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## Theory in social marketing

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### Introduction

At its core, commercial marketing is focused on understanding and influencing consumer behaviour. Marketers want to know what makes people visit retail outlets, listen to persuasive messages, engage with particular brands – and ultimately, buy different products and services. They have devised a range of skills and theories that help them do this, and these are explained elsewhere in this book. Social marketing adopts a slightly different perspective, and focuses not on consumer behaviour, but social and health behaviour. It uses many of the same principles that are used in commerce: understanding the target group, strategic planning and relational thinking, for instance, are all as important in social as commercial marketing. Social marketing also makes use of theory, and its focus draws it particularly towards theories of human behaviour. This chapter will discuss the role of theory in social marketing.

It starts by explaining a little more about social marketing and why its focus on human behaviour is so important. It then goes on to discuss the value of theory – how it distils previous learning and enables us to simplify complex phenomena. This section also draws attention to the need for theory to remain tied to the practical – as Kurt Lewin (1951: 169) said over 50 years ago: there is nothing so practical as a good theory. For social marketers, then, the test of a good theory is whether or not it helps them to do the job more effectively.

The chapter goes on to look at three important theories which help social marketers to think more systematically about the key questions they need to address:

1. How does the target group or population feel about a particular behaviour (stages of change theory);
2. What social and contextual factors influence this positioning (social cognitive theory and social norms)
3. What offerings might encourage them to change their behaviour – or, those in a position to do so, to make the social context more conducive to change (exchange theory).

The intention is not to provide an exhaustive list of all the theories social marketers use, or even to make specific claims for the chosen theories, but instead to illustrate the potential benefits of theory and how social marketers can harness these benefits.

To keep faith with Kurt Lewin's maxim, the chapter refers regularly to practical examples which illustrate the real-world impact of theory. It makes particular use of the case of smoking in the UK, which is a useful example for three reasons. First it represents a very real social problem: one in two smokers who do not quit will die as a result of their habit. Second, smoking is a typically complex human behaviour with many influences and an equal array of possible social marketing responses. Third, real progress is being made in the fight against tobacco: smoking rates have more than halved since Richard Doll first uncovered the health risks back in the 1950s, and highly respected bodies like the Department of Health and the British Medical Association are now predicting a point where smoking in the UK will cease altogether.

### Why social marketers care about behaviour change

The commercial marketers' focus on consumer behaviour is self explanatory: if people stop buying products and services they go out of business. The motives of social marketers are less obvious, but stem from an equally compelling truth. Consider for a moment: what do the following have in common: smoking; rape; democracy; vandalism; global warming; teenage pregnancy? They are all pressing social issues. They are of great concern. They have a big impact on our welfare. They can, indeed, become matters of life and death. They have all these similarities. But the most basic trait they share is that each one is a function of human behaviour: of the perpetrators' actions and those of the people who create a social environment that makes them more or less attractive options. Thus teen pregnancy is partly determined by the behaviour of adolescents and partly the result of an over sexualized and hypocritical society which endorses the sale of raunchy dolls, T-shirts and even pole dancing kits to children (see Figure 15.1), but restricts sex education. Similarly, binge drinking is partly due to individuals behaving badly and also to the irresponsible marketing strategies of the alcohol industry.




<p>Padded bikini top for girls aged 9–10yrs (Primark)</p>  <p><a href="http://www.thesun.co.uk/sol/homepage/woman/article1076567.ece">http://www.thesun.co.uk/sol/homepage/woman/article1076567.ece</a> (accessed 14/08/09)</p>	<p>Porn star T-shirts (various outlets)</p>  <p><a href="http://rlv.zcache.com/his_little_porn_star_tshirt-p235530645344434359q9oe_400.jpg">http://rlv.zcache.com/his_little_porn_star_tshirt-p235530645344434359q9oe_400.jpg</a>, (accessed 14/08/09)</p>	<p>Pole dancing kit (Sold on toys and games site of Tesco Direct, removed in 2006)</p>  <p><a href="http://www.dailymail.co.uk/news/article-447057/Tesco-Asda-attacked-lingerie-pole-dancing-kits-kids.html">http://www.dailymail.co.uk/news/article-447057/Tesco-Asda-attacked-lingerie-pole-dancing-kits-kids.html</a>, (accessed 14/08/09)</p>
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Figure 15.1 Marketing sex to children: is it any surprise that the UK has a problem with teen pregnancy?

The vital role of behaviour on human welfare, then, is difficult to overstate. Nearly 20 years ago a study in the *Journal of the American Medical Association* (McGinnis and Foege, 1993) pointed out that more than half the population of developed countries would die prematurely as a direct result of lifestyle choices. In the ensuing two decades a completely new threat to public health – the rise in obesity – has been added to the picture, and the key lifestyle choices of smoking, drinking, poor diet and sedentary living have been vigorously exported to the developing world. Behaviour, then, is a crucial determinate of everyone’s longevity and morbidity. Perhaps even more alarmingly, it is also impacting the health of the planet: global warming is driven by our desire for SUVs, overseas holidays and carbon-rich lifestyles.

So, social marketers focus on human behaviour because it matters. Theory helps them to do this more effectively.

## Theory in theory

Theory is a daunting word. It suggests both complexity and abstraction. In reality it should be the reverse of both of these: it should *simplify* and provide *practical* help.

It simplifies in two ways. First it is a means of distilling existing research into a coherent and explanatory perspective on the world which helps us to better understand specific events. Newton illustrated this principle when he explained that he had deduced the theory of gravitation, not through any isolated genius on his own part, but by building on the prodigious efforts of past scientists – or as he elegantly expressed it, by ‘standing on the shoulders of giants’. Theory enables us to do the same.

Theory also simplifies by building models of real-life phenomena. So, in the late 1990s when the UK government was trying to decide whether or not a ban on

tobacco advertising was justified, it needed to unpack and understand the phenomenon of youth smoking. To do so social scientists had to build models of all the possible influences on the uptake and continuance of smoking among young people and test which were actually having an effect. Theory helped them to identify these possible influences and provide a logical explanation for any observed effect. In other words it helped construct and make sense of the empirical evidence base – the real world. In the case of tobacco advertising some of the theories we will discuss below, especially those concerned with the social construction of meaning, played an important role.

The danger with such model building is that we forget that it is a simplification of reality, and, unless we treat it with circumspection, it can become an over-simplification – and thereby dangerous. This converts into the warning that, when it comes to human behaviour, we need to use theory with subtlety, allowing for the nuances and contradictions in the way we live our lives. Much as with marketing research, theory is not a prescriptive tool but simply an aid to decision making. It suggests likely explanations and plausible connections, but there is still a need for human intuition and intelligent decision making before these can be converted into sensible conclusions and useful actions. Notwithstanding Newton's self effacing acknowledgement of his fellow scientists' efforts, his genius also played a crucial role in the development of gravitational theory.

This also brings us back to Kurt Lewin. Good theory must have practical applicability. The ultimate and overriding test has to be: does it help us to do the job better – or for social marketers, does it improve our chances of successfully changing behaviour in the desired direction. In the case of tobacco promotion, the suggestion from theory that tobacco advertising makes the social context more pro-smoking and thus encourages larger numbers of young people to smoke than would otherwise be the case has stood up to the real-world test. A study in the UK, found that support for smoke-free legislation pre-ban significantly increased perceptions of non-smoking norms post-ban (Brown et al., 2009).

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### Three theories that interest social marketers

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As noted in the introduction, the social marketers' focus on human behaviour can be reduced to three basic questions:

1. How do the target group feel about a particular behaviour
2. What social and contextual factors influence this positioning
3. What offerings might encourage them to change their behaviour – or, those in a position to do so, to make the social context more conducive to change.

Three theories – or groups of theories – have helped to elucidate these questions, and each is now discussed in turn.

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## 1. Stages of change theory

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This is also known as the Transtheoretical Model and is the work of two American academics called James Prochaska and Carlo DiClemente (2005). At its heart is a very simple but powerful observation: that when people change complex behaviours they will often do so gradually in a stepwise fashion, rather than in one flip. Thus smokers who decide to quit do not tend to do so spontaneously, without any forethought. Typically they will have given it consideration in the past, and this consideration will initially have been triggered by developing awareness of the downsides of the habit.

Similarly they do not complete the transition to non-smoker instantly – or necessarily even quickly. Many smokers will wrestle with their addiction at least for a short while and some long-term quitters still retain smoking inclinations years later. Indeed, the protracted nature of quitting is officially recognized by cessation experts who do not formally classify a smoker as having successfully quit for at least six, and often 12, months.

Prochaska and DiClemente (2005) noticed this foot dragging phenomenon and began to study it in detail. It occurs not just with smoking but a whole series of addiction-related and other health behaviours including condom use, quitting cocaine, using sunscreen and weight control (Prochaska and Velicer, 1997). They studied the process in detail and concluded that the process of behaviour change can be divided into five stages:

- *Pre-contemplation*: you may be aware of the new behaviour (e.g. quitting smoking or obeying the speed limit) but are not interested in it, at least at this point in your life.
- *Contemplation*: you are consciously evaluating the personal relevance of the new behaviour.
- *Preparation*: you have decided to act and are trying to put in place measures needed to carry out the new behaviour.
- *Action*: you give it a go.
- *Confirmation (or maintenance)*: you are committed to the behaviour and have no desire or intention to regress.

Their initial work hit the classic snag of any theory: it seemed to over-simplify matters. It did not, for instance, allow for the fact that people can move between these stages in both directions, nor that complex behaviour change is often the result of multiple attempts. In the real world there were simply too many exceptions to the rule. However Prochaska, DiClemente and Norcross (1992) responded constructively to the criticisms and developed their thinking further so that the model became circular rather than linear and people's capacity to regress as well as progress was allowed for (see Figure 15.2).

In addition they were able to demonstrate that it is perfectly possible to identify where people are in this process of change. Questionnaires have been developed and validated which can distinguish 'pre-contemplators' from those in 'preparation' and those who are 'maintainers' of an already attempted change.

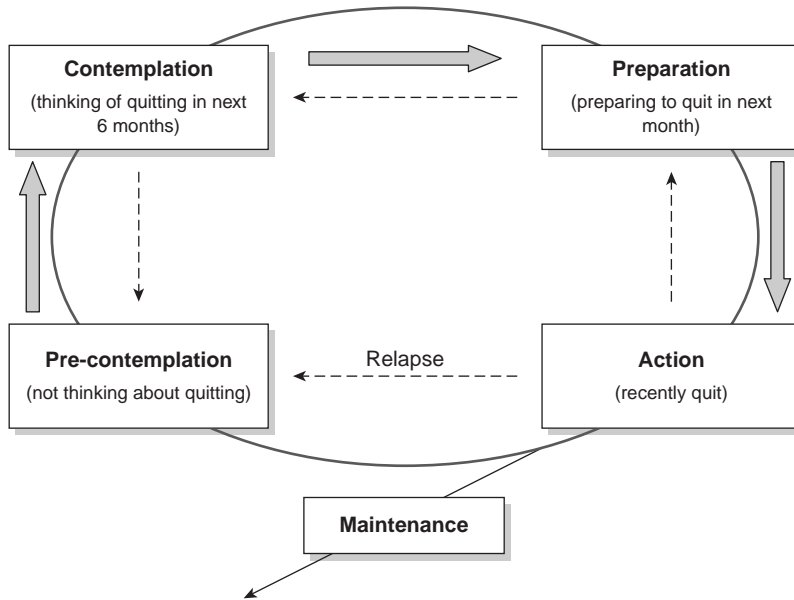


Figure 15.2 Stages of change (mark 2)

Now have a go at Exercise 15.1.

### Exercise 15.1

#### Stages of change in Abbotsford

You are a social marketer faced with developing an intervention to encourage more adults to quit smoking in Abbotsford, a small city in the north of England. How could the stages of change model aid your work? In particular, how would it influence your approach to: (1) determining your target group; and (2) setting objectives?

What does this tell you of the theory's strengths and weaknesses?

You could start by doing primary research, using the sort of questionnaire mentioned above, to establish where the population of Abbotsford is on the stages of change model. Are most of them already trying to give up, for instance, or has the thought never even occurred to them? This in turn would make it possible to devise realistic objectives: moving a population of pre-contemplators right through to ex-smokers would be extremely ambitious, but shifting a proportion of them into contemplation might be doable. It would also make sense to devise different interventions to suit the needs of the various groups – for example pre-contemplators may need information about the harmful effects of smoking and the benefits of quitting, whilst contemplators are more likely to require supportive resources and cessation services.

For the social marketer, then, as Alan Andreasen notes (1994), stages of change has a number of great benefits. For a start, it provides a better understanding of the customer and their proximity to the desired behaviour change. This insight then makes it possible to set realistic and measurable objectives, and helps inform two key elements of the marketing strategy: segmentation and targeting, and the design of the offering.

However, there are also potential pitfalls with stages of change. First it can assume an overly conscious decision making process; that people methodically weigh up the pros and cons of a course of action and always pursue the rational alternative. In this sense it can come to resemble economic thinking which emphasizes logical reasoning in decision making, rather than marketing thinking which recognizes that we all do things on the basis of emotion as well rationality. In the case of smoking this can leave social marketers languishing in a false reality limited to scientific facts and figures which then struggles to compete with the evocative brands created by tobacco marketing.

The second problem also emerges from an over-zealous application of stages of change. The UK cessation service – one of the best in the world – used the theory as a way of selecting potential clients to the extent that *only* those in the action stage were allowed to use the services – so contemplators and pre-contemplators got ignored. Such precision assumes that the model is spot on (and as has already been noted no model ever is; they are all approximations), and that the measurement procedures are perfect (they never are: research can only reduce uncertainty not produce certainty). As DiClemente himself recently put it, it is a mistake to treat ‘the model as a religion and not a heuristic to explore the change process’ (DiClemente, 2005, p. 1048). The model simply provides an intelligent way of thinking about how close our clients are to a particular behaviour.

This of course leaves the need to explain how people come to be in this position, and what the social marketer can then do to move them on. Two other theoretical perspectives can help here.

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## 2. Social cognitive theory

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As with stages of change the basic idea here is very simple: in this case it is that, as John Donne said, no man (or woman) is an island. All of our decisions and behaviours are a product of both our individual skills and volition, and the social context we live in (see Figure 15.3).

At one level this social dimension to our behaviour is abundantly apparent: a teenager living in London is much more likely to binge drink than his opposite number in Jeddah. The social mores, laws, and availability and promotion of alcohol, together with the behaviours of their respective peers will have an enormous impact on the respective teenagers’ choices – probably even more so than any individual inclinations or knowledge they may have.

In other cases the effects are less obvious but still vitally important. In the UK, as in other countries, there is a direct correlation between poverty and health. The social circumstances in which people live have a big impact on the health choices

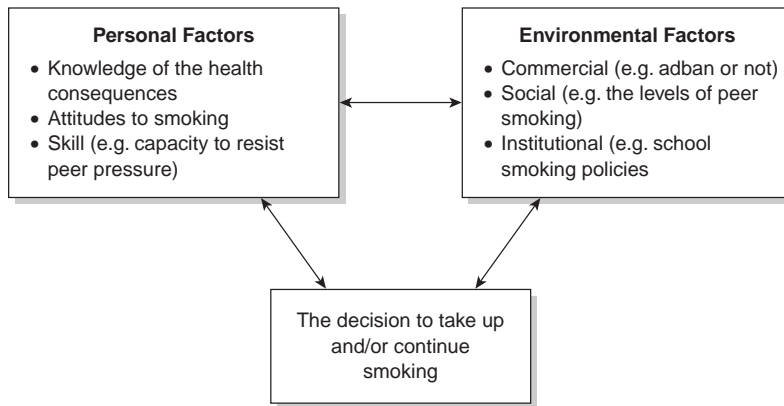


Figure 15.3 Social cognitive theory – personal and environmental determinant of teen smoking

they make – middle-class groups are much less likely to smoke, for instance, than their poorer fellow citizens – and this has a fundamental impact on health outcomes. Thus, a recent WHO study (Gillan, 2006) shows that men living in the underprivileged Calton district of inner-city Glasgow die a full quarter of a century before their affluent peers in the suburbs.

Thinking from *social norms* and *social epistemology* can help social marketers to unpick and respond to this alarming phenomenon.

### *Social norms*

The core tenet of social norms is that people's behaviour is at least partly derived from seeing what most people do or say in similar situations (sometimes referred to as descriptive norms), or by considering what they feel are the accepted or approved behaviours in these situations (injunctive norms). This is based on a natural human tendency to conform with the prevailing and approved behaviours of important others, such as family members, friends, peers and work colleagues. For instance, Cialdini, Kallgren and Reno (1991) argue that this social normative conduct comes from the need to be accepted by important others, as well as systems – whether formal or informal – that ensure that rewards are provided for compliance or sanctions for non-compliance. Furthermore, research has demonstrated that in a setting or environment where a particular behaviour (e.g. anti-littering) is emphasized and therefore becomes normative, people will conform with it.

On the other hand, this can become problematic when undesirable behaviour is encouraged by incorrect perceptions of how other members of the social groups think and act. For example, an individual may overestimate the permissiveness of peer attitudes and behaviours as regards smoking, alcohol, or other drug use, or underestimate the degree to which peers engage in healthy behaviour. Social norms interventions are built on the principle that correcting such misperceptions by providing accurate information is likely to result in decreased problem behaviours and increased healthy behaviours.



These assumptions have been confirmed by extensive research on youth drinking and cigarette smoking and by social norms marketing interventions to reduce binge drinking, smoking initiation, and to promote safe driving. In the United States, for instance, normative campaigns on college campuses that focused on providing accurate information about the prevalence of alcohol and drug use (e.g. most of your peers do not drink) have been largely successful in promoting healthy normative behaviours (Bauer et al., 2000). In most of these colleges, a reduction of 20 per cent or more in high-risk drinking rates occurred within two years of initiating a social norm campaign, and one case resulted in reductions of over 40 per cent after four years.

Social marketers have also promoted healthy behaviour at the societal level by employing public health measures to change social normative behaviours. For example, Hamilton, Biener and Brennan (2008) demonstrated that enacting strong regulations (i.e. clean indoor air regulations and laws prohibiting sales to youths) in Massachusetts significantly affected adults and youths' perceived community norms to be more anti-smoking. Another study in the UK, found that support for smoke-free legislation pre-ban i.e. the smoking ban enacted in Scotland in March 2006, significantly increased perceptions of non-smoking norms post-ban (Brown et al., 2009).

Media campaigns can also address social norms, and these have also been shown to influence behaviour. Thus the tobacco industry has successfully branded their products with images embodied in socially desirable and idealized characteristics. The perceived popularity of 'The Marlboro Man', so familiar in commercials since the 1950s, for instance, has provided an appealing social model for decades. On the other hand, the American Legacy Foundation's counter-marketing 'Truth' social marketing campaign deliberately attacked these erroneous norms by graphically displaying the unscrupulous practices of the tobacco industry ([www.thetruth.com](http://www.thetruth.com)). It has resulted in a significant decline in youth smoking in North America.

Now have a go at Exercise 15.2.

### Exercise 15.2

#### Social norms approach to preventing binge drinking

**You are employed as a social marketer by a non-governmental organization to design a social marketing campaign to discourage first-year students from binge drinking. Consider how you could use a social norms approach to plan an intervention to decrease binge drinking on campus?**

**What are the limitations of this approach to your campaign?**

As the success of most social norms campaigns is grounded in a sound understanding of the majority attitudes and/or behaviours of the target audience, you could start by doing a survey to gather reliable data about the first-year students. This would need to establish how many students actually drink and to what extent, as well as their perceptions of their peers' drinking habits. Any indicated tendency for students to exaggerate their peers' drinking habits would suggest a need for a

campaign correcting these misperceptions. The evidence suggests that repeated exposure to a variety of positive, credible data-based normative messages can correct misperceptions and thereby reduce binge drinking.

Although social norms campaigns hold great promise for behavioural change, some campaigns have failed. In particular there is a problem with target groups questioning, at least initially, the validity of survey data which challenges their (mis)perceptions. However, they will rethink their assumptions if reliable data is presented in an open and engaging manner, and the campaign is sufficiently sustained and deemed to come from a reliable source. This last point is reinforced by social epistemology.

### *Social epistemology*

Social epistemology is the exploration of the social dimensions and conditions of knowledge (Fuller, 1991; Goldman, 1999, 2006). Classic epistemology focuses on how individuals acquire and justify knowledge, whereas social epistemology focuses on how groups of people do so. Though emerging from philosophical theories of knowledge, today social epistemology is an interdisciplinary field of research incorporating contributions from a variety of scientific fields, most notably philosophy, rhetoric, pedagogy, political theory, sociology, economics and information science.

Social epistemology can bridge one of the gaps in social cognitive theory. As has been said, it is crucial for social marketers to be able to understand and explain human behaviour. The main merit of social cognitive theory is that it combines internal, personal factors (knowledge and motivation) as well as external factors from the wider social context (social norms and socio-economic factors) in the explanation of human behaviour. However, the focus on knowledge as a personal, individual thing means that social marketers relying on social cognitive theory are likely not to pay attention to the social aspects of knowledge.

This is problematic because an important aim for most social marketers is to communicate various kinds of information to specific social groups. For example, social marketers involved in campaigns to inform smokers in the pre-contemplation stage about the health consequences of smoking would benefit from having an informed idea about how their target group – as a group – acquires and justifies knowledge. If the informational campaign does not take account of how the target group thinks, reasons and puts emphasis on knowledge, it is unlikely to succeed. Social epistemology comes in handy because it shifts the focus on knowledge from an internal, personal perspective to an external, contextual one.

To get a grasp of the basic difference between focusing on knowledge as an individual rather than a social concept, consider a case where the social marketer draws on social cognitive theory in order to design a campaign that aims at improving the dietary choices in a given target group. Holding up social cognitive theory as a reasonable, rough model of human behaviour, the social marketer would be likely to focus on the individuals' actual knowledge and beliefs about the correlation between food and health. However, the theory would be unlikely to lead the social marketer to an exploration of what kinds of knowledge sources (journalists, doctors, scientists, spiritual leaders, peers, parents, partners) the target group predominantly acquires its knowledge from, and which ones it thinks of as

authoritative or reliable. In contrast, social epistemology would do so through its focus on the social conditions of knowledge.

The difference between the two theoretical approaches can be summed up like this: social cognitive theory asks ‘what does the client know’, whereas social epistemology asks ‘how did the client arrive at and justify his or her beliefs’. But is all this talk about knowledge as a social phenomenon of any use?

To answer that question, have a go at Exercise 15.3.

### Exercise 15.3

#### Social epistemology and informational campaigns

**You are a social marketer faced with developing an informational campaign to improve the dietary choices of a group of people that: (a) is predominantly vegan; (b) distrusts official public advice on health and relies heavily on ‘alternative, non-scientific, spiritual experts’; (c) frequently takes yoga classes; and (d) is subject to malnutrition, because the diet contains too few proteins.**

**Social epistemology emphasizes how social groups acquire knowledge and whom they trust as reliable sources of information. Why is this perspective important to your campaign?**

To design an effective campaign, it is crucial for you as a social marketer to understand how the target group acquires knowledge, and what sources of knowledge it particularly values. If your target group, as in Exercise 15.3, distrusts public experts, an informational campaign that quite clearly originates from a public health department is doomed. To get your message across you will need to tap into a knowledge source, which the target group respects and trusts. In the exercise, a partnership with yoga instructors might be an effective way to support and strengthen your social marketing communications. In this way social epistemology strengthens the marketer’s power of persuasion through encouraging an exploration and analysis of the target group’s idea of reliable knowledge and harnessing the power of source effect.

In summary, social cognitive theory adds a helpful social perspective to the understanding of behaviour change, and social epistemology and social norms make it easier for social marketers to apply this insight. Specifically, they shed light on why people have a given positioning with regard to a particular behaviour. Why a working-class teenager may be more inclined to smoke than a middle-class one, for example, or why quitting tobacco may be more of a challenge to a resident of inner-city Glasgow than it is to his affluent peer in the suburbs. The theories also begin to identify possible social marketing interventions that might alter this positioning. Exchange theory can also help here.

### 3. Exchange theory

The underlying assumption of exchange theory is that we are all trying to improve our lot in life – to make things better (in whatever way) for ourselves and our

nearest and dearest. This acquisitive characteristic is balanced by a recognition that everyone else is also trying to do the same thing, so some sort of exchange or quid pro quo is the best way of achieving our aims. This acceptance of the benefits of 'doing deals' or trading has been traced back to the earliest days of the human race, and arguably is one of the key ways in which we have progressed and developed so effectively compared with other species. (Though the advent of global warming suggests our dealings now need to take on a new level of sophistication if we are not going to develop ourselves out of existence!)

As Philip Kotler points out, (Kotler, 2000) there are alternative approaches to the exchange between the marketer and consumer. We can go it alone and self-produce our own added value; we can resort to force and compel our fellow beings to hand over their added value; or we can sublimate our desires and settle for a simpler existence. All of these options have some currency and are adopted on occasion – but none have proved as adaptable, effective or acceptable as the idea of exchange.

Nonetheless, as Kotler goes on to show, exchange will only happen when five prerequisites are met:

1. There are at least two parties.
2. Each party has something that might be of value to the other party.
3. Each party is capable of communication and delivery.
4. Each party is free to accept or reject the offer.
5. Each party believes it is appropriate or desirable to deal with the other party.

It is easy to see how the idea of exchange and Kotler's five prerequisites apply in a commercial marketing context. There is a very obvious transfer of product for money and the value gained by both parties is easily logged. When I buy a cinema ticket, for instance, the benefits to both me and the seller are readily apparent. In the case of social marketing however, the offering is typically much less tangible: the possible avoidance of an unfamiliar disease sometime in the future, for instance, or an unintended pregnancy. The different types of benefit have been termed 'utilitarian' and 'symbolic', but thinkers in social marketing are adamant that exchange is very much at the core of the field (Bagozzi, 1975). Furthermore commercial marketers can deal in symbolic exchange just as enthusiastically as social marketers: it is, after all, symbolism that underpins the enormous power of branding.

Figure 15.4 illustrates how exchange can operate in social marketing.

There are, however, two remaining concerns about exchange theory in social marketing. The first takes us back to Kotler's third and fourth prerequisites: the capability and freedom to exchange – which reintroduce the vital issues of power and equality. We have already noted the terrible inequalities that persist even in a developed democracy like Britain; the reality is that in many instances people are simply not in a position to engage in mutually beneficial exchange. They may place less value on what middle-class health professionals see as self-evidently desirable offerings, have reduced access to them or little to offer in exchange. Thus men in the Calton district of Glasgow may be less attracted to longer life when

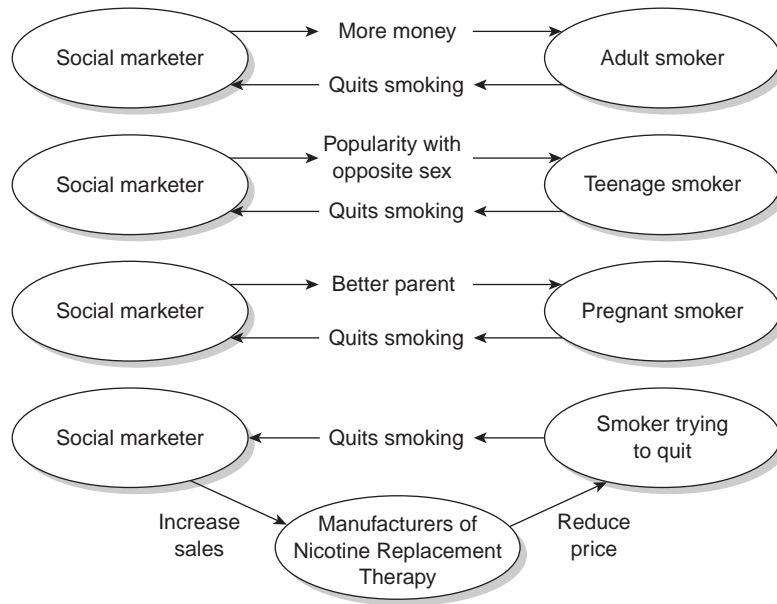


Figure 15.4 Examples of exchange in social marketing smoking cessation

they have no pension to make it comfortable, live in a social context which has little time for cessation services and be a less attractive proposition to health workers bent on meeting onerous quit targets.

This power imbalance does not invalidate exchange for social marketers, but it does underline the need to think carefully about how target groups can be empowered and social marketing offerings made as attractive, available and affordable as possible.

The second concern about exchange theory is addressed in Exercise 15.4.

### Exercise 15.4

#### Altruism or exchange?

Many working in social marketing fields such as health improvement or poverty alleviation take great exception to the idea encapsulated in exchange that the social marketer is seeking to gain from their efforts to help their target groups. Surely, they argue, the whole basis of their work is altruism and doing good without regard to self interest.

How would you argue with this view?

The argument seems plausible initially, but in reality has two basic flaws. First it assumes that the target group has nothing of value to offer; that their view of the world, particular initiatives or what is important in life has no bearing on the work

of the health professional or behaviour change specialist. In reality this is both patronizing and foolish. Marketers – whether commercial or social – know that such insights are the lifeblood of their efforts; they offer by far the best way of improving the acceptability of the behaviour change offering.

Second the assumption that behaviour change specialists are all selfless saints belies a world of accountability and targets. Contractual obligations, career development and even remuneration are all built on successful change efforts. The social marketer needs their target group's behaviour change just as much as the target group needs the benefits it will bring.

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## Conclusion

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In this chapter we have looked at the role of theory in social marketing, showing how, far from confusing the process with abstruse complexity, it can clarify and provide tangible help. Specifically we have seen how three theories – stages of change, social cognitive theory (with its sub-theories of social norms and social epistemology) and exchange theory – help social marketers to answer key questions about their customers, and provide them with solutions. In the process we have once again demonstrated the wisdom of Kurt Lewin's words: there really is nothing so practical as a good theory.

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## References

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- Andreasen, A.R. (1994) 'Social marketing: its definition and domain', *Journal of Public Policy and Marketing* 13(1): 108–14.
- Bagozzi, R.P. (1975) 'Marketing as exchange', *Journal of Marketing*, Vol. 39, pp. 32–39.
- Bauer, U.E., Johnson, T.M. and Hopkins, R.S. (2000) 'Changes in youth cigarette use and intentions following implementation of a tobacco control program: findings from the Florida Youth Tobacco Survey', *Journal of the American Medical Association* 284: 723–28.
- Brown, A., Moodie, C. and Hastings, G.B. (2009) 'A longitudinal study of policy effect (smoke-free legislation) on smoking norms: ITC Scotland/UK', *Nicotine & Tobacco Research* 11: 924–32.
- Cialdini, R.B., Kallgren, C.A. and Reno, R.R. (1991) 'A focus theory of normative conduct: A theoretical refinement and re-evaluation of the role of norms in human behaviour, in L. Berkowitz (eds) *Advances in Experimental Social Psychology*, Vol. 24, San Diego, CA: Academic Press, pp. 201–34.
- DiClemente, C.C. (2005), 'A premature obituary for the transtheoretical model: a response to West (2005)', *Addiction*, Vol. 100, No. 8, pp. 1046–48.
- Fuller, S. (1991) *Social Epistemology*, Bloomington: Indiana University Press.
- Gillan, A. (2006) 'In Iraq, life expectancy is 67. Minutes from Glasgow city centre, it's 54', *The Guardian* 21 January.
- Goldman, A. (1999) *Knowledge in a Social World*, Oxford: Clarendon Press.
- Goldman, A. (2006) 'Social epistemology', in E.N. Zalta (ed.) *Stanford Encyclopedia of Philosophy*, available at: <http://plato.stanford.edu/entries/epistemology-social/> (accessed 12 August 2009).
- Hamilton, W.L., Biener, L., and Brennan, R.L. (2008) 'Do local tobacco regulations influence perceived smoking norms? Evidence from adult and youth surveys in Massachusetts', *Health Education Research* 23: 709–22.

- Kotler, P. (2000) 'Marketing management: Analysis, planning, implementation and control', 10th Edition, London: Prentice Hall International.
- Lewin, K. (1951) *Field Theory in Social Science: Selected Theoretical Papers* (ed. D. Cartwright). New York: Harper & Row.
- McGinnis, J.M. and Foegen, W.H. (1993) 'Actual causes of death in the United States', *Journal of the American Medical Association* 270(18): 2207–12.
- Prochaska, J.O. and DiClemente, C.C. (2005) 'The transtheoretical approach'. In: Norcross J.C., Goldfried M.R., (Eds.). *Handbook of psychotherapy integration* (pp. 147–171). New York: Oxford University Press.
- Prochaska, J.O., DiClemente, C.C. and Norcross J.C. (1992) 'In Search of How People Change', *American Psychologist*, Vol. 47, No. 9, pp. 1102–14.
- Prochaska, J.O. and Velicer, W.F. (1997) 'The transtheoretical model of health behavior change', *American Journal of Health Promotion* Vol. 12 No. 1, 38–48.