CIGARETTE SMOKERS' PERCEPTIONS OF FEAR-APPEAL ADVERTISING

BY

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DEDICATION

I would like to dedicate this work to my parents, whose support, love and understanding during this year was unconditional.

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A huge thank-you goes to firstly my parents, as well as my close friends and immediate family, to my supervisors and wonderful colleagues at Markinor:

Your words of encouragement and compassion gave me strength;

Your experience and knowledge kept me on the right track - and most of all,

Your ever-strengthening belief in me gave me peace of mind…

ABSTRACT

The question of whether or not advertising is effective has been a topic of research for decades. This specific research project poses the question whether the use of a method of advertising known as 'fear-appeal advertising' could effectively promote anti-smoking sentiments. Due to the nature of this study, attention and focus are placed on the affective and emotional aspects of this type of advertising and it aims to understand the perceptions that smokers have of anti-smoking advertisements.

Fear-appeal advertising is supposed to have a greater impact on health-risk behaviours such as smoking than other types of advertising do; the 'milder' anti-smoking campaigns – with little or no fear-appeal – currently used in South Africa have no impact on the smoking population. This research aims to explain and describe fear-appeal advertising, focusing on smoking as a health risk-behaviour.

The respondents recruited for this study all classified themselves as smokers, and were selected to constitute a representative sample of the South African population, ranging between the ages of 24-49 years. The perceptions of these smokers are discussed against the backdrop of literature on the topic, in an attempt to highlight the effectiveness of such advertising campaigns and ultimately suggest a way forward.

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Chapter One – Introduction

"Advertising does not first get attention, and then create an emotion. Advertising creates an emotion, which results in attention."

(Du Plessis, 2005, p.84)

Advertising and the effect it can have on an individual's behaviour is a phenomenon that the researcher found intriguing; for example, how could people believe that drinking 'exercise in a bottle' could absolve them from exercising and warrant no ill-effect from bingeing? Or in this instance, how could people believe that they would be perceived as more 'glamorous' or 'appealing' if they had a cigarette stuck between their lips?

This kind of thinking led the researcher to believe that the perceived reality portrayed by the media is really more complex than it looks. Writing this mini-dissertation was the most daunting task attempted. It is sincerely hoped that what has been learnt about the perceptions of smokers regarding anti-smoking advertising that employs fear-appeal techniques can be shared.

The aim of this research is to explore the perceptions held by smokers on anti-smoking advertising, particular with the incorporation of fear-appeal. A qualitative approach to research design, data gathering and data analysis was taken to accomplish this. The motivation behind this research programme was to help guide the National Council Against Smoking (NCAS) on the genre of advertising used in anti-smoking campaigns, to help them be successful and more effective.

Although it is very important to be able to measure the efficacy of any kind of advertising campaign, the NCAS does not have funding available to do this kind of testing - their one and only available measurement tool is the amount of calls made to their hotline number, after the advertising campaign. Increases in calls have been recorded during the two months that a campaign has run its course; therefore it is possible to infer that the campaign does have an impact on the smoking population. This is the NCAS' only method of measuring the efficacy of the campaigns flighted on South African Television – no additional research has been done.

1.1   Research Problem

Fear-appeal advertising may be associated with smokers' health-risk appraisal and may underlie their responses to these advertisements. Thus, this study aims to explore the perceptions of smokers to the 'milder' anti-smoking campaigns with little or no fear-appeal that are used in South Africa and compare them with advertisements that contain a higher level of fear-appeal.

In light of the fact that this study is qualitative and exploratory in nature and it thus aims to explore the themes underlying smokers' perceptions of fear-appeal advertising.

As part of this introduction, a description of the term fear-appeal advertising and its use throughout this article would be in order. Fear-appeal advertising can be defined as:

> *"An informative communication about a threat to an individual's well-being. Along with details of the threat itself, the communication suggests measures that can be taken to avoid such threats or reduce its impact. The use of frightening, visceral, offensive, taboo, realistic and emotion-provoking images, concepts and words, presented as facts or opinions are included to sell a product or idea."*
>
> (Milne, Sheeran & Orbell, 2000, p.107)

1.2   Chapter Outline

Chapter 2 contains the literature review undertaken for this study. The objectives of this literature survey were firstly, to set out previous research in this field, with brief reference to the theoretical approaches taken during studies done on this phenomenon in the past. Secondly, to focus on and discuss current research in the field of advertising, specifically advertising with high levels of emotional content, as used in the realms of Western society and specifically those targeting South African adults who smoke. A rather tiresome task, as hardly any research has been done in this area. The reason for this lack is that the Advertising Standards Authority (ASA) does not allow advertising that is 'high in shock-value' to be flighted on television. The third objective was to identify the relevant methodological and measurement issues experienced during previous research and to find literature on fear-appeal advertising and on public health campaigns. The purpose of the last objective is to highlight the relevance of this study to the current body of knowledge.

Chapter 3 concentrates on the theoretical framework and current literature on smoking and related legislation.

Chapter 4 contains the research design and methodology. In this chapter, the rationale behind focus groups is given; an appropriate methodological approach for a study of this kind.

Thematic analysis was applied to create themes and sub-themes; these facilitate in presenting the findings in an ordered manner and conveys meaning to the reader. The purpose of such thematic analysis is also to explore and describe the perceptions of smokers as a whole. This analytic technique is used to gather information on the acceptability and usability of new products and services, as well as to test consumers' reactions to new advertising campaigns or specific advertisements. This causes much of the information gathered during exploratory research to be unique (Fern, 2001). The reasoning behind the selected method was informed by the evident success of focus groups as a marketing tool in the private sector, which eventually led to public organisations adopting the focus group approach for their own marketing purposes – such as assessing the impact of health education campaigns (Bloor et al., 2001). Nevertheless, it is clear that the access that focus groups allow to group norms, group meanings and group processes, validates it in principle as a useful research method in its own right. In addition, focus groups could potentially act as a vehicle to extend public participation in the research process (Bloor et al., 2001). Even though constructs such as affection and cognition may be considered as subjective experiences, smokers are viewed as a group that has developed its own norms and values; thus, focus groups could be considered the most suitable method to elicit responses reflecting these norms.

Chapter 5 was allocated to the analysis and interpretation of focus group transcripts.

Chapter 6 concludes the study with a concise discussion of the results, limitations and recommendations for future research. The bulk of this study represents only a starting point on the journey of discovery – much more needs to be done before the impact of advertising on individuals' lives and the power it exerts over the decisions these individuals make, will be fully understood.

It is not the researcher's intention to claim that this study is all-encompassing or flawless; emphasis should rather be placed on its potential as an exploratory study, leaving ample space for further research.

By increasing the trustworthiness and credibility of the research and results, an alternative field has been exposed for future researchers to carry out comparable studies, stretching from the impact of fear-appeal advertising in South Africa to the effect of smokers' group-think on this addiction.

Chapter Two – Literature Review of Affective Advertising

2.1 Introduction

According to previous research, there is evidence that the media does have an influence on the use of tobacco amongst youth, but not all campaigns report these effects (Flay et al., 1989; Wakefield et al., 1999) and there is a lack of research concerning the impact of media encouragement on youth smoking (Wakefield et al., 1999).

This literature review serves as a starting point to this mini-dissertation and informs the questions, arguments and conclusions posed therein. This chapter will basically serve to explain and describe fear-appeal advertising, focussing on smoking as a health risk-behaviour. This chapter will also act as a prelude to Chapter 3, where a discussion of social theories explaining smoking behaviour and consumers' reactions to fear-appeal advertising will follow.

Emphasis will be placed on the fact that this study was conducted amongst South African smokers. This is rather unique owing to firstly, the fact that most psychological research takes place in either the USA or the UK, and that results from these studies are mostly quoted in general terms when referring to South Africans, whose diverse cultures differ greatly from those found in America or England. Hopefully, this study will contribute to other research projects to take place among the South African population. Secondly, South Africa imposed bans on social smoking and set an example by acknowledging the harmful effects of cigarette smoking; this has ultimately led to restrictions on cigarette advertising and anti-smoking laws in countries all over the world. Some of these countries include Canada, Bhutan (which completely banned tobacco sales), Belgium, Kenya, India, the Czech Republic and Australia.

2.2 Aims of Chapter Two

As stated previously, the objective of this chapter is to provide a clear explanation and description of fear-appeal advertising, with the focus on smoking as a health-risk behaviour. It is necessary to establish a link between these two very broad topics, whether it be in the lights of positive or negative outcomes.

For example, the effects of the media may be intended by message producers, as is the case when health educators develop public information campaigns, or may be unintended, as is the case when viewers take up unhealthy behaviours only shown for entertainment value on television programmes. Therefore, the outcome may be either positive or negative from a public health point of view. The common ground between fear-appeal advertising and smoking as a health-risk behaviour is the public information campaign, as such campaigns help to serve as an important vehicle of communication with the public.

2.3   Public Information Campaigns

The advertisements used in this study can be classified as Public Service Announcements (PSAs). This kind of advertisement is usually sponsored by a government agency or the Advertising Council. The advertisements selected for the purpose of this research have been sponsored by a non-governmental organisation known as the National Council Against Smoking (NCAS), based in Braamfontein, Johannesburg.

The reason why information campaigns have attracted so much attention is that South Africans are in the process of societal modernisation, which lead to a great desire among the community to be informed, e.g. about the actions taken by government and how these actions might affect their lives (Klinemann & Rommele, 2002).

Examples of some very successful global information campaigns include: the campaign for energy conservation in countless countries around the world that arose from the oil crisis during the early 1970s; global campaigns launched in aid of cancer; and various AIDS awareness campaigns introduced early in the 1980s (Klinemann & Rommele, 2002).

The mass media have the capacity to act as a major vehicle for the 'transport' of communication and information campaigns. Noelle-Neumann (1973), in one of her studies on the media, described television as an 'elephant in disguise', leading to questions about the goals of public information campaigns shown on television – one of the most successful mediums of mass communication to date. According to Bryant and Zillmann (2002), public information campaigns are purposive: by informing, persuading or motivating behaviour changes, they target a fairly well defined and large audience (smokers); they are generally launched for non-commercial benefits, to individuals and society at large; and, they are characteristically pursued over a given time period (Rogers & Storey, 1987).

Therefore, when communicating to the public as a whole, the mass media often serves as a channel for conveying a message to a broad audience. Klinemann and Rommele (2002) made it clear that this in turn enables the public to gain more knowledge on matters beyond their own experience, by having this information made accessible to them.

2.3.1 The Purpose of Information Campaigns

The fundamental goals of an information campaign are to "initiate a dialogue, to emphasise interaction, and to open up a larger perspective" (Klinemann & Rommele, 2002, p.3). It was stated by Klinemann and Rommele (2002) that an exchange of information has to take place before any social process can be performed. One significant factor which inhibits the efficacy of campaigns (especially campaigns which focus on health-risk behaviour) is that target audiences adopt the perception that they themselves are indestructible, a 'it won't happen to me' kind of mentality (King, 2002). These perceptions are part of the domain this study aims to investigate.

Information campaigns using threats or fear-appeal have been proven to elicit fear, which is viewed as a powerful motivator in persuading an individual to change an attitude or belief (Witte, 1998; Clarke, 1998; Morman, 2000). It is in light of this that a study of smokers' perceptions of fear-appeal would be valuable.

2.3.2 General Aims of Public Information Campaigns

In general, modern information campaigns are built upon a dual strategy. On the one hand, they are characterised by media orientation, which suggests that content and timing are adjusted to the logic of the media system in order to achieve the highest possible media resonance. On the other hand however, campaigns show a clear audience orientation. These types of campaigns also aim at attracting interest, at gaining trust from the relevant subgroups as well as at mobilising certain target groups. By aiding interest groups to identify how target audiences perceive anti-smoking campaigns, this research would assist in making these campaigns more effective (Kelly & Edwards, 1992). For example, for smokers who are also parents, the strongest possible endangerment or fear-inducing threat could be to show how children could imitate parents' smoking behaviour (LaTour & Rotfeld, 1997).

2.3.3 The Challenges Faced

The last aspect that needs to be taken into consideration when designing an anti-smoking campaign is the flood of information directed at the viewer – this is where

information campaigns find it difficult to make themselves heard. Diverse issues, from road safety to breast-is-best, compete against each other for the limited attention of their audience via the mass media. Thus, in order to make sure that a campaign is successful, it is crucial to understand and shape the social issue at hand (safe abortions, HIV/AIDS, cancer, civil rights, and in this case tobacco use) to try and cut through the very cluttered agenda vying for attention and understanding. Paisley (1998) concludes that campaigns should advise, inform, advocate and reinforce rather than simply insisting, because it should be left to the individual to grapple with the various aspects of the social environment.

2.4 An Overview of General Health Psychology

The role of health psychology is very prominent in this study, as the reciprocal interactions that take place between psychological processes and physical health stand to be investigated (Sternberg, 1998). The primary goals of health psychology include the promotion of health as well as health-enhancing behaviour; it is here that health psychologists assume adults to have the capacity to control their health through the psychological regulation of their actions (Kaptein & Weinman, 2004).

In every area of psychology, different types of research are conducted. A distinction can be made between four broad categories of study, namely descriptive, explanatory, predictive or intervention-based research. This research project falls under descriptive studies.

Descriptive studies are considered to be on the most basic level of research, as they represent a very useful first step in research by providing accounts of the nature and range of key behaviours and other psychological processes. For example, products of this type of study would include descriptions of the levels of engagement in different health behaviours such as daily exercise, dietary intake or the ways in which people handle stressors, including minor and major health problems (Kaptein & Weinman, 2004).

2.4.1 Health Behaviours

Underlying much of the research in health psychology is the concept of health behaviour, also known as preventative health behaviour (Pitts, 1996). For the sake of clarity, the term 'health behaviour(s)' will be used throughout this study.

In the first half of the twentieth century, transmittable diseases lost their governing position as causes of morbidity and death in developed countries (Armstrong, Conn & Pinner, 1999) and other significant social changes, such as enhanced nutrition,

resulted in an extensive increase in life expectancy in these countries (Fielding, 1999). Today, the leading causes of death are cardiovascular disease, cancer and conditions increasingly linked to health-impairing behaviour, such as smoking, excessive alcohol consumption, poor nutrition and lack of physical exercise (McGinnis & Foege, 1993).

In reaction to the significance placed on lifestyle factors as determinants of health and illness, individuals have started to place greater emphasis on the lifestyle that they lead. Health behaviours are becoming increasingly well-recognised as central factors in health promotion and the prevention of disease, as behavioural factors are projected to account for half of premature deaths (Kaptein & Weinman, 2004). Health-reinforcing behaviours are usually consciously adopted by individuals who have already been diagnosed with an illness. Common health behaviours include exercising on a regular basis, eating healthily, driving with a seatbelt and practising safe sex.

It is clear that the concept of health behaviour is fluid and the activities included in the list above would change as medical knowledge develops. In today's modern society, health promotion has become very prominent.

When defining health behaviour, two broad types should be distinguished: firstly, behaviour that increases risk and behaviour that promotes health. This study focuses on smoking, a risk-increasing health behaviour.

2.4.1.1   Health-Risk Behaviour

Risk-increasing health behaviour can be defined as an activity undertaken with a frequency or intensity that increases the risk of injury or disease. Common health-risk behaviour includes cigarette smoking, abusing narcotic drugs, excessive alcohol consumption, deviant sexual behaviour and drunken driving (Kaptein & Weinman, 2004).

2.4.1.2   Health-Promoting Behaviour

To define the attributes of a healthy lifestyle, it is necessary to look at a study conducted in the USA, which identified seven healthy lifestyle features:

- Not smoking
- Moderate alcohol intake
- Sleeping 7 to 8 hours per night
- Exercising regularly
- Maintaining a desirable body weight
- Avoiding snacks
- Regularly eating breakfast

These behaviours were all associated with low levels of morbidity and subsequent effects long-term survival (Belloc & Breslow, 1972; Breslow & Enstrom, 1980 in Conner & Waterman, 1996, p. 34). These health behaviours have now become the central focus of many major health campaigns, and research into these forms of personal health behaviour (as well as their disadvantages) has become one of the fastest developing fields in psychology (Rodin & Salovey, 1989 in Conner & Waterman, 1996).

2.4.2 Health-Risk Behaviour: Cigarette Smoking

Smoking is a social problem that affects individuals, groups, organisations, communities and society at large. The importance of particular behaviours and lifestyles on health and well-being has become widely acknowledged (Conner & Waterman, 1996).

Smoking as a health-risk behaviour is a preventable behaviour over which those that exhibit such behaviour have the power to exert control over, in other words, the health risks associated with smoking are preventable (Ho, 2000) by altering the behaviour itself.

In a recent article about the control of traditional tobacco products' usage in South Africa, Ayo-Yusuf (2005) let the following statistics emerge:

- 21,4 % of South Africa's adult population smokes
- The prevalence of cigarette smoking has decreased substantially over the last decade, but the use of traditional snuff, hand-rolled smoking tobacco and 'native-pipe' smoking has increased.
- The rate of decline in smoking among women (%) is less than half of that among men; black South African women are major consumers of both snuff and non-cigarette smoking products.
- Manufactured cigarettes represent less than 90% of South Africa's total tobacco consumption.
- Traditional African snuff has been found to have 20 to 100 times the level of carcinogens found in the snuff consumed by Westerners.

Tobacco smoking is positioned high on the list of health-risk behaviours, as the burden of disease attributable to smoking in developed countries is greater than that of all other health-risk behaviours combined (Kaptein & Weinman, 2004).

The obvious display of eventuality between behaviour and good health emphasises the need for valuable techniques to transform individuals' attitudes about health and their health-risk behaviours.

2.4.3 Smoking and Behaviour

A lot of time and effort has been made to gain a greater understanding of the detriments, which accompany health-risk behaviour such as smoking. It is essential to

acknowledge the multitude of factors that underlie the differences between those individuals who exhibit health-risk behaviours such as smoking and those who do not. When considering the causes of individuals' decision to start smoking, economic considerations and cultural factors are seen play a role, but they are not the only components. Taking a quick glance at economic considerations, socio-economic position has been recognised for more than 2,000 years to be in direct correlation with death and illness (Kaptein & Weinman, 2004) – but most likely for most of modern man's existence. Disadvantaged social background, a lower level of education and a low prestige job all are factors that increase the chances of premature death and a higher incidence of chronic medical and psychiatric conditions (Kaptein & Weinman, 2004).

Legislation also has an influence on health behaviour. Since the ban of cigarette advertising in South Africa and enforcement of the 'no selling of tobacco to under 16s' and 'no smoking in public areas' laws, a positive effect is notable on the South African population's cigarette consumption and health behaviour.

According to the latest reports (Ayo-Yusuf, 2005), the Department of Health is seeking to:

- Ban retailers from displaying cigarettes
- Increase fines for violating restrictions on smoking in public places
- Outlaw tobacco companies' "social responsibility" contributions
- Make health warning images mandatory on cigarette packs
- Ban under -18s from designated smoking areas

Other restrictions are also in the pipeline but have not been disclosed yet.

The other very important determinant of health behaviour is macroeconomics. Many health behaviours cost money. Cigarettes and alcohol all have to be purchased, and this in turn depends on the individual's disposable income (Kaptein & Weinman, 2004).

Lastly, socio-cultural factors also influence health behaviour. For example, peer groups, family habits and social networks all have the ability to influence behaviour such as eating patterns, alcohol consumption and tobacco consumption. For example, children whose parents are smokers will most probably end up being smokers themselves (Kaptein & Weinman, 2004).

It is essential to keep the above factors in mind, but it is individuals' cognition that has attracted the attention of psychologists. For example, knowledge about the link between behaviour and health (or risk awareness) is a fundamental factor, an informed choice concerning a healthy lifestyle (Conner & Waterman, 1996).

According to Conner and Waterman (1996, p. 35), "The reduction of smoking in the Western world can be largely attributed to a growing awareness of the serious health risks posed by tobacco use brought about by widespread publicity". Nonetheless, this does not account for the fact that tobacco is continually used amongst lower socio-economic groups, nor does it explain the increasing uptake of smoking amongst adolescent girls. This simply illustrates that knowledge about health risks is not sufficient to induce avoidance of smoking (Conner & Waterman, 1996). The answer to why people smoke – even when they are aware of the health-risks associated with smoking – ultimately lies with the individual. The optimistic bias belief may be one factor which can help explain why people engage in a behaviour which has undesirable effects on their health, regardless of having information about the negative health consequences related with that behaviour (Williams & Clarke, 1997). According to Weinstein (1982), optimistic bias is defined as "perceiving oneself as less susceptible than others to unpleasant occurrences". This viewpoint will be integrated with the theory of cognitive dissonance and will be discussed in more detail in Chapter 3.

2.5   Fear-Appeal Advertising Defined

Fear-appeal advertising depends on scary, emotive, offensive, taboo, super-realistic and reaction-provoking images, concepts and words, to present facts or opinions about a product or idea to the audience, often including threats to an individual's well-being to suggest that it is best to avoid such threats (Milne, Sheeran and Orbell, 2000, p.107).

Anti-smoking advertisements have been selected as the concrete basis for this study. As seen earlier on in this chapter, information campaigns aim to increase the level of individuals' awareness of the health-risks associated with smoking. This issue is considered important because of the huge amounts of money that are invested globally by governments and health organisations in an attempt to resolve health and socio-economic problems associated with smoking.

The researcher recently spent two months in the UK and saw an advertisement on television about drinking and driving. Unlike those used in South Africa, this commercial was very graphic and extremely shocking – yet, at the same time, it was realistic. Lazarus (1991) acknowledged that judgements are necessary for emotion, as emotions play a part in influencing other psychological mechanisms such as the cognitive coping process. An advertisement that is emotional and which is able to depict reality, will be a successful one because it draws on this judgement.

Why fear? Smokers generally fear being faced with information about the health risks associated with their habit, but at the same time they choose to ignore these facts

and continue smoking. When fear-appeal is employed correctly, it can be useful in behaviour change (Witte & Allen, 2000), by challenging individuals to rather alter their behaviour by scaring them into action (Morman, 2000). The opposing emotion to be investigated is that of humour, to show the difference in approach and effect.

2.5.1 The Theoretical Motivation Underlying Fear-Appeal Advertising

Previous research has been done on the emotional responses to anti-smoking advertising (Wakefield et al., 1999). Between the mid-1950s and 70s, a lot of theoretical and practical work was dedicated to the study of fear-arousing persuasive messages, and in particular, to the question of how effective such messages are in inducing people to change their beliefs, intentions and behaviour (Jepson & Chaiken, 1990). It still remains to be said that, "although various studies have explored the efficacy of anti-smoking television advertisements, their internal components remain relatively unexamined" (Beaudoin, 2002, p.123). These internal components Beaudoin refers to, are the selected design elements guiding the desired outcome of the campaign, such as making use of fear-appeal to increase levels of awareness about the health risks associated with smoking.

Fear arousal is an unpleasant emotional state triggered by the perception of threatening stimuli (Ruiter 2001, p.214) and fear-appeal is thus a persuasive communication attempting to arouse fear in order to promote precautionary motivation and self-protective action (e.g. to stop smoking).

It is understood that the condition of fear involves a physiological arousal that results in more cognitive, affective and behavioural attention focussed on the threat; leading the individual to react by trying to lessen the threat and reduce the fear. While the threat is the expression of a danger, fear is the state of uneasiness the individual feels in result to the threat (Dion, 2005).

From this point of view, it is essential to eliminate any form of confusion regarding the variables or components comprising fear-appeal. What is often lost in research, is the basic distinction between threats that are illustrated as undesirable consequences from certain behaviours, for example acquiring cancer from cigarette smoking, and fear as an emotional response to the threat. It is imperative to take into consideration that individuals all respond differently to threats. No threat is likely to evoke the same response from everyone, not even those belonging to a narrowly defined demographic group (LaTour & Rotfeld, 1997).

While a substantial amount of research has concluded that fear-appeal induces behaviour change, some advertisers and practitioners argue that the use of fear-appeal could backfire (Witte & Allen, 2000). The use of fear-appeal may actually push certain individuals to adopt maladaptive responses, such as denial and avoidance of the entire issue.

2.6   Emotion Defined

Since the word 'emotion' has been used frequently in many of the definitions of fear-appeal, it is appropriate that this very central issue of the research be expounded.

Emotions cannot be observed openly; as a point of illustration, when looking at someone, we don't see fear or happiness itself, we hear laughter and infer happiness or see anxious facial expressions and infer fear. Therefore, emotions are internal states and must be inferred from behaviour (Harris, 1990).

Emotions form an integral part of the appreciation of the media and television in specific. The feelings evoked when viewing specific television shows forms a central part of the entire psychological experience. Emotion can be divided into two components, namely the cognitive and the physiological. For example, we think about what we are feeling, and then attribute causes to it. From the physiological point of view for example, when aroused, certain physiological changes take place such as increased heart rate, sweating and dilated pupils. From this explanation of the components of emotion, it is evident that emotions are products of both bodily state and cognitive interpretation of that state (Schachter & Singer, 1962; Zillmann, 1983). This study will focus on the cognitive interpretive aspects of emotions.

According to Agres, Edell & Dubitsky (1990), attention has increasingly been given to the affective and emotional aspects of advertising in advertising research – this has now become known as the 'emotion revolution', giving researchers the opportunity to explore essentially new and relevant issues.

Research done by Burke (1987) explored how feelings or emotions generated by an advertisement have the ability to exclusively add to the explanation of the effects of advertising on the viewer (Agres et al., 1990). Three emotions will be scrutinised for this study, namely anxiety, fear and humour.

2.6.1 The Fear Factor

Fear is an emotion, which is accompanied by a high level of arousal, and is caused by a threat that is perceived to be significant and personally relevant (Lang, 1984).

Within this context, fear can be defined as an unpleasant feeling of perceived risk or danger (such as threat communication or fear-appeal present in anti-smoking advertisements), whether it be real or imaginary. It can also be described as a feeling of extreme dislike (resulting in selectively choosing to ignore the message portrayed by an anti-smoking campaign) of some conditions or objects.

Much research has been conducted on fear arousal and attitude change. The original assumptions were well matched with the idea that information has the power to create negative attitudes towards smoking, but the assumption stands that information alone is inadequate to create change (Borgatta & Evans, 1968).

Negative attitudes about the issue and a decline in the number of smokers were both expected to be at a peak when anti-smoking campaigns contained information that aroused fear motivation. In other words, higher levels of fear would be provoked by more vivid illustrations and statements; the greater the fear, the greater the motivation to adopt anti-smoking attitudes (Borgatta & Evans, 1968).

Borgatta and Evans (1968) view fear as a motivation for change, which highlights the importance of emotion within the context of the advertising for anti-smoking campaigns.

It is relevant to point out that individuals react differently to fear-evoking situations, as it is a subjective experience; therefore, it is evident that the personality variable may also play an important role in determining the level of responsiveness to such fear-appeal advertisements. It is for this reason that health consciousness is used as a benchmark to define the various responses to fear displayed or described by respondents.

"A current review of fear-based approaches to behaviour change concluded that high fear messages in public health campaigns could be effective, providing that a high fear-appeal message is accompanied by a high self-efficacy message" (Witte & Allen, 2000 in Wakefield et al., 1999, p. 8).

Wakefield et al. (1999) established that anti-smoking campaigns graphically depicting a message that 'every cigarette smoked, does damage' was perceived by 15 to 17-year olds as making them more likely to try and quit smoking, as well as making them feel more uncomfortable about their habit, than coexisting advertising campaigns which depicted non-smoking youths as smarter than smokers. Fear-appeal advertising is mainly used by advertisers to target the adult market, but according to Tan et al. (in Wakefield et al., 1999), most 14 to 17-year old smokers found this graphic advertising, which was intended for adults, applicable to them and made them more likely to refrain

from smoking. These findings are substantiated by a study conducted at Roskilde University during the spring of 2005. Questioning whether or not fear-appeal advertising was persuasive, Dion (2005) justified her reasoning for the selection of her target group (18 to 24-year olds) by defining them as Generation Y, born at the beginning of the 80s up to the mid-1990s, the "most lettered generation and proud of it". Success and distinctions are only a few of the objectives members of Generation Y set for themselves. They are also known for their faith in and knowledge of new technologies. They are strong-headed, independent and self-reliable individuals with a notable confidence in their abilities and power (Generation Y: A Profile, Newfoundland and Labrador Employers' council website).

This group constitutes the largest of the consumer groups and as a result of this, they possess an enormous decisional influence on all markets. Yet they seem to be hard to reach. An explanation could be that they grew up in a world that is even more media-saturated than that of their parents; this could be why they respond differently and prefer to be exposed to media images on across different mediums, such as the Internet, instant messaging services and mobile phones.

It is also believed that these young adults respond better to humour, irony and reality when presented as the unvarnished truth (Neuborne & Kerwin, 1999). Most documentation on Generation Y defines them as completely distinct from the previous generation in terms of values, culture, education and most of all, in terms of consumption habits. If this is true, why do communication professionals try to reach them with the same means they employed for past generations?

Recently, Biener, McCallum-Keeler & Nyman (2000) investigated the broader position of emotional responses to anti-smoking advertisements. In a population-based study amongst adults, they found that between nine specific advertisements studied, the more emotional an advertisement was considered to be by an independent panel of judges, the more effective it was rated by survey respondents. In a later survey of youth aged 14 to 17 years of age, it was found that this group perceived anti-smoking advertisements as effective when it stressed the serious consequences of smoking behaviour, rather than just conveying a message that a person has a choice about whether they want to smoke or not.

Would more susceptible subjects prove more willing to adopt protective measures when the message is threatening? The outcomes of smoking studies are multifaceted, but these results seem to form a pattern. In general, the raising of fear motivation positively affects levels of persuasion, but this finding is importantly qualified, as the

most vulnerable subjects seem least accepting when the fear level is increased (Niles, 1965 in Borgatta & Evans, 1968).

2.6.2 Anxiety

When referring to 'response outcomes of fear-appeal advertising', the various scenarios that may occur among respondents in focus groups come to mind. For example, fear and anxiety may be a topic of conversation amongst smokers who are aware of the negative health consequences of smoking although they continue to smoke.

To distinguish between fear and anxiety as two different emotional constructs, based on the stimulus of the reaction, the specificity of the reaction and the proportionality of the reaction could prove difficult. According to Levitt (1980), physiological reactions to stressful situations are very similar to one another, even if they are rated as definite, disperse, overstated or pragmatic experiences. From these distinctions, it clearly is futile to make any type of distinction between fear and anxiety.

The idea that anxiety is not a unitary phenomenon is not new. "Many clinicians and theorists contend, for instance, that fear ought to be distinguished from anxiety. Two lines of argument underlie this decision. One deals with the source of the emotion, the relative specificity of the stimulus. The other is concerned with the emotion's basis in reality; is the reaction proportionate to the threat of the stimulus?" (Levitt, 1980, p.6).

Rather, fear and anxiety should be seen as interchangeable terms, with minor differences in meaning, which will be distinguished in order to eliminate any misconception as well as to give some background information about the theories used to explain certain phenomena occurring during this specific emotional state.

2.6.2.1   Defining Anxiety

Beck and Emery (1985, p.104) define anxiety best: "The anxious patient anticipates possible damage to his relations with others, to his goal and objectives, to his ability to cope with problems and perform adequately, and to his health or survival".

It is important to state the type of anxiety with which this study will occupy itself: state anxiety. This refers to how anxious a person may feel at a particular moment. For example, how participants may feel after having viewed the advertisements. Of course, trait anxiety may also play a role in how the participant reacts to the stimulus, but the focus will remain on state anxiety, keeping in mind that health consciousness will play a role during the discussion of participants' experiences after having viewed the series of anti-smoking advertisements.

Anxiety has been defined by Spielberger (1972) as "an unpleasant emotional state or condition, which is characterised by feelings of tension, apprehension and worry and by the activation or arousal of the autonomic nervous system" (Sarason, Sarason & Pierce, 1990, p.1). The focuses of this study are the cognitive components of anxiety. According to Sarason et al. (1990), when using the cognitive view of anxiety, it is the responses of individuals to a perceived danger as well as a perceived inability to handle in a satisfactory manner the challenge that they may be faced with that are under scrutiny.

The following list contains cognitive events, which often occur in anxiety-provoking situations (Sarason et al., 1990, p.2), linking up with the cognitive variables defined earlier on as part of the discussion on the protection motivation theory:

- The situation is seen as difficult, challenging or threatening
- The individual sees himself or herself as too ineffective or inadequate to handle the task at hand
- The individual focuses on the undesirable consequences of personal inadequacy
- Self-deprecatory preoccupations are strong and interfere or compete with task-relevant cognitive activity
- The individual expects and anticipates failure

Therefore, the cognitive view of anxiety mainly centres on the various states of heightened awareness, perceived helplessness and the expectations of negative consequences, which become the substance of self-preoccupation. 'Worry' cognitions are stirred when an individual perceives his or her inability to cope with the situation in which they might find themselves. Another problem may be the fact that they do not understand the situation properly, or they may feel doubtful about the consequences of not being able to cope effectively (Sarason et al., 1990). The notion that individuals select information that is consistent with their attitudes and beliefs and ignore or avoid information, which is discrepant, is largely understood in terms of cognitive dissonance (Festinger, 1957).

2.7 Humour Appeals in Public Health Communication

Many views on humour prevail. One such view contends that humour is one of mankind's noblest attributes and reflects an expression of tolerance, acceptance and sympathy towards one's fellow man. This portrays humour as a liberating force that frees individuals from the often-stifling constraints of social convention and environmental pressures (Lefcourt & Martin, 1986).

Humour can also be described as one of the most commonly employed communication strategies in advertising. Although not much has been written about

the role of humour in public health announcements, an extensive body of literature on humour can be found in areas such as clinical medicine as well as the role of humour in persuasion. Opportunities for research definitely exist in this area.

2.8   Humour as a Euphemistic Construct

In the book Humour: the Psychology of Living Buoyantly, Herbert Lefcourt recognises that humour is only facilitative at certain times and under certain conditions. At other times, personality characteristics such as beliefs about control, accessibility of social support and the depths of commitments may be equivalent to or stronger than humour; these well-known psychological tools help individuals protect themselves from succumbing to the effects of particular stressors. It is unlikely that humour is a unitary phenomenon serving only one purpose. Just as crying can have a variety of meanings and functions, so too can laughter and humour. The functions of humour range from ridiculing, mocking or coercing others or reducing interpersonal tensions (Lefcourt, 2001), to expressing or creating feelings of community or closeness (Lefcourt & Martin, 1986).

According to Lefcourt and Martin (1986), in order to set the explanation of humour into more manageable terms, three main types can be distinguished:

- Arousal
- Incongruity
- Superiority

This classification corresponds with Eysenck's (1993) affective and cognitive theories.

The focus for this study is on humorous incongruity, the cognitive element of humour. According to this, the essence of humour resides in bringing together two normally disparate ideas, concepts or situations in a surprising or unexpected manner. For example, that which is viewed as serious (the health-risks associated with smoking) is suddenly viewed from a totally different (usually ludicrous) perspective (Lefcourt & Martin, 1986). The incongruity theory of humour suggests that humour involves sudden, surprising shifts in cognitive processing of information, accounting for the advantageous effects of humour (Lefcourt & Martin, 1986).

O'Connell (1976, p.237) stated that an individual with a sense of humour "is skilled in rapid perceptual-cognitive switches in frame of reference" and this flexible ability allows the individual to distance himself/herself from the immediate threat of the stressful situation and thus reduce the paralysing feelings of anxiety and helplessness.

2.9   Experiencing Humour in Everyday Life

Two constructs originating from Arthur Koestler's book The Act of Creation (1964), largely based on Freud's writings about humour (Freud, 1905), are considered necessary to explain the concept of humour. These two constructs are referred to as bisociation and tension (or arousal).

Bisociation is similar to the term that humour students use to refer to the incongruity discussed previously, such as the simultaneous perception of an object from two mutually exclusive frames of reference. To illustrate: should adults behave in a childish manner, onlookers have the ability to visualise them as the respectable adults they should they appear to be, while they are acting like schoolchildren. When these incongruous perceptions occur in chorus, it can result in humour if a dash of adrenaline is added. Therefore, incongruity can lead to humour if the observer experiences some degree of emotional stimulus while considering the object of his perception. In simplified terms, there must be something threatening or fearsome about the objects of perception (Koestler, 1964).

Truly funny humour, is largely self-directed and defensive. That is, it reflects a withdrawal from seriousness and the assumption of a perspective that affords relief from negative emotions. Sigmund Freud (1928) defined humour as one of the best defensive processes, a means by which humans are able to dismiss the impact of emotional experiences that would otherwise cause mental exhaustion. Others have spoken of humour as a sign of perspective taking. Rollo May (1953, p.54) suggested that "humour has the function of preserving the sense of self… it is the healthy way of feeling a 'distance' between one's self and the problem, a way of standing off and looking at one's problem with perspective". In the same way, Viktor Frankl (1969, p.16-17) asserted that "to detach oneself from even the worst conditions is a uniquely human capability" and that this distancing of one self from aversive conditions comes "not only through heroism… but also through humour".

This notion is strongly related to the theory of cognitive dissonance, the considerable ambivalence occurring when a smoker is blatantly made aware of health-risks in anti-smoking advertising campaigns but still fails to adopt health-promoting behaviour, as they would rather not risk knowing about having contracted certain diseases.

The humorous content of advertisements used in this specific campaign as tested in the focus groups, could be said to promote such escape-avoidance behaviour, as the

audience experience the humour but distance themselves from such threatening communication.

2.10 Summary

In summary, the literature review has provided information regarding the nature of the study and definitions of the variables that are of importance. The 'vehicle' used to transport the health information was identified (Public Information Campaigns), the possible response outcomes of advertisements were set out (fear, anxiety and humour) and most importantly, it was determined how these variables can be linked to the theories used to explain certain phenomena regarding fear-appeal advertising.

Chapter Three – Theoretical Framework

3.1   Introduction

Core of the evolution of any discipline involves the development, application and evaluation of theory in order to be able to explain why and in which circumstances specific phenomena occur. Theories are crucial not only for providing agreed structural descriptions of key processes, but also to give form to guidelines for designing research studies at all levels. Therefore, theories have the power to shape the design of research, as well as providing frameworks for the interpretation of the research findings, which, in turn, provides evidence for assessing the adequacy of the theory (Kaptein & Weinman, 2004). Numerous researchers have previously conducted research in the field of persuasive communication, attempting to provide an explanation of the functioning of fear-appeal with regards to its successes and failures, resulting in different theories.

Three of these theories, namely social cognitive theory, protection motivation theory and the theory of cognitive dissonance, will be used as a framework when testing the advertisements. These will also provide a platform for a better understanding of the data collected during the focus groups; it will not serve as the comparison base between the findings generated and the concepts of fear-appeal theory. Models need to be explored with a global perspective, allowing to integrate concepts rather than for strict formation of theories. All of the theories discussed in this chapter have originated from different studies, some more general and some more specific to fear-appeal and its value.

Before analysing the data, a better understanding of the best-known models concerning fear-appeal is recommended, bearing in mind that this will serve as a cornerstone to understanding how and why fear-appeal exerts influence or not.

3.2   Theoretical Background

3.2.1 Social Cognitive Theory

Because of the influence of mass media on society, the understanding of the psychosocial mechanisms through which symbolic communication influences human thought, affect and action are of extensive importance (Bryant & Zillmann, 2002).

Social cognitive theory is used here to illustrate that a variety of 'forces' present that are likely to have an influence on the choices that individuals make. This theory provides a means or framework from where the determinants and mechanisms of such communication and the effects it has on individuals can be examined.

Bryant and Zillmann (2002) give a brief explanation of the logic behind this theory, stating that human behaviour is often explained in terms of unidirectional causation, where behaviour is created and controlled either by environmental influences or by internal dispositions. The social cognitive theory explains this psychosocial functioning in terms of triadic reciprocal causation (Bryant & Zillmann, 2002). In this transactional view of self and society, personal factors in the form of cognitive, affective, and biological events, behavioural patterns and environmental events all operate as interacting determinants that influence one another bi-directionally as graphically represented in Fig. 2.1:
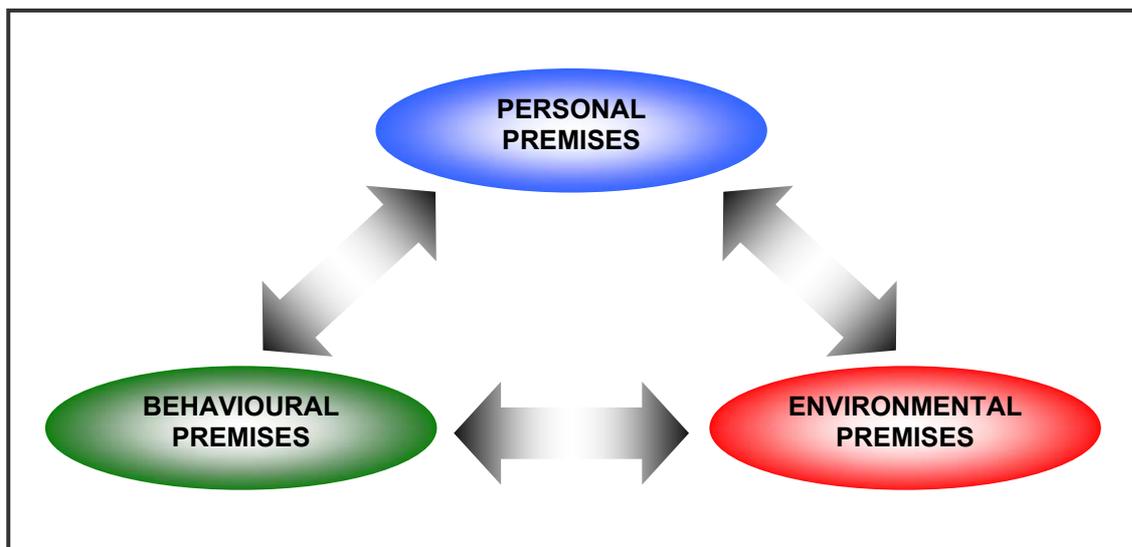
Figure 2.1:   Schematic representation of triadic reciprocal causation in the causal model of Social Cognitive Theory

(Adapted from Bryant and Zillmann, 2002)

Communication designed to affect social change is now a common practice by multiple interest groups, such as governments, health organisations and advertisers of commercial goods and services. By exploring smokers' perceptions of fear-appeal advertising, possible discrepancy between smokers' knowledge of the effects and dangers of smoking and their actual behaviour may come to light.

It is assumed that emotion is a motivational factor. For example, feelings of fear could motivate a smoker to alter his beliefs or his actions. Fear as an emotion can therefore be treated as a biological drive, which acts as a source of irritation or

discomfort and which the person would subsequently try to eliminate (Borgatta & Evans, 1968). A question that needs to be addressed is whether fear has an effect on mental processing. It has been said that fear has the potential of producing avoidance in the form of reduced systematic processing, thus the degree to which cognitive effort is expended in attending to, understanding and elaborating on persuasive or emotionally laden messages (Jepson & Chaiken, 1990). For example, according to Jepson and Chaiken (1990), the specific target audience may pay little or no attention to the processing of the arguments they are exposed to. This type of response is extremely likely to occur when well-learned habits of defensive avoidance are present. These habits are usually present if an individual has had past experience with fear-arousing messages and has learnt how to respond by automatically reducing mental processing of such messages when they are interpreted to be very similar to those of the past.

There is yet another, more recently discovered possibility that exists. Fear elements present in health messages can actually facilitate systematic processing. This possibility is known to be more consistent with recent theories of fear-appeal, as proposed by Rodgers (1975, 1983) and Sutton (1982). These theories are based on the claim that, although messages of the kind traditionally referred to as "fear-appeal" do generate fear, this fear is not in fact causally concerned with persuasion. Rather, fear-appeal is effective because it modifies recipients' perceived susceptibility to, and perceived severity of, the threat in question. Thus, according to this theory, fear is merely an epiphenomenon that happens to co-vary with increases in perceived susceptibility and severity that actually influences persuasion (Jepson & Chaiken, 1990).

Predicting the effect of fear is not the main concern of these theories; rather, the focus remains on the issue of personal relevance. Perceived susceptibility can be interpreted as an operationalisation of the construct issue involvement or personal relevance (Apsler & Sears, 1968; Petty & Cacioppo, 1979 in Jepson & Chaiken, 1990). Personal relevance is defined as the "extent to which the recipient of a message believes that the issue in question is likely to have important personal consequences" (Jepson & Chaiken, 1990, p.63).

3.2.2 The Protection Motivation Theory

Rodgers' (1983), interest lies in cognitive reactions to fear-appeal and the way these cognitions affect attitude. Cognitive mediating processes result in perceptions of vulnerability, assessing the severity of the threat and response efficacy (relevance of

the solutions proposed) and self-efficacy (ability of the individual to adopt those solutions). He assures us that "if all these cognitive mediators were at high levels, then the maximum amount of protection motivation would be elicited, resulting in maximum amount of attitude change" (Witte, 1998, p. 426).

A point that must be taken into consideration is that the level of fear used in an advertisement plays a role in the response outcome of the audience. Conflicting indicators were found in findings relating to the levels of fear arousal. Fear is a powerful motivator, but the level of fear does not necessarily relate to behaviour change. Moderate fear-appeal seems effective in inducing behavioural change, but low fear-appeal may be ignored and high fear-appeal may be so frightening that they paralyse the individual into inactivity. According to studies conducted by Rodgers (1983), it was demonstrated that fear aroused by threatening communication does not directly have the power to change attitudes; instead, it is the cognitive appraisal of the information in the communication that mediates persuasion (www.acys.utas.edu.au). "Negative attitudes and reductions in smoking were expected to be greatest when anti-smoking propaganda were accompanied by information which aroused fear motivation. More fear would be provoked by more vivid illustrations and statements, and the greater the fear, the greater the motivation to accept the anti-smoking recommendation" (Borgatta & Evans, 1968, p.105).

Therefore, the levels of fear present in advertisements can be viewed as a predictor of the success of an anti-smoking campaign.

In the context of this study, television advertisements with varying levels of fear-appeal are used. Levels of fear-appeal are set according to the inherent characteristics of the advertisements used in the study and are defined as:

Low-level of fear-appeal advertising: Purely factual advertisements regarding the negative social and health consequences of smoking

Medium level of fear-appeal advertising: These advertisements have a higher level of emotional content and are more self-relevant.

High-level of fear-appeal advertising: Graphic portrayal of the effects of smoking on health, very high in emotional appeal. These advertisements have the ability to either attract the viewers attention, or to shock viewers to such an extent that they would rather ignore it in future.

3.2.3 The Theory of Cognitive Dissonance

Researchers seem to be relatively pessimistic about the long-term efficacy of fear-appeal advertising (Mittelmark, 1978; Evans, 1979; Bandura, 1977). The mere fact that many smokers try to quit their habit yet fail to do so, suggests considerable ambivalence on smokers' part to alter their health-risk behaviour. Contrary views on the efficacy of fear-appeal advertising are espoused by Pee and Hammond (1997) and Lerman and Glanz, (1997). They argue that high levels of fear-appeal have detrimental effects on behaviour change in the long-term, as regular exposure to such advertisements may lead to escape-avoidance behaviour. It is perceived that with exposure to such anti-smoking campaigns, individuals would rather not risk the knowledge of having contracted certain diseases. For example, some smokers may be motivated to quit smoking, after having taken the negative consequences of the habit into consideration, yet they are unable to do so. This behaviour can also be described as defensive avoidance behaviour, which is a motivated resistance to the health messages recommendation, such as the minimization of the threat (Janis & Fesbach, 1953). It refers to the tendency to ignore or deny the consequences conveyed in the message. Reactance is what is said to occur when freedom is perceived to be reduced by the messages recommendation, such as "I know they're just trying to get me to do what they want instead of what I want" (Brehm, 1966).

This phenomenon can be explained by the theory of cognitive dissonance, as proposed by Leon Festinger, which has proved to be one of the most influential theories in social psychology to date (Jones, 1985). Many studies have been engendered from this theory and much has been learnt about the determinants of attitudes and beliefs, the internalisation of values, the consequences of decisions, the effects of disagreement among individuals as well as other important psychological processes (Jones & Mills, 1999).

According to Sternberg (1998), dissonance is most likely to occur in certain situations, such as, when an individual has committed himself to a certain behaviour and views that commitment to be irrevocable, or a situation where behaviour has significant consequences, or lastly in a situation where an individual has freely chosen to take an action that causes dissonance. In the presence of dissonance, or the feeling of being psychologically uncomfortable, the smoker, for example, will feel further motivated to reduce this feeling of dissonance. The attempt to reduce dissonance will ultimately lead to the individual avoiding the information that increases such dissonance. The greater the magnitude of the dissonance, the greater the pressure to reduce it (Jones & Mills, 1999).

A fitting example of a situation where an individual may experience cognitive dissonance is used by Festinger (1957) – this may aid in explaining the perspective of this research study. A habitual smoker who learns that smoking is bad for health will experience dissonance, because the awareness that smoking is bad for one's health is dissonant with the cognition that he[1] continues to smoke. He will be able to lessen the dissonance by altering his behaviour (ceasing to smoke), which would be consonant with the cognition that smoking is bad for your health. Alternatively, the smoker could reduce dissonance by changing his cognition about the consequence of smoking on health and believe that smoking does not have a harmful effect (elimination of the dissonant cognition). For example, he might look for positive effects of smoking and consider that smoking reduces tension and keeps him from gaining weight (addition of consonant cognitions). Or he might believe that the risk to health from smoking is insignificant compared with the danger of car accidents (reduction of the importance of the dissonant cognition). In addition, he might consider the enjoyment that he gets from smoking to be a very important part of his life (increasing the importance of consonant cognitions) (Jones & Mills, 1999).

In an Australian National Institute of Health study (Lee, 1989), 97 smokers and 95 non-smokers (age range: 15 to 65 years) rated the risk to themselves and to the average Australian smoker of contracting three smoking-related diseases. Evidence supportive of denial of risk was found: smokers' ratings of the risk to the average smoker were lower than non-smokers' ratings, and smokers' ratings of their own risk were lower still. Such denial of risk may undermine the efficacy of stop-smoking campaigns, which focus on health aspects of smoking. Methods of dealing with this problem are discussed further on in this study.

Yet another finding illustrates one of the reactions smokers exhibit to dissonance (i.e. be firmly committed to certain behaviour and hold the perception that the commitment or behaviour is irrevocable). Smokers endorsed significantly more rationalisations and distortions of logic regarding smoking than did non-smokers or ex-smokers. Smokers may experience cognitive dissonance as a result of using tobacco despite its well-publicised ill effects, and it may be that interventions targeting rationalisations for smoking will be useful in smoking cessation. The results of this research places emphasis on the fact that the health-risk behaviour (smoking) is irrevocable, so irrevocable in fact that the individual's rationalisations and distortions of logic are significantly higher (Lee, 1989).

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1   The use of the masculine third person is arbitrary and denotes a representative individual of unknown gender.

Cognitive consistency on the other hand, according to Sternberg (1998, p.463), can be explained as a "match between the cognitions (thoughts) and the behaviour of a person, as perceived by the person who is thinking and behaving. Cognitive consistency is extremely important to our mental well-being; without it, we feel tense, nervous, irritable, and even at war with ourselves". These two antithetical processes appear to underlie the dynamic 'fit' between external and internal mediators of cognition and behaviour.

3.3   Summary

An overview of all the theories discussed in this chapter conclude that for a fear-appeal message to be effective and evoke positive perceptions from the target audience, certain guidelines have to be adhered to. For example, the intensity or level of fear-appeal or threat influences the message; if the smoker is faced with a threat so big that he cannot control the fear or the situation, he will probably refuse any of the proposed information, no matter how beneficial it is to him. This is the state previously referred to as cognitive dissonance.

In conclusion, the strength of the threat and the acceptance of the message are some of the main factors determining the value of fear-appeal used in health campaigns. This study will only focus on the relation between the strength of the threat and the degree of acceptance of the message, comparing this ratio amongst the different age groups set to be investigated.

Chapter Four – Methodology and Research Design

4.1   Introduction

The main objective of this chapter is to provide a description of the methodology used for this study, the data gathering process and the analysis. The aims of the research are revisited in this chapter to demonstrate the compatibility of the methodology with the objectives of the study. Furthermore, a detailed description will be provided of the nature of qualitative research in general, as well as the steps of thematic analysis that were followed to transform the raw data from the focus group discussions into workable results. Limitations of the study will also be presented.

4.2   Aims of the Study

As discussed in Chapter 1, the aim of this research study is to explore South African smokers' perceptions of anti-smoking advertising, with the incorporation of fear-appeal. Subsequently, the objective was to use a qualitative approach and apply this to the research design, data gathering and analysis in order to address the aim.

The motivation for conducting this research programme was to help guide the National Council Against Smoking (NCAS) with regards to the genre of advertising used in their campaigns, in order to assist them in reaching higher levels of efficacy amongst their target audience.

4.3   Research Approach

This study is qualitative in nature, which provides the opportunity to describe a certain experience from the respondents' points of view.

Broadly defined, qualitative research can be described as "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification" (Strauss & Corbin, 1990, p.17). The relative value of both qualitative and quantitative inquiry has been long debated by researchers (Patton, 1990), but this value is patently dependent on the nature of the study.

When highlighting the main differences between qualitative and quantitative research, it is evident that where quantitative researchers search for causal determination, prediction and generalisation of findings, qualitative researchers seek illumination, understanding and extrapolation. Therefore, the results obtained from a qualitative analysis will result in a different type of knowledge than that obtained from a quantitative analysis (Hoepfl, 1997).

Features that distinguish qualitative research from quantitative research include the fact that qualitative research is more concerned with the opinions, experiences and feelings of the individuals. Qualitative research was selected to make it possible to explore the existing perceptions that smokers have of anti-smoking advertising, to attempt to answer the 'why?' questions.

This study is of a qualitative nature, and is therefore concerned with the development of explanations of a certain social phenomena, namely smoking. In other words, this study will help us gain a better understanding of the perceptions that exist amongst smokers regarding anti-smoking advertising.

4.4   Aims of Qualitative Research

Qualitative research seeks to answer questions (Hancock, 2002) relating to the following:

- Reasons for certain types of behaviour
- The process of attitude and opinion formation and why these are formed
- How individuals are affected by certain events around them
- How and why cultures have developed in the way they have
- The differences that exist between social groupings

Qualitative research also aims at "describing social phenomena as they occur naturally. No attempt is made to manipulate the situation under study as is the case with experimental quantitative research" (Hancock, 2002, p.2). It is for this reason that focus groups were selected as methodology, as they would help the researcher gain an understanding through a holistic perspective. In turn, the data collected during these focus groups can be used in the development of concepts and theories, to aid in increasing an understanding of this specific phenomenon.

The type of research conducted can be identified as market research, as the researcher is studying a specific market, which is comprised of only smokers, investigating the perceptions that exist amongst this market regarding an anti-smoking campaign that flighted on South African television.

4.5   The Benefits of Qualitative Market Research Techniques: Focus Groups

Qualitative market research can be defined as "small scale research", where the consumer is recruited and questioned about their usage of, attitudes, imagery, feelings, beliefs and motives related to a specific behaviour (Robson & Foster, 1989).

As stated previously, focus groups remain a very popular method utilised in the field of market research, they provide a platform from which to explain consumer behaviour patterns within a framework that enables the researcher to relate to both psychology and social behaviour.

Qualitative market research is usually informal and semi-structured, which allows respondents to freely contribute and share their views and feelings in a conversational setting, without the constraints of a structured questionnaire development (Robson & Foster, 1989).

4.6   Data Collection and Generation: Focus Groups as the Research Method

Many definitions of focus groups exist. Familiar words such as organised discussions (Kitzinger, 1994), collective activity (Powell, Single & Lloyd, 1996), social events (Goss & Leinbach, 1996) and interaction (Kitzinger, 1995) all identify the contributions that focus groups make to research.

Powell et al. (1996, p.499), define a focus group as "a group of individuals selected and assembled by researchers to discuss and comment, from personal experience, on the topic that is the subject of the research".

4.7   Focus Groups vs. Other Qualitative Methodologies

When considering which methodology to use for this study, it was recommended that the researcher define what type of study this is going to be. Subsequently, this study was identified as an exploration of the perceptions that smokers have of anti-smoking campaigns – therefore encouraging further research to take place. Based on literature, the researcher decided the most effective way to gain access to smokers' perceptions of anti-smoking advertising was to run a set of focus groups, consisting of participants who are smokers (how smokers were classified for this study can be found in the recruiting questionnaire-Appendix A) – ranging from social smokers to heavy smokers. Focus groups are under-used in social research, although they have a long history in market research (Morgan, 1988) and more recently in medical research (Powell & Single, 1996).

According to Krueger (1988), focus groups can be used in the exploratory or preliminary stages of a study. This stage may help in assessing the impact of the anti-smoking campaign for instance, as well as generating further avenues of research. For example, a quantitative research program would be beneficial in that it would help quantify the results obtained in the qualitative phase, as well as add validity to the results by being able to generalise the results to the population as a whole. Qualitative research also informs and enriches the process of questionnaire for the potential quantitative phase.

Focus groups are a high value technique for any research project, which requires the depth, detail and richness of subjective data that a qualitative technique provides. Focus groups are used extensively for pre and post testing of advertising campaigns, brand image development and product/service testing.

Focus group research is mainly concerned with understanding rather than measuring. It yields a wealth of in-depth information, gathered in a manner, which enables respondents to communicate their feelings, thoughts and opinions freely without feeling restricted or intimidated in any way. In order to help facilitate communication between the participants, groups are designed in such a way to enhance the levels of interaction between selected respondents. For example, two focus groups consisted of respondents aged 25 to 34, and within these groups the races were mixed (Black, White, Coloured and Indian). It was decided to segment the groups in this way, as younger respondents are expected to interact more comfortably in a mixed racial situation than those from the older generation.

Focus group research aims to draw on the feelings, attitudes, beliefs, experiences and reactions in a such manner as would not be possible when using any other method. For example, these attitudes and beliefs may be partially independent of a group or its social setting, but are more likely to be exposed by the social gathering and interaction that a focus group entails. Compared to individual interviews that aim to obtain data about individual beliefs, attitudes and feelings, focus groups elicit a multiplicity of views and emotional processes within a group context.

Focus groups provide insight into the individual and the group psyche of participants, which undoubtedly has the power to reveal pertinent information that could enable the researcher to make informed decisions. For example, without having moderated the groups for Project Smoke, the researcher would never have realised how "emotional" smoking actually is.

Given the fact that the groups were relatively small, consisting of 6 to 8 participants, data from the focus groups could not be generalised to the South African smoking population as a whole. However, five focus groups were conducted with participants from a homogeneous target group (smokers); this provided an indication of the reliability of the results obtained.

The nature of focus groups enables the researcher to select and recruit suitable respondents beforehand. Focus groups have the further advantage that respondents have committed beforehand to be interviewed at a specific time period, set to suit all respondents. Respondents are thus willing to give full and well-considered answers to questions. Generally, the recommended number of participants per group is 6 to 10 (McIntosh, 1993). A moderator facilitates the discussion process and ensures that the correct questions are asked.

Kitzinger (1994, 1995) has argued, like countless others, that the most central feature of any focus group is the interaction between respondents. This interaction has the power to highlight the respondents' views of the world, the language that may be used to talk about a certain issue, as well as values and beliefs held about a certain situation. Interaction between participants gives them the opportunity to question one another, as well as to re-examine and review their own understandings of their experiences.

Secondly, focus groups induce information in a way which allows the researcher to find out why a certain issue is significant, as well as what is significant about this issue (Morgan, 1988). As a result of this, the gap between what people say and what they do can be better understood (Lankshear, 1993). Relating to Project Smoke for instance, explanations could be obtained about why respondents carry on smoking when they are well aware of the health risks associated with cigarette smoking; if numerous attitudes and explanations of their behaviour are eagerly expressed, numerous meanings and understandings are thus revealed.

Another important constituent in focus groups is the issue of trust. If the focus groups work well from the beginning, a relationship of trust develops between the moderator and the respondents, and this enables the respondents to explore solutions to a particular problem as a unit (Kitzinger, 1995), rather than as individuals. Of course, not everyone will experience this benefit, as focus groups can be intimidating to some respondents, especially those who are shy or inarticulate; a limitation of focus group research.

Lastly, it should not be assumed that the individuals in a focus group are expressing their own definitive individual view. Researchers need to take into consideration the fact that respondents are set to express themselves in a specific context, within a specific culture, therefore making it more of a challenge to identify individual messages. For example, while conducting groups for Project Smoke, the researcher felt a very strong sense of community among smokers, who clearly displayed the attitude of a very strong sub-culture. The rest of the group usually backed up any opinions that were voiced by one respondent. This construct has been identified as 'group think' and will be discussed in more detail in the results chapter.

4.8   Research Structure and a Description of the Sampling Method

This can be defined as the plan according to which information is gathered (Smith, 1994). It should be emphasised that this methodology was selected as the best possible way suited to the researcher and the objectives of the study.

The researcher identified a gap between what anti-smoking campaigns were conveying and how smokers were relating to these messages. It was felt that organisers of such anti-smoking campaigns needed to be informed of smokers' perceptions of these advertisements, in order to aid in increasing the level of efficacy of these campaigns.

Following the identification of this need, it was necessary to select a methodology that would be compatible with the objectives of the research, thus it was decided to employ a qualitative methodology, making use of focus groups to aid in data collection and thematic analysis in data analysis. In order to obtain the most valid and representative results, a thorough sample selection procedure was conducted. This process was structured as set out in the table overleaf (also refer to Appendix A).

Table 4.1:   Research Stages

STAGE ONE: Identifying the correct target sample
'Which respondents were recruited'
Exclusion criteria: ▪ Respondents should not be employed in the tobacco industry ▪ Respondents should not have participated in a focus group during the last 6 months ▪ Respondents should be fluent (able to communicate and understand) in English ▪ Respondents should be between the ages of 25 – 49 years ▪ Level of education: Grade 12 (Matric) or higher ▪ Personal monthly income: R4 500 to R12 000+ ▪ Respondents should be smokers: a spread was recruited between 'heavy' and 'light' smokers – classified according to how many cigarettes are smoked per day.
STAGE TWO: Recruitment
'How respondents were recruited'
Respondents with the profile as set above were professionally recruited by a leading South African market research company using a recruiting questionnaire specially designed for this stage. (Appendix A)
'Where respondents were recruited from'
This study was set to be conducted in Gauteng only, therefore respondents were recruited from Northern, Eastern, Western and Southern Gauteng.

4.9   Protocol for Focus Group Structure, Self-Completion Questionnaire and Analysis of Advertising Campaign

When designing this research project, a lot of thought and consideration went into the issue of 'how best to optimise the interaction between the respondents in groups'; an insight in the nature of the results that could potentially be obtained based on the design of the focus groups. 5 focus groups were conducted in total, structured as follows:

- Group 1 (6 respondents): 25 to 34-year olds; male and female; all races
- Group 2 (6 respondents): 25 to 34-year olds; male and female; all races
- Group 3 (6 respondents): 35 to 49-year olds; male and female; all races
- Group 4 (6 respondents): 35 to 49-year olds, male and female: white
- Group 5 (6 respondents): 35 to 49-year olds, male and female: black

The design of this study was approached in such a way as to obtain a sample that would be representative of the South African population.

Groups 1 and 2 consisted of respondents from all racial backgrounds; these groups were structured in this specific way, as the researcher felt that younger respondents would not feel uncomfortable interacting in a group consisting of people from diverse backgrounds, also taking into consideration that younger respondents would all be sharing similar life stages.

In order to generate diverse responses to certain issues, it was decided to take respondents out of their comfort zones and have one older group (Group 3) with respondents from mixed backgrounds. Although the objectives of this study are not focused on racial and age differences, but rather the perceptions of these advertisements, it should be acknowledged that there are differences in the perceptions held by the different age groups – to be addressed in chapter 5.

Groups 4 and 5 were structured in such a way as to allow exploration of older respondents' perceptions of anti-smoking advertising without added discomfort, in racially homogeneous groups.

Table 4.2:   Focus Group Matrix

FOCUS GROUP MATRIX	
5 GROUPS IN TOTAL COMPRISING 5 – 6 RESPONDENTS PER GROUP	
Explanation for the specific breakdown of these groups	
2 Groups of all races (25 to 34 yrs)	These specific age and race breaks were selected to aid in maximizing the amount of interaction between respondents, as well as to obtain different data from each group in order to be representative of different age and race groups in the South African population. For example, to find out if any cultural differences existed between the perceptions of smokers, respondents were separated into a white group and a black group.
1 all race group (35 to 49 yrs)	
1 white group (35 to 49 yrs)	
1 black group (35 to 49 yrs)	

4.10 Focus Group Proceedings

Most of the respondents for each of the focus groups arrived before the commencement of groups, therefore allowing them some time to interact with one another before the start of the groups.

Once in session, the moderator introduced herself and explained all the ethical issues surrounding the methodology of focus groups. The conversation began with the moderator introducing very general topics (see discussion guide for further elaboration – Appendix C).

The diagrammatic flow chart on the next page best describes the proceedings followed for each of the 5 focus groups.

4.11 Ethical Considerations

The Ethics Committee of the Faculty of Humanities at the University of Pretoria approved of the nature of this investigation in 2005. None of the respondents required a legal guardian's consent, as all of them were of consenting age and legally competent. A consent form was designed for the purpose of his study (See Appendix D), but it was deemed unnecessary for the respondents to complete this and respondents were informed verbally of their confidentiality rights by the moderator at the start of each focus group.

It was explained by the moderator that any person was entitled to withdraw from the study at any stage and that this would have no repercussions for the individual. Furthermore it was made clear that if the respondent was uncertain of anything, he/she should not hesitate to ask the moderator. Respondents were also informed that they information shared with the moderator during the focus group sessions would remain strictly confidential.

5: Second round of viewing of advertisements
6: Discussion on perceptions that exist amongst the respondents regarding this type of advertising

Proceedings of each of the 5 focus groups for Project Smoke

1: Introduction of moderator & respondents
2: Conversation ranged from general advertising towards anti-smoking advertising in specific

3: First round of viewing of the anti-smoking campaign screened on South African television screens
4: Self-completion questionnaire

Figure 4.1:   Diagrammatic depiction of proceedings of focus groups

4.11.1 Self-Completion Questionnaire

A structured self-completion questionnaire (see appendix B) was handed to respondents during focus groups, preceding the second round of the viewing of the advertisements. This self-completion questionnaire was designed to capture a basic 'measurement' of the respondents' immediate recall of all six advertisements, focusing on the efficacy of these advertisements.

4.11.2 Advertisements Used in the Study

A series of six advertisements were used for this study, and these were selected bearing in mind the frequency which each of these advertisements may have been flighted on South African television. It was decided that a few advertisements be selected that had already been flighted and some advertisements be selected that haven't been flighted, to ensure that the reactions to advertisements remain spontaneous.

The basic focus of this study is the level of emotional appeal that each of these advertisements contain – with the emphasis on fear and humour.

4.12 Analysis of Series of Advertisements used in Project Smoke

4.12.1 Advertisement 1: Don't Jump

This advertisement's story line is about a young 26-year old, Jonathan. He is standing on the edge of a very high building. His friend is begging him not to jump, by keeping on saying: "Jonathan, don't do it, please don't do it…" as if Jonathan is about to jump off the edge of the building.

The advert concludes when instead of seeing Jonathan jumping off the edge of the building, he lights up a cigarette, and the disappointment on his friend's face is very clear.

Final message of the advert: SMOKING CAN KILL YOU – LITERALLY

Target group: Ages 16 to 30

Music: No music

Emotional value: Serious, more emotional than factual, dark humour content at the end of the advert

Shock value: Medium, borders more on the (dark) humorous side

4.12.2 Advertisement 2: Suzy Q

This advertisement is set at a house party; and there are people from all cultures (representative of the South African population) at this party. There is music playing in the background – a song called 'Suzy Q' – and the people at the party are dancing, lazing around and chatting in a smoke filled room.

The camera closes in on a tall blonde girl, and there are two young guys busy watching her every move. They are totally in awe of her beauty, but they are puzzled by her next action: she begins picking her nose. At first these two guys cannot believe what she is doing?! They look at one another and are very confused, but assume that if she is doing that, then it must be COOL, so they begin doing the same thing, until eventually the entire party of people are picking their noses and wiping their fingers off in the ash trays.

The final message of the advert is: WHAT IS SO COOL ABOUT A FILTHY HABIT?

Target group: Ages 16 to 25

LM de Bruin   Cigarette Smokers' Perceptions of Fear-Appeal Advertising

Music: The song 'Suzy Q' used in this advertisement set the mood for the audience as well as the actual advertisement.

Emotional value: Humour, self-conscious teens, also touches on the issue of health/hygiene

Shock value: Medium, bordering on the absurd

4.12.3 Advertisement 3: Children Against Smoking

This advertisement is set in a forest, with 6-year old twin sisters playing the leading roles. The music for this advertisement seems very aggressive, attempting to reflect the sisters' rebellion against their parents' smoking. They speak about washing your hands after having had a cigarette, smoking outside instead of inside, and the fact that they want their parents to still be around when they are older, hence their aggressive attitudes towards smoking.

The message towards smokers is basically that they should behave responsibly towards their children. At the same time, this advert gives children a chance to voice their opinions about their parents' smoking habits.

Final message of the advertisement: AS CHILDREN, WE HATE THE FACT THAT OUR PARENTS SMOKE!

Target group: This advert is definitely targeted at young parents who smoke, as well as the older generation of parents

Music: Very aggressive music, in total contrast to the setting (peaceful forest)

Emotional value: This advertisement has the ability to make the audience (smokers) feel guilty about their smoking habits around their children, it also aids in increasing awareness among parents. This advertisement has a high emotionally arousing value.

Shock value: Low

4.12.4 Advertisement 4: Chemical Facts

This advertisement is totally devoid of any emotional content. It is very scientific and factual; a man is talking about all the various chemicals present in cigarettes. There is no music in this advert, no people, no emotion.

Final message of the advertisement: CIGARETTES CONTAIN DEADLY SUBSTANCES

Target group: Applicable to all ages

Music: No music

Emotional value: No emotional appeal in this advertisement, only factual information is given

Shock value: Low

4.12.5 Advertisement 5: Lung Runs Away

The advertisement starts with a young guy sitting in a restaurant early one morning. There are no other people in the restaurant, and he orders breakfast from the waitress. As the waitress approaches the young man, he begins coughing profusely, until eventually his lung emerges from his mouth and falls onto the table in front of him. The waitress cannot believe her eyes and neither can the young man! His lung literally jumps off the table and runs out the door of the restaurant.

Final message of the advertisement: GET YOUR LUNGS BACK

Target group: This advertisement could potentially apply to all groups of smokers due to the high shock value

Music: No music in this advert, but highly realistic sound effects

Emotional appeal: A considerable amount of humour is present in this advert, but it is surely hard-hitting at the same time

Shock value: High

4.12.6 Advertisement 6: Inside-Out

This advertisement is set in a forest, the camera pans in on a very attractive young woman, with a cigarette in her hand. She slowly takes the cigarette towards her mouth and inhales, the camera then pans past her and a tree blocks out her face for a few seconds. When her face comes into view again, it is distorted, resembling the inside of smokers' lungs.

Final message of the advertisement: IF SMOKING DID TO YOUR OUTSIDE WHAT IT DOES TO YOUR INSIDE, WOULDN'T YOU QUIT?

Target group: This advertisement is generally targeted at all age groups; to anyone who considers themselves a smoker

Music: Instrumental music

Emotional value: This advertisement gets the audience thinking, and is emotionally appealing

Shock value: High

4.12.7 Data Collection

The data collection was executed by making use of tape recording and transcriptions.

4.12.7.1   Tape Recording

It was essential to tape-record the focus groups in such a way that all the respondents' responses were clear and audible, in order for the transcriptions to be comprehensive. A note-taker was also present; this process was incorporated into the focus groups, to ensure that everything that was said during the groups by the respondents was captured, including components such as ambience, social interaction and other elements that cannot be recorded using a tape recorder.

4.12.7.2   Transcriptions

Transcriptions were made from the audio recordings obtained from each of the groups. Suppositions about the nature of smokers' perceptions could already be drawn from the information available on the tapes. Furthermore, listening to the tapes gave the researcher the opportunity to start structuring the data, to determine the patterns of responses occurring across the sample as a whole, and therefore helping to decide on a framework within which the data could be analysed and interpreted.

4.13 Data Reduction

The process of data reduction included adhering to certain procedures of qualitative research, namely thematic analysis and interpretation.

4.13.1 Analysis and Interpretation

The analysis and interpretation stage is of a very subjective nature, and therefore each individual researcher's approach to this stage will vary a great deal (Robson & Foster, 1989). According to Robson and Foster (1989, p.94), analysis can be defined as "the resolving or separating of a thing into its elements or component parts" and "the tracing of things to their source, and so discovering the general principals underlying the phenomena".

These two definitions draw attention to two aspects of analysis that are very important. Firstly, it is imperative that the researcher pays very close attention to the detail of what happened during the specific research project. By paying attention to the detail, but at the same time not being swamped by the detail, an understanding should

be reached of why certain issues were raised and what the implications thereof could be.

Analysis is therefore about discovering a meaningful framework within which to order the data, reviewing it regularly; this allows not only the freedom to interpret the results according to the data produced, but also room to incorporate interpretations of the issue at hand, based on the researcher's own experience of the research subject. Thematic analysis was selected as method of analysis used in the process of data reduction.

4.13.2 Thematic Analysis

The title of this study guided the researcher in selecting thematic analysis as the method of choice: Cigarette smokers' perceptions of anti-smoking advertising. The word *perception* directed the researcher, due to the fact that these perceptions needed to be explored, in order to grant a deeper understanding of their meanings amongst smokers. In order to gain this deeper understanding, a total of 5 focus groups were conducted amongst smokers. Thematic analysis was selected as the qualitative data analysis method to explore the data.

Most qualitative methods of data analysis share similar analytic processes. These processes encompass the researcher's reading, examination and annotation of the data and in doing so identifying objects or issues of interest. This process is referred to as coding (Charmaz, 1995):

"The first major analytic phase of the research consists of coding the data. In short, coding is the process of defining what the data are all about. Unlike quantitative coding, which means applying preconceived codes (all planned before the researcher even collects the data) to the data, qualitative coding means creating the codes as you study your data." (Charmaz, 1995):

The steps or processes followed when performing a thematic analysis on qualitative data could be set out as follows:

As stated previously, the first step is to collect data. This could be in the form of tape recordings or transcribed conversations, as was prescribed for Project Smoke (Spradley, 1979). The transcriptions are then used to identify patterns of experiences, which are then listed by direct quotes or by simply paraphrasing common threads.

The qualitative method of coding is creative and interactive at all stages of analysis. Once many codes or common threads have been accumulated, the researcher begins

to sort these into themes. This embodies a movement from the particular (line-by-line codes) to the general (patterns within those codes) (Charmaz, 1995):

For example, one of the themes that surfaced was that smokers considered themselves to be addicts and there was nothing that they could do to change their situation, no matter how aware they were of the health risks associated with smoking. Smokers also expressed their views on the implementation of the smoking legislation. These views included both positive and negative ideals held by respondents.

The next step in the process of thematic analysis involved combining and cataloguing related patterns into sub-themes. These themes have been defined as units derived from patterns such as 'conversation topics, vocabulary, recurring activities, meanings and feelings" (Taylor & Bogdan, 1989, p. 131).

Themes are identified by "bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone" (Leininger, 1985, p.60). Themes that emerge from focus groups were then pieced together to form a comprehensive matrix of their collective experiences and perceptions of anti-smoking advertising. While gathering the sub-themes to obtain a complete view of the information, it was easy to see a pattern emerging. Constas (1992, p.258) reiterates this point and states that the "interpretive approach should be considered as a distinct point of origin".

The final stage of the process of thematic analysis involved the development of an argument for choosing the selected themes to work with; the only way this could be done was to refer back to literature, which allowed inferences about the information gathered. Once the themes were collected and the literature studied, theme statements were ready to be formulated in order to develop a story line. In order to validate the information, literature was interwoven with the findings. This developed 'story line' helps the reader to comprehend the process and understand the motivation behind the discussion guide (Aronson, 1994).

4.13.3 Fieldwork Events

The following events did not have any impact on the research itself, but are seen rather as developments in the NCAS' pledge to aid in the reduction of smoking prevalence in South Africa through various mediums. These events play an important role in shaping the future of smokers as well as non-smokers in South Africa.

On 14 July 2005, British American Tobacco's (BAT) illegal and irresponsible advertising came to light in a media release written by Peter Ucko, the Director of NCAS (14 July 2005), republished with permission below:

BAT's Illegal and Irresponsible Advertising

14 July 2005

ASA rules BAT adverts were 'criminal'

The Advertising Standards Authority (ASA) has ordered British American Tobacco (BAT) to immediately stop distributing a set of Peter Stuyvesant brochures, saying 'they amount to a criminal activity'

The ruling followed a complaint by a member of the public about the brochures, which BAT maintains are only to inform customers about the new Peter Stuyvesant packaging and was not an advertisement. However the ASA found that the material was indeed an advertisement and as such in breach of the Tobacco Products Control Amendment Act 12 of 1999.

The ASA added that "the advertisement amounts to a criminal activity" by BAT.

The National Council Against Smoking (NCAS) plans to lay charges against BAT with the police. The fine for a breach of the ban on advertising is R200 000.

"This ruling confirms that BAT is prepared to act illegally in trying to reach young people with their advertising and promotions" says Peter Ucko, director of the NCAS. "This industry is desperate to addict a new generation of youth. Common industry practices include giving away free cigarettes to Technikon and University students and holding illegal parties for teenagers to promote smoking as an exciting, fun and socially acceptable activity.

BAT claims to be a responsible company, but its actions are highly irresponsible.

An article in the internationally acclaimed IATH Bulletin (2005) soon followed, which reflects the opinions set out in the above e-mail: its intention to inform the public of such illegal advertising operations. These allegations highlight the emphasis placed on the laws that have been set in place with regards to advertising that promotes cigarette smoking.

4.14 Summary

The research design and methodology employed for this study were discussed. The appropriacy of the choice of methodology as well as the choice of respondents was justified.

The data gathering and analysis stages of the research process were explained. An outline of the limitations of the study was also provided as well as some information on external events, which although not directly affecting the results of the study, are considered important in the context of this study.

Chapter Five – Analysis and Interpretation of Results

5.1   Introduction

The aim of this chapter is to present the results of the thematic data analysis as well as to uncover the processes underlying the perceptions of anti-smoking advertising held by the South African adult smoking population. This chapter consists of two sections; the first of which deals with the identity of the smoker in terms of his or her knowledge and attitudes towards this health-risk behaviour. The second section of this chapter deals with the perceptions that smokers have of anti-smoking advertising campaigns with the use of fear-appeal.

The focus groups were held to answer the following central research question: "What are the perceptions currently held by adult South African smokers regarding anti-smoking campaigns through using fear-appeal advertising?"

The results presented in this chapter are the researchers account of the most prominent themes as identified by the respondents. These themes have already been identified in the preliminary stages of the process of thematic analysis, and will be discussed and substantiated by verbatim responses as provided by the respondents. These results represent the information gathered from a series of five focus groups conducted in Johannesburg from the 10 to 12 May 2005 amongst a group of adult smokers ranging in age from 25 to 49.

Below are several basic assumptions that guided the design and construct of this research:

- Fear-appeal advertising will have a greater impact on health-risk behaviour such as smoking in comparison to conventional methods;
- Smokers who are health conscious, are more likely to be affected by the advertising campaign;
- Smokers will choose to ignore the health warnings, even though they are aware of the health risks associated with smoking;
- The type of 'milder' fear-appeal advertising used in South Africa has no impact on the smoking population.

5.2   Uncovering the Identity of the Smoker

The following section of this chapter discusses the identity of a smoker, placing emphasis on aspects such as knowledge, attitudes and behaviour of the individual.

5.2.1   Reflexive Observations on Group Processes

Significant group processes were identified and will now be discussed and utilised as a form of an introduction to the results discussion.

This discussion will include observations made by the researcher prior to the commencement of the focus group discussions, during the focus group discussion and after the discussions.

5.2.1.1   Prior to Commencement of Focus Group Discussions

Due to learning experience gained by the researcher during the period of this study, it was observed that group factors might have been the result of general personality factors of smokers. The researcher adopts this theory based on observation of group processes that occurred prior to the commencement of the focus groups as well as during the focus groups.

According to previous experience and knowledge of the nature of focus groups and the level of interaction between respondents, it is an unusual occurrence that there is a high level of interaction between the respondents in the waiting room before they enter the focus group rooms. In the case of Project Smoke the interaction of the respondents was observed prior to the commencement of the focus groups. As the respondents arrived, they were given the option of waiting in the courtyard or the waiting room until the moderator was ready to begin the groups. Ten minutes prior to every focus group, all respondents usually ended up waiting in the courtyard having one last cigarette before the start of the focus group. The level of interaction between all these 'perfect strangers' was unusually high. There are two explanations that could possibly lead to a better understanding of this occurrence. Firstly, smokers share a common habitual behaviour, which could play a role and secondly, the personality traits of smokers are described as "sociable", "carefree", "easy going", to list just a few.

The second assumption could easily be substantiated with literature. This observation has led to the generation of the existence of the sub-theme or assumption that smokers are perceived to be more sociable than non-smokers.

5.2.1.2   Smokers Perceived to be More Sociable than Non-Smokers

Since the first major review of personality characteristics associated with smoking by Matarazzo (1984) and Saslow (1982), clusters of variables often called extroversion have been shown to be positively associated with cigarette smoking. According to Eysenck (1993), the typical extrovert, "craves excitement, is willing to take risks, is sociable, likes parties, is carefree, easy going, and may be aggressive".

> *"I am adamant that smokers are happier, I'm telling you that we are much better people, we are more relaxed, we have more fun, I'm telling you!" (35-49 yrs)*

> *"Smokers sit, and they socialise more. They drink and they actually visit." (35-49 yrs)*

> *"I like socializing, going out and another thing I like most is my Craven A, I cannot divorce it, that is my man. The man of the moment." (35-49 yrs)*

> *"These are ads are basically saying that smokers are bad people - In fact, we are a lot less stressed than non-smokers, we've just got a habit and you know what? Smokers are actually more sociable people." (35-49 yrs)*

5.2.1.3   During Focus Group Discussions

Due to the fact that respondents were recruited on the basis that they share the one similar characteristic, being that of a smoker, the concept of 'group-think' was prominent during the focus group discussions that were held.

Group-think refers to the situation where the individual attempts to conform his or her opinions to what he or she believes to be the consensus of the group (www.wikipedia.org/wiki/groupthink). The process of group-think was said to have played a role in the group dynamics in a more positive than negative manner.

5.2.1.4   After Focus Group Discussions

Following the group discussions, respondents discussed the evening's proceedings with enthusiasm and shared views. They all showed great interest in the research study, and felt grateful that they had been given the opportunity to share their opinions.

5.2.1.5   Spontaneous Awareness of Advertising in General

Three questions were asked about advertising in general[2] and anti/pro smoking advertising specifically, with regards to levels of awareness and basic spontaneous recall of advertisements.

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2 When the researcher refers to advertising in general she is not referring to advertising that has anything to do with smoking. The product and topic of the advertisement is irrelevant.

Respondents were asked: "Which advertisements can you think of or remember that are currently on television or anywhere else, such as billboards, the Internet, magazines and so forth?"

Based on the results, it appears that the smokers in the focus groups share similar levels of awareness of current advertisements that are flighted in South Africa, to the general public/consumers. These views are similar, in the nature of the product as well as the nature of the advertisement; for example, humorous advertisements that were realistic had a higher level of recall than any others. The commonality that defines this similarity is the level of emotional content present in the advertisement. The majority of the advertisements that were recalled were defined by most as humorous, and realistic.

5.2.1.6   Elements that Constitute Memorable Advertisements

According to responses shared by the respondents in the focus groups, certain elements were identified that constituted memorable advertisements. For example, realistic advertisements were more favourable than non-realistic advertisements, humorous and 'intelligent' advertisements were also considered to represent memorable advertisements.

Respondents felt that it was very important for advertisements to have these elements, in order for them to be memorable due to the fact that the public is continuously bombarded with advertising messages.

> *"It is the ones with the human touch that kind of stick with me, that I remember for a long time." (35-49 yrs)*

> *"It's life-like, ads that you can relate to and ads that are humorous, but you remember them because of something funny." (35-49 yrs)*

> *"The ad has to be funny, witty and have lots of humour." (25-34 yrs)*

> *"I will remember an ad if it is funny or clever." (25-34 yrs)*

> *"I think if you can remember an ad at the end of the day, that advert has succeeded." (35-49 yrs)*

Smokers' Attitudes Toward Past and Present Tobacco Advertising

Smokers were asked: "What advertisements can you remember of pro-smoking advertising as well as anti-smoking advertising? Pro-smoking advertising referring to cigarette brands that are advertised or marketed in order to increase their market share, and anti-smoking advertising referring to advertisements or campaigns whose objectives are to make smokers and non-smokers aware of the health risks associated with smoking?"

Where respondents had high levels of recall with certain advertisements, they were asked why these advertisements were memorable.   Alternative methods of pro-smoking advertising were also discussed. Overall, the highest recall was amongst the pro-smoking advertising campaigns, especially amongst the older respondents, and lastly, recall and awareness of anti-smoking advertising was very low.

5.2.2 Advertising 'Cigarette Brands'

Secondly respondents were asked to try and recall any pro-smoking advertising they may have seen recently or a while ago.

5.2.3 High Recall

Across all ages there was a high level of recall for certain, well-known cigarette brands such as; Peter Stuyvesant, Camel, Marlboro, and Benson and Hedges. The respondents also stated that the above brands were usually advertised in cinemas and not on television, they also said that there is no more of this advertising taking place presently.

> *"Well that just shows you the sort of impact that these pro-smoking advertisements had…" (35-49 yrs)*

> *"Benson and Hedges was a brand that I always associated with cricket." (35-49 yrs)*

> *"There are no pro-smoking ads on TV or anywhere else, it was a long time ago that I saw anything like that." (35-49 yrs)*

> *"You never saw these ads on TV, so they actually remind me of the cinema, because that is where I always saw them." (35-49 yrs)*

5.2.4 Alternative Methods of Pro-Smoking Advertising Currently Used in South Africa

The younger age groups (25-34 yrs) mentioned a new, more recent method of marketing used by tobacco companies currently in the form of promotions. These promotions are marketed to a database of smokers in the form of exclusive parties for brands such as Camel, Lucky Strike and Peter Stuyvesant.   Persons who have registered on this database are then notified telephonically of the details of these exclusive parties.

According to Whiteside (1971); since the ban of cigarette advertising on television in certain countries, the tobacco industry began using alternative marketing techniques, such as direct marketing (promotions, displays at the point of sale in stores, etc.)

Another example is, tobacco companies in the United Kingdom have been making use of new tactics to lure smokers.

According to the IATH Bulletin (No. 176, October 2005), recent press reports claim that Philip Morris is using 'experimental' marketing techniques using furniture and design, transforming the interiors of more exclusive bars and music events, to subtly promote its Marlboro brand. Internal marketing plans show that Phillip Morris offered financial incentives to managers to fill their bars with furniture bearing the Marlboro logo, or place branded ashtrays and vending machines in smoking areas. It is also experimented with subliminal ways of promoting Marlboro, through themed bars put up at social events, without the Marlboro logo or name. Instead, these 'installations' created lounge areas by placing comfortable red sofas in front of video screens showing scenes redolent of Wild West Marlboro country to convey the essence of the cigarette brand while circumnavigating sponsorship bans.

5.2.5 Anti-Smoking Advertising

Lastly, respondents were asked" "What anti-smoking advertising are you aware of and which advertisements are you able to recall?"

Methods of anti-smoking advertising were noted by the respondents as being the health warnings placed on the back of cigarette boxes, the notice boards in the smoking sections of restaurants, and lastly some anti-smoking advertisements were mentioned that they had seen on television.   The overall efficacy of these advertisements as rated by the respondents was said to be low.

> *"I don't watch much TV, but I do see the anti-smoking advertising on the back of cigarette boxes… "smoking cause breast cancer"… I don't have breasts therefore I don't need to take notice of that." (25-34 yrs)*

> *"…and the smoking sections in Wimpy etc., have these 'no smoking' boards and they have this help line telephone number advertised on them. But if I want to stop, I'll do it for myself." (25-34 yrs)*

> *"There is another advert as well, where they are having a conversation and this one lady picks her nose and puts it into the ashtray…filthy habit…it was the most odd thing I have ever seen in my life." (25-34 yrs)*

> *"They are terrible ads, the asthmatic breathing one…" (25-34 yrs)*

In summary, the levels of awareness of anti-smoking advertising are very low and the respondents had negative perceptions of this type of advertising. These responses towards this genre of advertising could be explained using one of the theories discussed in chapter three, namely the theory of cognitive dissonance.   These theoretical substantiations will be discussed in detail in chapter six.

5.3   Stance of Smokers Toward South African Smoking Legislation

Respondents were asked: "What are your feelings were towards the recent introduction of the smoking legislation in South Africa?"

There was a strong distinction in views between the older and the younger respondents. Younger respondents have far more accepting attitudes regarding these laws and now simply accept the fact that they are only allowed to smoke in designated areas, whereas older respondents see these laws as an infringement of their rights. Results generated by the discussions allowed the researcher to distinguish between the benefits and the detriments of the implementation of the smoking legislation.

5.3.1 Positive Thoughts

The benefits include the fact that smokers have witnessed increased levels of productivity at work amongst themselves and their colleagues, due to the fact that in order for them to have a cigarette, they would have to go to the ground floor of their office block, in which they would waste half an hour just for a smoke break, and thus they opted to rather cut down on the amount of cigarettes they smoked.

The younger respondents (25-34 yrs) were a lot more accepting of the fact that these laws were introduced and they value the fact that non-smokers also have a right to their beliefs.

> *"I think it s a brilliant idea, the next time you light a fag, you look around, now you start caring about the people around you, you don't just light up." (25-34 yrs)*

> *"I think it's very good, for productivity in the work place it is fantastic." (25-34 yrs)*

> *"These laws have helped me cut down on the amount of cigarettes I smoke." (25-34 yrs)*

The above responses to the issue of the introduction of the smoking laws can shed light on numerous issues that smokers are faced with. The younger groups were a lot more accepting to the fact that there are people in public places who do not appreciate persons smoking in the vicinity, due to obvious health reasons, and therefore showed a greater level of acceptance towards these laws and regarded them as less restricting.

> *"I think it is a good thing that you don't smoke at the work place, just for the consideration of others, let me give you an example, I work in retail and I used to stand with a cigarette and help customers in the shop, I now realise how disrespectful that was." (25-34 yrs)*

5.3.1.1   Level of Education regarding Smoking Legislation

The fact that respondents seemed to have already considered the advantages and disadvantages of the new legislation led the researcher to assume that smokers are well informed regarding the South African smoking legislation. These high levels of knowledge and awareness concerning these laws has led to the emergence of certain emotional responses, these being shock and realisation. Shock was identified as an emotional response amongst the respondents when discussing the implementation of the smoking legislation. Younger respondents expressed their shock at the smoking exhibited in public places before the implementation of these laws. The emotional response of shock in turn led to realisation. This realisation is assumed to have the power to lead to positive behaviour change regarding smoking behaviour, in other words, smokers especially from the younger generation have become more conscious of their smoking behaviour when in the company of non-smokers.

5.3.1.2   Response Outcome: Shock

The emotional responses of shock and realisation emerged amongst both the older and younger respondents. When they were asked about their feelings towards the smoking legislation. The following responses were generated:

> *"It makes for a lot better, a lot cleaner malls, because there aren't stompies lying around in the mall." (25-34 yrs)*

> *"I am shocked to think that we actually used to be allowed to smoke in such confined areas like aeroplanes and shopping malls, that is really disgusting!" (35-49 yrs)*

5.3.1.3   Response Outcome: Realisation

> *"I think it is a good thing that you don't smoke at the work place, just for the consideration of others, let me give you an example, I work in retail and I used to stand with a cigarette and help customers in the shop, I now realise how disrespectful that was." (25-34 yrs)*

> *"I think it is a brilliant idea, the next time you light a fag, you look around, now you start caring about the people around you, you don't just light up." (25-34 yrs)*

> *"Smoking is a selfish habit, because of the legislation, we have become more aware, we are forced even though we don't want to, and we are forced not to smoke around other people who don't smoke." (35-49 yrs)*

> *"I actually smoke less cigarettes now, which is a good thing" (25-34 yrs)*

5.3.1.4   Positive Effect of Response Outcomes: Behaviour Change

The introduction of the smoking laws has led to changes in smoking behaviour:

"Smoking is a selfish habit, because of the legislation, we have become more aware, we are forced even though we don't want to, and we are forced not to smoke around other people who don't smoke" (35-49 yrs)

"I think it's very good, for productivity in the work place it is fantastic." (25-34 yrs)

"If smokers want to smoke they have to go downstairs and out of the building, so now they don't smoke as much as they used to, and now suddenly the work rate has gone up. The amount of money that these guys are bringing in has doubled." (35-49 yrs)

"If I went to visit someone's house who is a non-smoker fifteen years ago, I wouldn't have even bothered asking if it would be okay to light up a smoke, I would have just done it. Nowadays, I ask: "Do you mind if….?" And if they say that they mind, then it's cool, I won't smoke." (35-49 yrs)

"…if I am with people that don't smoke, I don't feel like smoking." (35-49 yrs)

"I don't smoke as many cigarettes now…" (35-49 yrs)

5.3.2 Negative Thoughts

With regards to the disadvantages or detriments of the new legislation, smokers especially those from the older group felt that unfair restrictions were being imposed on them, that weren't previously in place, simply because of a habit that they had no control over.

5.3.2.1   Perceived Restrictions Imposed on Smokers

"Irritated, "it is an infringement on my rights", "discrimination", "I don't like it, they should actually rather do it on drinking than smoking. Drinking kills people and it can do a lot more harm than smoking." (35-49 yrs)

"In those days you could smoke wherever you wanted to, you know, and we got used to that. Now all of a sudden we're just being told- 'you can't smoke there or there…" (35-49 yrs).

"We should have the same rights as non-smokers, and be allowed to do what we have to do anywhere just like them." (35-49 yrs)

"I feel that the laws are very restricting." (35-49 yrs)

"Yes, you adapt, but at the same time you feel like a school kid with all these laws and only certain places where you are allowed to smoke." (35-49 yrs)

"I avoid places where I won't be able to smoke." (35-49 yrs)

"In summer it is okay if you sit outside and smoke, but in winter I want to make the non-smokers go and sit outside!" (35-49 yrs)

"In the old days you could smoke wherever you wanted to, you know, and we got used to that. Now all of a sudden we're just being told – you can't smoke there or there…" (35-49 yrs)

5.3.2.2   The Media's Message regarding Smoking and the Nature of the Addiction

Despite smoking being the most widespread addiction amongst the world's population, addicts fail to recognise and acknowledge the fact that they have a serious problem. The reasoning behind this could be due to the superficial nature of the warnings and information that smokers are exposed to, thus resulting in a lack of serious treatment for this addiction.

Smokers are receiving the incorrect form of treatment for their addiction. There is no clear distinction of the nature of this addiction. Smokers are not truly able to recognise themselves as addicts, because they do not really know the reason for this addiction and they do not understand why they have no control over their habit.

The media's messaging regarding smoking is very one-sided, in terms of the fact that most of the focus is placed on the health consequences associated with smoking, instead of making clearer distinctions about the cause of the problem. For example, as what type of addict can a smoker be classified? Or is smoking a psychological or a physical addiction? When referring to the terms psychological and physical addictions, the following definitions are applicable:

- Physical addiction: this is when a person's body actually becomes dependent on a particular substance.
- Psychological addiction: this occurs when cravings for a drug are psychological or emotional. People who are psychologically addicted feel overcome by a desire to have the drug.

Smokers have labelled their behaviour as a psychological addiction:

"We are emotionally dependent on our fags." (35-49 yrs)

"You're emotionally dependent, it is our pacifier, they are our best friend, it makes us feel okay when we are stressed out." (35-49 yrs)

"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 car, 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)

5.3.2.3   Addiction

Smokers are aware of the fact that they are addicted to smoking, yet how clear is the distinction of this addiction between emotional and psychological addiction, and are smokers able to call themselves addicts?

Taking note of the messages that anti-smoking campaigns convey, they all stress how bad smoking is, but they do not place any kind of emphasis on the fact that it is an addiction, therefore they are not supplying smokers with the correct tools to help them deal with their addiction. Smokers need to be made aware of the fact that nicotine is just as addictive as hardcore narcotic substances such as cocaine

5.3.2.4   Physical Addiction to Smoking

"Yeah, I think my life is quite healthy, that is why I continue smoking. Because I will go insane if I stop." (35-49 yrs)

"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)

"It is the most addictive drug." (35-49 yrs)

"I think we can stop smoking if we want to stop, it's just that we don't want to…" (35-49 yrs)

5.3.2.5   Frustration

The fact that smokers are addicted to their habit, leads to feelings of helplessness, frustration and guilt. Since the implementation of the smoking legislation, smokers have begun to feel even more helpless because of their addiction. Respondents felt that society (friends and family) did not understand their addiction.

"Look, I know that we are killing ourselves, I know that. I am still smoking and I know that at the end of the day my lungs are full of smoke, but I eat healthy and take anti-oxidants." (35-49 yrs)

"The worst thing ever is when my little daughter asks why I smoke…that makes me feel really bad, it is the worst." (35-49 yrs)

5.3.2.6   The Psychological Addiction to Smoking

"I run a restaurant and that is a very stressful environment, that is the reason that I smoke." (35-49 yrs)

"My health is reasonably good, every person is entitled to a weakness, and smoking is one of them and I have no intention of quitting." (25-34 yrs)

"Yeah, I think my life is quite healthy, that is why I continue smoking. Because I will go insane if I stop." (35-49 yrs)

"I mean all of us would love to stop smoking, I mean it is costing us money, but it is a weakness, it is addictive, and I am telling you, if I didn't have

cigarettes I would probably be addicted to wine, seriously, it is because we have addictive personalities." (35-49 yrs)

"Smoking keeps you calm." (35-49 yrs)

"I give myself time limitations in between smoking, but when I am feeling stressed, I can be happy or sad, it doesn't matter, I need a cigarette." (35-49 yrs)

"We are emotionally dependent on our fags." (35-49 yrs)

"You're emotionally dependent, it is our pacifier, they are our best friends, it makes us feel okay when we are stressed out." (35-49 yrs)

"I think we can stop smoking if we want to stop, it's just that we don't want to…" (35-49 yrs)

"After my hijacking, first thing I did was go to the garage and say: "Gooi cigarettes, boet!"" (35-49 yrs)

"I mean all of us would love to stop smoking, I mean it is costing us money, but it is a weakness, it is addictive, and I am telling you, if I didn't have cigarettes I would probably be addicted to wine, seriously, it is because we have addictive personalities." (35-49 yrs)

From the results that were generated during the discussions, the researcher was able to make a conclusion that the nature of the cigarette smoking addictions is very much both a psychological and physical addiction, yet the distinction between the two is very unclear from the point of the media.

5.3.2.7   Rationalisation of Smoking by Smokers

Respondents said that they knew they were going to die "one day" and said that they were in fact faced with death every day of their lives, things like "driving a car", "flying in an aeroplane", even "walking in the polluted streets of Johannesburg". Smokers of the ages of 35-49 years were also adamant that there were factors in the environment that had the potential to cause more serious damage to a non-smokers health than passive smoking; in these statements below respondents were referring to environmental pollution.

"But also I mean they say that passive smoking affects the non-smoker and it makes them sick. Well in that case, they should first take all the trucks on the road…they are polluting the air more than us with a cigarette." (35-49 yrs)

"Well they say that a normal smoker living in Johannesburg or in one of these built-up cities in South Africa…every time they go outside and breathe, they are smoking pretty much 10 cigarettes a day." (35-49 yrs)

From the responses, it can be deduced that there is a discrepancy between the values and fears displayed by the respondents. In terms of values, it is only natural for a human being to 'want to survive', but in this case, the smokers' fears of dying sooner

because of their habit has caused their value system to alter when considering that they may die sooner than non-smokers.

5.3.2.8   Health Consciousness

Secondary to the core objectives of this study, the researcher wanted to investigate whether or not the smokers' level of health consciousness[3] played any type of role in their perceptions of the advertising campaign. This investigation was not thorough enough to generate valid results, but the information gathered was substantial enough to make assumptions regarding the topic of this investigation.

The majority of smokers, when asked to describe their levels of health in one sentence reported back as being 'fairly health conscious.'

The levels of health consciousness were structured as follows:

- Very health conscious;
- Fairly health conscious
- Not very health conscious;
- Not at all health conscious.

5.3.2.9   Perceptions of Individual Levels of Health Consciousness

When asked to elaborate on the reasons as to why respondents described themselves as fairly health conscious, there was a consensus on the fact that most of the respondents acknowledged the health-risks associated with smoking, but the mere fact that they were aware of this gave them the right to describe themselves as fairly health conscious.

> *"I try very hard to look after my health, but there are some habits you can't quit." (35-49 yrs).*

> *"Yeah, it's only in the last two years that I really started to look after my health as well, and I have really cut down on smoking." (35-49 yrs)*

> *There was a great division in opinions amongst the older age group (35-49) and the younger age group (25-34) regarding individual health awareness. A portion of the younger respondents (25-34) considered themselves to be 'not very health conscious'*

> *"Enjoy life regardless, you only live once!" (25-34 yrs)*

> *"I am conscious of my health issues, my lifestyle is partially you know, unhealthy, I just do whatever." (25-34 yrs)*

As one can see, attitudes differ regarding health consciousness; the younger group of smokers have a very carefree attitude regarding their health ("It will never happen to me!"), whereas smokers in the older group, who are parents of children, are generally

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3   Health consciousness, for the purpose of this study can be defined according to the levels of physical activity the smoker engages in whether or not the individual takes note of his/her dietary intake and if they are aware of their physical well-being on a regular basis

more aware of their health, and consider smoking to be an addiction. As stated previously, there is a divide in opinions amongst the older group, and an assumption can be made that this opinion is based on the amount of cigarettes smoked as well as the length of time that the individual has been a smoker. Thus it seems that the individuals who consider themselves regular, heavy smokers are the individuals that do not take their health into consideration as much as the remainder of the group, and their responses are a lot more 'care-free' than those displayed by the younger respondents.

> *"Unhealthy by choice." (35-49 yrs)*

> *"When it comes to my health, I am not really bothered; I have no time to bother." (35-49 yrs)*

> *"Yeah, I think my life is quite healthy, that is why I continue smoking. Because I will go insane if I stop." (35-49 yrs)*

5.3.2.10 Respondents' Double Standards

Double standards' on the part of the smoker refers to the psychological concept of cognitive dissonance. Cognitive dissonance is probably one of the most prominent themes of this study, and is clearly present within the discussion regarding levels of health consciousness.

A brief example of a situation in which cognitive dissonance takes place has been provided:

Some smokers may be motivated to quit smoking, after having taken the negative consequences of the habit into consideration, yet they are unable to do so. This behaviour can be described as defensive avoidance behaviour, which is a motivated resistance to the health messages recommendation, such as the minimization of the threat (Janis & Fesbach, 1953). It refers to the tendency to ignore or deny the consequences conveyed in the message. Reactance is what is said to occur when freedom is perceived to be reduced by the messages recommendation, such as: "I know they're just trying to get me to do what they want instead of what I want" (Brehm, 1966).

> *"But isn't it amazing… the excuses we find to justify our habits." (35-49 yrs)*

> *Respondents are aware of the health risks associated with smoking, yet they continue to smoke, and still consider themselves to be healthy:*

> *"Yeah, I think my life is quite healthy, that is why I continue smoking. Because I will go insane if I stop." (35-49 yrs)*

> *"Except for smoking, I tend to look after my health well these days." (35-49 yrs)*

"I try very hard to look after my health, but there are just some habits that you can't quit." (35-49 yrs)

"My health is reasonably good, every person is entitled to a weakness, and smoking is one of them and I have no intention of quitting. That is why I take vitamins-to keep myself healthy!" (35-49 yrs)

"I am particular about my health, I have a way that I want to live, I do smoke and there is some drinking and I have a daughter and am 35 years old. You only live once, that is basically how I see it. I certainly do not deprive myself of the world's pleasures." (35-49 yrs)

5.4 South African Smokers' Perceptions toward Fear-Appeal Advertisements

It has been established in psychological research that, when fear-appeal is employed correctly in advertising, it can be useful in behaviour change (Witte & Allen, 2000); this is because it challenges individuals to perform certain optional behaviours, by scaring them into action (Morman, 2000).

As already seen, fear-appeal is a persuasive communication, which attempts to arouse fear in order to promote precautionary motivation, and self-protecting actions such as quit smoking. Fear arousal is an unpleasant emotional state, triggered by an individual's the perception of threatening stimuli (Ruiter 2001, p. 214).

Re-evaluating the content of the advertisements used in this study (see Chapter 4), it is clear that humour and fear were used in order to 'get the message across'. The type of 'fear' used in the advertisements was on more of a fictional level than anything else, and due to this, when the respondents were asked whether or not they found an advertisement, that was considered to have a relatively high level of fear-appeal in it, effective? They said that that would never happen to them, and therefore they distanced themselves from the message portrayed in the advertisement. From these findings, it is evident that the use of humour or even fear may not be the only mechanisms behind effective advertising. The use of humour in the advertisements also decreased the level of seriousness of the message regarding the effects of smoking.

According to verbatim responses as given by the respondents (only certain responses were chosen to represent each of the advertisements, these were selected as they best represented the views as expressed by each of the groups as a whole) regarding the series of six advertisements that they were shown, they had the following perceptions of the advertisements (for an individual analysis of each of the advertisements please re-visit Chapter 4):

The perceptions of this type of advertising held by the average South African cigarette smoker was universal across all the ages groups, their opinions of the series of advertisements that they were shown were negative, even though the message in each of the advertisements was positive, they felt that this type of advertising was overdone. They feel that they are continuously bombarded with health warnings, radio advertisements, as well as advice given by family members regarding their habit, so much so that they have actually become desensitised to these messages and images.

> *"I know how much tar I am putting in my lungs, I know all about that, I know all the health issues, it's bad if you are breastfeeding." (25-34 yrs)*

The manner in which the message of each of the advertisements was delivered, gave respondents the impression that the person speaking in the advertisement was treating them as if they were uninformed and unintelligent.

> *"You can show me these advertisements, I don't care, driving in a car can kill you quicker than smoking, I'm not going to stop driving my car, so to me it makes no difference." (25-34 yrs)*

> *"To me these ads are bringing out the negative side, obviously, because they don't want you to smoke, but I don't like it when things get a little hectic and they nag me. I hate that, I am an intelligent person and know what I am doing." (35-49 yrs)*

5.5   Advertising Appeal: Analysis of Series of Advertisements Used in Project Smoke

A brief summary of the advertisements used in this research study has been provided below as an introduction to a brief summary of respondents' reaction toward each of the advertisement.

5.5.1 Don't Jump

This advertisement's story line is about a young 26-year old, Jonathan. He is standing on the edge of a very high building. His friend is begging him not to jump, by keeping on saying: "Jonathan, don't do it, please don't do it…" as if Jonathan is about to jump off the edge of the building.

The advert concludes when instead of seeing Jonathan jumping off the edge of the building, he lights up a cigarette, and the disappointment on his friend's face is very clear.

Respondents did not have very positive reactions to this advertisement, and felt that the simplicity of the message discriminated against their intelligence.

> *"I don't know, I think it is just an over exaggeration, and it actually questions our intelligence. They are comparing someone jumping off a building to*

dying because of smoking, but I feel that all that exaggeration will just make you dismiss the message." (25-34 yrs)

"I think it's over the top, it is completely overdone, with smoking you kill yourself slowly." (35-49 yrs)

5.5.2 Suzy Q

This advertisement is set at a house party; and there are people from all cultures (representative of the South African population) at this party. There is music playing in the background – a song called 'Suzy Q' – and the people at the party are dancing, lazing around and chatting in a smoke filled room.

The camera closes in on a tall blonde girl, and there are two young guys busy watching her every move. They are totally in awe of her beauty, but they are puzzled by her next action: she begins picking her nose. At first these two guys cannot believe what she is doing?! They look at one another and are very confused, but assume that if she is doing that, then it must be COOL, so they begin doing the same thing, until eventually the entire party of people are picking their noses and wiping their fingers off in the ash trays.

Feedback regarding this advertisement was both positive and negative, and touched on the issue of current social perceptions that exist amongst the non-smoking community.   Smokers voiced the fact that this advertisement was a form of discrimination against smokers.

On the positive side, they felt that the actors in the advertisement were well representative of the South African population. They also enjoyed the music that was used in the advertisement.

"This advertisement is about passing judgement. No ways is smoking as bad as picking your nose!" (25-34 yrs)

"If you watch it and you are in your mid-twenties or whatever and you see an ad like this one, it's like that's a disgusting habit, it's like patronising, telling you it's a disgusting habit." (25-34 yrs)

"It is also about being self conscious, when you are young, you are still defining your boundaries, you are learning about who you are as a person." (25-34 yrs)

"I think it would work better for younger kids who haven't started smoking, or have just started off smoking, unlike talking to someone who knows what they are doing and they are aware of the pros and cons that exist." (25-34 yrs)

5.5.3 Children Against Smoking

This advertisement is set in a forest, with 6-year old twin sisters playing the leading roles. The music for this advertisement seems very aggressive, attempting to reflect

the sisters' rebellion against their parents' smoking. They speak about washing your hands after having had a cigarette, smoking outside instead of inside, and the fact that they want their parents to still be around when they are older, hence their aggressive attitudes towards smoking.

The message towards smokers is basically that they should behave responsibly towards their children. At the same time, this advert gives children a chance to voice their opinions about their parents' smoking habits.

The emotional element of this advertisement was effective on respondents who were parents, non-parents felt that the advertisement also questioned their level of intelligence.

"Responsible parents first of all don't smoke in the house, neither does my husband, we go out onto the balcony, so yes there are some things that I relate to in that ad, like washing my hands, I mean I do that automatically." (25-34 yrs)

"When your own daughter sits next to you and says that you stink from al the smoking, that is the worst feeling by far." (35-49 yrs)

"That children against smoking advert, where they say that they want their parents to be around longer…yeah my kids also tell me, "don't smoke", you know. They want me to be around a little longer, you know. That sort of thing hit me quite honestly." (35-49 yrs)

"Anything to do with a kid has definitely got to be cute. It is about kids who are trying to speak up, speak out against something they have absolutely no power over, they are trying to get their point across here." (25-34 yrs)

5.5.4 Chemical Facts

This advertisement is totally devoid of any emotional content. It is very scientific and factual; a man is talking about all the various chemicals present in cigarettes. There is no music in this advert, no people, no emotion.

There was no positive feedback regarding this advertisement, the reason being that the respondents could not relate to the advertisement.   The message was very inhuman and scientific, therefore impeding the respondents' ability to relate to the advertisement.

"This guy's voice, I have a problem with it, and he sounds like someone who does infomercials." (25-34 yrs)

"If this came on television while I was watching, I would get up and go and make coffee." (35-49 yrs)

"But why did they encourage us to smoke and now they are telling us to stop?" (35-49 yrs)

5.5.5 Lung Runs Away

The advertisement starts with a young guy sitting in a restaurant early one morning. There are no other people in the restaurant, and he orders breakfast from the waitress. As the waitress approaches the young man, he begins coughing profusely, until eventually his lung emerges from his mouth and falls onto the table in front of him. The waitress cannot believe her eyes and neither can the young man! His lung literally jumps off the table and runs out the door of the restaurant.

Responses towards this advertisement included humour and disbelief. Respondents were able to relate to the advertisement in the beginning, but as the advertisement drew to the end it became more unrealistic, and respondents distanced themselves from the message through the humorous nature of the advertisement.

> *"Well if those are a smoker's lungs jumping out there, then…they look quite healthy, and that is not possible." (25-34 yrs)*

> *"I think we can all relate to this ad, all of us are smokers, because once in a while you find yourself coughing like mad." (25-34 yrs)*

> *"They look way too healthy, they are pink!" (35-49 yrs)*

5.5.6 Inside Out

This advertisement is set in a forest, the camera pans in on a very attractive young woman, with a cigarette in her hand. She slowly takes the cigarette towards her mouth and inhales, the camera then pans past her and a tree blocks out her face for a few seconds. When her face comes into view again, it is distorted, resembling the inside of smokers' lungs.

This advertisement highlighted a very important element of anti-smoking advertising, which should be taken into consideration when implementing anti-smoking campaigns. The fact that this advertisement focused on the effects that smoking has on a person, both on the outside and the inside, came as a shock to the respondents. This is due to the fact that every human being cares about how people perceive him or her, and if anti-smoking advertisements focused more on the cosmetic effects that smoking has, more people would re-consider lighting up that cigarette.

> *"A person who is self-conscious will definitely think twice before lighting up their next cigarette." (25-34 yrs)*

> *"If cigarettes did affect us externally and you could see it in the mirror, it would definitely stop a lot 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)

"Honestly, if our insides look like that, I would definitely quit!" (25-34 yrs)

"We are not like alcoholics who are in denial, we are not in denial, we know that smoking is going to kill us, but because of the time span that it is going to take to get there, we rather just carry on…" (35-49 yrs)

5.6   Respondents' Perceptions of the Advertising Campaign

At the end of the focus group discussions, respondents were given three stickers, which they were asked to use as a visual representation for the moderator to establish which of the advertisements were more popular amongst each of the five focus groups.

Older respondents (35-49 yrs), as well as younger respondents (25-34 yrs) voted for 'Children Against Smoking' as the most popular advertisement. There were two outliers for each of the age groups, namely 'Suzy Q' and 'Lung Runs Away', voted as the second most popular advertisements.

These results can be verified by the feedback received in the discussions, where responses included the fact that emotional advertisements were preferred above factual ones. It is also important to bear in mind that the majority of the respondents in the focus groups were parents and even grandparents, which made the advertisement 'Children Against Smoking' so much more appealing. 'Suzy Q' and 'Lung Runs Away' were most probably selected due to the fact of the humorous content of the advertisements increased the levels of popularity towards the adverts.

5.6.1   Overarching Themes of Advertisements

The researcher gathered substantial evidence to state the fact that emotions play a central role in the decision-making process. For example, respondents preferred advertisements that were more emotionally inclined than those that were factual; this enabled them to have a higher recall of these advertisements too.

5.6.2   The Role of Emotions in Anti-Smoking Advertising Campaigns

The essence of an emotion (as elicited by an external factor, directed towards a recipient) promotes the inclination to act and encourages the prompting of plans; an emotion gives precedence for one or a few kinds of action, to which it gives a sense of urgency, so it can interrupt, or contend with, other mental processes or actions. Different types of readiness create different outline relationships with others (Du Plessis, 2005).

Referring to an example by Du Plessis (2005), in agreement to the nature of this specific research study, the fear response, is said to originate in the survival instinct, a simple preference for pleasure (which is naturally associated with surviving and thriving) and against bad feelings (associated with danger and pain), even if sensory pleasure and pain are not obviously involved.

In other words, the emotional response of the respondents to the anti-smoking advertisements is fearful in nature, which in turn is interpreted as a natural survival instinct at first. This can be representative of the type of readiness that this emotion creates, thereafter it becomes something different, more representative of the exact opposite, where respondents refer to death as something very unimportant.

"But also, I mean, they say that passive smoking affects the non-smoker and it makes them sick. Well in that case, they should first take all the trucks on the road…they are polluting the air more than us with a cigarette." (35-49 yrs)

> "Well they say that a normal smoker living in Johannesburg or in one of these built-up cities in South Africa…every time they go outside and breathe, they are smoking pretty much 10 cigarettes a day." (35-49 yrs)

> "You can show me these advertisements, I don't care, driving in a car can kill you quicker than smoking, I'm not going to stop driving my car, so to me it makes no difference." (25-34 yrs)

> "To me these ads are bringing out the negative side, obviously, because they don't want you to smoke, but I don't like it when things get a little hectic and they nag me. I hate that, I am an intelligent person and know what I am doing." (35-49 yrs)

5.6.3 Unrealistic Messaging

Unrealistic messaging was identified as a factor that caused an impediment on the smokers' ability to relate to the message that the advertisement was trying to portray.

For an advertisement of this nature to be effective, advertisers need to bear in mind that messaging that is realistic, will promote and increase levels of identification between the advertisement and the respondent.

> "For me, it's science fiction when I see a beautiful woman become a skeleton, in my mind it's science fiction, that's the way I feel about it. It has no impact on me, it freaks me out and I don't like it, but you know what, it's science fiction, it is something that belongs with Star Wars, and I just can't handle it!" (35-49 yrs)

The fact that a lot of the respondents did not identify with the very graphic representation of the 'Inside Out' advertisement because it looked like 'something out of a science fiction movie', this helped them distance themselves from the message that the advertisement was trying to convey. The more unrealistic the advertisement,

the easier it was for the respondents to distance themselves, whether it be through humour or fear. Since these responses were very prominent with the respondents, it has been identified as a separate theme and will be discussed later on.

5.6.4 The Use of Fear and Humour in Anti-Smoking Advertising Campaigns

The decision to use humour in anti-smoking advertising was based on the public's opinions of general advertising and what made them remember one advertisement over another. The NCAS has utilised fear as well as humour in their advertisements, in an attempt to increase the efficacy of these campaigns.

When considering the advertisements that contained a higher degree of fear, justification of the smoking habit was a strong element that came through from the respondents.

After viewing each advertisement individually, there was a lot of commentary regarding the message of each of the adverts, and this commentary consisted of justifications as to why or why not the advertisement was effective. A very pertinent justification for example was raised regarding the fact that there are many more things in life that would kill a lot quicker than smoking.

> *"…There's a lot of other things out there that will kill us like the radiation from cell phones and microwaves which is the cause of cancer, our cars, and other much stronger drugs, so…" (25-34 yrs)*

> *"…I mean that is what it can do to you in the long term, people don't think about that, we are smoking now and enjoying it, we will not worry what it might do to us in the long term, unless you are really, really conscious about it…it's like spending on your credit card, it's not going to bother you now, it bothers you later, therefore I will spend anyway!" (25-34 yrs)*

> *"There are so many other things that can kill you. It is my choice if I want to smoke or not. I have been diagnosed about three years ago – I've got 2/3 of my lung capacity left, a third is gone due to smoking. I haven't stopped. I still smoke 30 a day! So maybe one day the penny will sink, I don't know?" (35-49 yrs)*

5.6.5 The Use of Humour – 'The Double-Edged Sword'

Results generated suggested that humour may in fact have positive implications of how smokers perceive the advertisement, but they will remain ineffective, in that humour aids in creating a distance between the smoker and the actual health warning conveyed.

There are no reservations that humour is a very powerful, creative medium, and that humorous advertisements achieve good entertainment scores. However, it is important

to remember that humour can be potentially very dangerous, reverting the original intention.

It is important to take into consideration the fact that humour is culture dependent: what seems funny to a South African of English origin might not be funny to an Afrikaner or a Zulu in the same country, let alone someone from a different continent. Another potential danger is that attempted humour that fails to connect with the audience can be a great cause of confusion, and when audiences are confused, they give up on attention (Du Plessis, 2005). This in turn leads to humour having the power to impede the viewers' ability to relate to the advertisement.

5.6.6 'Distance' Techniques

It was suggested the humour be used as an element in anti-smoking advertising, and this suggestion was based on research conducted using advertisements in general, due to the fact that it was found that advertisements that were humorous had higher levels of recall.

From the findings of this study, it is clear that the use of humour or even fear may not be the only way to design effective anti-smoking advertising. The use of humour in the advertisements decreased the level of seriousness of the message regarding the effects of smoking.

5.6.7 Patronising Advertising

A lot of confusion surrounded the issue of the actual harshness of recent anti-smoking campaigns, as well as the mentality of tobacco companies. Some of the messages in the advertisements were conveyed in such a way that the respondents felt that they were 'being talked down to', they said it felt as if the organisations promoting these messages considered smokers to be of a lesser intelligence. All these factors were identified as reasons that smokers themselves pleaded ignorance to the information that was being delivered to them, therefore leading to avoidance. The following verbatim responses were extracted from the transcriptions and prove relevant to the above issue.

> *"But why do they manufacture cigarettes if they know that they are so dangerous? That's the question I ask myself, so at the same time you justify to yourself that they can't be that deadly. I mean why would they manufacture something that they know will kill you? Why don't they ban them once and for all?" (35-49 yrs)*

> *"But why are they putting poisonous stuff into cigarettes when they know that we are going to smoke them?" (35-49 yrs)*

For example, when evaluating the perceptions of the Filthy Habit advertisement, a point was also raised regarding the fact that it felt like the message being conveyed by the anti-smoking campaign was patronising.   They felt that the advertisement discriminated against them as smokers, they did not agree with the message: 'What's so cool about a filthy habit?' Most of the respondents found any kind of excuse, to dismiss the advertisement and consider it invalid.

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

The long-term vs. short-term effects of smoking was a debate held in every single focus group. This of course was raised through the nature of the advertisements.

Respondents said that they knew they were going to die "one day" and said that they were in fact faced with death every day of their lives, things like "driving a car", "flying in an airplane", even "walking in the polluted streets of Johannesburg".   An overall opinion on the advertisements that were used in this study was that "they were boring", "these ads increase awareness but won't make people quit", "they need to use a different tactic." When the respondents were probed regarding the statement about advertisers using different tactics, they said that more shocking images should be used to scare smokers, scarier images, but at the same time realistic ones. Another tactic that could also be used is to advertise some of the immediate effects of smoking on skin, teeth and even hair. In other words, focus should rather be placed on the short term than the long-term effects of smoking.   The effects on a smokers physical appearance as well as the effect that smoking can have on a person in terms of how much money they spend weekly/monthly/yearly on their habit, was mentioned as another way to increase the efficacy of the advertising.

They also acknowledged the fact that they were aware of the health consequences of smoking cigarettes, but right now, they were enjoying it and it wouldn't/couldn't kill them now.

> "…I mean, that is what it can do to you in the long term, people don't think about it like that, we are smoking now and enjoying it, we will not worry what it might do to us in the long term, unless you are really, really conscious about it…it's like spending money on your credit card, it's not going to bother you no, it bothers you later, but you spend anyway." (25-34 yrs)

> "We know that smoking affects our lungs etc., but these things don't really get to you because you can't see what is inside your body, or what it really looks like. Unless some guy turned around and said, here is a lung, and turned it inside out and told me that my lungs looked like that!" (35-49 yrs)

Basically, what is being said is that, smokers do not know enough about the immediate effects that smoking has on their physical appearance. And physical appearance in a western society is very important, but smokers are bombarded with the consequences of what could potentially happen to them in the long-term, and therefore they tend to ignore these warnings, therefore making these types of campaigns seem ineffective.

Smokers are aware of the health risks associated with smoking, but they still continue to smoke because they do not actually see these effects, whereas if these effects were visible to them, and actually affected their appearance they would definitely quit smoking. In other words, anti-smoking campaigns place too much information on the health risks associated with smoking; take the 'Chemical facts' advertisement for example. This advertisement provides information of all the chemicals that cigarettes are made up of. This advertisement had no impact on the respondents, but the advertisement providing information on what smoking can do to your physical appearance clearly caused a lot more concern amongst the respondents.

The flow diagram on the next page illustrates the summary of themes that emerged within the anti-smoking campaign:
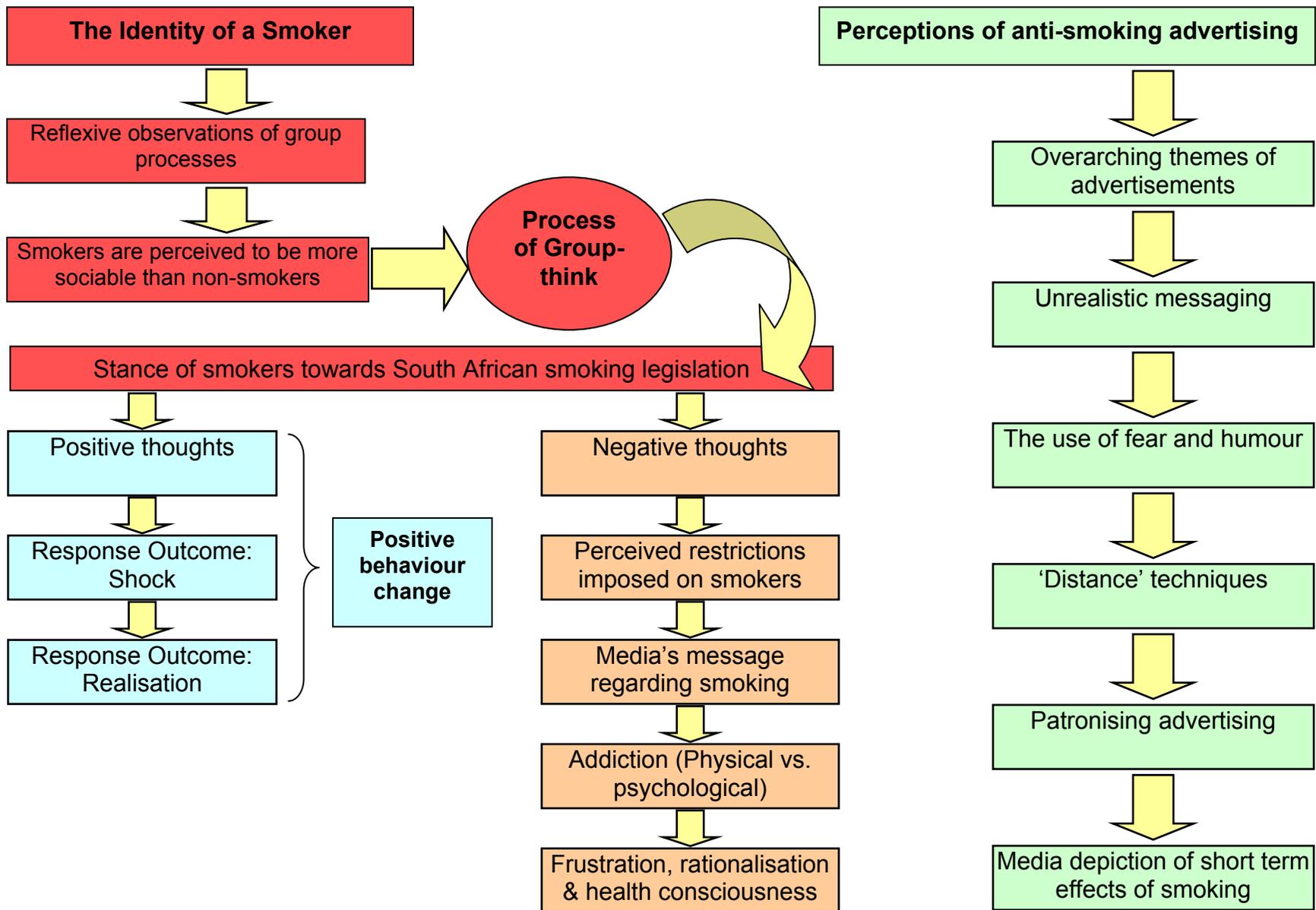
Figure 5.1:   Summary of Themes

5.7   Summary

Respondents were recruited according to the selection criteria stated in the recruiting questionnaire (see appendix A). Each group took place at a time and venue suitable to the participant. Discussions that took place during the focus group sessions were recorded on a tape recorder. The tape recordings were then transcribed verbatim and the data analysis commenced immediately after all the information from each of the focus groups had been gathered. This took place over a period of three days.

The identified themes from Project Smoke as a whole were discussed in relation to the advertisements used in each of the focus groups. The advertisements are available for use as per request.

In summary, this chapter consists of two sections; one of which deals with the identity of the smoker in terms of his or her knowledge, attitudes and behaviour. The second section of this chapter deals with the perceptions that smokers have of anti-smoking advertising campaigns with the use of fear-appeal.

In terms of the identification of the profile of a smoker regarding their knowledge, attitudes and behaviour, findings indicated a division between the views held by the younger groups and the views held by the older groups. In terms of knowledge of the legislation, all groups were well informed regarding this; the differentiation arose with regards to their attitudes towards the legislation. Younger respondents held more positive views about the legislation, whereas the older respondents had more negative thoughts on the legislation. These negative attitudes towards the smoking legislation, led to feelings of perceived discrimination amongst the older respondents.

It was identified that emotions play a large role in the 'smoking topic' as a whole. For example, smoking was identified as an emotional addiction, and it was also ascertained that smokers were unclear due to the affect that media has on their perceptions of smoking, whether the addiction is of a physical or psychological nature. The fact remained that, anti-smoking advertising campaigns usually only placed emphasis on smoking being a psychological addiction. The fact that smoking can also be a physical addiction has not been as highly stressed, and even in comparison to the ways in which other addicts, such as cocaine addicts are treated, it is very different to the manner in which cigarette smokers get treated. It would be beneficial to all categories of addictions (physical and psychological addictions) to receive the same 'tools' in order to help them deal with these addictions.

The overall analysis of the perceptions that smokers have of anti-smoking advertising was universal in nature, even though age was identified as a variable that could potentially affect the results, overall the results were similar.

Overarching themes of the advertisements were identified within the discussion on the perceptions of anti-smoking advertising. The benefits of the use of humour and fear in anti-smoking advertising were discussed as well as the detriments thereof. It was concluded that fear is a better option for this genre of advertising, in comparison to the use of humour. This deduction was made, as results reflected that humour had the potential of 'distancing' the smoker from the seriousness of the message.

Smokers are very aware of the long-term health risks associated with smoking simply because of the exposure they have had with anti-smoking campaigns, but not with the short-term effects that smoking has on their physical appearance. This finding could prove to be very helpful when considering the design of new anti-smoking campaigns.

The themes discussed in this chapter will now be explained with the use of psychological theories and academic literature in Chapter 6.

Cigarette Smokers' Perceptions of Fear-Appeal Advertising

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).

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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)*

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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

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  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.

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LM de Bruin   Cigarette Smokers' Perceptions of Fear-Appeal Advertising

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Appendix A   Cigarette Smokers' Perceptions of Fear-Appeal Advertising

RECRUITED BY:	
DATE OF GROUP:	
DESCRIPTION OF GROUP RECRUITED FOR: .... **PROJECT:**	
NAME:	
SUBURB: .... **AREA:** ....**POSTAL CODE:**	
TELEPHONE: HOME: .... **WORK:** .... **CELL.:**	

GOOD MORNING/AFTERNOON/EVENING. MY NAME IS .... FROM MARKINOR, AN INDEPENDENT LEADING RESEARCH COMPANY. I WOULD LIKE TO ASK YOU SOME QUESTIONS CONCERNING........................... IT WILL ONLY TAKE APPROXIMATELY .... MINUTES. IS THIS A CONVENIENT TIME TO COMPLETE THE INTERVIEWER, OR CAN I MAKE AN APPOINTMENT WITH YOU AT ANOTHER TIME? PLEASE BE ASSURED THAT YOUR ANSWERS WILL BE TREATED WITH THE HIGHEST CONFIDENTIALITY AND THAT THERE ARE NOT RIGHT OR WRONG ANSWERS.

> **RECRUITER INSTRUCTION: RESPONDENTS SHOULD BE FROM LSM ....**
> **CATEGORISE LSM FROM MONTHLY HOUSEHOLD INCOME AND AREA.**

				GO TO:
Have you or any of your close friends or relatives ever worked for a tobacco company/manufacturer?	1. Yes		-1	CLOSE
	2. No		-2	CONT

READ OUT			**YES**	**NO**	
A.	Do you or any member of your family or close friends work for, or have in the past worked for……	1. Advertising	-1	-1	IF YES TO ANY CLOSE INTERVIEW
		2. Market research	-2	-2	
		3. Tobacco company	-3	-3	
		4. Media	-4	-4	
B.	Have you been to a market research group discussion in the last 6 months	1. Yes		-1	CLOSE
		2. No		-2	CONTINUE

				GO TO:
1.	**GENDER: INTERVIEWER TO RECORD WITHOUT ASKING.**	1. Male	-1	RECRUIT A SPREAD
		2. Female	-2	
2. **Record race by observation only**		1. Black	-3	RECRUIT AS PER QUOTA
		2. White	-4	RECRUIT AS PER QUOTA
		3. Coloured	-5	RECRUIT AS PER QUOTA
		4. Indian	-6	RECRUIT AS PER QUOTA
2.	**AGE:** **RESPONDENT MUST BE BETWEEN 25 – 49 YEARS OLD**	**WRITE IN AGE:** _____		RECRUIT ACCORDING TO QUOTA
3.	Are you fluent (able to communicate and understand) in English?	1. Yes		CONT.
		2. No		CLOSE
4.	**LEVEL OF EDUCATION:** Please tell what the highest level of education is that you have achieved	1. Grade 8-11		CLOSE
		2. Grade 12 (matric)		CONT.
		3. University degree / diploma		
		4. Post graduate studies		

Appendices

5.	**INCOME GROUPS:** **Personal income:** Please tell me into which of the following categories your personal income falls.	1.	R4 500 – R6500	-1	**RECRUIT A SPREAD**
		2.	R6501 – R8000	-2	
		3.	R8001 – R10 000	-3	
		4.	R10 001 – R12 000	-4	
		5.	R12 001 +	-5	
		6.	Refused	-6	
6.	Are you a smoker?	1.	Yes		**CONT.**
		2.	No		**CLOSE**
7.	Do you smoke branded cigarettes?	1.	Yes		**CONT**
		2.	No		**CLOSE**
8.	Do you roll your own cigarettes?	1.	Yes		**CLOSE**
		2.	No		**CONT**
9.	How many cigarettes do you smoke per day?		1 – 5 cigarettes		**RECRUIT A SPREAD**
			5 – 10 cigarettes		
			More than 10 cigarettes		
	DECLARATION: I declare that the respondent (NAME AND ADDRESS ABOVE) recruited by me qualifies according to the criteria supplied to me by Markinor for this specific group. SIGNED:…………………………………...…………………………… DATE:…………………………………………………………………				

SELF-COMPLETION QUESTIONNAIRE

DATE OF GROUP: _____

TIME OF GROUP: _____

RACE: (Please circle)

- **Black**
- **White**
- **Coloured**
- **Indian**

Hand respondents self-completion sheets:

On this sheet, please indicate, in order of importance - where 1 = the advert you enjoyed the best, 2 = the advert you enjoyed second best and 3 = the advert you enjoyed third best, 4 = the advert you enjoyed fourth best 5= the advert you least preferred. For number 1 enjoyed best, please give reasons why and for least preferred number 5, please give reasons why.

1. **Advertisement I enjoyed the most.** *Please give reasons why you selected this advert.*

   _____
   _____
   _____

   The advertisement you enjoyed second best?

   _____
   _____
   _____

2. **The advertisement you enjoyed third best?**

   _____
   _____
   _____

3. **The advertisement you enjoyed fourth best?**

   _____
   _____
   _____

4. **The advertisement you least preferred?** *Please give reasons why you selected this advert.*

   _____
   _____
   _____

Appendices

Advertisement Don't Jump:

1. How did this advertisement make you feel?
   - i. Sad
   - ii. Angry
   - iii. Happy
   - iv. Scared
   - v. Aware
2. This advertisement was:
   - i. Funny
   - ii. Powerful
   - iii. Boring
   - iv. Emotional
3. Have you seen this advertisement before?

Advertisement Suzy Q:

1. How did this advertisement make you feel?
   - i. Sad
   - ii. Angry
   - iii. Happy
   - iv. Scared
   - v. Aware
2. This advertisement was:
   - i. Funny
   - ii. Powerful
   - iii. Boring
   - iv. Emotional
3. Have you seen this advertisement before?

Advertisement Lungs Run Away:

1. How did this advertisement make you feel?
   - i. Sad
   - ii. Angry
   - iii. Happy
   - iv. Scared
   - v. Aware

2. This advertisement was:
   - i. Funny
   - ii. Powerful
   - iii. Boring
   - iv. Emotional

3. Have you seen this advertisement before?

Advertisement Inside Out:

1. How did this advertisement make you feel?
   - i. Sad
   - ii. Angry
   - iii. Happy
   - iv. Scared
   - v. Aware

2. This advertisement was:
   - i. Funny
   - ii. Powerful
   - iii. Boring
   - iv. Emotional

3. Have you seen this advertisement before?

Appendices

Advertisement Children against Smoking:

1. How did this advertisement make you feel?
    i. Sad
    ii. Angry
    iii. Happy
    iv. Scared
    v. Aware
2. This advertisement was:
    i. Funny
    ii. Powerful
    iii. Boring
    iv. Emotional
3. Have you seen this advertisement before?

Advertisement Chemical Facts:

1. How did this advertisement make you feel?
    i. Sad
    ii. Angry
    iii. Happy
    iv. Scared
    v. Aware
2. This advertisement was:
    i. Funny
    ii. Powerful
    iii. Boring
    iv. Emotional
3. Have you seen this advertisement before?

Thank-you for your opinions!

Cigarette Smokers' Perceptions of Fear-Appeal Advertising

PROJECT SMOKE
DISCUSSION GUIDE

Introduction and warm-up

Hi and welcome to Markinor, for the next two hours we are going to be talking about weird and wonderful things that relate to you in a number of ways. I would like you to feel at ease and know throughout the discussion that there are no right or wrong opinions and that we all agree to disagree.

I would just like to inform you that all of the discussions will be audio recorded.

You see that mirror, as I am sure most of you know, that is a two way mirror. Behind that mirror, I have a co-worker taking notes for me.

Any information gathered in these groups will be regarded as confidential.

- Introduce self
- Explain format of discussion,
- Reassure confidentiality
- Explain tape recording/ one way mirror
- Importance and value of the participants contribution;
- Confidentiality of discussions;
- Tell participants that their honest opinions are valued, and that there are no right or wrong answers to any questions. Now is their chance to voice their opinions.
- Explanation of the use of the results at the completion stage of the study.
- **ICE BREAKER**: Ask each respondent to **introduce themselves** and to **describe their attitude toward health in one sentence.**
- **15 minutes**

Spontaneous Awareness of Ads in General

I want to start off the conversation by talking about advertisements

- What do you enjoy about ads/adverts?
- What makes some ads stand out from the rest?
- Which ones do you enjoy at the moment?
- Having listened to everyone and what ads they like, what do you think these ads have in common?

Perceptions of cigarette related advertising

- With the new laws, advertising for tobacco products is banned. Can you still remember any advertising for these products?
- Are you aware of any advertising taking place nowadays?
- On the other side of the coin, have you seen any ads against cigarette smoking?

Appendices

- Probe: National Council Against Smoking (NCAS) if not spontaneously mentioned
- **IF YES:** Tell me about them.
- Describe what you remember seeing?
- What elements stood out?
    - Which form of advertising (cigarette packs, television, billboards etc) do you take most notice of?
    - Do you feel that this type of advertising has any type of impact on you?
- Who do you think are the sponsors for this type of advertising?
- What is the name of the organization?

General opinions about smoking

1. How you feel about the new smoking legislation that has been enforced in South Africa? (i.e.: designated smoking areas for smokers in any public area).
2. How do you feel as a member of this new society governed by anti-smoking laws?

Instructions: Now, we are going to view the series of advertisements in the campaign once, where after I will ask you a few questions, followed by viewing the advertisements again, where we will analyse each advertisement individually with regards to your perceptions.

ADVERTISING EXECUTIONS:

1. **View**
2. **Complete self completion without discussion**
3. **Discuss**

Before we discuss each advert, I would like you to please complete a short questionnaire

Hand respondents self-completion sheets:

On this sheet, please indicate, in order of importance - where 1 = the advert you enjoyed the best, 2 = the advert you enjoyed second best and 3 = the advert you enjoyed third best, 4 = the advert you enjoyed fourth best 5= the advert you least preferred. For number 1 enjoyed best, please give reasons why and for least preferred number 5, please give reasons why.

MODERATOR ROTATE ADS ACCORDING TO THE FOLLOWING ROTATIONAL GRID:

Grp1 Lauren	Grp 2 Lauren	Grp 3 Lauren	Grp 4 Lauren	Grp 5 Lauren
DJ	CF	CS	LR	SQ
SQ	CS	IO	CF	DJ
LR	IO	SQ	IO	CF

IO	LR	CF	SQ	CS
CS	SQ	DJ	DJ	IO
CF	DJ	LR	CS	LR

Moderator: rotate as above for your group between the 2 tapes.

DJ = Don't Jump

SQ = Suzy Q

LR = Lungs run away

IO = Inside out

CS = Children against smoking

CF = Chemical facts

General opinions about anti-smoking advertisements

1. List five words that would best describe the way you feel about this type of advertising.
2. What did you like most about these advertisements?
3. What do you dislike most about this type of advertising?
4. Who do you think this ad is aimed at?
5. Did this campaign increase your levels of curiosity to know if what was said in this campaign was true?
6. Do you feel that this type of advertising is effective? If yes, why is it effective, and if no, why not? PROBE (does this have anything to do with source credibility, attractiveness of actors in advertisements etc).

General Health inquiries

In other groups the issue of health came up, how do you feel about this?

1. After having viewed these advertisements, how do you feel they impacted on your perception of your health?
2. Are any of you members to a health club? If yes, do you exercise?
3. Do you feel that you are usually aware of your state of health as you go through the day?
4. Are you generally attentive to the inner feelings about your health?
5. Do you feel that it is important to be informed about health issues?
6. Do you feel that there is a wealth of health information available today? If yes, does this information make it easier for you to take care of your health?

Instructions: Commence second round of viewing the advertisements.

Appendices

Advertisement Don't Jump:

1. What was the message portrayed in this advertisement?

2. Do you feel that some people might find it difficult to understand? Why do you say so?

   a. Do you feel that this message was important to you?

   b. Do you think it said things that were hard to believe?

   c. Did the advertisement make you stop and think?

   d. Do you feel that the advertisement 'talked down to you'? – **Reinforcement of 'member of new smoking society' question.**

   e. Do you believe what they are telling you?

3. How did this advertisement make you feel?

   i.   Sad

   ii. Angry

   iii. Happy

   iv. Scared

   v.   Aware

4. This advertisement was:

   i.   Funny

   ii. Powerful

   iii. Boring

   iv. Emotional

5. Have you seen this advertisement before?

Advertisement Suzy Q:

1. Was the message portrayed in this advertisement clear?

   a. If yes: do you feel that this message was important to you?

   b. Do you think it said things that were hard to believe?

   c. Did the advertisement make you stop and think?

   d. Do you feel that the advertisement 'talked down to you'?

   e. Do you feel that this advertisement is one that I would talk to me friends about?

2. How did this advertisement make you feel?

   i.   Sad

   ii.   Angry

   iii. Happy

   iv.   Scared

   v.   Aware

3. This advertisement was:

   i.   Funny

   ii.   Powerful

   iii. Boring

   iv.   Emotional

4. Have you seen this advertisement before?

Appendices

Advertisement Lungs Run Away:

1. Was the message portrayed in this advertisement clear?
    a. If yes: do you feel that this message was important to you?
    b. Do you think it said things that were hard to believe?
    c. Did the advertisement make you stop and think?
    d. Do you feel that the advertisement 'talked down to you'?
    e. Do you feel that this advertisement is one that I would talk to me friends about?
2. How did this advertisement make you feel?
    i. Sad
    ii. Angry
    iii. Happy
    iv. Scared
    v. Aware
3. This advertisement was:
    i. Funny
    ii. Powerful
    iii. Boring
    iv. Emotional
4. Have you seen this advertisement before?

Advertisement Inside Out:

1. Was the message portrayed in this advertisement clear?
   a. If yes: do you feel that this message was important to you?
   b. Do you think it said things that were hard to believe?
   c. Did the advertisement make you stop and think?
   d. Do you feel that the advertisement 'talked down to you'?
   e. Do you feel that this advertisement is one that I would talk to me friends about?

2. How did this advertisement make you feel?
   i. Sad
   ii. Angry
   iii. Happy
   iv. Scared
   v. Aware

3. This advertisement was:
   i. Funny
   ii. Powerful
   iii. Boring
   iv. Emotional

4. Have you seen this advertisement before?

Appendices

Advertisement Children against Smoking:

1. Was the message portrayed in this advertisement clear?
   a. If yes: do you feel that this message was important to you?
   b. Do you think it said things that were hard to believe?
   c. Did the advertisement make you stop and think?
   d. Do you feel that the advertisement 'talked down to you'?
   e. Do you feel that this advertisement is one that I would talk to me friends about?

2. How did this advertisement make you feel?
   i. Sad
   ii. Angry
   iii. Happy
   iv. Scared
   v. Aware

3. This advertisement was:
   i. Funny
   ii. Powerful
   iii. Boring
   iv. Emotional

4. Have you seen this advertisement before?

Advertisement Chemical Facts:

1. Was the message portrayed in this advertisement clear?

    a. If yes: do you feel that this message was important to you?

    b. Do you think it said things that were hard to believe?

    c. Did the advertisement make you stop and think?

    d. Do you feel that the advertisement 'talked down to you'?

    e. Do you feel that this advertisement is one that I would talk to me friends about?

2. How did this advertisement make you feel?

    i.   Sad

    ii.   Angry

    iii.   Happy

    iv.   Scared

    v.   Aware

3. This advertisement was:

    i.   Funny

    ii.   Powerful

    iii.   Boring

    iv.   Emotional

4. Have you seen this advertisement before?

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ONCE EXECUTIONS EXPOSED AND SELF COMPLETIONS COLLECTED, DISCUSS THE FOLLOWING:

- What do you recall about each of the 6 ads?
- What if anything did you like?
- On the other hand what if anything did you dislike?
- What is the message of these ads, what are they telling you?

MODERATOR TO HAND OUT 3 VOTING STICKERS TO EACH RESPONDENT. MODERATOR STICK A4 SHEETS ON THE WALL WITH THE NUMBER/CODE OF EACH ADVERTISEMENT ON THE SHEET.

- Ask each respondent to allocate the three votes to the ad or ads they liked best. They can give all three votes to one advert or spread their votes whichever way they like. They will write the number or numbers of the ad's they like on the number of votes they want to give to each ad. Once every respondent has made the selection they are asked to stick the stickers on the sheets representing each of the ads. (***This will give a visual representation of the preferred ads and some weights to how much they liked each ad. The number of votes each advert receives will give a preference ranking to the five executions***).
- **Moderator and Group to discuss the results and reasons for it**
- Who are these adverts talking to/ meant for? What kind of person? Why?
- Do you think these scenes are real? Do you think they are believable? What makes them believable? **(Probe: does it speak to you/ do you think something like this will ever happen to you? Can you relate to it?)**
- What, if anything, can be done to these ads to make them even more real or relevant to you?
- What is the advert telling you: what message is it communicating to you?
- Is the message clear and understandable (if yes, probe for particular wording that emphasizes this fact?)
- For those who say no, probe for what makes the ad not clear understandable
- Thinking of all the ads you have just seen which one do you think brings the message across the best?
  - *Let's say 5 years from now you notice that there is a **great decline in smokers**, what do you think would have made this happen?*
  - *Why do you say that?*
  - *And if you would notice 5 years from now that there are **a lot more smokers**, what do you think would have been the cause of that?*
  - *Why do you say that?*

If not answered during discussion probe:

Thinking about the warnings on cigarette packs, billboards and in magazines etc. What do you think may be the reason that this anti-smoking advertising has no or little impact on smokers?

Thanks for your time and valuable input!

7.1   Appendix D: Respondent Information and Informed Consent

Introduction

Before taking part in this study, it is important that you understand what is involved. If you have any questions, which are not fully explained in this leaflet, you are welcome to contact the focus group moderator. You should not agree to take part in this study unless you are completely happy about all the procedures involved.

Most of your questions will be answered in the following sections.

What is the purpose of the study?
The purpose of the focus group would be to explore the smokers' perceptions on anti-smoking campaigns that are flighted in South African television in order to provide information that would inform subsequent analysis or studies on the data.

What is the duration of the study?
The focus group, commencing at _____ in the _____, will take approximately an hour, followed by a tea break. You should not be required to spend more than 2 hours with the group or the focus group moderator.

Has the study been ethically designed?
This study is designed according to the South African Market Research Association and the ESOMAR guidelines proposed for research with young people and market research. A copy of this may be obtained from either websites:
www.esomar.org or www.samra.co.za

What are my rights as participant of this study?
Your participation in this focus group is entirely voluntary and you can refuse to participate at any time without stating a reason, it would however be appreciated if you would voice any objection as early as possible, because of the group dynamics involved in a focus group.

Are there any restrictions concerning my participation in the study?

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Professionals or students in the market research field, advertising agencies, press/radio or television as well as manufacturers of tobacco products are expected not to participate, and will be eliminated in the screening process, if experts have the opportunity to participate in these focus groups, their presence may lead to the intimidation of other group members and a misrepresentation of the participants view on the topic of research.

Is there financial gain/loss for my account in this study?
Incentives will be offered to participants who participate in this study.

Observation
The focus groups conducted by _____ will be recorded (audio recording). All data will remain the sole property of the researcher conducting the research. The data will be used in the manner intended as stated in the purpose of the study and not for any other purposes.

Therefore you hereby authorise _____ to record all conversations in the group, on audiotapes, and use it appropriately.

Source of additional information
If at any time you have any questions about the study, please do not hesitate to contact the focus group moderator present at the focus group. If you have any more queries please phone _____ where you can reach an authorized person that will answer your questions.

Confidentiality
All information obtained during the focus group or received from the client will be held strictly confidential. Data that may be reported in social science journals will not include any information that identifies you as a participant in the study. The research group reserves the right to make your name known to the authorities to report any suspicious and illegal activities that they may become aware of during the course of the focus group.

Appendix C   Cigarette Smokers' Perceptions of Fear-Appeal Advertising

Informed consent

I hereby confirm that I have been informed by the chief investigator, _____ about the nature, conduct and benefits of this study. I have also received, read and understood the above written information regarding the focus group.

I am aware that the results of the study, including anonymous personal details regarding age, gender, date of birth and initials will be processed in the study report.

I may, at any stage, without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

Respondent's name   _____ (please print)

Respondent's signature   _____

Date   _____

I, _____ (name of investigating officer) herewith confirm that the above respondent has been informed fully about the nature, conduct and benefits of the study.

Investigators name   _____

Investigator's signature_____

Date   _____

Witness's name   _____

Witness's signature   _____

Date   _____

Additional informed consent by relative

_____ (name of chief investigator) has provided me with a copy of the Respondent Information Leaflet and Consent Form regarding this study and I fully understand the nature, conduct and benefits as well as the purpose of the study. I hereby consent for my _____(relation) to participate in this study.

Relative's name   _____(please print)

Relative's signature   _____

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Date   _____

Investigators name   _____

Investigator's signature_____

Date   _____

Witness's name   _____

Witness's signature   _____

Date   _____