

Applicability of the social identity approach in nutritional behaviour campaigns

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Contents

- 1.Introduction..... 3
- 2. The social identity approach 5
 - 2.1 Social identity theory..... 5
 - 2.1.1 Social categorisation..... 5
 - 2.1.2 Social identification and social comparison 6
 - 2.2 Self-categorisation theory 6
 - 2.3 Social identity approach 7
 - 2.4 Reference groups, prototypes and peer groups 8
 - 2.4.1 Reference groups 8
 - 2.4.2 Prototypes 8
 - 2.4.3 Peer groups 8
- 3.Key studies on smoking behaviour using the social identity approach as a theoretical framework. 10
 - 3.1 Methodology 10
 - 3.2 Key findings 10
- 4.Case studies on prevention campaigns on smoking behaviour using the social identity approach.. 15
 - 4.1 Key features of the campaigns 15
 - 4.1.1 The Truth© campaign 15
 - 4.1.2 The ‘ Smoking – Not Our Future’ campaign 16
 - 4.2 Studies examining the effectiveness of the Truth© and Smoking- Not *Our* Future campaign .. 16
- 5.Implications for nutritional behaviour campaigns and discussion..... 19
 - 5.1 Lessons learned from social identity research on smoking – consider whether denormalisation of unhealthy behaviour has more potential than normalisation of healthy behaviour 19
 - 5.2 Lessons learned from social identity research on smoking - reflection and participation are of the essence for successful nutritional health campaigns 20
 - 5.3 Lessons learned from social identity research on smoking - insight on media preferences of in-group and out-group is essential for success 20
 - 5.4 Limitations and strengths when using the social identity approach for nutritional health campaigns..... 21
 - 5.5 Further research and general thoughts 22
- References..... 23

1. Introduction

Globally, the leading reasons of mortality are chronic diseases, such as heart disease and diabetes caused by poverty (World Health Organization 2014). In the Netherlands, and many other developed countries, the chronic diseases mortality rate originates from the other side of the spectrum. In 2011, 45.5% of the Dutch population was overweight (Leiss 2013), and 11.8% was labelled as obese (Centraal Bureau voor de Statistiek 2013). Of all deaths in the Netherlands, 89% are caused by non-communicable diseases, such as cancer, hypertension and type 2 diabetes (World Health Organization 2014). Although not all diseases can be seen as direct consequences of obesity, it is shown that the risk of getting such illnesses increases as people become obese (Kopelman 2007).

Traditionally, campaigns aimed at changing consumers' eating behaviour focus on disseminating nutrition information, for example by stressing the positive benefits of eating more fruits and vegetables on individual levels (Brug, Kremers et al. 2008). However, increased awareness and nutrition knowledge does not always change people's behaviours. Many consumers continue to eat unhealthy even when they are aware of the negative consequences on the long-term (Wammes, French et al. 2007). It becomes increasingly clear that (educational) interventions based on individuals are not always as effective (Brug, Kremers et al. 2008, Pérez-Cueto, Aschemann-Witzel et al. 2012). Hence, novel strategies and campaigns are needed to change eating behaviours. It can therefore be considered relevant to take a closer look into what drives consumers to actually adopt a healthy diet.

Obesity and unhealthy eating patterns are strongly influenced by the social environment of individuals. Nutrition and health behaviour in general can be considered to have social-economic and cultural origins (Patterson 2012). Experts in consumer culture and marketing have long understood that an individual's behaviour is shaped by one's identity (Leiss 2013), although only recently health professionals and academics have begun to research and apply the full potential of such theories (Brug, Kremers et al. 2008, Evans and Hastings 2008, Basu and Wang 2009).

In the last decades, a greater body of research is developing, looking at health problems such as under aged drinking, smoking and alcoholism using the social identity theory. The social identity approach is a crucial theory in social psychology and was coined by Tajfel (1978). Social identity researchers in the field of leadership, organisations and health interventions have examined the nature of group processes for decades (Brewer 1991, Hogg and Terry 2000). According to social identity theory, a person's sense of self often depends on the state of the groups that define the self (i.e. in-groups). In other words, group membership refers to the distinction of 'us' versus 'them'. Belonging to the in-group provides a sense of meaning, purpose and emotional value.

Using the social identity approach opens up a new approach to change nutritional behaviour. In other words, the outcomes of studies in the field of the social identity approach can give practical insight for the development of nutrition behavioural interventions. This thesis aims to explore how insights obtained by intervention research using anti-smoking campaigns inspired by the social identity approach, an extensively studied health intervention, can be used to inform interventions to battle unhealthy eating patterns.

Hence, the research question of this thesis is as follows:

Given empirical evidence in the field of smoking behaviour and the effectiveness of anti-smoking campaigns based on social identity approach, what implications can be derived for effective nutritional behaviour campaigns?

To answer this research question, in the next section, the key characteristics of the social identity approach are given as well as reference groups and other in-groups in chapter 2. Next, a selection of key empirical studies in the smoking domain will be reviewed (chapter 3). In chapter 4, the key studies on antismoking campaigns will be discussed. Implications for nutritional behaviour campaigns are elaborated upon in chapter 5. The thesis is concluded with a discussion where general findings, limitations and suggestions for further research are explained.

2. The social identity approach

In the following sections, theories and terms such as social identity theory, self-categorisation, reference groups and prototypes are explained. Furthermore the social identity approach is introduced. This chapter is not intended to provide an all-knowing view on the complex concept of social identity theory, but is mainly used to clarify the stance from which the paper is written.

2.1 Social identity theory

The social identity theory was introduced in the field of social psychology by Tajfel (1978), and further explained in a paper by Tajfel and Turner (1979). In the last decades, the basics of the theory endured, while the exact interpretation and terminology continued to evolve into different applications in different fields of study. Examples of these field are for instance leadership and organisational behaviour. Social identity theory states that people do not make choices in isolation, but are strongly influenced by what other people do. The theory looks at the behaviour of individuals from a social perspective, instead of seeing the individual in isolation and introspective (Hornsey 2008). In other terms, the social identity theory explains the social identity or group situations opposed to interpersonal situations or the personal (individual) identity (Brown 2000). In particular, the theory is based on the assumption that people belong to social groups, the 'we' and 'us' and gives individuals a place in the social spectrum (Haslam 2014). Turner, Hogg et al. (1987) state that to a large extent social identity theory handles in-groups and out-group categorisations of people and what the consequences are if someone belongs to a category.

Identity refers to the idea that individuals have about themselves. In addition, the social identity theory argues that the intergroup relations, relations between groups, are guided by cognitive, motivational and socio-historical considerations (Hornsey 2008). For instance, not only membership of a group play an important role, nearly as important is the value placed on being part of that particular group (Tajfel 1978). The article by Tajfel and Turner (1979) describes three factors of social identity: social categorisation, social identification and social comparison. These factors together capture the essence of the social identity theory.

2.1.1 Social categorisation

People tend to enhance similarities with people in the in-group, while stressing the differences with the out-groups. Similarity between groups can be improved by social mobility, when someone moves to a group more representative of the self-concept, or by social change when the individual adapts to the norms and activities of the group he wants to identify with (Schmitt, Branscombe et al. 2003). An example of such behaviour is adolescent smoking behaviour (Stewart-Knox, Sittlington et al. 2005). Clear outcomes of social categorisation were found in the study by Tajfel (1970), who used randomly assigned people groups, based on no specific characteristic or trait. When the participants were told to assign grades to people within their own group and the groups that they did not belong to, in-group bias and favouritisms became prone. The people that belonged to the outgroup in the perspective of the participant, received lower grades. This outcome has since been reaffirmed in different studies (Tajfel, Billig et al. 1971, Tajfel and Billic 1974, Tajfel and Turner 1979). The categorisation process also influences the way the individual sees himself, and influences the self-concept of the person (Turner, Hogg et al. 1987). The self-concept is the set of attitudes memories behaviours and emotions that make up one's individual perception (Hornsey 2008).

2.1.2 Social identification and social comparison

Social groups provide their members with an identification of themselves in social terms, which can be relational as well as comparative. Since people aspire to have a secure and positive self-concept, people tend to favour their own in-group over the group they do not belong to. If the self-concept is compromised, for instance when the identification with the in-group fails, the self-esteem can be reduced (Turner 1975, Hornsey and Hogg 2000). Groups are understood in terms of positive or negative connotations, key in the identification process and in the decision what is seen as the in-group (Tajfel and Turner 1979). Tajfel and Turner (1979) also state that social identification is related to social comparison and its effects, where the evaluations of the in- and out-groups are made based on several attributes and other characteristics. An effect of social comparison is intergroup competition, an issue that is extensively studied for instance in the domain of discrimination and leadership (Abrams and Hogg 1988).

2.2 Self-categorisation theory

Self-categorisation theory originates from the same bedding as the social identity theory depicted in the early papers of Tajfel and Turner (Hogg and Terry 2000). Although the self-categorisation theory is presented as a standalone theory, many of the findings are in line with the social identity theory. Some theorists claim that the self-categorisation theory further explores the step of social categorisation of the social identity theory (Hogg and Terry 2000, Trepte 2006). One of the differences between the social identity theory and the self-categorisation theory is that the social identity theory solely describes the phenomenon of intergroup relations, whereas the self-categorisation theory also incorporates the intragroup process (Hornsey 2008). Moreover, the self-categorisation theory stresses the cognitive aspect of categorisation and sees the concept of identity operating at different levels of inclusiveness instead of being fixed (Gaertner, Dovidio et al. 2005, Hornsey 2008). The self-categorisation theory stresses the importance of one of the aspects of the social identity theory, the categorisation process, and strives to identify the mechanisms that occur and unify individuals into a psychological group (Turner 1985). Self-categorisation is best described as 'a cognitive grouping of the self as identical (similar, equivalent, interchangeable) to some class of stimuli in contrast to some other class of stimuli' (Turner and Oakes 1986).

Accessibility and fit largely determine which group serves as the base from where an individual assesses, a search for coherence. Fit describes how well the potential in-group reflects the social reality; to which extent they can be seen as representative for the real world. Accessibility can play a part when specific groups are present over a long period of time, an individual is confronted or primed with a specific group over a period of time. So when deciding which group is most representative, these groups come to mind (Hogg and Terry 2000).

2.3 Social identity approach

The terms 'social identity theory' and the 'self-categorisation theory' share more similarities than differences, and are at times hard to treat as separate theories. Most importantly, it can be concluded that the self-categorisation theory and the social categorisation aspect of the social identity approach are overlapping. In several papers and studies, including this paper, the use of the term social identity approach where all elements of the social identity theory and self-categorisation theory are elaborated upon, is preferred (Hornsey 2008, Haslam 2014). This point of view allows us to focus on bridging the gap between the theory of social identity approach and the applied phenomena of interest, nutritional behaviour campaigns. Figure 1 shows how the concept of the social identity approach is viewed in this paper.

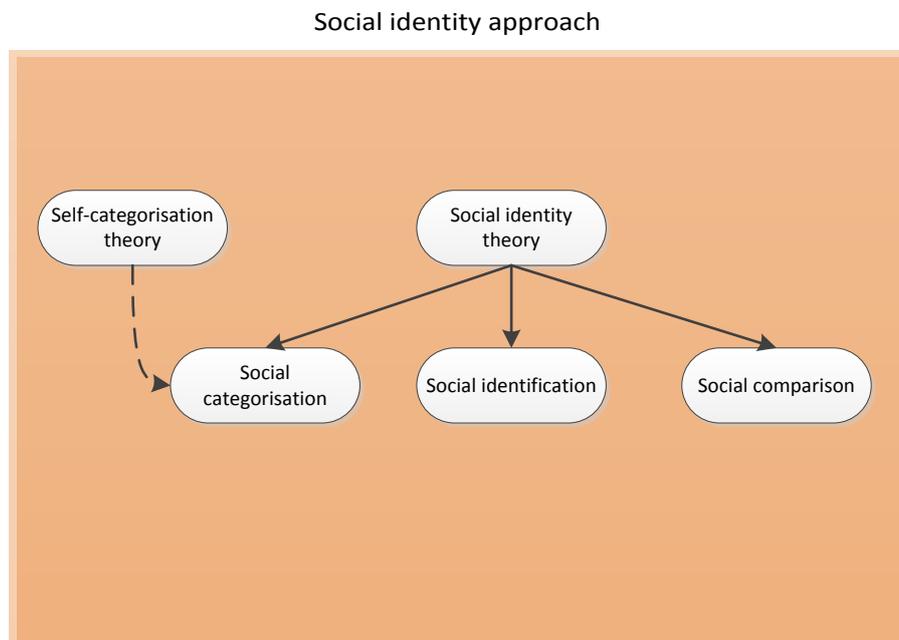


Figure 1 Concept social identity approach

2.4 Reference groups, prototypes and peer groups

In the social identity theory the term in-group is used to describe the group an individual belongs to. Related to this are the terms of reference groups, prototypes and peer groups. The first concept is more commonly found in consumer behaviour studies, prototype is a term used in the self-categorisation literature and peer groups is mainly found describing adolescent behaviour in studies. For this thesis the term in-group is preferred, except when describing a specific paper in terms of key concepts or to underpin minor differences between two terms.

2.4.1 Reference groups

A reference group can be considered as one or more people that an individual uses for comparison or a point of reference in analysing a situation and making decisions. A referent person or reference groups may be tangible, people the person actually knows, or intangible and symbolic, such as a 'movie star' (Olsen, Thach And et al. 2007). Literature roughly defines three different reference groups, each with their own characteristics (White and Dahl 2006). Membership or occupied groups are the groups in which an individual is currently a member. Examples of such groups are for instance family, friends and other peer groups. As stated by Turner (1991) this positive reference group is a group that an individual is attracted to, feels involved with and identifies with. Aspirational reference groups are groups that someone aspires to belong to and share two of the characteristics of membership groups, identification and attraction. The difference is that an individual only aspires to be included into the aspirational groups; the individual is not an actual member. Dissociative (or avoidance/negative) groups are groups that individuals do not wish to be associated with and do not identify with (Turner 1991, Englis and Solomon 1995). Lifestyles represent meaningful reference groups or categories since they express the rejection or adoption of behavioural tendencies and are a set of characteristics that describe a group dynamic (Englis and Solomon 1995). In addition, it is shown that reference groups serve as a way to represent and maintain a positive self-concept in consumer preferences (White and Dahl 2006), a mechanism earlier shown as part of the social identity theory.

2.4.2 Prototypes

Self-categorisation theory introduces the term of prototypes as a classification system for groups. Prototypes are sets of context dependent features of group membership preferably captured by an ideal state of that specific group (Hogg and Terry 2000). Prototypes are fuzzy sets of characteristics, hard to capture and to depend on, outside the context and the perception of a person (Hogg and Reid 2006). People use prototypes to distinguish themselves from another group, sometimes in expressing themselves in stereotypical behaviour of that group (Hogg and Terry 2000). Prototypes emphasise the similarities of the in groups, as well as how much they differ from the out group. They are context dependent, an example given by Hogg and Reid (2006) for instance indicates that the way we view vegetarians will be different if we compare them either to vegans or carnivores.

2.4.3 Peer groups

A peer group is best described as a 'reputation based collective or subculture with which an adolescent identifies' (Sussman, Pokhrel et al. 2007). This term is mostly used in the description of adolescents, and in literature can also be referred to as peer groups self-identification (Sussman, Dent et al. 1994), peer crowd affiliation (Prinstein and La Greca 2002) and peer group association (Sussman, Dent et al. 1990). In the article by Sussman, Pokhrel et al. (2007) five peer groups are identified, each with specific characteristics: elites, academics, athletes, deviants and others. Peer

groups are not only identified by their risk taking behaviours such as driving too fast, alcohol usage or smoking, but also by choices of fashion and mass media portrayals. Deviant peer groups, which are non-mainstream, are most likely to engage in these behaviours (Sussman, Pokhrel et al. 2007, Moran, Murphy et al. 2012).

3.Key studies on smoking behaviour using the social identity approach as a theoretical framework.

The social identity approach, as depicted in chapter 2, is increasingly used in a wide range of studies related to health behaviour, focussing on domains such as smoking, alcohol, cancer, HIV and to a lesser extent, on health nutritional behaviour (Cole, Kemeny et al. 1997, Eisenberg, Neumark-Sztainer et al. 2003, Lewis, Neighbors et al. 2009). When looking at publications over time, it can be concluded that there are clear research trends in the field of the social identity approach. For instance around the 1980s research on HIV was booming, whereas current studies strive to pin down why people smoke, and how to stop people when they do smoke. Reasons for this interest can be found in the current mind set of people wanting to obtain a healthy lifestyle. This new way of living damages the identity of smokers, making smoking less socially accepted in Western cultures. This section will analyse the outcomes of studies that explicitly use (elements of) the social identity approach applied to smoking behaviour. In table 1 all relevant information is given regarding the studies used.

3.1 Methodology

For the different key studies a wide variety of research methods are used. For instance, the review article by Kobus (2003) relies on secondary sources and derives its recommendations from that stance, by identifying different frameworks related to the social identity theory and surrounding topics like peer groups and social crowds. The study of Slater and Hayes (2010) uses a previously acquired data set initiated by the American congress called the 'National Study of Parents and Youth' (NSPY) where children and parents were interviewed face to face. Mostly quantitative studies were found, like the study by Phua (2013), where 252 participants filled in an online questionnaire. An advantage of this way of data gathering is that it generates information that can easily be interpreted. However, it are the (partly) qualitative studies by Stewart-Knox, Sittlington et al. (2005) and McCool, Hoek et al. (2013) that give the most complex and elaborate information about adolescent smoking and the social identity approach. In the study by McCool, Hoek et al. (2013) group discussions were held between citizens of 18 to 24 years of age. By conducting a study more information can be acquired because the participants can speak freely and are not limited to a fixed set of questions and responses. This form of data collecting does have the limitations that individuals can begin to influence each other during the discussion and might even give answers that they perceive as desirable and adjust to the general opinion of the group. The study by Stewart-Knox, Sittlington et al. (2005) has the advantage of interviewing participants individually and multiple times over a period of three years. In the first interview at age 11 children would mainly describe how they see children that smoke, since the latter of the interviewees did not smoke themselves at that time. At age 12 and 13 the majority of the participants would smoke themselves and became more articulate, giving the researchers a greater insight on how children develop and perceive themselves in a social context. Other studies had the opportunity to measure attitudes and preferences once, thus having less information to work with.

3.2 Key findings

Based on the analysis of the studies it can be stated that the main group of interest related to smoking behaviour are adolescents and students up to 24 years of age. The demographic background of the participants is very divers. Not only are nations in the Europe and the United States examined, also studies in Asia and the America's were conducted. Moreover, different social classes are

addressed, from for instance an underprivileged area in Ireland (Stewart-Knox, Sittlington et al. 2005) to the undergraduate students in the UK (Slater and Hayes 2010). Not only offline, everyday events were reviewed. The study by Phua (2013) tried to uncover the online world and its effect on smoking behaviour by analysing social networking sites. All studies examined in this chapter together, covered a 10 year time span, from 2003 to 2013.

An overall interpretation of the studies is that smoking can be seen as a search for identity of adolescents and young adults. Being part of the in-group is considered to be very important, see for instance Stewart-Knox, Sittlington et al. (2005). Ways in which adaptation to a specific group can be achieved is possible using different tactics. For instance, celebrities and the media channels they are using to express themselves are of utmost importance to adolescents and so for parties that examine smoking behaviour (Kobus 2003, Slater and Hayes 2010). This is in line with the theory of reference groups, that individuals identify themselves with a specific group and want to belong to their in-group. When children get older, more subgroups and individual preferences develop (Slater and Hayes 2010). This may suggest that it is more challenging to address a large population with one type of campaign as the age goes up, because the campaigns need to appeal to a specific in-group in order to become effective or trustworthy (Moran and Sussman 2014).

Smoking adolescents connote a lot of positive social and personal attributes to being a smoker, such as being a fun and extrovert person. On the contrary people that do not smoke share less of these positive qualities (Cassidy 2006). This view is substantiated with the acknowledgement that students are more attractive when they smoke (He, Zhu et al. 2012). The study by Stewart-Knox, Sittlington et al. (2005) gives insights on the fact that adolescents mainly express their identity through actual behaviour, and not by underlying principles or social beliefs. Sharing cigarettes for instance can be seen as a way to confirm a person being part of the in-group. Not only the attitudes of smokers themselves were interpreted, but also how non-smokers saw people who smoked was depicted upon. As to be expected, in-group favouritism was acknowledged; non-smokers could more easily identify the negative and illogical aspects of being a smoker, even leading to stigmatizing the smoking population (Stewart-Knox, Sittlington et al. 2005, McCool, Hoek et al. 2013). However, some non-smokers held a more nuanced position towards people who smoke, and could differentiate between the addiction and the person, and tried to understand how and why people were smoking. Another conclusion drawn from the study by McCool, Hoek et al. (2013) was that people who smoked did not acknowledge the risk as much as non-smokers. This can also be explained by the in-group favouritism, where someone will uphold the high positive standard set by the in-group and undervalues aspects that could defy this positive image.

The findings in this chapter lead to several implication which can be applied onto the setting of nutritional behaviour campaigns, which is the aim of this thesis. These implications will be further discussed in chapter 5.

Study	Research objective	Methodology	Sample	Key findings	Reported implications for interventions
(Stewart-Knox, Sittlington et al. 2005) Smoking and peer groups: Results from a longitudinal qualitative study of young people in Northern Ireland	To explore and better understand the mechanisms through which peer-related social factors operate to encourage young people to smoke	Individual qualitative interviews conducted over a three year period with follow-up	Adolescent children aged 11–12 years (N=102) in Northern Ireland	Children start to smoke to conform to the social group they want to belong to and are seldom influenced by direct persuasion Smoking activity provides a means through which the social identity is defined Negative stereotyping of smokers as well as the non-smokers Communicate social identity through behaviour and not so much through social beliefs	<ul style="list-style-type: none"> - present alternative ways to serve children’s relevant social needs - Let children reflect on their own motivations to smoke - Develop gender-specific interventions - Communicate that smoking is not as common as they think it is
(Phua 2013) Participating in Health Issue-Specific Social Networking Sites to Quit Smoking: How Does Online Social Interconnectedness Influence Smoking Cessation Self-Efficacy?	To examine members of health issue specific social networking sites (SNSs) and how i.e. social identification impacts the relationship between participation and smoking cessation self-efficacy	Online questionnaire	Members of health issue-specific social networking sites (N=252)	Regular participation led to greater social identification with other SNS members Active social interaction help to maintain a positive self-concept by conferring and maintaining as a in-group participant. Seeing themselves as interchangeable exemplars than individuals Social identity forged in virtual communities can be very strong	<ul style="list-style-type: none"> - Direct campaigns at virtual communities for high identification - Acquire active participation in the communities to increase the self-efficacy by for instance profile updates, news feeds, commenting, friendship connections messaging and ‘liking’
(McCool, Hoek et al. 2013) Crossing the smoking divide for young adults: Expressions of stigma and identity among smokers and non-smokers.	To explore how demoralizing campaigns regarding smoking affect the perception of smoking among young adults and non-smokers, or the behaviour towards smoking	Group discussions and interviews	NZ citizens between 18-24y (N=86)	Non-smokers used terms such as illogical and self-destructive to describe smoking behaviour. Non-smokers who could recognize the addictiveness of smoking, were more emphatic and less judgemental. Non-smokers, opposed to smokers accept the evidence of smoking’ myriad harms and find not smoking a logical and rational response.	<ul style="list-style-type: none"> - Include an emphatic content in smoking demoralising campaigns to foster more appealing smoke- free identities

Table 1 Key studies on smoking behaviour page 1 of 3

Study	Research objective	Methodology	Sample	Key findings	Reported implications for interventions
(Slater and Hayes 2010): The influence of youth music viewership on changes in cigarette use and association with smoking peers: A social identity, reinforcing spirals perspective	To examine prospective associations between viewing of music video channels on television and changes over time in smoking and association with smoking peers	Parallel process latent-growth modelling using data from the 'National Study of Parents and Youths' interviews in four waves	Parents (N=2259) Adolescents 13-16 years old (N= 2259)	Mass media plays a role in the development of the social identity and it is not solely created by social cognitive processes. The norms and behaviour are likely to be part of the process of the selection and development among the alternative social identities available to adolescents. As the interviewees grew older they would differentiate more and look at specialised channels based on their subgroups	- Early exposure to popular music channels predicts later increases in smoking and associating with smoking peers.
(Cassidy 2006) Using social identity to explore the link between a decline in adolescent smoking and an increase in mobile phone use	To explore the hypothesised link between the increase in mobile phone ownership and the reported decline in adolescent smoking	Questionnaire based survey design	Undergraduate UK students (N= 172)	Mobile phone use shared desirable personal and social attributes such as being fun extravert, popular rich and playful. These attributes are also associated with smoking behaviour Mobile phone use and smoking were also both seen as non-conformist, and people portraying risk taking behaviour Mobile phone used can be seen as social behaviour Light mobile users have a less positive perception of telephone users	- Using another behaviour with more positive connotations and more or less the same attributes as a replacement for the negative behaviour
(Moran and Sussman 2014) Translating the link between social identity and health behaviour into effective health communication strategies: an experimental application using antismoking advertisements	To address the gap of linking social identity to health behaviour by examining the efficacy of social identity targeting	Online survey	Adolescents aged 12-15 (N=250)	If an individual identified with the group targeted in an ad, antismoking beliefs were more strongly endorsed Social identity targeting has the potential to increase the effectiveness of antismoking messages.	- Peer group targeted ads are more effective than non-peer group targeted ads

Table 1 Key studies on smoking behaviour page 2 of 3

Study	Research objective	Methodology	Sample	Key findings	Reported implications for interventions
(Kobus 2003) Peers and adolescent smoking	Reviewing theoretical frameworks such as the social identity theory, and empirical findings which inform the current state of knowledge regarding peer influences on teenage smoking	Review paper	Not present	Peer adolescent relationships contribute to adolescent cigarette smoking, by approving or disapproving it Parents and media have influence on the (non) smoking behaviour Youths are motivated to initiate smoking based on the stereotypes they hold for a specific group	- Smoking or not smoking should be central to the identity of the group in order to become an effective measure
(He, Zhu et al. 2012)* Study of social identity of smoking-attempting behaviour among female high school students in Shanghai	To investigate the social identity of smoking-attempting behaviour among female high school students in Shanghai	Questionnaire survey	Female high school students in Shang Hai 12-18 (N= 6535)	Although it was widely known that smoking was bad around 10.1% of the participants thought it made students more attractive. Attempted smokers have a more positive orientation towards the smokers identity than those who have not	- Not applicable

Table 1 Key studies on smoking behaviour page 3 of 3

*Only the English summary was used, the actual paper was written in contemporary Chinese.

4. Case studies on prevention campaigns on smoking behaviour using the social identity approach

In the previous chapter key studies examining smoking behaviour were examined. In addition to these studied several case studies have been conducted that focus on anti-smoking campaigns and are based on the social identity approach. A total of three studies will be elaborated upon in the coming paragraphs. These studies all examine the interventions governments and other institutions have implemented, in campaigns addressing the dangers of smoking and encouraging cessation.

4.1 Key features of the campaigns

Of the three case studies found, two focus on the Truth© campaign rolled out nationally in the US. The other campaign revolved around youth in New Zealand and was called 'Smoking – Not *Our* Future'. Other case studies found did not seem to be scientifically based on the social identity approach or related theory. Therefore the amount of case studies used is limited. Both campaigns are denormalisation campaigns. In these campaigns the behaviour that is regarded as undesirable is portrayed as deviant, and it is aimed to develop new social norms that are not compatible with being a smoker (Chapman and Freeman 2008). In the case studies smoking behaviour is set as being the undesirable behaviour that should be discouraged instead of encouraged by different institutions and ideally also be discouraged by the people themselves (Sly, Hopkins et al. 2001).

4.1.1 The Truth© campaign

A renowned US state funded campaign, the Truth© antismoking campaign, was launched in 2000 and is still ongoing (www.thetruth.com). In this campaign television spots were shown, about the effects of tobacco and tobacco industry marketing tactics with additional advertisements. Figure 2 shows an example of an advertisement used. The campaign was targeted at adolescents and expressed the hope to create a tobacco free generation (Sly, Hopkins et al. 2001). This specific campaign led to several studies looking into the change of attitudes, reference groups and the short and long term effects of the antismoking campaign.



Figure 2 Advertisement Truth© campaign

4.1.2 The 'Smoking – Not Our Future' campaign

In 2007 the New Zealand based campaign 'Smoking – Not *Our* Future' was rolled out (www.notourfuture.co.nz). The aim of the campaign was to encourage smoking cessation, to make adolescents susceptible to smoking behaviour more drawn towards a non-smoking lifestyle and to reinforce the non-smoking lifestyle amongst the non-smoking social groups. The campaign was based on the social identity theory and the stereotype priming theory. This last theory suggests that heightening the salience of positive stereotyping and stressing the possible negative stereotypes makes people reflect and reconsider their own behaviour and roles (Pechmann, Zhao et al. 2003).

The tactic that the 'Smoking – Not *Our* Future' used was to use Kiwi celebrities in their campaigns, addressing one or multiple of the initial groups that were targeted smokers, non-smokers and adolescents susceptible to smoking behaviour. Figure 3 shows an example of the campaigns strategy.



Figure 3 Advertisement 'Smoking- Not Our Future' campaign

4.2 Studies examining the effectiveness of the Truth® and Smoking- Not *Our* Future campaign

The study of Sly, Hopkins et al. (2001) looked into the short term effects of the Truth® campaign in 2001. The outcome of the telephone surveys showed that an intense media campaign can have an effect on smoking intention and behaviour. As a result it can prevent adolescent from becoming a smoker at all, but also can make teenagers more conscious about their own smoking behaviour and how it can damage their health.

The long term results of the study conducted by Farrelly, Davis, Duke, Messeri (2009) showed that the Truth© campaign messages continued to resonate with youth well after its launch and shape their beliefs and attitudes about tobacco and the tobacco industry and their intentions to not smoke in the future. This statement is also underpinned by the key study of Moran, Murphy et al. (2012) where 14-15 year olds participated in an online survey. Moreover, when a campaign like Truth© is well designed on formative research, the effects can be long lasting.

Moran, Murphy et al. (2012) specifically focus on the similarities and differences between mainstream and non-mainstream youth in their study. They found that the identity based Truth© campaign most resonated in the deviant or counter culture peer groups, and less in the more conformist groups of elite and academic. Deviant groups are identified to be most at risk to smoke, compared to the conformist groups. Therefore it is hard to tell whether the resonance of the campaign in the deviant group can be explained by the adolescents being part of a particular group, or that the division between the smoker or non-smoker identity is more leading since deviant groups are more likely to smoke.

Using a telephone survey with 939 participants the results of Hoek, Newcombe et al. (2011) show that the group most susceptible to become a smoker and smokers themselves felt less engaged with the campaign than non-smokers did. Most strikingly was that current smokers felt that the message given in the advisements did not make them put off smoking, whereas non-smokers and susceptible smokers did give this indication. Also people who had recently tried to quit seemed more positive about the message of the campaign. The outcomes of this research are in line with the social identity approach, where you identify yourselves with a specific in-group and filter or distance yourself from information or images that do not reflect your in-group. Using role models as a way to communicate the message can be helpful in consolidating the strong beliefs non-smokers have about smoking but it does not seem likely that they can easily change the preference of groups of current smokers. One final remark to be made in relation to the study by Hoek, Newcombe et al. (2011) is that adolescents that were more likely to smoke or wanted to quit, shared more norms with the non-smoker community than the smoking community. This outcome suggests that the denormalisation is probably more effective for this group to encourage smoking cessation.

The findings in this chapter hold several examples and suggestions that can be applied onto the setting of nutritional behaviour campaigns, the aim of this thesis. These implications are further discussed in the next chapter, chapter 5.

Study	Campaign characteristics	Research objective	Methodology	Sample	Key findings	Reported implications for future identity-based health campaigns
(Moran, Murphy et al. 2012): Campaigns and cliques: Variations in effectiveness of an antismoking campaign as a function of adolescent peer group identity	The US Truth@ campaign presents smoking as uncool to produce anti-smoking beliefs: http://www.thetruth.com/ The campaign aimed to create a new 'edgy' identity associated with non-smoking	To examine the effectiveness of the Truth campaign in promoting anti-tobacco beliefs among youth. A distinction is made among youth who identify with nonmainstream crowds and mainstream crowds	Survey measuring key variables as peer crowd identification, smoking-related beliefs and exposure to campaign	Adolescents 14-15 (N=224)	Campaign was relatively successful in promoting anti-smoking beliefs in nonmainstream crowds Identity based health campaign provide a useful strategy for changing behaviour through mass media	<ul style="list-style-type: none"> - Understand and redefine prototypical media preferences and outlets - Use identity cues that increase the likelihood of identification - Allow youths to become involved such as street team, sharing a message and staging own interventions for example; campaign inspired activism
(Sly, Hopkins et al. 2001): Influence of a counteradvertising media campaign on initiation of smoking: the Florida "truth" campaign	The US Truth@ campaign presents smoking as uncool to produce anti-smoking beliefs: http://www.thetruth.com/ The campaign aimed to create a new 'edgy' identity associated with non-smoking	To explore the short term effects of television advertisements from the Florida Truth campaign on rates of smoking initiation	Follow up survey to examine the independent effects of the campaign on smoking initiation	US Adolescents 12-17 (N=1820)	Youths that were aware of the television advertisements were less likely to initiate smoking behaviour	<ul style="list-style-type: none"> - Exposure to an intense media campaign lowers the risk of youth smoking initiation on the short term
(Hoek, Newcombe et al. 2011): Promoting youth smokefree behaviour: An evaluation of a social norms campaign	'Smoking Not <i>Our</i> Future' is a direct-to-youth campaign, using testimonies from New Zealand celebrities to denormalise smoking, reduce uptake, and to promote positive smoke free and anti-tobacco attitudes: http://www.notourfuture.co.nz/	To examine the results and effectiveness of the Smoking Not Our Future campaigns based on social identity theory and the stereotype priming theory	Telephone survey using three groups non-susceptible non-smokers, susceptible non-smokers and current smokers.	New Zealanders aged 12-24 years (N=939)	Engagement with the campaign declines as participants susceptibility to smoking or being a smoker increased. Non-smokers regarded the messages as cool and believable, and actively think about it, while the smokers did not. Impact of the advertisements was poor within the smoker group and stronger in either non-smoker groups	<ul style="list-style-type: none"> - Strong messages to induce behaviour change among current youth smokers - Remove factors that make it cool to smoke to reduce ambiguity

Table 2 Case studies on smoking behaviour

5. Implications for nutritional behaviour campaigns and discussion

The social identity approach has been a framework of interest over a longer period of time now. The angle can differ, for example the approach is used to promote desired behaviour but also to discourage unwanted behaviour of specific groups. Moreover, the period of time seems to be of interest as well. Trends can be revealed when looking at the themes that are of concern, for instance HIV, anti-smoking and in a more current context, healthy nutritional behaviour. As stated in the second chapter the approach can be divided into three main factors; social categorisation, social identification and social comparison. What appears to be central factors for the social identity approach is that of in-group favouritism and stressing the differences between your group and another out-group.

The aim of this thesis was to observe what implications derived from anti-smoking campaigns could be incorporated for nutritional behaviour campaigns using the elements of the social identity approach as a theoretical framework. In the following paragraphs these implications are elaborated upon, as well as why they can be relevant for nutritional behaviour campaigns. After examining all the implications found in the relevant studies of chapters 3 and 4, three clusters could be determined: 'Denormalisation', 'Reflection and participation' and 'Media'. The implications that are in these clusters all share the element that they are centred around one of three subjects and offer a more structured way of examining the implications for nutritional behaviour campaigns using the social identity approach. The implications used are also shown, in random order, in Table 2. Not all reported implications of this table are reflected in the implications below since they are not or less applicable to the nutritional behaviour scope of this thesis.

5.1 Lessons learned from social identity research on smoking – consider whether denormalisation of unhealthy behaviour has more potential than normalisation of healthy behaviour

In terms of nutritional health campaigns advocating a healthy eating pattern it is advisable to present that eating too much unhealthy food is not normal and that the consequences can be severe. In this way the undesired behaviour is presented as abnormal (Stewart-Knox, Sittlington et al. 2005). Although other children or people in the environment eat unhealthy does not make it normal to eat a lot of candy or to not eat your vegetables daily. One of the pitfalls to present only negative information, is that it reassures and deepens the feelings of the out-group, in the case of nutritional behaviour this would be the people that have a healthy nutritional lifestyle. Also it can present the desirable group as too farfetched and therefore less appealing. Therefore it should be suggested to include emphatic content in campaigns to foster more appealing non-smoker identities (McCool, Hoek et al. 2013).

On top of presenting the unhealthy behaviour as abnormal, the campaign should aim to present alternatives to fulfil the social needs a person has to replace the unhealthy nutrition lifestyle (Stewart-Knox, Sittlington et al. 2005, Cassidy 2006). Also factors that make it cool or desirable to have a specific lifestyle should be removed, for instance eating with friends at the McDonalds after school or having popcorn at the cinema are examples where social contexts are at play. Another promising setting could possibly be student life, where a lot of people eat unhealthy and drink a lot of alcohol at multiple occasions per week, mostly in a social setting. When someone is consuming

unhealthy goods, like beer or McDonalds, without the social context this could evoke feelings of ambiguity. The person is then confronted with the unhealthy aspects and the potential (long term) consequences of eating unhealthy like becoming obese or having health issues. This realisation can alter the groups or individual norms and guide a group towards a more healthy lifestyle (Hoek, Newcombe et al. 2011). In conclusion it can be stated that from the perspective of the social identity approach denormalisation of unwanted behaviour like eating unhealthy products is an interesting angle to research besides solely focussing on advocating a healthy lifestyle. It can offer professionals different tools to get to the goal of people having a healthy lifestyle with a balanced diet.

5.2 Lessons learned from social identity research on smoking - reflection and participation are of the essence for successful nutritional health campaigns

The first cluster focused on how the message should be brought. However, another important element is how the target audience can actively work with the message of eating in a balanced way and what feelings the campaign needs to evoke. This cluster therefor stresses the importance of own reflection and participation when designing a campaign based on the social identity approach. Firstly it is important that the target audience reflects on their reasons to behave in a particular manner and how this suits their desired norm group. It can be stated that the campaign does not only need to make them aware of the situation, it is more essential to actively engage the audience into doing something with that message, to activate them (Stewart-Knox, Sittlington et al. 2005).

Adolescents have a significant amount of knowledge related to healthy foods and believe that healthy eating involves moderation, balance, and variety. Despite this knowledge, they find it difficult to follow healthy eating recommendations and frequently consume foods that they perceive as unhealthy (Croll, Neumark-Sztainer et al. 2001). A way to reach the audience, is to acquire active participants in communities to advocate the message actively by giving profile updates, news feeds making friendship connections and 'liking' on social media (Phua 2013). In a perfect scenario the campaign works in such a way that former individuals of the non-favourable group become ambassadors and actively make them part of a new preferred group. Being part of a street teams or even staging own interventions (campaign inspired activism) are possible outcomes (Moran, Murphy et al. 2012). So, in order to make a nutritional health campaign more successful, one cannot deny the active participation and reflection of the targeted audience when looking at campaigns from the perspective of the social identity approach.

5.3 Lessons learned from social identity research on smoking - insight on media preferences of in-group and out-group is essential for success

The studies on anti-smoking behaviour showed that the way media is incorporated into a campaign when applying the social identity approach is essential, and can have long and short term benefits. For a successful nutritional behaviour campaign it can be suggested to first identify the prototypical media preferences and channels, e.g. television or social media sites, of the target audience (Moran, Murphy et al. 2012). For a younger age group for instance, the usage of viral communities leads to a higher identification of that target audience as well as greater liking (Phua 2013). Preferably these messages need to be attractive for both males and females, since each sex has different preferences the campaign should consist of male targeted interventions and female targeted interventions (Stewart-Knox, Sittlington et al. 2005). In general, peer group targeted advertisements are considered more effective than non-peer group targeted advertisements as they increase

identification (Moran, Murphy et al. 2012, Moran and Sussman 2014). Subtle messages are best to be avoided using an adolescent population, and for short term effects exposure to an intense media campaign lowers the risk of people conforming to undesired behaviour (Sly, Hopkins et al. 2001, Hoek, Newcombe et al. 2011). As a side note it needs to be stated that exposing a specific target group to an intense campaign with rather strong examples can have the alternate outcome and can produce a counter effect. The target group can become indifferent to the message itself. Therefore the campaign related to nutritional behaviour could have an intense start in terms of media, but should create a more nuanced approach when entering another phase of the campaign. Also as the study by McCool, Hoek et al. (2013) suggests, putting an emphatic content in the message in denormalising campaigns makes the preferred option of eating healthy more appealing to people that already have a healthy lifestyle, but also makes the unhealthy eaters less negative towards that specific group.

5.4 Limitations and strengths when using the social identity approach for nutritional health campaigns

Smoking, like mobile phone use, is associated with a set of personal and social attributes relating to concepts of social identity and image formation in adolescents (Cassidy 2006). Are these desirable attributes with unhealthy food behaviour also at stake or are there other motives why people engage in unhealthy eating? One could suggest that the origin of unhealthy nutritional behaviour has different roots than smoking behaviour. It is not necessarily cool to eat fast food, whereas smoking does have that cool connotation. However, it cannot be neglected that typical in-group behaviour can be associated with intakes of specific food. As stated before hanging out with the cool kids after school and eating fast food can be one of them. On the other hand, it can be assumed that it is unlikely that a child who consumes healthy food in lunch breaks is considered to be cooler than someone who has very palatable unhealthy food with him like cookies or crisps. The implications suggested are great starters to investigate the possibilities of the social identity approach in combination with nutritional behaviour, however, some caution is needed because different, sometimes weaker, norms can apply.

Another limitation is that most studies focus on the adolescent population, since social structures and interests are most effective or relevant for young adults. It can therefore be considered a recommendation that when applying strategies based on the social identity approach for nutritional behaviour campaigns, is it most applicable to do so having a target population of adolescents, based on the finding on this thesis. Especially as there are some implications mentioned that would be less suitable for a different target group, like the elderly, for example when using virtual communities and other social media.

One of the strengths of this thesis is that it takes a theory most commonly applied in another field (smoking behaviour) and to place it into the field of nutritional behaviour campaigns. Moreover, it shows a clear overview of key studies applicable to social identity approach and distinguishes between papers that describe the origin and behaviour, and campaigns that are actually rooted in the social identity approach.

5.5 Further research and general thoughts

Using the social identity approach as a central concept when designing a nutritional health campaign could potentially be a fruitful way to let individuals take up a healthier lifestyle. For further research several recommendations can be made. To start, it is key to research what norms people have regarding nutrition and how central these norms are in specific groups. If this is known, more effective campaigns based on the social identity approach can be developed. In line with this recommendation the target audience is also important. Most research targets adolescents, it would be advisable to investigate how the social identity approach can be applied for different groups.

Furthermore the amount of campaigns found that were grounded in a specific theory was limited, only three relevant studies on smoking behaviour for this thesis could be identified. This is remarkable because the body of research on smoking behaviour and adolescents is far greater. It may imply that in general campaigns are not designed according to a specific theoretical background, or that this is the case for the social identity approach. The fact remains that there is an urgent call for campaigns based on theoretical background, instead of purely making advertisement campaigns as appealing as possible.

Other interesting matters to look into regard the growing importance of mass media (Randolph and Viswanath 2004) and social media (Williams, Hamm et al. 2014) in the formation of in-groups and the applicability of the social identity approach. More and more people have access to an extensive network of blogs and other virtual outlets. This offers great opportunities in finding your own specific group of reference, but also adds to the complexity of social constructs and self-concepts. How one portrays themselves online can be totally different than in the offline world, and also the threshold to join and leave specific groups is lower. Group formation has never been so dynamic as it is now, and generates great opportunities and challenges ahead.

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