Chapter Six – Discussion and Recommendations

6.1   Introduction

The purpose of this research was to gain an understanding of the perceptions that adult South African smokers have of the anti-smoking campaigns currently pursued on South African television. Emphasis for the study of perception was placed on two specific emotions, namely fear and humour.

The importance of the role that emotions play was confirmed during this study. Emotions have always been considered the key to opening the door to another's mind, because they play a central role in the significant events of our lives. Emotions are psychological and in order to understand the perceptions that smokers have of anti-smoking advertising, it is necessary to understand their emotions; this was be done by giving them the opportunity to express how they feel about this type of advertising.

A wealth of information regarding the emotions experienced by smokers in our society was discovered. Central emotions that emerged during this study were frustration, fear, avoidance, humour and helplessness (addiction). These emotions ran like a thread through the thematic analysis. It is therefore inconceivable that to approach the psychology of the mind[4] without setting emotions as central element. Failure to lend emotion a central role puts theoretical and research psychology out of step with human preoccupations from the beginning of recorded time (Lazarus, 1991).

Chapter 6 consists of three sections. The first section is a symposium of the themes extracted from the five focus groups. The second focuses on the credibility and trustworthiness issues of the research, while the possibilities for future research will be addressed in the last.

6.2   Group-Think

Psychologist Irving Janis (1972, p.9) defined group-think as "a mode of thinking that people engage in when they are deeply involved in a cohesive in-group, when the

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4   Psychology of the mind: *"The study of the mind, behaviour and the relationship between them – is to seek to understand how humans and other organisms think, learn, perceive, feel, act, interact with others, and even understand themselves"* (Sternberg, 1998, p.6).

members' striving for unanimity overrides their motivation to realistically appraise alternative courses of action."

6.2.1 Conditions Promoting Group-Think

Group-think occurs when groups are highly cohesive and when respondents are under considerable pressure, certain other conditions have also been identified as factors that promote group-think, namely:

- Insulation of the group
- High group cohesiveness
- Directive leadership
- Homogeneity of members' social background and ideology
- High stress from external threats

These conditions are all representative of conditions that occur in focus groups. The concept of group-think was used to try and understand or explain the underlying processes taking place during the focus groups.

Within the list of conditions, much attention is placed on the fact that there is a high level of group cohesiveness, which there was and this was identified by the researcher, high levels of stress from external threats (the viewing of the fear-appeal advertising anti-smoking campaign) and the fact that the groups were homogeneous in nature, all played a role in the outcome of the results and constituted the processes underlying the perceptions held by smokers.

6.2.2 Symptoms Indicative of Group-Think

The following list of symptoms can be used to identify whether or not group-think may be taking place:

- Illusion of invulnerability
- Unquestioned belief in the inherent morality of the group
- Collective rationalisation of group decisions
- Shared stereotypes of out group opponents
- Self-censorship; members withhold criticism
- Illusion of unanimity
- Direct pressure to conform
- Self-appointed 'mind-guards' protect group from negative information
- Reflexive observations: Perceptions regarding issues related to smoking
- Smokers are perceived as being more sociable than non-smokers

Smokers have been perceived to be more sociable than non-smokers. This statement was made by the researcher, based on observations of unstudied group processes. Certain group characteristics have been identified as motivating factors of the researchers' perceptions:

Cohesiveness refers to the following, "with respect to conformity, the degree of attraction felt by an individual toward an influencing group" (Baron & Byrne, 2000, p.360). In other words, due to the fact that respondents shared the habit of smoking, there was a great sense of attraction between the respondents as they had something to relate to one another about, and this therefore increased the level of group-think amongst the respondents.

The size of the groups also plays a role on the degree of group-think. Based on observation during the focus groups, which each consisted of 6 to 8 respondents, it was obvious to assume that conformity increased as group size increased, even though comparisons could not be made during this study as the size of the groups remained relatively consistent. According to Baron & Byrne (2000), recent research studies have found that group-think increases with group size up to eight group members and beyond. The larger the group, the easier it is for an individual to agree or disagree with other individuals about the issue at hand, even if this means behaving in ways contrary his beliefs.

And lastly, there are a set of norms that are in operation and these are defined as injunctive norms and descriptive norms. Descriptive norms are defined as "norms that simply indicate what most people do in a given situation"; injunctive norms are defined as "norms specifying what ought to be done-what is approved or disapproved behaviour in a given situation" (Baron & Byrne, 2000, p.361).

From the above definitions, it is clear to see that descriptive norms were in operation during this research study. The identification of these norms can provide a means of practical implication in efforts to change people's behaviour by focusing on the type of norm that is most likely to succeed. For example, if advertisers wanted to have an impact on smokers during one of their anti-smoking campaigns, they would have to activate injunctive norms, and remind individuals of how they should behave, and this in turn may make their campaigns more effective.

6.3   Knowledge of and Attitudes toward South African Smoking Legislation

Over the past seven years, the South African government has followed an extremely consistent tobacco control strategy. The Tobacco Products Control Act of 1993 (Act 83 of 1993), followed by the Amendment Act of 1999 (Act 12 of 1999), clearly gives an indication of the government's position on tobacco control. Moreover, the sharp increases in cigarette tax since 1994 maintain the objectives of the legislation.

The information generated by the focus groups regarding the South African anti-smoking legislation can be verified and substantiated by statistics provided by the Auditor-General and Statistic South Africa (1998). Per capita cigarette consumption in South Africa decreased by approximately 40% between 1990 and 1999. This decrease can be ascribed to an increase in the cost of cigarettes, passing of anti-smoking legislation and greater public awareness of the impact of smoking on health (Van Walbeek, 2000). These figures represent a significant trend change compared to the rapid increases in cigarette consumption during the 1970s and 1980s.

Based on feedback from the focus groups, the researcher has made the assumption that smokers are well informed regarding the South African smoking legislation, this in turn has led to both the positive and negative generation of perceptions and attitudes of the legislation held by smokers.

6.3.1 Positive Attitudes

Positive attitudes regarding the South African smoking legislation included the generation of the emotions of shock and realisation, in turn leading to positive behaviour change. Even though smokers of all ages have now learnt to respect these laws, these positive attitudes were more prominent amongst the younger respondents.

Over the last ten years, there has been a dramatic change in the attitude towards tobacco control, displayed by the South African Government. Before 1993, tobacco control was non-existent and by the turn of 1999, the Tobacco Control Amendment Act gave South Africa some of the most progressive tobacco control policies in the world (Malan & Leaver, 1998). As a result of the implementation of these laws, all tobacco advertisements and sponsorships have been banned; smoking at work and in restaurants is illegal, except in clearly demarcated areas; and explicit health warnings are required on all cigarette packs. These laws have led to indirect benefits, such as a reduction in cigarette consumption and the smoking rate.

6.3.1.1 Shock and Realisation

Younger respondents were shocked to realise how non-smokers were subjected to their habit involuntarily. Older respondents on the other hand, believed that the legislation against smoking restricted their freedom.

Shock and realisation regarding past smoking habits, are considered to be positive emotional responses towards smoking, and it is emotions or attitudes such as these that lead to positive change in behaviour.

6.3.1.2   Behaviour Change

It was said that the implementation of these smoking laws has led to positive behavioural changes, regarding smoking habits. For example it was said that less cigarettes are being smoked, due to the fact that leaving your desk in the work place to go to the smoking rooms decrease levels of work productivity as well as concentration, especially in fields that require a lot of attention.

According to an American study conducted in California, work place smoking by-laws increased smoking cessation amongst employed smokers. Thus, it appears that a non-smoking working environment actually enables employees to become smoke-free too (Moskowitz, Lin & Hughes, 2000).

6.3.2 Negative Attitudes

Negative attitudes regarding the South African smoking legislation were voiced among the older respondents. These included the fact that these laws are perceived as restrictions that are being imposed on them, when in fact smokers actually feel helpless as they are in a state of addiction. The researcher refers to a 'state of addiction' because respondents are not entirely sure of the nature of the desire that they have to smoke, and this leads them to justify their actions, resulting in a lot of frustration.

6.3.2.1   Perceived Restrictions Imposed on Smokers

There is not enough known about the extent to which smokers and non-smokers might be classified on the basis of their attitudes and behaviour regarding smoking and smoking restrictions.

According to the results obtained from this research, perceptions exist that restrictions are being imposed on smokers. Feelings of guilt are also said to originate from the acts of perceived discrimination by others. It was said that the legislation stating that one may not smoke in any public area is a form of discrimination, especially according to the older respondents. Younger respondents said that the new laws have made them think twice before smoking a cigarette when in the company of a non-smoker.

6.3.2.2   Addiction

The topic of smoking provides researchers or any one in general with intriguing information on how individual and population perspectives intersect. When mentioning individual and population perspectives the researcher is referring back to issues

pertaining to smoking such as economic implications (the cost of cigarettes), health risks associated with smoking and for instance the governments smoking legislation.

There is no doubt that smoking has serious health risks associated with it, and that non-smokers who are involuntarily exposed to cigarette smoke, are also at risk.

It is clear to see that smoking is both a habit and an addiction; the strongest argument uncovered during the data collection phase of this research study.

> *"Smoking is an addiction, and there is nothing worse than going cold turkey, because it makes you unpleasant to be around, unpleasant to work with, and it has a major impact on your life as a whole." (35-49 yrs)*

Habits are "learned sequences of acts that have become automatic responses to specific cues, and are functional in obtaining certain goals or end states" (Verplanken & Aarts, 1999 in Stroebe, 2000, p.37).

It has been said that execution of these habitual acts is not only automatic, but the goals or intentions are also activate by environmental stimuli (Stroebe, 2000). This finding was confirmed in one of the Project Smoke focus groups, respondents described how their emotions as well as actions dictated whether or not they would have a cigarette.

Habits develop when individuals execute a behaviour automatically without consciously intending or choosing this behaviour (Stroebe, 2000). This explanation can be adapted to the example of a smoker, who lights up a cigarette without consciously thinking about what he or she is doing.

> *"I give myself time limitations, but when I am feeling stressed, I can be happy or sad, it doesn't matter, I need a cigarette!" (35-49 yrs)*
>
> *"When your mind is occupied you don't need to smoke." (35-49 yrs)*
>
> *"Talking about myself now, there are certain times, certain places that I might light up a cigarette. For instance if I get into my care, I will light a cigarette…" (35-49 yrs)*
>
> *"After my hijacking, first thing I did was go to the garage and say, 'give me some cigarettes now', I didn't even money on me, because it also got stolen, but all I could think of was cigarettes!" (35-49 yrs)*

This theme has discovered and explored another dimension that exists with smoking. Smoking is very much linked to the emotional state of the individual, but the pertinent question remains: is there a clear enough distinction between the types of addictions that exist, namely: physical and psychological addictions to nicotine and the act of smoking.

6.3.2.3   Lack of Information about the Nature of Addiction: 'More Than Just a Habit'

"Just over ten years ago, the tobacco industry still denied that its products are addictive and harmful to people's health" (Corporate Accountability International, 2005).

Since most anti-smoking advertising campaigns flighted on South Africa television place their attention on smoking as a psychological addiction when conveying the message, or rather place focus on the long-term health consequences of such health-risk behaviour.

Smokers therefore fail to acknowledge that nicotine is one of the world's most addictive drugs, therefore resulting in a lack of knowledge of the consequences of such a widespread addiction. In February 2000, the Tobacco Advisory Group of the Royal College of Physicians published a report on nicotine addiction which concluded, "Cigarettes are highly efficient devices and are as addictive as drugs such as heroin and cocaine".

The focus of this discussion is therefore to identify what messages advertising campaigns should convey, in order to educate smokers regarding smoking.

6.3.2.4   Physical vs. Psychological Addiction

A universally accepted definition of addiction that has been coined by the World Health Organisation, defined addiction as: "A state, psychic and sometimes also physical, resulting in the interaction between a living organism and a drug, characterised by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience it's psychic effects, and sometimes to avoid discomfort of its absences. Tolerance may or may not be present." (World Health Organisation, 1969).

Nicotine is renowned as one of the most habitually used addictive drugs, it is a naturally occurring, colourless liquid that when burned turns brown and acquires the odour of tobacco when exposed to air (www.nida.nih.gov).

DuPont (1997) states in The Selfish Brain: Learning from Addiction, that addiction has four basic qualities:

- Good feelings. The addictive product generates profoundly pleasurable physical and mental sensations. It eliminates unpleasant sensations. The substance makes the user 'high'.
- Loss of control over the addiction.
- Compulsion to continue despite the consequences.
- Denial.

All four of these qualities are easily identifiable in the data gathered from the focus group discussions, but they were not clearly portrayed as messages in the anti-smoking campaigns, therefore resulting in a discrepancy between what type of addiction smokers have. According to academic literature and research, smoking has both psychological and physical addictive components. The question remains: which of these should be given preference when educating smokers?

6.3.2.5   Frustration and Justification of Actions

Because a lack of knowledge exists regarding the seriousness of the body's addiction to nicotine, smokers feel frustrated because they are helpless in their attempts to quit. Possibly one of the strongest indicators of the effect of nicotine is the discrepancy between the desire to quit and quitting success rates. Surveys have shown that the majority of smokers (approximately 70%) want to stop smoking, yet the successful quit rate remains very low (Stolerman & Jarvis, 1995).

Most smokers take several attempts to quit before they finally succeed. The power of addiction is also demonstrated by the fact that some smokers are reluctant to stop smoking even undergoing surgery for smoking-induced diseases. Around 40% of those who have had a laryngectomy try smoking soon afterwards, while about fifty percent of lung cancer patients resume smoking after undergoing surgery (Stolerman & Jarvis, 1995).

6.3.2.6   Health Consciousness

The researcher attempted to see if a parallel could be drawn between health conscious and non-health conscious smokers regarding their perceptions of anti-smoking advertising campaign used in this study. The researcher wanted to evaluate whether or not health conscious smokers (see definition), showed higher levels of fear than non-health conscious smokers.

The attempt at evaluating this premise unfortunately failed as most of the respondents reported back on being 'fairly health conscious', yet at the same time expressed their love of smoking and emotional bluntness to the consequences of the habit.

6.3.2.7   Respondents' Double Standards regarding Smoking

How do individuals make sense of the world that they encounter? They do this by looking for societies' approval of certain beliefs, attitudes or actions. If they receive approval for these beliefs, then all is well, but if they do not, there is inconsistency.

The Ash study showed what happened when there is an inconsistency between one's own experiences and those reported by others. Individuals then reinterpret the situation to minimise the inconsistency that may be present, or they tune out the message entirely. According to Leon Festinger, this is because any apparent inconsistency among various aspects of knowledge, feelings and conduct sets up an objectionable internal state: cognitive dissonance, which people try to diminish whenever possible (Festinger, 1957).

International tobacco company Philip Morris, let customers know that the cigarettes produced by them may contain a certain dangerous pesticide, which could potentially cause of variety of health problems. Despite these warnings of the health hazards associated with smoking, smokers continued to smoke (www.ash.org).

The reason that people continue to smoke is a puzzling phenomenon. Research conducted during Project Smoke led us to ask precisely the same question. The results that were obtained verified that cognitive dissonance would play a role in explaining this phenomenon, and ultimately this may lead to more insight into the perceptions that smokers have of anti-smoking advertising and why they choose to ignore these messages.

Cognitive dissonance is a "psychological phenomena, which refers back to the fact that people seek out information, which supports their currently held views and seeks to avoid information, which challenges them," (www.course1.winona.edu).

When smokers for example are faced with dissonant viewpoints and find that they are unable to avoid them, they usually end up selectively hearing only the information that supports them, or they alternatively reinterpret the information in order for it to match their current opinions. Another method that smokers used in the groups was that of rationalising or justifying their behaviour, for example they would say that walking around in the Johannesburg CBD for half an hour would be far worse than smoking ten cigarettes, because of the pollution!

6.3.2.8   Consequences of Risk-Taking Behaviour and the Mental Processing that Takes Place

Smoking has been defined as health risk behaviour throughout this study. During the literature review stage an interesting definition explaining risk-taking behaviour came to light. It would be fitting to discuss this under cognitive dissonance, a continuously re-emerging theme of double standards amongst smokers:

"Risk taking is any consciously or non-consciously controlled behaviour with a perceived uncertainty about its outcome, and/or about its possible benefits or costs for

the physical, economic or psycho-social well being of one self or others" (Trimpop, 1994, p.9).

Assumptions of the Health Belief Model will be incorporated to aid in explanation of various themes that were uncovered during the focus groups.

The Health Belief Model facilitates understanding of why persons do not look after their health. For example, why do people smoke, even though they are continuously informed about the health risks associated with smoking? Throughout the duration of this research, it was noted that the perceived severity of the actual habit of engaging in smoking is a predictor of the actions that the smoker will or will not take to protect himself/herself and his or her health. In other words, the majority of anti-smoking advertising campaigns focus on the long-term effects of smoking, and indirectly causes the smoker to feel less inclined to take action in preventing the long-term consequences of smoking.

The health belief model presupposes that the probability of an individual engaging in a given health behaviour will be as a result of the degree to which the person believes that he or she is personally susceptible to the particular illness and of his or her perceptions of the severity of the consequences of getting the particular illness. Susceptibility and severity mutually determine the perceived threat of the disease (Stroebe, 2000). For example, a person who has been smoking for a year or more may fear that he or she runs the risk of been diagnosed with cancer of the throat (perceived susceptibility). Obviously acquiring such a diagnosis could have severe consequences (perceived severity).

Next to be uncovered are the processes of the mind, when dealing with issues such as perceived susceptibility and severity. It is also only natural to assume that it is any human being's goal to survive. As stated by Du Plessis (2005), humans' basic survival instincts mean that an instinctive emotional reaction occurs when provoked. It is possible to rationalise these emotions and label the resultant feelings, for example fear, guilt, frustration etc. – but humans' first and deepest reaction to provocation is much simpler. Du Plessis (2005) refers to it as either a pure negative or a pure positive, as our brain takes action to equalise these emotions.

Taking action and actually engaging in a particular health behaviour will further depend on the degree to which the individual believes that the action will have benefits, which will in turn outweigh the barriers associated with the action such as the costs, inconvenience or the pain. For some form of positive action to take place, a cue of some sort may be necessary, this cue is in the form of things such as a media

campaign, an internal bodily cue, medical advice, or the death of a friend sharing the similar lifestyle (Stroebe, 2000).

Reasons explaining why individuals end up not taking any positive action regarding changing their health behaviour, even if their vulnerability is high, is because these individuals display a pervasive tendency to underestimate their own health risks compared to those of others (Weinstein, 1987).

6.4 Perceptions of Fear-Appeal Advertising

Smokers' perceptions of anti-smoking advertising campaigns are based on several underlying processes, which constitute these perceptions. Firstly, emotional responses versus factual interpretation of the individual advertisements plays a role in the perceptions that smokers have, secondly, advertisements that had unrealistic content influenced the way in which respondents reacted to the message, it was unrealistic messaging that caused some form of disconnect between the subject (smoking) and the seriousness of the health consequences of smoking. The use of either fear or humour also played a part in the formation of perceptions. For example, excessive use of humour or fear impeded the respondent's ability to relate to an advertisement. The manner in which the message is conveyed to the smokers, also influenced the acceptability of the advertisement, for example, there were a few advertisements that the respondents said were patronising, by this the researcher means that it felt as though the smokers were being treated as less intelligent beings, as if they were not aware of the consequences associated with smoking. The way that society as well as the media perceives and depicts smokers and smoking respectively, also seemed to have an influence on behaviour and attitudes towards the habit itself.

6.4.1 Emotional Responses vs. Factual Interpretation

A long-standing debate regarding the efficacy of advertising has been taking place. The topic in question, is what type of advertising is more effective – emotional or factual? What appeals more to human beings? An assumption that has stood the test of time is that the brain is able to process rational information very differently to the manner in which it processes emotional information (Du Plessis, 2005).

The importance of the presence of emotion plays a role in determining the success of certain advertising campaigns. Age was considered as a factor that could be a source of difference in results. In fact, research suggested that as we age, we devote significantly more resources to and take a more active role in the management and processing of emotion (Carstensen, 1992).

Du Plessis' (2005) new paradigm regarding the processing of the emotional and rational illustrates how they interact. This paradigm is based on how humans filter and process emotions.

It is stated "everything is filtered through our emotional responses for interpretation by our rational capabilities" (Du Plessis, 2005, p.211). For example, this means that when one of the respondents is exposed to an anti-smoking advertisement, the information is filtered; first emotionally, and then the emotion is interpreted rationally. This information is extremely important to advertisers, as the brain's first response to a perception is an emotion (Du Plessis, 2005) and this is of utmost importance in understanding emotional responses, specifically:

- What is the emotional response to a mention of the subject under study, for example – perceptions of anti-smoking advertising?
- What memories do the mentions of anti-smoking advertising elicit?
- What are the emotional responses to the intended anti-smoking advertisements?
- What are the emotional responses of the respondents when exposed to the anti-smoking advertisements?

Findings revealed that smokers' responses to anti-smoking messages, were 'blunted'. It was as if, the messages did not extract emotional responses from the respondents, rather situations regarding others' perceptions of the habits elicited emotions.

Firstly, there was an absence of emotional responses to the advertising messages, and it seemed that this absence reduced the accuracy and efficiency of the decision-making processes (rational processing). And it is for this reason that smokers are in denial regarding the seriousness of the health consequences associated with smoking.

Secondly, guilt was the only response, and this was expressed mainly by the older respondents who were parents. This response was not elicited by the advertisement.

6.4.2 The Emotional Response of Guilt

Guilt was felt about the act of smoking itself, and these feelings were reported to have also stemmed from their own internalised standards of behaviour, especially by respondents who were parents.

Guilt forms part of a group of emotions known as the 'self-conscious' emotions, and these emotions are built on reciprocal evaluation and judgement. For example, people are ashamed or guilty because they assume that someone (self/other) is making a negative judgement about some activity, characteristic or behaviour of theirs (Tangey & Fischer, 1995). It is these feelings of guilt, which lead to the perception of

discrimination, this perception in turn leads to feelings of self-defence and rebellion, manifestations of cognitive dissonance. These responses to the discrimination experienced by smokers in our society can be defined as coping strategies. Manifestations such as guilt, self-defence, rebellion and even avoidance follow an initial appraisal of harm, threat or challenge. These strategies can in turn, change or even short-circuit the emotional reaction and this then aids in levels of anxiety within the individual (Tangey & Fischer, 1995).

6.4.3 Unrealistic Messaging

Unrealistic advertising was identified and is based on technical aspects of the advertisements. Respondents did not, or rather could not relate to advertisements that seemed fictional. The fact that they were perceived as fictional gave the smoker reason to believe that that would never happen to him or her.

When the researcher refers to unrealistic advertising, she is speaking about advertisements that seem like science fiction or are deemed to be untrue, imaginary or illusory.

Unrealistic advertising, or images in the advertisement that are deemed to be unrealistic, are therefore ineffective in constituting a successful and effective advertisement. Unrealistic messaging also causes an impediment in the ability of the viewer to relate to the advertisement.

6.5 The Use of Humour and Fear

This theme emerged as a result of the emotional appeals that were used in most of the advertisements in this campaign, these appeals being fear as well as humour.

It has been deduced that the emotional appeals of fear and humour, in particular humour, lead to avoidance, and they actually cause the smoker to distance himself/herself from the health warning present in the advertisement, thereby leading advertisers to believe that their campaigns are ineffective. The reason for mentioning that humour in particular leads to greater avoidance is because the seriousness of the effects of smoking on one's health should not be associated with anything 'funny' about it. This humour combined with the seriousness of the health issues seemed to have caused a disconnect in the reactions that the respondents were supposed to have according to the advertising company. When smokers are confronted with the health-risks associated with smoking, they usually perceive this as a potentially stressful situation and defence mechanisms such as humour are used to help reduce the seriousness of the issue. Therefore, these advertisements that contain humorous

appeals in the anti-smoking campaign are actually providing the respondents with a means to reduce the overall impact that the threat of the advertisement is supposed to have.

The use of fear-appeal in the campaign was considered to be more successful, yet this type of advertising also led to avoidance of some degree.

This avoidance can be explained by the methods that individuals may use to help themselves cope with stressful situations. As was mentioned before, humour is a very popular way to help reduce stress in situations where, for example a smoker may be faced with negative yet valuable information regarding his/her habit. Denial was identified as another method of coping with the information that the respondents were faced with. Croyle and Ditto (1990) provided the field of research with interesting evidence about denial as a form of coping. It was found that denial was a common initial reaction to very threatening information, and second that it is most likely to be used by those who both believe the threat but have no problem-focused way to deal with the information. The use of humour in the advertising campaign used in this study was identified as an aid for dealing with the threatening information, it aided in reducing the amount of anxiety felt by the respondents. According to (Lazarus, 1991), the tendency to avoid and escape this threatening information can be explained by the biological link that these two tendencies have to fear.

6.6   Social Perceptions of Smokers

The topic of this discussion revolves around, how society or rather non-smokers perceive smokers, and in turn, the effect that these perceptions have on smokers' behaviour.

It was said that since the implementation of the smoking legislation, non-smokers have become more pedantic regarding their rights, resulting in smokers feeling more and more ashamed of their habit.

It was reported in an article that smokers seemed to feel considerable pressure to quit their habit, they often reported or expressed feelings of guilt about smoking, and also often hid the fact that they smoked from others (Poland et al., 2000).

In many cases they participated in social networks at work or in their private lives in which non-smoking had become the custom. In this context, regular verbal and non-verbal cues served as effective reminders of the declining social tolerability of smoking. Other smokers seemed to have internalised this stigma as guilt and self-blame, seeing smoking as a personal blemish and a source of 'dis-ease' (Poland et al., 2000).

6.7   The Media's Depiction of the Short-Term Effects of Smoking

"If cigarettes did affect us externally and you could see it in the mirror, it would definitely stop a lit more people in what it does to our lungs on the inside, but it is on the inside and we don't see it. I mean we wake up in the morning, have a quick cough, okay guys light up another one, be set for the day. I mean if we walked into the bathroom and looked in the mirror and our faces looked like that, I would be a bit more self-conscious, walking around with a cigarette in my hand." (25-34 yrs)

In today's westernised society, the human body is glorified, and the way in which it is perceived by the individual, influences the way in which he or she will relate to others as well as themselves (Serres, 1999).

The importance of one's physical appearance and the way that others relate to it played a prominent role during the focus group discussions, especially following the viewing of the 'Inside Out' advertisement, which displayed the message: 'If smoking did to your outside what it does to you inside, would you still be smoking?' Respondents were shocked at this advertisement, and so began the discussion of the importance of looking healthy. Respondents admitted that our society is part of the worldwide 'health craze' and the healthier a person looks the better.

It was through the emergence of this theme that an idea was formulated regarding the efficacy of anti-smoking advertising. In order to increase the level of efficacy and impact that these campaigns should be having on smokers, advertisers need to place more emphasis on cigarettes' short-term effects. Short-term can be defined as 12-24 months. The effects smoking has on skin, teeth, hair, eyesight etc., should be portrayed in these campaigns. Westernised individuals are afraid of becoming old and unattractive, and this angle of advertising would be more realistic.

6.8   Limitations and Recommendations for Future Research

In terms of the credibility if the study, the subject positions taken up by both the respondents and the researcher did not have any influence on the research process or the data collection. Focus groups were selected as a method of data collection, and this decision was based on previous research stating that focus groups were one of the best methods of market research as well as advertising pre and post testing, and simply because the researchers objective was to 'measure' the perceptions that smokers had of anti-smoking advertising. Focus groups are an excellent method of gathering 'rich' information about people's attitudes and perceptions of certain issues or products.

From the research that has been conducted here, it is clear to see that anti-smoking campaigns are not very effective with the methods that they have been using to target smokers. In this section, limitations as well as recommendations will be suggested, as a means to increase the levels of efficacy of these campaigns, based on the findings gathered in the focus groups.

6.8.1 Limitations

In terms of the degree of applicability of this research to broader contexts and settings, it is assumed to a certain degree that the results drawn from this study could be representative of the South African smoking population. Please note that this does not refer to the South African smoking population in general, but to the specific age and race breaks used in the focus groups, although when considering the exclusion criteria for this project, it was realised that there could be potential limitations when selecting such a homogeneous group of respondents with regards to the above characteristics.

The limitations of this research study include the fact that the qualitative results needs to be substantiated with either one or two of the following research options: firstly a more extensive qualitative analysis making use of alternative techniques such as in-depth interviews or a discourse analysis, or secondly substantiating the qualitative results with a quantitative study. By doing this, the sample size will have increased thereby increasing the validity and credibility of the results.

Further limitations include the fact that the advertisements that were selected for the use of this study were not representative enough of the South African smoking population in terms of age. Advertisers should not forget that smokers do not constitute a homogeneous group, the individual traits are variable. If this is the case, the efficacy of the anti-smoking message will be redundant.

The advertisements that were selected for use of this study were made available courtesy of the director of the National Council Against Smoking (NCAS). These advertisements were produced by students selected for the VUKA Awards and each of these were used in this study only. One should bear in mind that some of the adverts in the campaign were older than others, it would also have been more appropriate if advertisements had not yet been flighted on television, to decrease the interference of familiarity with adverts on respondents' reactions.

Revisiting the objectives of South African public information campaigns, the central aim remains to reduce the number of smokers in our population. It has been stated

and confirmed that smoking is a habit for the majority of smokers, and these habits can also be referred to as addictions.

For persuasive public information campaigns to be more effective, they need to succeed in inducing individuals to develop the intention to change their habitual behaviour. This step in the process of making a campaign effective proves to be the most trying objective, because individuals usually experience difficulties acting on a decision of this nature (Stroebe, 2000).

6.8.2 Recommendations

Recommendations that were extracted from the results obtained from the qualitative focus groups were highlighted to be the following:

- Public information campaigns should be targeting the correct advertising medium.

  In the future, research on the media's effect on young people's use of tobacco probably will focus on alternative marketing strategies such as in-store and Internet promotion as the tobacco industry continues to look for ways to recruit new users and keep current smokers. A few studies of the currently unregulated Internet suggest that it may be an important new avenue for tobacco promotion. One content analysis study (Bryant & Zillmann, 2002, p. 462) found many easily accessible pro-tobacco websites from which tobacco products could be ordered. Only 11% contained health warnings; instead of health warnings, most associated smoking with glamorous lifestyles. Images of young, slim and attractive) and females smoking recognizable brands abounded.

- The messages of anti-smoking advertisements should place more focus in the short-term consequences of smoking, rather than the long-term effects of the health-risk behaviour.

  This may have more of an impact on the viewers, who tend to ignore the messages referring to the long-term effects of smoking.

- Find the correct balance between the use of fear and humour when making use of Public Information Campaigns.

  Fear and humour appeals might actually have negative impacts on the expected responses from the viewers. Therefore, the efficacy of health messages with the use of humour appeals for instance has the potential to have a negative effect on the response from the viewer. The use of humour helps the smoker distance himself or herself even more from the grave

consequences of smoking. Fear-appeal on the other hand, had more of a positive impact on respondents. The fact remains that advertisements with emotive elements are far more appealing and effective when compared to advertisements that are purely factual.

▪   In terms of public information campaigns;

Campaigns should emphasise positive behaviour change instead of focusing on the negative consequences of smoking, as well as place a focus on current rewards rather than prompting viewers into avoidance of distant negative consequences

Respondents reportedly argue that advertisements would not make them stop smoking. It was deduced that the legislation laid down by government, such as the Tobacco Products Control Amendment Bill, would rather be responsible for inducing change in smoking behaviour and smokers' attitudes towards their own and non-smokers' health.

Recent events that took place during of this study that will ultimately affect smokers, include the proposition of new smoking laws in South Africa, in line with the World Health Organisation's Framework Convention on Tobacco Control, as posited by the South African Minister of Health.

6.8.3 Conclusion

In conclusion, the researcher feels that the value of this exploratory study lies in its potential for generating further questions about emotions, the complexity of human health-risk behaviour and the impact that exposure to health warnings will ultimately have on future behaviour.

campaign, an internal bodily cue, medical advice, or the death of a friend sharing the similar lifestyle (Stroebe, 2000).

Reasons explaining why individuals end up not taking any positive action regarding changing their health behaviour, even if their vulnerability is high, is because these individuals display a pervasive tendency to underestimate their own health risks compared to those of others (Weinstein, 1987).

6.4   Perceptions of Fear-Appeal Advertising

Smokers' perceptions of anti-smoking advertising campaigns are based on several underlying processes, which constitute these perceptions. Firstly, emotional responses versus factual interpretation of the individual advertisements plays a role in the perceptions that smokers have, secondly, advertisements that had unrealistic content influenced the way in which respondents reacted to the message, it was unrealistic messaging that caused some form of disconnect between the subject (smoking) and the seriousness of the health consequences of smoking. The use of either fear or humour also played a part in the formation of perceptions. For example, excessive use of humour or fear impeded the respondent's ability to relate to an advertisement. The manner in which the message is conveyed to the smokers, also influenced the acceptability of the advertisement, for example, there were a few advertisements that the respondents said were patronising, by this the researcher means that it felt as though the smokers were being treated as less intelligent beings, as if they were not aware of the consequences associated with smoking. The way that society as well as the media perceives and depicts smokers and smoking respectively, also seemed to have an influence on behaviour and attitudes towards the habit itself.

6.4.1 Emotional Responses vs. Factual Interpretation

A long-standing debate regarding the efficacy of advertising has been taking place. The topic in question, is what type of advertising is more effective – emotional or factual? What appeals more to human beings? An assumption that has stood the test of time is that the brain is able to process rational information very differently to the manner in which it processes emotional information (Du Plessis, 2005).

The importance of the presence of emotion plays a role in determining the success of certain advertising campaigns. Age was considered as a factor that could be a source of difference in results. In fact, research suggested that as we age, we devote significantly more resources to and take a more active role in the management and processing of emotion (Carstensen, 1992).

Du Plessis' (2005) new paradigm regarding the processing of the emotional and rational illustrates how they interact. This paradigm is based on how humans filter and process emotions.

It is stated "everything is filtered through our emotional responses for interpretation by our rational capabilities" (Du Plessis, 2005, p.211). For example, this means that when one of the respondents is exposed to an anti-smoking advertisement, the information is filtered; first emotionally, and then the emotion is interpreted rationally. This information is extremely important to advertisers, as the brain's first response to a perception is an emotion (Du Plessis, 2005) and this is of utmost importance in understanding emotional responses, specifically:

- What is the emotional response to a mention of the subject under study, for example – perceptions of anti-smoking advertising?
- What memories do the mentions of anti-smoking advertising elicit?
- What are the emotional responses to the intended anti-smoking advertisements?
- What are the emotional responses of the respondents when exposed to the anti-smoking advertisements?

Findings revealed that smokers' responses to anti-smoking messages, were 'blunted'. It was as if, the messages did not extract emotional responses from the respondents, rather situations regarding others' perceptions of the habits elicited emotions.

Firstly, there was an absence of emotional responses to the advertising messages, and it seemed that this absence reduced the accuracy and efficiency of the decision-making processes (rational processing). And it is for this reason that smokers are in denial regarding the seriousness of the health consequences associated with smoking.

Secondly, guilt was the only response, and this was expressed mainly by the older respondents who were parents. This response was not elicited by the advertisement.

6.4.2 The Emotional Response of Guilt

Guilt was felt about the act of smoking itself, and these feelings were reported to have also stemmed from their own internalised standards of behaviour, especially by respondents who were parents.

Guilt forms part of a group of emotions known as the 'self-conscious' emotions, and these emotions are built on reciprocal evaluation and judgement. For example, people are ashamed or guilty because they assume that someone (self/other) is making a negative judgement about some activity, characteristic or behaviour of theirs (Tangey & Fischer, 1995). It is these feelings of guilt, which lead to the perception of

discrimination, this perception in turn leads to feelings of self-defence and rebellion, manifestations of cognitive dissonance. These responses to the discrimination experienced by smokers in our society can be defined as coping strategies. Manifestations such as guilt, self-defence, rebellion and even avoidance follow an initial appraisal of harm, threat or challenge. These strategies can in turn, change or even short-circuit the emotional reaction and this then aids in levels of anxiety within the individual (Tangey & Fischer, 1995).

6.4.3 Unrealistic Messaging

Unrealistic advertising was identified and is based on technical aspects of the advertisements. Respondents did not, or rather could not relate to advertisements that seemed fictional. The fact that they were perceived as fictional gave the smoker reason to believe that that would never happen to him or her.

When the researcher refers to unrealistic advertising, she is speaking about advertisements that seem like science fiction or are deemed to be untrue, imaginary or illusory.

Unrealistic advertising, or images in the advertisement that are deemed to be unrealistic, are therefore ineffective in constituting a successful and effective advertisement. Unrealistic messaging also causes an impediment in the ability of the viewer to relate to the advertisement.

6.5   The Use of Humour and Fear

This theme emerged as a result of the emotional appeals that were used in most of the advertisements in this campaign, these appeals being fear as well as humour.

It has been deduced that the emotional appeals of fear and humour, in particular humour, lead to avoidance, and they actually cause the smoker to distance himself/herself from the health warning present in the advertisement, thereby leading advertisers to believe that their campaigns are ineffective. The reason for mentioning that humour in particular leads to greater avoidance is because the seriousness of the effects of smoking on one's health should not be associated with anything 'funny' about it. This humour combined with the seriousness of the health issues seemed to have caused a disconnect in the reactions that the respondents were supposed to have according to the advertising company. When smokers are confronted with the health-risks associated with smoking, they usually perceive this as a potentially stressful situation and defence mechanisms such as humour are used to help reduce the seriousness of the issue. Therefore, these advertisements that contain humorous

appeals in the anti-smoking campaign are actually providing the respondents with a means to reduce the overall impact that the threat of the advertisement is supposed to have.

The use of fear-appeal in the campaign was considered to be more successful, yet this type of advertising also led to avoidance of some degree.

This avoidance can be explained by the methods that individuals may use to help themselves cope with stressful situations. As was mentioned before, humour is a very popular way to help reduce stress in situations where, for example a smoker may be faced with negative yet valuable information regarding his/her habit. Denial was identified as another method of coping with the information that the respondents were faced with. Croyle and Ditto (1990) provided the field of research with interesting evidence about denial as a form of coping. It was found that denial was a common initial reaction to very threatening information, and second that it is most likely to be used by those who both believe the threat but have no problem-focused way to deal with the information. The use of humour in the advertising campaign used in this study was identified as an aid for dealing with the threatening information, it aided in reducing the amount of anxiety felt by the respondents. According to (Lazarus, 1991), the tendency to avoid and escape this threatening information can be explained by the biological link that these two tendencies have to fear.

6.6   Social Perceptions of Smokers

The topic of this discussion revolves around, how society or rather non-smokers perceive smokers, and in turn, the effect that these perceptions have on smokers' behaviour.

It was said that since the implementation of the smoking legislation, non-smokers have become more pedantic regarding their rights, resulting in smokers feeling more and more ashamed of their habit.

It was reported in an article that smokers seemed to feel considerable pressure to quit their habit, they often reported or expressed feelings of guilt about smoking, and also often hid the fact that they smoked from others (Poland et al., 2000).

In many cases they participated in social networks at work or in their private lives in which non-smoking had become the custom. In this context, regular verbal and non-verbal cues served as effective reminders of the declining social tolerability of smoking. Other smokers seemed to have internalised this stigma as guilt and self-blame, seeing smoking as a personal blemish and a source of 'dis-ease' (Poland et al., 2000).

6.7   The Media's Depiction of the Short-Term Effects of Smoking

"If cigarettes did affect us externally and you could see it in the mirror, it would definitely stop a lit more people in what it does to our lungs on the inside, but it is on the inside and we don't see it. I mean we wake up in the morning, have a quick cough, okay guys light up another one, be set for the day. I mean if we walked into the bathroom and looked in the mirror and our faces looked like that, I would be a bit more self-conscious, walking around with a cigarette in my hand." (25-34 yrs)

In today's westernised society, the human body is glorified, and the way in which it is perceived by the individual, influences the way in which he or she will relate to others as well as themselves (Serres, 1999).

The importance of one's physical appearance and the way that others relate to it played a prominent role during the focus group discussions, especially following the viewing of the 'Inside Out' advertisement, which displayed the message: 'If smoking did to your outside what it does to you inside, would you still be smoking?' Respondents were shocked at this advertisement, and so began the discussion of the importance of looking healthy. Respondents admitted that our society is part of the worldwide 'health craze' and the healthier a person looks the better.

It was through the emergence of this theme that an idea was formulated regarding the efficacy of anti-smoking advertising. In order to increase the level of efficacy and impact that these campaigns should be having on smokers, advertisers need to place more emphasis on cigarettes' short-term effects. Short-term can be defined as 12-24 months. The effects smoking has on skin, teeth, hair, eyesight etc., should be portrayed in these campaigns. Westernised individuals are afraid of becoming old and unattractive, and this angle of advertising would be more realistic.

6.8   Limitations and Recommendations for Future Research

In terms of the credibility if the study, the subject positions taken up by both the respondents and the researcher did not have any influence on the research process or the data collection. Focus groups were selected as a method of data collection, and this decision was based on previous research stating that focus groups were one of the best methods of market research as well as advertising pre and post testing, and simply because the researchers objective was to 'measure' the perceptions that smokers had of anti-smoking advertising. Focus groups are an excellent method of gathering 'rich' information about people's attitudes and perceptions of certain issues or products.

From the research that has been conducted here, it is clear to see that anti-smoking campaigns are not very effective with the methods that they have been using to target smokers. In this section, limitations as well as recommendations will be suggested, as a means to increase the levels of efficacy of these campaigns, based on the findings gathered in the focus groups.

6.8.1 Limitations

In terms of the degree of applicability of this research to broader contexts and settings, it is assumed to a certain degree that the results drawn from this study could be representative of the South African smoking population. Please note that this does not refer to the South African smoking population in general, but to the specific age and race breaks used in the focus groups, although when considering the exclusion criteria for this project, it was realised that there could be potential limitations when selecting such a homogeneous group of respondents with regards to the above characteristics.

The limitations of this research study include the fact that the qualitative results needs to be substantiated with either one or two of the following research options: firstly a more extensive qualitative analysis making use of alternative techniques such as in-depth interviews or a discourse analysis, or secondly substantiating the qualitative results with a quantitative study. By doing this, the sample size will have increased thereby increasing the validity and credibility of the results.

Further limitations include the fact that the advertisements that were selected for the use of this study were not representative enough of the South African smoking population in terms of age. Advertisers should not forget that smokers do not constitute a homogeneous group, the individual traits are variable. If this is the case, the efficacy of the anti-smoking message will be redundant.

The advertisements that were selected for use of this study were made available courtesy of the director of the National Council Against Smoking (NCAS). These advertisements were produced by students selected for the VUKA Awards and each of these were used in this study only. One should bear in mind that some of the adverts in the campaign were older than others, it would also have been more appropriate if advertisements had not yet been flighted on television, to decrease the interference of familiarity with adverts on respondents' reactions.

Revisiting the objectives of South African public information campaigns, the central aim remains to reduce the number of smokers in our population. It has been stated

and confirmed that smoking is a habit for the majority of smokers, and these habits can also be referred to as addictions.

For persuasive public information campaigns to be more effective, they need to succeed in inducing individuals to develop the intention to change their habitual behaviour. This step in the process of making a campaign effective proves to be the most trying objective, because individuals usually experience difficulties acting on a decision of this nature (Stroebe, 2000).

6.8.2 Recommendations

Recommendations that were extracted from the results obtained from the qualitative focus groups were highlighted to be the following:

- Public information campaigns should be targeting the correct advertising medium.

   In the future, research on the media's effect on young people's use of tobacco probably will focus on alternative marketing strategies such as in-store and Internet promotion as the tobacco industry continues to look for ways to recruit new users and keep current smokers. A few studies of the currently unregulated Internet suggest that it may be an important new avenue for tobacco promotion. One content analysis study (Bryant & Zillmann, 2002, p. 462) found many easily accessible pro-tobacco websites from which tobacco products could be ordered. Only 11% contained health warnings; instead of health warnings, most associated smoking with glamorous lifestyles. Images of young, slim and attractive) and females smoking recognizable brands abounded.

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