonance is an aversive state that individuals attempt to reduce by changing the least resistant discrepant component (Festinger, 1962). Cognitive and communicative strategies are the more likely route to reduce dissonance among smokers because they are easier to enact than changing an addictive behavior. However, if these routes to dissonance reduction can be blocked then the only option remaining is behavior change.

One unique contribution of this study was the uncovering of an identity gap between the current enacted and future personal identity of participants who visualized a smoke-free future. This finding suggests not only an ability to account for current identity gaps but also to foresee future identity gaps. The role of time has not been elaborated in CTI even though communication

and identity shift throughout the lifespan (see Nussbaum, Pecchioni, Baringer, & Kundrat, 2002). Considering the role of time in CTI would expand its theoretical scope and add explanatory power to understand how people evaluate decisions that will impact their future. The finding of an enacted-future personal gap in this instance specifically is hopeful because past research has shown that holding a smoke-free identity is key to quitting and preventing relapse (Tombor et al., 2015; Zhao et al., 2014). While the presence of an enacted-future personal identity gap is therefore a positive indicator of future ability to quit smoking, health care practitioners must stay vigilant so that young adult smokers change their behavior to match their future identity rather than take on the personal identity of a smoker. An individual's location in the stages of change, as measured by the contemplation ladder, could help predict whether the individual will change his or her enacted or personal identity (Biener & Abrams, 1991; Prochaska & DiClemente, 1983). Smokers move through a series of stages when they attempt to quit: precontemplation, contemplation, preparation, action, and maintenance (Prochaska et al., 1994). A person in the later stages of change, such as preparation and action, may be more likely to change his or her enacted identity than a person in the early stages of change. Conversely, a person in the early stages of change, such as precontemptlation and contemplation, may be more likely to change his or her personal identity.

Identity Gaps with Relational Partners

Not only did participants experience personal-enacted gaps, they also often experienced gaps involving the relational layer of identity. Among this sample, identity gaps often arose because smokers perceived nonsmokers' as discriminating against them. Participants expressed concern that they would be ascribed negative characteristics or be devalued as a result of their

smoking. In order to avoid those outcomes, participants attempted to maintain enacted-relational identity gaps with family members, romantic interests, and authority figures. The desire of participants to actively maintain their relational partners' ascribed nonsmoker identities led participants to strategically gauge others' reactions prior to disclosing their smoking status, lie about quitting if caught smoking, and hide the smell of cigarettes.

Identity gaps were originally theorized as producing a drive to minimize their magnitude (Jung & Hecht, 2004). In fact most discrepancy theories suggest that people are motivated to reduce the dissonance that results from discrepancies (see Festinger & Carlsmith, 1959; Jung and Hecht, 2008). In this case however, participants chose to maintain gaps through communicative and behavioral means. Similarly, Brooks and Pitts (2016) found that when engaging in intercultural communication participants strove to maintain personal-communal identity gaps because they wanted to enact more nuanced identities rather than the broad stereotypic identities often ascribed to large groups. It seems that identity gaps may be desirable for individuals who want to avoid being ascribed a stereotypic communal identity in favor of a more nuanced personal identity. Maintenance of certain gaps may also prevent other types of identity gaps from arising. In fact, participants who did not maintain enacted-relational identity gaps reported being ascribed negative characteristics associated with smoking, which led to personal-relational and personal-enacted-relational gaps. Individuals may therefore choose to maintain an identity gap in order to preserve coherency in other layers of identity. Another explanation of gap maintenance may be that individuals maintain identity gaps in order to avoid face threats to themselves or to their relational partners (Goffman, 1959). In cases where strategies for gap reduction are unavailable, inconsistency may be preferable to changing one's behavior. Future research to

determine at what point the discomfort associated with identity gaps outweighs the benefits of maintaining them would be useful in learning how to induce behavior change as a result of identity gaps.

Community Identification and Identity Gaps

Some participants felt connected with a community of smokers bonded by shared rituals and the transference of smoking across cohorts. In some cases, taking on this communal identity led to the emergence of identity gaps. Perceived differences between personal identities and the communal identity of smokers, annoyance with other smokers who represented the community poorly, and being ascribed a negative identity as a result of their communal identity led to identity gaps. However, when among others who shared a communal layer of identity participants felt more comfortable. This greater comfort is evidenced in that most participants happily approached other smokers, used smoking as a social icebreaker, and made friends because of their smoking. The shared behavior of smoking and rituals associated with smoking, such as the "last lucky," bring smokers together to form a community. The finding of a communal layer of identity is noteworthy because the communal layer of identity is understudied in previous research (Jung & Hecht, 2004; Wadsworth et al., 2008).

The lack of identity gaps in social groups where smoking is normalized, such as the military, fraternities, and national cultures that are accepting of smoking, stands in stark contrast to the rejection of smoking espoused by the majority of social groups in the U.S. The difference between these social groups may illustrate the utility of de-normalization tactics in the United States. As a result of de-normalization, smokers experience identity gaps in the greater nonsmoking community, which may motivate them to change their behavior. On the other hand,

members of a devalued community may seek out co-cultural members in order to avoid identity gaps. This is corroborated by research showing that greater involvement in substance abuse is associated with family support of use and close friends who also use substances (Tucker, Cheong, Chandler, Crawford, & Simpson, 2015; see also Wang, Hipp, Butts, Jose, & Lakon, 2016). Identifying communally with other smokers likely increases identification as a smoker and so threatens the likelihood of behavior change. Researchers must find a balance so that de-normalization creates a society where the behavior of smoking is rejected but smokers do not feel devalued to the point of marginalization and as a result strengthen their communal bond.

Practical Implications

In addition to the theoretical implications discussed above, this study has a number of practical implications. Identity is an important factor in health and health behavior change (see Haslam, Jetten, Postmes, & Haslam, 2009; Kearney & O'Sullivan, 2003). In fact, health behavior change and identity shifts are intertwined so that reappraisal of self often precedes health behavior change (Kearney & O'Sullivan, 2003). Communal identities also influence health norms and behavior. Harwood and Sparks (2003) explain that individuals who engage in an unhealthy behavior and identify with others based on that shared behavior have greater difficulty changing their behavior than those who engage in an unhealthy behavior but do not identify with others who share that behavior. Shared group identities also help buffer members of a stigmatized community from the negative consequences of their group identity (Haslam et al., 2009). These findings imply that participants who shared a communal layer of identity with other smokers may be less likely to quit smoking. Identity gaps or the lack thereof may be an additional mechanism that explains the importance of identity in health behavior change.

That personal-enacted identity gaps were prevalent in this sample is a positive sign that young adult smokers are particularly suited to quitting. On the other hand, identity gaps failed to arise when participants were around other smokers and many reported actively seeking out other smokers in order to avoid identity gaps. This illustrates a negative outcome of identity gaps that because of the discomfort they create and the de-normalization that precedes them, smokers are likely to seek each other out and may even form a communal identity through the sharing of myths and rituals. Most young adult smokers in this sample seemed on the cusp of taking on a smoking or nonsmoking personal identity. Some felt that if they continued to smoke after college they would have no choice but to take on a personal smoking identity. This window of time when personal identity is in flux suggests that college students may be an especially important population to target in health messages. Identity gaps therefore could have either positive or negative health behavior outcomes depending on the ability of campaign messages and interventions to direct the influence of identity gaps so that they motivate behavior change.

In theorizing the potential for identity gaps to influence behavior change, Hecht and Choi (2012) suggest that drawing attention to identity gaps could increase dissonance and motivate behavior change. In one of the first pieces testing identity gaps, Jung and Hecht (2004) suggested that identity gaps are so pervasive in communication and relationships that what really matters is the degree and type of gap as well as its social implications. Therefore, in order to motivate behavior change in response to identity gaps the degree of gaps and their social implications should be targeted in order to increase their magnitude. As suggested earlier, targeting the strategies participants used to minimize or avoid the dissonance of identity gaps and situations in which identity gaps did not arise despite smoking will increase the degree of existing identity

gaps as well as their social implications so that smokers will be motivated to engage in behavior change.

The dissonance caused by identity gaps could be relieved behaviorally, communicatively, or cognitively, however the theory of cognitive dissonance assumes that people will use the easiest route available to reduce dissonance (Festinger, 1962). In the case of dissonance resulting from behavioral and cognitive discrepancies, the easiest route to reduce dissonance would likely be through cognitive or communicative rather than behavioral means. Disallowing cognitive strategies through messages that directly contradict the strategy would take away the primary and easiest route by which smokers reduce dissonance and therefore increase the magnitude of identity gaps. Targeting the strategies that help diminish personal-enacted identity gaps, compartmentalization and minimization of smoking habits, would be most effective because people recognize personal-enacted gaps most quickly (Wadsworth et al., 2008). Compartmentalization and minimization are cognitive/communicative strategies that allow smokers to avoid changing their behavior. Campaigns to preclude these strategies or decrease their effectiveness, for example, to disallow minimization telling smokers "if you smoke at all you are a smoker," and to disallow compartmentalization telling smokers "smoking in one area of your life means you smoke in all areas of your life," may stimulate behavior change. Cutting off cognitive and communicative strategies would leave only behavior change as an option to lessen the dissonance associated with identity gaps.

Strategies for dealing with gaps involving relational or communal layers are difficult to target because they involve relational partners. Strategies to avoid identity gaps concerning the relational layer include being considerate, gauging others' reactions, and telling relational

partners that they quit smoking. It may be more useful to target nonsmoking relational partners, especially parents to whom young adult smokers seemed most hesitant to disclose. Interventions for parents of young adults should focus on signs of smoking and how to talk about quitting smoking so that it becomes increasingly difficult for young adults to hide their smoking habits or lie about their current smoking status. Smoking with other smokers, the strategy used to avoid gaps concerning the communal layer, is problematic for health communication scholars to target because doing so may backfire and generate a stronger communal identity among smokers who feel their group identity is threatened. Smoke-free laws in restaurants, bars, and on college campuses however are a helpful way of decreasing the opportunities that smokers have to smoke with others.

Situations in which smokers' layers of identity are aligned serve to buffer them from the discomfort associated with identity gaps and the judgment of nonsmokers. Eliminating situations in which identity gaps do not arise will increase the social implications of identity gaps. Participants in this study primarily felt a lack of identity gaps when their relational partners, usually friends, either were ambivalent about their smoking or smoked cigarettes too. They also felt a lack of identity gaps around other smokers with whom they were able to befriend and felt comfortable approaching. Campaigns urging young adults, especially college students, to intervene if their friends are smoking would take away a situation in which young adult smokers do not feel the discomfort of identity gaps. Participants also experienced a lack of identity gaps around college students because they felt college students were generally accepting of cigarette smoking even though in this case the University is a smoke-free campus. This is especially concerning given that moderate exposure to second hand smoke increases the likelihood of

initiating smoking for never-smoking college students (Okoli et al., 2016) as does perceived peer smoking prevalence and presence in smokers' gatherings (Menati et al., 2016). Participants reported looking for cigarette butts on campus in order to find "safe" locations where others smoked and communal identity gaps could be avoided. In order to garner compliance with on-campus smoking bans and disrupt a situation in which identity gaps do not occur, interventions such as moving receptacles, marking the ground, improving signage, and distributing reinforcement and reminder cards may prove useful (Harris, Stearns, Kovach, & Harrar, 2009.) These interventions, if successful, would also take away a situation where young adult smokers often felt a lack of identity gaps. Again, by taking away situations where layers of smokers' identities are aligned, identity gaps will become even more pervasive in young adult smokers' lives as will the social implications of identity gaps thus motivating young adults to change their behavior.

Limitations

These findings should be evaluated within the limitations of this study. Transferability may be limited because the campus where focus groups and interviews were held banned smoking in 2014. It is likely that smokers' identities were uniquely shaped by this policy. Participants were given incentives to recruit their peers to participate in order to increase diversity of participants, however few participants recruited others. As a result, most participants were college students. This increases the transferability of findings among college students who smoke, especially given that smoke-free bans are becoming the norm on college campuses. As of January 2016 1,483 college campuses were smoke-free and of those 1,137 were fully tobacco-free so researchers will likely find similar effects of smoking on other college students' identities

(American Nonsmokers' Rights Foundation, 2016). College student smokers are a critical demographic to target because few smokers begin smoking after the age of 25 and increasing from an occasional to daily smoker often occurs in the years after high school (DHHS, 2014). However, the experience of young adult smokers in college is likely different than young adult smokers who are not in college and are not constrained by campus-wide smoking bans. This study began approximately two years after a campus-wide smoking ban was passed. Research determining how long term and well-enforced smoking bans influence young adult smokers' identities would further clarify the effects of smoking bans. Future research on young adult smokers should also investigate the identity of those who are not college students in order to understand how identity differs based on context, especially given that many participants claimed they would quit smoking when outside of a college environment.

Despite various attempts to recruit participants both on the university campus and in the larger community, the number of young adult smokers who completed the screening questionnaire and actually attended a focus group remained low. Other researchers have noted the difficulty in recruiting young adult smokers (see Coday et al., 2016; Haines-Saah, Kelly, Oliffe, & Bottorff, 2015, p. 27). Because smoking is a de-normalized behavior in the United States potential participants were likely hesitant to come forward. Participants reported not telling campus health care practitioners that they smoked because they feared potential consequences for smoking on campus. Their fear of reprisal may have extended to any individual they viewed as part of the institution, including the primary researcher, thus dissuading them from attending focus groups.

In addition to young adults who smoke traditional cigarettes, I originally tried to recruit young adults who solely smoked e-cigarettes. However, almost all e-cigarette smokers who participated were dual users of both e-cigarettes and traditional cigarettes. The three participants who solely used e-cigarettes were former smokers who had switched from traditional cigarettes within the past year. Because of participants' dual use and a number of similarities between cigarette and e-cigarette smokers' experiences and identities both types of smokers' experiences were analyzed and reported. As e-cigarette use becomes more prevalent among young adults research should focus on their differential impact on identity. Despite the disappointing recruitment, the flexibility of qualitative research design allowed me to conduct probing interviews with focus group participants as well as individual interviews when participants were unable to attend a scheduled focus group. Interviews allowed the chance to ask probing questions to clarify comments made during focus groups. Scheduling one-on-one interviews also allowed participants with varied schedules to participate, which likely increased the diversity of participants.

VII. Conclusion

The finding of identity gaps in all layers of identity as a result of enacting the stigmatized behavior of smoking uncovers potential areas to target young adult smokers so that behavior change follows. Although identity gaps have negative communicative and psychological outcomes and could serve to alienate young adult smokers and further their group identification as smokers, the presence of identity gaps, if targeted correctly, could be harnessed to motivate positive behavior change resulting in improved health and communication outcomes among young adult smokers. Further, the understanding of strategies used to avoid or minimize identity

gaps and situations in which identity gaps do not emerge provides a more complete understanding of responses to identity gaps and will also be useful to target in future health messages. Identity is key to behavior change. Young adults represent a population on the cusp of developing health habits and identities that will set the course of their futures. Understanding the identity gaps that arise as a result of smoking as well as strategies used by young adult smokers and situations where the layers of their identities align despite smoking will help health communication scholars to create targeted messaging to increase the dissonance of identity gaps to motivate behavior change and decrease the number of young adults enacting the behavior of smoking and taking on the identity of a smoker for the rest of their lives.

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IX. Appendices

Appendix A

Preliminary Screening Questions

Q23 How old are you?
- ○ Under 13 (1)
- ○ 13-17 (2)
- ○ 18-25 (3)
- ○ 26-34 (4)
- ○ 35-54 (5)
- ○ 55-64 (6)
- ○ 65 or over (7) _____

If 18-25 Is Not Selected, Then Skip To End of Survey

Q2 Do you currently smoke traditional cigarettes?
- ○ Yes (1)
- ○ No (2)

Q17 Do you currently smoke electronic cigarettes?
- ○ Yes (1)
- ○ No (2)

Answer If Do you currently smoke traditional cigarettes? Yes Is Selected

Q4 In your lifetime, have you smoked more than 100 traditional cigarettes?
- ○ Yes (1)
- ○ No (2)

Answer If Do you currently smoke traditional cigarettes? Yes Is Selected

Q6 On average, during the past week how many traditional cigarettes have you smoked per day?

If On average, during the past... Is Less Than 5, Then Skip To End of Survey

Answer If Do you currently smoke electronic cigarettes? Yes Is Selected

Q18 On average, during the past week how many times have you smoked an electronic cigarette per day?

If On average, during the past... Is Less Than 5, Then Skip To End of Survey

Answer If Do you currently smoke electronic cigarettes? Yes Is Selected

Q19 In your lifetime, have you smoked an electronic cigarette more than 100 times?

- ○ Yes (1)
- ○ No (2)

Q8 At what age did you begin smoking?

Q10 How many times have you quit smoking for longer than one complete day?

Q12 The following options represent where various smokers are in their thinking about quitting. Choose the option that indicates where you are now.

- ○ No thought of quitting (1)
- ○ Think I need to consider quitting someday (2)
- ○ Think I should quit but not quite ready (3)
- ○ Starting to think about how to change my smoking patterns (4)
- ○ Taking action to quit smoking (5)

Q14 What is your gender?

- ○ Male (1)
- ○ Female (2)

Q16 What is your age?

Q12 What is your year in college?

- ○ Freshman (1)
- ○ Sophomore (2)
- ○ Junior (3)
- ○ Senior (4)

Q19 What is your race?

- ○ White/Caucasian (1)
- ○ African American (2)
- ○ Hispanic (3)
- ○ Asian (4)
- ○ Native American (5)
- ○ Pacific Islander (6)
- ○ Other (7)

Appendix B

Recruitment Scripts

Recruiting Young Adults to Participate in Focus Group Research about Smoking Cigarettes and e-Cigarettes

SMOKERS WANTED! ENJOY REFRESHMENTS WITH YOUR PEERS AND PARTICIPATE IN SOCIALLY IMPORTANT RESEARCH

A Research Study on Cigarette and E-Cigarette Use Among Young Adults
Led by: Samantha Stanley
Graduate Teaching and Research Assistant
Department of Communication, UofA
sjstanley@email.arizona.edu

WHO participates People who currently smoke cigarettes and/or electronic cigarettes everyday or occasionally, can speak conversational English, and are between the ages of 18-25. Feel free to recruit a peer (cigarette/e-cigarette smoker 18-25 years) to participate as well.

WHAT do I participate in An interactive and relaxed small group discussion among your peers about identity, beliefs, and behaviors regarding e-cigarettes. Discussions are CONFIDENTIAL and held in a comfortable and safe environment.

WHEN do I participate Discussion sessions will be held at various points throughout the week starting January 11th, 2016 through February 12th, 2016.

WHERE do I participate Discussion sessions will be held on the University of Arizona Campus in Room 207 of the Communication Building.

WHY participate To enhance knowledge about the identity, beliefs, attitudes, and behaviors among college students who smoke conventional and electronic cigarettes. Your participation in this study can help the scientific and scholarly community better understand the social experience of people who smoke.

HOW long will it take The entire session will take approximately an hour and a half.

HOW do I benefit You will be compensated for your time. In addition, you will benefit by engaging with your peers in a discussion on a socially important topic.

HOW do I participate You and a peer can determine your eligibility and sign up for a discussion session at this website:

https://uarizona.co1.qualtrics.com/SE/?SID=SV_55RIWgPnxWJnTsF

You do not have to sign up for the same session. We will confirm your discussion session with you via email and text message if you provide your cell phone number in the reservation.

Appendix C

Focus Group and Interview Protocol

Focus Group and Interview Protocol for College Smokers
(Adapted from M. J. Pitts HPV Protocol)

Hi my name is Sam, I am the principal investigator and I will be leading the focus group today. We recognize that all of you have diverse experiences with smoking cigarettes. We respect your right to privacy in these matters. Regardless of your own experiences, we are primarily interested in your open discussion about smoking and the way other people perceive people who smoke.

We abide by the "What happens in Vegas stays in Vegas rule." In other words, all of us in the room are responsible for maintaining each other's confidentiality. The research team will do this by ensuring that no information will ever be published, presented, or otherwise made available that connects your name with your comments (unless required by law).

In addition to respecting each other's privacy and disclosures, there are some guidelines for having a successful group discussion. Of most importance is that we are looking for YOU to engage in a discussion with each other. I will act as the moderator. My role as the moderator is to pose a discussion question and then leave it up to you to discuss it fully. I will prompt you when it is time to move on or to provide additional guidance as necessary. The idea is for YOU to keep the discussion going and make sure that all perspectives are heard. Other ground rules include:

- emphasizing confidentiality
- emphasizing respect for differences of opinion
- encouragement of considering and expressing alternative thoughts
- encouragement of expressing incomplete thoughts
- one person will speak at a time
- although the research team will pose questions, participants will speak with each other and not to the research team
- importance of hearing from each participant (if you feel like you're sharing a lot, encourage others to speak; if you aren't saying much, we might ask for your thoughts – we want to hear a diverse range of thoughts)

1. Please introduce yourself by your first name only. Tell us your major and year in school or if you are not in school tell us your age and your job.

2. What does the term "smoker" mean to you?

    - What does it mean to be a smoker?

3. Do you identify as a "smoker?"

    - Why or why not?

4. What kind of a smoker are you?

    - Are there different kinds of smokers? Tell me about those?

(e-cigarette, traditional cigarette, social smoker, habitual smoker)

    - Are they the same in your eyes?

5. Are people who smoke electronic cigarettes perceived the same way as people who smoke traditional cigarettes?

6. Tell me about being a smoker?

    - What does that mean in your day-to-day living?
    - Tell me about your smoking habits
    - What is usually happening around you when you are smoking? Set the scene for me.

7. When and how often do you think about being a cigarette smoker? How conscious are you about your smoking?

8. In what circumstances are you *more* and *less* likely to identify as a smoker?

9. What does the term "smoker" mean to others?

Are their different meanings for different types of smokers?

10. How do people in your social network respond to your smoking?
    - How do family members, significant others, friends react?
    - Has smoking ever caused any rifts in your relationships? Has smoking ever enhanced any of your relationships?

11. How do people interact with you when you are smoking in public?
    - How do you feel about that?

12. Tell me about the social aspect of smoking?
    - Do you feel connected with other smokers? Do you feel connected with non-smokers?

13. Are your interactions with other people who smoke different than your interactions with people who do not smoke?

14. Before we conclude did we miss anything? I'm really interested in the identities of different kinds of smokers as they might be relevant to health messaging. Is there anything more you would like to tell me?

Please take a moment to summarize your identity as a smoker or your unique understanding of being a smoker and write down any final thoughts you did not have the chance to express or that are really important for me to understand.

Appendix D

Tobacco Cessation Resources

Prescription Tobacco Cessation Aids

Medication prescribed by Campus Health providers is available through the Campus Health Pharmacy. To make an appointment call 621-9202.

Over the Counter Tobacco Cessation Aids

Available without a prescription at the Campus Health Pharmacy.

Tobacco Cessation Counseling

Individual counseling sessions can be scheduled by calling 621-5700.

Resources & Links

Arizona Smoker's Helpline: http://www.ashline.org/

American Lung Association: http://www.quitterinyou.org/

Quit & Win! Tobacco Free Living Program: http://www.fcm.arizona.edu/quitandwin

Smokefree.gov: http://www.smokefree.gov/

Tobacco-Free UA website: http://tobaccofree.arizona.edu/

Appendix E

Identity gap categories, subcategories, and frequencies

Identity Gap	Categories	Subcategories	Frequency
Personal-enacted			1
			*65
	Do not identify		4
	Past nonsmoker		11
	Future nonsmoker		17
	Ashamed I smoke		6
	Addicted		22
	Health issues		4
Relational-personal			1
			*16
	Friends misunderstand		4
	Girls dislike smokers		7
	Nonsmokers judge		4
Relational-enacted			2
			*90
	Authority Figures		2
		Employers	7
		Doctors	9
	Friends		3
		Do not tell girlfriend	10
	Hide from family		27
		Do not smoke around parents	5
		Avoid disappointing my family	8
		Family is antismoking	8
		Avoid worrying parents	9
Relational-communal			3
			*13
	Media propaganda		3
	Nonsmokers misunderstand		2
	Nonsmokers devalue		5

Communal-personal		2
		*8
	Not stereotypical smoker	3
	Nonsmokers misperceive smoking	3
Communal-enacted		
		*26
	Annoyed with other smokers	8
	No community with other smokers	18
Personal-enacted-relational		1
		*18
	Avoid judgment	7
	Do not disclose to friends	5
	Prefer not to tell others	5
Personal-enacted-communal		6

Note: *Indicates total number of nodes coded for each identity gap. The frequency count aligned with the identity indicates the number general nodes in that category that were not further subcategorized.

Appendix F

Strategies for Managing Gaps

Layers addressed	Strategy	Subcategories	Frequency
Personal and enacted			
	Compartmentalize		10
	Minimize Smoking		
			*26
		Compare to other's habits	14
		Could quit	7
		Regulate smoking	5
Relational			
	Gauge Reaction		12
	Tell them I quit		5
	Hide smell		10
	Be considerate		6
			*33
		Be respectful	5
		Smoke in isolation	19
Communal			
	Smoke with others		39

Note: *Indicates total number of nodes coded for the specific strategy.

Appendix G

Lack of identity Gaps

Layers	Reason	Frequency
Personal-enacted		
	Willing to identify	7
	Do not think about being smoker	6
Relational		
	College students accepting	5
	Friends ambivalent about smoking	6
	Most of my friends smoke	23
Communal		
	Made friends smoking	14
	Smoking is an icebreaker	20
	Comfortable approaching other smokers	10
	Social identity groups	8