

***Perceptions of the risk-taker:
young people's feelings about 'the young smoker'***

Martyn Denscombe
Professor of Social Research
Dept of Public Policy
De Montfort University
The Gateway, Leicester, LE1 9BH,
England

md@dmu.ac.uk
+ 44 (0)116 2078785

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Abstract

This paper explores the affect heuristic in relation to young people's perception of risk, specifically looking at the ways in which affect influences perceptions of 'the young smoker'. The paper starts from the premise that ignorance of the health risks associated with smoking does not provide a sufficient reason to explain the levels of smoking. There is evidence that people's understanding of risk information is based, instead, on 'heuristics'. One such heuristic – the 'affect' heuristic – provides the basis for exploring young people's perceptions of risk in relation to smoking. Data are drawn from a survey of 15-16 year olds in the East Midlands of England. The findings indicate that among the young people in the survey there was a degree of ambivalence, uncertainty and individualism which operated against any clear and unified affect towards 'the young smoker'. Overall, there seemed a reluctance to demonise the young smoker or to project onto the young smoker the kind of negative aspects of risk (fear and dread) that would allow them to function in terms of 'Otherness'. The implications of these findings are considered in the context of western society in the era of late modernity.

Introduction

This paper is concerned with the health risks associated with smoking tobacco and it addresses the question of why many people persist with smoking in the face of clear scientific evidence about its harmful effects on health ⁽¹⁾. In particular, the paper focuses on *young* people. It does so because young people are the most significant group of potential recruits to the ranks of smokers, and their thinking about the risks involved might be expected to have a significant impact on both the total number of smokers in the future and, as early starters, the accumulated period of time over which smoking occurs in any lifetime.

The paper starts from the premise that ignorance of the health risks associated with smoking does not provide a sufficient reason to explain the levels of smoking. Health education campaigns have been instigated to raise consciousness about the health risks of smoking ⁽²⁾, but they have not, to date, managed to dissuade all non-smokers from taking up the habit or persuade all smokers to quit ⁽³⁾.

The residual level of smoking in (western) society might be attributed to the inability of existing smokers to overcome their addiction to nicotine or the inability of non-smokers to comprehend the health dangers to which they will expose themselves when taking up smoking. However, existing research on health-related behaviour warns us against treating the activity of smoking as something that is simply a product of the weakness or ineptitude of the person involved - an 'irrational' response in the face of the risk information available. There is evidence that people's understanding of risk information is based on factors other than a dispassionate calculation of the relative costs and benefits linked with the activity and its possible impact on health. The perception of risk is influenced by emotions and affect, as well as by cognitive evaluations of the 'facts' (Peters et al. 2006, Slovic 1999, Slovic & Peters 2006, Slovic et al. 2004). This is not to deny the role of cognitive factors or to dismiss the relevance of formal propositional information processing in the process of risk perception. But, alongside the cognitive factors we need to recognize that emotions and affect play a major role. Some would even argue that they play the major role - 'Intuitive feelings are still the predominant method by which human beings evaluate risk' (Slovic and Peters, 2006:322) and, as Breakwell (2007:109) has concluded 'an analysis of risk perception and decision-making that fails to consider the affect attached to a hazard or the emotional state of the individual is inevitably flawed'.

The affect heuristic

Heuristics provide individuals with mental models on which to base their judgements about risk. They provide a way of coping with the need to arrive at a decision about risks where the information is incomplete, unfathomable or bewildering in terms of its possibilities (Tversky & Kahneman 1974). One such heuristic – the ‘affect’ heuristic – provides a basis for exploring young people’s perceptions of risk in relation to smoking. The affect heuristic draws attention to the way that feelings about an object, event or person are used by individuals to arrive at conclusions about levels of risks and their acceptability (Fischhoff et al. 1978). Affect, in this instance, refers to the feeling of ‘goodness’ or ‘badness’ towards the risk object and the way that this can act as a prime driver in perceptions of risk. To the extent that feelings towards the risk object are positive, there is a tendency to underestimate the potential harm it might cause and overestimate the potential benefits; and vice versa (Alhakami & Slovic 1994). The underlying point, however, is that the motivation to smoke is not based purely on some rational calculation of the health risks involved; it is shaped as well by the *feelings and emotions* that people hold towards the risk object.

There are two aspects to the influence of emotions on perceptions of risk. The first concerns the emotional state of the person making the decision, and the second concerns the feelings which are held toward the object or event that constitutes the risk. The influence of the former is most obvious when there is an emotional reaction to situations that frighten or excite people as a response to an immediate occurrence. Being attacked or witnessing a road traffic accident, for example, could evoke responses to risk that are fuelled by adrenaline and which would not have been the same under more normal circumstances. Rushing across a busy road to escape a mugger or to help an injured person might be a risky decision shaped by the *emotions of the moment*.

The second influence of emotions on the perception of risk comes from longer-term feelings and emotions relating to the risk object. The perception of the risk, in this case, reflects the feelings (such as fear, disgust, love) and judgements (such as good, bad) held towards a particular risk object/event/activity. It involves the use of an ‘*affect heuristic*’ as a means for assessing the significance of the risk (Finucane et al. 2000, Peters et al. 2006). And this is particularly well-suited to the nature of smoking as a risk activity because. ‘Cigarette smoking is a behavior that takes place one cigarette at a time. A person smoking one pack of cigarettes every day for 40 years ‘lights up’ about 300,000 times. It is not a one-off event or occasional experience – it is a routine’ (Slovic 2001:109). Slovic found that

amongst his survey respondents ‘positive images and feelings were associated with lower risk perceptions and increased belief in the ease of quitting (and that) the decision to try smoking appeared to be driven primarily by the degree to which feelings toward smoking were favorable’. (Slovic 2001:ix). He concludes that ‘smokers’ decisions are based upon intuitive affect-based thinking, rather than upon (an) analytic model of reasoning (...). The individuals surveyed claimed they were not thinking about how smoking might affect their health when they began to smoke; instead, they were focused on trying something new and exciting’ (Slovic 2001:ix).

The young smoker as a risk object

Feelings of desire or disgust, approval or censure, serve to shape the perception of the risk and the degree to which the risk is seen as worth taking or not. In the case of smoking, it might be assumed that the risk object is the cigarette, its packaging, or even the experience of smoking itself. However, the risk object, for the purposes of this paper, is taken to be ‘the young smoker’. The reason for this is that smoking is a social phenomenon (as well as physical activity) which is imbued with cultural and symbolic significance that can influence the perception of the risks involved (Douglas 1985, 1992). To take up smoking is not just to start a physical activity – it is also to take up a social identity. To understand young people’s perception of the risks associated with smoking, therefore, it is necessary to understand their feelings and emotions about those who are smokers and, in this sense, the *young smokers are the risk object*. The research proposition following from this is that young people’s motivation to smoke is influenced by feelings and emotions linked with ‘the young smoker’.

Methods

Data from a survey of 15-16 year olds in the East Midlands of England were used to explore the research proposition. As part of a broader investigation of their perceptions of risk and health-related behaviour these young people were asked about their feelings in relation to young people who were smokers. The survey took place in 2005 and involved all year 10 students attending two schools in Leicestershire, England. It formed part of an ongoing research project concerned with the health-related behaviour of young people. The first phase in 1990 dealt primarily with drug use, the second in 1997 dealt with alcohol and tobacco use, and the third - ongoing since 2004 – has continued the interest in these aspects

of risk-taking and health-related behaviour and extended it to include social aspects of diet and obesity among young people.

The research was conducted in accord with the Social Research Association's (SRA) Ethical Guidelines (SRA 2003). Students and their parents were notified about the research in advance and were given brief details about the purpose of the research and what participation would entail. They were assured that they were under no obligation to complete the questionnaires and that students could withdraw from the research at any time. Assurances were also given about the anonymity of the data and about matters concerning data security and confidentiality. None of the students subsequently declined to participate and no pupils were withdrawn from the research by parents.

Table 1. Questionnaires by school			
	School 5	School 7	Total
Total	206 (44.2%)	260 (55.8%)	466
Table 2. Questionnaires by gender			
	Male	Female	
Total	229 (49.7%)	232 (50.3%)	461 5 item non-responses

In total there were 466 usable questionnaires. In terms of gender and ethnicity there were no statistically significant differences relating to the respondents at each school. In school 5 there were slightly more male than female respondents (male = 54.2%, female = 45.8%), whereas in school 7 the opposite was true (male = 46.1%, female = 53.9%). The number of non-White students in the survey was very low, and therefore no meaningful test of statistical significance could be applied. In school 5 95% of students classified themselves as White; in school 7 the figure was 96.5%. The proportions of smokers, ex-smokers and non-smokers is shown in Table 3. There was no statistically significant relationship between smoking and gender ($p= 0.199$).

Table 3. Smoking and gender			
	Male	Female	Total
Non-smoker	174	139	313
Ex-smoker	19	38	57
Smoker*	34	52	38
	227	229	456**
* smoked at least one cigarette in the previous week			
**10 non-responses on this item			

The specific question posed was ‘Do you think that young people who smoke are happy to be smokers, or would they prefer to quit smoking if they could?’ This was an open-ended question inviting text-based responses. The data were analysed using standard CADQAS software (NVivo8) to code the text both inductively (on the basis of themes and concepts emerging from the data) and deductively (reflecting theories and concepts based on the existing literature).

Findings

Among the responses there was a clear strand of thought that saw young smokers as people who would **prefer to quit smoking** if they could. From this perspective the young smoker was seen as someone who was certainly not ‘happy’ to be a smoker and as someone who would ideally like to cease being a smoker. This sentiment is illustrated in responses from young non-smokers such as:

I think that most people who smoke want to give up and wish they hadn't started in the first place. [girl, non-smoker, school A, #213]

I know young people who smoke and the majority regret smoking and would like to quit. [boy, non-smoker, School B, #375]

There were occasions when the young smokers themselves echoed this sentiment.

Smokers like myself would prefer to quit. I do. I wish I didn't even start. [girl, smoker, school A, #51]

Well people start smoking for their own reasons. Personally I'd like to stop smoking. [girl, smoker, school B, #417]

Motives for wanting to quit smoking were expressed predominantly in terms of the **financial costs** and the **risks to health** involved with smoking. Young smokers were viewed as people who suffered in terms of money and health, and these penalties were regarded as rational grounds for not smoking. A concern with the financial costs of smoking was expressed by the non-smokers in terms such as the following:

They probably want to give up as it costs too much money. [girl, non-smoker, school B, #163]

I think they thought they were clever to start smoking then found out how much it cost. [girl, non-smoker, school B, #172]

I think they would rather not smoke because is a danger to their health and is a waste of money. [boy, non-smoker, school A, #193]

There was a clear theme evident in the comments of the non-smokers that portrayed young smokers as people who would like to give up smoking because they recognize the health risks involved:

I think that they would like to give up because they see the long term effects that smoking has on their health. [boy, non-smoker, school B, #440]

I think that young people who smoke would prefer to quit smoking because it is very damaging to their health. [boy, non-smoker, school B, #177]

Most the people I know and who smoke want to quit and are always telling me NOT to start smoking because it's a dirty habit. It kills you slowly, costs money, and it's just horrible for the people around you who don't want to smoke. [girl, non-smoker, school B, #414]

The costs and health risks involved in smoking were sometimes articulated by young smokers themselves as grounds for wanting to quit smoking. The following comments illustrate the way that those who were currently smoking or who were ex-smokers were sensitive to the costs and risks involved.

They (young smokers) would prefer to quit if they could because of health benefits. [boy, smoker, school B, #419]

I think that most young people would prefer to stop smoking because of the cost. [boy, ex-smoker, school B, #320]

Prefer to quit smoking. Because it's unhealthy and expensive. [girl, smoker, school A, #283]

The drawbacks associated with smoking, however, did not deter all young people from starting to smoke or continuing to smoke. At a rational, cognitive level the financial costs and health risks constituted good reasons not to smoke – ones that could be appreciated among both non-smokers and smokers alike. But, as the responses to the questionnaires made it clear, there was also an understanding among the young people that, even when there were sound reasons to quit, it was not always a course of action which the young smokers could follow. There was a feeling expressed on many occasions that young smokers might wish to give up smoking but do not feel able to do so because they have an **addiction** to the habit. For example:

I think people don't enjoy smoking but they find it hard to stop because it's addictive. [boy, non-smoker, school B, #447]

I think they are addicted, meaning that they aren't happy but would find it hard to stop. [girl, non-smoker, school A, #34]

They would like to stop but they are too addicted. [girl, non-smoker, school B, #94]

The matter of addiction was also referred to by the young smokers themselves. On occasion they echoed the views of the young non-smokers that, although rationally they would prefer to give up smoking, in practice their addiction to smoking prevented this course of action.

I think they (young smokers) would like to stop smoking because they know it's bad for you but once you started its hard to quit. [girl, smoker, school B, #158]

I tried to stop but it is hard. I stopped for 7 weeks and now I smoke again. [girl, smoker, school B, #411]

Peer pressure was another factor referred to regularly as an explanation for the inability of the young smoker to give up smoking. Non-smokers raised the point quite frequently in terms such as:

I believe that they (young smokers) would be happier to give smoking up but their friends push them into not giving up. [girl, non-smoker, school B, #108]

I think that most young people that smoke feel pressured by friends who also smoke, [girl, non-smoker, school B, #142]

I think that most young smokers want to give up because of peer pressure continue to smoke [girl, non-smoker, school B, #331]

There were examples amongst the data when young smokers and ex-smokers themselves expressed the view that peer pressure was an influential factor affecting the willingness or ability to cease smoking.

I personally believe that young smokers in general are under considerable peer pressure to do things they necessarily wouldn't such as smoking. To feel accepted and liked are both important aspects for young people.

[girl, ex-smoker, school B, #407]

I think people are happy to smoke but then I think others smoke because of peer pressure, and would like to quit.

[girl, smoker, school A, #199]

The sentiment contained in such references to addiction and peer group pressure is that the young smoker is trapped and is something of a victim. There was, however, an alternative theme in the responses which, while it referred to the influence of friendship groups, saw the young smoker as a more willing collaborator. There was a strand of thought that saw the young smoker as choosing to 'hang out' with those who also smoked – seeking refuge among peers who reinforced the habit but did not pressure the young smoker to do anything he/she was not already willing to do. There was a degree of self-selection among peer groups referred to by some of the young people, a self-selection which tended to re-focus attention away from the idea of the young smoker as a victim towards the idea of the young smoker as a willing agent in the health risking behaviour. Interestingly, the comments on peer groups as 'supportive' rather than 'oppressive' social contexts was confined mainly to young smokers and ex-smokers.

I think most young people would want to quit but it is exceptionally hard because it is likely most of their friends also smoke.

[boy, smoker, school B, #442]

Most are happy, you're in a crowd, social thing. But some, who have been addicted for years, would like to give up. [girl, ex-smoker, school B, #354]

I think most young people only smoke because family and friends do around them. Another reason is because they like the attention from it and the image it gives them. Most don't care about the health issues or if it will make their lives shorter!

[girl, non-smoker, school A, #9]

The point was even made by one of the young smokers herself:

Most do it to 'look good' or feel part of a gang. [girl, smoker, school B #455]

There were often comments about the **image** of the young smoker and the feeling that the young smoker could be motivated to smoke because of the impact smoking had on

personal image - specifically the way that smoking made them look 'cool' or 'hard' or 'grown up'.

I think they are happy being smokers because they think it looks cool.
[boy, non-smoker, school B, #357]

I think they would quit if they could, but they think it makes them look hard.
[boy, non-smoker, school A, #44]

I think people that smoke are just trying to look good so I guess they are happy with what they are doing.
[girl, non-smoker, school A, #40]

I think they are happy smoking because they haven't given up and they think it makes them look older.
[girl, non-smoker, school A, #302]

I think that most people our age who smoke do it to look cool and do it to impress their friends. I don't think they want to quit. [girl, non-smoker, school A, #236]

Again, the 'image' theme was not something restricted to the way that outsiders (i.e. non-smokers) felt about the young smokers. Smokers and ex-smokers recognized this aspect of their identity as well. There were comments such as:

They are happy and think they're hard. [boy, ex-smoker, school A, #17]

Happy. Want to show off. [girl, smoker, school A, #310]

Through such comments it is apparent that the young smokers were not seen entirely as victims of addiction or peer pressure. Nor were they seen as unhappy about their smoking behaviour. These comments indicated, instead, that despite the financial costs and the health risks involved in smoking there is a 'pay-off' that appears to make it worthwhile. The young smoker is perceived as 'happy' to smoke because the rewards are that they look 'cool', or 'hard' or more 'grown up'. Indeed, there was a theme running through the questionnaire responses which ran contrary to the theme outlined above that the young smoker really wanted to quit but could not do so because of addiction or peer pressure. For many non-smokers as well as smokers there was a perception of the young smoker as someone who was content with the situation – happy to remain a smoker. Among non-smokers there were comments such as:

Young smokers are obviously happy to smoke otherwise they wouldn't do it. They enjoy it because it helps them relax. [boy, non-smoker, school A, #198]

I agree that it gives them (young smokers) pleasure and security. They think it is rebellious. [boy, non-smoker, school B, #114]

From the young smoker's point of view, likewise, there was a recognition that it was quite reasonable to want to continue to be a smoker:

I think it depends on the person. Some people (like myself) might enjoy smoking and smoke because they want to. [girl, smoker, school A, #37]

Some would like to quit, but the majority feel comfortable as they are. [boy, smoker, school B, #137]

It's a bit of a lot of money, but it's good. [girl, smoker, school A, #279]

Such comments hint at the idea that smoking might be **pleasurable** and that such pleasure might be a motivating factor behind the risk-taking behaviour. Some noted, for instance, the way it helped them to relax.

Among the comments that perceived the young smoker as someone who felt no need to quit and who was quite happy with their habit there was another theme that emerged. This theme explicitly linked the question of '**choice**' to the issue of whether or not young smokers were happy to carry on smoking. The point was made on many occasions that smoking was a matter of choice, both in terms of the initial choice to start smoking and in terms of the decision to continue or to give up smoking at any time. For example, among non-smokers there were comments such as:

I think people are happy to smoke because it was their decision to start in the first place and (they) wouldn't have started if they weren't happy to smoke in the first place. [boy, non-smoker, school B, #165]

I think that they think they look good when they smoke and teenagers could stop quite easily but they just don't want to. [girl, non-smoker, school B, #89]

Everyone has a choice, so they wouldn't continue smoking to a point at which they are addicted unless they enjoyed it to start with. [girl, non-smoker, school B, #157]

From the ranks of the young smokers and ex-smokers the element of personal choice was backed up with assertions that, at their early stage in life, they were not addicted and therefore able to quit as and when they might choose to.

It's hard to quit but with will power you can probably get through almost anything. So it will be all by choice. So yes, they must be happy enough smoking. [girl, ex-smoker, school B, #446]

I believe people of a young age are happy smokers because at this age you're not addicted. [boy, smoker, school B, #362]

I think they are happy, because if they wanted to quit then they would try. You can't get hooked that easily. [girl, smoker, school B, #339]

There was another aspect of the theme about choice in relation to the young smoker. This was separate from the issue of whether or not young smokers exercised choice when they started smoking and whether they had a free choice about whether to continue or to stop smoking. It concerned the **young person's 'right' to smoke** and it was evident in a range of responses that 'it's their choice' was stated in the context of a feeling that smoking was not 'bad' and that the decision to smoke was entirely up to the individual. Among the non-smokers this feeling can be detected in comments such as:

If people want to smoke they can. [boy, non-smoker, school A, #248]

It's up to them. Depends if they like it or not. [boy, non-smoker, school A, #15]

I believe that the young people smoke of their own accord. So it is their choice to quit or not. [boy, non-smoker, school B, #154]

I think if they smoke it's their choice. But (they) shouldn't smoke around children or people who don't agree. [girl, non-smoker, school A, #230]

And amongst the young smokers and ex-smokers the issue of the right to smoke could also be found:

It is up to the person. No-one can choose for them. [girl, smoker, school B, #91]

It's their choice and if they want to smoke they can. [girl, smoker, school A, #270]

I think they are happy to do it and it's their choice. [girl, ex-smoker, school A, #269]

Statements about young people's right to choose draw attention to an area of feelings about the young smoker which lie at the heart of the affect heuristic. They concern the rights

and wrongs of being a smoker and whether being a young smoker is perceived as being a good thing or a bad thing. Among the responses from the young people there were some that promoted the right of young people to smoke (as for example the comments above) while others took a more pejorative stance with derogatory comments that can be interpreted as a **negative affect towards the young smoker**. These, of course, were almost exclusively to be found in the comments of the non-smokers.

I hope they're not happy in ruining their lives and others. They all look so stupid standing there smoking trying to look 'cool'. Surely they can't enjoy it. I really hope the majority want to stop. [girl, non-smoker, school B, #348]

Most want to quit. I'm not surprised. They (young smokers) are idiots. [boy, non-smoker, school B, #104]

People that smoke fags are silly. [boy, non-smoker, school B, #452]

I think the chavvy losers who smoke at our age are happy about being chavvy losers and like to smoke coz they think it is cool. [girl, non-smoker, school A, #209]

They do not want to stop because they think it makes them look good. This is because they are ignorant. [boy, non-smoker, school B, #323]

I think people that smoke, like doing it and wouldn't give it up, because it makes them look popular and makes them feel good, but for all the wrong reasons. [girl, non-smoker, school A, #290]

The young people's feelings toward 'the young smoker' were not always clear-cut and decisive. In a substantial number of instances the respondents presented things from different points of view and seemed reluctant to condemn or support 'the young smoker' in any categorical manner. However, the extent of **ambivalence** displayed in the comments was sufficiently widespread to warrant consideration in its own right as a feature of the perception of 'the young smoker' rather than treating it as an aberration arising from the inability of some respondents to 'see things clearly'. The co-existence of opposing feelings about 'the young smoker' can be seen in comments such as the following which come from both smokers and non-smokers alike:

Some who smoke are happy with it, as it relieves them from the stresses of school (such as the stupidity of the school's decisions), while others feel that they started smoking 'cos it was 'cool' and want to stop, but can't break the habit. [girl, non-smoker, school A, #10]

I think there is probably a mixture of people, some want to quit and some are happy. [boy, non-smoker, school B, #370]

I think people who smoke are reasonably happy as its there choice to smoke. On the other hand most people who smoke wish they hadn't started so therefore aren't happy. [girl, non-smoker, school A, #47]

Depends on the person, their circumstances and why they choose to smoke. [girl, non-smoker, school B, #396]

There are people who want to (smoke) and don't think that cancer will happen to them, but others who contact helplines so they must want to quit. [girl, non-smoker, school A, #289]

Some people are happy to smoke and it doesn't bother them if they give up or not, mostly because their friends do, or their parents do. But some others who have become addicted would actually like to stop smoking, but in some ways they like to smoke. [girl, ex-smoker, school B, #152]

I think it depends on the person some people (like myself) might enjoy smoking and smoke because they want to. However if others smoke as a result of peer pressure they may not be happy smoking and may wish to stop. [girl, smoker, school A, #37]

Discussion

This small-scale research did not set out to produce findings that would be statistically generalizable to the population as a whole. Although based on a cross-section of 15-16 year olds from fairly normal locations in the East Midlands of England, and therefore likely to be reasonably 'typical', the views cannot be treated as representative of the population of young people as a whole. Instead, the comments provide in insight into the *vocabulary of motives* that are used in relation to 'the young smoker'. As such, the interpretation of the comments does not depend wholly on the 'truth value' of the opinions and views expressed. The interpretation depends more on the way the various comments constitute an 'account' of the motives that are relevant and reasonable within the situation. In this respect, the comments depict the range of socially-recognized, commonly-understood motives which exist amongst the young people in relation to 'the young smoker'.

The vocabulary of motives provide an insight to the *discourse* surrounding smoking as it relates to 'the young smoker'. They point to the ways of thinking and the boundaries to what can reasonably be said in relation to a specific area of knowledge (Foucault 1972) – in

this case what can be legitimately invoked as the rationale for engaging in the health-risking activity of smoking.

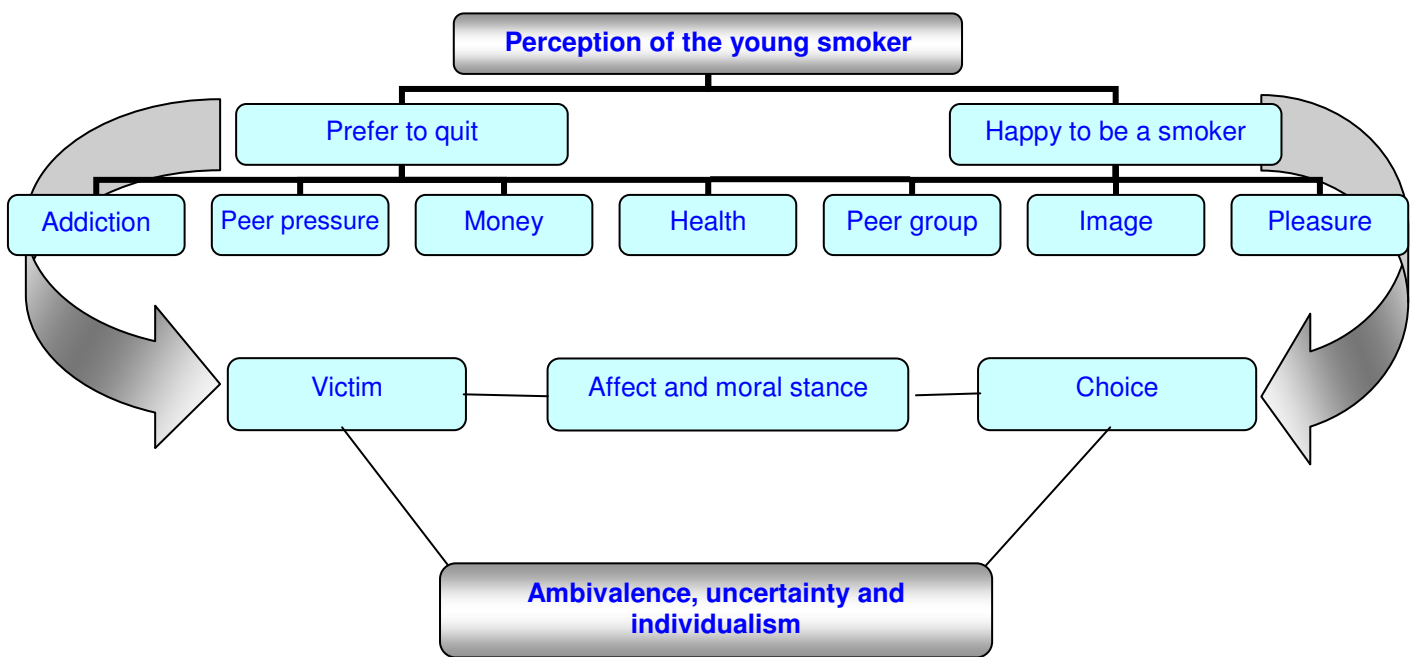
Findings from the research, as we have seen, suggested that the young people – aged 15-16 years – used a variety of (implied) motives to account for the health-risking behaviour of ‘the young smoker’. These ranged from

- Physical and emotional addiction
- Social pressure from peer groups
- Practical concerns with money
- Health concerns
- Social integration with peers
- Self-image and identity
- Pleasure of the experience

There are three points that emerge from these findings. First, the motives would seem to accord closely with the current discourse in western societies surrounding health promotion and cigarette smoking. Health practitioners and academic researchers will not be surprised by the factors involved in the young people’s perception of ‘the young smoker’ since they draw on a repertoire of motives to which young people (in the UK) will have been introduced to through health education in schools, through media campaigns linked to smoking cessation, and through social policies designed to curb exposure to the health risks of smoking. What the young people’s responses to the question demonstrate is that, taken as whole, they are ‘plugged in’ to the discourse and that they are aware – at a cognitive level – of the health risks of smoking.

The second point, however, is that the views of the young people did not entirely echo the vision of smoking as ‘a bad thing’ or smokers as ‘victims in need of help’ – the kind of sentiments underlying current health promotion relating to smoking. When it came to their feelings about ‘the young smoker’ there were certainly a number of young people who expressed derogatory views and who clearly held a negative affect towards the young smoker who were derided as being ‘stupid’. But this did not represent the overwhelming view of the young people in the survey. Far from it. Contrary to this, there was a line of reasoning frequently expressed that, although smoking clearly is detrimental to health, young smokers *choose* to take those risks: ‘it is their decision’. They were depicted as people who are responsible for their own lives, who know the risks, and who choose to smoke for personal reasons. The decision itself was often regarded as unwise – but responsibility for that decision rests with the individual.

This leads to the third of the points to emerge from the findings. In the context of health education, media campaigns and social policies reinforcing the message that smoking is bad and that smokers need help to quit there was a notable reluctance among the young people to condemn ‘the young smoker’. Taken as a whole, the comments exhibited a certain ambivalence on the issue of whether young smokers were to be regarded as ‘good’ or ‘bad’, or whether they should be regarded with ‘love’, ‘fear’ or ‘disgust’. To reiterate the point made above, there were certainly instances where the young smoker was portrayed in strongly affective terms but, alongside this, there was also a strand of thought that seemed to self-consciously decline to condemn the young smoker, taking the position that ‘it’s up to them what they do with their lives’.



The social context of risk taking

To the extent that the views expressed by the young people contained a sense of individualism and individual responsibility they might be seen to accord with the driving spirit of late modernity – a society in which there is strong emphasis on individual *agency* (Beck 1992, Giddens 1991, Luhman 1993). And, to the extent that the views exhibited an

ambivalence and reluctance to adopt firm judgemental positions with respect to ‘the young smoker’ they might also be seen to sit comfortably with the uncertainty, irreverence and scepticism of late modernity – aspects of today’s society which replace the tradition, custom and ascribed identity that provided the certainties of the past (Giddens 1994).

The extent of ambivalence, uncertainty and individualism contained in the comments also suggests that ‘the young smoker’ might not be perceived in an entirely ‘us and them’ way. This has implications in terms of risk theory relating to heuristics. Douglas (1985:80) has argued heuristics are not purely individual in their origins and use. Heuristics in relation to risk, she stresses, are cultural phenomena that exist as shared conventions and expectations that are learnt and which have social functions. If risk is viewed in terms of its cultural and symbolic functions (Douglas 1992), ‘the young smoker’ can be understood to represent ‘the Other’ whose activities – through the way they evoke fear and anxiety – consolidate a sense of identity among those who do not smoke. It was possible to find young people whose views of the young smoker supported Douglas’s contention that the ‘Otherness’ of those engaged in risky activity serves to enhance to cohesiveness of the identity of those who do not engage in it. But, overall there might equally be support for Beck’s view that late modern society brings with it a breakdown of the clear-cut divisions of us and them, insiders and outsiders, good people and bad people. Although Lupton (1999:123) asserts that ‘a close examination of the ways in which risk discourses operate as strategies of normalization, of exclusion and inclusion’ demonstrates that ‘notions of Otherness remain central to ways of thinking and acting about risk’, there was sufficient ambivalence, uncertainty and individualism in the nature of the responses to lend credence to Beck’s (1992:109) position that the risk society might herald ‘the end of the Other’ and ‘the end of all our carefully cultivated opportunities for distancing ourselves’ from stigmatised and marginalised Others such as the young smoker.

Conclusion

This paper has explored the affect heuristic in relation to young people’s perception of risk, specifically looking at the ways that affect influences perceptions of a risk object - ‘the young smoker’. The findings suggest that young people’s perceptions of ‘the young smoker’ have some correspondence with the late modern society within which they live – specifically

in the sense of the ambivalence, uncertainty and individualism their comments exhibited in relation to the health risks embodied in the young smoker.

However, there is a caveat that needs to be borne in mind in relation to the findings and analysis of this research. The understanding of perceptions of risk draws on western theories of risk in the context of late modern society. Some commentators on risk, albeit a minority, are particularly sensitive to the way in which the theories are embedded in western culture. Lupton, for instance, notes that:

We can only ever know and experience risks through our specific location in a particular socio-cultural context. This (social constructionist) approach to risk highlights the importance of understanding the embeddedness of understandings and perceptions of risk, and emphasizes that these understandings and perceptions often differ between actors who are located in different contexts and thus bring competing logics to bear on risk. (Lupton 1999:30)

This raises the question of how well the theories of risk based on western literature translate to the context of other societies with different cultures, histories and stages of industrial development. It questions how far such models and visions are culturally specific. Are they based on a specifically *western* psychology with a specific western medical model of health and wellbeing and a specific western philosophy of risk?

It is not the purpose of this paper to explore such questions in depth. However, on the basis of the findings and analysis relating to the affect heuristic and perceptions of ‘the young smoker’ there are many questions that can be raised in relation to the applicability of the findings in a non-western context such as China. By way of illustration, these could include:

- Are the health risks of smoking perceived in a different way in China?
- Do perceptions of health risks employ the same heuristics in the Chinese context as they do in a western context?
- To what extent do young Chinese people adopt a health discourse in relation to decisions to smoke?
- Is there a sensitivity to the ‘image’ of smoking among young Chinese smokers in the way that there is in the western context?
- Are the financial costs of smoking given the same consideration in the Chinese context as they are in the west?
- Does Chinese culture encourage the ambivalence, uncertainty and individualism found among the UK sample of young people?
- Do young Chinese people share a relatively unified view of ‘the young smoker’?
- Is there sufficient similarity across regions of China and cultural groups within China to warrant a straightforward contrast between Chinese and western perceptions of risk?

Footnotes

1. The health risks associated with smoking tobacco have been well documented. Even before the work of Doll and others in the 1950s (Doll & Hill 1950,1952; Wynder & Graham 1950) there were suspicions that smoking was harmful (Schairer & Schöniger 1943) and the growth of research evidence during the second part of the 20th century leaves little room to doubt the fact that smoking damages health (WHO 2006).

2. The World Health Organization's *Framework Convention on Tobacco Control (FCTC)* has 168 Signatories, including the European Community, which makes it one of the most globally embraced treaties ever. The Convention came into force in 2005, by which time it had been acceded to, ratified, accepted, or approved by 40 States. A key policy provision of the FCTC is for governments to 'promote public awareness of tobacco control issues by ensuring broad access to effective comprehensive educational and public awareness programs on the health risks of tobacco and exposure to tobacco smoke'(WHO 2003).

3. Globally, some five million people a year die from the effects of tobacco use, a figure which the World Health Organization suggests is likely to rise dramatically to around 10 million by 2030 based on current trends (WHO 2006). In the developed world, tobacco smoking remains the single most preventable cause of premature death. There is still a relatively high smoking prevalence amongst the general populations of Japan (33.8%), China (31%), USA (20.9%) and the UK (25%). In the US around 500 billion cigarettes are sold every year and more than 400,000 deaths per year are attributable to smoking (Slovic 2001 vii). In China, there are 360 million smokers. China consumes more cigarettes than any other country and 31% of the general population are smokers. (<http://www.medicalnewstoday.com/articles/79995.php>)

4) In a challenge to Viscusi's conclusions, Slovic's research in the US involving more than 4,000 young people aged 14-22 years led him to conclude that 'although some risks of smoking were recognized, many were not. There was no consistent and realistic sense of the addictive nature of smoking among these respondents, and there was a failure to appreciate how risky smoking is when compared with risks from guns, car accidents, alcohol, and drugs'. (Slovic 2001:ix)

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