Where There Is Smoke, There Is Fire: Adolescent Smoking As a Costly Signal of Dispositional Health

Siegfried Dewitte, K.U.Leuven, Belgium

Adolescent smoking is on the rise, despite the shared belief that smoking damages health. This paper claims that adolescent smoking serves as a costly signal of dispositional health to potential mates. Indeed, smokers tend to have a better dispositional health, are perceived as such, and anti-tobacco campaigns reinforce this perception.

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EXTENDED ABSTRACT

After a sharp decline between the sixties and the eighties, adolescent smoking appears to oscillate around a stable percentage of about 20% in 15 year olds. This is the case, despite the anti-smoking campaigns of the last decades. In this paper, I point at a possible reason for this failure to discourage smoking further. I claim that adolescent smoking may serve as a costly signal of dispositional health, towards potential mates. As dispositional health is a highly attractive feature for potential mates, adolescents with good health are very motivated to signal their health (Buss 1989). Costly signaling theory states that agents endowed with a certain (unobserved) quality can inform others about this quality by displaying behavior that entails a cost that is directly related to the quality (e.g. Zahavi and Zahavi 1997). This means that the cost is quality-dependent, reflecting the fact that although the signal is costly to all individuals, it is relatively less costly to those with the quality than to those without the quality. In this circumstances, those devoid of the quality are better off refraining from displaying such behavior because the cost are disproportionally high to them. This differential cost structure renders the signal trustworthy to the audience. The audience knows that only those with the quality can afford the cost that follows from the signal, and hence, can safely infer from the signal that the agent must have the quality.

As society widely agrees on the health damage that smoking entails, smoking is a good candidate as a signal of dispositional health. Healthy adolescents can better afford the immediate physical costs that smoking entails than their less healthy peers. This claim implies three sets of testable predictions.

First, smoking behavior should be related to objective indices of dispositional health (although, obviously, simultaneously harming current health). In study 1, using a health survey methodology, I indeed found that smoking, although associated with short term health costs such as aches and complaints, was more likely in people with an average blood pressure, in people who need less sleep, and in taller people (all controlled for gender). These three are validated indices of long term physical health in the medical and biological literature, and they are relatively unaffected by current health stressors. Consistent with this hypothesis was the evidence that people with a low dispositional health suffered relatively more if they did smoke than people with a high dispositional health, further adding to the suggesting that smoking may serve as a costly signal of dispositional health.

Second, smoking should be perceived as associated with dispositional health, at least when no other indices of health are available. Indeed, a scenario study manipulating a target’s smoking status, confirmed this prediction, but only succeed in providing evidence for the process of conveying information. If the information of the dispositional health was conveyed in other ways (by an active life style of the target person), smoking was not perceived as a signal of health (actually, it was associated with lower perceived health, which needs an explanation).

An third prediction bears directly on the impact of campaigns. Assuming that the belief that smoking is bad for one’s health has not always been widely shared, the application of costly signaling theory to smoking implies that signals may vary due to the context. To test this, I exposed people either to an anti-smoking campaign or to an anti fat-food campaign. Then they saw a person description, manipulating the target’s smoking status. Indeed, the study showed that pre-exposure to a campaign that stresses the health costs of smoking, increased the perception of smoking as a signal of dispositional health.

I close the paper with some recommendations for further studies about the possible costly signaling nature of adolescent smoking, and with recommendations for alternative public policy strategies targeting adolescent smoking and smoking initiation.

REFERENCES

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