



Self-concept, emotions and consumer coping Smoking across Europe

Smoking across
Europe

1101

Kathy Hamilton

Department of Marketing, University of Strathclyde, Glasgow, UK, and

Louise Hassan

School of Management, University of St Andrews, St Andrews, UK

Received February 2008

Revised August 2008

December 2008

Accepted December 2008

Abstract

Purpose – Whereas much previous research focuses on the ways consumers strive to gain social approval, consumption that may result in social disapproval must be considered. In order to do so, the purpose of this paper is to explore consumers' self-concepts within a risky consumption context, namely smoking. Self-concept discrepancies and the resulting emotions and coping strategies are identified.

Design/methodology/approach – A qualitative methodology based on 30 focus groups conducted across ten European countries is employed.

Findings – Findings demonstrate self-concept discrepancies between both the actual self and ought/ideal guiding end states, as well as between the "I" and social selves. Such discrepancies generate negative emotions and result in emotion-focused coping strategies. In addition, the accuracy of smokers' social self-concepts with reference to the actual perceptions of non-smokers is discussed.

Practical implications – Important implications for the design of effective anti-smoking advertising are discussed, based on the findings. It is suggested that counter advertising should encourage dialogue between smokers and non-smokers and that message themes should centre on building the self-efficacy of smokers.

Originality/value – The reason why the social context should be an integral part of consumer self-concept research is highlighted. Moreover, the importance of moving beyond merely understanding the existence of self-discrepancies, to focus on the emotions that are generated by these discrepancies and the consequent coping strategies employed to resolve them is identified. As such, the potential contributions that may arise by recognising the intersection between two bodies of literature that are often treated separately, namely, consumer coping and the self-concept, are highlighted.

Keywords Cigarettes, Social stratification, Consumer behaviour

Paper type Research paper

Introduction

It is recognised that the social environment has an important impact on consumption choices. Previous research has suggested that consumers are often attracted to products that will portray a positive and socially acceptable image and it has long been established that products can be seen as "social tools" that are used to reflect consumer identity (Grubb and Grathwohl, 1967, p. 24). Scholars have highlighted the ways in which consumers use fashion (Thompson and Haytko, 1997), brands (Elliott and Wattanasuwan, 1998; Fournier, 1998) and other possessions (Belk, 1988) to facilitate



the portrayal of the self. Equally, studies on the influence of social comparison have highlighted the discontentment felt by those who cannot match the consumption levels that they see around them (Richins, 1991; Ackerman *et al.*, 2000), further emphasising the importance of the social in setting normative patterns of behaviour. Other studies highlighting the importance of the social have considered the significance of peer pressure on adolescents (Elliott and Leonard, 2004), and the ways in which consumers desire affiliation with others through brand communities (Muniz and O'Guinn, 2001) and consumer tribes (Cova and Cova, 2002).

It is evident from this research stream that there is a strong link between the self and the social. The social is a broad concept and in this paper we focus specifically on the way in which other consumers influence the construction of the self. Our context is the risky consumption behaviour associated with smoking. Smoking can be considered as a consumption practice that generates both physical risk and social risk. In relation to physical risk, smoking is a behaviour that is often undertaken in public, resulting in severe health risks for both the smoker and also for those affected by environment tobacco smoke. In relation to social risk, smoking often results in negative opinions from others and stigmatisation by both non-smokers and smokers (Moore, 2005). Thus, whereas much previous research focuses on the ways consumers strive to gain social approval, we explore the concept of the social self in the context of consumption that may result in social disapproval.

In recent years the Framework convention on tobacco control (WHO, 2003) has resulted in many European countries acting to tighten restrictions on tobacco consumption (e.g. banning tobacco advertising). These changes in public policy in the macro environment may incite consumers to re-evaluate their attitude and behaviour towards smoking as well as to reconsider the wider societal position about smoking. Through these re-evaluations, smokers may experience discrepancy in their self-concept. Research has found that over 70 per cent of smokers want to quit smoking and over 80 per cent wish that they had never started (Lader and Goddard, 2003), suggesting discrepancies between the smoker's current situation and their ideal end state (Higgins, 1987).

In this paper, we aim to address three main research questions:

- RQ1.* What is the impact of risky consumption on the self-concept?
- RQ2.* What emotions are generated by discrepancies in the self-concept?
- RQ3.* How do consumers cope with social disapproval caused by risky consumption choices?

The literature review begins with a discussion of the self-concept and highlights the importance of the social environment to this research area. Next we introduce self-discrepancy theory and social (dis)approval, followed by a discussion of consumer coping. The qualitative methodology employed is discussed before the findings and discussion are presented in sections relating to the different research questions. We conclude the paper by highlighting the contributions arising from the research. Moreover, we provide a wider discussion of theoretical and practical implications that arise from the research.

The self: symbolic consumption and the importance of the social

Despite some interest, Mittal (2006) suggests that the concept of self is under-explicated in the consumer behaviour literature. The self (also referred to as the self-concept) can be conceptualised as “an organisation (structure) of various identities and attributes, and their evaluations, developed out of an individual’s reflexive, social, and symbolic activities” (Lee, 1990, pp. 386-393). The self was first introduced into consumer behaviour research by Levy (1959), who suggested that products are often chosen for their symbolic rather than functional or tangible qualities. Consumers display and use goods as communication symbols of a desired identity, preferring products that are attributed with positive symbolic meanings and avoiding those with negative symbolic meanings (Banister and Hogg, 2004). Products can relate to the self without becoming possessions (Mittal, 2006). In the context of this study, cigarettes are not viewed as possessions, but nevertheless, they are consumables that result in a high degree of involvement and thus have an impact on the self-concept.

It has long been recognised that consumers use goods and practices conspicuously in an attempt to influence the way that others evaluate them (Veblen, 1899). With the dramatic increase in consumer choice, identity has become a matter of personal selection of self-image (Warde, 1994). Young people in particular make use of symbolic consumption for identity purposes (Piacentini and Mailer, 2004). As Erikson (1968) suggests, during adolescence, people experiment with various social roles as they attempt to organise notions of themselves. The smoker can be one of these roles as experimentation with cigarettes often begins during adolescence (Thomas *et al.*, 1998).

Reed (2002) suggests that one of the main distinctions that differentiate self-concept paradigms is the extent to which they emphasise the more internal psychological aspects of the self-concept or the more external, socially situated aspects. Reed (2002) concludes that a social identity perspective on the self-concept is a useful but underutilised approach in consumer research. We believe that research on consumer self-concept must not deny the importance of the social environment in aiding understanding of the formation and maintenance of the self. In the words of Douglas and Isherwood (1979, p. 4):

Goods, work and consumption have been artificially abstracted out of the whole social scheme. The way this excursion has been made damages the possibility of understanding these aspects of life.

It is recognised that the self-concept has more than one component. “I” is how a person sees himself or herself while “me” is how a person believes others see him or her (Mittal, 2006). The “me” self is also referred to as social self-concept (Sirgy, 1982) or looking-glass self (Cooley, 1902). Social self-concept is the term employed throughout this paper. Symbolic Interactionism theory highlights the social nature of self-definition, whereby the self is greatly influenced by those around us through estimates of what impressions others have of us (Solomon, 1983). The self is essentially a social structure and it arises in social experience (Mead, 1956) as individuals develop a social identity (Goffman, 1959). People therefore see themselves through the eyes of others and form self-concepts through the reactions of others (Reed, 2002). Mead (1956) suggests that the “generalised other” is the form in which the social process or community enters as a determining factor on the individual’s thinking. As Lee (1990) suggests, interaction with others helps consumers to determine who and what they are

and consequently, the self may be said to exist in the activity of viewing oneself reflexively.

Self-discrepancy and social (dis)approval

As mentioned above, the self-concept is multidimensional in nature, thus there is potential for discrepancy and conflict between the different elements. Based on previous research, we identify two types of inconsistencies that may impact on consumers, namely differences in actual self and guiding end states and differences in the I and social selves.

Self-discrepancy theory (Higgins, 1987) distinguishes between two types of guiding end states which are the ideal self and the ought self. Ideal self-guides are individuals' representations of hopes, wishes or aspirations and ought self-guides are individuals' representations of duties, obligations or responsibilities. Both can be derived by oneself or others. Discrepancies between the I-self and social self may also cause tensions if consumers feel that they are perceived unfavourably or unfairly by others. Grubb and Grathwohl (1967) suggest that the individual will strive for social approval and attempt to exhibit behaviour that results in a positive reaction from significant others. However, social disapproval can occur when individuals fail to convey desired impressions or when they convey impressions that are undesired by their target audiences (Wooten and Reed, 2004). Within the smoking context, previous research has confirmed that smoking results in social disapproval and stigmatisation (Moore, 2005). From a social psychology perspective, stigma is seen as a social construction that involves two components (Dovidio *et al.*, 2000):

- (1) the recognition of difference based on some distinguishing characteristic; and
- (2) the consequent devaluation of the person.

One of the primary elements of self-discrepancy theory is that it relates the self and affect and it has been argued that it is possible to predict which types of inconsistencies will result in which kinds of negative emotions (Higgins, 1987). In particular, Higgins (1987) suggests that actual-ideal discrepancies induce dejection emotions such as feelings of sadness or disappointment whereas actual-ought discrepancies induce agitation emotions such as feelings of tension and nervousness.

Coping and the self-concept

Given that smokers may experience a discrepancy in their self-concept in terms of what the smoker does and what they want to do and what they think others want them to do (Lader and Goddard, 2003), they must find a way of coping with the resulting tension. Coping can be defined as, "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus and Folkman, 1984, p. 141). In recent years there has been an upsurge of interest in coping strategies stemming from the work of Lazarus and Folkman (1984), who pioneered the importance of a process-oriented approach to studying how people cope by placing importance on both the environmental situation and the personality of the individual. Unlike a coping style – which assumes consistency across stressors – the choice of strategy in coping processes is a function of the social context (Aldwin, 1994).

Coping has two major functions, namely, regulating stressful emotional situations and altering the troubled person-environment relation causing the distress. These functions are often referred to as emotion-focused coping and problem-focused coping respectively (Lazarus and Folkman, 1984; Folkman *et al.*, 1986). Emotion-focused forms of coping tend to include strategies such as avoidance, distancing and selective attention aimed at reducing emotional distress. Such strategies are common in encounters appraised as unchangeable or uncontrollable as they allow the person not to focus on the troubling situation (Folkman *et al.*, 1986; Carver *et al.*, 1989). Problem-focused forms of coping include efforts at defining the problem and generating and evaluating possible solutions and are normally used in encounters that are appraised as changeable or controllable in order to keep attention focused on the problem (Folkman *et al.*, 1986; Carver *et al.*, 1989).

Studies of coping within the consumer research and marketing context have been relatively limited and little research has investigated how consumers cope with negative consumption-related experiences (Yi and Baumgartner, 2004). Consequently, there is still potential for increased theoretical contributions concerning the intersection between coping and consumer behaviour (Duhachek, 2005). At the construct level, some researchers have discussed generalised coping responses to a variety of consumption-related problems (Yi and Baumgartner, 2004; Duhachek, 2005), focusing on identifying and mapping hierarchically the ways in which people cope (e.g. Duhachek and Oakley, 2007; Duhachek, 2005). Others have been more context specific, examining consumer responses to consumer choice and decision-making (Luce, 1998), technological paradoxes (Mick and Fournier, 1998), health crises (Pavia and Mason, 2004) and purchasing, using and disposing of consumer products and services (Sujan *et al.*, 1999). None of these studies relate to risky behaviour, hence we extend this research stream by considering how consumers cope with the social disapproval associated with smoking.

Methodology

In order to address the research questions posed, a qualitative methodology was employed. Focus groups across ten European Union member states were undertaken. In total 30[1] focus groups were conducted comprising three groups in each of the ten countries. The ten countries were chosen on the basis of geographic spread across Europe, the amount of tobacco control legislation in each country at the time as well as cultural variables and scores. In line with the need for compatible participants in focus groups (Morgan, 1998), participants in each country were allocated to focus groups based on their age (15-17, 18-25 and 26-35), smoking status (heavy smoker, light smoker and non-smoker), and social class (working class, middle class). Three focus groups in each country were undertaken to cover these different categories and were mixed in terms of gender. The age range of participants of 15 to 35 was a result of the research being part of the "HELP – for a life without tobacco" European Commission anti-smoking campaign which is targeted at persons of age 15 to 35. Table I provides a description of the focus groups participants.

A leading market research agency (IPSOS) was employed to recruit respondents. This offered advantages as the agency employ recruiters who live in each of the countries, resulting in access to information-rich respondents. The market research agency was also able to co-ordinate data collection among the different countries, ensuring consistency in practices. Additionally, working with a professional

Region	Country	Tobacco policy ^a	Age (years)	Smoking status	Social class ^a
West	UK	High	15-17	Non	Working
West	UK	High	18-25	Heavy	Middle
West	UK	High	26-35	Non	Working
West	Sweden	High	15-17	Non	Middle
West	Sweden	High	18-25	Light	Working
West	Sweden	High	26-35	Non	Middle
South	Italy	High	15-17	Light	Working
South	Italy	High	18-25	Non	Middle
South	Italy	High	26-35	Heavy	Working
West	France	Medium	15-17	Non	Working
West	France	Medium	18-25	Non	Middle
West	France	Medium	26-35	Heavy	Working
East	C. Republic	Medium	15-17	Heavy	Middle
East	C. Republic	Medium	18-25	Light	Working
East	C. Republic	Medium	26-35	Non	Middle
East	Hungary	Medium	15-17	Non	Working
East	Hungary	Medium	18-25	Non	Middle
East	Hungary	Medium	26-35	Heavy	Working
West	Germany	Low	15-17	Non	Working
West	Germany	Low	18-25	Heavy	Middle
West	Germany	Low	26-35	Light	Working
North	The Netherlands	Low	15-17	Heavy	Middle
North	The Netherlands	Low	18-25	Light	Working
North	The Netherlands	Low	26-35	Non	Middle
South	Portugal	Low	15-17	Non	Working
South	Portugal	Low	18-25	Heavy	Middle
South	Portugal	Low	26-35	Light	Working
East	Slovenia	Low	15-17	Light	Middle
East	Slovenia	Low	18-25	Heavy	Working
East	Slovenia	Low	26-35	Light	Middle

Note: The classification of the countries as low, medium and high was based on the WHO country profiles; social class was derived from the occupation of the head of the household, local definitions were used to categorise respondents into working and middle class categories

Table I.
Focus group composition

recruitment firm lowered the no-show rate (Morgan, 1998). Each focus group consisted of between six and eight participants (Quinn, 2002) and lasted between two and two-and-a-half hours. The focus groups were undertaken in May and June 2006 and national representatives from the European Network for Smoking Prevention were also invited to attend the focus groups as observers and to increase the likelihood of practical benefits arising from the research.

The focus groups undertaken and reported on in this paper were part of a larger remit to pre-test potential new advertisements for the HELP campaign. The HELP campaign is the first anti-smoking campaign to be targeted across all 25 (now 27) Member States. It was launched in Brussels in March 2005 and aims to:

- encourage a tobacco-free lifestyle;
- help existing smokers to stop smoking; and
- promote tobacco-free public places.

The principal component of the campaign is television advertising with support activities including a road show which visited each of the 25 capitals prior to the first wave of advertising, public relations activity, a website (www.help-eu.com) and links to existing quit lines. A topic guide was developed to ensure key research areas were covered whilst also encouraging free discussion and the expression of respondents' ideas in their own terms. The topic guide was based around three key areas; general smoking awareness, attitudes and behaviour; anti-smoking campaigns and the HELP campaign generally; and pre-testing of specific anti-smoking advertisements. In this paper we draw predominantly on discussions from the first topic area.

With respondents' consent, all focus groups were recorded and transcribed from the native language into English. Transcripts formed the basis of data analysis, which was carried out using the techniques proposed by Spiggle (1994). This involves categorising data that was completed in an inductive manner as categories emerged from the data rather than identified a priori to the research. Abstraction then grouped categories into more general conceptual classes and comparison allowed the exploration of differences and similarities across incidents within the data and the identification of any patterns.

Findings and interpretation

The findings are presented in three sections to reflect our research questions. First, we demonstrate the way in which risky consumption impacts on different dimensions of the self. Second, we highlight emotional responses to self-concept discrepancies and third, we discuss the coping strategies that smokers employ in response to social disapproval.

Risky consumption and the self-concept

Whereas existing research places emphasis on consumption efforts aimed at protecting self-esteem through positive symbolic consumption (Grubb and Grathwohl, 1967), within the context of tobacco consumption, findings reveal that smokers feel they are perceived unfavourably by non-smokers, leading to the formation of a negative social self-concept. Although this was evident across all countries, the following extract from the French focus group of heavy smokers, aged between 26 and 35, provides a particularly useful illustration of these sentiments:

They think we're weak, weaklings, spineless.

The non-smokers are always making fun of us. They think we've got no, no control over ourselves.

There was someone who told me that smokers are not interesting people, you know, they're pretty hopeless. That's what they say.

I think that non-smokers are very bad and negative about us.

There was clear evidence to suggest that smokers felt stigmatised by non-smokers.

Goffman's (1963, p. 14) pioneering work on stigma suggests that there are three different types of stigma, namely, physical deformities, "blemishes of individual character" and tribal stigma of race, nation and religion. We suggest that smokers view their stigmatisation in relation to the "blemishes of individual character" category due to their belief that others make negative judgements of their personality traits because

of their decision to smoke. Their comments imply that they feel vulnerable to undesirable stereotypes that marginalise them and prevent social acceptance. In this way, perceptions of negative moral judgements can create a threat to smokers' identities.

Little former research compares consumer perceptions of the social self with the actual opinions of others. Therefore, it is interesting to compare if the way in which smokers think that they are viewed by non-smokers matches the actual opinions of non-smokers. To a certain extent smokers are correct in the way they feel they are perceived as non-smokers were often vocal on the undesirable aspects of smoking:

Bad habit ... smelly ... unnecessary ... the butts, the street is full of butts, the underpasses, the subway stations, tram stops, everything is full of cigarette butts (Hungary, 18-25, Non-smokers).

Disgusting ... it smells disgusting ... It's stinking ... it's just not nice ... bad manners really (UK, 26-35, Non-smokers).

Bad ... It's the most dirty thing ... They stink ... when someone smokes, when it's in the morning and someone smokes next to you, in the evening you still smell it in your clothing or in your hair (Netherlands, 26-35, Non-smokers).

However, negative comments are largely based on the cues of smoking such as the smell and cigarette butts and disapproval is driven by the impact of these issues on non-smokers. There were no negative comments about the personality traits of smokers. Thus smokers' constructions of social selves are not entirely accurate. Contrary to traditional stigma theory, stigmatisation is not guided by the character blemishes of the stigmatised person but rather how their consumption practices impact on others. In this sense, it is the behaviour that is regarded unfavourably, not the smoker him/herself. Indeed, in some cases, non-smokers were positive and complementary about the personality of smokers. For example, in the Swedish non-smoking (15-17) group, although it did cause some difference of opinion one participant commented that smokers "get more respect" while another stated "I'm thinking of cool people." Additionally, a French non-smoker (18-25) suggested "it's fashion; it's beautiful as well." As such, for some participants, smoking is seen as a conspicuous consumption act associated with coolness.

Findings further suggest that a negative social self contributes to a negative I-self evaluation. Previous research has established the body as a prime site for portrayal of identity (Belk, 1988) and some respondents felt that smoking was having a detrimental impact on their physical appearance. Also like some non-smokers, smokers disliked the obvious cues associated with cigarette consumption, in particular, the smell:

Bad breath and yellow stained fingers, nails ... teeth ... and your skin withers away (France, 26-35, Heavy Smokers).

That smell of smoke annoys me, I know I'm a smoker but it still annoys, every time I smoke I go and wash my hands and I cannot imagine how it smells to someone who doesn't smoke, it must be so much worse because I can feel that smell myself. What must it be like for someone who doesn't smoke? (Sweden, 18-25, Light Smokers).

Smokers' negative I-self evaluations stem not only from concerns about the personal impact of their activities but also from concerns about the way they affect others.

Furthermore, due to this recognition of negativity, smokers may experience a discrepancy between their actual self and a guiding end state. This is evident as some smokers envisaged their ideal self as a non-smoker:

I really admire them, I'm jealous, they're standing there with their hands in their pockets whereas we are desperately looking for our lighters and cigarettes (France, 26-35, Heavy Smokers).

I think they have a certain strength of character, a certain force in them that prevents them from starting (France, 26-35, Heavy Smokers).

Non-smokers can serve as a comparison point of aspiration for smokers (Festinger, 1954). Paradoxically, while some non-smokers viewed smokers as "cool", likewise, some smokers view non-smokers as "cool". Research has highlighted that consumers are interpretative agents; hence it is difficult to determine what meanings consumers derive from goods and services (Arnould and Thompson, 2005). Consequently, what appears to be "cool" to one group of consumers may be considered "uncool" by another group of consumers, an issue that has emerged in this research.

From the discussion so far, it can be concluded that smokers may experience self-discrepancy between the actual self and the ideal self as they aspire to a different lifestyle. To a certain extent, there is also evidence of a gap between the actual and ought selves, created by awareness of the physical risks associated with smoking for both oneself and others. Consequently, some respondents experience a sense of duty (Higgins, 1987) to minimise the potential dangers of tobacco smoke for others. As we shall demonstrate in the following sections, smokers have different ways of reacting to and coping with such discrepancies.

Emotional responses to self-concept discrepancies

In the main, it appears that the act of smoking and the resulting impact on self-evaluations generates feelings of shame and embarrassment. This opinion was prominent in respondents from each of the different clusters with many indicating that they felt "stupid" for smoking. Again, such feelings are exacerbated by assumptions, often based on misperceptions in relation to how smokers feel how they are perceived by non-smokers:

It was embarrassing to say I smoke, you're not cool. Just the fact that you need something like that, it doesn't taste nice and it's smelly (UK, 18-25, Heavy Smokers).

I have a theory, I saw an ad on television . . . there was this pregnant woman and she was in this ad for yogurts and it said at the end do you love yourself? When I apply that to cigarettes I thought to myself, no I hate myself, I'm destroying myself, but I still do it (France, 26-35, Heavy Smokers).

Actually, smoking is nonsense, you dirty your lungs and everything (Netherlands, 15-17, Heavy smokers).

The strong language used ("I hate myself, I'm destroying myself") indicates the strength of these feelings. One factor that augments the severity of such emotions is the presence of others in the social environment. The following extracts demonstrate how embarrassment and other negative emotions are heightened when in the presence of non-smokers:

If I sit with somebody who doesn't smoke then I feel strange (Czech Republic, 18-25, Light Smokers).

No, for me it's embarrassing to have a cigarette and sit next to someone on the bus or train when you've just smoked (Sweden, 18-25, Light Smokers).

Non-smokers tell me that I smell, that I stink because of smoking and this really isn't pleasant to hear (Slovenia, 18-25, Heavy Smokers).

If you go outside to smoke every single day during the break and then you go back to the office someone will say you smell and that is awful. They comment on that (Italy, 26-35, Heavy Smokers).

Our parents would say that we smell. The first thing you come home, you sit on your couch and you want to watch TV, and my dad says go and have a shower (Slovenia, 15-17, Light Smokers).

A common reason given for these feelings was the smell. Previous research has highlighted that visible or conspicuous consumption is more likely to attract social judgement (Veblen, 1899). In this case, smokers recognise that cigarette consumption does not have to be visible for others to be aware of it. Rather, the smell provides an invisible cue to others. Thus, the projection of negativity from other members of society impacts self-image and consequently self-definition is influenced by perceived social definition. This echoes Goffman's (1963, p. 18) suggestion that shame can be a central possibility arising from the individual's perception of falling short of "what he really ought to be."

For some respondents the negative connotations stem from feelings of exclusion created by regulations that prevent smoking in public places:

I feel it's a bit shameful, I have to go outside the restaurant and smoke, banned from coming in, that's where you can stand and stink up. At the hospital there is a complete smoking ban, you have to go out and change into civilian clothing, you can't smoke in your work outfit, that's also a bit shameful (Sweden, 18-25, Light Smokers).

I worked in a maternity ward and we had to go outside and smoke and there were people there at work who just looked at you, they brought it up in the departmental meetings, it's unfair they said because the smokers get more breaks in a whole day than us. It's not fun, you feel like a thief, stealing time, like I'm a lazy person, you do the job but it does take five minutes, you have to go down and then light up outside (Sweden, 18-25, Light Smokers).

I feel excluded. More and more, and angrier because over some years they've created a national level policy that the people that smoke are stupid and disturb everyone because they smoke (Portugal, 18-25, Heavy Smokers).

Owing to an ever-tightening policy environment, smokers experience a number of constraints in their consumption habits and findings indicate that, even those living in countries where tobacco policies are low, experience a sense of exclusion. Paradoxically social exclusion is often conceptualised as lack of access to consumption opportunities (Burchardt *et al.*, 1999). In this context, it is participation in the consumption of a specific product that generates exclusion. In this way, smokers' perceptions of inferiority in terms of strength of character are enhanced by physical separation through banishment from certain public settings. Such exclusion goes hand-in-hand with disempowerment as smokers are restricted and at times prevented from engaging

in a consumption practice that they feel is important. However, research suggests that such restrictions can be effective, for example, in Ireland smokers reported that the ban on smoking in public places had helped them to quit and stay quit (Fong *et al.*, 2006).

Furthermore, the irony of these feelings of exclusion is evident when the reasons for starting to smoke in the first instance are considered. Many commented that they were initially attracted to smoking to gain social acceptance and to create feelings of inclusion:

I started at school where all my friends were doing it (UK, 18-25, Heavy Smokers).

You wanted to equalise yourself with older pupils so it elevated you in terms of age and looking more grown up (Czech Republic, 15-17, Heavy Smokers).

I started just to try it out, just to see what it was like, then I started smoking more and more because many of my friends also smoked and I thought who cares (The Netherlands, 15-17, Heavy Smokers).

We wanted to be cool guys of the local area (Slovenia, 15-17, Light Smokers).

So, while initially respondents felt that smoking would guarantee inclusion, the ultimate conclusion is the opposite. It appears that age has an important role to play in relation to comments of this nature. Indeed, some of the younger participants in the non-smoking focus groups also adhered to the belief that smoking can create a sense of affiliation with others:

Well, everybody wants to be part of something, and smokers are their own group, often. So it's a lot of belonging to a group, group markers (Sweden, 15-17, Non Smokers).

It is interesting to note that none of the participants in any of the non-smoking, 15 to 17-year-old focus groups made negative comments about consumers' decision to smoke. The desire to fit in and not appear as different or deviant to peers is strongest for this age group and therefore even those who do not smoke themselves appear to understand the motivation behind smoking. This corresponds to O'Donnell and Wardlow (2000) who suggest that strategies of peer-group affiliation are motivated by the desire to appear cool and reduce discrepancy between actual and ideal selves during early adolescence. Social risk is a pressing concern for adolescents and the drive to appear socially acceptable can entice particular consumption activities and attempts to emulate the behaviour of respected others.

While some smokers, particularly adolescents are positive about the experience of smoking, findings clearly indicate that smokers can experience a variety of negative emotions in their social environments due to the policy context, the presence of others and their own awareness of the dangers of smoking. Feelings such as shame and exclusion could be classified as dejection emotions, providing further evidence of the actual-ideal gap in smokers' self-concepts while feelings of tension in exchanges with non-smokers could be classified as agitation emotions, indicating an actual-ought gap (Higgins, 1987). As we shall demonstrate in the following section, smokers have different ways of dealing with feelings of exclusion.

Coping with social disapproval

It has been noted above that smokers believe they are perceived negatively by others. This incites the employment of various stigma management strategies to cope with

perceived rejection (Goffman, 1963). It is common for smokers to play the role of victim suggesting that they are “condemned”, and “treated like criminals”. Some suggest that the media has a role to play in creating these attitudes, implying that anti-smoking advertisements indoctrinate viewers into believing the negative stereotype associated with smokers:

But they (non-smokers) seem to be rejecting us outright, you know, we're also human beings (France, 26-35, Heavy Smokers).

I feel that many times the smokers are not respected. That's my opinion and there are occasions where I feel discriminated. I might not be but I feel constrained (Portugal, 18-25, Heavy Smokers).

If you are on the street and you are walking along the street there are just people who just grimace at you because they don't like you smoking (Italy, 26-35, Heavy Smokers).

It's almost like a witch hunt (Sweden, 18-25, Light Smokers).

These statements could be viewed as a way of shifting the focus from themselves and their negative self-concepts to other people. Some smokers suggest that they experience discrimination, placing the blame on non-smokers for causing their rejection. Based on the earlier discussion, it can be argued that much of this is based on misperception as non-smokers are often not as critical as smokers imagine. Whereas former research has considered groups who experience discrimination for factors outside their control, such as visually impaired consumers (Baker, 2006) and mobility impaired consumers (Kaufman, 1995), it appears that consumers may also experience discrimination due to active consumption choices.

Another way of shifting the emphasis is by placing the ridicule on non-smokers, for example, some accuse non-smokers of being boring while another respondent from the German focus group of light smokers (26-35) defined a non-smoker as “somebody who wears a helmet when cycling and who only wants to eat organic things and sports.” Using the terminology of Sykes and Matza (1957), this might be viewed as a “condemning the condemners” technique of neutralisation as smokers deflect condemnation to those ridiculing them as a way of reducing the negative impact on their self-concepts.

As a way of avoiding social judgement, some smokers engage in masking strategies that involve reducing the visibility of their smoking:

My parents . . . they do not want to see me smoking. Every time they ask me, do you smoke? And I say, no, of course I don't, so definitely I do not smoke at home (Italy, 15-17, Light Smokers).

My mother knows I smoke but she has never seen me do it, she will never see it either. It is just respect to her (The Netherlands, 15-17, Heavy Smokers).

This emerged as a common strategy with many of the smokers in the 15 to 17 age groups in order to avoid parental disapproval. Similarly, some of the smokers in the older focus groups avoid smoking in front of their children. In this case, although avoiding social disapproval was an important driver, the primary motivation is to reduce their guilt at setting a bad example. As well as masking visible cues, others attempt to mask the smell giving examples of lighting candles and taking frequent showers as ways of eliminating the odour of tobacco.

Many smokers refuse to passively accept the negative image that is attributed to them. This denial strategy takes two forms, first, some respondents attempt to rationalise the risks associated with smoking and second, others claim that they are unconcerned by social disapproval and engage in a defiance strategy:

Smokers get blamed for everything, sun gives you cancer, car fumes give you cancer. (UK, 18-25, Heavy Smokers).

When there is a militant anti smoker then I am very provocative and I light a cigarette (Germany, 26-35, Light Smokers).

I was away over Christmas and I was away with a couple who don't smoke and we were having dinner so we finished the dinner and I was choking for a cigarette it made me feel – her partner he hated it, you could see him wanting to say something, he didn't know me well enough to say can you pack that in. I was happy because I had my cigarette and it doesn't really bother me, when you want it you want it and you want to have it (UK, 18-25, Heavy Smokers).

Previous research based on a college sample also found that defiance was an important strategy in relation to coping with anti-smoking advertising (Wolburg, 2006). We go further and suggest this coping mechanism is also used to justify the behaviour in a broader section of the smoking population. Reactance theory can help to explain the resistance of smokers to any attempts to control their behaviour. The theory holds that “a threat to or loss of a freedom motivates the individual to restore that freedom” (Brehm and Brehm, 1981, p. 4). Reactance not only motivates a behavioural response but also an emotional response. In this case, reactance provokes increased cigarette consumption and equally encourages smokers to view smoking as more attractive and desirable.

We have identified a variety of coping strategies employed by smokers including assuming the role of victim and condemning the condemners, denial, defiance and masking. All of these could be classed as emotion-focused strategies that are aimed at reducing the emotional distress associated with stigma. It could be argued that one central emotion that smokers are trying to control is fear. The smokers in this study are aware of the risks yet they are unable or unwilling to deter this threat through a behaviour change. Drawing on Witte's (1992) Extended Parallel Process Model, fear control processes will dominate danger control processes in this situation. Although some respondents had previously stopped smoking for a period of time for reasons related to financial constraints and pregnancy, this was only temporary and indeed, many indicate that they do not want to stop smoking as it is an activity from which they derive a lot of pleasure. As one of the German 18-25 heavy smokers commented: “people, they talk about money and health but I don't really want to stop.” As such, perceived threat is high but perceived efficacy is low as many smokers feel their situation is unchangeable, demonstrating the strength of tobacco addiction (Lazarus and Folkman, 1984). As shown, this situation results in various maladaptive responses aimed at coping with fear.

Some research has suggested that light smokers are more likely to be planning to quit (Okuyemi *et al.*, 2001). However, in our study there is little evidence of this and both light and heavy smokers make use of each of the coping strategies identified. However, the discussion of coping strategies was slightly more prominent in heavy smoking groups tentatively suggesting that heavy smokers have better developed

coping strategies. However, further research on the distinction between heavy and light smokers would be needed to confirm this assumption.

Discussion

Previous research focuses on the ways consumers strive to develop a positive self-concept and gain social approval, for example, through the use of fashion (Banister and Hogg, 2004), brands (Elliott and Wattanasuwan, 1998) and other possessions (Belk, 1988). In contrast, we have explored what happens when consumers consume a product that they know can result in social disapproval from others. Thus, while former research suggests that consumers may avoid products that are associated with stigma, we offer a fresh perspective by considering a context where consumers continue to actively consume a product that is often stigmatised. We analyse the consequences of this using a social identity perspective on the self-concept, an approach that has not featured highly in previous research (Reed, 2002).

Additionally we have demonstrated the transferability of Higgins' (1987) self-discrepancy theory to the consumption context and identified the importance of moving beyond merely understanding the existence of self-discrepancies, to focus on the emotions that are generated by these discrepancies and the consequent coping strategies employed to resolve them. As such, we have highlighted the potential contributions that may arise by recognising the intersection between two bodies of literature that are often treated separately, namely, consumer coping and the self-concept. Our study has provided a unique insight into emotion-focused coping in terms of the ways that consumers deal with discrimination and exclusion. First, we have extended previous research by demonstrating that coping strategies are not only employed in response to stigma created by factors outside one's control but also in response to active consumption choices. Second, we have highlighted the importance of considering the social context as the majority of coping strategies employed could be viewed as ways of protecting and enhancing the social self-concept. The smokers in our study were more concerned with managing negative emotional responses to perceived stigma rather than altering their consumption choices. Given the gap between actual and ideal selves for many of the participants, it may be assumed that one positive way to cope with and reduce this discrepancy would be to quit smoking. However, this is not an easy option and can take many attempts which illustrates the strength of addiction in that the smoker is willing to go against public approval, aware of perceived "deviance" in behaviour, live with negative self evaluation and still carry on smoking. Against this, smokers may exhibit negative emotions such as being angry with others, including the government for enacting restrictions on smoking in public places. Third, we have illustrated the relevance of considering coping strategies in response to compulsive consumption.

One particular area of theoretical insight in our findings concerns stigma. Our findings show many smokers feel stigmatised and excluded by non-smokers due to blemishes of character (Goffman, 1963) and banishment by smoking regulations. Even previous research has shown that smokers themselves have a negative view of each other (Moore, 2005). However, our research shows that this is not true for all smokers as some, particularly the young smokers, derive a positive self-concept from tobacco consumption. Interestingly, we also find that some non-smokers thought positively about smoking and smokers. This is intriguing and demands some explanation. One

reason influencing whether or not smokers feel stigmatised or excluded might depend on interactions with their social reference groups. Reference groups have a powerful influence on attitudes and behaviour and are particularly relevant for the young (e.g. Ennett and Bauman, 1994). One may suggest that these smokers are grounded on the beliefs and values of their immediate reference groups and this guides their positive affirmation or negative feelings associated with exclusion and stigma. We have also demonstrated the dynamic nature of the self-concept as our evidence suggests that changes in the self-concept occur with age. When people begin smoking it is perceived as cool, but as smokers get older, their views change as the social and physical risks become more visible.

It is important to question whether or not cultural differences in attitudes, social norms and behaviour are apparent within a study based on qualitative work conducted in ten European nations. Research based on a series of studies on the changing consumer in the European Union (EU), conclude that there is more convergence than divergence between nations (Leeftang and van Raaij, 1995). These authors suggest that this is partly attributable to EU policy that drives the development of EU nations in the same direction. An example of this within the current context would be the European Commissions green paper on smoking in public places as well as past directives aimed in favour of tobacco control objectives (e.g. Directive 2001/37/EC, 2001). However, despite some level of consistency in the macro environment and in government policies, there are still marked differences in the tobacco control environment across the EU. Research by Joosens and Raw (2006) analysed the tobacco environment of Europe and developed an index that identifies three distinct levels of tobacco control, which vary substantially across Europe. Furthermore, De Mooij (2003) shows that divergence does exist in consumer behaviour across Europe with findings supportive of differences across a number of behaviours including consumption of packaged goods and media behaviour. Nevertheless, we find very limited differences in consumers' views about smoking within this study. Perhaps this is in part due to the pan-European work of the commission on anti-smoking. For example recent years (2005 onwards) has seen vast amounts of resources spent on the successful pan-European "HELP – for a life without tobacco" campaign which addresses issues around the absurdity of smoking and the harmful nature of environmental tobacco smoke. In sum, Europeans are increasingly exposed to similar or identical anti-smoking campaigns which, in turn, may result in similar views and attitudes towards smoking across Europe.

Managerial and practical implications

Previous research has suggested that campaigns can employ the use of fear and guilt to generate a motivation for behaviour change (e.g. Cotte *et al.*, 2005; Dillard and Nabi, 2006). We question the effectiveness of such an approach as our findings demonstrate that smokers often already experience these emotions yet this does not allow them to conquer the strength of their addiction. When devising anti-smoking campaigns practitioners must also be aware that fear appeals have the potential to increase reactance behaviour (Witte, 1992). Therefore campaigns need to be extensively pre-tested to ensure that consumers feel empowered to make positive changes to their behaviour and not defiant against risk reducing behaviour.

One theme to emerge from the research is that smokers feel stigmatised by non-smokers. Although this is often based on misperception, it is useful to identify patterns in these perceived blemishes or character flaws. First, assumptions of perceived weakness relate to the issue of self-control as smokers feel they are viewed as lacking the strength or conviction to quit. Second, assumptions are held about other negative aspects of individual personality such as “not interesting people”. Third, assumptions can relate to the relationship between smokers and non-smokers in relation to the imposition of tobacco odour and “stealing time” at work for cigarette breaks. Knowledge of these issues that smokers appear to be most concerned about may be useful to creators of anti-smoking campaigns.

The most effective strategy may be to teach smokers how to quit with campaigns that build self-efficacy and demonstrate that it is possible to overcome these issues. Drawing on the above, campaigns that demonstrate how quitting smoking can remove condemnation would respond to concerns over lack of self-control. Equally, messages that focus on how quitting can improve self-confidence and self-esteem would respond to concerns over negative personality traits. In response to smoker and non-smoker relations, one way forward may be to actively encourage dialogue between both parties (Van den Putte *et al.*, 2005). This may have the benefit of demonstrating to smokers that others do not regard them as having blemished characters. If this threat to identity is diminished, feelings of empowerment will be increased which may act as an incentive to quit smoking to further enhance self-esteem.

It is particularly important to target campaigns on the basis of age as our findings suggest that younger smokers have more positive attitudes towards smoking and its acceptability than older smokers. In line with Pechmann *et al.* (2005), adolescents respond differently to anti-smoking advertising because they are more self-conscious and have greater self-doubt compared with adults.

Limitations and further research

Findings are limited to the context of smoking. However, many other purchases may result in social disapproval such as counterfeit goods, drugs, pornographic materials etc. Such consumer actions form part of the dark side of consumer behaviour (Hirschman, 1991), an area that remains under-researched. Future research in this area should concentrate on exploring the self-concept in other risky consumption contexts to identify if similar discrepancies, emotions and coping strategies are apparent. An in-depth analysis of the power of reference groups in this regard would also be beneficial.

Although the social context was an important part of our study, our emphasis was on consumer interaction rather than the regulatory environment. It would therefore be interesting to explore more fully any differences between the amount of tobacco control legislation and consumer perceptions of social disapproval.

In our study the emphasis was on understanding rather than generalisation. Although focus groups were appropriate for generating in-depth insights into the themes, this resulted in a relatively small sample within each European country. Further research using larger samples of consumers to determine the similarity or dissimilarity between consumers' attitudes to smoking across Europe would therefore be beneficial. Studies of this nature that consider any differences between heavy and light smokers would be welcome as would studies that consider the differences between non-smokers who had recently quit smoking versus those who had never smoked in the first instance.

Note

1. Although 30 focus groups were undertaken, the authors report results across 28 groups only. This is because for two groups the recorded tapes were of low quality and the discussions could not be transcribed. These groups were 18-25 year-old light smokers, working class from The Netherlands and Swedish 26-35 middle class non-smokers.

References

- Ackerman, D., MacInnis, D. and Folkes, V. (2000), "Social comparisons of possessions: when it feels good and when it feels bad", *Advances in Consumer Research*, Vol. 27, pp. 173-8.
- Aldwin, C.M. (1994), *Stress, Coping and Development – An Integrative Perspective*, The Guilford Press, New York, NY.
- Arnould, E.J. and Thompson, C.J. (2005), "Consumer culture theory (CCT): 20 years of research", *Journal of Consumer Research*, Vol. 31 No. 4, pp. 868-82.
- Baker, S.M. (2006), "Consumer normalcy: understanding the value of shopping through narratives of consumers with visual impairments", *Journal of Retailing*, Vol. 82 No. 1, pp. 37-50.
- Banister, E. and Hogg, M.K. (2004), "Negative consumption and consumers' drive for self-esteem", *European Journal of Marketing*, Vol. 38 No. 7, pp. 850-68.
- Belk, R.W. (1988), "Possessions and the extended self", *Journal of Consumer Research*, Vol. 15 No. 2, pp. 139-68.
- Brehm, S.S. and Brehm, J.W. (1981), *Psychological Reactance: A Theory of Freedom and Control*, Academic Press, New York, NY.
- Burchardt, T., Le Grand, J. and Piachaud, D. (1999), "Social exclusion in Britain 1991-1995", *Social Policy and Administration*, Vol. 33 No. 3, pp. 227-44.
- Carver, C.S., Scheier, M.F. and Weintraub, J.K. (1989), "Assessing coping strategies: a theoretically based approach", *Journal of Personality and Social Psychology*, Vol. 56 No. 2, pp. 267-83.
- Cooley, C.H. (1902), "The looking glass self", in Manis, J.G. and Meltzer, B.N. (Eds), *Human Nature and Social Order in Symbolic Interaction: A Reader in Social Psychology*, Allyn & Bacon, Boston, MA.
- Cotte, J., Coulter, R.A. and Moore, M. (2005), "Enhancing or disrupting guilt? The role of ad credibility and perceived manipulative intent", *Journal of Business Research*, Vol. 58 No. 3, pp. 361-8.
- Cova, B. and Cova, V. (2002), "Tribal marketing: the tribalisation of society and its impact on the conduct of marketing", *European Journal of Marketing*, Vol. 36 Nos 5/6, pp. 595-620.
- De Mooij, M. (2003), "Convergence and divergence in consumer behaviour: implications for global advertising", *International Journal of Advertising*, Vol. 22 No. 2, pp. 183-202.
- Dillard, J.P. and Nabi, R.L. (2006), "The persuasive influence of emotion in cancer prevention and detection messages", *Journal of Communication*, Vol. 56, pp. S123-39.
- Directive 2001/37/EC (2001), "Directive 2001/37/EC of the European Parliament and of the Council of 5 June 2001 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products", *Official Journal of the European Communities L194/26*.
- Douglas, M. and Isherwood, B. (1979), *The World of Goods: Towards an Anthropology of Consumption*, Basic Books, New York, NY.

- Dovidio, J.F., Major, B. and Crocker, J. (2000), "Stigma: introduction and overview", in Heatherton, T.F., Kleck, R.E., Hebl, M.R. and Hull, J.G. (Eds), *The Social Psychology of Stigma*, The Guilford Press, New York, NY, pp. 1-28.
- Duhachek, A. (2005), "Coping: a multidimensional, hierarchical framework of responses to stressful consumption episodes", *Journal of Consumer Research*, Vol. 32, pp. 41-53.
- Duhachek, A. and Oakley, J.L. (2007), "Mapping the hierarchical structure of coping: unifying empirical and theoretical perspectives", *Journal of Consumer Psychology*, Vol. 17 No. 3, pp. 218-33.
- Elliott, R. and Leonard, C. (2004), "Peer pressure and poverty: exploring fashion brands and consumption symbolism among children of the British poor", *Journal of Consumer Behaviour*, Vol. 3 No. 4, pp. 347-59.
- Elliott, R. and Wattanasuwan, K. (1998), "Brands as symbolic resources for the construction of identity", *International Journal of Advertising*, Vol. 17 No. 2, pp. 131-44.
- Ennett, S.T. and Bauman, K.E. (1994), "The contribution of influence and selection to adolescent peer group homogeneity: the case of adolescent cigarette smoking", *Journal of Personality and Social Psychology*, Vol. 67, pp. 653-63.
- Erikson, E.H. (1968), *Identity, Youth and Crisis*, Faber & Faber, London.
- Festinger, L. (1954), "A theory of social comparison processes", *Human Relations*, Vol. 7, May, pp. 117-40.
- Folkman, S., Lazarus, R.S., Dunkel-Schetter, C., DeLongis, A. and Gruen, R.J. (1986), "Dynamics of a stressful encounter: cognitive appraisal, coping, and encounter outcomes", *Journal of Personality and Social Psychology*, Vol. 50 No. 5, pp. 992-1003.
- Fong, G.T., Hyland, A., Borland, R., Hammond, D., Hastings, G., McNeill, A., Anderson, S., Cummings, K.M., Allwright, S., Mulcahy, M., Howell, F., Clancy, L., Thompson, M.E., Connolly, G. and Driezen, P. (2006), "Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the ITC Ireland/UK Survey", *Tobacco Control*, Vol. 15, Suppl. III, pp. 51-8.
- Fournier, S. (1998), "Consumers and their brands: developing relationship theory in consumer research", *Journal of Consumer Research*, Vol. 24 No. 4, pp. 343-73.
- Goffman, E. (1959), *The Presentation of Self in Everyday Life*, Penguin Books, London.
- Goffman, E. (1963), *Stigma: Notes on the Management of Spoiled Identity*, Penguin Books, London.
- Grubb, E.L. and Grathwohl, H.L. (1967), "Consumer self-concept, symbolism and market behavior: a theoretical approach", *Journal of Marketing*, Vol. 31, October, pp. 22-7.
- Higgins, E.T. (1987), "Self-discrepancy: a theory relating self and affect", *Psychological Review*, Vol. 94, pp. 319-40.
- Hirschman, E. (1991), "Presidential address, secular mortality and the dark side of consumer behaviour: or how semiotics saved my life", *Advances in Consumer Research*, Vol. 18, pp. 1-4.
- Joossens, L. and Raw, M. (2006), "The tobacco control scale: a new scale to measure country activity", *Tobacco Control*, Vol. 15, pp. 247-53.
- Kaufman, C.F. (1995), "Shop 'til you drop: tales from a physically challenged shopper", *Journal of Consumer Marketing*, Vol. 12 No. 3, pp. 39-55.
- Lader, D. and Goddard, E. (2003), *Smoking-Related Behaviour and Attitudes*, Office for National Statistics, London.

-
- Lazarus, R.S. and Folkman, S. (1984), *Stress, Appraisal and Coping*, Springer, New York, NY.
- Lee, D.H. (1990), "Symbolic interactionism: some implications for consumer self-concept and product symbolism research", *Advances in Consumer Research*, Vol. 17, pp. 386-93.
- Leefflang, P.S.H. and van Raaij, W.F. (1995), "The changing consumer in the European Union: a meta-analysis", *International Journal of Research in Marketing*, Vol. 12, pp. 373-87.
- Levy, S.J. (1959), "Symbols for sale", *Harvard Business Review*, Vol. 37 No. 4, pp. 117-24.
- Luce, M.F. (1998), "Choosing to avoid: coping with negatively emotion-laden consumer decisions", *Journal of Consumer Research*, Vol. 24 No. 4, pp. 409-33.
- Mead, G.H. (1956), "Mind, self, and society", in Morris, C.W. (Ed.), *Social Psychology*, University of Chicago Press, Chicago, IL, pp. 135-226.
- Mick, D.G. and Fournier, S. (1998), "Paradoxes of technology: consumer cognizance, emotions, and coping strategies", *Journal of Consumer Research*, Vol. 25 No. 2, pp. 123-43.
- Mittal, B. (2006), "I, me and mine – how products become consumers' extended selves", *Journal of Consumer Behaviour*, Vol. 5, pp. 550-62.
- Moore, R.S. (2005), "The sociological impact of attitudes toward smoking: secondary effects of the demarketing of smoking", *The Journal of Social Psychology*, Vol. 145 No. 6, pp. 703-18.
- Morgan, D. (1998), *Planning Focus Groups*, Sage, Thousand Oaks, CA.
- Muniz, A.M. and O'Guinn, T.C. (2001), "Brand community", *Journal of Consumer Research*, Vol. 27 No. 4, pp. 412-32.
- O'Donnell, K.A. and Wardlow, D.L. (2000), "A theory on the origins of coolness", *Advances in Consumer Research*, Vol. 27, pp. 13-18.
- Okuyemi, K.S., Ahluwalia, J.S., Richter, K.P., Mayo, M.S. and Resnicow, K. (2001), "Differences among African-American light, moderate, and heavy smokers", *Nicotine & Tobacco Research*, Vol. 3 No. 1, pp. 45-50.
- Pavia, T.M. and Mason, M.J. (2004), "The reflexive relationship between consumer behavior and adaptive coping", *Journal of Consumer Research*, Vol. 31, September, pp. 441-54.
- Pechmann, C., Levine, L., Loughlin, S. and Leslie, F. (2005), "Impulsive and self-conscious adolescents' vulnerability to advertising and promotion", *Journal of Public Policy and Marketing*, Vol. 24, pp. 202-21.
- Piacentini, M. and Mailer, G. (2004), "Symbolic consumption in teenagers' clothing choices", *Journal of Consumer Behaviour*, Vol. 3 No. 39, pp. 231-64.
- Quinn, M.P. (2002), *Qualitative Research and Evaluation Methods*, Sage, Thousand Oaks, CA.
- Reed, A. (2002), "Social identity as a useful perspective for self-concept-based consumer research", *Psychology and Marketing*, Vol. 19 No. 3, pp. 235-66.
- Richins, M.L. (1991), "Social comparison and the idealized images of advertising", *Journal of Consumer Research*, Vol. 18 No. 1, pp. 71-83.
- Sirgy, M.J. (1982), "Self-concept in consumer behavior: a critical review", *Journal of Consumer Research*, Vol. 9, December, pp. 287-300.
- Solomon, M.R. (1983), "The role of products as social stimuli: a symbolic interactionism perspective", *Journal of Consumer Research*, Vol. 10 No. 3, pp. 319-29.
- Spiggle, S. (1994), "Analysis and interpretation of qualitative data in consumer research", *Journal of Consumer Research*, Vol. 21, December, pp. 491-503.
- Sujan, M., Sujan, H., Bettman, J.R. and Verhallen, T.M.M. (1999), "Sources of consumers' stress and their coping strategies", *European Advances in Consumer Research*, Vol. 4, pp. 182-7.

- Sykes, G.M. and Matza, D. (1957), "Techniques of neutralization: a theory of delinquency", *American Sociological Review*, Vol. 22, December, pp. 664-70.
- Thomas, M., Walker, A., Wilmot, A. and Bennet, N. (1998), *Living in Britain: Results from the 1996 General Household Survey*, Office of National Statistics, The Stationery Office, London.
- Thompson, C.J. and Haytko, D.L. (1997), "Speaking of fashion: consumers' uses of fashion discourses and the appropriation of countervailing cultural meanings", *Journal of Consumer Research*, Vol. 24 No. 1, pp. 15-42.
- Van den Putte, B., Yzer, M.C. and Brunsting, S. (2005), "Social influences on smoking cessation: a comparison of the effect of six social influence variables", *Preventive Medicine*, Vol. 41, pp. 185-93.
- Veblen, T. (1899), *Conspicuous Consumption*, Penguin, London.
- Warde, A. (1994), "Consumption, identity-formation and uncertainty", *Sociology*, Vol. 28 No. 4, pp. 877-98.
- WHO (2003), WHO Framework Convention on Tobacco Control, available at: www.who.int/tobacco/framework/WHO_FCTC_english.pdf (accessed 27 November 2008).
- Witte, K. (1992), "Putting the fear back into fear appeals: the extended parallel process model", *Communication Monographs*, Vol. 59, December, pp. 329-49.
- Wolburg, J.M. (2006), "College students' responses to antismoking messages: denial, defiance, and other boomerang effects", *Journal of Consumer Affairs*, Vol. 40 No. 2, pp. 294-323.
- Wooten, D.B. and Reed, A. (2004), "Playing it safe: susceptibility to normative influence and protective self-presentation", *Journal of Consumer Research*, Vol. 31 No. 3, pp. 551-7.
- Yi, S. and Baumgartner, H. (2004), "Coping with negative emotions in purchase-related situations", *Journal of Consumer Psychology*, Vol. 14 No. 3, pp. 303-17.

Corresponding author

Kathy Hamilton can be contacted at: kathy.hamilton@strath.ac.uk