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I'm not a smoker: Constructing protected prototypes for risk behavior

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ABSTRACT

This study investigates consumer use of categories and boundaries surrounding problem behavior to construct a protected prototype. Drawing on social comparison theory and social norms, consumers construct prototypes in order to perceive themselves immune from harmful or stigmatizing consequences. Depth interviews and a survey with young adults in the context of social smoking highlight the formation of protected prototypes through product acquisition, usage, and cessation. Descriptive norms within social settings enable young adults to form boundaries around problem behavior and distinguish their usage as safe, rather than risky or addictive. The findings provide insights for social marketers and policymakers to help consumers avoid uptake in problem behavior.

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Numerous marketing studies investigate problem behaviors such as binge drinking, smoking, and gambling (Lam, 2007; Smith, Stutts, and Zank, 2012). Despite social marketing efforts to decrease levels of problem behaviors, estimates indicate that 47% of the U.S. adult population suffers from maladaptive signs of an addictive disorder (i.e., tobacco, alcohol, gambling) (Sussman, Lisha, and Griffiths, 2011). For example, one in six U.S. adults binge drinks about four times a month (CDC, 2014) and smoking is increasing in young adults aged 18–24 (Ling and Glantz, 2004; Rigotti, Moran, and Wechsler, 2005). Despite the billions of dollars spent on prevention and treatment, much work remains in helping individuals recognize and reduce problem behavior.

As policymakers and practitioners seek to decrease the prevalence of addictive behaviors, understanding how and when boundaries are crossed into problem behavior is important. Research suggests that addictive behaviors move through a consumption continuum from non-use to non-addictive use to near addictive use to addiction (Martin et al., 2013). At the near-addictive stage, maladaptive consumption appears and harmful consequences increase. Because experimentation often leads to a more addictive behavior, understanding when and why this transition to ongoing, harmful usage occurs is important. However, little research has been conducted to determine how people construct the perceived boundaries that they use to distinguish occasional, controlled usage from harmful, uncontrolled usage. This research attempts to fill this gap by investigating how individuals construct

prototypes that enable them to perceive safe consumption despite engaging in problem behavior.

This study investigates consumers' use of categories and boundaries surrounding problem behavior in order to construct a protected prototype. The context of social smoking was chosen as the problem behavior because the behavior is growing, is an early stage of heavier uptake, and is a common target of tobacco marketing (Ling and Glantz, 2002; Sepe, Ling, and Glantz, 2002). Drawing on social comparison theory and social norms, we examine the ways in which consumers construct prototypes in order to perceive themselves immune from the problem behavior and its harmful consequences. A mixed method approach is used. First, depth interviews investigate young adult perceptions of controlled, safe engagement in a problem behavior. A survey further explores the distinctions made in the categorization of prototypes and different levels of consumption. The findings and discussion provide insights for social marketers and policymakers to better help consumers recognize and avoid increasing uptake in problem behavior.

1. Theoretical development

1.1. Social smoking in young adults

From 1993–2000, smoking declined among U.S. adults, except in the segment aged 18–24 (Ling and Glantz, 2004). This increase in smoking among young adults parallels the segment's changing social norms and promotion of the behavior by tobacco firms (Ling and Glantz, 2002). Within light smokers, a phenomenon of social smoking describes someone who smokes primarily in situations involving partying and socializing (Waters, Harris, Hall, Nazir, and Waigandt, 2006). Given the social context, light or social smokers are likely to differ in their attitudes

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and behaviors from other types of smokers. Social smokers engage in the behavior less frequently and for shorter periods than other types of smokers (Moran, Wechsler, and Rigotti, 2004). Despite engaging in problem behavior, they may not perceive themselves as smokers, may not view themselves vulnerable to the associated health risks, and feel little need for cessation (Waters et al., 2006). Social smokers also report high confidence in their ability to quit but are less motivated to quit than other smokers (Moran et al., 2004). Research also suggests that such smokers differ from regular smokers in their responses to anti-tobacco appeals (Debevec and Diamond, 2012).

Tobacco firms target young adults as they experience new adult roles, freedoms, and social influences (Ling and Glantz, 2002). To reach young adults and influence the acceptability of smoking, companies target promotions at bars and nightclubs, sponsor events or distribute free products at social venues, and advertise in the alternative press covering social scenes (Rigotti et al., 2005; Sepe et al., 2002). Tobacco firms aim to make smoking an integral part of the behavior occurring in the young adult social scene and concomitant transition period, as evident in industry documents (Ling and Glantz, 2002). Thus, concern is increasing about the growing number of young adult smokers and specifically the rising trend in light and social smoking.

Given the differences in behaviors, attitudes, and message responses that exist between light/social and other types of smokers, additional research is needed (Okuyemi et al., 2002). Little in-depth information is available that specifically addresses how young adults view different smoking categories and the extent they compare referent groups. This research attempts to fill this gap by exploring how young adults make these distinctions. A social context framework is advantageous because it compels the researcher to examine group interaction beyond individual behavior (Nichter, Nichter, and Carkoglu, 2007). As young adults interact in the marketplace, social comparison guides what is acceptable smoking behavior.

1.2. Social comparison theory and social norms

The social comparison theory suggests that individuals compare themselves to other people who are similar in terms of age, gender, and physical characteristics (Buunk, Gibbons, and Reis-Bergan, 1997) to evaluate opinions and behavior, especially when objective comparisons are unavailable. When engaging in social comparison, people may compare upwards/downwards depending on their desire to compare themselves to someone who is better/worse off. When a decrease in well-being is present, individuals compare themselves to those who are worse off in an effort to improve their well-being (Buunk et al., 1997). As they make such comparisons, prototypes of certain categories develop. People compare themselves to risk prototypes when considering whether to engage in risk behavior. Social comparison aids in determining what behaviors are normative.

Social norms have been used to examine a range of risky behaviors associated with young adulthood including smoking (van den Putte, Yzer, and Brunsting, 2005) and binge drinking (Lee, Geisner, Lewis, Neighbors, and Larimer, 2007). The social norm theory suggests that behavior is influenced by how individuals perceive the behavior of other members of the social group (Scholly, Katz, Gascoigne, and Holck, 2005). Social norms impact not only perceptions of these risk behaviors but the engagement in such behaviors. As such, social norms provide a basis for shaping the attitudes and behaviors that are seen as normal, acceptable, or even expected in particular social contexts. Achieving consensus of norms and engaging in related behaviors can bond groups, while deviations may lead to social sanctions or exclusion.

Research describes two types of social norms: injunctive and descriptive (Cialdini, Reno, and Kallgren, 1990; Reno, Cialdini, and Kallgren, 1993). Injunctive norms specify what people approve or disapprove of within a cultural setting. They specify acceptable behavior and motivate adoption of these behaviors by threatening social sanctions for improper conduct. Injunctive norms involve perceptions of generally

approved behavior within a culture and cut across many different situational settings. In contrast, descriptive norms specify behavior within certain situations. Behavior is guided by perceptions of others immersed in the situation, and sanction individual conduct (Reno et al., 1993). The influence of descriptive norms may weaken as individuals move out of the group setting, especially if other environments differ along a dimension related to the behavior. The type of norm (injunctive or descriptive) that is salient at different times should influence immediate behavior (Reno et al., 1993).

2. Methodology

An exploratory mixed methods design is used to investigate the phenomena (Creswell and Plano Clark, 2010; Teddlie and Tashakkori, 2009). Ideally, the goal of mixed methods is to bring the strengths of the different methods together while helping to address non-overlapping weaknesses (Patton, 1990). The exploratory design provides an opportunity to delve into in-depth behavior using qualitative methods and then complement key findings with survey data to enhance triangulation while lessening concerns about sample size and generalizability (Bryman, 2006; Creswell and Plano Clark, 2010). In an exploratory design, emphasis is on the qualitative findings with the quantitative study complementing and reinforcing the thematic interpretation.

2.1. Qualitative analysis

To investigate how boundaries are formed around protective prototypes, an inductive approach using four rounds of depth interviews was conducted with 37 subjects. The first interviews were exploratory in nature to investigate the context of social smoking behavior. For a class assignment, students were trained in methods and interviewed two people using a provided guide. Twenty-eight interviews, including 15 with social smokers, were conducted. Initial analysis revealed that social smokers are perceived differently than regular smokers in three key aspects: they don't buy cigarettes; they don't consider quitting important; and they often smoke when drinking. These findings suggest that social norms may play a role in differentiating social smokers from regular smokers due to the specific conditions surrounding the problem behavior. Based on this analysis, 11 interviews with college students were conducted. Participants were undergraduate students given extra credit for an hour interview. During the interview, differences and comparisons around social norms (injunctive, descriptive) were probed. The findings reveal that social smokers compare themselves to regular smokers and consider themselves to be different. A third round of interviews involved non-college participants for contrast. People aged 18–24 who smoked were recruited through a convenience store (a common retailer of cigarettes). Five interviews were conducted which lasted between 1 and 2 h. Subjects were compensated \$25. Differences between this group and previous informants existed in general life experiences but not in smoking perceptions. These respondents similarly viewed young adulthood as a time to experiment without assuming the stigma associated with regular smoking. A final round of interviews was conducted to solidify emerging themes. Boundary development and transitioning across boundaries was specifically explored. Undergraduates who were social smokers were recruited and compensated \$20. Six interviews were conducted. All interviews throughout the research were audiotaped and transcribed verbatim.

Interview questions were guided by a general interest in the informant's smoking behavior, extent of the behavior, settings/context in which smoked/not smoked, other behaviors related to smoking, and perceived benefits/risks for engaging in behavior. During the interview, if informants described their behavior as social smoking, they were asked what the term meant. If they described their behavior in other terms, at some point they were asked about familiarity with the term social smoking. Perceived differences between their behavior

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