I Drink, Therefore I Belong: Fear of Social Disaproval and Its Impact on Attitudes Towards Anti-Binge Drinking Advertising

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With the increasing monetary and social costs associated with binge-drinking in the UK the British government is looking to invest £100 million on anti-binge drinking advertising campaigns. In an experiment we show that consumers who draw high levels of self-esteem from social approval the use of messages that focus on situations that could lead to social disapproval were viewed significantly more positively. Beyond this, we show that attitudes towards anti-binge drinking advertising is significantly impacted by consumers’ self-regulatory behaviour. However, beyond this By drawing on Terror Management Theory and Self-Regulatory focus we are able to offer contributions to the Transformative Consumer Research, Public Policy and Social Marketing literature.

[to cite]:

[url]:
http://www.acrwebsite.org/volumes/1006922/eacr/vol9/E-09

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ABSTRACT
In an experiment we show that attitudes towards anti-binge drinking advertising is significantly impacted by consumers’ self-regulatory behaviour. However, beyond this we show that for those consumers who draw high levels of self-esteem from social approval the use of Social Mortality messages as a means of dissuading binge drinking behaviour were viewed extremely positively. By drawing on Terror Management Theory and Self-Regulatory focus we are able to offer contributions to the Transformative Consumer Research literature, Public Policy and Social Marketers.

Binge drinking is categorised in Britain as being a purposeful consumption of alcohol three times the recommended amount of four units for men and three units for women. Therefore, a binge is the equivalent to four pints of lager for men or 3 pints of lager in one session (Nicholson 2008). Binge drinking is particularly prevalent amongst the University student population who make up over a third of all binge-drinkers in the UK (Norman et al. 1998). Aside from the rising health costs associated with binge drinking, which have been estimated at £55 million a day in the UK (Boffey 2003), the social costs are also rising with reports of increasing anti-social behaviour associated with binge drinking, such as the recent arrest of a student caught urinating on a war memorial (Brooke 2009). The UK recently announced a £100 million investment in an anti-binge drinking advertising campaign to curb the rise in health costs and anti-social behaviour. This research looks to not only understand the effectiveness of such campaigns, but offer a rationale as to how these campaigns can be made more effective by drawing on the concept of Terror Management Theory in the form of Social Mortality Salience and the moderating effect of Self-Regulation.

In the following study we show that the level of esteem a consumer draws from drinking and social approval (Terror Management theory) significantly impacts his or her approval of anti-binge drinking advertising messages. This effect is significantly moderated by the individual’s ability to regulate his or her own actions (Self-Regulation theory). The following section briefly outlines the extant literature related to the study before presenting the hypotheses, methodology and findings from the experiment. This manuscript concludes with a discussion of the findings and the implications to consumers, literature and practitioners.

BACKGROUND
Terror Management Theory & Social Death
Terror Management Theory posits that humans use different techniques to avoid the anxiety associated with the knowledge of their own mortality (Greenberg et al. 1990). Much work has been done to progress TMT beyond these original findings that offer specific insight into this study. For example, Arndt, Schimel, and Goldenberg (2003) show that individuals can exhibit a conscious anxiety when faced with their own mortality. As a result of feeling a closeness to their own mortality these individuals used proximal defences to distance themselves from the situation and deny one’s vulnerability to the situation. In addition, Arndt et al. (2003) show that individuals may exhibit defences in which they will engage in a particular behaviour despite the mortality risks associated with the behaviour in order to bolster their self-esteem. For example, Martin and Kamins (2007) show that smokers who derived a strong sense of self-esteem from smoking smoked more when faced with their own mortality. This is a clear example of how self-esteem works as an anxiety-buffer to protect the individual’s worldview in the face of heightened mortality salience (Greenberg et al. 1990).

In the current study we look at how the concept of “Social Mortality Salience” or the prospect of losing social approval impacts young drinkers’ responses to anti-binge drinking advertising messages. Much of the social marketing literature and anti-binge drinking advertisements focus on the personalisation of health risks associated with alcohol abuse (Greenfield et al. 1999; MacKinnon et al. 1993; Wolburg 2001). However, little evidence exists that communication of these personal health risks leads to any significant decrease in propensity to binge-drink less. As an alternative to the personal welfare messages, we look to see if social disapproval from peers, or Social Death, leads to more positive evaluations of social marketing messages. Those who draw high levels of self-esteem from social approval we label Social Terror Propensity as they are more inclined to feel anxiety where social disapproval exists. Those consumers who draw high levels of self-esteem from internal or personal cues we label Personal Terror Propensity. By drawing on the same rationale as Terror Management Theory it can be reasoned that high Social Terror Propensity consumers would have a positive attitude towards anti-binge drinking advertisements that contain a social pressure element to them. Conversely, high Personal Terror Propensity consumers would not see a message such as this a threat to his or her self-esteem and as such would respond less positively. Therefore, we can hypothesise the following:

H1: Consumers who report high levels of Social Terror Propensity will respond more positively towards advertising messages that focuses on social disapproval of behaviour than other consumers.

However, understanding that a situation can lead to social disapproval does not instantly mean that consumers feel that they are able to effect any change. As such, an understanding of Self Regulation theory is needed to determine whether viewers of the advertising material feel able to effect any real change in their lives.

Self-Regulation Theory
Self-Regulation theory posits that consumers use both internal and external cues to consciously and actively control and monitor one’s behaviour (Bandura 1991), particularly when comparing one’s behaviour to the expectations of others (Bandura 1986). Moilanen (2007) refers to Self-Regulation as the “ability to flexibly activate, monitor, inhibit, persevere and/or adapt one’s behaviour, emotions and cognitive strategies in response to direction from internal cues, environmental stimuli and feedback from others in an attempt to attain personally relevant goals” (p. 835). This definition again clearly outlines the role of conscious and personal choice in achieving an objective. In the current context, consumers who exhibit a high ability to self regulate would feel they would be able control their drinking behaviour with greater ease, while consumers with a low ability to self regulate would not. As such, when presented with an anti-binge drinking message it is expected that only those consumers who feel they have the ability to control their drinking behaviour would look favourably upon the advertisement, whilst
those who felt they have little or no ability to control their drinking would dislike the message, even though they may draw high levels of self-esteem from social approval. Therefore, the following can be hypothesised:

H2a: Consumers who report high levels of Social Terror Propensity will only respond more positively towards advertising messages that focuses on social disapproval if they possess high levels of self-regulation.

H2b: Consumers who feel they have little or no self-regulatory ability will report unfavourable responses to anti-binge drinking advertising regardless of their levels of Social or Personal Terror Propensity.

The following section will outline the methodology used to test these hypotheses.

**METHODOLOGY**

The current study used a 2 (Terror Propensity: Social vs. Personal) X 2 (Self Regulation: High vs. Low) between subjects factorial design. Data was collected at University open day where it was expected that a number of secondary school and university students would be present. These groups make up a key area of concern for the National Health Service in its bid to curb binge-drinking and as such makes the population a valuable group to investigate. A total of 190 responses were collected from a southwestern British university. The sample was comprised of 43% male and 57% female with 96% of all respondents being aged between 16 and 21 years old.

Each respondent was presented with a questionnaire with an advertisement, created by the researchers, which showed a group of friends drinking at a club, enjoying themselves and one another’s company. The tagline on the advertisement read “Give your friends a real night out, drink responsibly.” From here participants were asked to complete a number of questions relating to the independent and dependent variables used in the study as well as complete questions relating to covariates measured as part of the study. The entire study took approximately 15 minutes to complete. Once completed participants gave the questionnaires back to the researcher and thanked for their involvement.

**Independent & Dependent Variables**

The key independent variables in this study were Terror Management Propensity and Self-Regulation. Martin and Kamins’s (2007) scale for Terror Management was adapted to measure Social and Personal Terror Propensity in drinking situations. Of the 12 items, 5 specifically relate to social approval (such as, “Drinking helps be one of the gang” or “Drinking hurts my social relationships”) while the remaining 7 items focus on more personal approval traits (such as, “Drinking brings out unwanted aspects of my character” or “Drinking makes me feel like I’m not in control”). Each question was measured using a 7-point Likert scale from “Strongly Disagree” to “Strongly Agree.” The Cronbach’s Alpha score for each scale was sufficiently high showing that the scales were reliable (Social Terror Propensity α=.73; Personal Terror Propensity α=.70 [Cronbach 1951]). Hierarchical cluster analysis using Ward’s method, squared Euclidian distance, was used to assign participants to clusters based on the responses to these scales. Two significant clusters emerged from the analysis; the first typified by consumers who responded highly to the personalised terror management scale items whilst the second was typified by participants who responded highly to the socialised terror management items, which corroborates the theoretical underpinnings of the research. Those that responded significantly highly to the personalised terror scale items were labelled as Personal Terror Propensity (n=106), and those that responded significantly highly to the social terror management scale items were labelled as Social Terror Propensity (n=84). Using cluster analysis allows for greater rigor in the participant assignment process but can leave the cell sizes slightly unequal (Hair et al. 1998).

The second independent variable in this study was that of Self-Regulation, or the individual’s felt ability to control his or her drinking behaviour. This was measured using Heather et al.’s (1993) 10-item Alcohol Impaired Control Scale. The Cronbach’s Alpha score for this scale was also sufficiently high to deem the scale reliable (α=.82 [Cronbach 1951]). Once again, hierarchical cluster analysis using Ward’s method, squared Euclidian distance, was used to assign participants to clusters based on the responses to the Self Regulation scale items. The results produced two clusters which were labelled High Self Regulation and Low Self Regulation.

The key dependent variable in this study was that of Attitudes Towards the Ad (Aad). This was measured using an adaptation of Beltramini (1988) 10-item Believability of Warnings scale. This scale was preferred over other scales as it specifically focuses on social issues and deterrent messages as opposed to many of the Aad scales developed to research commercial messages. The internal validity of the scale was again sufficiently high to deem the scale reliable (α=.74 [Cronbach 1951]).

**Covariates**

A number of covariates were measured as part of the study to help control for statistical error. Among the covariates were Bearden et al. (1989) Susceptibility to Interpersonal Influence scale (α=.84); Donovan and O’Leary (1978) (1978) Drinking Locus of Control Scale (α=.90); age; gender; average amount drunk by the respondent on a night out and average amount drunk by the respondent’s friends on a night out.

**RESULTS**

An Analysis of Covariance (ANCOVA) model was used to analyse the data using Terror Propensity (Social vs. Personal) and Self Regulation (High vs. Low) as the independent variables and Attitude Towards the Ad (Aad) as the dependent variable. The results from the ANCOVA showed a significant interaction effect on participants’ Aad (F[1, 190]=13.20, p<.001). Subsequent analysis of the means table showed that Social Terror Propensity participants who also reported high levels of Self Regulation did report more favourable impressions of the advertisement (m=3.84, S.D.=.12) compared with Social Terror Propensity participants who reported low levels of Self Regulation (m=3.11, S.D.=.18), supporting Hypothesis 2a. The results also showed no significant difference in Aad between Personal (m=3.33, S.D.=.12) & Social (m=3.11, S.D.=.18) Terror Propensity respondents who reported low levels of Self Regulation, confirming Hypothesis 2b.

There was no significant main effect for Terror Propensity (F[1, 190]=2.90, p=.09) and as such Hypothesis 1 cannot be supported given the current data. The results of the ANCOVA model are shown visually in Figure 1.

**Covariates**

The only covariate that showed a significant effect on the ANCOVA model was that of Drinking Locus of Control. Posthoc analysis showed that participants that felt they had significant control over their drinking reported more favourable responses to the advertisement. This is a similar result to that found by Martin
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et al. (2007) who showed that low locus of control participants rejected advertisements encouraging a change in behaviour as they felt it was beyond their ability.

Discussion

This research has shown that anti-binge drinking advertisements utilising a social pressure message are viewed favourably by consumers who draw high levels of self-esteem from social approval. However, this effect is only seen when the consumer also feels he or she has the ability to regulate their drinking behaviour. For consumers who do not feel this ability to regulate their drinking exists the responses to the advertisement were significantly lower. Similarly, for those who do not believe that their self-esteem was drawn from social approval they reported significantly lower ratings towards the advertisement. As such, the use of social pressure advertisements does have a place in social marketing campaigns discouraging binge drinking and could be a viable option for campaigners, but only if the target population is heavily dominated by Social Terror Propensity consumers and they feel empowered enough to regulate their own behaviour. This resonates with much of the consumer research literature related to identity transitions (Schouten 1991) and psychology literature on conforming to identity expectations (Shih et al. 1999).

One interesting finding from the study is the low levels of favourability shown by those participants who reported high levels of self regulatory ability. Previous research on self regulation and locus of control often shows that self regulation heightens ones favourable attitudes towards an advertising message as the consumer feels the objective is attainable (Holt et al. 2000; Martin et al. 2007; Saltzer 1982); however, in this case the results show that consumers who felt that they could regulate their behaviour did not respond favourably to the message encouraging responsible drinking. One explanation for this could be that these respondents have heard the message before, absorbed the meaning and as such did not feel that they need to be reminded of the message again, similar to advertising wearout effects (Blair 2000; Craig et al. 1976). Alternatively, it could be that consumers who feel they can regulate their own behaviour simply do not wish to be told what they should and should not do by an authoritative governmental figure. Future research should investigate the underlying reasons associated with low advertising appeal by those who feel they are able to control their behaviour.

Implications and Contributions

The key contribution from this study is that we are able to show that messages that emphasise social pressure and social mortality can have an impact on consumers’ evaluations of anti-binge drinking advertising; however, this effect needs to be carefully targeted at those consumers who draw a great deal of self-esteem from social
approval. Care should be taken not to ostracize those consumers who do not draw high levels of self-esteem from social approval as it is these consumers who reported less favourably to the advertisement. Despite this research has shown an alternative to the traditional personal health warning messages that dominate much of the anti-binge drinking and other social marketing campaigns.

This study has highlighted the moderating effect of participants’ perceived feelings of being able to regulate ones own drinking behaviour. Any campaign that does focus on behavioural change needs to be complimented by campaigns that enable the target population to understand that behavioural change is indeed possible. This resonates with recent work in the obesity literature that shows that some participants feel unable to effect any change in their weight through multiple iterations of negative experiences (Veer 2009).

Limitations and Future Research

The sample used in the current study does focus on a very specific group for whom binge drinking is a major issue. However, binge drinking is not a problem that is solely related to students and as such further research should look to ascertain whether a similar social pressure motivation would be appropriate outside of a University setting. Further research should also look at other underlying psychological traits that may be significant in the current interaction. For example, we measured individual’s susceptibility to interpersonal influence, but perhaps other variables, such as need for belonging, could underpin some of the effects shown here. Need for belonging has been closely related to younger school age consumers (Osterman 2000) and the transition from secondary school to University, as is the case with some of the participants in this study, could spark a greater need for social acceptance than may be experienced at other times in their life.

The researchers accept that without a thorough qualitative inquiry it would be difficult to fully determine the underlying motivations behind the participants’ responses in the experiment. One area that would be of particular interest would be the possibility of doing a cross-cultural and cross-national comparative study to understand why binge drinking continues to be a severe problem in the UK, but is not such a problem in other countries in Europe, such as France and Italy.

REFERENCES


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