*Psychology and Health*
Vol. 25, No. 3, March 2010, 265–270

Routledge
Taylor & Francis Group

# EDITORIAL

## Current issues and new directions in *Psychology and Health*: What are the oughts? The adverse effects of using social norms in health communication

We are continuously influenced by other people. We are influenced by what they do, what they say and what they do not say. Other people's behaviour guides our own actions because it provides social proof regarding what is considered appropriate or inappropriate conduct in a given situation (Cialdini, 1984, chap. 4). Imagine the following: You are at church and the preacher is highly engaged in his sermon. He talks passionately about how the Lord will guide all of us to our destiny, about the sins we may or may not have committed and about how we can pay penance for such sins. He concludes by providing recommendations on how we can follow a path of righteousness (for future reference of course) and then invites all to stand up and sing 'All for Jesus'. In response, everyone gets up and starts singing passionately while clapping and dancing exuberantly. What would you do? Chances are that you would stand up and sing as well. Soon, you would start clapping your hands and when you look down you will perhaps even find yourself gently shaking your hips to the rhythm of the music.

While most European Christians may find this kind of behaviour somewhat inappropriate or at least a little unusual, it is in fact a fairly typical description of a North American gospel church service. If this kind of church service is unfamiliar to you and you found yourself sitting in the church described above, you would most likely let your actions be guided by the actions of those around you. In other words, you would likely conform to the behaviour or the social norm of the group because, in that particular situation, it would appear to be the most adaptive response.

Social norms are important predictors of behaviour and their predictive role is the context in which they are generally discussed. However, in this editorial, we will not focus on the predictive role of social norms. Rather, we will discuss why people conform to social norms and then extend this knowledge to the field of health communication and behaviour change. We will elaborate on the advantages and disadvantages of using social norm messages, and then offer alternatives for the use of social norms in health communication messages.

### Social norms: Deliberate and automatic routes to behaviour regulation

Social norms can impact behaviour on both a conscious and an unconscious level. On a conscious level, informational, normative and self-identity components have been found to underlie the persuasiveness of social norms (Cialdini & Goldstein, 2004; Cialdini & Trost, 1998; Deutsch & Gerard, 1955; Lapinski & Rimal, 2005). The informational component is related to the goal of being accurate, which requires correct interpretations and

ISSN 0887–0446 print/ISSN 1476–8321 online

DOI: 10.1080/08870440903262812
http://www.informaworld.com

appropriate reactions to incoming information. If you find yourself in a new or ambiguous situation such as the church service described above, and you are not sure what the right course of action or response is, it would be wise to observe how other people act in that environment. If most people in that situation act similarly, you would likely be inclined to consider this social proof that how they act is the appropriate way to conduct yourself in that particular situation. Thus, if everyone at the church service stands up, claps their hands and dances while singing, you would be wise to follow suit. The normative component goes beyond the desire for accuracy and is based on the motivation to obtain social approval and bond with others. For instance, if you were a new member of the gospel church and you wanted to fit in, adhering to the group's norms is a good start. Lastly, the influence of social norms can also be linked to a motivation to maintain a positive self-image. One of the ways in which self-image can be maintained is by adhering to the norms of valued groups and behaving in ways that are consistent with those groups. In fact, aspects of self-identity can be linked to certain behaviour. For instance, if you were to consider yourself a true member of the gospel church, you would also be more inclined to adhere to the behaviours that are representative of that identification (e.g. singing, clapping and dancing).

In short, social norms offer clear advantages because they help us to make accurate judgments, gain social approval and increase our self-esteem. However, in some cases, the disadvantages of conforming to a social norm may outweigh the advantages. For instance, with smoking or drinking, letting other people guide your actions may cause both short-term discomfort (e.g. nausea, a hangover and/or sore throat) and long-term negative health outcomes (e.g. cardiovascular and pulmonary diseases). Why then do some people conform to unhealthy social norms despite their awareness that conforming is harmful to their health? One possible explanation is that the social benefits of conforming are considered more important than the short- and long-term negative health effects. Another possible explanation is that people are unaware of the influence that social norms have on their behaviour. In a series of three experiments, Aarts and Dijksterhuis (2003) demonstrated that, in certain situations, norms can be automatically activated and in turn trigger certain behaviour. They found that when the goal of going to the library was activated, participants responded faster to words representing the normative behaviour associated with being in a library (e.g. quiet, silent and whisper) and lowered their voices in a read-aloud task. In another experiment, they found that when the goal of visiting an exclusive restaurant was activated, participants also acted in accordance with the appropriate behavioural norm of that context, namely being well-mannered. This was evidenced by an increase in table-cleaning after eating a biscuit.

Typically, people do not recognise that social norms influence their behaviour. In a study on energy saving, participants were asked to indicate how much they thought information on energy saving provided to them motivated them to conserve energy. Participants who had received descriptive normative information, thus information on what others do, reported being motivated by the information significantly less than the participants who received information about environmental conditions or their social responsibility to save energy. Interestingly, when it came to actual behaviour, the normative information condition proved to be more powerful in changing behaviour than the other conditions (i.e. environmental protection, social responsibility, self-interest and information control group) (Nolan, Schultz, Cialdini, Goldstein, & Griskevicius, 2008). It thus appears that participants were not consciously aware of how descriptive normative information impacted their behaviour.

The tendency to perceive the behaviour of others as the appropriate behaviour in a given situation is generally an adaptive response. However, we must acknowledge that when social norms are used as shortcuts in decision-making processes, their influence on behaviour becomes automatic and reflexive. This automaticity, in turn, makes it harder to be aware of and to protect oneself from negative social influence (e.g. smoking and drinking) (Cialdini, 1984, chap. 4).

**Intended and unintended use of social norms in health communication**

Social norms are not only useful in social interactions and for daily decision-making, but their persuasive nature also makes them a preeminent tool for health promotion interventions. One intervention strategy employed is the social norms approach by Perkins and Berkowitz (1986), which posits that behaviour can be regulated through the communication of social norms. According to this approach, communication of the actual social norm reduces common perceived overestimations of the social norm and results in more realistic and healthier norm perception. Subsequent conformity to the actual norm then results in positive behaviour change. The social norms approach was employed in a campaign that endeavoured to reduce the negative consequences of alcohol consumption on an American college campus (Turner, Perkins, & Bauerle, 2008). Posters highlighting healthy normative behaviours were posted on campus and students were provided with normative information on protective behaviours reported in earlier surveys (e.g. stopping friends from drinking and driving). Subsequently, overestimations of student alcohol consumption (in terms of both quantity and frequency) were found to be reduced. Also, significant decreases were found in the likelihood of first-year students having had an estimated blood alcohol content higher than 0.08 (legal limit United States) the last time they partied, and in the likelihood of students having had experienced negative consequences relating to alcohol use. Clearly, social norms can have a positive effect on health behaviours.

However, social norms can also have a negative impact on health behaviours, even within health campaigns. In some campaigns, social norms that can have adverse effects on health behaviour are unintentionally incorporated in the health messages communicated. Some examples derived from the British and Dutch health campaigns are: 'According to research, the average person in the UK eats less than 3 portions of fruit and vegetables a day instead of the recommended 5. This is even lower amongst young people.' (National Health Service [NHS], 2004), 'The way we live nowadays means a lot of us, especially our kids, have fallen into unhelpful habits' (NHS, 2009) and 'Nine out of ten people eat less than the recommended two hundred grams of vegetables and two pieces of fruit a day' (Stichting Voedingscentrum Nederland, 2008). Although the aim of these descriptive normative messages is to promote a healthier lifestyle and positive behaviour change by informing people that these health issues are serious matters in need of attention, from a social influence perspective, such messages actually enforce the notion that being unhealthy is normal. This is problematic because, as stated above, other people's behaviour often shapes our behaviour. We therefore contend that health messages that communicate the unhealthy behaviour of others are more likely to promote unhealthy rather than healthy behaviour. Among people who do not exhibit the desired health behaviour, such messages provide no reason to change. Among people who do seek to live healthily, the desire to conform to, rather than deviate from, social norms may in fact reduce motivation to exhibit the desired health behaviour. Further evidence for this

boomerang effect has been found in the environmental domain. In a study by Schultz, Nolan, Cialdini, Goldstein, and Griskevicius (2007), descriptive normative information decreased energy conservation in households that previously conserved more energy than others in their neighbourhood.

**Descriptive and injunctive social norms**

A textbook example of how the communication of social norms can adversely affect behaviour is that of Arizona State's Petrified Forest National Park. Several years ago, the park's executive board observed a serious problem, namely that the petrified wood (the object of interest from which the park derives its name) was slowly disappearing from the park. Visitors were stealing the wood and, although none of the visitor stole large quantities, the total amount missing was substantial. In an effort to reduce this theft, the board placed a sign at the park entrance stating, 'Your heritage is being vandalised every day by theft losses of petrified wood of 14 tons a year, mostly a small piece at a time.' Unfortunately, the sign did not generate a reduction in petrified wood theft. In fact, much like the above-mentioned health messages, the sign unintentionally created a positive social norm towards the very behaviour it was trying to prevent and in fact promoted further theft. Cialdini et al. (2006) were approached as experts and asked to help tackle this problem. They hypothesised that in situations where the majority act in an undesirable way, the focus must shift from what other people do (the descriptive norm) to what people ought to do (the injunctive norm). Injunctive norms tell us what behaviours are approved of and what behaviours are not approved of. As such, they seek to change behaviour through the promise of social reward or punishment.

With this hypothesis in mind, the board placed, at one entrance, a sign displaying the descriptive norm: 'Many past visitors have removed the petrified wood from the park, changing the state of the Petrified Forest'. This sign also had a picture of three visitors taking wood. At another entrance, they placed a sign communicating the injunctive norm: 'Please don't remove the petrified wood from the park'. This sign had a picture of someone stealing a piece of wood with a red circle and bar over his hand thus indicating one ought not to steal. In accordance with their hypothesis, Cialdini et al. found a significant difference between the two messages. The theft percentages were 7.92% for the descriptive norm message and 1.67% for the injunctive norm message. Clearly, instead of calling attention to the theft problem and encouraging visitors not to steal, the message in which the theft prevalence was conveyed essentially gave people a sense of entitlement to engage in this undesired behaviour: 'If others are taking a piece of petrified wood, then why wouldn't I?'

Evidently, these findings are particularly important when considering the impact of unintentional social norms communicated in health messages. They imply that, in situations where the unhealthy behaviour is prevalent, the descriptive norm should be avoided to prevent causal reasoning such as: 'if others are eating unhealthy, than why wouldn't I?' An alternative approach is the communication of the injunctive norm. In short, in such cases, telling people what they ought to do rather than what other people do is likely a better strategy for changing behaviour. The answer to why one should eat healthy foods is then quite simple: One should eat healthy foods because others approve of eating healthy foods. Not adhering to this norm could lead to social sanctions.

## Implications for future directions in theory and practice

Clearly, there is a substantial evidence suggesting that, when unhealthy behaviour is highly prevalent, descriptive norms should not be conveyed in health promotion campaigns. In such cases, injunctive norms offer an alternative and promising approach to promote health behaviour change. However, to date, most experimental research on the use of descriptive versus injunctive norms has focused on environmental issues, such as littering (Reno, Cialdini, & Kallgren, 1993) and energy conservation (Schultz et al., 2007). Research on the potentially adverse effects of unhealthy descriptive majority norms on health behaviour and injunctive social norms as a possible alternative is thus imperative. Such research can contribute substantially to the field of health psychology by providing evidence-based indications for the responsible communication of social norms in health promotion practice.

Although current and future research on social norms may demonstrate that the use of descriptive norms is disadvantageous when the undesirable behaviour is highly prevalent, this is not always self-evident among health promotion practitioners and policy makers. At the Petrified Wood National Park, this was clearly the case. Despite Cialdini et al.'s successful demonstration of a significant difference between the park's original approach in which the high rate of theft was communicated and the more advantageous injunctive norm messages stating one ought not to steal, the park opted not to adopt the new strategy. To the park management, this approach was very counter-intuitive. They therefore asked a couple of park rangers to ask visitors which of the two messages they thought was most effective. The majority indicated that they thought that the descriptive norm message was best and therefore the new more effective strategy was not adopted (Cialdini et al., 2006). This corresponds with Nolan et al.'s (2008) findings that people often have limited knowledge of the reasons underlying the choices they make. It is therefore imperative that researchers actively seek to involve health promotion practitioners and policy makers in research on the use of descriptive versus injunctive norms in health communication. Getting practitioners and policy makers involved will likely lower resistance to the adoption of new and more promising alternative approaches demonstrated through research, thus enabling a better translation of research findings into practice.

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