

# Accepted Manuscript

Talking about sunbed tanning: Social representations and identity-work

Jennifer Taylor, Michael Murray, Alexandra Lamont

PII: S0277-9536(17)30314-3

DOI: [10.1016/j.socscimed.2017.05.020](https://doi.org/10.1016/j.socscimed.2017.05.020)

Reference: SSM 11232

To appear in: *Social Science & Medicine*

Received Date: 29 June 2016

Revised Date: 14 March 2017

Accepted Date: 7 May 2017

Please cite this article as: Taylor, J., Murray, M., Lamont, A., Talking about sunbed tanning: Social representations and identity-work, *Social Science & Medicine* (2017), doi: 10.1016/j.socscimed.2017.05.020.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



**Talking about sunbed tanning: Social representations and identity-work**

Jennifer Taylor<sup>1</sup>

Michael Murray<sup>1</sup>

Alexandra Lamont<sup>1</sup>

School of Psychology, Keele University<sup>1</sup>

Details of corresponding author:

Jennifer Taylor

School of Psychology, Dorothy Hodgkin Building

Keele University

Keele

Staffordshire

ST5 5BG

Email: [j.taylor@keele.ac.uk](mailto:j.taylor@keele.ac.uk)

### Abstract

**Rationale:** Despite the publicised health risks associated with its usage, sunbed tanning remains popular in many Western countries. Previous research indicates that knowledge of the harmful effects does not necessarily lead to a reduction in sunbed use. **Objective:** The aim of this study was to develop a more extensive social psychological understanding of sunbed use, in the United Kingdom, by exploring the social representations of it held by both those who use and who have never used sunbeds. **Method:** Semi-structured interviews were conducted with 15 sunbed users and 10 who had never used a sunbed. **Results:** A thematic analysis identified two dimensions in the social representations of both the users and non-users; these were concerned with a) health and b) beauty. However, whereas non-users emphasised the health risks, users downplayed and minimised them, instead emphasising the health benefits. Similarly, whereas non-users emphasised the negative aspects of excessive concern with beauty, sunbed users challenged and distanced themselves from this negativity. Sunbed users were engaged in a form of identity-work to protect themselves from the wider negativity and disapproval of which they were aware. **Conclusion:** Theoretically, social representations theory has provided a unique lens through which to explore this topic, highlighting the importance of taking into consideration the wider environment in which sunbed use takes place. Preliminary practical suggestions include that health workers should consider identity-work when designing interventions aimed at reducing sunbed use. Findings also suggest that, rather than continuing to educate sunbed users about the risks, campaigns and interventions should challenge the commonly drawn upon arguments about the health benefits. These benefits emerged as a particularly powerful discursive tool for the sunbed users in helping to justify their behaviour, but in addition, to counteract negative stereotypes and assumptions they knew others held of them.

**Keywords:** UK; sunbed tanning; social representations; identity; qualitative; interviews

Sunbed use, which involves artificial exposure to ultra-violet radiation (UVR), poses serious, potentially fatal health consequences associated with both malignant and non-malignant melanoma skin cancer (World Health Organisation (WHO), 2016a). Skin cancer is a significant problem globally, representing one in every three cancers diagnosed worldwide (WHO, 2016b). In the United Kingdom (UK) alone, more than 100,000 cases of non-malignant melanoma and around 3,000 new cases of malignant melanoma are diagnosed annually (National Health Service (NHS) Choices, 2016a, 2016b). In terms of the specific link between sunbeds and skin cancer, sunbeds have been estimated to cause over 100 skin cancer deaths annually in the UK (Diffey, 2003) and be responsible for causing 440 malignant melanomas (Boniol, Autier, Boyle & Gandini, 2012), the deadliest form of skin cancer. A meta-analysis conducted by the International Agency for Research on Cancer (IARC) in 2006 concluded that the relative risk of developing malignant melanoma increased by 75% for those who used a sunbed for the first time before 35 years of age (El Ghissassi, 2009). As well as the potentially fatal skin cancer risk, sunbed use poses problems for an individual's appearance, both short term (skin burning) and long term (premature ageing) (Sinclair, 2003).

Sunbed use has increasingly come under scientific and public scrutiny and attracted considerable negative media attention; newspaper and magazine articles, for example, have frequently communicated the health dangers (authors, 2016). Despite increased communication of the risks, people continue to use sunbeds. In the UK, estimates indicate that around 7% of the adult population use them (Diffey, 2003). Public promotion of the dangers conflicts with the positive image of a tan as attractive and healthy, which arguably remains embedded within contemporary Western culture (Hunt, Augustson, Rutten, Moser & Yaroach, 2012). At the same time, the sunbed industry promotes claims regarding the specific health benefits of sunbed use by, including, for example, that using a sunbed can offer a protective 'base' tan, increase levels of Vitamin D, and offer treatment for skin conditions such as acne, eczema and psoriasis (The Sunbed Association UK, n.d.).

Numerous studies have found that, compared to those who do not use sunbeds and former users, sunbed users are relatively aware or more aware of both the skin cancer risk and the risk to appearance (e.g., Monfrecola, Fabbrocini & Pini, 2000; Knight, Kirincich, Farmer & Hood, 2002;

Schneider, Zimmermann, Diehl, Breitbart & Greinert, 2009). A range of motivations for sunbed use have been identified, with appearance (e.g., Borner, Schutz & Wiedemann, 2009) and mood enhancement (e.g., Mawn & Fleischer, 1993) the most commonly cited. Social Cognition Models (SCMs), such as the Theory of Planned Behaviour (TPB) (Ajzen, 1991), have been used to explain and/or predict sunbed use (e.g., Dodd, Forshaw & Williams, 2012), assuming that behaviour can be explained by behavioural intentions, attitudes, perceived behavioural control and subjective norms (Ajzen, 1991). However, the inadequacies of the TPB, and other similar SCMs of health behaviour, have attracted increasing criticism (e.g., Mielewczyk & Willig, 2007; Sniehotta, Pressau & Araujo-Soares, 2014), partly because of their predictive assumptions; behaviour change is determined by an increased knowledge of the dangers associated with that behaviour (Conner & Norman, 2005).

Existing survey and qualitative research has shown that while acknowledging the risks, sunbed users rationalise and justify the dangers in different ways by, for example, expressing a fatalistic viewpoint and referring to the ubiquity of risk in everyday life (e.g., Murray & Turner, 2004; Banerjee, Hay & Greene, 2012; Lake, Thompson, Twelves & Davies, 2014). Other responses include describing the risks as a currently intangible concern and only significant if used excessively (e.g., Vannini & McCright, 2004; Carcioppolo, Chudnovskaya, Gonzalez & Stephen, 2014). Health benefits, including obtaining optimum vitamin D levels and improving skin conditions, have also been mentioned in interviews with sunbed users (e.g., Murray & Turner, 2004; Lake et al., 2014).

One key criticism levelled at the application of SCMs to health risk behaviours is the limited reference to the wider socio-cultural context within which health practices occur (Murray, 2014). Furthermore, SCMs do not sufficiently account for the potentially powerful role of people's emotions (Joffe, 2002). While SCMs such as the TPB make reference to social influences in terms of subjective norms, focus remains on the individual, with the social confined to an individual's perceptions of the thoughts and ideas of others, as opposed to actually exploring the character of these thoughts and ideas (Joffe, 1996). The focus is on micro-level social influences, ignoring the broader socio-cultural backdrop within which individual thinking occurs (Joffe, 1996).

Despite the insight offered by existing survey and qualitative research, we argue that the broader socio-cultural context in which individual sunbed use is positioned has not been sufficiently considered. Previous qualitative research, for example, has typically conducted interviews or focus groups solely with a sample of sunbed users. Given the wider tensions between risks and benefits, it is important to position sunbed users within their wider socio-cultural environment. One way of doing this would be to explore the sunbed-related attitudes and behaviour of those who use sunbeds as well as those who do not. Boynton and Oxlad (2011) conducted focus groups with both sunbed and non-sunbed users but did not attempt to theorise the relationship between the two perspectives. Chamberlain (2000) has argued that descriptive, atheoretical qualitative research runs the risk of isolating people from their wider socio-cultural context similarly to quantitative research.

Social representations theory (SRT), a social psychological framework, offers a unique, alternative approach to exploring the topic of sunbed use. SRT is concerned with the everyday symbolic world of the lay person, and is used to explore the complexity of the shared 'common sense' understandings (social representations) that permeate the thoughts, feelings and behaviour of lay people within their specific social contexts (Joffe, 1999). Social representations have specific functions: They provide groups with ways of understanding and making sense of issues and phenomena that surround them, as well as communicating about them (Moscovici, 1973). One central tenet of SRT is that individual thinking and behaviour takes place within a wider socio-cultural environment in which social representations are already circulating (Joffe, 1996). SRT is thus particularly concerned with interactions between this wider environment and the individual; in "how the 'we' becomes sedimented in the 'I'" (Joffe, 1999, p. 91). Methodologically, individual thinking must be explored in conjunction with representations circulating in the wider environment (Jovchelovitch, 2007). In this study, we explored the individual thinking of the sunbed users in conjunction with representations of sunbed use held by those who do not use sunbeds.

Social representations have value connotations which can have implications for the individuals involved. It has been argued, for example, that negative and stigmatising representations can "damage identities, lower self-esteem, and limit the possibilities of agency" (Howarth, 2007, p.

133). Howarth (2002) conducted focus groups with teenagers from Brixton to explore the social psychological consequences of living somewhere which is stigmatised and surrounded by negativity. As well as limiting the social and employment opportunities of these young people, Howarth (2002) described how knowledge of the negativity and stigma contributed to a 'spoiled identity' (Goffman, 1963), which refers to the negative consequences of stigma for those being stigmatised. Sunbed use is something similarly surrounded by negativity, given the associated risks. Farrimond and Joffe (2006) have demonstrated how smokers were aware of the negative aesthetic and experienced the social disapproval that non-smokers associated with their social group, which had significant negative consequences for some smokers, who reported hiding their smoking from friends and family through fear of automatically being stereotyped (Farrimond & Joffe, 2006).

Rather than just passively accepting representations that circulate around them, people can actively engage with them in line with their own identity positioning (Joffe, 2003). Emotional and identity-related factors, for example, influence how people engage with ideas circulating in the wider socio-cultural context (Joffe, 1996). For example, people may cope with negative representations others have of them by drawing upon alternative, challenging representations that have particular identity-protective functions (Joffe, 2002). In doing so, they can 'manage' and resist the negativity they encounter. As Joffe (1995, p. 7) argued: "Blame, stigma and a consequent spoiled identity are not fixed and uncontested. On the contrary, they are marked by unconscious and conscious forms of resistance." Joffe has frequently drawn upon the 'not me' 'not my group' phenomenon to explain how and why social representations might be used to protect identity by projecting the risk elsewhere (e.g., Joffe & Haarhoff, 2002). In the specific context of health behaviours, Trocki, Michalak and Drabble (2013) revealed how many of their participants separated their own acceptable alcohol and drug use from the unacceptable behaviour of others. According to Joffe (2003), the identity-protective functions of social representations can make them difficult to change.

It is the multiplicity inherent in social representations, according to Howarth (2006) that provides people with the opportunity to undertake such negotiation. Despite their consensual shared nature, there is still scope for conflict and debate (Rose, Efraim, Claude-Gervais, Joffe, Jovchelovitch

& Morant, 1995). This is because the consensual nature provides the grounds for interaction, whether agreement or disagreement, to take place through allowing different and inconsistent concepts, ideas, and meanings to co-exist (Rose et al., 1995). The concept of cognitive polyphasia (Moscovici, 1961) formalises these ideas by emphasising the plurality and diversity of knowledge. Cognitive polyphasia (Moscovici, 1973), unlike cognitive dissonance where different forms of knowledge struggle to co-exist, refers to a state where “different and incompatible cognitive styles and forms of knowledge can co-exist within one social group and can be employed by one and the same individual” (Voelklein & Howarth, 2005, p. 4). Sunbed use is surrounded by claims as to both the associated risks and benefits.

In drawing upon SCMs, most existing research on the psychology of sunbed use has been underpinned by individualistic and predictive assumptions. Although qualitative research offers greater insight and challenges some of these assumptions, by exploring the views of sunbed users in relative isolation it has not sufficiently considered the role of the wider socio-cultural context. By drawing upon SRT and examining the representations of both those who use and do not sunbeds, the aim of this study is to uniquely position individual sunbed use within its socio-cultural context to develop a more extensive social psychological understanding.

## Method

### Design and Participants

Semi-structured interviews were conducted with 25 UK residents: 10 who had never used a sunbed and 15 who had. The 10 non-users (5 females and 5 males) ranged in age from 18 to 33 years (mean = 22). The 15 sunbed users (11 females and 4 males) ranged in age from 18 to 36 (mean = 24). To optimise recruitment, no restrictions were placed on the length of time or frequency of use for sunbed users. Recruitment took place over several months through an opportunity snowball sample of the first author's colleagues, friends, and family via electronic mail and social media. The research was also advertised around the university campus and on several online health and beauty forums. Participants were given the choice of being interviewed in person or via the telephone. Recruitment



ended upon data saturation, when findings started to confirm previous insights rather than revealing anything new (Bauer & Gaskell, 2000)

### **Interviews**

Interviews ranged in length from approximately 30 to 90 minutes. 14 interviews were conducted face-to-face in a quiet room on the university campus, three at participants' homes, and two at participants' workplaces. Six telephone interviews were conducted from a private room at the university. All interviews were recorded using a digital voice recorder. Flexible question schedules were used to guide the interviews. While questions differed depending on the participant group, some questions were common to both, including knowledge of the risks and benefits of using sunbeds and the importance placed on the risks and benefits. Each schedule was piloted with a student participant and subsequently adjusted to improve the clarity of the questions.

### **Ethical Considerations**

Ethical approval was obtained from the university's Ethical Review Panel. Participants were presented with an information sheet detailing all aspects of the study. They were then invited to provide their consent for participation and separately for the anonymous use of quotes.

### **Data Analysis**

Interviews were transcribed and transcripts subjected to thematic analysis using guidelines from Braun and Clarke (2006). Thematic analysis is a flexible way of identifying and analysing broad patterns (themes) in a rich, detailed manner (Braun & Clarke, 2006). It has been advocated as being particularly useful for investigating social representations (Flick, Foster, & Caillaud, 2015), especially in exploring the subtlety, complexity, and contradictions of people's social representations and the way people engage with these (Smith & Joffe, 2013).

The transcripts were initially read and re-read by the first author taking detailed notes, before being systematically coded. Codes were typically only a few words long, often based on the participants' own words. Following Braun and Clarke's (2006) guidelines, the first author used visual

representations to sort the codes and actively identify any similarities and overlap. This involved writing the name of each code (including a brief description) onto separate pieces of paper, and organising them into theme piles. Relevant coded extracts of text were then organised under provisional theme headings in separate word processing documents. A large number of codes were generated, particularly for the sunbed users, with some transcripts generating over 100 codes. Manual coding was undertaken to ensure a high degree of data familiarity (cf. Roberts & Wilson, 2002).

After identifying provisional themes, time was then spent refining them. The first author checked to ensure each theme had sufficient supporting data. If this was not the case, themes were either omitted at this stage or collapsed to form a sub-theme of another theme. This process was strongly informed by our theoretical underpinnings, focusing on how both participant groups represented sunbed tanning and the consequences of this for the sunbed users. This stage of the analysis was reviewed by all authors before deciding on final themes.

## Results

Two dimensions were identified within the social representations of sunbed tanning. The first was concerned with health, while the second focused on beauty. Users and non-users and users engaged these two dimensions in different ways, as detailed below. Illustrative quotations are used, accompanied by the participant's pseudonym and transcript line number(s) in parentheses.

### Non-Users

**A risky behaviour.** While the dangers posed to both health and beauty were acknowledged, most non-users were more aware and concerned about the former, and specifically the skin cancer risk. A common approach was to emphasise its severity, describing the skin cancer risk as “really scary”, “absolutely massive”, and “hugely significant”. This emphasis was used to present the decision to have never used a sunbed as “black and white”.

Derogatory terms such as “ignorant”, “stupid”, and “foolish” were used to describe people who continued to use sunbeds. Although limited sunbed use was accepted by some as less risky, this was accompanied by the comment that such infrequent use was an uncommon practice. Instead,

sunbed use was described in terms of excess. For example, one male non-user said: “They tend to use them excessively as well, it’s not just they use it within recommended guidelines and hit those guidelines week in and week out, they go well over them” (Steve, lines 89-92). Many referred to sunbed users as being addicted, irresponsible, and lacking in self-control, with an inability to limit or manage their behaviour.

Non-users portrayed sunbed users as having made a choice, which, in light of the associated health dangers, was constructed as wrong. Although implicit, this portrayed sunbed users as reckless and irresponsible. This was particularly evident when comparing sunbed use with other risk behaviours:

Interviewer: OK, so how important would you say the health risks are to you?

Steve: I think they’re pretty important. I mean, how can I put it, people have perhaps bad diets through laziness or ignorance. People drink too much because they enjoy it or it’s their lifestyle with their friends in their particular social circle, that’s how they enjoy themselves, which is fine. You have to actively go out and sit on a sunbed, it’s a conscious decision to go, I’m going to go and cook myself for half an hour, it’s not like a laziness thing or part of day to day life, you’ve got to go and consciously go and pay and sit and cook (lines 39-46).

People who engaged in these other health risk behaviours (i.e., drinking and bad diets) were considered more blameless by Steve, more as victims of their lifestyles with diminished personal responsibility. Conversely, sunbed users were presented as being especially accountable for their behaviour given their deliberate intentions.

**An aesthetically motivated behaviour.** Sunbed use was represented as aesthetically motivated, with many non-users describing people who used sunbeds as “vain”, and their supposed preoccupation with appearance as “frivolous”, “foolish”, and “stupid”. Sunbed use was constructed as a simple choice between health and vanity. The simplicity of the decision was highlighted by Kate: “Why would you put yourself at risk for something that is simply an aesthetic gain?” (line 103). Most

were unaware and/or sceptical of people using sunbeds for any reason other than for appearance enhancement; for instance, Laura stated: “I think the main reason is for appearance, I doubt anyone goes to the sunbed thinking I need to top up my vitamin D (laughs)” (lines 129-132).

While several were sceptical when considering health-based reasoning, others were more accepting. This is highlighted by Louise, when asked what she thought about people using sunbeds to help improve specific skin conditions and improve their mood: “I don’t know; it puts it in a different perspective I suppose because it’s not just to make people look pretty if it can help with something else” (lines 59-65). Health-based reasoning appeared to hold more social legitimacy than appearance.

Most non-users held a negative image of sunbed users’ appearance. For example: “when you think of someone that uses a sunbed, you do think peroxide blonde hair, and you know white blonde hair, lots of make-up, minimal clothing, and orange skin” (Tamzin, lines 421-423). Many acknowledged that this image stemmed from the media, with most admitting to not actually knowing anyone who used a sunbed. In particular, several attributed the negative image to current UK-based reality television shows such as ‘The Only Way is Essex’ (TOWIE). Several also held negative beliefs about sunbed users’ personality. This was reflected in their use of terms such as “chavs”, “fake”, “lower class”, and “morons.” These and the reference to TOWIE suggest that class-based distinctions played a central part in how the non-users represented sunbed use and sunbed users amongst this particular participant sample.

Sunbed use was also considered to be a specifically female practice. When asked to describe what a ‘typical’ sunbed user looks like, all referred to females, particularly young women, with no mention made of males until prompted. This was attributed to concern with physical appearance being regarded as predominantly female, as emphasised by Tamzin:

I’ve always personally thought that a woman’s image has always been controlled by the man slash the media, and so I think whatever they want, if they want to manipulate us to be something, sub-consciously or not we will end up doing it, and I think with men they have more of a status and I think if a man tries to manipulate his image, it sees him as being a bit

weak in a way because he's conforming to everything else, whereas men are like supposed to be seen as like the dominant force and that they don't need to change (Tamzin, lines 358-364).

This association between femininity and concern with appearance presented male sunbed users as less masculine. Tamzin referred to the power of the media in being able to "manipulate" women; she implied that men should have the strength to resist it. In not being able to combat these pressures, men who use sunbeds were considered "weak". Other terms used to describe male sunbed users included "strange", "metrosexual", "gay" or "well worked out guys" concerned with their image.

### **Current Sunbed Users**

**A 'spoiled identity'.** Several sunbed users described how they felt they had to keep their sunbed use a secret through fear that disclosure would be met with disapproval. This involved not telling friends, family, and even potential new employers. This fear was highlighted by Jessica, who worked part-time in a sunbed tanning salon:

I mean to be honest I don't tend to tell people what my job is, because I think that people will automatically, not think very highly of me, erm, for it. Like I tend to just tell people that I work in like a beauty salon or something as opposed to saying I work in a tanning salon, because I do think it's quite ... I do think that people would definitely, well some people would definitely, think lower of me. And I also think, I mean this is, it's really quite farfetched but, I don't like putting it on my CV when I'm applying ... because obviously ... you're probably just going to have an image of that person in your head before you've even invited them for an interview or something (Jessica, lines 638-647).

Jessica spoke about how her enjoyment of working at the salon had been overshadowed by the "whole stereotype thing" and told people she worked at a beauty rather than a sunbed salon.

Two out of the four male sunbed users spoke about their awareness of the associations between sunbed use and femininity. One male (Mike) described how he felt self-conscious going into a tanning salon because of the “weird looks” received from members of the public:

I did notice a couple of times going in and out of the sunbed shop I got like weird looks from people, I thought that was kind of funny (laughs)...I wasn't too bothered by it but I just, I just thought it was funny because it reflects society's like negative connotations with sunbed shops and stuff yeah and also with a guy going into the shop as well (Mike, lines 205-209).

Another recalled comments from his friends regarding his sunbed use being particularly feminine:

I used to get comments like 'oh you're a bit gay, like that's a women's thing that is going to get a tan,' and just saying it's like a feminine thing to do, not, not so much the health, or winding you up about your health, just the image of it just being feminine (Jack, lines 81-83).

While sunbed users were aware of and had experienced negativity surrounding their behaviour, they did not simply accept it. Instead, sunbed users worked to ‘manage’ and resist this negativity by negotiating and engaging with three alternative representations of sunbed use.

**Risks as not a significant concern.** All sunbed users acknowledged their awareness of the risks; the majority spontaneously talked about them unprompted. Users, however, downplayed risks, and sunbed use was justified through different strategies. A common strategy was to refer to and emphasise the ubiquity of risk. As a result, sunbed use was normalised as one of many risky behaviours, as particularly evident from Zoe, when asked how aware she was of the skin cancer risk:

I do know you know there is a risk for something like that but then I always think that everything's a risk nowadays, they always say that 'if you do this you do that you get cancer', so and I always think you know everybody does something like somebody, like people smoke, people drink, eat fattening foods and don't exercise and, you know I try, I don't smoke at all, I don't, try not to drink a lot, so I always think that somebody, everyone's got their own sort of guilty pleasure and mine's going on a sunbed (laughs) (lines 207-211).

A form of compensative reasoning was apparent here in considering sunbed use as being acceptable because of an absence or limited engagement with other risk behaviours.

The unknown and unpredictable nature of life itself and of cancer in particular was drawn upon to downplay the significance of the dangers:

Interviewer: So how aware would you say you are now of the associated health risks?

Sarah: Still aware, but then I think well, it's probably the wrong or right decision to take, I always think you're going to die of something, and there's so many things in the paper now, if you do this you'll get cancer, if you do that you'll get cancer, if you don't eat this you'll get cancer, you think well if you follow everything, you wouldn't do anything (lines 185-190).

This fatalistic argument was developed by some through describing how anyone could develop cancer: "I mean the healthiest person, someone who doesn't smoke, who doesn't drink, that kind of person who is healthy could end up with cancer anyway" (Lucy, lines 445-446). The implication here is that it is pointless worrying about sunbed-specific risks because even someone who completely abstains from risk could still develop cancer.

When talking about the pervasiveness of risk, another common strategy was to compare sunbed-specific risks with much more common risk behaviours like smoking and drinking, which served to undermine the significance of risks associated with sunbeds. Several directly compared sunbed-specific risks with those associated with natural sun tanning on holiday: "there's nothing wrong with it you know what I mean, it's no different to going on holiday" (Lauren, lines 781-782).

**On the acceptable side of the boundary.** Sunbed use was presented as on a continuum, with an invisible boundary point separating acceptable from unacceptable use. All users expressed how they maintained their position on the acceptable side through a variety of strategies. A common strategy was to talk about their own sensible sunbed use within self-imposed acceptable limits. This served to present themselves as responsible sunbed users who knew their limits, as James articulated explicitly: "I wouldn't go on for any longer than ten minutes, I know my limits" (line 102).

As well as the number of minutes, many defined their usage in terms of limited frequency and were keen to differentiate it from more regular tanning. Several specifically compared their own limited sunbed use with the more regular use of others: “I’ve only ever done ten minutes, that’s it, I’m not one of those people who thinks I need more every time” (Jack, line 44). Related, several differentiated themselves from others in terms of the potential to become addicted:

I think you do have to be cautious of sunbeds because it can, it can sort of lure you in a little bit, I think it’s about being sensible and being like okay I’ve been on the sunbed twice this week like I don’t need to go twice a week like (laughs) slow down you know what I mean (laughs) (Lauren, lines 196-199).

Here, Lauren demonstrated her control and self-discipline by talking about how she managed to resist the seductive “lure” of sunbeds by being sensible and not using them more than necessary.

**For a specific purpose (not just for a tan).** Despite acknowledging (to varying extents) the positive image of a tan, most users spent a significant amount of time dissociating themselves from aesthetic aspects. Instead, many provided more specific reasons for their sunbed use that were typically more health orientated. Using a sunbed to obtain a protective ‘base’ tan appeared to offer a particularly legitimate explanation: “I mean I justify it in that I only use them a couple of times a year before I go on a holiday to stop me burning, that’s my way of, saying that’s why I use them” (Jessica, lines 405-406). Using a sunbed to help improve skin conditions was another justification for continued usage. The extent of the skin problems varied considerably from very mild to severe. Sunbed use for this reason was legitimised, for some, by endorsement from the medical profession:

I’ve had friends that have suffered from like eczema and stuff like that and you know when people get spots, and their doctors say you know going on a sunbed actually helps you, so I think if you know you’re being told that you think ‘mustn’t be that bad’ (Zoe, lines 121-123)



Many claimed that they would stop using a sunbed once they had achieved its medical/health purpose. A few depicted sunbeds as the only solution for their health problem, as Natalie explained when describing sunbed use as a last resort for her problematic skin:

I've tried topical lotions, and antibiotics, and been to dermatology referrals, erm I first went to the doctors at about fifteen when I'd had skin like that for three years and nothing seems to have cleared it up, and people perhaps do think that is just an excuse but for me it genuinely is the only thing, which is sad really that there isn't anything else (Natalie, lines 311-316).

Here by describing the length of time spent seeking a solution and the range of remedies already tried, Natalie construed her sunbed use as necessary rather than as a frivolous, irrational decision.

Many talked about how obtaining a tan was simply an added benefit of using a sunbed: "so the tanning side is not the main benefit, but it's a nice 'little Brucie bonus'" (laughs) (Dawn, line 89) (in reference to a television prize). Several made the distinction between using a sunbed for a specific purpose and "just" to get a tan, with the latter implied as inferior: "I was going on it for a purpose, because I was going on holiday it wasn't just because I wanted to go on a sunbed and get a tan" (Jessica, lines 49-50).

Most users described how they enjoyed having only a "slight colour" and just a "bit of a tan." A continuum of colour emerged, with sunbed users typically referring to their own desired [light] colour in positive terms whereas at the other end of the spectrum an overly tanned appearance was referred to in an almost derogatory manner: "I wasn't like a mahogany colour, it was more like a golden, it wasn't like these people that you see that are really dark brown, and you think that doesn't look natural, like a frankfurter sausage or something (laughs)" (Sarah, lines 129-132).

### Discussion

Our analysis identified two dimensions in the social representations of both sunbed users and non-users, concerned with health and with beauty. Both users and non-users engaged with these dimensions in completely different ways. Non-users emphasised the health risks and represented

sunbed use as a purely aesthetically motivated behaviour, highlighting the negative aspects of excessive concern with beauty. Non-users showed considerable negativity and disapproval, evidenced through numerous derogatory references to people who used sunbeds. Sunbed users, for example, were portrayed as irresponsible, reckless and lacking in self-control. Stigmatising attributions of being vain and frivolous were also used. This negativity appeared heightened for males whose identity was further threatened because of the connection between sunbed use and femininity, although we acknowledge this was apparent in only two out of the four male responses.

In contrast, sunbed users downplayed and minimised the risks, instead emphasising health benefits. Similarly, whereas non-users emphasised the negative aspects of excessive concern with beauty, users challenged and distanced themselves from this negativity. Sunbed users' discourse was dominated by attempts to manage and resist the wider social disapproval and stigma, of which they were acutely aware, and to ultimately position themselves as responsible, not vain, and in control. Co-existing claims as to the risks and benefits of sunbed use enabled and provided users with the opportunity for this resistance to take place, supporting the notion of Howarth (2006) as to the multiplicity inherent in social representations enabling negotiation to take place.

Many of the strategies of resistance drawn upon by sunbed users, such as fatalistic responses and references to the ubiquity of risk, complement the findings of existing survey and qualitative research on this topic (e.g., Murray & Turner, 2004; Vannini & McCright, 2004; Banerjee, Hay & Greene, 2012; Carcioppolo et al., 2014; Lake et al., 2014). One such strategy was for sunbed users to refer to their own sunbed use as having a specific health-based purpose, which helped resist and challenge the assumptions of sunbed use as a vain, aesthetically motivated behaviour. Sunbed users in our study acknowledged that many people do use sunbeds for aesthetic purposes but were keen to clarify this was not the case for themselves. Instead, they drew upon a number of health benefits as a particularly powerful discursive strategy, not only to justify their own behaviour but also to challenge the negative assumptions and stereotypes they knew others held of sunbed users. In doing so, users connected with the broader ideologies relating to health and self-control (Joffe & Staerkle, 2007).

In Western culture, health is typically constructed as more than a state of physical and mental well-being; it has become symbolic for being a respectable and responsible individual (Crawford, 2006). Sunbed users believed health-based reasons held greater social legitimacy and validity in comparison to beauty. Many talked, for example, about using sunbeds purely for appearance enhancement purposes in a derogatory manner, despite acknowledging the positive image of a tan. The greater perceived legitimacy of health compared to beauty was very evident in the responses of non-users. Aesthetic benefits of obtaining a tan were considered to not outweigh the health risks, and the former were referred to as especially trivial in comparison to the latter. Many also constructed sunbed use as a simple choice between health and vanity. Health as a valued and desired state was also particularly apparent when some non-users talked about being more accepting of sunbed use for health rather than appearance purposes. By negatively representing sunbed use, non-users positioned themselves as ‘good citizens’ (Crawford, 2006) subject to self-regulation. Self-control over the body is a valued norm in Western society (Joffe & Staerkle, 2007). Through the process of ‘stigma power’ (Link & Phelan, 2014) non-users separated themselves from “foolish” sunbed users.

Another popular strategy was for sunbed users to represent their own use as acceptable despite the risks by positioning themselves as sensible and responsible. Sunbed users compared their own limited use with the more regular use of others. They also distinguished themselves from others in terms of the potential of addiction. In doing so, sunbed users were able to present themselves as completely in control of their behaviour, something which many of the non-users believed them to be lacking. Sunbed users specifically talked about having self-imposed boundaries and limits which they would not transgress. Their own self-control was juxtaposed with others who used sunbeds excessively, and they typically referred to the latter in a negative, derogatory manner.

By employing such strategies of resistance, sunbed users were not only able to protect their own identity, but also, threatened by their awareness of the wider negativity and disapproval, they were able to construct and negotiate positive identities for themselves. Othering—that is, deflecting the negativity onto other sunbed users—formed the basis of this identity-work. Such comparisons served to deflect and project the significance of the risks, as well as any subsequent negativity and

anxiety, onto others for whom the negativity was felt to be more justified. In the context of teenage motherhood, Mollitor (2013) has argued that othering may perpetuate the negative stigmatisation of a social group. Our findings suggest that sunbed users may be inadvertently fuelling negativity by acknowledging the accuracy of the representations for some but not for others. Furthermore, in the context of AIDS, Joffe (1995) described how projecting the risk onto others left people feeling invulnerable to the disease. The othering process inherent in this study may be similarly problematic for sunbed users.

The main contribution of this paper is that drawing upon SRT, in the context of this topic, has enabled unique insight into the way sunbed users manage and form their own identities in light of the wider negativity and stigma that surrounds their behaviour. Theoretically, this paper has highlighted the importance of taking into the wider negativity and stigma into consideration when exploring the topic of sunbed tanning. It has also provided support for the idea that social representations are not just passively accepted, and that engagement with social representations circulating in the wider society are influenced by identity-related positioning (Joffe, 2003).

### **Limitations**

While the sunbed users had diverse occupations (only four participants were students and the other 11 varied in occupation), the non-users were primarily students (seven out of the ten participants). A more even composition across the two groups in terms of occupation would have been beneficial. Male sunbed users were also under-represented here (only 4 males compared to 11 females), so future research focusing on male participants would be useful, particularly given the connection between sunbeds and femininity that has emerged in this research. It is also important to acknowledge that the 15 participants were not a homogenous group in terms of how often or why they used sunbeds. Despite this variation, attempts to manage and resist the wider negativity and stigma were still apparent in all the responses. Future research would benefit from recruiting more homogenous samples in terms of frequency and motivation of sunbed use. Identifying and then exploring specific subsets of sunbed users would allow for more effective, tailor-made interventions to be designed and implemented (Hillhouse, Turrisi & Shields, 2007). However, our findings indicate

that, whatever the particular 'type' of sunbed user, it is still important for the wider negativity and stigma surrounding sunbed use to be considered. Finally, SRT has been criticised for not sufficiently addressing the functions that social representations can serve within specific interactional contexts (Potter, 1996). It is thus important to explore direct interaction between those who use and do not use sunbeds, perhaps by utilising online discussion forum data.

### **Implications**

Although we recognise that our findings are preliminary because of limitations with our sample, some tentative practical suggestions emerge for those working on designing and implementing campaigns and interventions in this area. Given that all of the sunbed users were aware and appeared defensive of the negativity surrounding their behaviour, further negativity may strengthen this defensiveness and perpetuate the internalisation of this negativity. Again, although only preliminary, findings also indicate that campaigns and interventions should challenge the commonly-used arguments about the health benefits of sunbeds, given that these emerged as a powerful discursive tool for most in not only justifying their behaviour but also trying to counteract negative stereotypes and assumptions that sunbed users know are held of them. Depending on the specific health benefits that sunbeds draw upon, campaigns, for example, could provide sunbed users with specific information about why sunbed use is not necessary to obtain a protective 'base' tan. Our findings suggest however, that arguments based upon the health benefits of sunbeds may be difficult to change because they function to protect embedded ideological values of health.

### **Conclusion**

By documenting the individual thinking of sunbed users in conjunction with the representations of the non-users, this study has been able to reveal the identity-work inherent in the responses of the sunbed users. The consequences of this negativity were severe for some, with the lack of disclosure and shame experienced by some reflecting a 'spoiled identity.' Sunbed users did not, however, passively accept the negativity. Instead, they all actively managed and resisted it, with health drawn upon as a particularly powerful discursive tool. In drawing upon SRT, this study has

uniquely demonstrated that it is essential, when exploring the topic of sunbed use, to also explore and understand the wider socio-cultural environment in which it is positioned. Given that the identity-work emerged as being apparent in all the sunbed user responses, this work offers some preliminary practical recommendations for campaigns and interventions aimed at reducing sunbed use.

ACCEPTED MANUSCRIPT

## References

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179-211.
- Banerjee, S. C., Hay, J. L., & Greene, K. (2012). College students' cognitive rationalizations for tanning bed use: an exploratory study. *Archives of Dermatology*, 148(6), 761-762.
- Bauer, M. W., & Gaskell, G. (2000). *Qualitative researching with text, image and sound: A practical handbook for social research*. London: SAGE.
- Boniol, M., Autier, P., Boyle, P., & Gandini, S. (2012). Cutaneous melanoma attributable to sunbed use: Systematic review and meta-analysis. *BMJ (Clinical Research Ed.)*, 345, e4757. doi:10.1136/bmj.e4757
- Borner, F. U., Schutz, H., & Wiedemann, P. (2009). A population-based survey on tanning bed use in Germany. *BMC Dermatology*, 9: 6. doi:10.1186/1471-5945-9-6
- Boynton, A., & Oxlad, M. (2011). Melanoma and its relationship with solarium use: health knowledge, attitudes and behaviour of young women. *Journal of Health Psychology*, 1359105310397962.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Carcioppolo, N., Chudnovskaya, E. V., Martinez Gonzalez, A., & Stephan, T. (2014). In-group rationalizations of risk and indoor tanning: A textual analysis of an online forum. *Public Understanding of Science (Bristol, England)*, doi: 0963662514564930 [pii]
- Chamberlain, K. (2000). Methodolatry and qualitative health research. *Journal of Health Psychology*, 5(3), 285-296. doi:10.1177/135910530000500306

- Conner, M., & Norman, P. (Eds.). (2005). *Predicting health behaviour* McGraw-Hill Education (UK). Berkshire, England: Open University Press.
- Crawford, R. (2006). Health as a meaningful social practice. *Health (London, England: 1997)*, 10(4), 401-420.
- Diffey, B. (2003). A quantitative estimate of melanoma mortality from ultraviolet A sunbed use in the UK. *British Journal of Dermatology*, 149(3), 578-581. doi: 10.1046/j.1365-2133.2003.05420.x
- Dodd, L. J., Forshaw, M. J., & Williams, S. (2012). Indoor tanning within UK young adults: An extended theory of planned behaviour approach. *ISRN Preventive Medicine*, 2013. doi: <http://dx.doi.org/10.5402/2013/394613>
- El Ghissassi, F., Baan, R., Straif, K., Grosse, Y., Secretan, B., Bouvard, V., . . . WHO International Agency for Research on Cancer Monograph Working Group. (2009). A review of human carcinogens--part D: Radiation. *The Lancet Oncology*, 10(8), 751-752
- Farrimond, H. R., & Joffe, H. (2006). Pollution, peril and poverty: A British study of the stigmatization of smokers. *Journal of Community & Applied Social Psychology*, 16(6), 481-491.
- Flick, U., Foster, J., & Caillaud, S. (2015). Researching social representations. In G. Sammut, E. Andreouli, G. Gaskell & J. Valsiner (Eds.), *Researching social representations* (pp. 64-80). Cambridge, UK: Cambridge University Press.
- Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Harmondsworth: Penguin.
- Hillhouse, J., Turrisi, R., & Shields, A. L. (2007). Patterns of indoor tanning use: implications for clinical interventions. *Archives of Dermatology*, 143(12), 1530-1535.
- Howarth, C. (2002). So, you're from Brixton? 'the struggle for recognition and esteem in a stigmatized community. *Ethnicities*, 2(2), 237-260



- Howarth, C. (2006). A social representation is not a quiet thing: Exploring the critical potential of social representations theory. *British Journal of Social Psychology*, 45(1), 65-86.
- Howarth, C. (2007). "It's not their fault that they have that colour skin, is it?" young british children and the possibilities for contesting racializing representations. In G. Moloney & I. Walker (Eds.) *Social representations and identity: Content, process and power* (pp. 131-156). Basingstoke UK, Palgrave MacMillan.
- Hunt, Y., Augustson, E., Rutten, L., Moser, R., & Yaroch, A. (2012). History and culture of tanning in the united states. In C. J. Heckman & S. L. Manne (Eds.), *Shedding light on indoor tanning* (pp. 5-31). New York: Springer Science & Business Media.
- Joffe, H. (1995). Social representations of AIDS: Towards encompassing issues of power. *Papers on Social Representations*, 4(1), 29-40.
- Joffe, H. (1996). AIDS research and prevention: A social representational approach. *British Journal of Medical Psychology*, 69(3), 169-190.
- Joffe, H. (1999). *Risk and 'the other.'* Cambridge, UK: Cambridge University Press.
- Joffe, H. (2002). Representations of health risks: What social psychology can offer health promotion? *Health Education Journal*, 61(2), 153-165.
- Joffe, H. (2003). Risk: From perception to social representation. *British Journal of Social Psychology*, 42(1), 55-74.
- Joffe, H., & Haarhoff, G. (2002). Representations of far-flung illnesses: The case of ebola in britain. *Social Science & Medicine*, 54(6), 955-969.
- Joffe, H., & Staerklé, C. (2007). The centrality of the self-control ethos in western aspersions regarding outgroups: A social representational approach to stereotype content. *Culture & Psychology*, 13(4), 395-418.

- Jovchelovitch, S. (2007). *Knowledge in context: Representations, community and culture*. Hove, East Sussex: Routledge.
- Knight, J. M., Kirincich, A. N., Farmer, E. R., & Hood, A. F. (2002). Awareness of the risks of tanning lamps does not influence behavior among college students. *Archives of Dermatology*, *138*(10), 1311-1315.
- Lake, J. R., Thomson, C. S., Twelves, C. J., & Davies, E. A. (2014). A qualitative investigation of the motivations, experiences and views of female sunbed users under the age of 18 in England. *Journal of Public Health (Oxford, England)*, *36*(1), 56-64. doi:10.1093/pubmed/fds107
- Link, B. G., & Phelan, J. (2014). Stigma power. *Social Science & Medicine*, *103*, 24-32.
- Mawn, V. B., & Fleischer, A. B. (1993). A survey of attitudes, beliefs, and behavior regarding tanning bed use, sunbathing, and sunscreen use. *Journal of the American Academy of Dermatology*, *29*(6), 959-962.
- Mielewczyk, F., & Willig, C. (2007). Old Clothes and an Older Look The Case for a Radical Makeover in Health Behaviour Research. *Theory & Psychology*, *17*(6), 811-837.
- Mollidor, C. (2013). *I deserve respect because I'm a good mum: social representations of teenage motherhood and the potential for social change* (Doctoral dissertation, The London School of Economics and Political Science (LSE)).
- Monfrecola, G., Fabbrocini, G., Posteraro, G., & Pini, D. (2000). What do young people think about the dangers of sunbathing, skin cancer and sunbeds? A questionnaire survey among Italians. *Photodermatology, Photoimmunology & Photomedicine*, *16*(1), 15-18.
- Moscovici, S. (1961/2008). *Psychoanalysis: Its image and its public* (D. Macey, Trans.). Cambridge: Polity Press.

- Moscovici, S. (1973). Introduction. In C. Herzlich (Ed.), *Health and illness: A social psychological analysis* (pp. ix–xiv). London: Academic Press.
- Murray, C. D., & Turner, E. (2004). Health, risk and sunbed use: A qualitative study. *Health, Risk & Society*, 6(1), 67-80.
- Murray, M. (2014). Social history of health psychology: context and textbooks. *Health Psychology Review*, 8, 215-237.
- NHS Choices (2016a). *Skin cancer (non-melanoma)*. Retrieved July 26, 2015, from <http://www.nhs.uk/conditions/Cancer-of-the-skin/Pages/Introduction.aspx>
- NHS Choices (2016b). *Skin cancer (melanoma)*. Retrieved July 26, 2015, from <http://www.nhs.uk/Conditions/Malignant-melanoma/Pages/Introduction.aspx>
- Roberts, K. A., & Wilson, R. W. (2002). ICT and the research process: Issues around the compatibility of technology with qualitative data analysis. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 3(2), 15.
- Rose, D., Efrain, D., Gervais, M., Joffe, H., Jovchelovitch, S., & Morant, N. (1995). Questioning consensus in social representations theory. *Papers on Social Representations*, 4(2), 150-176.
- Schneider, S., Zimmermann, S., Diehl, K., Breitbart, E. W., & Greinert, R. (2009). Sunbed use in German adults: Risk awareness does not correlate with behaviour. *Acta Dermato-Venereologica*, 89(5), 470-475.
- Sinclair, C., & World Health Organization. (2003). Artificial tanning sunbeds: Risks and guidance. Retrieved from <http://apps.who.int/iris/bitstream/10665/42746/1/9241590807.pdf>
- Sniehotta, F. F., Presseau, J., & Araújo-Soares, V. (2014). Time to retire the theory of planned behaviour. *Health Psychology Review*, 8(1), 1-7.

- The Sunbed Association (TSA) (n.d.) *UV light*. Retrieved July 25, 2015, from [http://www.sunbedassociation.org.uk/UV\\_Tanning/UV\\_Light.aspx](http://www.sunbedassociation.org.uk/UV_Tanning/UV_Light.aspx)
- Trocki, K. F., Michalak, L. O., & Drabble, L. (2013). Lines in the Sand Social Representations of Substance Use Boundaries in Life Narratives. *Journal of drug issues*, 43(2), 198-215.
- Vannini, P., & McCright, A. M. (2004). To die for: The semiotic seductive power of the tanned body. *Symbolic Interaction*, 27(3), 309-332.
- Voelklein, C., & Howarth, C. (2005). A review of controversies about social representations theory: A british debate. *Culture & Psychology*, 11(4), 431-454.
- World Health Organisation (2016a). *Sunbeds*. Retrieved July 26, 2015, from <http://www.who.int/uv/faq/sunbeds/en/index5.html>
- World Health Organisation (2016b). *Skin cancers*. Retrieved July 25, 2015, from <http://www.who.int/uv/faq/skincancer/en/index1.html>

**Acknowledgements**

The first author received support through a Keele University PhD studentship during the conduct of this study.

ACCEPTED MANUSCRIPT

**Highlights**

- A considerable amount of negativity and disapproval surrounds sunbed use.
- Sunbed users engage in identity-work because of wider negativity.
- Sunbed users use their health as a discursive tool to counteract negative stereotypes.
- Sunbed campaigns and interventions should take these matters into account.