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### **Audience Reception of Health-Promoting Advertising:**

**Young adult smokers make-sense, interpret and decode shocking anti-smoking advertisements**

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MSc in Media and Communications

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# **Audience Reception of Health-Promoting Advertising:**

## **Young adult smokers make-sense, interpret and decode shocking anti-smoking advertisements**

Christian Raftopoulou

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### **ABSTRACT**

This research project is an investigation into the reception of anti-smoking advertisements that make use of "fear appeals". The objective of the research is to bring audience perceptions, interpretations and making-sense processes of such advertising campaigns to light. Instead of measuring effects or effectiveness of anti-smoking messages using shocking images, this project has at its basis the assumption of an active audience that interprets, makes sense and decodes media texts in various ways. It also assumes that health promoting shocking advertisements are never received and decoded in isolation from the wider media environment, recognizing therefore the importance of the viewing context and the social and personal characteristics of the audience.

Methods used in this piece of research are qualitative and results stem from the audience's own words, opinions, perceptions and feelings. Key findings show that although the audience champion the use of anti-smoking advertisements and see the use of fear appeals as a one-way road to drawing the audience's attention, they nevertheless perceive these communication efforts in a highly individualized manner, resisting to advertising techniques of persuasion and showing signs of desensitization towards fear appeals. It was also found that emotions *are* involved in the decoding process of these messages, even if these are not fear or shock, and the audiences cope with unpleasant feelings, decoding them in resisting ways. Findings show that anti-smoking advertisements using fear appeals are always decoded within the wider media context and the identity of smokers themselves, often nourished by media representations of smoking, plays a significant role in the way the audience gives different interpretations and relates to these messages.

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## **INTRODUCTION**

On the first day of January 2007 and only six months before the smoking ban in all enclosed public spaces in Britain, Wales and Northern Ireland, a new anti-smoking campaign by NHS appeared on billboards all around London, and elsewhere, showing smokers being dragged on giant fish hooks, in order to encourage citizens who smoke to 'get unhooked' by facing their addiction to nicotine and eventually, by quitting smoking. This campaign was only one example of many: people in countries all around the world, walk everyday next to posters in the streets, watch television advertisements and hear jingles or radio announcements about practicing safer sex, planning their family life, saving the planet, reducing their alcohol or cigarette consumption and so on. Communication campaigns are very commonly used to reach the mass audience about important social issues. Cigarette smoking traditionally has been considered to be a serious threat to public health and therefore, there always has been great interest in developing and implementing effective anti-smoking campaigns for reducing the prevalence of smoking. "One approach is to enact laws and regulations which restrict opportunities for smoking or raise its costs. A less paternalistic solution is to conduct communication campaigns to discourage smoking" (McAlister, 1981: 91). Most European and US governments choose a combination of both approaches.

In 1964, Surgeon General's report and first warning of the harmful effects of tobacco use opened the way for a plethora of communication campaigns in the USA - but also in countries all over the world - that communicate the message that people cease from using tobacco products, via anti - smoking television advertisements (public service announcements<sup>1</sup>) supported by printed advertisements in magazines, the daily press and posters in busy city streets (Beaudoin, 2002: 123; McAlister, 1981: 92). Various studies have explored the efficacy of such anti-smoking Public Service Announcements (some of them arguing for and some of them against their potential to lead to healthier behaviour, namely smoking cessation) and others have focused more on their content, although their internal components remain relatively under-explored (Beaudoin, 2002). Goldman and Glantz (1998) writing in an US context, in their study of the content of anti - smoking advertisements identified eight commonly used themes repeated in almost every campaign: industry manipulation, second-hand smoke, addiction, cessation, youth access, short-term (cosmetic) effects, long-term (health effects), and romantic rejection. The authors concluded

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<sup>1</sup> See also literature review

that industry manipulation and secondhand smoke were the most effective strategies for de-normalizing smoking and reducing cigarette consumption. Also, Goldman and Glantz (1998) argued that ads with short-term consequences of smoking (smell, yellow teeth and fingers etc) can be effective to the extent they counter the tobacco industry's portrayal of smoking as glamorous (Beaudoin, 2002).

More aggressive advertising strategies appear to be more effective for reducing tobacco consumption. Emotional appeals, and especially appeals to fear, widely used in health promotion campaigns and anti-smoking advertising in particular (which is the basis of this research report), are another 'useful social construct' for examining anti-smoking Public Service Announcements (Beaudoin, 2002: 126) and their effectiveness has been widely researched as well (Hale & Dillard, 1995; Backer, et al., 1992; Witte, 1995). Fear appeals are described as: "a persuasive communication attempting to arouse fear in order to promote precautionary motivation and self-protection action (e.g. stop smoking). Fear arousal is an unpleasant emotional state triggered by the perception of threatening stimuli." (Ruiter et al, 2001: 614).

This piece of research aims at investigating the way in which one specific part of the audience, namely young adult smokers, make sense of this somewhat unique kind of advertising (anti-smoking advertising using appeals to fear) in their everyday lives and within the broader media environment. This is not a study of effects or a measurement of the advertisements' effectiveness in getting people to quit smoking; it is a qualitative study that seeks for an in-depth exploration of the active involvement and diverse interpretations of the audience, with a deep understanding of how these intersect and can be influenced by the audience's personal characteristics, their involvement with wider media representations and discourses around smoking and health in general, and finally, by the interaction of the audience with anti-smoking advertisements as texts open for interpretation. Therefore, this paper tries to shed light on an area that remains under-explored in media and health promotion research (Seale, 2003); moving away from effects and quantitative measurement of the 'success' or 'failure' of public communication campaigns promoting healthy behaviors, it tries to put the audience into the spotlight for a deeper understanding of the audience's point of view when receiving and making sense of these texts, proposing for a more qualitative approach when trying to understand how best to communicate health to the public via advertising.

## 1. PART I - LITERATURE OVERVIEW

The first part of this project is a critical review of the relevant literature followed by the conceptual framework and a statement of the objectives of this research. Theories and concepts reviewed here, although do not fully cover all the relevant literature on the topic, are those that I have used to frame my research question and those chosen because they -in a way- challenge, support or confirm my own hypotheses, findings and arguments.

### 1.1 Public Communication Campaigns

Public communication campaigns are “communication efforts to improve the lives of individuals and the fabric of our society” (Paisley & Rice, 1981: 7); very commonly used to reach and inform the ‘mass’ audience about important social issues, they are called *public* in the sense of excluding no one from their messages (Stappers, 1983: 142) and also in the sense of addressing the audience as citizens, as an ‘active public’ who have to *choose to be persuaded* to take action on a (social) problem (Roser & Thompson, 1995: 103). Paisley (1981: 23) argues that *reform* is a unifying principle of all public communication campaigns whether the structure of society itself is affected (promotion of collective benefits) or only the lifestyles of individuals (promotion of individual benefits) (Paisley, 1981: 24).

McAlister (1981: 91) argues that communications that aim at influencing complex and persistent behaviours of the audience (like smoking) must perform three functions: *inform* audiences about these behaviours and their consequences, *persuade* audiences to cease or avoid those behaviours and finally, *train* audiences in skills necessary to translate intention into action. The media, he continues, offer economy and uniformity in mass distribution that make them highly attractive options for communicators wishing to influence widespread behaviour change.

#### *1.1.1 Public Health Communication and Social Marketing for Health Promotion*

Public communication campaigns have been used broadly for the promotion of healthy attitudes and behaviours. The majority of citizens of the developed world are familiar with public health communication efforts, communicated mainly via television advertisements - known as Public Service Announcements or PSA’s. “Myriad of studies have explored the efficacy of such public service announcements” (Beaudoin, 2002: 124) that have often

caused controversies and public discussion about their appropriateness and efficacy. Some of the studies argue for their positive results (McAlister, 1978; Moscovitz, 1973; Goldman & Glantz, 1998); however, others have found that PSAs are not an effective means to promote and maintain healthy behaviours as they have little or no effect on audiences (Wallack, 1990b).

Public Service Advertising is a highly visible communications strategy used to promote health and other issues of public interest and concern; " the pervasiveness of advertising makes it seem powerful and useful for health promotion" (Dorfman & Wallack, 1993: 716). Health promoters turn to a number of disciplines (communication theory, social psychology and so on) in order to make best use of the media (Hastings & Haywood, 1991) and thus, promote health to a mass audience more effectively; recently, much has been written about commercial marketing as yet another source of insight for more effective campaigns for social issues and especially public health promotion (Hastings & Haywood, 1991: 135). Often the term social marketing is used synonymously with advertising or mass media campaigns for health promotion or for shaping attitudes on other social issues (Hastings & McDermott, 2006; Chapman et al, 1993). The first formal definition of social marketing was that of Kotler and Zaltman (1971: 5):

*"Social marketing is the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research."*

Andreasen (1994; 110) proposes a revised definition that seems better suited for the application of social marketing to public communication campaigns:

*"Social marketing is the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are part." Marketing technologies - used heavily by the tobacco industry itself to 'sell' smoking as fun, stylish, cool- are this time being used to 'sell' healthy behavior and good health or self-empowerment becomes the product advertised and promoted" (Hastings & Haywood, 1991: 140).*

Perhaps the most useful perspective social marketing gives to public health communication campaigns is the focus on the audience; as Hastings and Haywood (1991: 144) say:

*"To communicate successfully we have to understand our audience's point of view, we have to climb into their skins and walk around in them. The consumer orientation that underpins social marketing is a good starting point for doing this."*

Social marketing proponents argue that their programs include the development of skills, consumer participation and activism (Chapman et al., 1993: 117) and that all such programs are oriented toward "empowering people to change threats to their health and well-being (including economic and social deprivation, objectionable advertising of health-compromising products, and environmental degradation)" (Chapman et al., 1993: 117). However, not all scholars share the same enthusiasm about the potential of social marketing for more effective and audience/public-centered public communication campaigns. Contrary to the opinion of many scholars-advocates of the application of social marketing to health promotion (like Kotler, Lefebvre, Hastings & Haywood, to name but a few), others are very skeptical about the ability and power of a practice like marketing -used for many years in the service of consumerism and individualism- to address the audience as a public for a social issue of paramount importance like public health and are also concerned about its ethical dimensions.

Health promotion expert Lawrence Wallack (1990b: 157) identifies several limitations of the application of social marketing to health communication and promotion efforts: first of all, its close correspondence to more general advertising and marketing practices makes it an approach open to criticism as being manipulative and ethically suspect. Many see social marketing efforts as a form of social control and stress the importance of social responsibility even when it is for people's 'own good'. Moreover, social marketing faces the difficult task of reducing the psychological, social, economic and practical distance between the consumer and the behavior (here smoking cessation) and as Wallack argues the limited success of previous health promotion campaigns does not leave room for much optimism (Wallack, 1990b: 158). More importantly, Wallack argues that marketing in any form reflects commercial values and interests and promotes consumption as a way of life (Chapman Walsh et al, 1993); social marketing is promoting single solutions to complex health problems, downplaying or completely ignoring the social conditions that give rise to these problems in the first place<sup>2</sup>.

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<sup>2</sup> Instead of a social marketing approach Wallack argues for a more active role of the media and for campaigns that aim directly at policy makers. He uses the term media advocacy to refer to the strategic use of mass media for advancing a social or public policy initiative aiming at reframing public debate, increasing public support and at more effective policy level approaches to public health problems. According to Wallack media advocacy has 3

## 1.2 Fear appeals:

Appeals are widely used in public health communication campaigns and are “a useful social construct for examining anti-smoking television advertisements” (Beaudoin, 2002; 126); emotional appeals in particular, are prevailing in public communication campaigns (DeJong & Atkin, 1995). Recent campaigns aimed at smoking cessation as well as smoking prevention in the United States, the United Kingdom and other countries all around the world have used fear-arousing, hard-hitting images, as have campaigns for road safety, prevention of HIV/AIDS, breast self-examinations, exercise promotion and so on (Hastings et al, 2004; 961; Witte & Allen, 2000; 591).

A large body of research has tried to provide answers as to whether and in what way, if any, threat or fear appeals can persuade the audience to change their health behaviors (Hastings et al, 2004). Some studies recommend against their use (Austin, 1995), while others suggest that fear arousal is integral to persuasive health messages (Witte, 1995). Other studies have investigated the *amount of fear* evoked in parallel with the resulting amount of attitude or behavior change (Hastings et al, 2004) and have reached different conclusions: some argue that the more fear the more the ‘desired’ effect is achieved while others argue that moderate rather than high levels of fear can actually be more effective.

Apart from the diversity of views regarding their effectiveness, fear appeals, used almost always along with an underlying health campaigns’ emphasis on personal responsibility, have also raised concerns about the ethical dimensions of their use. Fear appeals are rejected by many who according to deontological or duty theory believe that causing anxiety and distress in order to persuade is fundamentally wrong regardless of the cause you are trying to serve or the ultimate societal consequences (Hastings et al, 2004; 973). According to this view, fear appeals should be used to the extent that they allow for personal choice and autonomy. Others, express their ethical concerns regarding the design of health messages that make use of fear appeals in parallel with direct reference to personal responsibility and an implication of culpability if one does not follow the recommended practice; they point out their concerns about the potential of such messages to elicit a negative self-image and

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functions: it recognises the agenda setting role of the media, it reframes media explanations of social issues away from individual blaming, responsibility and individual solutions and it advances public policy solutions to create what Wallack calls ‘healthy environments’. (Wallack, 1990)

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identity and also the danger they engender of labeling, blaming or stigmatizing<sup>3</sup> (Guttman & Ressler, 2001; 23). Other scholars express their concerns for what they call the 'unintended effects' of health communication campaigns using fear appeals and point out that desensitization might be one of the most common and important of these (Cho & Salmon 2007; Wolburg 2006; Agostinelli & Grube 2003). Cho and Salmon (2007; 303) write: 'Repeated exposure to messages about a health risk may over the long term desensitize the public'. Lazarsfeld and Merton (1951) were the first to note the 'narcotizing dysfunction' of the media, which induces desensitization toward social issues. The inundation of information on the problems of society may render the public apathetic and inert rather than energizing them for action. Downs (1972; 47) argued, "even the most powerful symbols lose their impact if they are constantly repeated," as "the piteous sight of an oil-soaked seagull or a dead soldier pales after it has been viewed even a dozen times".

Notwithstanding these concerns about desensitization, the use of fear appeals aims at producing emotional rather than cognitive responses.

### *1.2.1 Theories about fear appeals: emotion and attitude*

Fear is a negatively valued emotion (Witte & Allen, 2000; 591); various models and theories have been developed to explain and/or describe the factors involved in the processing and making sense of messages using hard-hitting images and appeals to fear; most of them stress the role of not only cognitive but also emotional responses involved in this process. Some of the most important theories about fear appeals are reviewed below.

The curvilinear model or drive model (McGuire, 1983; Janis, 1967) suggests that fear acts as a drive to motivate actions up to a certain level of fear arousal beyond which it becomes counter-productive. In simple words, these theories suggest that there is an inverted U - shaped relationship between fear and attitude and therefore moderate levels of fear produce the most attitude change.

The parallel response model, proposed by Leventhal (1970), suggests that emotional and cognitive processes are produced separately by fear appeals; emotional factors control the process of controlling the fear of the threat (for instance by rejecting it) while cognitive

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<sup>3</sup> Stigma as a 'mark of social disgrace' Goffman (1963): behaviour becomes a marker of social disgrace which acts on individuals who behave in that way

factors control the efforts to control the threat itself (whether the proposed behavior change -e.g. smoking cessation- will be enacted).

Roger's (1983) protection motivation theory suggests that the effectiveness of fear-arousing communications is the result of four interacting variables: perceived severity of the threat, the perceived probability of its occurrence, perceived efficacy of the recommended response and perceived self-efficacy (one's beliefs about his/her ability to actually perform the recommended response/action). In this model, the role played by the emotion of fear is restricted to an indirect magnification of the perceived severity of the threat (Hastings et al, 2004: 972). Rogers' model suggests that the four aforementioned variables produce in the individual a 'protection motivation' that determines the degree of behavior change.

Witte's (1998) recent fear appeal theory, extended parallel process model, uses Levanthan's theory as its basis and uses a combination of all above theories to provide a new model that as Witte and Allen (2000: 594-595) summarize suggests that fear arousal works as follows: first, individuals evaluate their susceptibility to a threat: if a threat is perceived as relevant to them or significant, then they become scared and this fear gives them the motive to take action in order to reduce or control the danger and thus lessen the perceived threat. Therefore, individuals think about the recommended responses advocated in the persuasive message and adopt these as a means to control the danger. Alternatively, when people doubt whether the recommended response works (i.e., low perceived response efficacy) and/or whether they are able to do the recommended response (i.e. low perceived self-efficacy) they react as Witte and Allen (2000: 595) describe:

*They are motivated to control their fear (because they believe it's futile to control the danger) and focus on eliminating their fear through denial (e.g., "I'm not at risk for getting skin cancer, it won't happen to me"), defensive avoidance (e.g., "This is just too scary, I'm simply not going to think about it"), or reactance (e.g., "They're just trying to manipulate me, I'm going to ignore them").*

Public Service Announcements using fear appeals and health promotion campaigns in general, are only a tiny part of the media messages the audience receives on a daily basis. For this reason, in what follows, I wish to turn the discussion to the wider media context in which they are produced and more importantly received, and focus on the audience itself.

### 1.3. Media power and health promotion

The media are deeply embedded in our everyday lives and our lives in turn, are punctuated with mediated experiences (Silverstone, 1999). Within the debate about media power, one can wonder what the role of the mass media could be in promoting the health of the public. Viewpoints on this issue are highly divergent and are supported by a wide spectrum of arguments (Wallack, 1990a). At the one end of the spectrum is the argument of those who believe that the media are a "valuable and willing partner" (Wallack, 1990b: 147) of health promoters. From this point of view, the power of the media and positive media representations can be used to inform, activate and ultimately empower audiences regarding public health issues.

At the other end, are those who believe that the media can never be an effective channel for communicating and promoting public health; instead they consider them to be a great barrier in this procedure as the media are, as they argue, always driven by profit and the need to sell the greatest number of consumers to advertisers<sup>4</sup>: within the culture of consumerism and individualism supported and circulated by the media, any form of public service is a very low priority (Wallack, 1990a: 154).

Dorfman and Wallack (1993: 717) argue that often public health communication campaigns in the media themselves are simply a reflection or a consequence of the individualization and commercial culture promoted by the mass media in general.

*In public health communication campaigns, the deep, complicated roots of problems are virtually ignored in favor of messages that hold the individual person responsible. This is true in the mass media as well. News, entertainment programming, and advertising all tend to hold people responsible when they depict health problems [...] This may be a reflection of the strong underlying ethic of individualism [...] or it may be a consequence of storytelling conventions that give preference to the "personal angle" over the more complex and less emotion-inducing institutional forces that contribute to health problems. The mass media routinely omit social causal factors for problems.*

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<sup>4</sup> See also Smythe, D.(1981) On the audience commodity and its form in Boyd-Barrett and Newbold(1995). *Approaches to media: A reader*. Oxford University Press

In relation to understanding health relevant attitudes and behaviors this has led to a focus on a neo-liberal sense of agency, where people themselves are responsible for constructing their identities and biographies and where consumption is recognized as having symbolic significance in this 'construction' process (Pavis et al., 1998). "Casting members as individuals is the trademark of modern society" writes Zygmunt Bauman (2002; xiv) and continues: "individualization consists in transforming human identity from a given into a task – and charging the actors with the responsibility for performing that task and for the consequences (also the side-effects) of their performance".

### *1.3.1 Identity, smoking and the media*

Gray et al. (1997; 506) write about teenage smoking and style:

*In a world where there is an increasing number of commodities available to act as props, identity becomes more than ever a matter of creating and maintaining self-image through selecting and consuming products or behaviours which embody values, analogous with or desirable to a person's own.*

Along the same lines Bunton and Burrows (1995) support that there is a link between health related behaviours, lifestyle and identity and that cigarettes are consumed as commodities with symbolic value, as 'cultural objects'.

If personal identity is a social construction (Rose, 1999) then the identity of a smoker is a social construction as well. Social representations (Moscovici, 1981) of smoking can be used to analyse the social identities of smokers and non-smokers. Theories stemming from the field of social psychology (Moscovici, 1981; Tajfel, 1981) have explained the processes with which individuals categorise themselves in several social groups and define themselves within these groups, shaping not only the way they perceive themselves but also the way others see them. When considering smoking Tajfel's stress on emotional and evaluative significance of membership in a group is extremely important (see also Lloyd et al, 1997; 44).

Huddy (2002; 829) points out the "highly fluid nature of identity" meaning that, apart from the fact that none of us can be described by one sole identity, these 'multiple identities' are shaped in relation to specific contexts and under certain circumstances. This account of identity is in accordance with that of Stuart Hall's who argues that identity is never

something unified, instead it is fragmented and always in the process of change and transformation: a process of 'becoming'. Within representation, discourse and the play of power (also Foucault) subjects identify (or not) with positions and with the way to perform these positions.

In a mediated world then this process of self-formation becomes more reflexive as Thompson (1995) argues and individuals rely more and more on the symbolic resources available to them to reflect critically on themselves and their lives (also Giddens, 1991). Media discourses, representations and constructions of health have the power to inform, normalise and empower; however, they also have the power to stereotype and even stigmatise (Ritterfeld & Jin, 2006). "Television, film, radio form a constant backdrop to our lives and contain many implicit or explicit messages about health" (Seale, 2002; 1). In this sense, media representations of smoking can play a significant role in the formation of the identity and subject positions of smokers (intersecting with other social identities of age, class, age, race, and gender) and influence the way these identities and subject positions influence the way smokers make-sense and receive anti-smoking messages.

#### 1.4 The Part of the Audience

*Psychologists have often conceptualised the media as a battleground between healthy and unhealthy messages [...]. They have been concerned with the possible effects of 'unhealthy messages' and with developing strategies for using media to promote 'healthy messages'. When reflecting on this preoccupation, Katz's (1959) famous call for a shift in focus on 'what the media do to people' to what 'people do with the media' is highly relevant. (Hodgetts & Chamberlain, 2006: 171)*

*By placing emphasis on the ways in which meaning is made and experimented by viewers, reception analysis necessarily develops an account of interpretation and its variables which is in some tension with the conventional ideas of "influence" and "effects" (Corner, 1999: 80).*

The above two quotes summarize the approach taken in this research project concerning the role of the audience in making sense and interpreting anti-smoking (health-promoting) public service announcements. This research project assumes and wishes to investigate the sense-making process of an 'active audience'. The notion of the 'active audience' was introduced

to replace earlier conceptions of audiences as passive recipients of information, a conception often embedded in early health promotion studies of 'effects' (Seale, 2003). "Reception analysis is effectively the research arm of modern cultural studies" (McQuail, 1990: 19) and as McQuail says within the 'culturalist (reception) tradition of audience research' media use is in itself recognized as an integral part of everyday life and audience readings are diverse, involving 'resistance' as well as alignment with dominant ideas. The work of Stuart Hall (1980) has been very influential here, towards an understanding of the different readings that the 'decoding' of meaningful discourses can produce depending on many contextual factors. According to Hall's theory of encoding/decoding the message and the meaning it carries is *encoded* and takes the form of a meaningful discourse to be later *meaningfully decoded* by the audience in order to produce certain effects: to influence, persuade and have *emotional, ideological and behavioural* consequences on the audience.

However, the codes of encoding and decoding may not be symmetrical. Hall (1980) identifies three different readings: the dominant (which comes from the decoding of the preferred meanings that have the social/political/ideological order imprinted in them), the negotiated (a mixture of adaptive and oppositional elements in the process of decoding) and the oppositional (occurring when the viewer perfectly *understands* the connotative inflection, but decodes the message in a totally contrary way). And although Hall favours dominant readings -recognises the moment of encoding as more 'powerful' than the moment of decoding- Fiske (1987) talks about the pleasure of resisting such domination, the pleasure of the audience of producing meanings and interpretations that know that are very different from those proposed by the (media)text. The work of Morley (1986) has also been very influential in the debate of the 'active audience' pointing out to the importance of social characteristics and context in the process of decoding and also to the appropriateness of qualitative and ethnographic methods for its investigation (Morley, 1992). Thinking especially about health promotion and the use of hard-hitting images and fear appeals it is a challenge to find out how people decode, resist and make-sense of meanings and how all these get intertwined in a process of coping with (or resisting to) emotions of fear.

## CONCEPTUAL FRAMEWORK AND RESEARCH OBJECTIVES

This research is mainly framed by the reception approach of the audience; in investigating the reception of shocking anti-smoking advertisements, the audience is put into the spotlight and, rather than searching or measuring (quantitatively) for 'effects', the audience's engagement with hard-hitting anti-smoking advertising material will be investigated. Instead of using one single theory or relying on the work of one key theorist, this research tries to make use of several key concepts stemming from the work of many scholars.

This research has at its basis the assumption or the hypothesis of an 'active audience' that interprets, makes sense and decodes media texts in various ways. It also assumes that shocking anti-smoking advertisements are never received and decoded in isolation from the wider media environment, recognizing therefore the importance of the viewing context and the social and personal characteristics of their audiences.

Using the notion of the 'active audience' in relation to the concept of individualization, I will try to highlight the ways in which the audience, as well-trained consumers, understand and find useful, if at all, public communication efforts and social marketing techniques and test the belief of several scholars that these propose mainly individual solutions to a social problem like smoking, linked with deeper rooted social problems and social characteristics (like class, race, ethnicity, gender etc).

Theories of fear appeals will be used in relation to the notion of the 'active audience' in order to investigate and highlight the ways that the audience not only decodes (using Hall's notion of decoding) but also emotionally relates and copes with hard-hitting images used in anti-smoking campaigns. It will also be a challenge to find out if the audience finds these really 'shocking' or 'hard-hitting' or if claims about desensitization towards powerful images can be justified.

Using the concept of identity in combination with theories of social representations I will also investigate the way that media representations of smoking (whether positive or negative) influence the perceptions of the audience about smoking, how this interferes with the formation of their own identity as smokers and how that, in turn, plays a role in receiving and understanding hard-hitting anti-smoking advertisements.

The research question of this project will be: **“How do young (adult) smokers make sense of anti-smoking advertisements using fear appeals”**? This generic question can be further deconstructed to the sub-questions that form part of it and which are:

- ⇒ How do young smokers understand these communication efforts within the wider media environment?
- ⇒ How do they process emotionally fear appeals? Are these advertisements really shocking? What other feelings or emotions are involved in the process of decoding such messages? Are there signs of desensitization?
- ⇒ How is their identity as smokers influenced, if at all, by media constructions and representations of smoking? How does the way they see themselves as smokers - and the way others see them- in turn, influence the way they make sense of anti-smoking advertisements?

This research has no intention of generalizing findings to the population. It is a qualitative study of the sense-making process of a specific part of the population: young adult smokers.

## 2. PART II - RESEARCH DESIGN AND METHODOLOGY

Going beyond the quantitative measurement of 'effects' of shocking anti-smoking campaigns, to the understanding of how audiences make-sense of these in their everyday lives and within the broader media environment, requires more qualitative approaches where audience views and interpretations are well documented and analysed. This piece of research does not include an analysis of the advertisements themselves as texts (be it in image or film form) nor does it include any form of quantitative measurement of their content. However, carrying out this piece of research meant taking up a wide research and detailed reading of many existing studies on anti-smoking advertisements' content and textual characteristics.

The main method used in this research is that of qualitative interviewing chosen as the best suited method for the reasons explained in the section that follows. Twelve individual interviews were carried out with six male and six female respondents. After these, five of the respondents that had already taken part in the individual interviews, were asked to participate in one more individual follow-up interview, where they were shown two clips of a recent NHS anti-smoking campaign<sup>5</sup> (that I have chosen as my visual case<sup>6</sup>), as stimuli to liven up the discussion and bring to light viewpoints and perceptions that might have remained uncovered during the first series of interviews.

### 2.1 Qualitative Interviewing

"The understanding of the life worlds of respondents and specified social groupings is the *sine qua non* of qualitative interviewing" (Gaskell, 2000: 39)

Choosing to use qualitative interviewing for this research project seemed from the very beginning as the best path to follow. This does not mean, however, that other research methods were not seriously considered before reaching a final decision; nor does it mean that shortcomings and limitations of qualitative interviewing were not taken into serious consideration. In what follows, I wish to demonstrate how and why qualitative in-depth interviewing was chosen as the research method of this project while also discussing known strengths and weaknesses of the method.

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<sup>5</sup> NHS 'get unhooked' campaign first aired January 1<sup>st</sup> 2007

<sup>6</sup> All visual material was used to facilitate the conduct of the interviews and not as an item of analysis or a case study itself

Qualitative methods of research have long been considered the most appropriate for an in-depth understanding of beliefs, attitudes, perceptions, motivations, views and behaviors of people in particular social contexts. Although quantitative methods like the survey can allow for a considerably greater number of respondents and for generalization of findings to the population, when trying to understand the meaning making process of the audience and investigate beliefs, attitudes and emotions in context, qualitative research becomes imperative (McQuail, 1990:19). Therefore, the survey/questionnaire method was rejected as it would not allow respondents to express themselves freely and would confine them to a set of given answers that could by no means be successfully used to describe emotions, perceptions and meaning-making processes.

“The versatility and value of qualitative interviewing is evidenced in its widespread use in many of the social scientific disciplines and in commercial social research in the areas of media audience research, public relations and advertising.” (Gaskell, 2000: 39).

Interviews are the method used most frequently for generating in-depth personal accounts, understanding the personal context and exploring issues in depth and detail (Ritchie & Lewis, 2003: 61). Individual in-depth interviews allow open response questions that, although they place greater demands upon respondents and are less easy to summarise (Deacon et al, 1999: 79), they also let respondents articulate their own answers in their own terms, providing thus answers that are richer and more sensitive insights into the personal views of respondents (Deacon et al, 1999: 79).

Often within audience qualitative research there is a discussion about when to use focus group discussions instead of personal interviews. Individual interviews are perhaps the most widely used method in qualitative research and as Ritchie and Lewis (2003: 36) note their “key feature is their ability to provide an undiluted focus on the individual”. On the other hand, group discussions are used where the “group process will itself illuminate the research issue” (Ritchie & Lewis, 2003: 37), encouraging creative thinking in a social context and displaying and discussing differences within the group (Ritchie & Lewis, 2003: 61); indeed, focus groups or group interviews have been used widely as a research method for studying media audiences for many years (Merton & Kendall, 1946).

Each method then has its own strengths, always depending of course on what it is the researcher is trying to know; their weaknesses are quite similar and I would argue that the most important of these are that the small number of respondents for both methods limits the opportunity for generalizations, the open-ended nature of responses always makes the interpretation of results difficult for the researcher and the researcher himself/herself may influence the responses of the interviewee/group members (Burton, 2000).

After considering the strengths and limitations of both methods I have decided to use individual interviews as my main method, however, I also decided to take advantage of the strengths and opportunities of the method of focused group interviewing and, instead of conducting five separate follow-up interviews, to form a small discussion group where also projecting material could be used to facilitate the discussion, enrich and confirm (or challenge) findings from the individual interviews that had already taken place.

## 2.2 Sample

Although I had thought, as a result of my inexperience perhaps, that recruiting smokers-participants of around my own age would be easy, I found that in practice the warnings I had come across in many of the textbooks I had studied about qualitative methods, were very true in that recruiting people for qualitative interviewing is not such an easy task after all<sup>7</sup>. People included in the sample for this piece of research are young adult smokers (ranging from 21 to 28 years of age) all studying or working in London. Choosing young adults as my target group was not just a decision of convenience; previous research on antismoking campaigns has focused on either adolescents or adults. However, I would argue that young adults in their early twenties are a distinct category that needs further exploration in the sense that they are a generation that can be described as 'media savvy', has been exposed to many more such campaigns than previous generations and finally they are the age group that is often considered as the 'stake' upon which the future depends.

I started with four respondents (two male-two female) that were members of my immediate social circle and following the method of snowballing I asked them to think of friends and acquaintances of their own that were smokers, within the age group that interested me and, of course, willing to help with this project. When someone agreed to take part in this

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<sup>7</sup> Please also see self-critical assessment page 40

research I contacted them personally to arrange for our meetings. That way twelve people were recruited (see appendix for a list with respondents names), six male and six female; five of them (three female and two male) also participated in the focused group discussion that followed. In this group, the four first respondents recruited for the individual interviews participated; these were the people best known to me, also acquaintances among each other and this facilitated both the scheduling of a group interview and ensured a friendly atmosphere; one more of the remaining female respondents was chosen to participate as she was the most willing to take part in the group interview.

### 2.3 Conducting the interviews and the follow-up focused group interview

All interviewees chose the place and time of their interview. All interviews were recorded, with the consent of the interviewees, except for three that took place inside busy coffee shops where the noise did not allow for the use of a tape-recorder (quick notes were kept for these). During the interviews printed images of posters<sup>8</sup> used in recent anti-smoking campaign in the UK were used as visual material for the interviewees to comment and reflect upon. The time and place of the follow-up group interview was decided by me after the approval of all five participants. During the focused group interview participants watched two clips of the recent NHS 'get unhooked' campaign<sup>9</sup> twice and were asked to comment upon these; the discussion was fully recorded and then transcribed.

### 2.4 Personal Interviews Topic Guide<sup>10</sup>

All personal interviews were semi-structured in the sense that they more or less followed a predetermined topic guide<sup>11</sup> although I tried to keep this guide always flexible and open to changes for each interviewee; for example, some interviewees answered questions before I even asked them or were very keen to talk about an issue early in the interviewing process that I wished to cover later in the interview; of course, none of them was interrupted unless their answer was too long or started to move away from the conversation subject. Semi-structured interviews seek to promote an active, open-ended dialogue where the interviewer

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<sup>8</sup> Please see appendix for images used and URLs

<sup>9</sup> See appendix

<sup>10</sup> For topic guide see appendix

<sup>11</sup> Formed after two revisions of an initial draft; the first revision was decided after two pilot interviews conducted one month before the original research took place and the second revision decided after the interview with the first participant

controls the discussion by referring to an interview guide that sets out the issues to be covered during the exchange. This is why Lindlof (1995) suggests that these sorts of interviews are better described as 'conversations with a purpose'. (Deacon et al, 1999: 65).

Analysis of all data was based on the transcripts of the recorded interviews and on my own notes for the three interviews that were not tape-recorded. Every effort has been made to identify and bring to light interesting findings and recurring themes in the interviews, relating these back to the theoretical issues and concepts reviewed and linking them to the research objectives of this paper.

### 3. PART III RESULTS AND INTERPRETATION

In this section, results and main findings of this research project will be described and analysed in detail. The main hypothesis or assumption of this research of an active audience was confirmed and this is clearly reflected in the diverse interpretations given by the audience and in the findings discussed below. The interviews with twelve respondents, as well as the follow-up group interview, produced a rich body of data and in this part of the paper, results and their interpretation will be presented simultaneously; findings of the focus group discussion will not be presented separately, as this was used only as a complementary method in this research and all main findings come from the individual interviews; however, when interviewees' words in the group discussion are quoted this will be noted. An effort has been made to separate results into three broad categories for a clearer presentation of these; however, themes are often interrelated and overlapping and appear in more than one of these categories. This section also includes a self-critical assessment and suggestions for further research.

#### 3.1 Making sense of Health Communication Campaigns and antismoking advertising

All interviewees said that they find public health communication campaigns in general useful and necessary; they all agreed when asked that they fully understand and appreciate their reason of existence for the 'common good' (they used words 'we', 'us' to describe the audience) and understand them as a sign of 'concern' from the part of the State.

As Chris said:

*It seems that lately everyone has an opinion about what is good for us, for our health. You've got chefs on TV cooking all day long, lecturing us on what fruit and vegetables are good for different organs as if they were doctors or something! So yes, if I am to hear what's good for me, I'd better hear it from someone who actually knows.*

Along the same lines Maria commented:

*If not them, (the government, NHS), then who? I mean, you know, if we don't hear it from them every once in a while that smoking is bad for us, that...emm...I don't know...that we should recycle or something, then who else would we hear it from? If they stopped launching these campaigns I would be surprised.*

Also James comes to a similar conclusion:

*Advertising health is good for a change. We are told what to do, buy, eat, twenty-four/seven. At least, these campaigns show a concern, you know, for us, and actually tell us to stop buying something, cigarettes in this case.*

Interestingly enough though, all respondents were eager to note that these campaigns would have no impact on them personally and also to demonstrate a 'knowingness' toward marketing and advertising practices, that would not allow them to "fall for advertising tricks even when it is about my health"(Michael). Although anti-smoking campaigns in particular, were also characterised as indispensable for reminding people of the dangers of smoking, at a personal level all respondents believed that these campaigns could not make them, personally, quit smoking for two main reasons: the first one was that they felt that this was a decision that only they could make for themselves and secondly, because, as they said, they could see through advertising techniques and that made advertisements less persuasive in their eyes. Closely linked to the ethical concerns about the use of social marketing as a mild form of social control, all interviewees showed a resistance, at the individual level, of 'being told what to do', declaring that their self-determination and a sense of personal autonomy was crucial to them.

*If you ask me, I can not think of any kind of advertisement that would make me quit. Like this one (image 1<sup>12</sup>), you know? It is a quite disturbing image, it gets your attention but even if it was five times worse I would still know it is just an advertisement; not enough to make me quit... (James)*

*I want to quit...I really do...But that is a decision I am going to make for myself at some point. And quite frankly these ads make me want to keep smoking a bit longer...no seriously! It is not like I am a stupid little girl that does not understand that it is an ad that wants to shock you, you know, shake you in a way, to quit...But it really gets on my nerves, you know? Them trying to control even the air we breathe... (Helen)*

The words 'they' and 'them' were used interchangeably for the government and advertisers and respondents showed this time the will to react to both their recommendations at a personal level.

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<sup>12</sup> For all images please see appendix

*They have thought of all kind of tricks to advertise cigarettes - some of them stupid and some of them really creative. And then again they come back with something like this ('get unhooked' campaign) to tell us to stop smoking because an average smoker smokes 5400 cigarettes a year...And what does that number mean? I don't get it...Is it large? Well, at some point they have to decide if they want that number to go up or down...it is like 'now I want you to smoke, take this ad', and 'now I don't, so here, you're hooked'. What they don't understand is that after all, it is my own decision if I light up a smoke or not. (Panos)*

*I know they are doing it for us...And, you know, it is through these campaigns and other information in all kinds of media, especially TV that people have come to realise how bad smoking is for us. And I don't believe there is one single smoker out there that doesn't know smoking is bad for him. But, you know what? There are so many reasons why people smoke...And at the end of the day I take the decision for myself...I know what it is doing to me but I choose to smoke. I think I have that right... (Michael)*

Wallack's concerns about the failure of such campaigns to address the audience as a public that is motivated and empowered towards health issues were in a way confirmed. As mentioned above, respondents, justified health campaigns' usefulness based on 'collective benefits'; however, they seemed to interpret health promoting, anti-smoking advertisements in a highly individualised manner; and at this individual level, it was important for the majority of respondents to show that they can not be easily persuaded by advertising techniques for a 'personal choice' (smoking). All the above, relate back to what has been discussed in the literature overview section and to what several authors have pointed out; that is, the underlying emphasis of the campaigns on individualism and personal responsibility. Respondents understood that health communication campaigns are designed 'for the public good' but at the moment of truth, the moment they come to interpret the advertising message, they see it in an individualised manner, as being told what to do, or being criticised, in a way, about their personal choice to smoke and to this they react strongly, as they see it as an attempt to control or restrict their autonomy and self-determination. Therefore, ethical concerns about the use of social advertising, and indeed fear appeals as a special case of it, as a form of persuasion, but also as a form of social control are in a way justified in the words of the respondents. It is also quite obvious that the appropriateness of marketing techniques, associated for years with consumerism and

individualism in the mind of the audience, for the promotion of health (smoking cessation) can also be questioned, though not completely rejected, as it is important for young smokers to show and feel that they can not be easily persuaded and manipulated by marketing techniques to which they have been exposed for years.

### 3.2 Decoding Emotionally

Stuart Hall's model of encoding/decoding does not involve emotion in the process of decoding meaningful discourses. However, when investigating the way people decode texts that make use of emotional appeals, and specifically in this case fear appeals, the role played by emotion, or emotions, has to be identified in the making-sense process of shocking anti-smoking advertisements; this is what I have tried to locate in the words and descriptions of the audience members themselves. To that direction, I have also tried to test the application of theories of fear appeals to the actual process of making sense of shocking advertisements as this was described by the members of the audience.

The two basic findings here are somewhat contradictory; the first one of them is that there are signs of desensitization when interpreting anti-smoking advertisements using fear appeals. This however, does not mean that emotions and feelings are not involved in the making-sense process of the advertisements, which leads us to our second finding which is that several emotions *are* involved in their interpretation; however, these are not always the ones intended by the text, in our case here fear or shock. In what follows I will try to present these findings with the audience's own words and I will also try to explain how signs of desensitization to hard-hitting images can go hand-in-hand with different layers of emotion in the decoding of such messages, both proving that this is a complex, diverse and contextualised process.

The argument of desensitization is used here with a double meaning: first of all, all interviewees reported that without the strong emotional appeal, the anti-smoking advertisements would go unnoticed and people would be almost completely indifferent to them. Secondly, desensitization was identified in the majority of the interviewees' accounts on how the ads made them feel on a personal level; at the individual level, almost no one described the advertisements as shocking or frightening.

*You do need something strong, something different, you know? How else are you going to keep people interested, how are you going to make them turn their heads and talk about it, if your image isn't shouting something out loud? (James)*

*I can't remember how many posters I see everyday on my way to school. God, they have to be hundreds seriously! But if you ask me, the only one I remember is this one!!(NHS 'get unhooked' poster). Not so much because it shocks me, but because you know it wakes you up, it stands out from all the rest. (Helen)*

*I have friends that told me the next day on campus: Seriously, for how long will we have to see this disgusting thing every morning? (NHS 'get unhooked' poster) For me, it's the only way. If it was something milder, like showing something like...I don't know...a guy jogging and being happy-go-lucky because he quit (smoking), no one would have noticed. (Christina)*

Almost all respondents agreed that hard hitting images *should* be used:

*I don't think they work but using these images at least ensures that people will remember it, will think about it or talk about it with friends. I remember the first time we saw it we were on our way to school and one of the girls said 'what is that'? We talked about it a little bit, you know? It had our attention even if it was for like five minutes. (Catherine)*

Few of them said that they understood why they were used but saw no point as they did not achieve what they were designed for; it was evident in the interviews that respondents believed that it is difficult to provoke fear or shock, especially to a 'media-savvy' part of the audience like young adults are, that is exposed to hundreds of images and messages on a daily basis:

*I see no point. I mean, seriously...Do you believe any of us is shocked by these images? Think about what we see everyday in the news, things that are really happening...At least this one you can see clearly it is just a trick, it could not be real in any way. Do you see what I mean? It's not that I don't find it clever in a way...you smokers are hooked, ok I see where it is going...but it is so clearly unreal. It is just not enough to make you even think of quitting. (Alex)*

Also when asked to describe how they would design an anti-smoking public service announcement themselves, all but two (that described an advertisement using humour) stated that they would use some sort of hard-hitting image or a shocking message to ensure the audience's attention. However, most respondents were once again eager to say that this could not affect *them* personally and that *they* would make the choice (of smoking cessation) for themselves. Although most of them used the words 'harsh', 'strong', 'intense' 'really really annoying' 'disturbing' 'disgusting' 'I would not exactly say I enjoy this' when asked to comment on visual material, respondents also said that they did not find these images shocking per se. Based on all the above, I would argue that respondents showed signs of desensitization but not in a sense of a 'narcotizing effect' of the media that induces desensitization towards social issues, as all respondents agreed that smoking *is* a social problem and health campaigns *are* useful in raising awareness. The concept of desensitization is used here to describe a certain kind of interpretation of a text that has the intention to shock; a well-trained and highly exposed to advertising techniques and hard-hitting images of all kinds audience, chooses to interpret the text differently. Desensitization comes not as an 'effect' but more in the sense that Downs has described: that even the most powerful images and symbols can lose their strength and impact in the minds and hearts of the audience, if they are constantly repeated.

Notwithstanding this, it was found that the strong appeals and hard-hitting images of the advertisements drew the audience's attention, even if this was for a short period of time as themselves described, and also got respondents involved emotionally with them (this was evident both in individual interviews where respondents were shown printed material and in the group interview after the projection of the two video clips). What was found here was that several emotions and strong feelings *were* involved in the interpretation of the advertisements, however, these were somewhat different than those intended by (encoded in) the ad, namely shock or fear. On the contrary, other emotions like anger, guilt, disgust and anxiety were the ones most respondents mentioned. Self-determination and the will to demonstrate that they 'know better' than believing in advertisers' practices were again important recurring themes in interviewees' responses.

*If I see this as an audience member I understand why they use these images. If I see it as a smoker...It makes me angry...Seriously it does...If I am hooked on smoking then what about those hooked on alcohol, or even money, or violence, bad behaviour? It is my choice and I really don't like been told what to do. (Catherine)*

*It makes me feel a bit guilty...Cause I am hooked and I know it. They are right, I just don't want them reminding me of it, you know?(laughs) Besides, this ad won't make me quit and I know it...not been able to run up the stairs, or spending 20 pounds on cigarettes that will make me quit!! (Panos, group discussion)*

*How it makes me feel? Well, it is very disturbing, for one. I had to see on of these huge posters every morning on my way to school and before passing the point where I knew I would see it, I would take out my mobile and text someone...(laughs) you know, just to make sure I don't have to see that thing at nine o'clock in the morning. Not that it was so shocking I couldn't bear it or something; I just prefer nicer images in the morning! (Stacey)*

When asked directly if the advertisements made them experience fear or a sense of being threat the respondents almost anonymously said they did not.

*Fear...No! Don't get me wrong, I think the posters are terrible. The telly ad is ok, makes its point nice and clear. I don't know it is just better. The posters were appalling!! Really, really appalling...They made me anxious every time I saw them. You see these people suffering and it gets to you. You stop thinking about smoking and start thinking 'oh that poor lady, she's in pain; I wish I could do something to help her!!' I don't know if I make sense but can you picture it, a hook in somebody's mouth? Ewww! (Helen)*

*Fear of being drugged by a giant hook? No, it just doesn't get to me. It's a clever metaphor, I see its point but it's just not enough to make me say 'wow I have to quit!' I mean I have seen worse like destroyed lungs and stuff and still I did not find it shocking or frightening. It is not like watching an ad with kittens or babies taking a bath, but I would not say it is hitting me in a 'time to make some changes' kind of way. (Alex)*

*Plus it is this feeling you have, like you know 'this is not going to happen to me' kind of thing. I have always felt I can quit anytime I please to do so. I actually welcome these ads...it sounds weird but they remind me that I am going to have to quit at some point without panicking me. (Chris)*

Interpretations of the advertisements and the emotions involved in the process as described by respondents were somewhat different than those intended by the text (advertisement) itself and they can be understood as a kind of negotiated or oppositional readings (as Hall's model would identify them) of the public service announcements and the fear appeals used in them. Respondents understand that their purpose is to shock them enough to quit, however, they choose to interpret these messages in different ways. Although theories of fear appeals are too linear and normative to describe the different layers of emotion involved in the complex making-sense process of the audience, it was evident that respondents found ways to cope with unpleasant feelings as Witte's extended parallel process model theory would have predicted; and although this theory speaks only of emotions of fear it seems that the audience shows denial ("this feeling you have, like you know 'this is not going to happen to me' kind of thing. I have always felt I can quit anytime I please to do so"), defensive avoidance ("before passing the point where I knew I would see it, I would take out my mobile and text someone..."; "They are right, I just don't want them reminding me of it, you know? I pretend I don't even see it, like, you know, whistle every time I pass by it in the street (laughs)") and reactance ("what they don't understand is that after all, it is my own decision if I light up a smoke or not", "it is not like I am a stupid little girl that does not understand that it is an ad that wants to shock you") for other (than fear) unpleasant feelings too. This way they find ways to cope with unwanted emotions and feelings and even find pleasure in resisting (Fiske, 1987) them, usually by making fun of these images and the feelings they evoke.

*I like these ads. It's like let's see what they are going to come up with this time...What sickening, disgusting image they will throw at us (Laughs). Remember one with a vein that instead of blood, it had cholesterol coming out of it? I showed it to my sister when she was on a diet and smoked like a maniac...She run around the house screaming...it was crazy. (Michael)*

*My best friend has a degree in marketing and we always comment on new advertising campaigns that look weird. And actually, this thing you asked me? How I would design an anti-smoking ad? That's like our game with her! She's a smoker too, and we have come up with some horrible, disgusting ideas for anti-smoking ads (laughs)...(Panos)*

*I was at this friends' house. We were watching TV and this clip (clip 1, see appendix) was on. So we watched it without talking and when it finished we turn to each other and say simultaneously: "care for another one (cigarette)? (laughs). (Alex)*

### 3.3 Smoking Identity, the Media and Making sense of anti-smoking ads

As described in the theoretical background and as was expected, all respondents said that smoking cigarettes was much more for them than a habit or an addiction, proving that cigarettes are indeed consumed, as Bunton and Burrows (1995) have noted, as 'cultural objects'. As expected, smoking was not only described as a habit but also as part of the respondents' identity and the way they perceived smoking as a social activity, and themselves as smokers, was influenced by media representations of smoking. Existing, positive, representations of smoking gave them resources to form a positive self-image as smokers and therefore resources for resistance and defiance of anti-smoking ads. This was even more obvious in the group discussion where participants' words showed that they felt they were part of a group (smokers) and referred to non-smokers as 'they'.

*Smoking is cool. I thought so when I started it, I think so now. Even in films when they want to show that someone is cool and...emm...fearless or sexy, especially for women, they show them smoking. (Michael)*

*Smoking is part of who I am. I don't really care how other people see it. For me it is more than a habit. I can't think of myself going out for drinks with friends and not smoke...This ban thing is getting on my nerves. (Chris)*

*Most of my friends are non-smokers and they like, or say they like, men who are not smokers. I find men that smoke very attractive...you know...they have that James Dean thing going on, some of them at least(laughs) (Maria)*

*We (smokers) find smoking enjoyable and cool. But I think even non-smokers think the same thing. Some of them are so critical of people who smoke...but they know it is kind of cool...I have a male friend that keeps telling me to quit...but when we saw that film with Monica Belluci, Malena, he admitted she was hot, especially when she smoked!! (Christina, group discussion)*

On the other hand, many respondents, in particular female, said that when smoking was represented negatively in the media this was done in a stigmatizing and controlling way and thought this was the case in the plurality of shocking anti-smoking campaigns, too. Interesting differences between male and female respondents came to light in this part of the research. Female respondents had complex and more intense reactions when it came to

evaluating the hard-hitting, anti-smoking images and their feelings towards the way these portrayed smokers, and this was closely linked to their confusion towards contradictory media representations of smoking and their own identity as (female) smokers.

*I do not understand why they show them all miserable and ugly... I mean look at this girl (image 4)...Why doesn't she have any make up on? Maybe she is hooked because she wants to be, she enjoys it...Don't take me wrong, but I smoke, almost all my female friends smoke and we are not this tired, unhappy and careless of the way we look...actually we are gorgeous (laughs) (Christina)*

*But I think there's more in these ads than just a concern for smokers. I mean the way they picture smokers sometimes is just not true...Look at this girl! They show her exhausted, ugly, and...pathetic, really...(image 4) She could be hooked and be normal at the same time, you know what I mean? That girl in the Silk Cut Slim ad is a smoker and she's one of the most beautiful women you'll see in an ad. I don't understand why they have to depict women smokers like this... (Helen)*

*See how they show the woman? (clip 1) Her husband smokes too probably but they show her at home, feeling guilty about smoking...And the look in her daughter's face? What was that? So judgemental and sad...They try to make us guilty, but being a smoker does not mean you are not a good mother!! Dads smoke too but no one tells them you're a bad father cause you smoke (Christina, group discussion)*

*She has to feel guilty because she took five minutes of her time to smoke a cigarette (clip 1). And Christina is right, that kid is looking at her like saying: 'you could be spending time with me right now and you smoke!!!' It's unfair though...Maybe she needs that time to herself... (Stacey, group discussion)*

Also, some of the female respondents said that smoking was not only part of their identity but a part of them that contradicted all others or as many said the only 'cool' or 'bad' thing on them:

*I don't drink, I don't stay up late, and I am a good student. Smoking is the only cool thing on me [Laughs] (Maria)*

*It is my little sin. My way of being a bad girl... I exercise, I eat healthily, and I care about the way I look. Smoking is where I give myself a break. Stop being a controlling freak of my every move and just do as I please... (Helen)*

*If smoking makes me bad then I guess I am bad. But they have to decide...When I smoke, am I bad or just cool? Am I appalling, with yellow teeth and bad breath or a sexy young independent woman that just so happens she smokes? Am I this hooked girl here or Carrie Bradshaw in Sex and the City? (Catherine)*

It was evident that female respondents make sense of these ads in a media environment that sends them mixed signals about smoking as a social and cultural activity. Female respondents seemed to be more uncertain about their identity as smokers than their male counterparts, also evident in their reporting more often feelings of anger and guilt towards the anti-smoking ads. This can be understood in light of the individual character of the advertisements and their focus on personal responsibility, received by young women that negotiate their identities as smokers within a wider media and social environment where different and often competing discourses around female smoking exist and also, where young women are often constructed as the ideal neo-liberal subjects (Aapola et al, 2005) that have the responsibility to manage their own lives successfully and also to do so in a risk environment, as several feminist scholars have pointed out.

### 3.4 Self-critical assessment and recommendations for further research

This research provides findings that have to be considered in light of the limitations involved. First of all, respondents of this study were all young adults that lived or studied in the area of London and therefore results may or may not be representative of the general perceptions of the target audience of anti-smoking advertisements. Also, I believe it is crucial to note that apart from gender, other social and cultural characteristics of the respondents like class, nationality (not all respondents were British) and race were not taken into consideration in this study, however it would be very interesting, if not necessary, to be considered in similar future research. Moreover, qualitative interviewing has proved more difficult than thought at first and this, combined with my own inexperience as a researcher and the fact that many of the respondents were personal acquaintances of mine and at times put too much effort in giving me the data they thought I wanted, could have influenced more or less the above findings. In addition, the analysis of the findings can be a great challenge for an

inexperienced researcher and the fact that the researcher's creativity is of paramount importance, can, on the one hand, produce original and interesting data however, it always leaves the researcher with an uncertainty about the quality of his / her work. Finally, due to the restrictions placed upon this research, most importantly time, this study did not include an analysis of the media text themselves which would be worthy of analyzing in future studies, with a combination of qualitative and quantitative methods so that both media material and audience reception are investigated. Another suggestion for future research that could provide interesting findings could be a comparative research between different age groups for an understanding of the different way these might make sense of anti-smoking, shocking advertising and also a transnational study, using both quantitative and qualitative methods, for the study of texts used and audience perceptions, across countries.

## **CONCLUSION**

This piece of research has tried to investigate a widely researched issue and a media and social phenomenon -shocking anti-smoking advertising- adapting a more qualitative approach and focusing on the audience's interpretations, readings and perceptions rather than searching for effects or measuring changes in behaviours. The purpose of the qualitative methods used was to understand how a certain type of audience, young adult smokers, engages with and makes sense of these controversial media texts.

Data were rich and the findings were many, however, they can be summed up in the following: the audience engages actively with anti-smoking advertising using fear appeals as the basic part of public health communication campaigns and diverse interpretations and readings are produced; most of them are emotional rather than cognitive responses and the audience find different ways to produce different and resisting meanings of these messages - often facilitated by a positive self-image as smokers nourished by positive media representations of smoking - and to cope with the feelings and emotions these provoke.

It would be necessary to confirm these findings by conducting more individual interviews and also group discussions, among the same target audience or using more age groups in order to investigate age differences or similarities. Advertisements themselves as texts, using threat or fear appeals should also be analyzed and useful comparisons could be made between campaigns and audience perceptions from different countries to give an insight of the cultural implications involved in the meaning-making process of these.

## **REFERENCES**

- Aapola, S., Gonick, M. and Harris, A. (2005) *Young femininity: Girlhood, power and social change*. London: Palgrave
- Agostinelli, G. and Grube, J. W. (2003) Tobacco Counter-Advertising: A Review of the Literature and a Conceptual Model for Understanding Effects. *Journal of Health Communication*, 8(2): 107–127.
- Andreasen, A. R. (1994) Social Marketing: Its Definition and Domain. *Journal of Public Policy & Marketing*, 13(1): 108-114
- Atkin C. Wallack L.(eds)(1990) *Mass Communication and Public Health*. London: Sage
- Austin, E.W.(1995) Reaching Young Audiences: Developmental considerations in designing health messages. In E. Maibach and R. L. Parrott (Eds.) *Designing health messages*. Thousand Oaks, CA: Sage
- Backer, T. E., Rogers, E. M. and Sopory, P.(1992) *Designing health care campaigns: What works*. Newbury Park, CA: Sage.
- Basil, M. D. (1997) The danger of cigarette “special placements” in film and television. *Health Communication*, 9:191–198.
- Bauer, M. and Gaskell, G.(eds) (2000) *Qualitative researching with text, image and sound : a practical handbook for social research*. London: Sage
- Bauman, Z. (2002) Foreword in Beck U., Beck-Gernsheim, E., *Individualization*, London: Sage
- Beaudoin, C. E. (2002) *Exploring Antismoking Ads: Appeals, Themes, and Consequences* *Journal of Health Communication*, 7: 123-137.
- Bunton, R. and Burrows R. (1995) Consumption and Health in the Epidemiological Clinic Of late Modern Medicine In Bunton R., Nettleton S., Burrows R. (eds) *The Sociology of Health Promotion: Critical Analyses of Consumption, Lifestyle and Risk*. London: Routledge
- Burton, D. (ed.) (2000) *Research training for social scientists : a handbook for postgraduate researchers*. London: Sage.
- Cafferata P. and Tybout A. M. (eds) (1989) *Cognitive and Affective Responses to Advertising* Massachusetts, Toronto: Lexington Books.
- Chapman-Walsh, D. et al (1993) Social Marketing for Public Health, *Health Affairs*, Summer 1993: 104-119.
- Cho, H. and Salmon, C. (2007) Unintended Effects of Health Communication Campaigns. *Journal of Communication*, 57, 293–317.

- Corner, J. (1999) *Critical Ideas in Television Studies*. Oxford: Clarendon Press.
- Deacon, D., et al (1999) *Researching communications : a practical guide to methods in media and cultural analysis*. London : Arnold.
- DeJong, W. and Atkin, C. K. (1995). A review of national television PSA campaigns for preventing alcohol-impaired driving, 1987±1992. *Journal of Public Health Policy*, 16, 59-80.
- Dorfman L. and Wallack L. (1993) Advertising Health: The case for counter-ads, *Public Health Reports*, 106(6): 716-726.
- Falomir J. M. and Invernizzi F. (1999) The role of social influence and smoker identity in resistance to smoking cessation, *Swiss Journal of Psychology* 58(2): 73-84
- Fiske, J. (1987) *Television Culture*. London: Routledge.
- Giddens A. (1991) *Modernity and Self Identity: Self and Society in the Late Modern Age*. Cambridge: Polity Press.
- Goffman E. (1963) *Stigma: notes on the management of spoiled identity*. Enlewood Cliffs, New Jersey: Prentice Hall.
- Goldman, L. K. and Glantz, S. A. (1998) Evaluation of antismoking advertising campaigns. *Journal of the American Medical Association*, 279: 772-777.
- Gray D., Amos, A. and Currie, C. (1997) Decoding the Image-Consumption, Young People, Magazines and Smoking: an Exploration of Theoretical and Methodological Issues. *Health Education Research*, 11: 215-230.
- Guttman., N. and Ressler, W. H. (2001) On Being Responsible: Ethical Issues in Appeals to Personal Responsibility in Health Campaigns, *Journal of Health Communication*, 6: 117-136.
- Hale, J. L. and Dillard, J. P. (1995). Fear appeals in health promotion campaigns. In E. Maibach and R. L. Parrott (Eds.), *Designing health messages*. Thousand Oaks, CA: Sage.
- Hall, S. (1980) Encoding/decoding. In Hall, S. (ed) *Culture, Media, Language* London: Hutchinson.
- Hall, S. (1996) 'Who Needs Identity?', in Hall, S. and Du Gay (Eds) *Questions of Cultural Identity*. London: Sage.
- Hastings, G. and Haywood A. (1991) Social Marketing and Communication In Health Promotion. *Health promotion International* ,6(2) 135-145
- Hastings, G. and McDermott, L. (2006) Putting Social Marketing into Practice, *BMJ* 332 accessed on 21 June 2007 from [bmj.com](http://bmj.com)

- Hastings G., Stead M. and Webb J. (2004) Fear Appeals in Social Marketing: Strategic and Ethical Reasons for Concern, *Psychology and Marketing* , 21(11): 961-986.
- Henthorne T. L., LaTour M. S. and Nararaajan R. (1993) Fear Appeals in Print Advertising: An Analysis of Arousal and Ad Response, *Journal of Advertising* , 22(2): 59-69.
- Hodgetts D., Chamberlain K. (2006) Developing a Critical Media Research Agenda for Health Psychology, *Journal of Health Psychology* ,11(2): 317-327.
- Huddy, L. (2002) Context and Meaning in Social Identity Theory: A response to Oakes. *Political Psychology*, 23(4): 825-838.
- Janis I. (1967) Effects of fear arousal on attitude change: Recent developments in theory and experimental research, in Berkowitz L (ed.) *Advances in Experimental Social Psychology* (Vol. 3) New York: Academic Press.
- Kotler, P. and Zaltman G. (1971) Social Marketing: An Approach to Planned Social Change. *Journal of Marketing*, 35 (3 ): 3-12.
- LaTour M. S. and Rotfeld H. J. (1997) There are Threats And (Maybe) Fear-Caused Arousal; Theory and Confusions of Appeals to fear and Fear arousal itself. *Journal of Advertising*, 26(3): 45-59.
- LaTour M. S. and Zahra S. A. (1989) Fear appeals as advertising Strategy: should they be used? *The Journal of Consumer Marketing* 6(2): 61–70.
- Leventha, I. H. (1970) Findings and theory in the study of fear communications, in Berkowitz L (ed.) *Advances in Experimental Social Psychology* (Vol. 5). New York, Academic Press
- Livingstone, S. M. (1996) *Making Sense of television: The psychology of audience interpretation*. Oxford:Butterworth-Heinemman.
- Lloyd B., Lucas K. and Fernbach M. (1997) Adolescent girls' constructions of smoking identities: implications for health promotion. *Journal of adolescence*, 20: 43-56.
- McAlister A. (1981) Antismoking Campaigns: Progress in Developing Effective Communications in Paisley W.J., Rice R.E. (eds) (1981) *Public Communication Campaigns* London: Sage.
- McGuire W. J. (1969) The nature of attitudes and attitude change, in Lindzey, G., Aronson, E. (eds.) *The Handbook of Social Psychology* (Vol. 3). Reading,MA: Addison-Wesley.
- McQuail, D. (1997) *Audience analysis* . Thousand Oaks, California : Sage.
- Merton, R. K. and Kendall P. L. (1946) The Focused Interview. *The American Journal of Sociology*, 51 ( 6); 541-557.
- Morley, D. (1986) *Family Television: Cultural Power and Domestic Leisure*. London: Routledge.
- Morley, D. (1992). *Television, audiences and cultural studies*. London: Routledge.

- Moscovici, S. (1988). Notes Towards a Description of Social Representations. *European Journal of Social Psychology*, 18: 211-250.
- Moscowitz, S. (1973). Foreword. In Herzlich, C., *Health and Illness*. London: Academic Press
- Paisley, W.J.(1981) Public Communication Experience: The American Experience, in W. J. Paisley and R. E. Rice (eds) (1981) *Public Communication Campaigns*. London: Sage.
- Paisley, W.J., Rice, R.E. (eds) (1981) *Public Communication Campaigns* London: Sage.
- Pavis, S., Cunningham-Burley, S. and Amos, A. (1998) Health Related Behavioural Change in Context: Young people in transition, *Soc.Sci.Med*, 47(10): 1407-1418.
- Ritchie, J. and Lewis, J. (eds) (2003) *Qualitative research practice : a guide for social science students and researchers*. London: Sage.
- Ritterfeld, U. and Jin S. (2006) Addressing Media Stigma for People Experiencing Mental Illness Using an Entertainment-Education Strategy, *Journal of Health Psychology* , 11(2): 247–267.
- Rogers, R.W.(1983) Cognitive and physiological processes in fear appeals and attitude change: A revised theory of protection motivation, in J. Cacioppo and R. Petty (eds.) *Social Psychophysiology*. New York, Guilford Press.
- Rose, N. (1999) *Governing the Soul: the Shaping of the Private Self* , London: Free Association Books.
- Roser, C. and Thompson M. (1995) Fear Appeals and the Formation of Active Publics. *Journal of Communication* 45(1): 103-121.
- Ruiter, R. et al. (2001) Scary Warnings and Rational Precautions: a Review of the Psychology of Fear Appeals, *Psychology and Health*, 16:613-630.
- Seale, C. (2002) *Media and Health*. London: Sage.
- Seale, C. (2003) Health and media: an overview. *Sociology of Health & Illness* ,25(6): 513–531.
- Silverstone, R. (1999). *Why Study the media?* London: Sage.
- Stappers, J. C. (1983) Mass Communication as Public Communication. *Journal of Communication*, Summer 1983: 141-147.
- Tajfel, H. (1982) *Social identity and intergroup relations*. Cambridge University Press.
- Thompson, J. (1995) *The Media and Modernity*, Cambridge: Polity Press.
- Wallack, L. (1990) Improving Health Promotion: Media Advocacy and Social Marketing Approaches in Atkin C., Wallack L.. (eds) *Mass Communication and Public Health* London: Sage.
- Wallack, L. (1990) Mass Media and Health Promotion: Promise, Problem and Challenge in C. Atkin C. and L. Wallack (eds) *Mass Communication and Public Health*, London: Sage.

- Witte K. and Allen, M. (2000) A Meta-Analysis of Fear Appeals: Implications for Effective Public Health Campaigns, *Health Education and Behavior*, 27(5): 591-615.
- Witte, K. (1995). Fishing for success: Using the persuasive health message framework to generate effective campaign messages. In E. Maibach & R. L. Parrott (Eds.), *Designing health messages* . Thousand Oaks, CA: Sage.
- Witte, K. (1998) Fear as motivator, fear as inhibitor: Using the EPPM to explain fear appeal successes and failures, in P. A. Andersen and L. K. Guerrero (eds.) *The Handbook of Communication and Emotion*. New York; Academic Press.
- Wolburg, J. M. (2006) College Students' Responses to Antismoking Messages: Denial, Defiance, and Other Boomerang Effects. *The Journal of Consumer Affairs*, 40( 2); 294-323.
- Zucker, A. N. et al. (2001) Smoking in college women: the role of thinness pressure, media exposure, and critical consciousness. *Psychology of women quarterly*, 25: 233-241.

APPENDIXES

This Appendix Contains:

1. Respondents And Methods
2. Individual Interviews Topic Guide
3. Group Interview Topic Guide
4. Visual Material
5. Interview Transcripts
  - 5.1. Christina
  - 5.2. James

1. RESPONDENTS AND METHODS

INDIVIDUAL INTERVIEWS		FOLLOW-UP GROUP INTERVIEW	
MALE RESPONDENTS	FEMALE RESPONDENTS	MALE RESPONDENTS	FEMALE RESPONDENTS
Alex Chris James Michael Panos John	Helen Christina Maria Catherine Stacey Anna	Panos James	Christina Stacey Helen

Visual Material: 'get unhooked'  
Images 1-4

Projecting Material: 'get unhooked'  
Clips 1-2

## 2. INDIVIDUAL INTERVIEWS TOPIC GUIDE

### INTRODUCTION:

- Welcoming respondents, thanking them for participating, ensuring them of confidentiality, brief description of what will follow
  
- INTRODUCTORY QUESTIONS
  - Respondent's name age and occupation
  - How long has she/he been a smoker
  - When and why they started
  - Has he/she ever tried to quit
  - If yes, was any anti-smoking message involved in any way with that decision?
  
- Part 1 : Public Health communication campaigns:
  - Can he/she remember any anti-smoking campaigns - description
  - Why does he/she think he/she remembers them
  - Does he/she remember of similar communication efforts?
  - What is his/her opinion about these?
  - What does he/she think is their main objective?
  - Does he/she think they are necessary and useful?
  - How would he/she design an anti-smoking advertisement?
  - How does he/she feel or what does he/she think about the way anti-smoking campaigns portray smokers?
  
- Part 2 : Fear Appeals:
  - Do you think shocking, hard-hitting images should be used in anti-smoking campaigns? Why? Why not?
  - How would you describe something shocking? What would be shocking enough to be effective in such a campaign?
  - What would be shocking for you personally?

### **Showing the ads: (Images 1, 2, 3, 4, see below)**

- Describe
- What do you think it is trying to say in your own words
- Feelings and thoughts when you first show it in the street, TV etc?
- How does it make you feel/ Do you find it shocking?
- What are your thoughts on the way smokers are represented in this particular anti-smoking campaign?
  
- Part 3 : Smoking as part of their identity, media portrayals of smoking
  - What does the way they represent smokers make you think or feel for these advertisements?
  - How do you think anti-smoking campaigns like this should portray smokers?
  - How do you think smoking is portrayed in the media in general?
  - What does it mean for you being a smoker?

### CONCLUDING:

- Further comments, anything the respondent would like to add
- Thank you note for participating

### 3. GROUP (FOLLOW-UP) INTERVIEW TOPIC GUIDE

- Brief Introduction
  - Clips 1, 2 (see below) shown twice
- 
- First thoughts on the advertisement
  - Description of the message
  - Thoughts and feelings on hard-hitting images
  - Description of how the clip made them feel overall
  - Description of the roles given to smokers, representation of smokers in the ads
  - Identification to the characters

### 4. VISUAL MATERIAL USED



Image 1



Image 2



Image 3



Image 4

Clips used in group follow-up discussion:

1. Mum\_Street\_without\_hook\_non\_agency\_vsn\_40
2. Office\_without\_hook\_rev\_non\_agency\_vsn\_40

All available at <http://www.gosmokefree.co.uk/onlinematerials/campaigns/>

NARRATIVES:

**Clip 1:** A mother at home with her child. As she is doing house work around the house she is suddenly dragged on a giant hook, hanging from her mouth, to a pack of cigarettes. A man in the street is violently dragged by a giant hook above cars and in the middle of a busy street into a shop to buy his pack of cigarettes.

Voice over: The average smoker needs over 5000 cigarettes a year. Get unhooked. Call 0800 169 0 169 or visit [getunhooked.co.uk](http://getunhooked.co.uk)

**Clip 2:** A young man at work talking casually on the phone. Suddenly, he is dragged on a giant hook, hanging from his mouth, up to the buildings roof to have a cigarette although alone and cold.

Voice over: The average smoker needs over 5000 cigarettes a year. Get unhooked. Call 0800 169 0 169 or visit [getunhooked.co.uk](http://getunhooked.co.uk)

## 5. INTERVIEW TRANSCRIPTS

### 5.1 CHRISTINA

I: Interviewer

C: Christina

I: Welcome and thank you for accepting to participate. You know I will use this interview for my dissertation and everything you say here is confidential and only your first name will be used, is that ok?

C: Of course.

I: Ok then. Shall we start with your name and age?

C: Yes...My name is Christina and I 'm 24.

I: Ok, so...When did you?...emmm...How long have you been smoking?

C: Emmm...I think I smoked my first cigarette seven years ago but I am a regular smoker for the last five years.

I: Do you remember why you started smoking?

C: Yes I do...Emmm...Just for fun at first, you know with friends, I used to ask friends who smoked to give me a cigarette when we were out...and then you know...I was a student, living alone for the first time, smoking sort of went with all that package, you know? But mostly it was because some of my friends were smoking...

I: Ok, so have you ever thought about quitting?

C: Yes, but that went well only for a little while...(laughs)...Then I started again...But you know it was never a serious choice or a serious effort...I would smoke when I felt like it, even the periods I was supposed to have quit.

I: Hmmm...Ok but even if this choice or effort to quit was not very...serious, very conscious, what made you think about quitting in the first place? Was any anti-smoking campaign or ad involved in this in any way?

C: No, it was more of a selfish kind of decision...

I: What do you mean exactly by that?

C: You know, I was pissed at myself...Feeling kind of dependent on cigarettes...When I was younger, I thought I would never become that person...

I: I see...Let me ask you something a bit different...Do you remember any anti-smoking ad you have seen recently or in the past?

C: Yes...If I remember well there was one on TV, not recently in the past...Some four or five years ago...something like that...and it was about pregnancy and smoking...The most recent I remember is the one with the hook...I saw it everyday on my way to school...It was the one with the girl with the hook in her mouth...It had the slogan 'get unhooked'...There were others as well...with men and a woman of older age. I remember them cause we had talked about them with friends and with the girls in my flat...

I: Ok, so why do you think you remember these particular ones?

C: Well the hook one, it's the most recent...and I had talked about it with friends, even made fun about it...and every morning I went to school on the bus I looked at it...it drew my attention every time.

I: What about the other one? The one with pregnancy and smoking you say you remember, that was not recent but you still remember it, right? Why you think that is?

C: Right...No, I have seen many on TV but I mean that one was kind of shocking...You know it showed what smoking did to the baby...And I am a woman, I unconsciously think about what would happen to my baby in a case like that...it is a maternal instinct thing I guess...

I: I see...So what is your opinion for these campaigns and these ads? For making people quit smoking but also in general, what is your opinion about campaigns about important health issues, smoking is our case here but campaigns are launched for all kind of public health matters.

C: Right...Emmm...I think they have to be made...these communication efforts I mean...I am not sure they are effective but you know...they set an agenda in a way...they remind people of what is bad for them...they make you think even if you don't change your behaviour...Besides it is kind of their moral and social duty to launch these campaigns, isn't it? I mean if the NHS don't say smoking is bad for you, then who will? Besides in England they were preparing the ground for the ban...Anyway, I think they are necessary because they motivate people in a way, they make people think about things they might wouldn't otherwise...and even if they had thought about it, these ads puts it there in front their eyes and say 'face it! I mean... everybody knows smoking is bad for them but seeing these consequences in front of your eyes on TV or posters or wherever, that's different, see what I mean?

I: I do...Ok...However, you told me that when *you* tried to quit it was not because of a campaign like this...right?

C: Yes, that's right...

I: So do you believe an anti-smoking campaign or an anti-smoking ad, of any kind, could affect your decision and attitude towards smoking?

C: I think that...the moment you see an ad, like the one with the hook let's say, or another kind of strong image, you think about it...I mean, honestly now, quitting crosses your mind when you see something like that...but for me this doesn't last for more than two or three days...It is just not enough to make you angry enough at yourself to quit...I think there are other things involved in a decision like that...like understanding that smoking makes you

cough all the time, or you have trouble running up the stairs...or other more selfish reasons...why not be healthier and live healthier...that kind of things...

I: Ok so how do you think smokers are portrayed in anti-smoking advertisements...in general, not in one campaign in particular...how you have in mind the image of a smoker that would appear in an anti-smoking ad?

C: The one with the hook, for example, had this girl that looked exhausted, totally dependent, like she had no dreams for her life...and in general I think they show smokers like people who don't care enough about themselves and their lives, as if they have no goals...even the way they look, as if they don't take care of themselves not only in a eating-healthy kind of way but also in terms of their looks, the way they dress and things like that... and it is totally understandable you know? They are trying to say 'stop smoking' so they can't portray smokers as the prettiest and happiest people on the face of the earth...but that doesn't mean it is real, that smokers are really like that they are not!

I: So what would a good anti-smoking advertisement show, what would its elements be in your opinion? How would you design it?

C: I think that showing, for example, destroyed lungs or hooks or whatever is a strong image that gets to the point, makes its message loud and explicit...but they are not shocking people these ads...not enough to make us quit...we all know smoking is bad for us and I think that it is more effective to aim at people's weak points, play with their feelings a little bit...show them something that they are going to identify with, something that affects each person's life...

I: Ok then, if I get this right to tell people something that each one will identify with because it is affecting him personally?

C: Exactly

I: Ok what would that be? And how would that be different from ads we have already seen?

C: Hmm..I don't know...it's a difficult question...maybe they've already tried everything...and it does work you know for some people, just not for people like me...I don't know, really!! Maybe there's no such thing as an ideal anti-smoking ad...None that I can think of right now anyway...

I: That's fine, don't worry! Can I ask you then? Would you use shocking images? Something that would hit people hard every time they saw it?

C: Oh yes! Definitely! I think that at this point, with all the things we've seen and heard it is the only way to get people's attention and be sure they won't just hear but they will listen to what you are trying to say...

I: So you believe that shocking images, that are frightening, disturbing appalling whatever, should be used in these advertisements?

C: Yes.

I: Why do you think so? If you could elaborate a bit more on that...you've already said many things I would just like your thoughts on this

C: Sure! Hmmm...Emmm...It is just the only way to take things a step further, give people something more than 'this is good for you', 'this is bad for you'...That's something we are fed up of listening really...It is the way to be a bit different, a bit loud, a bit raw to make your point...And if you are not all that then quite simply no one will care...

I: Ok can you take a few moments to look at these ads and then I would like us to talk about your thoughts and feelings about them...It is actually the posters of the 'get unhooked' campaign, so you've already told me very interesting things about it, but is it ok with you I could ask you a few more questions.

C: Of course! Go ahead

I: Can you remember your feelings when you had first seen these posters or the way you feel now, looking at them again?

C: Emm...They are disgusting I have to say! Although you can't see blood or actually hear them shouting because they are in pain, it is kind of annoying...I see worse on TV every night but still it is quite disturbing...See the way they look...they are clearly suffering...

I: And how did it make you feel?

C: I felt kind of hooked when I first saw it...I thought oh no they are right and now I have to see this every morning...like you know you are not studying enough for finals and you have your mother reminding you of it every evening...laughs...but it got better when I got used to seeing it every morning on my way to school...it kind of became just another poster on the wall. Besides I know why they are doing this, trying to shock us I mean...I have friends that told me the next day on campus: Seriously, for how long will we have to see this disgusting thing every morning? For me, it's the only way. If it was something milder, like showing something like...I don't know...a guy jogging and being happy-go-lucky because he quit (smoking), no one would have noticed.

I: And how did the way these smokers look in this particular ad make you feel? The way they are presented?

C: I do not understand why they show them all miserable and ugly... I mean look at this girl (image 4)...Why doesn't she have any make up on? Maybe she is hooked because she wants to be, she enjoys it...Don't take me wrong, but I smoke, almost all my female friends smoke and we are not this tired, unhappy and careless of the way we look...actually we are gorgeous ...(laughs)

I: So what is your image of a smoker? And what do you think the fact that you are a smoker affects you and your image?

C: Smoking for me is a habit, something I do when I go out with friends, something I do when I have nothing else to do...nothing more nothing less...I don't believe smokers are anything like people presented in anti-smoking ads...ads like that are exaggerating to make a point...For me smokers don't have a sign on their foreheads 'I smoke'. That smoking can give you a certain style at times it is true...When you are out at a bar for a drink for instance...and I believe everybody has a certain image in their heads...You know that it is cool and...trendy...For a man it is part of his being a...strong man...for a woman it is the independent, strong, femme-fatale sort of thing...although sometimes women and girls that smoke are instantly thought of as 'bad'...you know?...bad girls, bad mothers...I don't know if I make sense...But women who smoke in films let's say, are either the gorgeous,

independent, fearless girl that every man falls in love with or a 'bad', 'out of control' girl that doesn't care...And in anti-smoking ads...I mean is it me, or women smokers are always criticised more? I really have that impression...

I: So on the whole you would say that the media portray smoking in a negative or in a positive way?

C: Overall, in a positive way...There is a general 'look good', 'take care of yourself', 'eat healthy' trend in the media but I can describe you a thousand ways and examples of smoking being portrayed positively.

I: Ok, Christina, thank you so much for your time!

C: Thank you for asking me to participate!

## 5.2 JAMES

I: Interviewer

J: James

I: Welcome James and thank you for accepting to participate. You know I will use this interview for my dissertation and everything you say here is confidential and only your first name will be used, is that ok?

J: Yeah, sure.

I: Ok then, shall we start?

J: yep, I 'm ready.

I: Ok let's start with your age.

J: I am 27 years old.

I: Ok...Could you tell me for how long you have been smoking?

J: Emmm...On and off, eight years

I: Eight years...What do you mean on and off, have you ever tried to quit?

J: I haven't just tried! I *had* quit! Two times actually, for one year each time.

I: So you started again?

J: Well, not exactly. I wouldn't exactly say I am a regular smoker now because if I were I would smoke all day long, I would buy cigarettes on a regular basis...

I: Oh ok, so you don't do all these things? When do you smoke then?

J: When I feel like it, just for some relax moments, you know?

I: Ok...You said you had quit...How did you make that decision? Was any anti-smoking message or campaign involved in that decision, or not?

J: No, no, nothing like that...It was a personal decision. The first time I was kind of sick and I smoked a cigarette and it felt so bad I said to myself 'that's the end of it, I am not smoking ever again'. The second time it was just an impulse, a 'am quitting here and now' kind of thing, with no particular reason...

I: Can you remember any anti-smoking campaign or anti-smoking ad you have seen? Recently or in the past?

J: Emmm...No...I don't...I don't think so...I'm sorry, but I don't...

I: No, don't be sorry!!

J: I remember a lot of cigarette ads...Marlboro, Camel you name it! I can tell you about those if you wish (laughs)...

I: Maybe later... (laughs). Ok, but you are aware of the fact that there are many campaigns, for many reasons really, and one of them very often is to get people to quit smoking...?

J: I certainly do

I: What is your opinion about such campaigns? Do you think they are in any way useful or necessary?

J: I think they are useful...because you know they are directed towards a mass audience and you know there are people who, unlike me, *are* influenced by them...if not to quit then at least to reduce smoking...so yeah, I certainly believe they are necessary... Advertising health is good for a change. We are told what to do, buy, eat, twenty-four/seven. At least, these campaigns show a concern, you know, for us, and actually tell us to *stop* buying something, cigarettes in this case.

I: However, you do not think this would have any impact on you personally?

J: No, I don't believe they could have any impact on *me* whatsoever

I: Why do you believe that?

J: Well, because it is a just campaign, I won't make decisions based on that...

I: So what you think is their main objective? When they launch an anti-smoking campaign what do they aim to achieve?

J: To help people quit, of course! As for deeper reasons they might have...Well, you know they have departments in the Ministry of Health that have to prove they're doing something...laughs...What did we do towards improving people's lives and health? Well see our new campaign against smoking...

I: Mmmm, that's an interesting point of view...laughs...never thought of it this way...

Ok, so tell me. You said you can not remember any particular anti-smoking ad or campaign...but do you have a general idea on how smokers are portrayed in such ads overall?

J: I do, of course I do...They depict them as totally depended on smoking and cigarettes, without the will or the choice to live without it.

I: And do you believe that is true? Even to a certain degree?

J: Emm...I do...I do actually...A certain part of the people who smoke yes...they are addicted...but you know there's another part of the population that are not like that...

I: So those that are not addicted smoke for what reason?

J: because there are certain circumstances...For example, I smoke in some parts of the day just for fun or relaxation...Or some people smoke because it helps them get through problems and stress...

I: How would you design an anti-smoking ad then? Ideally, what would be its main elements?

J: Ideally, I would try to get people to think what it is doing to them and their health and most importantly to their quality of life...I would try to make them think if it's worth it...

I: And would you use shocking, hard-hitting images perhaps to that end?

J: I think so...Cause you know they have their value...They draw your attention and they help you remember them later... You do need something strong, something different, you know? How else are you going to keep people interested, how are you going to make them turn their heads and talk about it, if your image isn't shouting something out loud? But I am not sure it is totally right or ethical so I would have to consult some experts first...laughs...for my campaign...However, shocking images should be used I think, because if an average person sees the negative side of smoking shouting in front his eyes through a shocking image, only then will he even start thinking about what the campaign has to say...After all, it's not there for hurting or damaging people...it's there for people's own sake therefore why not use them...It's not that I think you can use whatever means to achieve your goal but I think when it comes to health it is worth it...even if the images are very shocking

I: Ok, so what do you think would be able to shock people? What would make an anti-smoking ad really shocking?

J: It would be really shocking...emmm...if you could see destroyed lungs for example...you know...showing the difference from a healthy one...I think that would be shocking, people would talk about it.

I: I think that something like this has been already done but you said you don't remember any of the campaigns. Could that mean it was not shocking enough for you after all?

J: No I don't remember it...Yeah I guess it wasn't. It is hard to shock somebody with an ad today isn't it? We've seen almost everything... we just let things pass...

Showing the print advertisements of 'get unhooked' campaign:

I: Ok now I want you to take your time, look at these ads and tell me your first thoughts about them

J: Ok...Ohhh, yeah! I do remember this one!! Now that I see it I remember it...Yes, it was everywhere! It is kind of strong and disturbing isn't it?

I: Well, I think it is...what are your thoughts? What do you think it is trying to tell us?

J: I think its message is quite clear. Like we people can do anything with a fish hanging from our hook, it is the same with cigarettes...Our addiction to them is controlling us in every way...We depend so much on it that we do as our addiction command us to do...

I: Ok...So how does that make you feel, as a smoker I mean...What were your feelings when you first show it for instance?

J: I...I can't say I am touched by this image...I do find it annoying and unpleasant, don't get me wrong but it just doesn't have a strong impact on me...Besides now I am not a regular smoker...Maybe in the past when I did smoke regularly I could have give it some more thought...you know try to figure out if I am hooked like one of these people...but now, in this stage of my life It doesn't touch me at all...it is a eye-catching ad but, in general, if you ask me, I can not think of any kind of advertisement that would make me quit. Like this one (image 1<sup>13</sup>), you know? It is a quite disturbing image, it gets your attention but even if it was five times worse I would still know it is just an advertisement; not enough to make *me* quit...

I: Ok so how does it make you feel? When you saw it in the street everyday...you said these ads were everywhere...or even now that I am showing it to you

J: How it makes me feel... Mmm....It kind of disturbs me as a visual, you know? I also feel it is kind of unfair for people that do not smoke and have to see this everyday...

I: You mean because it is a shocking image?

J: I don't find it shocking in a 'get it off my eyes' kind of way...I don't think it is shocking exactly...just annoying to the eye and maybe a bit disgusting...but it could be shocking for others...for a kid let's say...

I: I see...What do you think about the way these particular ads portray smokers?

J: It is an ad that uses a trick, a metaphor if you wish...So if you ask me if they portray them in a realistic way then of course not. It is the surrealism of this ad that carries its message...You know? The hook-cigarette metaphor. Also, they show smokers suffering...Kind of tired of being dragged by the hook, all miserable and in pain...People you wouldn't like to hang out with...laughs...

I: Do you think that is the way people that smoke are generally portrayed in the media?

J: No, no...definitely not...It is complicated you know? On one hand, you have these ads with smokers looking like this and also a general ...emmm...atmosphere in TV of eat healthy, exercise more, look good...on the other hand I can't think of any movie or series or whatever that doesn't show people smoking and being cool or having fun while doing it...or... or, you know people of high status always smoking cigars...that's kind of a cliché I think in the

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<sup>13</sup> For all images please see appendix

movies...As if the cigar is a symbol of achievement and a way to say 'well done' to yourself because you are successful...

I: Mmm, I see...

J: On the whole I think it is (smoking) portrayed more positively than negatively though...

I: ok...And for you? What does it mean for you, being a smoker?

J: I don't think I am a regular smoker right now...however, I think that smoking is something bad that I happen to be doing to myself, one of so many habits we have in our lives...so yeah...I am not going to change the way I see smoking now...When I had first started smoking, when I was about 18 then yes...smoking meant something about who I was in a way...

I: What did it mean exactly?

J: That I was you know free to do what I wanted, that I was in a way mature for my age. It even got me accepted into social groups that I wouldn't get otherwise...because you know they were all smokers...but now, I am not 18 anymore...now smoking for me, is just a pleasure, it doesn't have to say something about me and even if it does I don't really care what that it...It is just something I do for fun, pleasure even...it is a personal decision...a way to relax from the speed of everyday's activities and responsibilities...nothing more than that...

I: Ok, is there anything else you would like to add? Something we haven't talked about or something you forgot to mention in one of the questions above?

J: I just want to say that when you are making an ad to make a product like cigarettes or an activity like smoking look bad it takes more competence and skills than actually advertising it...Because counter-ads sometimes are so explicit, you can see right through them in a way that kind of advertises smoking!! Think of young people...When you tell them don't do something you make them want to try it more than before...You are creating a myth around it...and always when you are trying to tell something what to do or not do, you run the risk of getting him to want to do it even more!! Besides it is so difficult to fight against what tobacco industries have built so carefully for so many years... but you know these campaigns are the voice of logic and consciousness so they are necessary indeed...

I: I think you are right...Ok James, thank you so much for your time!

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