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Making sense of sunbed tanning: A social representations approach

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Abstract

A substantial body of research has addressed the continuing popularity of sunbed tanning despite increasing evidence of the associated risks. Much of this research has tended to be atheoretical or underpinned by theoretical assumptions which neglect the wider socio-cultural context in which sunbed tanning is positioned. There is a need to adopt a social psychological perspective to explore how this apparent conundrum is made sense of by those who use and do not use sunbeds. Informed by social representations theory as well as rhetorical psychology, the overarching aim of the thesis is to develop and obtain an extensive social psychological understanding of sunbed tanning. The thesis adopts a number of complementary methods. Firstly, an online survey was conducted which provided a starting point for exploration. Building upon these findings, interviews were conducted to enable more in-depth insight. Study three explored how sunbed tanning was being discussed in interaction in online forums. Findings revealed that sunbed tanning was consistently represented in two interrelated ways by those who had never used sunbeds: as a risky behaviour, and as a vain, aesthetically motivated practice. Inherent within these representations was considerable negativity. Findings revealed that the sunbed users' discourse was dominated by attempts to manage and resist this negativity, enabling them to defend and negotiate positive identities for themselves.

Finally, an ethnographic study of two sunbed salons was conducted in study four to explore how the wider negativity was influencing the actual behaviour of sunbed users. Despite discursive attempts to resist the negativity, findings of the final study revealed the influence of the disapproval through its internalisation at the behavioural level. Overall, this thesis demonstrates that sunbed users are engaged in a considerable amount of identity-work in light of the negativity surrounding their behaviour, which is essential for campaigners and researchers to take into consideration when designing interventions aimed at reducing sunbed usage. Implications for health psychology research and theory are discussed.

Key words: sunbed tanning, social representations, identity, multiple methods, qualitative

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Chapter One

Introduction and Setting the Scene

1.1 Background and Motivation

Research for this thesis commenced in September 2011, shortly after the implementation of the Sunbeds (Regulation) Act (2010), in England and Wales on the 8th of April 2011. This legislation made it illegal for anyone under the age of eighteen to use a sunbed. The main aim of the legislation was to prevent the use of sunbeds by children and young people (Department of Health, 2011), in order to protect them from the harmful effects of sunbed use, following specific recommendations in 2003 from the World Health Organisation (WHO). Sunbeds, according to the 2010 Act, are defined as “electronically-powered devices designed to produce tanning of the human skin by the emission of ultraviolet radiation” (Department of Health, 2011, p. 5). As well as being linked to aesthetic damage and other health complaints, sunbeds are now well-known carcinogens associated with non-malignant and malignant melanoma skin cancer (WHO, 2015a). Malignant melanoma is the deadliest form of skin cancer mainly because it can spread to other organs in the body (Cancer Research UK, 2015a).

During the lead-up to the introduction of this legislation and subsequently therefore the commencement of my research, sunbed tanning and the associated risks had come under increased scrutiny, and been the focus of a considerable amount of negative media attention. Newspaper and magazine articles, for example, were frequently communicating the dangers associated with sunbeds, typically reporting stories of someone developing skin cancer as a result of using them. Headlines were typically sensationalist, and accompanying images of severe skin burns, as a result of using a sunbed, and cancerous moles were common. The image of an American woman with an excessively tanned appearance who had reportedly been arrested for allowing her young child to use a sunbed, was in circulation during the lead-up to my research. Concerns over the potential addictive effects of using a sunbed were also increasingly being publicised, with research referring to excessive sunbed use as being comparable with an alcohol and/or drug addiction (e.g. Mosher & Danoff-Burg, 2010). Slang terms such as “tanorexia” and “tanaholic” were being increasingly used by the media to refer to

someone addicted to using sunbeds. A number of campaigns aimed at reducing and/or preventing sunbed use were also in circulation around the onset of my research, for example, in 2011 SunSmart UK, the UK's National Skin Cancer Prevention Campaign run by Cancer Research UK, launched R UV UGLY? This campaign, funded by the Department of Health, provided sunbed users with free skin scans to show them the hidden cosmetic damage that using a sunbed can cause (Cancer Research UK, 2014a). With its celebrity endorsements and innovative use of social media to engage audiences and disseminate their message, the campaign attracted a considerable amount of publicity (Cancer Research UK, 2012). The campaign was significant in terms of representing a deliberate move away from a focus purely on educating recipients about the health risks to the potential appearance damage sunbeds can cause. This move had stemmed from suggestions in the literature that an exclusive focus on health may not be maximally effective, given that research has consistently found appearance enhancement to be the most commonly cited motivation for sunbed use (Dodd & Forshaw, 2010).

Despite continued campaign efforts to raise awareness of the associated health, and more recently the appearance risks, a significant number of people continue to use sunbeds. This was something I could not make sense of; why would people intentionally put themselves at risk of developing skin cancer just for the sake of obtaining a suntan? (At this stage, I was unaware of any other reasons why someone may use a sunbed, and assumed it was a purely aesthetically motivated behaviour). Similarly, I could not understand the seemingly paradoxical nature of people using a sunbed to improve appearance when aware of the aesthetic damage sunbeds could potentially cause.

These questions, and the following experiences and observations, were the impetus for my research and subsequently laid the foundations for this thesis. My first thoughts on choosing my research area emerged at a time when both of my parents had been diagnosed with skin cancer, both non-malignant melanomas, within a close time period of each other. Whilst both were relatively easily treatable, I recall their and my own initial shock at being advised that sun damage was the probable cause, as certainly from my own memory they had never actively sought to obtain a suntan. They did acknowledge however, that in their early married years they had, in the absence of any education about the associated risks, enjoyed a number of sunshine holidays abroad and attributed excessive exposure to intense sunshine during that short period in their lives as being the probable

cause. A lifestyle and attitude change ensued for both of my parents, with them taking extra care and being extra vigilant in the sun and my mother in particular feeling very anxious about the possibility of any further skin cancers developing. At the same time, in my postgraduate year, I trained and worked part-time as a beauty therapist, which involved me often applying fake tan to clients, many of whom also used sunbeds. I worked with women for whom having and maintaining a tan was an important part of their ‘beauty’ regime. For several colleagues this meant applying fake tan daily, or using a sunbed at least once a week to try and maintain a tanned appearance.

At this time I was experiencing a dichotomy of two completely different worlds. On the one hand I was experiencing my family’s anxiety and endeavour to avoid any negative effects of the sun and, on the other, a world where actively seeking and having a suntan was considered the norm. It was this position that influenced the inception stage of my thesis and my desire to explore this area for my PhD research. My background as someone who has worked in the beauty industry, and has a family history of skin cancer, is something that I reflect on where appropriate throughout the thesis.

1.2 Setting the Scene: The Risks and Benefits of Sunbed Tanning

In this section I provide an overview of the topic to provide some background context and to set the scene for the rest of the thesis. In particular, I highlight the conflicting discourses pertaining to sunbed tanning that were circulating in British culture at the time this research thesis commenced. I begin by outlining the risks associated with sunbed use. I then provide details about the legislation in place pertaining to sunbed tanning, as well as highlighting some of the media campaigns aimed at reducing and/or preventing sunbed use. My focus will be predominantly on legislation and campaign efforts in the UK for the reasons that I articulate in section 1.3.2. Despite increased communication of the risks, people continue to use sunbeds, and I outline the prevalence of sunbed use, focusing on the UK. I then outline how a positive image of a suntan as attractive and healthy has become well-established in contemporary Western society, highlighting its historical, socio-cultural construction. Finally I highlight the claims in support of sunbed use being promoted by the sunbed tanning industry.

1.2.1 The Risks

Skin Cancer

Skin cancer is one of the most common cancers worldwide, with the number of people developing it increasing (WHO, 2015b). According to the WHO (2015b), there are approximately 132,000 malignant melanoma skin cancers diagnosed globally every year, and between 2-3 million non-melanoma skin cancers. In fact, one in every three cancers diagnosed worldwide is a skin cancer (WHO, 2015b). In the UK specifically, the rise in skin cancer incidence has been especially dramatic with malignant melanoma rates, in particular, quadrupling since the 1970s, faster than the increase of any other cancer (Cancer Research UK, 2015b). Every year in the UK, more than 100,000 cases of non-malignant melanoma and approximately 13,000 new cases of malignant melanoma are diagnosed (National Health Service (NHS) Choices, 2015). More than 2,000 people die from the disease every year (NHS, 2015), despite it being one of the most avoidable cancers. As well as being the cause of considerable distress, suffering and mortality, the diagnosis and treatment of skin cancer places great demands upon health care systems in terms of cost and resources, thus posing a considerable public health concern both in the UK and worldwide (Guy & Ekwueme, 2011).

There is now sufficient evidence to support a causal relationship between sunbed use and skin cancer (Zook, Less & Perlis, 2012). A meta-analysis conducted by the International Agency for Research on Cancer (IARC) in 2006, a working group of the WHO, concluded that individuals who had ever used a sunbed had a 15% increased risk of developing malignant melanoma compared to those who had never used one. In addition, the 2006 review concluded that the relative risk of developing malignant melanoma increased by as much as 75% for those who used a sunbed for the first time before the age of 35. The IARC (2006) further revealed a positive association between using a sunbed and non-malignant melanoma, of which there are two common types: squamous cell carcinoma (SCC) and basal cell carcinoma (BCC). Another meta-analysis has reported that sunbed use, at any age, increases the risk of SCC by 67% and BCC by 29% (Wehner et al., 2012).

Similarly to the findings of the IARC (2006), it was also concluded in a more recent review that using a sunbed for the first time before the age of 35 years increased the risk of developing

malignant melanoma by 59%, and 20-25% for sunbed use at any age (Boniol, Autier, Boyle & Gandini, 2012). Furthermore, findings indicated that the more someone used a sunbed the greater the risk; more specifically the risk increased by 8% for every additional sunbed session per year (Boniol et al., 2012). In 2009, the IARC re-classified sunbed tanning devices as a Group 1 'known carcinogen to humans,' putting them in the highest cancer-causing group alongside, for example, tobacco, alcohol and asbestos (El Ghissassi et al., 2009). The ultraviolet (UV) emissions from many sunbeds have been found to be stronger than from the Mediterranean midday sun (Young, 2004), with the findings of one study in particular, revealing the skin cancer risk from the former to be more than double that of spending the same amount of time exposed to the latter (Tierney et al., 2013). Sunbeds have been estimated to cause over 100 skin cancer deaths every year in the UK (Diffey, 2003). The authors of a more recent review and meta-analysis have estimated that sunbeds are responsible for 440 malignant melanomas every year in the UK, equating to more than one diagnosed every day (Boniol et al., 2012). Whilst this may appear a small figure compared to the overall number of melanoma incidence rates, cases caused by sunbeds are entirely preventable, and thus represents a crucial area of research focus.

Appearance Risks

As well as the potentially fatal skin cancer risk, using a sunbed also poses numerous problems for an individual's appearance both short-term and long-term. In the short term, sunbed tanning can lead to skin burning, fragility and scarring (Sinclair, 2003). In the long term sunbed tanning causes premature ageing of the skin, otherwise referred to as photo-ageing (Cancer Research UK, 2015c). The aesthetic damage caused by UV exposure is normally irreversible (Sinclair, 2003).

Other Health Risks

In addition to skin cancer and the potential aesthetic damage, sunbed tanning also poses other potential dangers to a person's health. UV radiation from sunbeds can contribute, for example, to the development of cataracts and other eye conditions such as photokeratitis, which is inflammation of the cornea and the iris (Sinclair, 2003). The 2006 IARC review also reported there to be sufficient

evidence of an increased risk of ocular cancer. Sunbed use can also work to suppress the immune system, leading to the possibility of a greater risk of a range of infectious diseases (Sinclair, 2003).

1.2.2 Legislation

At the time I commenced this research several countries worldwide, including several states in the USA and Australia, had made it illegal for anyone under the age of 18 years to use a sunbed. This legislation is consistent with the WHO's recommendation that sunbeds should not be used by anyone under the age of 18 (Sinclair, 2003). Brazil banned the use of sunbeds altogether in 2009 (Hay & Lipsky, 2012). In the UK, the Sunbeds Regulation Act (2010), as already noted in section 1.1, came into force in April 2011 in England and Wales. This legislation made it illegal for anyone under the age of 18 to use a sunbed, as well as to buy and/or hire a sunbed. In Scotland, similar legislation was implemented in 2009 and, more recently, for Northern Ireland in May 2012.

It is important to note that the legislation did not make it mandatory for tanning salons to be manned by trained staff, thus it is possible that under 18s can still access unsupervised salons (Cancer Research UK, 2015d). The Act did however include powers for the further regulation of sunbed use. In Wales and Northern Ireland these regulations have been extended to require all salons to be supervised, to provide protective eye-goggles, as well as to display appropriate health information. At the time of writing this thesis, these powers have not yet been extended to England and Scotland. From January 2015, commercial sunbeds were banned in all Australian states, except Western Australia, which will be introduced in 2016 (Cancer Council Australia, 2015).

1.2.3 Media Attention and Campaigns

As outlined in section 1.1, sunbed tanning has increasingly come under scrutiny, and been the focus of a considerable amount of media attention; newspaper and magazine articles, for example, have frequently communicated the dangers, particularly the skin cancer risk, associated with sunbed use. Figure 1.1 demonstrates the increasing number of times the term 'risk' has occurred in conjunction with 'sunbed tanning' in three UK newspapers in the ten year period prior to the commencement of my research. This frequency is important to note in order to place the thesis within

the context of its wider socio-cultural discourses. Although the media has a wide range of outputs (print, digital, social-media etc.), for demonstrative purposes I focus here on print newspapers. The data I gathered from the online newspaper database ProQuest is presented. The search included three UK national tabloid newspapers: the Daily Mail, the Sun, and the Daily Mirror. As illustrated by the graph, the number of times the term “risk” appeared in conjunction with “sunbed tanning” (the terms could be mentioned anywhere in the article) has increased by varying degrees over the past decade, from only 13 occurrences in 2002 to 88 in 2012 (when I commenced the research). The greatest increase occurred in 2009, coinciding with the lead up to the passing of the Sunbeds Regulation Act (2010). The terms appeared in conjunction with each other 146 times. This brief appraisal highlights the increased salience in society of the communication of the risks associated with sunbed tanning.

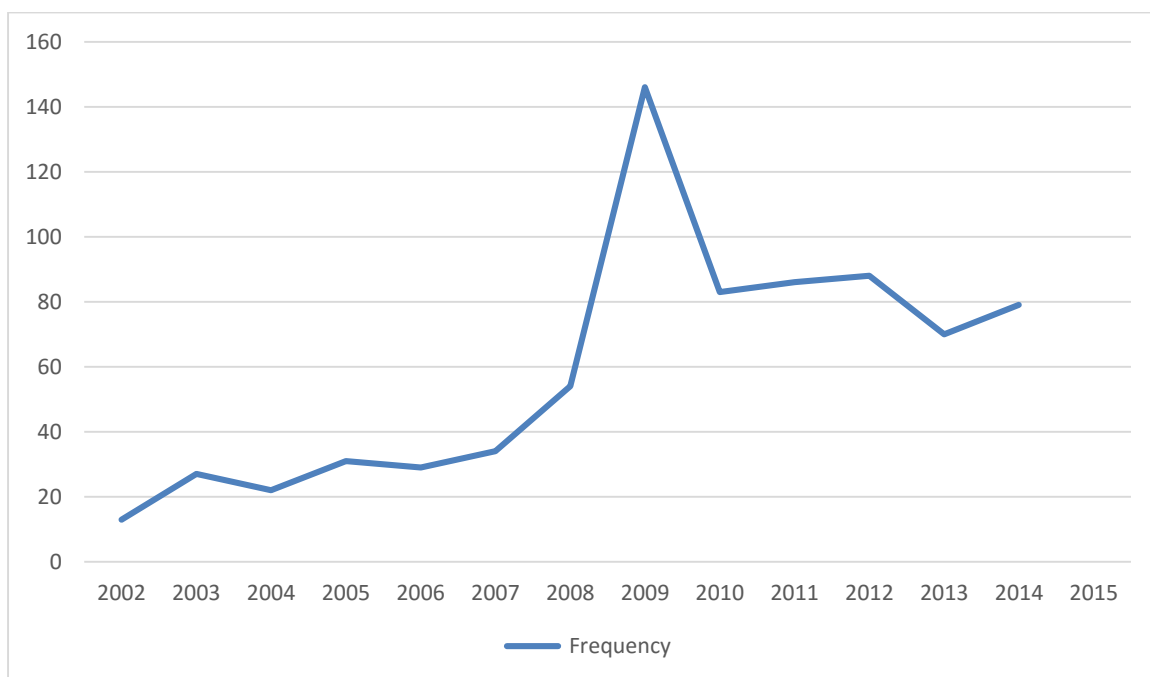


Figure 1.1: Number of times the terms “sunbed tanning” and “risk” occur together in any article in three UK tabloid newspapers (the Daily Mail, the Daily Mirror, the Sun), between 2002 and 2014.

Worldwide, several organisations have launched campaigns aimed at educating the public about the risks, including SunSmart UK. These efforts have primarily focused on communicating information about the skin cancer risk to the public, however recently the emphasis has shifted to

emphasising the associated appearance risks instead, for example, the 2011 R UV UGLY? Campaign, described in section 1.1. Liverpool City Council similarly ran an appearance based campaign called ‘The look to die for. Bin the Beds’ in 2013, with support from Cancer Research UK, the St Moritz fake tanning company, and the NHS, with the aim of raising awareness about the appearance dangers.

The risks have also been communicated via various news reports on the television, as well as in a number of documentaries highlighting the damage that sunbeds can cause. For example, a BBC3 documentary was aired in 2010 called *The Truth about Tanning*, fronted by celebrity Nicola Roberts, a campaigner involved in the push for the introduction of the Sunbeds Regulation Act (2010). Coverage has also included discussion about the risks on daytime television shows such as *This Morning*, where health professionals highlight the potentially fatal consequences of sunbeds, and explicitly advise viewers against using them. These shows typically involve interviewing former sunbed users who have developed skin cancer as a result of sunbed use, or medical experts speaking about the dangers. Despite increasing communication of the risks, people continue to use sunbeds, as I highlight in the next section.

1.2.4 Prevalence of Sunbed Use

Sunbed use is of particularly high prevalence in the USA and Northern Europe, especially in countries such as Norway and Sweden (Hay & Lipsky, 2012). It has been estimated, for example, that almost 30 million individuals in the United States of America (USA) use sunbeds every year (Levine, Sorace, Spencer & Siegel, 2005). Whilst prevalence rates are more modest in the UK, in comparison, a substantial minority of people still use them. With specific regard to the UK, estimates suggest that around 7% of the adult population use sunbeds (Diffey, 2003). Comparable statistics have also been estimated for adolescents (Mackay, Lowe, Edwards & Rogers, 2007), and even primary school age children (ages 8-11) (Hamlet & Kennedy, 2004). A North-South gradient has emerged (Hay & Lipsky, 2012), with the prevalence in 11-17 year olds considerably more common in the Northwest of England than in the Southwest (Thomson, Woolnough, Wickenden, Hiom & Twelves, 2010).

Whilst rates of sunbed use are indeed more modest in the UK, there is concern over relatively heavy sunbed usage (Hay & Lipsky, 2012). In Scotland, Oliver, Ferguson and Moseley (2007)

reported that 26% of their sample of 87 sunbed users had used sunbeds 50 or more times in the previous twelve months. Also previously in Scotland, McGinley, Martin and Mackie (1998) found that, from their sample of 205 sunbed users, 16% reported using a sunbed over 100 times in a twelve month period. In South Wales, Roberts and Foley (2009) found that 6% of their adolescent sample (ages 14-15) reported using a sunbed at least weekly. These findings should be considered in the context of the explicit recommendations that sunbeds should be avoided altogether (WHO, 2015c).

1.2.5 The Positive Image of a Tan: Some Historical Context

A well-established image of a tan as attractive and healthy exists in contemporary Western society. This positive image has a long history dating back to the Industrial Revolution. Before this time, a tan was seen to symbolise the outdoor working class, associated with disease and ill-health, whereas a suntan can now be seen to reflect health, beauty, and wealth (Hunt, Augustson, Rutten, Moser & Yaroch, 2012). A pale skin had previously dominated as the beauty ideal as well as being a representation, according to Randle (1997), of privilege, high social status and high social class. A tanned skin in contrast was traditionally regarded as negative and stigmatising (Hunt et al., 2012). During the Industrial Revolution, increasing numbers of people left the countryside to work in factories, with a pale skin consequently becoming associated with inside factory work, and long hours spent indoors (Hurd Clarke & Korotchenko, 2009; Hunt et al., 2012). Attitudes and beliefs regarding tanning subsequently began to change, and following the Industrial Revolution, rather than something to be avoided, a suntan became symbolic of beauty, high class and social status (Hunt et al., 2012). The absence of sunlight also became associated with ill-health, through sunlight being considered to be a natural, effective cure for diseases such as rickets and tuberculosis (Arthey & Clarke, 1995).

Although skin cancer rates climbed through the 1950s, 1960s and 1970s, and thus lessening support from the medical field, the desire for a tanned skin remained heavily embedded, with the world of fashion and the cinema especially working to maintain and strengthen its positive image (Hunt et al., 2012). Commercial sunbeds were introduced by Friedrich Wolf in the late 1970s (Coups & Phillips, 2012). A boom in the sunbed tanning industry occurred in the 1980s and 1990s, and the number of sunbed salons has continued to expand worldwide. In the USA, for example, the number

of sunbed salons actually exceeds the number of MacDonald's and Starbucks in sixteen of the major cities (Hoerster et al., 2009). In the UK, it is estimated that there are around 5,350 sunbed outlets (Walsh, Harris, Bowtell & Verne, 2009), but this is thought to be a considerable under-representation given the difficulties in being able to identify tanning salons, as a result of poor registration and lack of sufficient regulations. Medical concerns continued to grow and, according to Hunt et al. (2012), by the millennium the dangers associated with UVR, specifically the skin cancer risk, were being widely recognised by the public. The media, as demonstrated in section 1.2.3, has become increasingly focused on communicating the dangers of using sunbeds. Despite these attempts, a tanned appearance has been elevated to a position of high status, which is proving difficult to change (Hunt et al., 2012).

Research evidence has indicated the salience of the positive image of a tan as attractive and healthy in contemporary Western society. In Australia, Broadstock, Borland and Gason (1992), for example, revealed that having no tan was perceived to look the least healthy and least attractive, amongst school aged students, compared to medium and dark tans. This preference for a tanned skin rather than being pale has also been corroborated in more recent studies (e.g. Banerjee, Campo & Greene, 2008; Young & Walker, 1998). In the USA, men and women (aged 19-23 years) were found to perceive women with darker tans as more attractive than those with medium or light tans (Banerjee et al., 2008). Men also perceived women with dark tans to look aesthetically healthier and thinner.

1.2.6 Arguments from the Sunbed Tanning Industry

There are a number of claims articulated by the sunbed tanning industry that promote the use of sunbeds. In this section, I discuss some of the main claims that are proposed.

Vitamin D Production

One of the main arguments put forward is the claimed health advantages of using a sunbed, specifically the benefits of high levels of vitamin D produced in the skin following exposure to ultraviolet radiation (UVR). This argument is based on empirical evidence that has linked low vitamin D levels to illness and disease (e.g. Holick, 2007; Reddy & Gilchrest, 2010). Such evidence has led some to advocate using a sunbed as a practical means of maintaining optimal levels of the

vitamin (e.g. Holick, 2007; Schoenmakers, Goldberg & Prentice, 2008). The Sunbed Association UK (TSA UK) (n.d.) claims that “vitamin D is essential for good health.” The benefits of vitamin D promoted by the industry include benefits for bone health, colon cancer prevention, cellular health, organ health, skin disorders, and mental health. Despite this, it remains an on-going, polarized debate attracting a considerable amount of controversy in the medical community and amongst the public. The evidence has largely been inconclusive, and the argument ignores the fact that vitamin D is naturally present in a variety of foods, as well as being available as an oral supplement (Mendese & Gilchrest, 2012).

Safer than Outdoor Tanning

Another argument put forward by the industry is that sunbed tanning is actually safer than tanning outside in the natural sunshine. This argument, according to Mendese and Gilchrest (2012), has arisen from the belief that UVA radiation was thought to be a ‘safe’ way of obtaining a tan, as it did not cause DNA damage in the same way as UVB. Tanning devices, as a result, were developed that emitted almost entirely UVA (WHO, 2015c). Subsequent research has established that UVA does in fact cause DNA damage (Mouret et al., 2006), and both UVA and UVB are now understood to be carcinogenic (Ibrahim & Brown, 2008).

A Protective ‘Base Tan’

An additional claim articulated by the sunbed industry is that sunbeds can be used to achieve a protective ‘base tan,’ which refers to the use of sunbeds prior to going away on a sunny holiday in order to prepare and protect the skin from burning (Levine et al., 2005). The TSA UK (n.d.) states that “The main reason for using a sunbed is for a pre-holiday tan. Whilst the sun protection factor from a sunbed tan does not provide total protection, people having a base tan are less likely to over-expose themselves during the initial days of a holiday.” Whilst it is acknowledged that a base tan may reduce the chances of burning during the first days of sun exposure, it will not decrease cumulative damage (Mendese & Gilchrest, 2012). In fact, according to Levine et al. (2005), the opposite is likely to be the case, with greater long-term damage caused to the skin with prolonged UV exposure.

Effective Treatment for Skin Conditions

The sunbed tanning industry also propose that sunbeds offer an effective, convenient, and cost effective way to treat certain skin conditions such as acne, eczema, and psoriasis. Eczema and psoriasis can be safely and effectively treated with medically controlled UV light therapy, otherwise known as phototherapy (National Eczema Society, 2012; National Psoriasis Foundation, n.d.). Commercial sunbeds are considered by some to offer a somewhat controversial alternative (Su, Pearce & Feldman, 2005). The National Psoriasis Foundation UK (n.d.) does not support using sunbeds as a substitute for medical light therapy, nor does the National Eczema Society (2012).

Effective Treatment for Seasonal Affective Disorder (SAD)

As well as to help improve certain skin conditions, the sunbed industry also claims that sunbeds can be an effective treatment for SAD, a form of winter depression. Whilst individuals suffering from SAD may feel better after using a sunbed there is no empirical evidence to support its specific benefits in this context, and a number of leading organisations advise against using sunbeds as an alternative to UV light therapy typically used to treat it (Skin Cancer Foundation, 2013).

1.2.7 Summary of the Risks and Benefits

In this section I have outlined the conflicting context in which the topic of sunbed tanning is currently positioned. The risks are frequently communicated to the lay public by the media against a backdrop in which a historically, socio-culturally constructed positive image of a tan remains heavily embedded within Western society. Whilst this positive image remains, the method by which a person acquires a tan has become increasingly under scrutiny, with sunbed tanning taking on negative, almost stigmatising connotations (Hunt et al., 2012). According to Hunt (2012, p. 24), “like the stigma that has come to be associated with smoking, intentional sun exposure leading to a deep tan is increasingly viewed as irresponsible, ignorant or both.” Individuals who have become suntanned naturally, for example, through outdoor activities are viewed more favourably than those who have intentionally tanned. The latter is deemed particularly vain (Miller et al., 1990), fake and unappealing (Shoveller, Lovato, Young & Moffat, 2003). At the same time, claims regarding the benefits of using sunbeds are

continually being put forward and promoted by the sunbed industry, although these are typically more focused on the specific health-based benefits that sunbeds can offer, as discussed.

1.3 Overview of my Research

Here, I provide a brief overview of the thesis. First, I briefly describe the background and rationale for my research, as well as the overarching aim. I then discuss the scope of the thesis, including some definitions and caveats, which are important to delineate in this introductory chapter.

1.3.1 A Brief Background, Rationale, and Research Aim

There are numerous behaviours which can have a potentially detrimental effect on health, for example: smoking, drinking excessively, eating unhealthily, drug taking, and unsafe sex. Matarazzo (1984), particularly influential in the early work and development of health psychology, defined such behaviours as being health impairing. Health impairing behaviours, often referred to in the literature as health risk behaviours, are those which can have negative, detrimental implications for health, increasing a person's vulnerability for a variety of illnesses and diseases (Conner & Norman, 2005). There has been a considerable focus in health psychology research on trying to explain and predict people's participation in a wide variety of these health risk behaviours. Research has also focused on designing interventions to try and change participation in such behaviours. This research has been, and continues to be dominated by what is often referred to as the mainstream approach that typically draws upon theoretical models, particularly social cognition models (SCMs), which hold cognitivist and rationalist assumptions, as well as being intra-personally focused (Horrocks & Johnson, 2012).

The exploration of people's participation in health risk behaviours is a particularly important research focus given the significant numbers of people that continue to engage in them. For example, it is estimated that around 9.4 million adults in the UK smoke cigarettes (Cancer Research UK, 2014b). The focus, according to Conner and Norman (2005), is especially justifiable on two grounds. Firstly, participation in health risk behaviours leads to substantial mortality, particularly from cancer and heart disease (the two most significant leading causes of death). Smoking, for example, causes more than four in five cases of lung cancer, the most common cause of cancer related deaths in the

UK (Cancer Research UK, n.d.). Secondly, the focus is particularly pertinent as participation in health risk behaviours are both changeable and avoidable (Conner & Norman, 2005). Worldwide, smoking by way of example, causes approximately five million deaths per year despite it being one of the most preventable and modifiable causes of mortality (WHO, 2015d). As already detailed, overexposure to UVR both naturally and artificially, is associated with serious, potentially fatal health consequences, as well as numerous other dangers. It is now well accepted that skin cancer is a largely preventable disease given that exposure to UVR is modifiable (Heckman & Manne, 2012). Sunbeds in particular, which artificially emit UVR can be completely avoided (Schulman & Fisher, 2009).

A fairly large body of research has already addressed the topic of sunbed tanning, focusing in particular on how aware people are of the risks, and what motivates people to use them. Numerous attempts have been made to try and explain, predict, and change people's sunbed tanning behaviour. As I will demonstrate by the review of the literature, in the next chapter, existing research has tended to take a rather narrow, individualistic focus, ignoring the wider socio-cultural context in which sunbed tanning is positioned. As a consequence, the existing research has tended to overlook the emotional and identity-based factors which, in light of the considerable negativity surrounding sunbed use, are inevitably involved in people's sunbed-related thought and action. The main overarching aim of the thesis is to take these factors into account in order to develop and obtain an extensive social psychological understanding of sunbed tanning. I address this aim from a social psychological perspective by theoretically drawing upon social representations theory (SRT) as a completely unique lens for exploring the topic of sunbed tanning. I also draw upon rhetorical psychology in order to complement SRT. To date, no existing research has explored sunbed tanning from such a perspective.

1.3.2 The Scope of the Thesis: Some Definitions and Caveats

Sunbeds, otherwise referred to in the literature as tanning beds, sunlamps, indoor tanning, and solariums typically take the form of either a lie-down bed (horizontal enclosure), or a stand-up booth (vertical enclosure) (Sinclair, 2003). Sunbeds typically contain long fluorescent bulbs that have phosphor blends which emit UVR similarly to the natural sun (Lessin, Clifford, Perlis & Zook, 2012).

The focus of this thesis is on artificial tanning via sunbeds specifically, and not the natural sun. Here I want to articulate my reasons why. Firstly, like general sun exposure, the topic of sunbed tanning constitutes a significant body of literature in its own right, and there continues to be an increasing number of studies published in this specific field. Secondly, sunbed tanning is a different behaviour to general sun-tanning, likely to be motivated by different, perhaps more specific factors. Thirdly, and perhaps most importantly, sunbed tanning and having an overly fake looking tan has begun to take on negative, stigmatising connotations, as already noted (section 1.2.7). This negativity is not associated to the same extent with a natural looking suntan that is typically obtained through general sun tanning. General sun tanners have been found to distance themselves from sunbed users, referring to a sunbed tan as particularly dangerous and unsafe (e.g. Beasley & Kittel, 1997; Hurd Clarke & Korotchenko, 2009). As a result of the negativity specifically targeted at their social group, the responses of sunbed users are likely to be infused with emotional and identity-related factors, unlikely to be apparent in the responses of general sun tanners. Despite the focus on sunbed tanning, I acknowledge my research is positioned within the context of health risk behaviours more generally.

It is also important to state that the focus of my research is on sunbed tanning in the UK; a white, Western culture where “the allure of a tan is particularly strong” (Heckman & Manne, 2012, p. 18). I acknowledge however, that attempts are made by people worldwide to change the appearance of their skin (e.g. skin bleaching is popular in many Asian countries where a pale skin is highly valued and admired) (Li, Min, Belk, Kimura & Bahl, 2008). As noted in section 1.2.4, sunbed use continues to be of significant prevalence in the UK, yet the amount of research with regards to sunbed tanning has been limited in comparison to other countries, particularly the USA, as will be highlighted by my review of the literature in the next chapter. More UK-specific research is necessary, given the potential influence that differences in climate can have on sunbed-related thought and action; levels of UV and hours of sunshine, for example, are far less in the UK than in the USA (Dodd, Forshaw & Williams, 2012). The focus of my research is also on adult sunbed users aged 18 years and over given that, as described in section 1.2.2, legislation is now in place to prevent those under 18 from using sunbeds. Adult sunbed users thus represent a group not currently protected by legislative efforts. Furthermore, the majority of existing research conducted in the UK, as demonstrated in chapter two,

has been conducted with children or adolescent samples. I address this by focusing exclusively on sunbed users aged 18 years and over.

I also include both males and females in the research. In general, evidence indicates that people who use sunbeds are more likely to be female than male (e.g. Branstrom, Ullen & Brandberg, 2004; Bagdasarov, Banerjee, Greene & Campo, 2008; Borner, Schutz & Widemann, 2009; Thomson et al., 2010), thus much of the existing research has subsequently focused on female sunbed users. This is not to say males do not use sunbeds. Indeed, whilst rates are more modest, research indicates that males do still use them. For example, in the UK, Mackay et al. (2007) found that 25% of the school children who reported using sunbeds in their sample were male. Roberts and Foley (2009), in another UK-based study, found that 10% of their sample (ages 14-15) who reported having used a sunbed at least once in their lifetime were male. Outside the UK, Danoff-Burg and Mosher (2006) in the USA found 16% of their sample who reported using a sunbed in the previous year were male.

1.4 Thesis Outline

Here I present a brief outline of the entire thesis. Following this introductory chapter, in chapter two I review the existing empirical literature with regards to the topic of sunbed tanning and also theoretically position my research, outlining the underpinning theoretical framework. The aim of the second chapter is to identify the gaps in the existing literature, and to outline how I attempt to address them. I also articulate my specific research questions in this second chapter. In chapter three, I present the methodology used to answer the research questions and to address the overall aim of the research raised in this introductory chapter. In this chapter, I also describe general methodological details relating to the research as a whole, including ethical considerations, participant sampling, and my approach to data analysis. I present my empirical findings in the next four chapters (chapters four to seven), with specific details, pertaining to the method and analysis of each study, included in these individual chapters. Finally, in chapter eight, I draw the thesis together by consolidating the findings from all four studies and discussing how together they have answered the research questions. In this final chapter, I discuss the implications of the findings. I also critically evaluate the thesis, suggest

areas for further exploration, and highlight the novel contribution to knowledge offered by the research. I reflect on my personal background, outlined in this first chapter, throughout the thesis.

Chapter Two

Literature Review and Theoretical Framework

2.1 Chapter Overview

As highlighted in the previous chapter, the existing research pertaining to sunbed tanning has been dominated by what is often referred to in the health psychology literature as the mainstream ‘scientific’ approach that focuses on trying to explain, predict, and change people’s behaviour. In this current chapter, after outlining this approach and reviewing the empirical literature relating to sunbed tanning conducted within this mainstream framework, I discuss some of its inherent limitations. I then present and describe a contrasting social psychological alternative, that for the reasons I will propose offers a particularly viable and more appropriate framework for exploring the topic of sunbed tanning. As well as to review the existing literature relating to sunbed tanning and position the thesis within both its wider empirical and theoretical context, my intention in this chapter is to highlight the gaps in the literature, and to demonstrate how my research addresses them by drawing primarily upon social representations theory (SRT). A social representations approach has not been previously applied to sunbed tanning thus offers a particularly unique lens through which to explore the topic. I also discuss why I have drawn upon rhetorical-discursive psychology in order to complement SRT.

2.2 Mainstream Health Psychology: An Individualistic Cognitive Approach

Mainstream health psychology research adopts a traditional positivist orientation to the field, assuming that knowledge can be uncovered objectively through conventional scientific methods, such as measurement and experimentation (Chamberlain & Murray, 2009). In this sense, researchers are able to discover the ‘truth’ about health risk behaviours in a detached and impartial manner, independent of the surrounding socio-cultural context (Crossley, 2000). It has been proposed that this is a result of health psychology wanting to establish and maintain its credibility within the fields of psychology and medicine, thus encompassing their ‘scientific’ standards and methods (Murray & Chamberlain, 1999). One of the main focuses of mainstream health psychology is on explaining, predicting and changing participation in behaviours that pose a health risk (Conner & Norman, 2005).

As mentioned in chapter one (section 1.3.1), mainstream health psychology typically draws upon social cognition models (SCMs) in an attempt to theoretically explain and predict participation in a wide range of health risk behaviours. SCMs also form the foundations for the majority of interventions that are aimed at trying to change behaviour (Horrocks & Johnson, 2012). SCMs that have been, and continue to be commonly used include the Health Belief Model (HBM) (Rosenstock, 1974), the Theory of Reasoned Action (TRA) (Fishbein & Ajzen, 1975), and the Theory of Planned Behaviour (TPB) (Ajzen, 1985), to name just a few. The application of these models is largely informed by empirical data relating to individual cognitions that relate to a particular behaviour.

SCMs are underpinned by several assumptions, the main ones of which I briefly highlight here. The mainstream approach and the subsequent SCMs typically assume that individuals think and then behave in rational, predictable ways. Individuals are considered to systematically weigh up both the costs and benefits of participating in a particular behaviour (Conner & Norman, 2005). Thus an increased knowledge of the risks associated with a behaviour is thought to lead to a corresponding change in that behaviour. Specifically, a linear, causal relationship between thought and action is presumed, with the two entities considered as being distinct and separate from each other (Conner & Norman, 2005). The mainstream approach is also underpinned by individualistic assumptions, mainly the notion that internal cognitive processes are the main motivation behind the thought and action of all human beings (Joffe, 2002a). The models are based on the premise that the internal cognitions of an individual can subsequently explain their participation in a particular behaviour (Crossley, 2000). Through its focus on the individual, the wider socio-cultural context pertaining to people's health-related decisions is not sufficiently taken into consideration (Chamberlain & Murray, 2009).

My intention in this section has been to only briefly introduce the mainstream approach and some of its predominant assumptions. I elaborate and discuss these underpinnings in section 2.6. In the following sections I review the existing literature pertaining to sunbed tanning that has been conducted within the traditional, mainstream framework. Information pertaining to individuals' knowledge, attitudes, and beliefs has been used to inform the application of a number of SCMs aimed at trying to explain, predict, and change people's sunbed tanning behaviour, as will also be discussed.

2.3 Existing Sunbed Tanning Literature

Within the sunbed literature, the main areas of research focus have been on identifying how aware sunbed users are of the associated risks, identifying what motivates people to use sunbeds, as well as attempting to explain, predict and change people's sunbed tanning behaviour. As already noted, this research has been dominated by the conventional 'scientific' approach of mainstream health psychology. Quantitative methods have typically been used given the positivist orientation of the field. Existing research exploring sunbed tanning has provided considerable insight which I review below, although there are limitations and constraints to the understanding it provides, mainly I argue, as a result of the theoretical underpinnings of mainstream health psychology. The majority of studies reviewed here used surveys consisting of a variety of fixed-choice and forced response scale items. A mixture of probability and non-probability samples have been used, and findings are based on a mix of children, adolescent and adult samples but particularly draw upon university student populations. Whilst research has been conducted in the UK (see chapter one, section 1.3.2) it has been limited in comparison to other countries, especially the USA where research has been prolific.

2.3.1. Knowledge of the Associated Risks

A substantive body of research has examined sunbed users' knowledge of the risks associated with sunbed tanning. Research has typically compared the knowledge and awareness of those who use sunbeds to those who do not, as well as those who have previously used sunbeds but now stopped. Despite some studies reporting sunbed users to be less knowledgeable of the risks (e.g. Rhainds, Guire & Claveau, 1999; Sjoberg, Holm, Ullen & Brandberg, 2004; Schneider & Kramer, 2010; Lee, Macherianakis & Roberts, 2013), there is a strong and increasing body of research which has found that sunbed users are relatively aware of both the skin cancer risk and the risk to appearance (e.g. Mawn & Fleischer, 1993; Monfrecola, Fabbrocini & Pini, 2000; Knight, Kirincich, Farmer & Hood, 2002; Dennis, Lowe & Snetselaar, 2009; Schneider, Zimmermann, Diehl, Breitbart & Greinert, 2009).

To provide some specific examples, Knight et al. (2002), in the USA, found that 93% and 91% of their university student sunbed users were aware that premature ageing and skin cancer

respectively, were possible consequences of using sunbeds. These statistics were almost comparable to those defined in their study as past sunbed users: 93% and 93% respectively. Drawing upon population data in Germany, Schneider et al. (2009) similarly reported comparable statistics, with 96.9% of sunbed users indicating their knowledge of the skin cancer risk, compared with 97% of past sunbed users and 96.2% of those who had never used a sunbed. A high level of knowledge was also found in a sample of Italian students; 90% of those who used sunbeds indicated they were aware sunbeds could damage the skin, referring particularly to the skin cancer risk (Monfrecola et al., 2000).

In an increasing number of cases, sunbed users have been found to be more knowledgeable of the risks, both health and appearance, than past users and those who have never used a sunbed (e.g. Mackay et al., 2007; Schneider et al., 2009). Schneider et al. (2009) found that sunbed users reported slightly more often (97%) than those who had never used sunbeds (95%) to know that sunbed use leads to premature ageing of the skin. Similarly in the UK, sunbed users have been found to be significantly more aware of the risks than those who had never used a sunbed (Mackay et al., 2007). 60% of the sunbed users in their sample of school-aged pupils regarded sunbeds as harmful, and 67% as being a potential cause of skin cancer. This was compared with 46% and 51% of those who had never used a sunbed respectively. Sunbed users were also significantly more aware of the associated appearance risks: 50% agreed that 'sunbeds make skin wrinkly' compared with 35% of the never-users, and 46% agreed 'sunbeds give you dry skin' compared with 34% (Mackay et al., 2007).

Research has illustrated how public knowledge of the link between sunbed tanning and skin cancer specifically has improved over time. In the USA, knowledge has increased dramatically from 43% in 1988 to 87% in 2007 amongst beachgoers aged 18 to 30 years (Robinson, Kim, Rosenbaum & Ortiz, 2008). The media was consistently referred to as the most influential source of information about the risks, although a significant increase was noted over the years in terms of friends and family emerging as important sources. Running in parallel to the significant increase in knowledge was a steady increase in the belief that people look better with a tan: 58% in 1988, 69% in 1994, and 81% in 2007. The prevalence of sunbed use also rose across this time span with the incidence rising by as much as 25% from 1988 to 2004, yet only by 1% from 2004 to 2007. A comparable analysis

exploring whether public knowledge of the specific link between sunbed tanning and skin cancer has increased over time has not, to my knowledge, been conducted in the UK.

Certain people are more at risk of developing skin cancer than others. This includes people with a family history of skin cancer, a personal history, fair skin that is prone to burning, red or fair hair, and lots of pigmentation marks (freckles/moles) (Cancer Research UK, 2014c). The risk of developing malignant melanoma is almost doubled for those with a family history of the disease (Fallah et al., 2014). Those who have had a personal history of skin cancer have a nine-fold increased risk of developing subsequent melanoma compared to those who have not suffered from skin cancer previously (Bradford, Freedman, Goldstein & Tucker, 2010). An increasing number of studies have indicated that people in these high risk groups are not always deterred from using sunbeds.

There is evidence, for example, that people with a family history of skin cancer continue to use sunbeds (e.g. Bergenmaar & Brandberg, 2001; Knight et al., 2002; Geller, Brooks, Colditz, Koh & Frazier, 2006). In the USA, high rates of sunbed use were commonplace amongst the children of those at risk of developing skin cancer as a result of a family history compared to children who did not have this family history (Geller et al., 2006). In Sweden, Bergenmaar and Brandberg (2001) found that 35% of young adults with a family history of skin cancer, reported using a sunbed at least once per month in the previous year. Furthermore, the sunbed use among German adolescents was found to be no less frequent for those with a family history of skin cancer, a history of sunburn, and a large number of pigmentation marks compared with those who did not fall into these high risk categories (Schneider et al., 2009). An increasing number of studies have also found that sunbed users are not always deterred after burning their skin through using sunbeds (e.g. McGinley et al., 1998; Rhainds et al., 1999; Monfrecola et al., 2000). Sunburn, a sign of DNA damage as a result of overexposure to UVR, is a risk factor for skin cancer development (Cancer Research UK, 2014c).

Are Sunbed Users Aware of the Risks? A Brief Summary

Despite some contradiction, it can be summarised that efforts with regards to educating the public about the risks, particularly the health risks, are reaching people. In an increasing number of cases, sunbed users report to be more knowledgeable than former sunbed users and people who have

never used a sunbed. Knowledge however, is not always a sufficient deterrent with many people continuing to still use sunbeds as highlighted in chapter one (section 1.2.4). Some continue to use sunbeds despite being in a particularly high risk group for developing skin cancer, such as having a family history of the disease or suffering from a skin burn. The question that subsequently arises is: why do people continue to use sunbeds despite knowing the risks? People are motivated to use sunbeds for a variety of reasons, which may according to Heckman and Manne (2011), outweigh concerns for the risks. Identifying what motivates people to use sunbeds has been another main area of research focus, and I consider the main motivations identified by research in the next section.

2.3.2. Motivations for Sunbed Use

A large body of research has identified a variety of reasons why people use sunbeds, with appearance and mood enhancement being the most commonly cited. Other motivations include social reasons, using a sunbed to obtain a ‘base tan’ before going away on holiday, to help improve a variety of skin conditions, and as a result of the belief that it is safer to use a sunbed than to tan outdoors. There is growing evidence to suggest that in some cases sunbed use may constitute an addiction. Existing quantitative research has tended to identify the motivations as though they are discrete and existing in isolation from one another, and thus motivations are presented and reviewed separately under sub-headings. Whilst I acknowledge that there may be other motivations underpinning sunbed use, I focus here on the main reasons that have been consistently identified in the existing literature.

Appearance Enhancement

General appearance enhancement has consistently emerged as being the most commonly cited motivation for sunbed use. More specifically, numerous researchers have found that people are motivated to use sunbeds because of the perceived attractiveness of a tan, and the belief that having a tanned skin improves appearance (e.g. Jones & Leary, 1994; Beasley & Kittel, 1997; Rhinds et al., 1999; Amir et al., 2000; Borner, Schutz & Wiedemann, 2009; Schneider & Kramer, 2010). A population based survey in Germany, including participants aged between 14-90 years old, found the belief that ‘tanning is attractive’ to be significantly associated with greater sunbed use (Borner et al.,

2009). Participants who held this belief were 75% more likely to use a sunbed relative to those who did not hold this belief, and thus appearance enhancement emerged as a significant predictor of current sunbed use. In addition, appearance enhancement has emerged as being a significant predictor for future intentions to use a sunbed. In the USA, for example, positive tanning image beliefs have been found to be the best predictor for future intentions amongst a sample of university student participants (Bagdasarov et al., 2008). These beliefs referred specifically to an individual's desire to appear aesthetically attractive, to feel more confident, as well as the belief that a tanned skin looks healthy. Numerous other studies have similarly found that people who use sunbeds perceive a tanned skin to look healthy (e.g. Knight et al., 2002; Amir et al., 2000; Borner et al., 2009; Lee et al., 2013). Borner et al. (2009) in particular revealed that people who held this belief were significantly more likely to use sunbeds more than ten times a year compared to those who did not share this belief.

As well as personal attractiveness, research has discovered that people who use sunbeds are more likely to believe a tan improves the appearance of other people. In the UK, adolescent sunbed users/potential users were significantly more likely to agree with this belief (44%) than non-users (18%) (Lee et al., 2013). Their findings also indicated that appearance enhancement possess a social dimension, with 34% of the people who used sunbeds/potential users reporting using a sunbed specifically 'to look good for social events.' The high value placed on having a tanned appearance has been highlighted, in particular, by research that has reported the belief that it is worth actually burning the skin in order to achieve a tan (e.g. Geller et al., 2002). In the USA, the time spent on sunbeds of female sunbed users (12-18 years) who held this belief, was found to be nearly double those who did not share this belief (Geller et al., 2002). This strong desire to obtain a tanned appearance at the expense of a potentially painful skin burn, echoes the research evidence, already discussed in section 2.3.1, which has found that many sunbed users are undeterred even after experiencing a skin burn through using a sunbed (e.g. McGinley et al., 1998; Rhainds et al., 1999).

As well as general aesthetic motivations, research has indicated that some people use sunbeds for more specific appearance-based reasoning relating for example to low body confidence and body image (e.g. Demko, Borawski, Debanne, Cooper & Stange, 2003; Greene & Brinn, 2003; O'Riordan et al., 2006; Yoo & Kim, 2012; Lee et al., 2013). In the USA, for example, adolescents who had

lower body dissatisfaction and dissatisfaction with their Body Mass Index (BMI) reported greater sunbed use (Yoo & Kim, 2012). A likely explanation for not only this specific link between body dissatisfaction and sunbed tanning, but also the more general appearance enhancement motivations discussed, is the influence of socio-cultural beliefs about appearance, which have partly been established and perpetuated by the media's depiction of tanned individuals as attractive and healthy (Cafri, Thompson & Jacobson, 2006). As outlined in chapter one (section 1.2.5), the positive image of a tan has a long history dating back to the Industrial Revolution. It has been proposed that television programmes and celebrities in the USA glamourise sunbed tanning (Poorsattar & Hornung, 2008), as do the portrayal of tanned models in Australian magazines (Dixon, Dobbins, Wakefield, Jansen, & McLeod 2007). Although there have been no published analyses of any media content in the UK, it seems likely that this is similarly the case, with the media regularly portraying images of celebrities with tanned appearances. Katie Price, for example, has endorsed the use of sunbeds to maintain a suntan in her show *What Katie did next?* (Morey, Eagle, Kemp, Jones & Verne, 2011).

Mood Enhancement

Research has consistently revealed that mood enhancement effects of using a sunbed are also a common motivation (e.g. Mawn & Fleischer, 1993; Beasley & Kittel, 1997; Boldeman, Jansson, Nilsson & Ullen, 1997; Rhainds et al., 1999; Knight et al., 2002; Schneider et al., 2009). Following appearance enhancement Schneider et al. (2009), for example, found relaxation to be the second most popular reason for sunbed use (66%), over half (52%) of who reported to enjoy the feeling of light and warmth. In terms of more specific mood enhancement, a link has been theorised between sunbed use and SAD (Hillhouse, Stapleton & Turrissi, 2005). Specifically, Hillhouse et al. (2005) suggested that those defined as frequent sunbed users (using sunbeds > 40 times annually), may be using sunbeds for self-medication purposes because of the mood enhancing effects. As outlined in chapter one (section 1.2.6), despite being a popular claim put forward by the sunbed industry, there is to date, no empirical evidence to confirm that sunbeds are actually beneficial for those suffering from SAD.

Social Motivations

People are more likely to use sunbeds if their friends and peers also use them (e.g. Branstrom et al., 2004; Lazovich et al., 2004; Bagdasarov et al., 2008; Gordon & Guenther, 2009). Research has also indicated that sunbed use can be motivated by family members (Cokkinides, Weinstock, O'Connell & Thun, 2002; Stryker et al., 2004; Cokkinides, Weinstock, O'Connell & Thun, 2009; Baker, Hillhouse & Liu, 2010). In particular, research has found parents' sunbed use (Cokkinides et al., 2002; Hoerster et al., 2007; Gordon & Guenther, 2009) especially mothers (Stryker et al., 2004; Baker et al., 2010) to be most influential. Baker et al. (2010), in the USA, found that adolescent women who had first started using sunbeds originally accompanied by their mothers, were more likely to become frequent sunbed users by the time they reached young adulthood. Findings reported by Stryker et al. (2004), also in the USA, support the potentially powerful influential role of a mother/female care-giver. Maternal sunbed use, maternal concern about their child's own sunbed use, and maternal permissiveness and concern (e.g. mothers allowing their child to use a sunbed), were all found to be significantly positively associated with the adolescents' sunbed use (Stryker et al., 2004).

Skin Conditions

Despite sunbed use having no proven benefits for the skin (see chapter one, section 1.2.6), people's motivations still reflect the mistaken belief that sunbeds can help to improve a variety of skin conditions such as acne, eczema, dermatitis and psoriasis (e.g. Knight et al., 2002; Schneider et al., 2009; Lee et al., 2013). Knight et al. (2002), revealed that 15% of their sunbed users reported using sunbeds to treat a skin condition, defined specifically in their study as acne, psoriasis or dermatitis.

'Base Tan'

To obtain a 'base tan' before going away on holiday, either to aesthetically look good and/or to prepare the skin to protect it from the sun, has emerged as another significant motivating factor for sunbed use (e.g. McGinley et al., 1998; Rhainds et al., 1999; Ezzedine et al., 2008; Dissel, Rotterdam, Altmeyer & Gambichler, 2009). Again, despite being a popular claim put forward by the sunbed industry (section 1.2.6), there is no proven evidence to suggest the protective benefits of obtaining a 'base tan' and, in fact, greater long-term skin damage is instead likely (Levine et al. 2005).

Safer than Outdoor Tanning

Another motivation identified is the belief that sunbed tanning is a safer way of obtaining a tan than tanning naturally outdoors (e.g. Amir et al., 2000; Gordon, Hirst, Green & Neale, 2011). Whilst this belief seems more plausible in countries such as Australia where levels of natural sunshine are high, the belief has also been reported in countries where the weather is more unpredictable. In the UK, for example, the frequency of sunbed use has been found to be significantly positively associated with the opinion that ‘it is safer to use a sunbed than to tan outdoors’ (Amir et al., 2000).

Addictive Behaviour

There is increasing evidence that persistent sunbed use may constitute an addiction, similar to other addictive substances (e.g. Warthan, Uchida & Wagner, 2005; Poorsattar & Hornung, 2007; Heckman, Egleston, Wilson & Ingersoll, 2008; Mosher & Danoff-Burg, 2010). These studies have typically utilised modified versions of the CAGE criteria (Cut down, Annoyed, Guilt, Eye Opener) used to screen for alcohol dependence, and the DSM-IV criteria used to assess for substance abuse or dependence. One research study has reported evidence of difficulty in quitting for some sunbed users, suggestive of an actual dependency (Zeller, Lazovich, Forster & Widome, 2006).

In support of the notion of sunbed use being conceptualised as an addiction is the proposal that UVR has reinforcing physiological effects. Research has found people to report reduced pain after using a sunbed, including back pain (Feldman et al., 2004) and fibromyalgia (Taylor et al., 2009). A study conducted by Feldman et al. (2004) has indicated the reinforcing effects of UVR by revealing how the sunbed users in their study had shown an overwhelming preference for a UV as opposed to a non-UV sunbed after being exposed to both types in a single-blinded study.

It has been suggested that the release of UV light induced cutaneous endorphins, a form of endogenous opioids, may be involved (Kaur et al., 2006). In support of this, Kaur et al. found that the preference for UV exposure decreased after administering escalating doses of naltrexone, which blocks opioid receptors, as well as causing withdrawal effects for several of their sunbed users.

What Motivates Sunbed Use? A Brief Summary

A range of motivations have been identified by existing research, with appearance and mood enhancement being the most commonly cited. People may also be socially motivated through having friends and/or family who use sunbeds, or may even be addicted to using them. Other motivations include suffering from a skin condition, to obtain a ‘base tan,’ and as a result of the belief that it is safer to use a sunbed than to tan outdoors. These latter three motivations echo the empirically unfounded claims being promoted by the sunbed industry, as outlined in chapter one (section 1.2.6).

The existing research has tended to focus on identifying these motivations in an atheoretical manner. Whilst such research provides valuable insight, a sound theoretical understanding of sunbed tanning is essential so that effective interventions can be developed and implemented (Heckman & Manne, 2011; Dodd et al., 2012). Although limited in number, using information derived from the insight obtained from existing research, there have been attempts to try and explain and/or predict sunbed tanning behaviour using a variety of theoretical models, as discussed in the next section.

2.4 Attempts to Explain and Predict Sunbed Tanning

The theoretical models that have been applied are intra-personally focused, with SCMs in particular being used to investigate the links between an individual’s knowledge, attitudes, beliefs, and their sunbed use. In this section, I review some of these theoretical attempts under relevant sub-headings. Whilst I highlight some of the limitations inherent in these efforts, my main critique will be presented in section 2.6, where not only do I discuss the limitations in terms of their application to the topic of sunbed tanning specifically, but also in the context of a broader critique of SCMs and their application to health psychology more generally. The reason for this postponement is that I intend to critique the mainstream approach and its theoretical assumptions underlying attempts to explain, predict and change sunbed behaviour as a whole rather than individual models or studies.

2.4.1 Theory of Planned Behaviour and the Behavioural Alternative Model

Attempts have been made to explain and predict sunbed tanning through application of the TPB, one of the most common SCMs applied in the context of health risk behaviours. Central to the

TPB, which is outlined pictorially in Figure 2.1, is the assumption that an individual's behaviour is best predicted by corresponding behavioural intentions which in turn are influenced by a combination of individual beliefs: attitudes towards a behaviour, subjective norms (the beliefs of significant others such as family and friends), and perceived behavioural control (PBC) (Ajzen, 1985). PBC refers to an individual's perceived ability to change the behaviour and overcome any barriers (Conner & Norman, 2005). Figure 2.1 clearly demonstrates the presumed causal relationship between thought and behaviour, and the way the two are considered as being two distinct and separate entities.

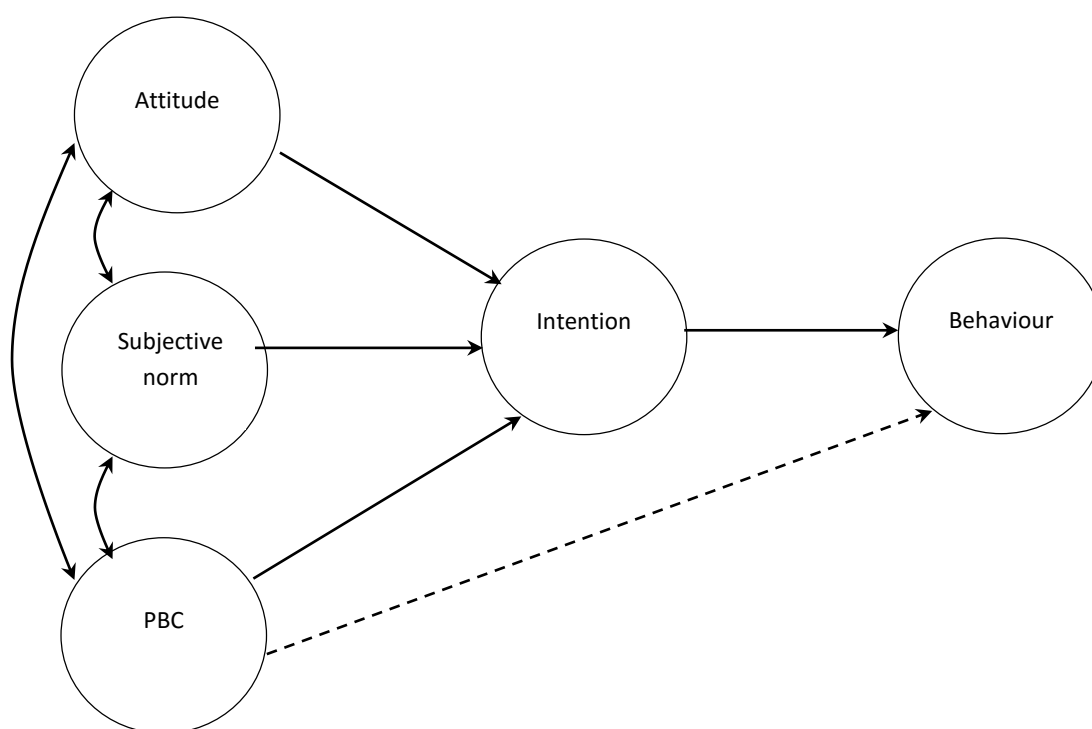


Figure 2.1: Theory of Planned Behaviour (Ajzen, 1991, p. 182)

Hillhouse, Adler, Drinnon and Turrise (1997), in the USA, utilised a longitudinal design to assess the degree of fit of the TPB to sunbed use in a sample of university students. After initially assessing the participants' attitudes and subjective norms, one week later Hillhouse et al. (1997) assessed PBC and intentions towards sunbed tanning, followed again one week later by the assessment of actual sunbed use. Attitudes and PBC were significant predictors of intentions, together accounting for 63% of the intention variance. Intentions to use sunbeds significantly predicted subsequent sunbed use by 71%.

The study was later replicated by Hillhouse, Turrise and Kastner (2000), also in the USA, with several added constructs which included appearance motivation and health orientation. Similarly to the original study and as predicted by the TPB, findings revealed that attitudes, subjective norms, and PBC significantly predicted sunbed intentions, together accounting for 58% of the intention variance. In turn, intentions to use sunbeds accounted for 40% of the variance in behaviour. As Hillhouse et al. (2000) hypothesised, appearance enhancement emerged as being a significantly stronger predictor of attitudes than health orientation. Whilst appearance emerged as a significant predictor, it is important to note that it only accounted for 17% of the attitude variance. Hillhouse et al. (2000) admitted that it also did not have any direct or interaction effects on intentions.

The TPB has more recently been applied to sunbed tanning in the UK (Dodd et al., 2012). Similarly to Hillhouse et al. (2000), Dodd et al. extended the model by including several additional variables: appearance reasons to tan, perceived susceptibility to damaging appearance, perceived susceptibility to health effects, and tanning knowledge. Dodd et al. revealed that the original TPB was successful in predicting just 8% of the variance in sunbed intentions amongst their sample of university students, which is small in comparison to the previous studies discussed. In terms of the extended model, an additional 9% of intention variance was accounted for, making 17% in total. As well as PBC, appearance reasons to tan emerged as a significant predictor of intentions. In particular, the latter was found to account for the most significant amount of intention variance. Intentions to use a sunbed were in turn the strongest predictor of actual behaviour, with appearance reasons to tan a close second. The extended model accounted for 71% of the variance in behaviour. Like Hillhouse et al. (2000), Dodd et al.'s findings emphasised the importance of taking appearance enhancement, the most commonly cited motivation for sunbed use, into consideration and highlights the need for the TPB to be sensitive to the specific behaviours it is being applied to.

Despite the popularity of the TPB, some health psychologists have argued that it has serious limitations, particularly relating to what is referred to as the 'intention-behaviour gap' (e.g. Ogden, 2003). Thus, although individuals may intend to carry out a particular behaviour, these intentions do not always transpire. This is the case with regards to the studies applying the TPB in the specific context of sunbed tanning. For example, whilst sunbed intentions were found to account for 71% of

actual sunbed use by Hillhouse et al. (1997), later studies have failed to corroborate this. Hillhouse et al. (2000) for instance, found that intentions to use sunbeds only accounted for 40% of the variance in sunbed use despite attitudes, subjective norms, and PBC accounting for 58% of the intention variance. Whilst the findings of Dodd et al. (2012) appear promising, they did not actually specify what the intention-behaviour conversion was. There is much debate in the health psychology literature over what actually constitutes an appropriate level of intention-behaviour translation. Ajzen and Fishbein (2005), for example, have proposed that figures between 44% and 62% reflect a high rate, whereas others have proposed that these figures provide insufficient support for the theory. This is particularly the case given that intention-behaviour conversion figures typically fall over time. In the context of sunbed tanning, data was collected over relatively short time frames (e.g. two weeks in Hillhouse et al's (1997) study), which raises questions as to what the conversion statistic would actually be like over longer time periods. Limitations, especially in terms of the limited predictive validity of the TPB, have led to calls for its abandonment (Sniehotta, Pesseau & Araujo- Soares, 2014).

Evidence (Hillhouse, Turrisi, Holwiski & McVeigh, 1999) has indicated the potential benefits of combining constructs from the TPB (attitude and subjective norms constructs specifically) with the Behaviour Alternative Model (BAM) (Jaccard, 1981) in the context of explaining and predicting sunbed tanning. The BAM proposes that individuals have several behavioural options they can choose from in any situation. The model hypothesises that individuals will choose the most appealing option, and behaviour change is predicted to occur when the alternative behaviour is considered to be more appealing than the more risky option (Jaccard, 1981). Hillhouse et al. (1999) found participants who held positive attitudes towards appearance enhancing alternatives (i.e. wearing fashionable clothing) were less likely to use sunbeds. Participants who had a greater belief that their peers were also using sunbeds, and were higher in appearance motivation, were significantly more likely to hold positive attitudes towards sunbed use. The findings demonstrate the potential compatibility of utilising the BAM in combination with the TPB, although there have been no further studies to corroborate this. Furthermore, Danoff-Burg and Mosher (2006) failed to corroborate these findings, with no significant association emerging between attitudes towards appearance enhancing alternatives and sunbed use.

They did find however that positive attitudes towards behavioural substitutes for relaxation (e.g. yoga) and socialisation (e.g. going to the gym) were negatively associated with sunbed tanning frequency.

2.4.2 Cognitive Dissonance Theory

Cognitive Dissonance Theory (Festinger, 1962) has been used as an attempt to explain why some people continue to use sunbeds despite knowledge of the risks (Banerjee, Hay & Greene, 2012). This particular theory proposes that individuals seek consistency among their cognitions, with any inconsistency creating psychological discomfort which, in turn, motivates people to alter their cognitions to restore feelings of constancy (Festinger, 1962). Consistent with this theory, Banerjee et al. (2012) suggested that sunbed users may actually rationalise their knowledge of the risks in order to decrease the internal dissonance they experience through continuing to use sunbeds.

Adapting a readily available smoking rationalisation measure, Banerjee et al. (2012) in the USA, tested their hypothesis amongst 218 university students (both current and former sunbed users). All items on the measure started with the same statement: ‘Tanning bed use can make me ill but...,’ and measured with 16-Likert style responses that were categorised into one of three different factors. The first factor included eight sceptical rationalisations, i.e. beliefs indicating a scepticism in the medical evidence about sunbed tanning and the risks. The second factor included three ‘worth it’ rationalisations i.e. beliefs indicating that sunbed users consider sunbed use a worthwhile activity despite the risks, and the third included five danger ubiquity rationalisations, i.e. beliefs legitimising the dangers of sunbed use because of the pervasiveness of risk in everyday life.

The participants most strongly endorsed the danger ubiquity rationalisations, in particular: ‘everything causes cancer these days’ (59%), ‘Tanning bed use is no more risky than lots of other things that people do’ (54%), ‘It is dangerous to walk across the street’ (53%), ‘I think I would have to use tanning beds a lot more frequently than I do to put my health at risk’ (48%), and ‘If tanning bed use was so bad for you, the government would ban tanning beds’ (32%). These rationalisations, according to Banerjee et al. (2012), serve to normalise the dangers of sunbeds through considering risk as being an unavoidable, inevitable part of everyday life. The most commonly endorsed ‘worth it’ rationalisation was ‘It is more important for me to look good at this age than worry about skin

cancer’ (12%), and the sceptical rationalisation ‘More skin cancer is caused by frequent sunbeds and family history than tanning bed use’ (27%). Other sceptical rationalisations were the least most commonly endorsed of the factors, for example: ‘They will have found cures for cancer and all the other problems tanning beds cause before I am likely to get any of them’ (3%).

2.4.3 Attempts to Explain and Predict Sunbed Use: A Brief Summary

As demonstrated in this section, there have been attempts to theoretically explain and predict people’s sunbed use. SCMs, which are focused on an individual’s cognitions and underpinned by rationalist, predictive assumptions have dominated these efforts. As well as applying full versions of SCMs such as the TPB and BAM as discussed, some researchers have drawn upon specific constructs. For example, some studies have utilised key constructs from the HBM (Rosenstock, 1974), another SCM. Whilst some studies (Greene & Brinn, 2003) have provided support for drawing upon the HBM in the context of sunbed tanning, others have failed to support its potential (Hillhouse, Stair & Adler, 1999). In particular, contradicting the assumptions of the HBM, some studies have found that participants who reported greater susceptibility for developing skin cancer indicated greater intentions to use sunbeds (Greene & Brinn, 2003) and increased sunbed use (Coups, Manne & Heckman, 2008).

Although SCMs have achieved a degree of success in terms of their application to sunbed tanning, their ability to predict intentions that transpires into actual behaviour has been inconsistent and lacked any substantial corroboration. In the context of health risk behaviours more generally, SCMs have been described as reaching what Mielewczyk and Willig (2007, p. 811) described as “a ceiling,” failing to explain over half of the variance in a wide range of health risk behaviours. Whilst not a SCM, cognitive dissonance theory retains an explicit focus on individual cognition. Although very limited in number, there have been attempts to try and change people’s sunbed tanning behaviour with SCMs typically forming the foundations, as I demonstrate in the next section.

2.5 Behaviour Change Interventions

Largely informed and underpinned by SCMs and mainstream health psychology, there have been a limited number of interventions aimed at changing, and more specifically trying to reduce

and/or stop people from using sunbeds. Whilst the number to date is small, particularly in comparison to those aimed at UV exposure more generally, sunbed-specific interventions are increasing. Efforts have largely focused on raising awareness of the appearance risks associated with sunbed tanning. This emphasis has been informed by intervention research on general sun-tanning which, whilst successful in terms of enhancing knowledge of the link between UV exposure and skin cancer, have had limited success in terms of actually modifying behaviour (Hart & DeMarco, 2008). In light of this, numerous researchers in the context of general UV exposure have recommended interventions focus efforts on educating the public about the associated appearance risks instead (e.g. Williams, Grogan, Clark-Carter & Buckley, 2013). Whilst only having moderate success in changing behaviour, the first systematic review assessing the success of such appearance based interventions indicated promise (Dodd & Forshaw, 2010). This has been corroborated more recently by a systematic review and meta-analyses of appearance interventions to reduce UV exposure (Williams et al., 2013).

There is a small but growing number of appearance based interventions targeting the negative aesthetic effects of sunbed use specifically (Hillhouse & Turrisi, 2002; Gibbons, Gerrard, Lane, Mahler & Kulik, 2005; Hillhouse, Turrisi, Stapleton & Robinson, 2008; Stapleton, Turrisi, Hillhouse, Robinson & Abar, 2010). These interventions have most typically taken the form of short booklets describing the damaging effects using a sunbed can have on appearance (Hillhouse & Turrisi, 2002; Hillhouse et al., 2008), or specialised photography used to highlight the hidden aesthetic damage caused by sunbeds (Gibbons et al., 2005). Intervention efforts have drawn primarily on constructs from the TPB, the BAM, and the TRA (Hillhouse et al., 2002; Hillhouse et al., 2008).

Whilst appearance interventions specifically aimed at sunbed use appear to have potential, the findings of Stapleton et al. (2010) considerably cast doubt upon their efficiency for some sunbed users. Using a short booklet focused on the aesthetic risks, Stapleton et al. (2010) found that the intervention was limited, in terms of its success, when it came to sunbed users who the authors classed as being 'knowledgeable appearance motivated tanners' i.e. sunbed users who were already knowledgeable about the appearance risks, as well as being motivated by appearance based reasoning. These findings, in addition to those from other studies that have revealed sunbed users are actually aware of the appearance risks (outlined in section 2.3.1), raise considerable questions about the

effectiveness of campaigns and interventions focused on raising awareness of the risks, whether they be aimed at the health or appearance dangers.

Methodologically, there are several limitations with existing attempts to change behaviour. As the first systematic review of sunbed-specific interventions highlighted, for example, follow-ups have been typically short, making it difficult if not impossible, to predict any sustained behaviour change (Turrisi, Hillhouse, Mallet, Stapleton & Robinson, 2012). The authors also commented on the lack of methodological rigor and the scarcity of any replications. The majority of the intervention work has been conducted with university student participants, subsequently limiting generalisability of the findings to other population groups. Furthermore, all of the interventions have been conducted outside the UK which, as Dodd et al. (2012) have pointed out, limits the generalisability because of potential differences between countries. Levels of UV and hours of sunshine, for example, are less in the UK than in the USA (Dodd & Forshaw, 2010), which may influence sunbed-related behaviour.

2.5.1 Attempts to Change Behaviour: A Brief Summary

Although very limited in number, there have been attempts to try and change people's sunbed tanning behaviour. Such interventions have typically been underpinned by SCMs, and have mainly been appearance focused. Whilst such emphasis appears particularly plausible given that appearance enhancement has been commonly cited as the main motivation for sunbed use, as I have highlighted, there should be caution against the appearance risks as an exclusive focus for intervention efforts. The methodological limitations identified could be fairly easily rectified with additional research. I argue however, that the intervention efforts, as well as attempts to explain and predict sunbed tanning described in the previous section (2.4), are inherently limited by the theoretical underpinnings of the mainstream approach to health psychology, as already briefly highlighted in section 2.2. I discuss the main limitations, particularly those relevant to the topic of sunbed tanning, in the next section.

2.6 Theoretical Limitations of Mainstream Health Psychology

The individualistic assumption underpinning the mainstream approach has been subject to a considerable amount of critique. As noted in section 2.2, knowledge within the mainstream approach,

is considered divorced from its surrounding socio-cultural context (Chamberlain & Murray, 2009). SCMs, such as the TPB, do make reference to social influences with the subjective norms construct. Whilst this provides some concession as to the potential influence of social factors, it has been argued that these approaches [SCMS] “only pay lip service to the social and contextual aspects of health and illness” (Horrocks & Johnson, 2012, p. 2). Focus remains on the individual, and the social is confined to an individual’s perceptions of others ideas, as opposed to what they actually are (Joffe, 1996a).

The mainstream approach, therefore, focuses on what are referred to as micro-level social influences, ignoring those relating to the broader macro-level, which are argued to form the backdrop within which individual thinking occurs (Joffe, 1996a). SCMs give little consideration to how wider socio-cultural forces may influence people’s health-related thought and behaviour, at both the conscious and non-conscious level (Joffe, 1996a). It is vital that wider socio-cultural influences are taken into consideration in the specific context of sunbed tanning. As outlined in chapter one (section 1.2), an individual’s sunbed use is positioned within an environment in which conflicting information about sunbed tanning circulates. More specifically, an individual’s thinking about sunbed tanning takes place in a context where the risks are frequently communicated to the public by the media, but where the positive image of a tan also remains heavily embedded. The media has been partly responsible for perpetuating this positive image and, at the same time, culpable for depicting sunbed tanning in a negative, stigmatising light. Claims regarding the benefits of using sunbeds, especially those that are health-related are also simultaneously being promoted by the sunbed tanning industry.

Given this wider context, it is unrealistic to view sunbed-related thinking and behaviour as individualistic in nature. In terms of health-related thinking, it is considered essential that sufficient consideration is given to the interaction between the individual and the wider social environment that they inhabit (Markova & Wilkie, 1987). As stated in chapter one (section 1.3.2), the responses of sunbed users are likely to be imbued with emotional and identity-related factors, given the considerable negativity surrounding their behaviour. It is crucial therefore, for researchers exploring the topic of sunbed tanning to consider the influence this conflicting wider context, especially the negativity, may have on sunbed related-thought and action. Theoretical attempts to try and explain and predict sunbed tanning (discussed in section 2.4), and as a consequence intervention efforts to try

and change behaviour (section 2.5) have not sufficiently taken these influences into account. As already noted, SCMs typically confine the social to the individual's perceptions of ideas held by friends and family, as opposed to what they actually are (Joffe, 1996a). One theoretical model applied to sunbed tanning that does seemingly take the wider environment into account is Problem Behaviour Theory (PBT) (Jessor & Jessor, 1977), which hypothesises that risk behaviours are due to interactions in personality, environment, and behaviour. Utilising the PBT, Bagdasarov, Banerjee, Greene and Campo (2008) reported that elements from each domain predicted past sunbed use, as well as future sunbed intentions. As well as there being no studies to corroborate these findings, although taking the wider environment into account, the focus remains individualistic and concerned with the influence of specific social factors (i.e. acquaintance sunbed use), as opposed to the individual being considered to be fully located in their social environment, subject to conflicting ideas, and beliefs.

In not taking the wider socio-cultural context into consideration, the mainstream approach and the associated theoretical models do not sufficiently account for the potentially powerful role played by people's emotions (Joffe, 2002a, 2002b). As I proposed in chapter one (section 1.2.1), given the negativity and stigma circulating in a sunbed user's wider social environment, the responses of sunbed users are likely to be saturated with emotional and identity-related factors. These factors may be evident in the responses of sunbed users without them even consciously realising it. Individual volition assumed by the mainstream approach may thus be compromised by influences circulating in the environment, of which they may not be consciously aware of but still internalise (Crossley, 2000).

Related to the lack of consideration given to the wider socio-cultural context, is the criticism levelled at SCMs for being too static, with health risk behaviours being "theorised and written about as if they are easily identifiable, unitary entities whose meaning does not change across the diverse contexts and settings within which they may be carried out" (Mielewczyk & Willig, 2007, p. 824). Horrocks and Johnson (2012) used unsafe sex as an example of a behaviour where time and place is considerably important, highlighting the necessity of exploring risk behaviours in their wider socio-cultural context. Sunbed tanning is another behaviour where time and place is particularly important. As illustrated in chapter one (section 1.2.5), the image of a tan has changed historically over time. As a result, it may be that people are not consciously aware of the positivity and where it has emanated

from, but it may still manifest itself in individual thinking. Thus, as Crossley (2000) has pointed out, individuals may implicitly embody socio-cultural meanings. Several of the motivations for sunbed use (section 2.3.2) are temporally dependent including mood and wanting to improve skin conditions. Some of the motivations may also change depending on the time of year and weather. The motivation to obtain a ‘base tan,’ for example, is likely to be much more prevalent in the summer months, before people go away on holiday. Other motivations for sunbed use however, such as enjoying the feeling of light and warmth on one’s skin and SAD are likely to be more prevalent in the winter months. Sunbed use is thus likely to hold different meanings for different people depending on their specific circumstances, which lies outside the scope of the existing attempts to explain and predict sunbed use.

A further criticism directed at the mainstream health psychology approach, that is particularly relevant to the topic of sunbed tanning, is that it assumes all human beings and their health-related decisions are always completely rational and predictable (Gillies & Willig, 1997). These assumptions are particularly problematic in the context of sunbed tanning, given the increasing evidence which indicates that sunbed users are generally well aware of both the associated health and appearance risks. In some cases, knowledge of the risks has been found to be higher amongst sunbed users relative to the knowledge of non-users. As an increased knowledge of the risks does not always lead to a corresponding reduction in sunbed use in a predictive manner as assumed by the mainstream approach, considerable doubt is cast upon interventions and campaigns focusing all their efforts on educating sunbed users about the associated risks, whether they be health or appearance based.

Cognitive dissonance theory (Festinger, 1962), which has been offered as an explanation for why people continue to use sunbeds despite knowledge of the risks (Banerjee et al., 2012) (section 2.4.2) challenges the predictive, linear relationship presumed to exist between an individual’s thought and action. Rather than thoughts always preceding action, according to cognitive dissonance theory, people act first and then subsequently rationalise their behaviour. In the context of sunbed tanning, the findings of Banerjee et al’s (2012) study indicated that people use sunbeds and then altered their cognitions to rationalise their continued use. Despite this challenge, as Joffe (1996a, p. 171) has argued cognitive dissonance theory still “perpetuates the separation between thought and action, and does not necessarily lay causal assumptions to rest.” It also retains an individualistic focus, assuming

that rationalisations are an internal, cognitive process serving the internal function of decreasing individual dissonance and inconsistency. I argue that these rationalisations need to be positioned and considered in the context of the individual's wider socio-cultural context particularly, as discussed, in light of the increasing amount of negativity and stigmatising connotations surrounding sunbed use.

In the following section, I present and outline critical health psychology as an alternative to the mainstream approach, which challenges these inherent theoretical limitations and assumptions.

2.7 Critical Health Psychology

Critical health psychology (e.g. Crossley, 2000; Chamberlain & Murray, 2009; Horrocks & Johnson, 2012) offers an alternative approach that challenges many of the assumptions underpinning mainstream health psychology. This critical approach has developed and is positioned within the broader critical psychology movement that has developed over the years (Fox, Prilleltensky & Austin, 2009). One of the main aims of critical health psychology is to develop an integrated and deeper understanding of the psychological and social dimensions inherent in people's health-related thought and action (Crossley, 2000). Rather than the individual decision maker, knowledge from a critical perspective is always considered to be the product of its surrounding context including its social, cultural, and historical background (Chamberlain & Murray, 2009). Furthermore, as opposed to knowledge being considered static and unchanging, a critical approach views people, and their health-related knowledge, as "complex, changing and multi-faceted, rather than fixed objects that can be studied scientifically" (Chamberlain & Murray, 2009, p. 146). A critical approach is also concerned with seeking in-depth understanding and insight rather than trying to causally predict behaviour (Chamberlain & Murray, 2009).

Mielewczyk and Willig (2007), in a critical review of mainstream health psychology, offered a complete reconceptualization of the health risk behaviour concept. They proposed that health risk behaviours, as defined by the mainstream approach, do not actually exist. Instead, what they proposed is that health risk behaviours should be regarded as 'social practices,' involving behaviours that have implications for health. In order to understand the meaning and logic of these social

practices, behaviours need to be studied within the context in which they are positioned (Mielewczyk & Willig, 2007). This is encapsulated particularly well in the following quote:

Instead of attempting to predict the occurrence of de-contextualised, behaviourally defined health related actions (such as ‘smoking behaviour’ or ‘safe sex’), it may be more productive and meaningful to focus on the wider social practices of which such actions form a part. This would mean recognising that health related behaviours acquire their meaning and significance on the basis of their relationship to the particular social practice of which they form a part and that, therefore, what appears to be the ‘same’ behaviour can take on radically different meanings within different contexts (Mielewczyk & Willig, 2007, p. 829).

As this quote highlights, critical health psychology places considerable emphasis on understanding an individual’s subjective understanding. Thus, what is regarded as risky by one person is not necessarily considered risky by another, thus a detailed exploration of what Crossley (2000) referred to as people’s ‘alternative rationalities’ with regards to a particular health risk behaviour is essential. Rather than regarding individuals’ participation in health risk behaviour as irrational, critical health psychology acknowledges that people will have their own subjective understanding of the behaviour, and are likely to be motivated by both conscious and unconscious forces and emotions, which are considered entirely rational to the individual (Crossley 2000).

This alternative conceptualisation requires exploration using appropriate methods of data collection. As a consequence, critical health psychology typically uses qualitative methodologies as opposed to quantitative which, as already noted, has dominated research on sunbed tanning, as well as mainstream health psychology research more generally. As outlined in section 2.2, the mainstream approach is underpinned by the positivist assumption that knowledge can be obtained in an objective manner through using conventional ‘scientific’ methods. In contrast, one of the central features of critical health psychology relates to the need to explore the nuances of meaning and value, for which qualitative research is particularly appropriate (Crossley, 2000).

Although limited in number, several studies have been conducted with specific regards to sunbed tanning, utilising qualitative data collection methods. I review this literature in the following

section. Rather than reiterating the findings that corroborate those of existing quantitative research, I focus on presenting the additional insight that has been obtained by the qualitative inquiry.

2.8 Critical Insight: Sunbed Tanning

Critical insight has been offered into the ‘alternative rationalities’ of sunbed users by studies utilising qualitative methods, although such studies have been limited in number (Murray & Turner, 2004; Vannini & McCright, 2004; Boynton & Oxlad, 2011; Lake, Thomson, Twelves & Davies, 2014; Carcioppolo, Chudnovskaya, Gonzalez & Stephen, 2014) particularly so in the UK (Murray & Turner, 2004; Lake et al., 2014). As well as confirming and corroborating a number of the findings identified by quantitative research, particularly in terms of motivations for sunbed use, qualitative research has offered additional insight, particularly with regards to how the associated risks are made sense of by sunbed users, which I focus on here. Before this, it is important to highlight that sunbed users in the qualitative studies typically reported being aware of the associated risks, both the health and appearance dangers, supporting the accumulating quantitative body of evidence (described in section 2.3.1), which has indicated that sunbed users are well aware of the associated dangers.

Awareness of the risks was both explicitly and implicitly evidenced by the sunbed users in the qualitative studies. Explicitly, sunbed users expressed their knowledge of both the associated health and appearance risks. Lake et al. (2014) who conducted focus group discussions with 69 sunbed users aged 15-18 reported that one of their participants referred to the potential cataract risk. Given that this is not a risk that is particularly well publicised, it seems perhaps that this participant had taken their own initiative to research the risks independently. Implicitly, sunbed users demonstrated their awareness of the risks by talking about the preventative measures they undertook in order to protect themselves from the associated dangers. Several participants in Carcioppolo et al’s (2014) study, for example, referred to the benefits of taking grape seed extract, drinking coffee, and using a range of protective lotions to try and counter the risks. Carcioppolo et al. who conducted an analysis of the posts made by sunbed users on a number of online forums, reported how the sunbed users typically included internet links to articles that provided scientific support for the credibility of their preventative measures. Several of the sunbed users also demonstrated their implicit awareness of the

dangers by talking about how despite using sunbeds themselves, they would not recommend them to other people, attributing this reluctance to the associated skin cancer risk (Murray & Turner, 2004). Through individual interviews in Murray and Turner's study, some sunbed users reported that if they did recommend using a sunbed, it would be for a specific purpose such as to obtain a 'base tan.'

Although the health risks were acknowledged as posing the most severe consequences, many of the sunbed users in Murray and Turner's (2004) study articulated their concern for the aesthetic risks, with one participant expressing how the latter actually worried her more than the former. This finding was not however apparent in the other qualitative studies, thus any corroboration of this is lacking. As well as the physiological dangers, some of the sunbed users in Lake et al's (2014) study expressed their concern for potential problems in terms of the actual sunbed tanning equipment and facilities. One sunbed user, for example, articulated their fear over becoming trapped in a sunbed.

Whilst the sunbed users acknowledged their awareness of the risks both explicitly and implicitly, the authors of these qualitative studies reported how the sunbed users rationalised and justified the risks in different ways. The most common responses to the associated risks, which have emerged from studies utilising qualitative research methods, are reviewed under sub-headings below.

2.8.1 A Fatalistic Response and the Ubiquity of Risk

A fatalistic response to the risks associated with sunbed tanning, particularly the skin cancer risk, has emerged. Fatalism in the health context refers to the belief held by individuals that "health is a matter of fate or luck and beyond an individual's control" (Straughan & Seow, 1998, p. 2). One participant in Murray and Turner's (2004) study, for example, felt as though she had already damaged her skin, thus may as well continue using a sunbed. Despite expressing her fear over developing skin cancer, this particular participant spoke about how she had no control over her future which led her to try and ignore the risks by putting it to the back of her mind. Carcioppolo et al. (2014) found similar evidence of such fatalism with one participant in particular reporting to be unaffected by the links between sunbed tanning and skin cancer, as a result of the belief that everything caused cancer and there was nothing that could be done to prevent it. Cancer was considered to be outside of the individual's control with the participant presenting an almost 'what will be will be' type of response.

In downplaying the sunbed-specific risks, one sunbed user in Lake et al's (2014) study drew upon the risks involved with day to day activities in life such as driving a car. In referring to the pervasiveness of risk in this way, the dangers were portrayed as an unavoidable, inevitable part of everyday life. Similarly, Vannini and McCright (2004) who conducted interviews with 40 sunbed users (aged 18-52 years) reported that one of their participants specifically questioned "what can you do these days that does not cause cancer?" These responses referring to the inescapability of risk echo the findings of Banerjee et al. (2012) who, in applying cognitive dissonance theory to sunbed tanning (see section 2.4.2), found that danger ubiquity rationalisations were the most commonly endorsed. In particular, the most strongly supported rationalisations in Banerjee et al's study were 'Everything causes cancer these days,' and 'Tanning bed use is no more risky than lots of other things people do.'

2.8.2 The Relativity of Risk

Several sunbed users in Murray and Turner's (2004) and Lake et al's (2014) studies referred to both the health and appearance risks as only being applicable in the future. They instead focused on the short-term, particularly the aesthetic benefits, with the seriousness of the associated risks being downplayed in terms of perceived temporality. As a result of only being considered a problem in the future, several sunbed users talked about being able to put the risks to the back of their minds and tried not to think about them (Murray & Turner, 2004). The risks would be dealt with if and when they were applicable (Lake et al., 2014). There was evidence of the belief that sunbeds, as with everything in life, were only regarded as dangerous if used excessively (Vannini & McCright, 2004; Lake et al., 2014; Carcioppolo et al., 2014). Moderate sunbed use, in contrast, was referred to as being acceptable with one participant in Lake et al's (2014) study defining this as about "once or twice a week." Nearly all of the sunbed users in Vannini and McCright's (2004) study referred to using a sunbed in moderation, although as the authors pointed out, the definition of moderation was highly subjective. In order to highlight their moderate sunbed use, one participant in Murray and Turner's (2004) study, explicitly compared the time she spent on a sunbed with the time other people spent more excessively using a sunbed. One sunbed user in Carcioppolo et al's (2014) study argued that sunbed use like everything in life was acceptable when limited and in moderation.

2.8.3 Emphasising the Health Benefits

A common response of the sunbed users in Carcioppolo et al's (2014) study, was to downplay the link between sunbed use and skin cancer by highlighting the health benefits of obtaining vitamin D. Similarly, one sunbed user in Murray and Turner's (2004) study felt that using a sunbed can be healthy to an extent because of it aiding vitamin D production. Sunbed tanning was said to relieve a variety of health problems by several sunbed users in Lake et al's (2014) study, including protecting the skin from burning, helping muscle problems, and helping to improve acne. All of these beliefs have been identified as motivations for sunbed use by existing quantitative research (section 2.3.2). The majority of these motivations echo unfounded claims being promoted by the sunbed industry.

2.8.4 Denial and Personal Invulnerability

A common response that has emerged in response to the risks associated with sunbed use was a sense of denial and personal invulnerability. Murray and Turner (2004), for example, found evidence of optimism amongst some of their sunbed users, in that whilst they were aware of the risks they did not consider themselves to be personally vulnerable. This, according to Murray and Turner (2004), was reminiscent of the optimistic bias concept (Weinstein, 1980), where people estimate their own risk as being smaller than that of others. Qualitative evidence has indicated that the significance of the risks would only be realised upon personal experience (Murray & Turner, 2004; Lake et al., 2014). Until that happened, one participant in Lake et al's (2014) study admitted that information about the risks was not something she really took in and retained. One participant in Murray and Turner's (2004) study talked about how they tried not to think about the risks and put them to the back of their mind. Murray and Turner (2004) referred to this as denial, which was motivated in part by knowing someone who had suffered from cancer and not wanting to go through the same experience.

2.8.5 Overemphasised Risks

Sunbed users also referred to the risks as being overemphasised. Several participants in Lake et al's (2014) study, for example, accused the media coverage of the risks as being too simplistic and

overly pessimistic, ignoring any potential benefits. In particular, the media were accused of unfairly emphasising the risks, particularly compared to those associated with general UV exposure. These responses are reminiscent of the rationalisation ‘The medical evidence that tanning beds are harmful is exaggerated,’ which was endorsed by 8% of participants in Banerjee et al’s (2012) study.

Carcioppolo et al. (2014) reported that a limited number of their participants actually questioned the specific link between sunbed tanning and skin cancer. The authors commented on the participants’ particularly strong use of language when doing so and logically based scientific argumentation. Several blamed factors other than sunbeds for the increased skin cancer rates, such as a person’s genetics and suntan lotions that contain a number of harmful chemicals. In Banerjee et al’s (2012) study, 27% of their participants endorsed a rationalisation that similarly attributed the risks as being caused by other factors: ‘More skin cancer is caused by frequent sunburns and family history than tanning beds.’ One participant in Lake et al’s (2014) study did not believe sunbeds would be allowed if they were as risky as portrayed. This echoes the rationalisation endorsed in Banerjee et al’s (2012) study that ‘If tanning bed use was so bad for you, the government would ban tanning beds.’

2.8.6 A Summary of the Existing Qualitative Research

As well as corroborating the findings obtained from existing quantitative research, qualitative inquiry, as demonstrated by the review in this section, has provided a deeper, richer insight into how sunbed users respond to the associated risks. In particular, qualitative research has provided critical insight into the ‘alternative rationalities’ of sunbed users. The understanding obtained provides support for my argument, articulated in section 2.6, regarding the theoretical insufficiency of the mainstream health psychology approach for exploring the topic of sunbed tanning. More specifically, qualitative insight casts doubt upon some of the assumptions underpinning the models, particularly SCMs which have been used to explain and predict people’s sunbed use, as well as forming the basis for the limited number of interventions aimed at trying to change people’s sunbed tanning behaviour.

Mainly, the insight obtained via existing qualitative studies directly challenges the predictive, rationalist assumptions underpinning mainstream health psychology. Supporting the findings of existing quantitative research, qualitative research has revealed that sunbed users are aware of the

health and appearance risks. What the qualitative inquiry has offered is a much deeper understanding into the ways these risks are being understood and made sense of by sunbed users. Although the existing qualitative research has provided considerable insights, there are still limitations to the understanding it has provided and gaps in knowledge remain, as discussed in the next section.

2.9 Limitations and Gaps in the Qualitative Research

Despite offering rich insight and challenging some of the assumptions underpinning the mainstream approach, the qualitative studies have still failed to sufficiently capture the broader socio-cultural context in which an individual's sunbed tanning is positioned. As a consequence, emotional and identity-related factors relating to sunbed tanning which, as I have argued, are inevitable in sunbed-related thought and behaviour have still been insufficiently explored. As discussed in section 2.6, it is essential that the responses of current sunbed users are explored in the context of their wider social background given that sunbed tanning attracts a considerable amount of negativity. Rather than being internal processes serving an internal purpose, I propose that the rationalisations drawn upon by sunbed users, as identified in the existing qualitative research, are socially orientated. The findings of Carcioppolo et al. (2014) provides some support for this notion by hinting at the argumentative nature of their sunbed users' responses and commenting on the strong language use in some of the posts. They did not however, attempt to theorise or to explore the language use in any depth. In order to explore the social function of responses it is essential to position them in their wider social context.

One way of doing this would be to explore the sunbed-related thought from the perspective of those who use and do not use sunbeds, and to examine the relationship between the two. Boynton and Oxlad (2011), in Australia, conducted focus group discussions with a sample of both sunbed and non-sunbed users to explore sunbed-related knowledge, attitudes and behaviour. They did not attempt however to theorise the relationship between the two perspectives, and the study was atheoretical.

In terms of theory, whilst providing much valuable in-depth insight, Murray and Turner's (2004) study retained a somewhat individualistic focus in terms of the idiographic nature of the IPA they carried out on their interview transcripts. The framework underpinning the exploration of Vannini and McCright (2004), did take the wider social context into consideration with symbolic

interactionism (Blumer, 1986), which posits that meaning is always formed as a result of an individual's interaction with their wider social world. Vannini and McCright however, focused on examining the sunbed users' meanings of a tanned skin specifically, rather than sunbed tanning in general. As well as this, a sociological perspective does not sufficiently capture the emotional and identity-related factors that, as I have argued, are likely to be inherent in sunbed users' responses.

The other qualitative studies reviewed in the previous section have been largely descriptive and atheoretical. This limits the insights that can be drawn from the research, as theory is essential for facilitating an understanding of the overall meaning of the data in the specific context of the research questions (Chamberlain, 2000; Stam, 2000). As I have already discussed (section 2.6), the existing theory applied to the topic of sunbed tanning has been underpinned by a number of assumptions, which as I have argued, are limited with regards to exploring the topic of sunbed tanning. Through health psychology's positioning within the wider medical field, the efficiency of theory has been focused on its ability to predict and control behaviour (Fishbein & Cappella, 2006). More specifically, theorising within mainstream health psychology, particularly with regards to SCMs, has mainly involved model building or as Spicer and Chamberlain (1996) referred to it as 'the pathology of flow charting.'

Chamberlain (2000) argued that descriptive, atheoretical qualitative research runs the risk of isolating people from their wider socio-cultural context in the same way as quantitative research does. Rather than being predictive, others have argued that the purpose of theory, especially in the context of health is to be interpretative, with Joffe (1997, p. 79) specifically proposing that "theory allows one to make the leap from what is said by respondents to material that is not explicable present, but nevertheless underpins their responses." Whilst valuable insight has been obtained into the 'alternative rationalities' of sunbed users by the qualitative research, significant gaps in knowledge remain. Mainly, the qualitative research has lacked an appropriate theoretical exploration of the wider context in which sunbed tanning thought and behaviour is located.

Social representations theory (SRT) offers an alternative approach to exploring the topic of sunbed tanning, emphasising the importance of the wider socio-cultural context and, in particular, the importance of emotional and identity-related factors involved in people's health-related thought and

action. Positioned within the broader critical movement in psychology, SRT is a social psychological framework developed by the French social psychologist Moscovici (1961) that challenges many of the traditional ideas of mainstream thinking. In the next section I provide a brief overview of the theory.

2.10 A Social Representations Approach: A Brief Overview

SRT is a social psychological framework that is used to explore the complexity of the shared ‘common sense’ understandings (social representations) that permeate the thoughts, feeling and behaviour of lay people within their specific social contexts (Joffe, 1999). Social representations have specific functions: they provide social groups with ways of understanding and making sense of the issues and phenomena that surround them, as well as communicating about them (Moscovici, 1973). Specifically, according to Moscovici (1973), the function of social representations is two-fold: “first, to establish an order which will enable individuals to orient themselves in their material and social world and to master it; and secondly to enable communication to take place among the members of a community by providing them with a code for social exchange” (p. xiii). As this quote demonstrates, social representations not only enable people to make sense of the world around them, but also to communicate about it with other people by providing a frame of reference.

Social representations naturally arise in the course of everyday social communication (Deaux & Philogène, 2001), in that “social representations are the outcome of an unceasing babble and a permanent dialogue between individuals” (Moscovici, 1984, p. 951). Not only does this “unceasing babble” refer to inter-personal communication, social representations originate through the dynamic interaction that occurs between individuals and their wider socio-cultural environments. Social representations are also modified and maintained through every day social interaction (Joffe, 1996a). Although moving away from a focus on the individual, SRT does not ignore the internal cognition of the individual. Instead, SRT posits that whilst social representations develop and exist against a backdrop of social knowledge (Rose et al., 1995), they are still created and sustained by what Moscovici (1984) referred to as the ‘thinking society.’ Individuals do not just absorb the representations circulating in their social environment but play an active role in using and negotiating them (Abric, 1996). Emotional and identity-related factors may influence the way in which ideas that

circulate in an individual's wider context are actually absorbed (Joffe, 1996a). SRT is not only concerned with the content of the representations, but with "how they operate to shape our engagement with the world" (Marks, Murray, Evans & Vida Estacio, 2010, p. 384). Thus as well as content, SRT is interested in the specific processes underpinning social representations.

Social representations do not just exist in the minds of individuals, or in their conversations, but are also apparent in people's behaviour, action, and practice. An increasing number of empirical examples have demonstrated the link between social representations and action. Giami and Schiltz (1996), for example, in the context of the HIV/AIDS field reported that the social representation of a 'good' partner (e.g. loved, long-term, having a pleasant appearance) underpinned the practice of unsafe sex. The opposite was the case for a partner that is represented as being 'bad.' As well as influencing action, it has been argued that "social representations are often *only* apparent in action" (Howarth, 2006, p. 14). By way of example, Jodelet (1991) through her ethnographic research exploring the social representations of madness in a small French community, demonstrated her participants' unconscious fear of contagion through observing their daily rituals and everyday practices. There had been no mention however, of madness being considered a contagious phenomenon in the interviews Jodelet had conducted with the same participants. Social desirability, in the ways in which people talk about their actions must therefore be taken seriously in social representations studies. This may be particularly important in the specific context of this thesis given the wider negativity and stigma surrounding sunbed tanning (discussed in chapter three section 3.4).

A large and increasing amount of research has been conducted utilising SRT as the guiding theoretical framework exploring a wide range of topics including, for example: public understanding of science and new technology (e.g. Bauer & Gaskell, 1999), identity (e.g. Howarth, 2002a, 2002b), mental illness (e.g. Morant, 2006), organ donation (e.g. Moloney & Walker, 2002), teenage motherhood (Mollidor, 2013), female orgasm (Lavie-Ajayi & Joffe, 2009) health and illness (e.g. Gervais & Jovchelovitch, 1998), and, of particular relevance to this thesis, risk (e.g. Joffe & Haarhoff, 2002), and health risk behaviours like smoking (e.g. Thrush, Fife-Schaw & Breakwell, 1997). SRT has not yet been extended to include the topic of sunbed tanning. Although SRT has a particular concern for topics that are new and perhaps threatening, such as the advent of new diseases like

HIV/AIDS, people can have social representations of any phenomenon. Whilst sunbed tanning is not a new phenomenon, the public continues to be bombarded with conflicting information about the risks and benefits of sunbed use which require making sense of. In the next section, I discuss key tenets of SRT which, as I demonstrate, are particularly relevant for this specific topic.

2.11 Some Key Tenets of SRT

In this section I highlight and discuss some of the key tenets which are particularly relevant for exploring sunbed tanning: the socio-cultural context, multiple social representations, and identity.

2.11.1 The Socio-Cultural Context

One of the key criticisms I have levelled at mainstream research, in terms of the specific topic of sunbed tanning, is that it does not sufficiently consider the wider socio-cultural context in which sunbed-related thought and behaviour occurs. As I have argued throughout this chapter, this paucity is particularly poignant in the specific context of sunbed tanning given the negativity that surrounds the behaviour. As already described, one of the central tenets of SRT is that individual thinking and behaviour takes place within a wider socio-cultural environment, in which social representations already exist and are circulating (Joffe, 1996a). SRT is thus particularly concerned with the interaction between this wider environment and the individual, more specifically in “how the ‘we’ becomes sedimented in the ‘I’” (Joffe, 1999, p. 91). A central focus of the theory is the notion that the wider assumptions, beliefs, and ideas circulating in society, which an individual may not always be consciously aware of, are all the same likely to be particularly influential (Joffe 1996a). As a consequence methodologically, individual thinking must always be explored in conjunction with representations circulating in the individual’s social context (Jovchelovitch, 2007).

The media are influential in an individual’s wider socio-cultural environment, and are regarded by the theory as playing a particularly critical role in establishing and developing people’s social representations (Joffe, 1999). Most social representations are derived from what is referred to as the reified world of science and communicated to the lay public via the mass media (Moscovici & Hewstone, 1983). Importantly, SRT does not consider lay people as being just passive recipients of

information communicated from the media, but as actively working to forge their own representations through drawing upon their own ideas, knowledge and understanding (Joffe, 1999). As I have already stated, emotional and identity-related factors, for example, may influence the way in which ideas are absorbed. More specifically, according to the theory, interpretation of the messages from the media depends in part on an individual's affiliation and identification within a particular social group (Joffe, 1999). SRT is particularly interested in exploring the transformation that occurs when the mass media communicates scientific knowledge to the lay public (Moscovici & Hewstone, 1983).

An individual's wider socio-cultural environment is not just made up of the media however, but refers to any form of knowledge that exists outside an individual's level of thinking. As well as the media, as Joffe (2003) pointed out, a person's first contact with information about a particular topic is often via other people conveying the information to them. As already noted, social representations are socially produced, modified, and maintained through social communication. People who do not use sunbeds constitute a significant part of the social environment of sunbed users.

Although not conducted within a social representations framework, Farrimond and Joffe (2006) who explored the stigmatisation of smokers in Britain, demonstrated how smokers were aware of the negative aesthetic, and experienced the social disapproval that non-smokers specifically associated with their social group. This awareness had significant negative consequences for some of the smokers, who reported hiding their smoking from their friends and family through fear of automatically being stereotyped (Farrimond & Joffe, 2006). No research has, to date, been conducted exploring the social representations of sunbed tanning held by those who do not use sunbeds and their influence on the sunbed-related thought and action of sunbed users. I address this gap in this thesis.

2.11.2 Multiple Social Representations

As outlined in chapter one, risks associated with sunbed tanning are communicated against a backdrop in which the positive image of a tan as attractive and healthy is heavily embedded. Claims as to the benefits of using sunbeds promoted by the sunbed industry are also being communicated. Thus at the time of this thesis, conflicting knowledge systems pertaining to sunbed tanning were

circulating in society. SRT is able to account for, and embraces this diversity, given that one of the underpinnings of the theory is the notion of multiple and diverse social representations.

Moscovici, in his development of the theory moved away from Durkheim's (1898) concept of 'collective representations,' because of Moscovici's own conviction that it would be impossible for a modern day contemporary society to hold genuine collective representations, because of competing knowledge systems (Flick & Foster, 2008). SRT asserts that different social groups can create their own representations that can substantially differ from those created by other social groups, which Moscovici (1961) demonstrated in his original work (Flick & Foster, 2008). Moscovici (1961) highlighted the tension and differences in how the scientific concept of psychoanalysis had been diffused amongst three different groups within French society – Catholics, Liberals and Communists.

It was through this work that Moscovici introduced the concept of cognitive polyphasia, which particularly emphasises the plurality of knowledge. Cognitive polyphasia has been defined by Provencher (2007, p. 56) as a "precise way of characterising the hybrid form of thinking found in modern societies, a form of thinking where traditional types of knowledge, along with their associated modes of thinking, live along more modern ways of knowing and thinking." In terms of empirical support for this, Jovchelovitch and Gervais (1999) examined the social representations of health and illness held by Chinese people living in England, and found a mixed representational field whereby traditional Chinese knowledge co-existed with contemporary Western knowledge and beliefs. In the context of organ donation, Moloney and Walker (2002) identified a representational field that was made up of two conflicting images: firstly 'the gift of life' and secondly 'the mechanistic removal and replacement of body parts.' Maloney and Walker (2002) proposed that the co-existence of conflicting representations is particularly plausible when different ways of understanding a topic have developed at different points in time. This is of particular relevance to this thesis because the positive image of a tan, as outlined in chapter one, has a long history dating back to the Industrial Revolution. The risks however, have been communicated more recently, thus the co-existence of competing knowledge systems pertaining to the risks and benefits of sunbed tanning seems highly plausible.

Research has demonstrated how multiple social representations can be engaged with and drawn upon in order to achieve different purposes. In her research on school exclusion, Howarth

(2004) demonstrated how multiple representations of the 'black school pupil' existed and were manipulated. For example, young black school pupils were aware of the representation of 'troublesome black youth,' and Howarth (2004) described how this dominant representation informed their experiences at school, in terms of making them feel marginalised and restricting their potential. At the same time, the school pupils did not agree with this negative representation and, instead, drew upon alternative representations, which enabled them to resist and reject the dominant negativity.

According to Howarth (2006), the plurality of social representations helps address a common critique levelled at the theory: what is the function of social representations? "The multiplicity and tension within any representation presents possibilities for communication, negotiation, resistance, innovation and transformation" (Howarth (2006, p. 6). It provides opportunity, for what Howarth (2006) referred to as the process of social re-presentation, which she described as an active practice that is engaged in, in order to understand and make sense of the world. In exploring the social representations of Brixton, Howarth (2002b), highlighted how tension, conflict and resistance are inherent in the practice of social re-presentation. Through focus groups with young people who lived in Brixton, Howarth demonstrated that whilst the dangerous representation of Brixton was acknowledged, there was debate over its accuracy, and numerous attempts were made to resist it. Through this study, Howarth highlighted what she referred to as the 'identity-work' inherent in their responses. Rather than just being passively accepted, multiplicity provides the opportunity for representations to be negotiated to fit individual's identity positioning (Howarth, 2006), discussed in more detail in the next section.

2.11.3 Social Representations and Identity

Social identity refers to an individual's knowledge that she or he belongs to a particular social group, as well as the value placed on that group membership (Tajfel & Fraser, 1978). The value people place on their social groups is influenced by how the group is perceived by the wider communities of which the group belongs. This may, in turn, influence behaviour; the negative value of one's social group may result in lowered self-esteem, for example. An understanding of social identity is vital to my research, as representations of sunbed use in the media tend to be extremely

negative, focusing on the risks. Thus, as I outlined in chapter one (section 1.2.7), sunbed use has taken on stigmatising connotations. This may threaten the identity of sunbed users, as a social group, as well as their own personal identity, which may have significant negative consequences. Whilst SRT and Social Identity Theory (SIT) (Tajfel, 1982) are different paradigms, a mutually beneficial relationship has been proposed. It has been suggested that SRT and SIT can benefit from each other because they both assume that individuals are inevitably social beings, and together can function as a “more powerful explanatory model of action” (Breakwell, 1993, p. 2). In terms of how the two are connected, it has been proposed that social representations precede identities (Brewer, 2001; Duveen, 2001) although, as O’Connor (2014) has described, the relationship is ultimately reciprocal.

In the context of racism, Howarth (2007, p. 133) noted how stigmatising representations can “damage identities, lower self-esteem, and limit the possibilities of agency.” Howarth (2002b), in specifically exploring the role of social representations in identity construction, described the negative consequences an awareness of the wider stigmatizing representations of Brixton had on the young people living there. Howarth (2002b) reported how the young people living in Brixton described how they would conceal their association with Brixton if they were to go for a job interview through fear of the immediate prejudice which, according to Howarth (2002b), demonstrated the reality that negative representations can have. As well as limiting the social and employment opportunities of these young people, Howarth (2002b) described how knowledge of the negativity and stigma even contributed to what Goffman (1963) referred to as ‘spoiled identity.’

A spoiled identity refers to the consequences of stigma for those who are stigmatised. Stigma is a ‘marker’ of social disgrace and disapproval, which in its most serious form, may lead to social exclusion (Goffman, 1963). As Joffe (1996a) has pointed out, certain identities are constantly under attack in society, drawing upon the example of people suffering from AIDS. Although not to the same extent, I argue that sunbed tanning has become a stigmatised behaviour through the surrounding negativity and social disapproval. The importance of this is apparent when considering that the social disapproval experienced by stigmatised groups, or individuals, may lead to a restriction in their activities, stress, and even depression (Link & Phelan, 2006), through its impact on identity.

Rather than just accepting representations that circulate around them, people actively forge their own representations in line with their own identity positioning (Joffe, 2003). People cope with negative representations that others may have of them by setting up alternative, challenging social representations which have particular identity protective functions (Joffe, 2002b). In setting up these representations, people are able to ‘manage’ and resist the negativity they are faced with. 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 (1995) described how her interviews conducted with homosexual men during the HIV/AIDS epidemic revealed that efforts of resistance accompanied internalisation of a ‘spoiled identity.’ The men, for example, externalised the threat and subsequent negativity, by drawing upon conspiracy theory explanations for the origin and spread of AIDS, as well as re-casting AIDS in a positive, idealised light. Similarly Mollitor (2013), in her research on teenage motherhood, argued how even though teenage mothers were acutely aware of the negative representations surrounding teenage motherhood, the mothers were able to use the negativity to construct alternative positive representations of themselves as teenage mothers which helped to protect their identity. Within SRT, the process of identity protection is not intra-personal, but inter-personal in the sense that individuals draw upon the frame of reference familiar to their particular social group in order protect it (Joffe, 2003).

SRT is typically concerned with exploring how people make sense of new, strange, and even potentially threatening phenomena occurring in the world around them, which may understandably trigger feelings of anxiety (Joffe, 1996b). Whilst sunbed tanning may in itself not trigger feelings of anxiety, I argue that the surrounding negativity and social disapproval is likely to threaten the identity of sunbed users. As already noted (section 2.9), although sunbed tanning is not a new phenomenon, the lay public are frequently exposed to information, predominantly pertaining to the risks, thus the threat to their identity is likely to fluctuate and need negotiating. As Howarth (2002b) described in the context of the social representations of Brixton, adolescents living in Brixton were engaged in what she referred to as on-going ‘identity work’ in continually having to negotiate their identities.

Through combining SRT and tenets from psycho-dynamic theory Joffe has used the ‘not me’ ‘not my group’ phenomenon to explain how and why social representations might be used to protect

identity. Joffe developed this framework through drawing upon her cross-cultural research exploring the responses to AIDS (Joffe, 1993). Findings revealed that a common response to the AIDS risk was for participants, both in the UK and South Africa, to form social representations which distanced the self and their in-group away from the risk. Joffe (1999) used psycho-dynamic theory to explain that the reason people projected threat elsewhere, in this way, was to control the anxiety and worry they experienced. Such a response, according to Joffe (1999, p. 14), results in “widespread invulnerability to risk by externalising the risk, as well as contributing to a sense of spoiled identity amongst the ‘other’ group.” In doing so, the ‘other’ is seen to be exclusively responsible for, and therefore specifically more vulnerable to the risk than those who have externalised the threat. In particular, through disparaging the ‘other,’ people are able to protect their own social group and self-identity.

Joffe has consistently demonstrated in her research how social representations of a variety of risks, including climate change, and various infection diseases such as Ebola and MRSA are underpinned by this response which serves to distance the threat and subsequent worry people may feel (e.g. Joffe & Haarhoff, 2002; Joffe, Washer & Solberg, 2011; Smith & Joffe, 2013). As an example, Smith and Joffe (2013) reported that even though participants in the UK recognised their role in global warming, other factors were represented as the significant contributors, including other larger, and more powerful countries. As a consequence, Smith and Joffe (2013) explained how this social representation helped protect individuals from the anxiety of global warming by projecting the responsibility as being elsewhere, leaving themselves feeling particularly invulnerable to the dangers.

Now that I have outlined some of the central tenets of SRT which are central to this thesis, in the next section I explain why the theory is particularly appropriate for health psychology research by offering an approach that directly challenges the assumptions underpinning the mainstream approach.

2.12 SRT and Health Psychology

It has been proposed in the social representations literature that SRT has much to offer in terms of health psychology (Joffe, 2002a, 2002b, 2003). It offers a completely different approach to mainstream perspectives, underpinned by entirely different theoretical underpinnings. In contrast to

the individualistic assumptions of the mainstream approach, SRT is inherently social in nature, with social representations originating and being maintained socially, as well as serving social functions. Of particular importance in terms of this thesis is the considerable emphasis the theory places on the relationship between the wider socio-cultural environment and an individual's thought and behaviour. SRT thus provides a particularly useful framework for exploring how wider social forces, such as the negativity surrounding sunbed tanning, influences and impacts upon an individual's sunbed-related thought and action. Some of these factors may be outside an individual's conscious, volitional control, thus directly challenging the assumption of mainstream health psychology that people always behave in rational, predictable ways regarding their health-related decisions.

In contrast to mainstream health psychology which has largely neglected the role of emotion, SRT considers that factors in an individual's wider socio-cultural environment may incite responses, which are inherently emotional, because they serve identity-protective functions. I have discussed how this is especially likely to be the case in the context of sunbed tanning with the wider negativity likely to influence the responses of sunbed users, albeit perhaps at an unconscious level.

Of particular relevance when considering the identity-functions of social representations pertaining to health risk behaviours, like sunbed tanning, is Crawford's (2006) thesis that highlights the links that exist in Western society between health and being moral and good – 'the good citizen.' Thus, health is constructed as more than just a state of physical and mental well-being, it has become symbolic for being a respectable, responsible individual who is in control of their behaviour (Crawford, 2006). Self-control, particularly over the body and mind, has become a valued norm in Western society (Joffe & Staerke, 2007). Positioned within such prevailing ideas about health, unhealthy behaviours become associated with a lack of control, immorality and being irresponsible (Crossley, 2000). Joffe (2007) described how those who do not prescribe to this core value of self-control, such as smokers, alcoholics and drug users, for example, are viewed particularly negatively. In order to construct and maintain a positive identity, illness and disease becomes associated with, and projected onto others, who lack self-control, responsibility, and will-power needed to stay healthy.

Related to this, and also of particular relevance to the identity-protective function of social representations, particularly in the context of this thesis, is the overlap between the way health and

beauty are conceptualised in wider society. The associations that exist in Western society between health and what is referred to as the ‘civilised body,’ whereby health is equated with and self-control (Lupton, 1999) are complicated by the notion that health and appearance have become increasingly connected, with appearance being used as a visual indicator for health (Jutel & Buetow, 2007). This is shaped and constrained by so called ‘beauty ideals’ that circulate in contemporary Western society that denigrates a pale complexion and, as has been discussed in chapter one (section 1.2.5), places high value on a tanned skin as representing an attractive and healthy appearance. This is especially intensified for women for whom a suntan is considered to be a particularly feminine acquisition (Lupton & Gaffney, 1996). As a result, women may resort to taking part in risky behaviours like sunbed tanning in the pursuit of the idealised skin colour, and subsequently the desired representation of femininity (e.g. Garvin & Wilson, 1999). These wider values and conceptualisations may influence health-related thought and action in ways that individuals are not consciously aware of. As I have discussed, mainstream health psychology and its associated theoretical models do not sufficiently account for such macro-level forces, especially those that may be operating and exerting their influence at an unconscious level.

After outlining some of the key tenets of SRT which make it a particularly relevant approach for health psychology research in general and sunbed tanning specifically, in the following section I review some of the empirical literature that has utilised SRT in exploring health risk behaviours.

2.12.1 Health Risk Behaviours: A Social Representations Approach

As well as the application of SRT to mass health risks such as Ebola and MRSA, the theory has been applied to specific risk taking behaviours. For example, SRT has been applied to smoking in a variety of European countries (e.g. Echebarria, Echabe, Guede & Castro, 1994; Thrush et al., 1997; Lucas & Lloyd, 1999; Stjerna, Lauritzen & Tillgren, 2004; Fraga, Sousa, Ramos & Barros, 2011). Overall, this research has indicated that smokers are well aware of the associated risks but represent them in ways which serves to distance themselves from the dangers. For example, adolescents in two qualitative studies have been found to be well-informed about the risks associated with smoking yet represented them to be something only applicable and problematic in the long-term (Stjerna et al.,

2004; Fraga et al., 2011). The identity-protective function of social representations was highlighted by Echebarria et al. (1994) who found that smokers defended their behaviour by drawing upon a representation which served to protect the identity of themselves and their social group. Adherence to this representation increased when a conflict between smokers and non-smokers was explicated, which highlights the importance of taking smokers wider social environment into consideration.

SRT has also been applied to drug and alcohol use (e.g. Trocki, Michalak & Drabble, 2013). In the USA, Trocki et al. (2013) conducted narrative interviews with 129 young adults to explore their social representations of alcohol and substance use. Many represented substance use in terms of boundaries with definable points separating their own acceptable behaviour from the more unacceptable behaviour of others, reminiscent of the ‘not me’ ‘not my group’ response, as described in section 2.11.3. The authors commented on participants’ language use, describing how minimising terms such as “just” and “only,” and repetition was used to maintain their position on the acceptable side of the boundary. More extreme terms were used to describe the more excessive substance use of other people. The participants typically talked about being in control of their behaviour, speaking about people who they knew that were not in control in order to highlight this. Trocki et al. described how participants used control as a reference point for preventing them from crossing a line from the acceptable to the unacceptable side of the boundary, as well as talking about the limits they imposed on their behaviour. In their discussion, the authors speculated as to whether these responses were socially influenced in that despite their substance use, they wanted to present themselves as being ‘good,’ responsible people. Trocki et al. unfortunately did not conduct any exploration of the participants’ wider social environment in order to examine the accuracy of this speculation. In terms of a social representations approach, it would have been beneficial for Trocki et al. to sample the responses of those who do not use these substances in parallel to see what influence they were having.

2.13 Social Representations Theory: A Brief Summary

As I have outlined, SRT offers a different approach to mainstream health psychology perspectives that is underpinned by entirely different assumptions. Of particular relevance to the topic

of this thesis is that SRT emphasises the importance of the wider socio-cultural context and the influence that this has on individual's health-related thought and behaviour. I have argued that those who have never used sunbeds form an integral part of this wider environment. SRT also encompasses the influential forces that may be operating at an unconscious, symbolic level, taking into account the emotional and identity-related factors that may be involved.

Whilst the benefits for using a social representations approach for exploring the specific topic of sunbed tanning are clear, in the next section I propose how also drawing upon rhetorical-discourse psychology is particularly advantageous for this topic, for the reasons that I articulate.

2.14 Social Representations and Argumentation: Discursive-Rhetorical Psychology

Although SRT embraces the notion of diversity and disagreement (section 2.11.2), the theory has been criticised for underplaying and ignoring the role of conflict and argumentation (e.g. Billig, 1991; Potter, 1996). Voelklein and Howarth (2005, p. 14) have specifically conceded that, despite its efforts, "conflict and argumentation remain under-theorised within social representations theory." Through not taking into consideration the argumentative context in which social representations are positioned, SRT has also been criticised for not giving sufficient attention to the specific functions social representations can serve within particular interactional contexts (Potter, 1996). More recently, Gibbons (2015, p. 215) has similarly argued that whilst the identity function of social representations have been considered "ways in which particular representations are constructed in particular contexts to perform particular actions" remain underexplored. Billig's (1991) rhetorical position on the role of argumentation offers a useful approach that, if used in conjunction with SRT, would enable the argumentative context and specific functions of social representations to be explored.

Through drawing upon the tradition of rhetorical study originating in Ancient Greece, Billig (1991) proposed that thinking is inherently an argumentation process whereby conflict and debate occurs implicitly or explicitly with the self and others, as well as with the wider ideas that circulate in society. As such, wider societal ideas are thought to be inherent in the thinking of individuals (Billig, 1996). By positioning thinking within its wider social, ideological context, rhetorical psychology immediately aligns itself with SRT. From a rhetorical perspective, Billig (1991) has argued that

social representations are always developed and articulated socially in the context of an alternative, counter position, and thus attention should be given to how social representations are used in light of this counter position. Not only are they developed socially, social representations can also be shaped in light of an individual's knowledge of contradictory ways of thinking (Billig, 1991). Positioned within this rhetorical context, social representations may be used to criticise, challenge, and negate alternative positions (Billig, 1991). For Billig (1991), argumentation is integral to the 'unceasing babble' that Moscovici referred to (see section 2.10). Specifically, Billig (1988) proposed that Moscovici's 'thinking society' should be replaced by what he referred to as the more appropriately termed 'arguing society.' Several social representations researchers have articulated their explicit support for this notion (e.g. Rose et al., 1995; Moloney & Walker, 2002; Howarth, 2006). In drawing upon rhetorical-discursive psychology, Moloney and Walker (2002, p. 314) described how this would help ensure that, in terms of social representations, the "voices of dispute and controversy are heard in the endless babble."

Whilst limited in number, attempts to empirically integrate SRT and rhetorical-discursive psychology have been made (e.g. Moloney & Walker, 2002; Jaspal, Nerlich & Koteyko, 2012). As part of their analysis exploring the social representations of organ donation and transplantation, Moloney and Walker (2002) turned to rhetorical psychology in order to explore the contradiction that saturated their data. More specifically, Moloney and Walker reported how social representations of organ donation and transplantation were continually negotiated, with the majority of their participants endorsing the practice of organ donation, but nearly always followed their support with a qualifier or concerned comment, which situated the discussion within its wider conflicting context. What this showed was that social representation pertaining to organ donation contained contradictory, co-existing forms of knowledge which enabled conflict, debate and argumentation to take place (Moloney & Walker, 2002). Despite offering a fertile ground for drawing upon these two approaches and recognising the argumentative nature of the social representations, as Dickerson (2012) pointed out, through providing insufficient surrounding conflicting context, Moloney and Walker, were not able to capture the specific actions that the representations were achieving in the focus groups.

In contrast, Jaspal et al. (2012), in the UK, explored the specific rhetorical actions of representations pertaining to climate change in comments made by readers published on the Daily Mail website. In particular, findings revealed that various rhetorical strategies were involved both in constructing particular representations of climate change, convincing others of the validity of these representations, as well as in contesting alternative representations of which they were aware. By way of example, rhetorical strategies used to contest the hegemonic social representations of climate change were to denigrate climate science and scientists, and by delegitimising those with pro-climate ideas. Taken together, the rhetorical strategies were reported to undermine dominant representations.

Although Billig (1996) argued that all thinking is inherently social and positioned within a wider argumentative context, I propose that sunbed tanning is a particularly appropriate topic for such exploration given it is subject to a considerable amount of negativity and social disapproval. The conflicting discourses pertaining to sunbed tanning (see chapter one), demonstrates that sunbed tanning is a controversial topic, which is likely to provoke a varied and diverse response. The social, argumentative context of sunbed tanning is empirically supported by Carcioppolo et al's (2014) research, who indicated that sunbed users use language and logic based argumentation when talking about sunbed tanning, although as already noted, they did not attempt to theorise language use or explore participants' discourse in any detail, something which I intend to address in this thesis.

In drawing upon rhetorical-discursive psychology, I am able to explore another focus of SRT. As noted in section 2.10, SRT is not only concerned with the content of social representations but also with the processes underlying them, in helping people to make sense of the world around them. In terms of process, SRT has predominantly been concerned with the twin processes: anchoring and objectification. These processes work in tandem in order to associate new phenomena "with existing ideas and images" (Flick & Foster, 2008, p. 5). As already noted in section 2.10, sunbed tanning is not a new phenomenon, although it is a topic that still requires making sense of given that the public are frequently exposed to conflicting information about the risks and benefits.

Rather than focusing on anchoring and objectification processes, which are typically utilised in exploring the development and generation of social representations in response to new, threatening

phenomenon, I focus on argumentation. In particular, I focus on argumentation as constituting the active process of representing which shapes people's dynamic engagement with the world.

2.15 The Theoretical Framework: A Brief Summary

The theoretical framework underpinning the thesis primarily draws upon SRT as a unique lens through which to explore the topic of sunbed tanning. Much of the existing research with regards to sunbed tanning has been atheoretical or underpinned by theoretical assumptions that neglect the wider socio-cultural context in which sunbed tanning is currently positioned. These attempts have also typically been underpinned by rationalist, predictive, and cognitive assumptions. Whilst providing considerable insight, qualitative research has retained a somewhat individualistic focus. As I have argued, SRT offers a particularly appropriate framework for exploring the sunbed-related thought and behaviour of sunbed users positioned within its wider social context. In doing so, SRT enables me to explore the emotional and identity-related factors that, as I have argued, are likely to be particularly inevitable in the context of sunbed tanning, given the surrounding negativity.

I also draw on Billig's (1991) rhetorical position on the role of argumentation for the reasons articulated. In particular, I draw upon this second approach to complement SRT by enabling exploration of the argumentative orientation of representations and their specific rhetorical functions, which social representations research has tended to overlook. I have proposed that sunbed tanning is a particularly appropriate topic for such exploration given it is subject to a considerable amount of negativity and social disapproval. Guided by this framework, I address the overarching aim raised in chapter one (section 1.3.1), and answer the research questions articulated in the following section.

2.16 Specific Research Questions

The overall aim of the thesis, as noted in chapter one, is to develop a more extensive social psychological understanding of sunbed tanning. In order to fulfil this aim it is essential to explore the wider socio-cultural context in which sunbed tanning is positioned. One way of achieving this is to explore sunbed-related thought and behaviour of sunbed users in parallel to that of those who have never used sunbeds. It is important to understand how the latter make sense of sunbed tanning to fully

understand the thinking and behaviour of the former. Research has shown how wider negativity can have particularly negative consequences given the threat to identity. As I have discussed, the negativity is not always just passively accepted, and can be actively challenged and engaged with to protect identities. Based on this background, I can now articulate two specific research questions:

- 1) How is sunbed tanning represented by those who use and have never used sunbeds?
- 2) What identity function/influence do these representations have for both groups?

2.17 Chapter Summary

In this second chapter I have reviewed the existing empirical literature pertaining to the topic of sunbed tanning. The majority of the existing research has been conducted within the conventional ‘scientific’ approach of mainstream health psychology which, as I discussed, has several limitations, particularly in terms of its individualistic, rationalist, and predictive assumptions. I have outlined how research from a critical perspective offers a more appropriate alternative. Critical insight with regards to sunbed tanning has been obtained via studies utilising qualitative methods although, as discussed, these still have limitations. In particular, the qualitative studies with regards to sunbed tanning have tended to be atheoretical and still lacked sufficient consideration of the socio-cultural context, as well as the emotional and identity-based factors inevitably involved in sunbed-related thought and action. I have outlined how SRT, drawing upon tenets of Billig’s (1991) rhetorical position on the role of argumentation, offers a particularly appropriate theoretical framework through which to address the gaps I have identified. In the next chapter I present the general methodology adopted in this thesis.

Chapter Three

Methodology

3.1 Chapter Overview

In the previous chapters I have reviewed the existing empirical literature pertaining to sunbed tanning, and identified the gaps that I intend to address in this thesis. In this current chapter I present the general methodology, and detail the methods used to explore the overarching aim of this thesis, and to answer the specific research questions. This thesis triangulates methodologically through four distinct but integrated studies: questionnaires (chapter four), individual semi-structured interviews (chapter five), analysis of online discussion forum data (chapter six), and ethnographic exploration (chapter seven). In this chapter, I present the arguments in favour of using such different methods as well as a predominantly qualitative methodology. I also articulate the theoretical considerations that influenced these choices. I then describe the general details regarding the methodology, including the broad approach to analysis, sampling, and ethical issues relating to the research process as a whole. I also discuss the importance of reflexivity within the project, as well as the criteria that I used to ensure the quality and transparency of my research. The details relating to each specific method of data collection will be discussed in the relevant empirical chapter (chapters four to seven).

3.2 Ontology and Epistemology

Before presenting the methodology, it is important here to delineate my ontological and epistemological positions given their considerable influence on the methodological choices made.

For this thesis I adopted a critical realist ontological position, which philosophically sits between realism and relativism. Critical realism (Bhaskar, 2010) combines the acceptance of an objective external reality (i.e. the realist perspective) with the view that the world is only known through human thought and perception (i.e. the relativist perspective) (Howitt, 2010). Unlike a relativist position, critical realism does not deny the existence of a real physical reality but, in contrast to a purely realist ontology, it accepts people have their own understandings and views of reality. Thus critical realism rejects the realist belief that research can be used to actually understand and

reflect reality (Crotty, 1998). In the context of my research, I did not deny the real physical truth of the risks associated with sunbed tanning, but at the same time I believed there were multiple versions and interpretations of this reality that could be explored. In terms of epistemology I adopted, in line with the critical realist ontology, what is referred to as a weak social constructionist position (Lupton, 1999). In doing so, I acknowledged a realist base to the risks, but considered people's understanding and interpretation of them as being socially constructed. In contrast to objectivism, often related to a realist ontology, social constructionism posits that 'truth' and meaning only exist as a result of human engagement, rather than being able to be understood via 'appropriate' methods of inquiry, typically considered to be scientific experimentation (Crotty, 1998). At the other end of the spectrum, a strong constructionist position, aligned with a relativist ontology, considers risk itself to be subjective.

There are certain characteristics inherent in social constructionism which include the idea that knowledge is constructed through everyday interactions, thus sustained by everyday social processes, and that experience and knowledge are historically and culturally specific (Burr, 2015). Furthermore, social constructionism assumes that understanding and knowledge is always linguistically mediated (Willig, 2008). Thus "rather than viewing language as a route to internal psychological states, such as emotions and attitudes, social constructionism sees language as one of the principal means by which we construct our social and psychological worlds" (Burr, 2015, p. 10). Social constructionism is an epistemological position embodied in many theoretical perspectives including SRT which regards understanding as essentially social in origin (Moloney & Walker, 2002). A weak constructionist approach has been adopted by various social representations researchers, particularly those exploring public response to risk. Joffe, for example, has explicitly referred to a weak social constructionist epistemology in several of her studies, including exploration of how the public engages with infectious diseases such as MRSA (Joffe et al., 2011) and global warming (Smith & Joffe, 2013). Utilising this position, Smith and Joffe (2013) acknowledged a realist base to the dangers of global warming, but considered people's understanding of it as being socially constructed.

Moloney and Walker (2002) also appeared to adhere to a weak social constructionist position in their research exploring the social representations of organ donation and transplantation, by not denying the reality of the medical knowledge relating to it, but considering public understanding of

the topic as being shaped by existing ideas, beliefs and images. As an epistemological position, social constructionism also underlies discursive psychology, including Billig's (1991) rhetorical position. In particular, rhetorical psychology draws heavily upon social constructionism's notion that language does not simply mirror reality but plays a particularly constructive and functional role (Billig, 1996).

3.3 Qualitative Research

In this thesis, I predominantly utilised a qualitative methodology to explore the overarching aim and to answer the research questions outlined in the previous chapter (section 2.16). A qualitative methodology was particularly appropriate in terms of the philosophical underpinning of the thesis, which the following quote by Lincoln and Denzin (1994, p. 2) highlights particularly well.

“Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them....Accordingly, qualitative research deploys a wide range of interconnected methods, hoping always to get a better fix on the subject matter at hand.”

It is clear from this quote that qualitative research fits well with the ontological and epistemological assumptions underpinning this thesis by considering people's understanding and interpretation of phenomena as subjective and socially constructed. The concern of qualitative research for obtaining in-depth data from a participant's own perspective embodies social constructionism's concern with understanding how people's meanings influence their understanding and interpretation of the world.

The choice of a predominantly qualitative methodology was also inextricably linked to the theoretical framework of this thesis, with both SRT and rhetorical psychology fitting particularly well into the qualitative research paradigm. It is important here to highlight that social representations research encompasses both qualitative and quantitative methods of data collection, and indeed Moscovici (1961) in his seminal work utilised quantitative surveys alongside qualitative interviews and a media analysis. Whilst SRT is thus not tied to any specific methodology (Duveen & Lloyd, 1993), there is a strong contention in the social representations literature that qualitative research is

the more appropriate choice because of certain similarities (Flick & Foster, 2008). For instance, meaning and interpretation which are key characteristics of qualitative research, are also a central concern for SRT (Flick & Foster, 2008). The following quote illustrates why a qualitative, as opposed to a quantitative approach, may be the more appropriate choice for social representations research: “Unfortunately, the richness of representation is not noticeable in the laboratory. Our experimental procedures seem often to force certain kinds of thinking or responding, and subjects tend to leave their culture at the door” (Moscovici & Hewstone, 1983, p. 118). By implication, this quote highlights how qualitative methods of data collection can provide a fertile environment for exploring the inherent richness of social representations, which quantitative methods tend to obscure.

Social representations researchers have utilised a wide range of qualitative methods of data collection including media analyses (e.g. Washer & Joffe, 2006), individual interviews (e.g. Renedo & Jovchelovitch, 2007), focus groups (e.g. Howarth, 2002b) and participant observation (e.g. Jodelet, 1991). Billig’s (1991) rhetorical position on the role of argumentation, which this thesis also draws upon theoretically, was also strongly influential in the decision to adopt a predominantly qualitative methodology. Rhetorical psychology’s emphasis on the role of language blends especially well with the focus of qualitative research on the constructive action orientation of language particularly from a social constructionist epistemology. Talk or texts obtained through qualitative methods of data collection are typically required in order to conduct a rhetorical, discourse analysis (Howitt, 2010).

Of particular relevance in terms of the link between the theoretical framework and the choice of a predominantly qualitative methodology, is social representations move away from a focus on the individual to an emphasis on the wider socio-cultural environment, and the emotional and identity-factors inevitably involved in human thought and behaviour (discussed in chapter two). Such a shift requires the abandonment of a reliance on experimental and survey methods in favour of qualitative research, which is better suited to capturing the complexity of human meaning making (Joffe, 2003).

3.4 Multiple Methods

In qualitative research, method triangulation describes the use of multiple data collection methods to explore the specific phenomenon being studied (Flick, 2004). Whilst first conceptualised

as a validation strategy, multiple methods are increasingly being used to obtain a more complete understanding of the topic being explored (Flick, 2009). Triangulation enables the researcher to explore different aspects of the same topic to enrich the scope and depth of the findings (Flick, 1992).

This thesis triangulates by using four data collection methods, which were predominantly of a qualitative design. I intended to obtain using a range of different methods, a richer, deeper insight into the topic of sunbed tanning than could be obtained by using just one method alone. Thus triangulation enabled me to address the overarching aim of this thesis: to obtain and develop a more extensive social psychological understanding of sunbed tanning. My decision to triangulate was also informed by the sequential, reflexive nature of the research process, whereby insights obtained were followed up by successive exploration. This reflexivity will be described in more detail in section 3.5.

My decision to triangulate was also informed by the underpinning theoretical framework. Many social representations studies use multiple methods (e.g. Joffe & Haarhoff, 2002; Joffe & Lee, 2004; Smith & Joffe, 2013) which, according to Wagner et al. (1999), reflect the complexity of social representations and the need to examine their various different levels and dimensions. In social representations research, method triangulation has been described as enabling different aspects of the same phenomenon to be revealed in a complementary manner (Flick, Foster & Caillaud, 2015).

As outlined in chapter two (section 2.10), SRT emphasises the potentially unconscious level of social representations. Differences between what Jodelet (1991) observed and what her participants said in their interviews (described in chapter two, section 2.10), highlights the importance of using more than one method of data collection. Reflexive self-report data alone does not always provide a comprehensive account of the topic under study (Joffe, 2003), and the idea that individuals may present themselves in socially desirable ways (Bauer & Gaskell, 1999), must be considered. This is particularly important in the specific context of this thesis given that sunbed tanning, as highlighted in chapter one (1.2.7), is surrounded by negativity and stigma.

3.5. Overview of the Methods

I used four distinct but integrated studies to explore the overarching research aim and specific questions as comprehensively as possible: questionnaires (study one), individual interviews (study

two), analysis of online discussion forum data (study three), and an ethnographic exploration of two sunbed tanning salons (study four). The different methods were used in a complementary manner, with the findings from all four studies together providing the most extensive social psychological understanding of sunbed tanning to date. There was a sequential manner to the research process, whereby the main insights obtained were followed up by successive inquiry. As shown in Figure 3.1, the first questionnaire study provided insights which were followed up by semi-structured interviews (study two). These two studies, in turn, provided insights which were followed up in the third study by analysing online discussion forum data. The final ethnographic exploration (study four) followed up insights from the preceding three, as well as used to contextualise the thesis. As already outlined, the mainstay of the thesis was qualitative, yet quantitative data was also collected in study one.

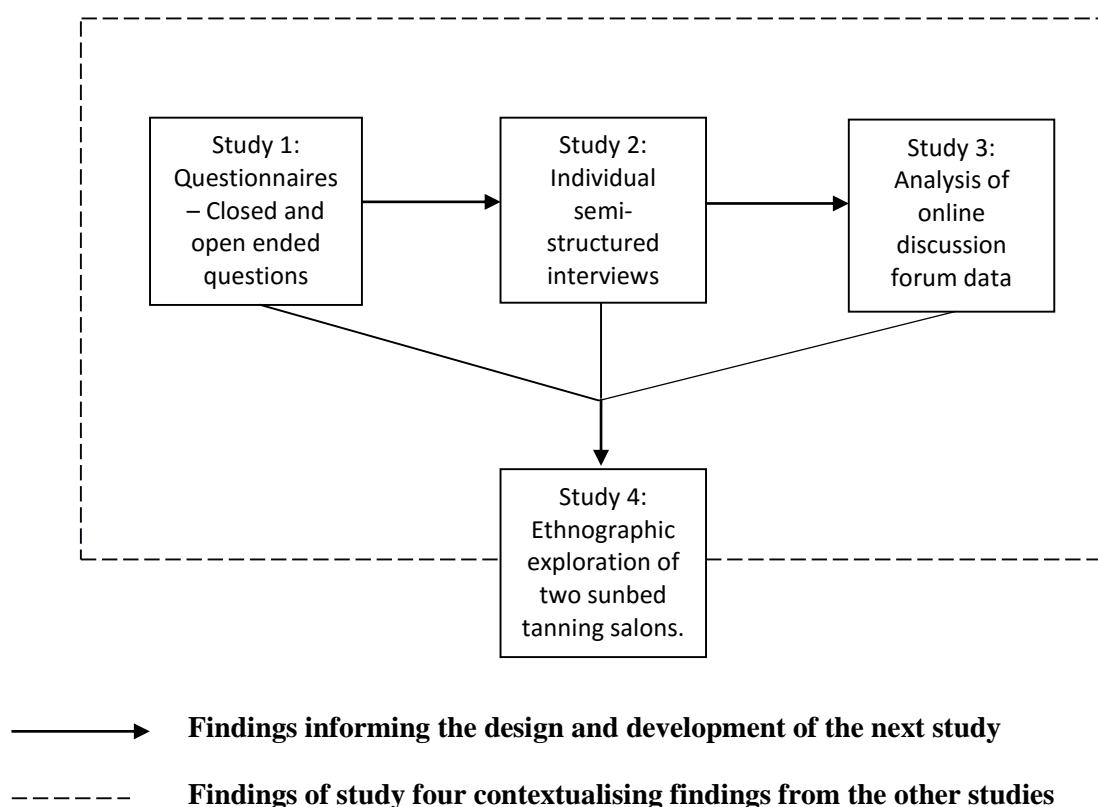


Figure 3.1: Diagram outlining the specific methods used in the thesis.

The first study consisted of an online survey, incorporating both quantitative and qualitative components. It is important here to briefly outline the reasoning behind this decision, although a

more detailed rationale will be provided in the relevant individual chapter (chapter four). Given its scoping nature, the intention of the mixed-methods design was to provide an initial overall blended picture of the topic and a broader perspective than possible through using just one approach. Participants included current sunbed users, former sunbed users, and people who had never used a sunbed. As well as to position the research within the wider empirical literature, the main aim of study one was to act as a starting point for exploring the content of people's social representations, pertaining to sunbed tanning, held by those who used and had never used sunbeds. In study two, individual interviews were used to follow up this exploration in more depth. In study three, I explored the way social representations pertaining to sunbed tanning were being rhetorically constructed, debated, and disputed in interaction using online discussion forum data. Building upon the previous three studies, I conducted an ethnographic exploration of two sunbed tanning salons in study four. The aim was also to provide rich, ethnographic data to contextualise the findings of the entire thesis.

3.6 General Information Relating to the Studies

In this section I outline general information relating to the methods employed in each of the four studies, including information relating to sampling, ethics, and the general approach to analysis. The specifics of each study are detailed in their respective chapters (chapters four to seven).

3.6.1 Sampling and Recruitment

As outlined in chapter two, SRT contends that factors influencing a person's thoughts and actions are not necessarily based in the private knowledge of the individual. Instead, such factors may exist in their wider socio-cultural context, perhaps exerting an unconscious, as well as conscious influence, which is actually outside an individual's volitional control. Individuals are in an active, dynamic relationship with the representations circulating in their wider environment, with identity and emotional factors working to prevent the representations from merely being absorbed (Joffe, 1996a). Such a focus has methodological consequences, in that an individual's social context always needs to be sampled and explored, alongside individual thinking. Those who have never used a sunbed form a particularly influential part of sunbed users' wider social environment, for the reasons I articulated in

chapter two (section 2.11.1). This thesis is focused therefore on exploring the relationship between the social representations of those who had never used sunbeds and those who currently used sunbeds.

Males and females of any age and occupation were included in the recruitment for all four studies. The only criterion imposed on the recruitment process was that sunbed users were required to be aged at least 18 years old. This was mainly because following the implementation of the Sunbeds Regulation Act (2010), it is now illegal in the UK for anyone under the age of 18 to use a sunbed. For reasons of consistency, those who had never used a sunbed were also required to be aged at least 18 years old. Previous research has consistently reported females to be more likely to use sunbeds than males, thus much of the existing exploration has understandably focused on female sunbed users. As highlighted in chapter one, males do still use sunbeds (section 1.3.2) and, for this reason, were included as part of the recruitment process. I also made efforts (described in the individual empirical chapters) to recruit non-student as well as student participants given the existing research, as highlighted in chapter two, has been dominated by student, particularly university student samples.

The participants in studies one (questionnaires) and two (interviews) were recruited in a relatively opportunistic manner, with the snowballing of initial convenience samples taking place. As I will detail in the respective chapters, recruitment of the current sunbed users was a particularly difficult task. The recruitment of the two salons for study four (ethnography) was also opportunistic, in that the choice was limited to salons whose owner/manager agreed to participate. Recruitment for this study was especially challenging, however this was not unexpected given the problems I had experienced in recruiting sunbed users for studies one and two. The recruitment for study three (online forum discussions) was much more targeted than the other studies, in that the forums were intentionally selected in order to provide the most extensive discussions pertaining to sunbed tanning, and therefore the richest data. This particular study differed to the other three in that there was no active participation. This led to some complicated ethical issues that I identify in the next section.

3.6.2 Ethical Considerations

All four studies were formally approved by Keele University's Research Ethics Committee (see Appendices A, B, C, D for approval letters from the committee). The studies adhered to the 2009

British Psychological Society's (BPS) Code of Research Ethics and Conduct. Standard procedures of gaining informed consent and providing participants with sufficient information about the research were followed closely for studies one (questionnaires) and two (individual interviews). These participants were not recruited coercively and told they had the right to withdraw from the research and/or to withdraw their data at any time. Participants were also assured that any information they provided would remain anonymous at all times. This was achieved by using pseudonyms and by removing any identifying information from the data. Studies three (online discussion forums) and four (ethnography) required some particularly extensive ethical consideration. This was mainly a result of the data being in the public domain in study three, and the practical difficulties involved in obtaining informed consent from clients entering the salons in study four. The BPS (2013) guidelines for Internet-Mediated Research were consulted and adhered to for study three. Advice provided by the BPS (2009) guidelines with regards to observational research based in 'natural' settings was consulted for study four. The ethical issues relating to each specific study will be discussed in more detail in their respective chapters.

3.6.3 Approach to Analysis

With the exception of the quantitative data obtained from study one, data was analysed using the thematic guidelines of Braun and Clarke (2006). Thematic analysis is a useful and flexible way of identifying and analysing broad patterns (themes) which summarise data in a rich, detailed manner (Braun & Clarke, 2006). It also has interpretative potential (Boyatzis, 1998). The main reason a thematic analysis was chosen was because of its theoretical flexibility. This was particularly useful for this thesis, which draws upon both SRT and rhetorical-discourse psychology. In terms of the theory, thematic analysis has been advocated as being particularly useful for social representations research (e.g. Flick & Foster, 2008; Flick et al., 2015). In particular, thematic analysis is considered to be especially apt for revealing the complexity and specific subtleties of people's social representations (Smith & Joffe, 2013). Thematic analysis has been used as the analytic strategy in numerous social representations studies (e.g. Gervais & Jovchelovitch, 1998; Howarth, 2002a, 2002b; Lavie-Ajayi & Joffe, 2009; O'Connor & Joffe, 2013). It is also particularly suited to rich textual data

such as that obtained from interviews and focus groups (Howitt, 2010), thus I considered it a particularly appropriate choice for the rich data collected in studies two (interviews), three (online forums), and four (ethnography).

Aligned with my epistemological position, I adopted a social constructionist approach to the thematic analysis. Although often referred to as a realist method, thematic analysis is also, according to Braun and Clarke (2006), compatible with a social constructionist epistemology. Within this framework, patterns (themes) within the data are identified as being socially produced, thus analysis is focused on identifying themes more at the latent (interpretative) level, rather than at the semantic (surface) level of a more realist thematic analysis (Braun & Clarke, 2006). Of particular relevance to the theoretical underpinnings of this thesis is that a thematic analysis conducted within such a social constructionist framework theorises the socio-cultural contexts individual accounts are located (Braun & Clarke, 2006). Whilst the specifics relating to the data analysis for each study are detailed in their respective chapters (chapters four to seven), I describe some of the general issues in the next section.

3.6.4 Analytic Procedure

As already noted, the thematic analysis was guided by Braun and Clarke's (2006) six stage guidelines. The first stage involved the process of data familiarisation, whereby the data was read and re-read several times in order to ensure a high level of familiarity. The data included open-ended responses from the qualitative components of the questionnaires (study one), interview transcripts from individual interviews (study two), threads from the online discussion forums (study three) and ethnographic field-notes (study four). For studies one, two, and three there were different data-sets for both those who used and had never used sunbeds (participants were identified as either being in support of, or against sunbed use in study three). In order to achieve a high level of familiarity it is essential, according to Braun and Clarke (2006), for researchers to completely immerse themselves in the data. This involves active repeated reading of the data, and highlighting any initial key patterns and ideas. Despite being time-consuming, the importance of this stage is highlighted by Braun and Clarke (2006), as it forms the foundations for the remaining analysis. I spent a considerable amount of time familiarising myself with the data, listening for example to the audio recordings in study two.

Following data familiarisation, I coded the data systematically. Codes refer to “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (Boyatzis, 1998, p. 63). The thematic analysis was both inductive and deductive. After starting off (in study one) as an initially inductive process, which enabled me to identify themes without attempting to fit them into any existing frame, conceptions or ideas (Braun & Clarke, 2006), the analysis became more deductive as the research progressed, in that the code and theme development became directed by prior insights emerging. The analysis still however remained inductive by being open to anything new emerging, keeping closely aligned with the data. In this sense, some elements of the analytic approach resembled grounded theory (Strauss & Corbin, 1994) whereby theory is developed from the data. It was not however a full grounded theory as the research literature is usually read after data has been collected, whereas for this thesis the literature was reviewed before the commencement of any data collection, to enable the generation of the specific research questions. More importantly, grounded theory does not have analytic theoretical flexibility. Grounded theory is underpinned by specific ontological and epistemological assumptions, whereas thematic analysis is not tied to any particular philosophy (Braun & Clarke, 2006).

Codes ranged from either being just one word to a few words or a phrase depending on the specific study. Codes were however typically only a few words in length, and I attempted to capture the essence of the data they related to. I conducted the coding manually, making notes in the left hand margins of the data and using different coloured pens to indicate emergent patterns, highlighting the relevant text for as many potential themes as possible. I made the decision to manually code the data rather than to use a programme such as NVivo, mainly to ensure as high a degree of familiarity with the data as possible, as well as my concern over becoming detached and distant from the data, an issue that has been, and continues to be debated in the literature (see for example, Roberts & Wilson, 2002; Welsh, 2002). The number of codes varied from 40 for the questionnaire responses of those who had never used sunbeds to over 200 codes for some of the current sunbed users’ interview transcripts.

Following Braun and Clarke’s (2006) guidelines, I used visual representations to help me to sort the codes and identify emergent themes. This typically involved me writing the name of each code (including a brief description) onto separate pieces of paper, which I then organised into theme

piles. I found this to be an especially useful visual aid in terms of helping me to organise and sort the large number of codes generated for each data set, and identify initial themes. I then took relevant coded extracts of the text and organised them under provisional theme headings in separate word documents. Following this, I produced mind maps and tables to review the themes. These initially contained between 5-30 themes depending on the study and the specific participant group. Typically, the current sunbed users' data generated more initial themes, as a result of the larger number of codes.

The most difficult part of the analytic process was deciding whether the themes were “really themes” (Braun & Clarke, 2006, p. 20). This involved using my own judgement to decide whether or not themes had a sufficient amount of data to support them. If this was not the case, themes were either omitted or collapsed into a similar theme where it formed a sub-theme. The research questions did influence the refinement process, and I abandoned several themes through them not being relevant to addressing these questions. Given the reflexive nature of the research, as highlighted in section 3.5, the refinement process was also informed by insights obtained from preceding studies. The refinement process continued until all of the studies were written up, given the recursive nature of the analysis. As recommended by Braun and Clarke (2006), their guidelines were not followed in a linear manner chronologically moving through the different stages, but recursively where I continually moved back and forth between the data set, the coding, and examining the emerging themes. Whilst the identified themes expressed commonalities and patterns, there were nevertheless differences between the individuals in each data set. As well as agreement therefore, social representations as highlighted in chapter two, are inherently characterised by tension, conflict and inconsistency (Rose et al., 1995), thus I have attempted to show any contrasts within the themes, as well as commonalities.

3.7 Reflexivity

Reflexivity is an important and central consideration in qualitative research (Flick, 2009). Reflexivity can refer to reflection on the research process more generally (i.e. what has been learned from successive studies), but primarily refers to the researcher's own personal position. With regards to the first aspect, as outlined in Section 3.5, the current research process was reflexive in that the findings of each study informed the design of the next. The various ways in which each study

informed the following is highlighted throughout the subsequent chapters. With regards to the second aspect, in qualitative research such reflexivity involves the consideration of how the researcher as a person influences the research process (Willig, 2008). A wide range of factors may be influential including, for example, the researcher's gender, age, ethnicity, personal experience and background regarding the topic. The researcher's reflections on the research process, including their thoughts, feelings, impressions etc. have also been highlighted as an essential part of being reflexive (Flick, 2009). The following quote encapsulates, particularly well, what is involved in personal reflexivity:

“...an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgement of the impossibility of remaining outside of one's subject matter while conducting research. Reflexivity then, urges us ‘to explore the ways in which a researcher's involvement with a particular study influences, acts upon and informs such research’” (Nightingale & Cromby, 1999, p. 228).

As this quote emphasises, it is impossible for the qualitative researcher to remain detached from the research process and autonomous from the topic and participants being studied. Instead, as the quote highlights, it is important the researcher is aware of and explores their active influence on the whole research process in a reflexive manner. It is important to note that personal reflexivity is reciprocal in the sense that “not only does it involve the influence that our characteristics have on our research but it also includes the influence that our research has on us” (Howitt, 2010, p. 330). Thus being reflexive not only involves the consideration of how our own thoughts and feelings influence the research, but also how thoughts and feelings may change and develop themselves as a result of the actual process. Whilst I reflexively discuss how my own background, thoughts and feelings may have influenced each specific study in the relevant chapters, I want to outline my position at a broad level here.

In chapter one I introduced my background as someone who has previously worked in the beauty industry, and as having a family history of skin cancer. My background in beauty therapy is something I drew upon and utilised throughout the research process much more than I anticipated, particularly for studies two (interviews) and four (ethnography). It is important here to point out that I have never used a sunbed, although in the past I have used fake tanning products on a fairly regular

basis to achieve a tanned appearance, which was purely aesthetically motivated. I have never had any desire to use a sunbed, which I attribute mainly to my parent's negative experience but also my own conscientious nature with regards to my health, my fair complexion, and tendency to burn particularly easily when in the sun. At the outset of the research, I held my own pre-conceptions about what someone who uses a sunbed actually looks like: typically a young female, overly made-up, with an excessively tanned appearance. As I noted in chapter one, at the start of the research the only reason I thought people used sunbeds was for appearance enhancement purposes. I acknowledge that these pre-conceptions are likely to have stemmed from my own experience working in the beauty industry, but also from the media, particularly the rising popularity of reality television shows such as *The Only Way Is Essex*. In this show, cameras follow the lives of young people living in Essex who typically have an overly tanned appearance, which has become synonymous with the programme. I discuss how the research influenced my own thoughts and feelings in the final chapter (chapter eight).

3.8 Ensuring the Quality of my Research

Criteria traditionally used to evaluate quantitative research i.e. representativeness, reliability, validity, and generalisability cannot meaningfully be applied to qualitative research (Willig, 2008). Different criteria proposed to evaluate the quality of qualitative research has however been proposed (e.g. Lincoln & Guba, 1985; Elliot, Fisher & Rennie, 1999; Bauer & Gaskell, 2000). Lincoln and Guba (1985) proposed two main criteria: trustworthiness and authenticity. Trustworthiness, the more influential of the two, is composed of four criteria, which I will discuss briefly here in relation to the thesis. Credibility refers to the use of triangulation and respondent validation to help establish the credibility of research findings. Although the latter strategy was not used, the research triangulated by using four different methods of data collection (see section 3.5). The main reason I did not seek validation from participants was because of the practical difficulties that would have been involved in doing so. The online, anonymous nature of the questionnaires in study one, for example, meant that I could not contact participants following their participation. Similarly, the anonymous nature of the online forums in study three meant that seeking validation from participants would have been difficult. In studies one, two and four, participants were provided with my contact details and

encouraged to contact me if they wanted any further information. The archived nature of the online data in study three prevented me from doing this; no active participation was involved.

Transferability refers to the need for the researcher to provide a rich, detailed depiction of the research so that others can judge the transferability of the findings. ‘Thick’ description, which can involve the use of verbatim quotes so the reader(s) have opportunity to form their own interpretations of the data (Elliot et al., 1999), can be used as a way of providing such detail. I have used illustrative quotes when reporting the findings for each of the four studies. Extensive field-notes obtained from the ethnographic exploration (study four) also involved ‘thick’ description providing rich, contextual information for the thesis as a whole. Dependability refers to the need for researchers to explicitly detail every aspect of the research process. Such description is detailed in the respective findings chapters (chapters four to seven). Confirmability refers to the researcher’s positioning in the research, in that they are reflexive in making their own background clear. As discussed in section 3.7, I maintain a reflexive position throughout, and reflective commentary will be included.

3.9 Chapter Summary

In this chapter I have detailed the general methodology and outlined the specific methods of data collection that I have used in this research. A predominantly qualitative approach and multiple methods have been utilised to explore the research questions and to ultimately address the gaps in the existing literature. Collectively, four studies: questionnaires, individual semi-structured interviews, analysis of online discussion forum data, and an ethnographic exploration of two sunbed tanning salons has enabled the most extensive social psychological understanding of sunbed tanning to date. In this chapter, I have outlined both the ontological and epistemological positions adopted in this thesis, as well as theoretical considerations influencing the general methodological choices. I have described general information pertaining to the broad approach to analysis, sampling, and ethical issues relating to the research as a whole. I have also introduced the importance of reflexivity, and outlined the criteria used to ensure the quality of my research. Specific details relating to each individual method, and the findings of the empirical studies will be presented in the following four chapters (chapters four to seven). In the next chapter I present the first of the four studies.

Chapter Four

Initial Scoping Exploration (Study One)

4.1 Chapter Overview

In this chapter I present the first of the four studies that I have conducted in this thesis. As well as positioning the research within the wider empirical literature, this study acted as a starting point for exploring people's social representations of sunbed tanning, and the subsequent identity functions/influences these representations have. As noted in chapter three, this first preliminary questionnaire study had both quantitative and qualitative components. In this chapter, I first describe the aims, background, and method of the study, followed by a detailed explanation of the findings. I conclude with a discussion of the findings, in relation to the existing literature pertaining to sunbed tanning. I discuss the strengths and limitations of the study, and provide some personal reflections.

4.2 Background and Aims

Sunbed tanning has attracted a large amount of research attention in the mainstream health psychology literature, particularly in terms of identifying people's sunbed-related risk knowledge and motivations. One aim of this study was to act as a scoping investigation to explore the sunbed-related risk knowledge and motivations of adult participants in the UK, in order to position the thesis within the existing empirical literature. As noted in chapter one, research with regards to sunbed tanning in the UK with adult participants in particular, has been limited in comparison to other countries.

Theoretically, the main aim of this study was to act as an initial platform for exploring the social representations of sunbed tanning, and their identity functions. The overarching aim of the thesis is to develop a more extensive social psychological understanding of sunbed tanning, utilising a framework that emphasises the importance of considering the wider socio-cultural context. I have argued (sections 2.11.1 and 3.6.1) that it is pertinent that the representations of both those who use and have never used sunbeds are sampled and explored in parallel to each other in order to fully understand sunbed-related thought and behaviour. Such exploration has to date been non-existent.

4.3 Method

4.3.1 Study Design

I created an online questionnaire using the software ‘Smart Survey’ to explore the sunbed-related knowledge and beliefs of an adult participant sample in the UK (including those who used and did not use sunbeds). The questionnaire incorporated both quantitative and qualitative components. The quantitative components were included to obtain descriptive, numeric information in order to position the research within its wider empirical context. The intention of the qualitative components was to act as the initial platform for exploring people’s social representations of sunbed tanning, and their subsequent identity functions/influences. I chose to use online questionnaires as they can access very large and geographically distributed populations relatively quickly and conveniently (Lefever, Dal & Matthiasdottir, 2006). The potentially higher response rate compared to the more traditional paper based mail survey method (Van Selm & Jankowski, 2006) was also a consideration.

4.3.2 Participants

Overall 190 participants, 173 females (91%) and 17 males (9%) took part. Participants ranged in age from 18-71 years old ($M = 28$, $SD = 9.85$). 67 (35%) were students, and 123 (65%) were not students, varying in occupations. Participants identified as either being current sunbed users, former sunbed users, or never having used a sunbed, details of which are described in section 4.4.1. The participants were recruited online via a snowball sample, with an online link for the questionnaire being posted on the social networking site Facebook and emailed to family, friends and colleagues. I requested that the online link be shared and forwarded to others who might have been interested in taking part, thus the initial convenience sample subsequently snowballed. I also posted the online link onto three UK-based online beauty discussion forums to try and optimise participant recruitment. I selected the forums following an online search of beauty forums in the UK on the basis that similar topics (i.e. there were threads relating to sunbed tanning, fake tanning, and tanning in general) were being discussed. This was premised on my belief that people who were discussing such related topics would be more likely to participate. I also chose the forums on the basis that they were ‘open’ to the

public and, as such, did not require membership to be able to read or post (Rodham & Gavin, 2006). Alongside the online link, I included a short paragraph which contained a brief explanation of my research and what would be involved. In this paragraph, I informed participants that by clicking on the link they would be presented with an information sheet detailing all aspects of the research.

Although I kept access to the questionnaire open over a period of two months, recruitment of the current sunbed users was slow, and I regularly had to post the link via social media and on the online forums to try and optimise numbers. This is something that I reflect on in section 4.5.2.

4.3.3 The Questionnaires

The complete questionnaire actually consisted of three sections pertaining to 1) general sun tanning, 2) sunbed tanning, and 3) fake tanning. Admittedly, whilst the scoping nature of the study meant that I purposefully kept the questionnaire broad in scope, findings from the first (general sun tanning) and third sections (fake tanning) did not emerge as being pertinent to the overall aim and research questions of the thesis. As a consequence, I only present and discuss the relevant findings from section two (sunbed tanning) in this chapter. In the rest of this section, I detail the design and layout of the questionnaire only in relation to this relevant part (see Appendix E for questionnaire).

The questionnaire included questions relating to sunbed tanning behaviour, motivations and knowledge of the sunbed-related risks. Quantitative (fixed-choice response questions) included those where participants could choose only one answer from multiple responses, for example, 'Where do you typically use a sunbed?' and rating scale questions such as: 'How much do you agree with the following statements?' where participants could choose one response on a 5-point Likert scale, ranging from 1 = strongly disagree to 5 = strongly agree. Qualitative (open ended) questions included 'What do you like about using sunbeds?' and 'Have you got any comments to make about sunbeds?' For the qualitative responses, participants were told they could write as much or as little as they liked.

I included several demographic questions to provide some descriptive information about the sample including their gender, age, occupation, skin type, and hair colour. The question about skin type was based upon the Fitzpatrick Scale (a numerical classification for human skin colour) (Fitzpatrick, 1988) and, similarly to the question on hair colour, was informed by the fact that those

with the most vulnerable skin types (type 1 and 2) and hair colour (red or fair) are specifically advised not to use sunbeds (Cancer Research UK, 2015c). As described in chapter two (section 2.3.1), this is because these are specific risk factors which increase the risk of skin cancer development. Similarly, all participants were asked whether or not they had a family or a personal history of skin cancer, as again these are risk factors (Cancer Research UK, 2015c). Although limited, research has identified a positive association between sunbed use and a family history of the disease (e.g. Knight et al., 2002).

I assessed awareness of the risks for all participants by including questions on the associated health and appearance dangers, and asking how much they thought using a sunbed before the age of 35 increased the risk of skin cancer. This latter question was informed by research conducted by the IARC (2006) which, as described in chapter one (section 1.2.1), found that using a sunbed for the first time before the age of 35, increases the risk of developing skin cancer by as much as up to 75%. This was a statistic that was being frequently communicated by the media around the onset of my research. Awareness of the risks were also assessed by asking all participants whether or not they had been in receipt of any educational information about the risks, and were asked to describe the information.

I included questions in order to examine the prevalence of current sunbed use, as well as future intentions to use a sunbed. Questions were subsequently included to provide some descriptive information as to the behaviour of those currently using sunbeds, including ‘Where do you typically use a sunbed?’ and ‘Do you have family and friends that use sunbeds?’ Sunbed users were asked whether or not they had ever experienced a skin burn as a result of using a sunbed, and whether this had influenced their subsequent use. These questions were informed by the increasing amount of research that, as outlined in chapter two (section 2.3.1), has found that sunbed users are not deterred even after experiencing a painful skin burn (e.g. Rhainds et al., 1999).

The motivations of current sunbed users were assessed by asking participants to indicate on a 5-point Likert response scale (1 = strongly disagree, 5 = strongly agree) their agreement with a number of statements. The statements were informed by previous research, as outlined in chapter two (section 2.3.2), e.g. ‘I think I look better when tanned’ (e.g. Amir et al., 2000), ‘I think I look healthier when tanned’ (e.g. Borner et al., 2009), ‘I like how tanned celebrities look’ (e.g. Poorsattar & Hornung, 2008), ‘My family/friends use them’ (e.g. Hoerster et al., 2007), ‘It improves my mood’

(e.g. Mosher & Danoff-Burg, 2010), ‘I have a skin condition’ (e.g. Schneider et al., 2009), and ‘I have a medical condition’ (e.g. Taylor et al., 2009). Participants were given the option of providing an alternative or additional reason in an open format. Sunbed users were also invited to comment in an open-response format what they liked and disliked about sunbeds.

Those who identified as never having used a sunbed and former sunbed users were asked why they had never or no longer used a sunbed, with a number of response options provided; 1) Influence from family and friends, 2) Influence from partner, 3) Prefer to use an alternative (e.g. fake tan), 4) The health risks, 5) The appearance risks, 6) Doctor’s advice, 7) Price, and 8) Time. Participants were also given the option of providing an alternative or additional reason as an open-ended response. All participants were presented with the final question, asking them to provide their open, qualitative comments about using sunbeds. This question was vital in terms of providing initial insight into the social representations held by the different participant groups, and their subsequent identity functions.

The questionnaires were designed with a ‘skip logic’ function in place so there were various pathways through the questions, which meant that the participants were not inconvenienced by being asked questions that were not relevant to them (for example, participants indicating that they had never used a sunbed were able to bypass questions on frequency and location of sunbed use).

4.3.4 Procedure

The online link took participants to the questionnaire where a range of quantitative and qualitative data was collected. Participants were required to tick boxes indicating their informed consent, and that they were aged over 18 years old and living in the UK in order to progress to the questionnaire. After completing the questionnaire, participants were thanked for participating, and invited to email me if interested in taking part in any additional studies (my contact details were provided). One participant emailed to indicate her willingness to take part in a subsequent study.

4.3.5 Data Analysis

The quantitative data was examined using basic descriptive statistics via SPSS Version 21. Comparisons were examined between groups, in relevant instances, using the Chi Square test. The

qualitative data from the open-ended responses was analysed thematically in terms of its content using the procedure outlined by Braun and Clarke (2006), described in general terms in chapter three. All comments were transferred to word documents, alongside accompanying demographics. Coding was systematic, although given the limited amount of textual response for some of the open-ended questions (in some cases it was just a few words), coding was a case of simply reiterating and highlighting these utterances. This was particularly the case for the questions ‘What do you like and dislike about using sunbeds?’ As a result, analysis proceeded to the theme searching stage quickly. Themes for these specific questions were identified fairly superficially at the surface level of the data. For example, when asked what they liked about sunbeds, several responded with just the word ‘Quick’ or ‘Easy,’ which I organised under the descriptive theme title ‘Quick, Easy and Convenient.’

Responses to the question ‘Have you got any comments to make about using sunbeds?’ were longer and contained more detail, typically two to three lines long. Responses from the sunbed users were notably longer than those who had never used a sunbed, with some providing a paragraph of textual response. The coding process as a result was more detailed than for the other open-ended questions. As this question was designed to provide initial insight into the social representations held, the analysis was more interpretative and influenced by the theoretical underpinnings of the thesis. Specifically, I analysed the content with the research questions in mind. Thus whilst coding and the initial theme searching was conducted at the surface level of the data, analysis moved to a more latent, interpretative level in developing final themes (see Appendix F for thematic tables I used to organise the responses of the two participant groups, including initial themes identified and the final themes).

Whilst a full discourse analysis was not conducted, positioned within a social constructionist framework and informed by the rhetorical-discursive underpinnings, language use within the themes was attended to, but only at a superficial level. Participants’ language use was, for example, particularly evocative at times especially for those who had never used sunbeds. The reason for the superficial exploration was that the main intention of this study was to act as a starting point for exploring social representations, thus the analysis was focused on identifying shared understandings.

4.3.6 Ethical Considerations

Ethical approval for this study was obtained from Keele University's Ethics Committee, and the ethical guidelines of the BPS (2009) were fully adhered to. All participants were presented with an online information sheet (Appendix G), which detailed all aspects of the study so that an informed decision regarding participation could be made. Participants were required to provide their online consent regarding participation, and their separate consent permitting me to use any quotes from their open responses. The participants were required to indicate their consent before they could move on to complete the questionnaire. Participants were informed that the information they provided would be confidential and anonymised; they were not asked to provide their name at any point during the study.

4.4 Findings

In section 4.4.1, I present my findings from the quantitative components of the questionnaire, in terms of sunbed-related risk knowledge and motivations under sub-headings pertaining firstly to the overall sample, and then to the different participant groups: current sunbed users, former users, and those who had never used a sunbed. In terms of any statistical tests, only the details of significant results will be reported. Analysis of the qualitative components, intended to initially explore people's social representations pertaining to sunbed tanning, will then be presented separately for the current and never sunbed users. In terms of the qualitative findings, themes are presented under sub-headings, accompanied by illustrative quotes, with participant demographics pertaining to gender, age, and occupation in parentheses. Note. SB is used as an abbreviation to denote sunbeds.

4.4.1 Overall Sample

From the total sample of 190 participants, 28 (15%) defined themselves as current sunbed users, 57 (30%) as former sunbed users, and 105 (55%) reported to having never used a sunbed. Presented in Table 4.1 are the participant demographics for these different groups. As indicated in the table, nearly all the current (96%) and former sunbed users (98%) were female.

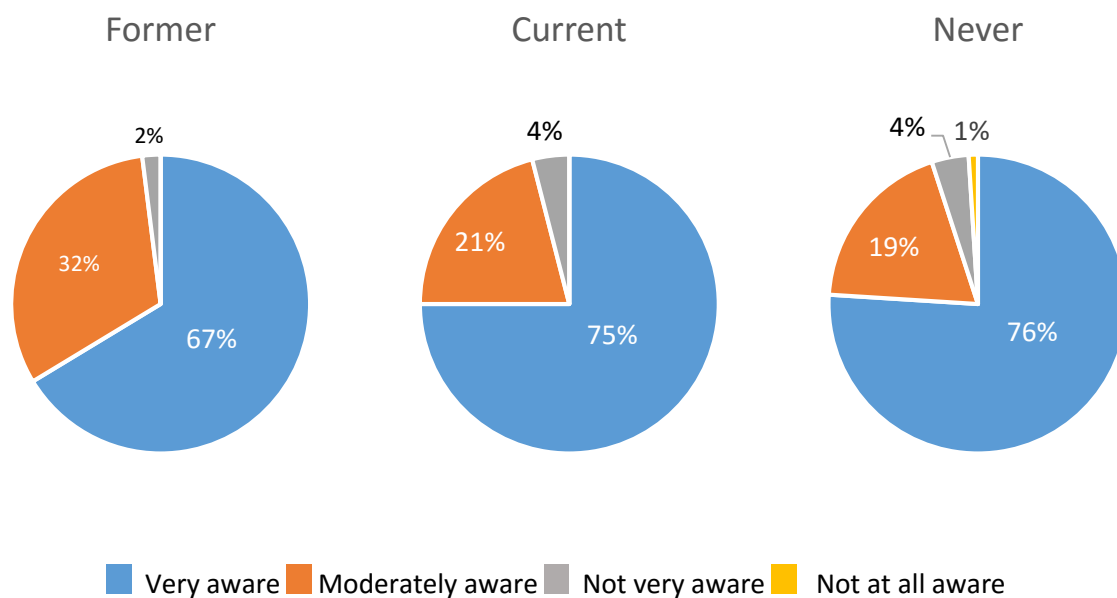
Table 4.1: Demographics pertaining to the different participant groups

	SB Users		Former SB Users		Never SB Users	
	n	%	n	%	N	%
Participants	28	-	57	-	105	-
Male	1	4	1	2	15	14
Female	27	96	56	98	90	86
Age	19-43	-	18-62	-	18-71	-
Mean age	26	-	31	-	28	-
SD	6.41	-	9.99	-	10.26	-
Students	10	36	13	23	43	41
Non-Students	18	64	44	77	62	59

Percentages are based on the totals for each specific participant group.

Awareness of the Risks

Figure 4.1 shows that the sunbed users were slightly more aware of the health risks (i.e. skin cancer) than the former users and comparatively aware to those who had never used a sunbed.

**Figure 4.1:** Awareness of the health risks: current, former, and never sunbed users

Furthermore, current sunbed users were slightly more aware of the associated appearance risks (i.e. premature ageing) than the other two participant groups, depicted visually in Figure 4.2

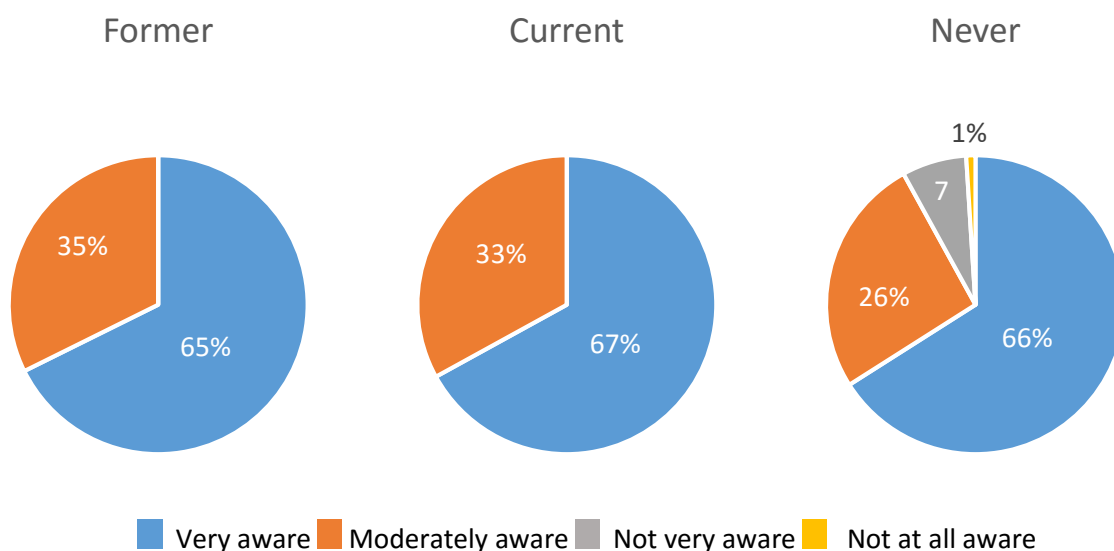


Figure 4.2: Awareness of the appearance risks: current users, former, and never sunbed users

Despite the descriptive differences, in terms of awareness of the associated health and appearance risks, Chi Square tests revealed that these differences were not statistically significant.

As shown in Figure 4.3, the current sunbed users indicated that they had been in receipt of educational information regarding the risks slightly more often than the other two participant groups.

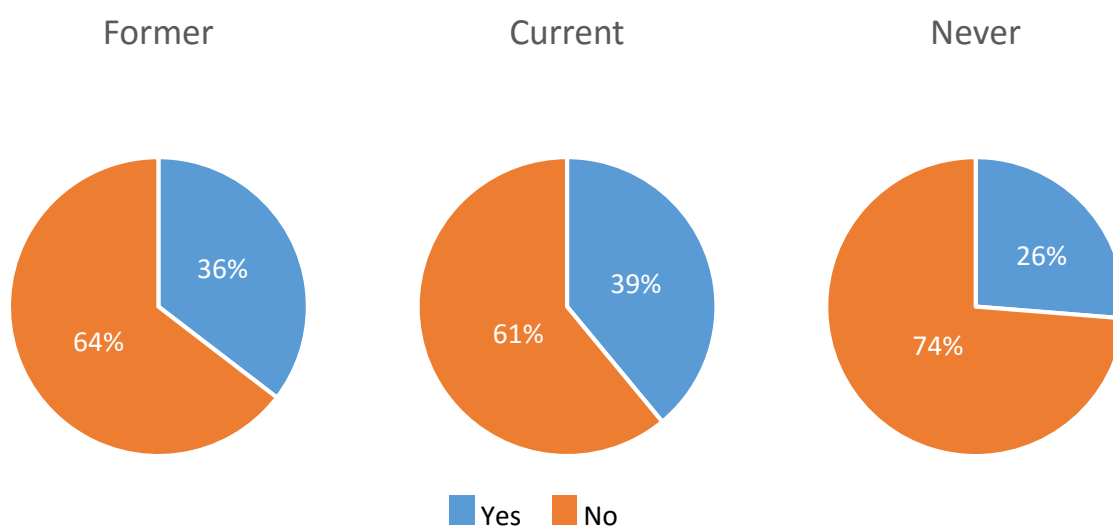


Figure 4.3: In receipt of educational information relating to the associated risks

Participants were also asked how much using a sunbed increased the risk of skin cancer. A slightly higher percentage of current sunbed users correctly identified the increased risk was 75% compared to those who had never used a sunbed and former users, as shown in Figure 4.4. Again, despite the descriptive difference, a Chi Square test indicated that the difference was not significant.

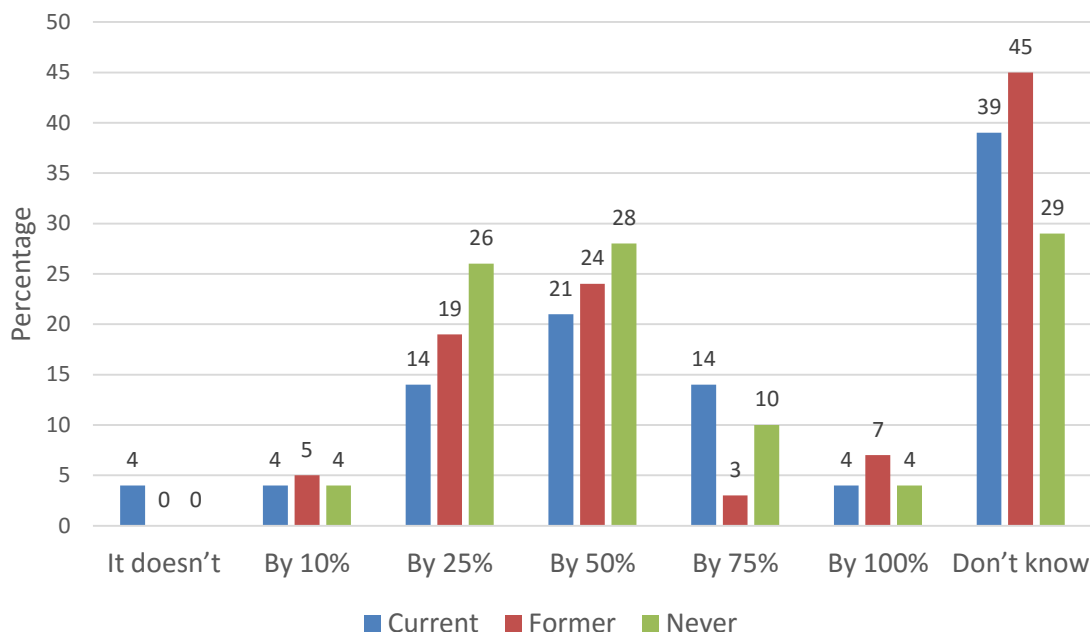


Figure 4.4: How much does using a sunbed before the age of 35 increase the skin cancer risk?

4.4.2 Current Sunbed Users

Demographics and Behaviour

Three quarters (75%) of the sunbed users reported to use a sunbed either sometimes or often. The majority (93%) reported to use a sunbed in a tanning salon, with the only other location being a nail/hair salon (7%). Of the current sunbed users, 89% had friends and 39% had family members who also used a sunbed. All reported an intention to continue using sunbeds in the future; 28% intended to use sunbeds in the future often and 11% all the time. 32% reported to have one of the most vulnerable skin types for skin cancer (skin types 1 and 2). The full response distribution is shown in Table 4.2.

Table 4.2: Skin type of current sunbed users

Current SB Users (n = 28)		
Skin Type	n	%
1	3	11
2	6	21
3	12	43
4	7	25
5	0	0
6	0	0

Skin type 1 = often burns, rarely tans, 2 = usually burns, sometimes tans, 3 = sometimes burns, usually tans, 4 = rarely burns, often tans, 5 = naturally brown skin, 6 = naturally black-brown skin

29% of the current sunbed users also reported to have fair/blonde hair, another risk factor for skin cancer development. The full response distribution is shown in Table 4.3.

Table 4.3: Hair colour of current sunbed users

Current SB Users (n = 28)		
Hair colour	n	%
Red	0	0
Fair/Blonde	8	29
Light brown	12	43
Dark brown	8	29
Black	0	0

As shown in Figure 4.5, a quarter (25%) of the current sunbed users indicated that they had a family history of skin cancer; more than the former sunbed users (12%) and those who had never used a sunbed (5%).

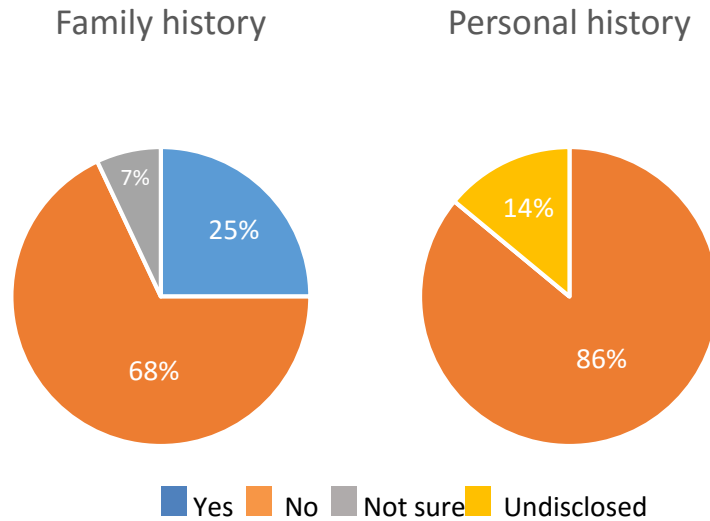


Figure 4.5: Family history and personal history of skin cancer: current sunbed users

Of the 28 current sunbed users, 61% indicated that they had received some form of skin burn or irritation as a result of using a sunbed. Only 29% subsequently modified their behaviour as a result. These findings are shown visually in Figure 4.6.

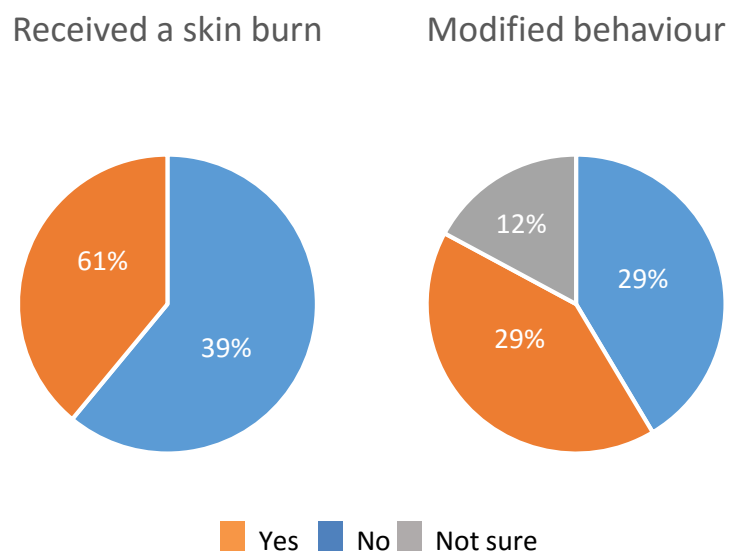


Figure 4.6: Received a skin burn as a result of using a sunbed and subsequent behaviour change

Motivations for Sunbed Use

The current sunbed users were asked to indicate on a 5-point response scale how much they agreed with a number of statements about why they used a sunbed. The most strongly agreed with

statement was ‘I look better when I’m tanned’ which 93% either agreed or strongly agreed with, followed by it ‘Improves mood’ (90%), it ‘Improves confidence’ (86%) and that using a sunbed is a ‘Quick way to get a tan’ (86%). See Figure 4.7 for a full depiction of the responses to this question.

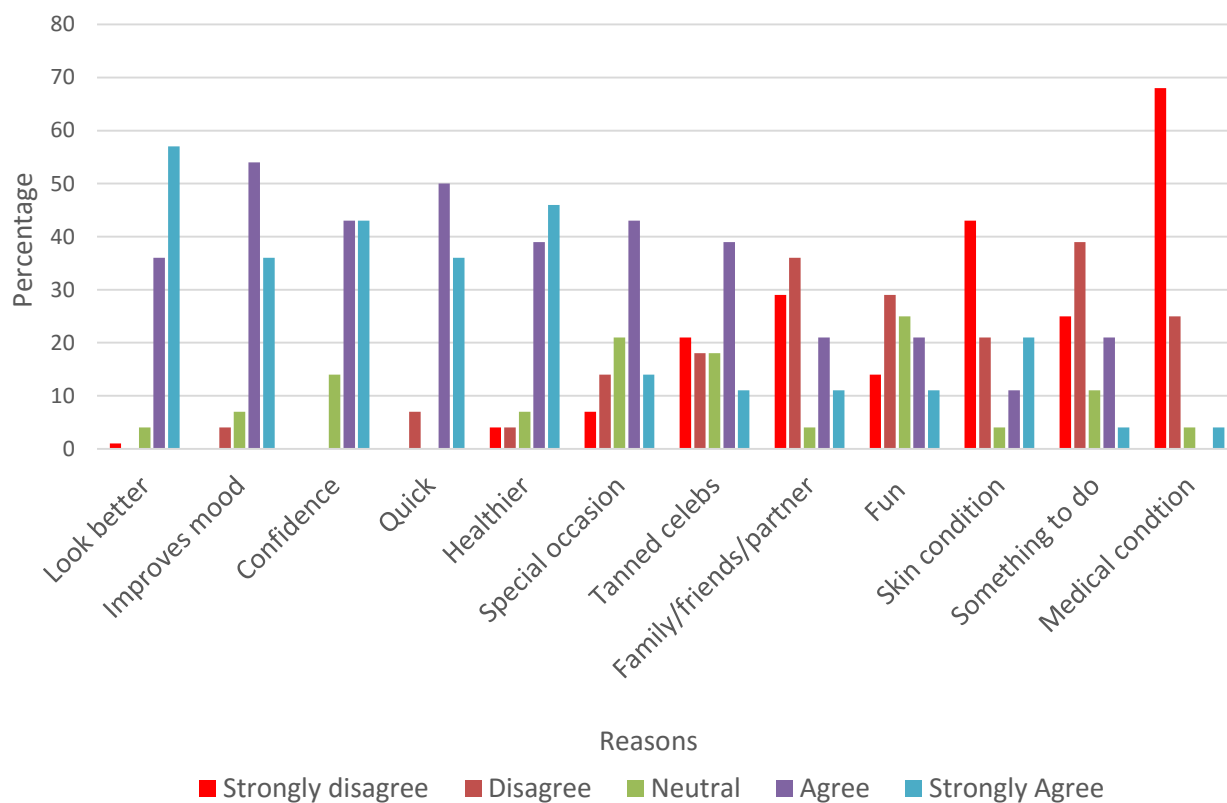


Figure 4.7: Reasons for using sunbeds: current sunbed users

Open-Ended Responses: What do you like about using a sunbed?

Appearance Enhancement

The current sunbed users reported a range of aesthetic reasons as to why they liked using a sunbed. These ranged from liking the way a sunbed tan improved their appearance in general: “I look and feel a lot better” (male, plumber, 24), made them look healthier: “makes my face look more alive and healthy” (female, student, 21), and improved the appearance of their skin “my skin looks better” (female, student, 21). Two others reported their like for the way using a sunbed specifically cleared up their acne, for example: “It helps my skin, clears up my acne on my face and shoulders” (female,

student, 21). Appearance enhancement improved the confidence of one participant: “To give me a healthy glow and make me feel more confident” (female, support worker, 23).

Several sunbed users liked the colour they acquired from using a sunbed, with this being the main motivation for one participant: “The thought of having a nice colour motivates me to keep going back” (female, air cabin crew, 20). Two liked how the colour could be obtained in a relatively short period of time, for example: “It’s a short amount of time for a great colour” (female, salon owner, 33). A further two indicated their preference for the colour of a sunbed tan compared with a tan achieved through fake tanning: “They [sunbeds] don’t make your skin orange like lotions” (female, sales associate, 22).

Mood Enhancing Effects

Several liked using a sunbed because of the way it made them feel in terms of general mood improvement, with two indicating their like for the warmth in particular. Three participants referred to how relaxing they found using a sunbed to be in terms of the overall experience. Two referred to the deeper mood enhancement effects. One, for example, commented on how using a sunbed helped her depression, although admittedly she was not sure if the effects were real or psychological:

Having suffered from depression in the past, a friend recommended I try using a sunbed and the exposure to the light may improve my mood. Not sure if this is scientific or psychological but I feel this works even though the time I spend on a sunbed is so little the actual tan I get is barely noticeable (female, admin manager, 35).

The other commented on how sunbeds made her feel happier at certain times of the year:

Sunbeds make me feel happier when it is around February – April. The weather is awful and the vitamin D cheers me up and makes me feel better. I live in (LOCATION) where we get zero sun so it cheers me up to have some UV during the week (female, student, 22).

Here with her references to the weather, it seems plausible that this participant’s sunbed use is related to the light and warmth, of which there is an apparent absence of in the location she lives.

Quick, Easy and Convenient

Eleven current sunbed users liked using a sunbed because it was a quick and easy way to achieve a tanned appearance, for example: “The fact that I will get tanned after a couple of sessions” (female, air cabin crew, 20) and: “it’s a short amount of time for a great colour” (female, salon owner, 33). As well as being quick and easy, two liked using a sunbed because they regarded it as being a convenient method, particularly as they could obtain a tan at any time regardless of the weather. Sunbeds were convenient in terms of their location, for one participant who worked at a sunbed salon.

Open-Ended Responses – What do you dislike about using a sunbed?

Associated Risks

Many of the current sunbed users expressed their dislike for the risks associated with sunbeds. Several expressed their dislike for the risks in general, for example: “There are lots of risks for your skin” (female, student, 22), and “The harm it may be causing my skin” (female, support worker, 24). Only one referred to their dislike for the appearance risks, whereas the majority expressed their dislike for the health risks specifically, for example: “That it can trigger cancer” (female, unemployed, 19). The health risks were a source of anxiety for two participants, for example: “I am worried about the risk of skin cancer” (female, receptionist, 22). When asked what they disliked, about using sunbeds, one participant responded: “People telling me about the health risks” (female, student, 25).

The Environment

Several expressed dislike for the artificial nature of the sunbed environment. In particular, the smell was disliked by two of the current sunbed users, for example: “You smell funny afterwards” (female, student, 27). The heat was also of concern for two of the participants, for example: “I don’t like the heat” (female, admin manager, 35), and “Other people have probably sweated in them and it gets really hot sometimes” (female, sales, 22). One participant’s dislike for the environment was the reason she did not use a sunbed very often: “The artificial environment, hence why I hardly ever use it [sunbeds] I guess” (female, student, 22). Furthermore, a dislike for the environment and what could potentially happen caused one participant to feel particularly anxious and concerned: “I actually get a bit nervous in case I get locked into one” (female, air cabin crew, 20).

4.4.3 Never Sunbed Users

Those who identified as having never used a sunbed were asked why and were given a choice of reasons to choose from (described in section 4.3.3). Participants were told they could choose as many reasons that applied. Of the 105 participants who had never used a sunbed, the most frequently endorsed reason was because of the health risk (81%), followed by the appearance risk (54%). Response frequencies are depicted visually in Figure 4.8.

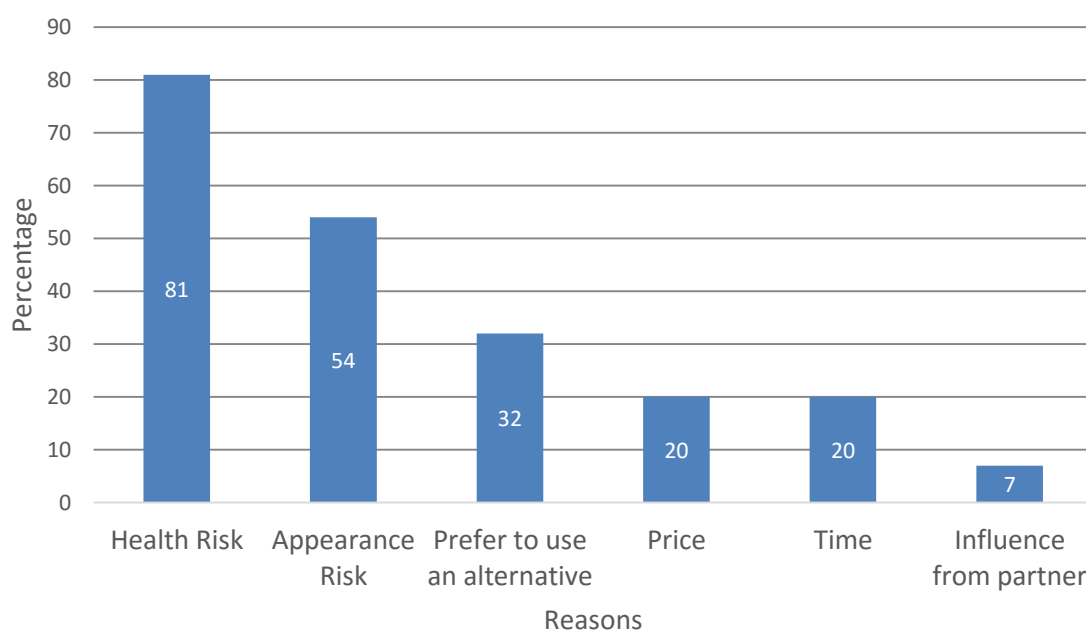


Figure 4.8: Reasons for never having used a sunbed

4.4.4 Former Sunbed Users

The former sunbed users were asked why they had stopped using a sunbed, with responses depicted graphically in Figure 4.9. Participants were again told they could choose as many reasons that applied. Of the 57 former users, the most frequently endorsed reason was the health risk (72%), then the appearance risks (46%), followed by a preference to use a fake tan alternative (40%).

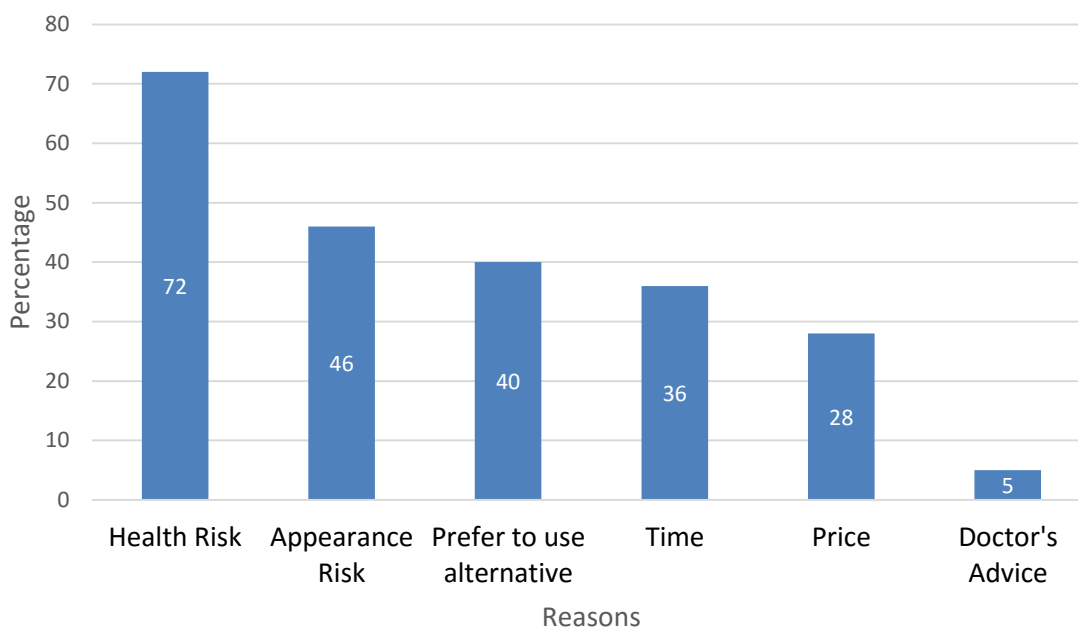


Figure 4.9: Reasons for stopping using a sunbed

4.4.5 Never Sunbed Users: Open-Ended Comments about Sunbeds

Sunbed Tanning as a Risky Behaviour

Those who identified as having never used a sunbed expressed particularly strong feelings of dislike and negativity about sunbed tanning and the people who use them. This was communicated clearly and succinctly by several of the participants, for example: “I think they're awful” (female, student, 18), “I would definitely not use sunbeds of any description” (female, retired, 61), “Personally I don’t like the look of them and they have a bad reputation” (female, student nurse, 18), “I think it is insane” (male, public relations, 52), and “I have never used one and never will” (female, service management representative, 23). Particularly strong language use was evident in nearly all of the comments which helped to convey the strength of the negativity and dislike, for example, terms with negative connotations such as “insane,” “pointless” and “awful” were common. The very definite and resolute expression of their intentions to never use a sunbed worked to strengthen the negativity.

The main reasoning underpinning their dislike and negativity was the associated health risks. Concern, and even fear for some over the health dangers was a sufficient enough deterrent, with appearance risks appearing seemingly redundant in comparison: “In regards to ageing concerns I am

not very bothered as the health risks are enough to put me off ever using a sunbed” (female, student, 21). The appearance risks were not mentioned by any of the others who had never used a sunbed. One participant, in particular, articulated a detailed explanation as to why she disliked sunbeds:

I would never ever use them. People know how dangerous they are and yet they still continue to fry themselves to death under these things year after year even though the government has spent millions on advertisements declaring just how dangerous they are and they are a health hazard but no one listens and the young ones use the “Oh it won’t happen to me” bite back excuse. What’s the point? Why not light up a fag while you’re at it and speed the cancer along a bit (female, off work with ill health, 35).

This participant seemed almost angry at people continuing to use sunbeds despite knowing the risks, which she described as being clearly articulated as a result of advertising campaigns. The sarcastic undertone of the comment, at the end of the quote, reinforced her dislike and negativity. Her language was particularly emotive throughout, with “fry themselves to death” serving to conjure up a particularly negative image of the consequences of using a sunbed, emphasising her dislike.

The decision to use a sunbed was associated with strong negativity and referred to as “stupid” and “ridiculous,” for example: “I think it's very stupid, but I know LOADS of people that do it” (female, student, 18). A lack of understanding was expressed for why people continue to use sunbeds: “I can’t understand why anybody wastes their money on them” (male, public relations, 52). One participant expressed her understanding for why people used sunbeds because of the practicalities involved with using fake tan. The apparent temptation however, was outweighed by the health risks: “I can understand why people would want to use them, because you get a quick, non-messy tan and without tan lines, but I wouldn’t be able to justify this, due to the health risks” (female, student, 19).

Aesthetically Motivated: A Vain Behaviour

Sunbed tanning was referred to by some as a purely aesthetically motivated behaviour, with sunbed users subsequently identified as being “vain” and their behaviour as “frivolous,” for example: “Aesthetic - sunbed tans don't look good on anyone! It's a vain, frivolous, pointless thing to do” (male,

manager, 36). This, when juxtaposed with the associated health risks, was another source of their lack of understanding: “I just don't understand why someone would risk their health just to look good” (female, management trainee, 33). The word “just” emphasises the considered insignificance here of appearance relative to health. The assumption that sunbed tanning is a purely aesthetically driven behaviour was implicitly evident by the lack of understanding expressed as to why people continue to use sunbeds when there is a much safer alternative in the form of fake tanning products, for example: “I think they are dangerous and unnecessary; I prefer to use fake-tan as you get the same effect/look without the associated risks” (female, student, 25) and “Risks are clearly marked and known. Only a moron uses one when you can use non-carcinogenic fake tans instead” (female, unemployed, 24). The use of insulting language in this latter quote serves to communicate this participant’s negative view of people who continue to use sunbeds, especially given that there is a safer option available.

4.4.6 Current Sunbed Users: Open-Ended Comments about Sunbeds

Risks as Not a Significant Concern

The main theme that emerged from the comments made by the current sunbed users was an acknowledgement of the associated dangers, and a subsequent representation of the risks as not being a significant concern. In representing the risks in this way, the sunbed users drew upon a number of different strategies. These strategies included downplaying the personal relevance of the risks, and by talking about how the benefits of using a sunbed outweighed the potential dangers, for example: “I'm aware sunbeds can make me age quicker but I don't care about how I look. The benefit of not burning so easily in the summer and an improved mood in the winter outweighs the potential risk of skin cancer” (female, administrative manager, 35). Personal relevance of the risks was further downplayed here by her drawing attention to the fact that not everyone who uses a sunbed will get skin cancer.

Another sunbed user similarly expressed her knowledge of the dangers before proceeding to downplay the personal relevance: “I know that there is a risk, but I think I would only stop using sunbeds if someone I know developed cancer as a result. Personally, I consider the low levels of my use to be fairly negligible” (female, student, 21). By making it clear that this is her personal opinion:

“Personally, I consider...,” it is possible she knows others may disagree, and have perhaps previously done so. Claiming that she would only stop if someone she knew developed skin cancer as a result of using a sunbed, suggests a degree of scepticism regarding the risks. Scepticism was similarly evident in the following response: “The media overhypes the dangers of sunbed use, information/statistics are not always correct” (female, consultant, 43). As well as downplaying the personal relevance of the risks and referring to them as being outweighed by the personal benefits of using sunbeds, another strategy was to draw comparison between the sunbed-specific risks and those present in everyday life:

Sunbeds may not be very good for your skin, both health wise and appearance wise, but there are always risks in life, it doesn't mean you should have to limit yourself. Skin cancer is relatively treatable nowadays and whilst sunbeds increase the risks of skin cancer, I know the risks and have read up on the risks. I know that if a mole changes shape, colour or texture or if a new one appears I should get it checked out, and I know that I should keep my face covered in sunbeds to stop my face from ageing etc. I think life is for living and unless it directly hurts someone else, do the things you love and sunbeds happen to cheer people up and make people feel more confident (female, student, 22).

Here, the dangers associated with sunbed use were normalised through talking about the ubiquity of risk and its everyday pervasiveness. The significance of the risks is further downplayed by saying “skin cancer is relatively treatable nowadays,” minimising the seriousness of any related consequences. This sunbed user made her knowledge of the risks explicitly clear by describing what she knew in some detail and, in particular, how she had conducted her own research. The detailed way that this account was written gives the impression that this participant has perhaps communicated this response to other people previously. It seems she wanted to make it clear that she is someone who has made an informed choice about whether to use a sunbed and is not ignorant to the risks.

4.5 Discussion

This study investigated the sunbed-related risk knowledge and motivations of an adult participant sample in the UK (including those who used, had previously used, and had never used a

sunbed) to position the thesis within the wider empirical literature. One of the most noteworthy findings was the current sunbed users' awareness of the health risks. Specifically, findings indicate that the current sunbed users were more aware of the health risks than the former sunbed users, and comparably aware to those who had never used a sunbed. Furthermore, more current sunbed users indicated that they had been in receipt of educational information regarding the associated risks than the other two groups, as well as correctly identifying the 75% increased risk of developing skin cancer through using sunbeds before the age of 35. These findings add to the accumulating evidence that knowledge of the associated health risks is relatively high amongst sunbed users (e.g. Knight et al., 2002; Mackay et al., 2007). The findings also add to the limited but growing body of evidence which, as noted in chapter two (section 2.3.1), has found sunbed users to be more aware of the associated health risks than non-users (e.g. Mackay et al., 2007; Schneider et al., 2009). It is important to note that whilst the findings revealed descriptive differences between groups, further Chi Square tests (as referred to in sections 4.4.1 and 4.4.2), revealed that the differences were not statistically significant.

The findings have also revealed that the current sunbed users were slightly more aware of the associated appearance risks than the other two participant groups, providing support for the existing research that has found sunbed users' awareness of the aesthetic dangers to be relatively high (e.g. Schneider et al., 1999). Again, despite the descriptive difference, it is important to note that it was not statistically significant. Qualitative analysis of the open-ended responses revealed the current sunbed users' concern for the associated health risks, with few (only one participant) mentioning the appearance risks. This directly contradicts the findings of Murray and Turner (2004) who reported that their sunbed user participants appeared to be more concerned about the latter than the former.

Findings revealed that a significant number of the sunbed users had the most vulnerable skin type (32%) and hair colouring (29%) for skin cancer development. A quarter also reported having a family history of the disease, another factor that increases susceptibility for skin cancer. A significant number also reported to have received some form of skin burn or irritation as a result of using a sunbed (61%). These findings add to the growing evidence (e.g. Bergenmaar & Brandberg, 2001; Knight et al., 2002; Geller et al., 2006), which has found that even after being exposed to the negative effects of using a sunbed, either through personal experience or through having a family history of the

disease, people continue to use them. Findings revealed that a significant number of sunbed users had friends (89%) who also used sunbeds, providing some support for previous research which has identified a positive association between an individual's sunbed use and their friends use (e.g. Bagdasarov et al., 2008).

Appearance and mood enhancement emerged as the most agreed with motivations for sunbed use, closely followed by that it improves confidence and that using a sunbed is a quick way to obtain a tan. These findings are consistent, and add to the existing literature, where appearance and mood enhancement have emerged as being the most commonly cited motivations (e.g. Amir et al., 2000; Schneider et al., 2009). Analysis of the responses to the open question: 'What do you like about using sunbeds?' supported the quantitative findings, as well as offering some additional insight. Specifically, it was clear that participants believed they looked better for a range of reasons, including that using a sunbed helped improve the appearance of their skin, that having a tan made them feel more confident, and the specific colour obtained through using a sunbed. As well as general mood improvement, sunbed use had a much deeper mood enhancement effect for two of the sunbed users, with one seemingly indicating symptoms of SAD, providing some support for Hillhouse et al's (2005) proposed theorisation of the link between using sunbeds for self-medication purposes and SAD.

The main intention of this first study was to act as a starting point for exploring the social representations pertaining to sunbed tanning held by those who used and had never used sunbeds. Analysis of the responses, from those who had never used a sunbed, revealed two interrelated social representations: one of sunbed tanning as a risky behaviour, and the other of sunbed tanning as a vain, aesthetically motivated behaviour. Inherent in both of these representations were elements of social disapproval, particularly evident through the use of insulting language and derogatory references to people who use sunbeds. The health risks were emphasised, and sunbed tanning was referred to as, for example, a "pointless," "dangerous" behaviour that has "a bad reputation." People who used sunbeds were referred to as "vain," "stupid" and "moronic," especially in light of the associated health risks, and particularly given that fake tan is readily available as a safe alternative to sunbed tanning.

The main theme that emerged from the comments made by the current sunbed users was an understanding and acknowledgement of the associated risks, both the health and appearance dangers.

Sunbed users appeared to be aware that sunbed tanning was represented as a risky behaviour, and of the inherent negativity associated with this. Positioned within the context of this wider negativity, and based on the theoretical underpinnings that negative representations of one's own social group may threaten identity, the sunbed users' responses can be interpreted as attempts to resist the negativity and disapproval. In this context, the sunbed users can be seen as discursively distancing themselves from the negativity by constructing and engaging with an alternative representation of sunbed tanning: the risks as not being a significant concern. As highlighted in chapter two, people actively forge their own representations in order to protect the self and their group's identity (Joffe, 2003).

In representing the risks as not being a significant concern, the sunbed users utilised a number of different strategies. These included downplaying the personal relevance of the risks, commenting on how the risks were outweighed by perceived benefits, expressing scepticism in the media's accurate communication of the dangers, and referring to the ubiquity of risk in everyday life. Some of these strategies have similarly been evidenced in the findings of previous research relating to sunbed tanning. For example, as in the current study, sunbed users have been found to draw upon the pervasiveness of risk, constructing risk as an unavoidable, inevitable part of everyday life (Vannini & McCright, 2004; Lake et al., 2014). The scepticism in the media's accurate, unbiased portrayal of the risks echoes previous findings by Lake et al. (2014), for example, who reported that several of their sunbed users accused the media coverage of the risks as being too simplistic and overly pessimistic.

Another strategy in representing the risks as not being a significant concern in this first study was to downplay the personal relevance of the risks as a result of their considered low level use. This is consistent with the belief found in existing research that sunbeds, as with everything in life, are only regarded as dangerous if used excessively (Vannini & McCright, 2004; Carcioppolo et al., 2014; Lake et al., 2014). Finally, the associated risks in the current study were referred to as being outweighed by the considered benefits (not burning so easily, an improved mood, giving people confidence). This is consistent with the findings from previous research (e.g. Lake et al., 2014), which has reported that sunbed users have a tendency to downplay the risks by highlighting health and well-being benefits.

4.5.1 Strengths and Limitations

This survey was an effective way of gathering a large amount of data efficiently over a short period of time, with many participants providing a considerable amount of detail in their responses. A particular strength was the wide ranging sample in terms of age (18-71 years old) and occupation. As well as positioning the research within the wider empirical literature, the study has provided a useful starting point for exploring the specific research questions of this thesis.

The main limitation relates to the composition of the sample, in that there were an unequal proportion of participants in each group (28 current, 57 former, and 105 who had never used sunbeds). Whilst direct comparisons were not the aim of the study, more balanced numbers would have been beneficial. A larger sample size may have helped to obtain more equal numbers, although the overall size of the sample ($N = 190$) was considered appropriate given the intended preliminary nature of the study. It is possible that people who used or had previously used sunbeds may have been more likely to have completed the questionnaire, leading to some over-representation. Given the small number of current sunbed users, this does not however appear to have been the case. Attempts were made to counter this potential problem by promoting the study as open to anyone, regardless of whether they used or had ever used sunbeds. Males were clearly under-represented in the current study (only 9% of the total sample). This may have been because males had less opportunity to access the link to the online questionnaire because of the convenience, snowball sampling and my own social connections, particularly through social media that I drew upon for recruitment.

Despite the benefits of using online questionnaires, (section 4.3.1), the limitations were also considered. There are potential disadvantages in that not everyone has access to the internet (Duffy, Smith, Terhanian & Bremer, 2005), thus a proportion of the population may not have opportunity to take part, thus narrowing the breadth of the sample. Of particular relevance is that not everyone may have access to Facebook and the online forums I used to advertise my research (described in section 4.3.2). The challenge, therefore, was to maximise the advantages of the online design whilst trying to maintain accessibility for as many participants as I possibly could. Thus, as well as using social media and the online forums, participant recruitment involved offline activity such as emailing and

approaching people in person to provide them with the link to the questionnaire. The age range of the overall sample (18-71 years), and the diverse range of occupations, indicated that the questionnaire reached a wide variety of people and was not particularly narrow in scope. Another disadvantage of using online questionnaires is that clarification or follow up of participants' responses is difficult if not impossible, although this is not restricted to the online design but questionnaires more generally.

4.5.2 Some Personal Reflections

Despite my own knowledge of the negativity surrounding sunbed tanning, I was still surprised at the small number of current sunbed users that participated in this study. I did ask some of my social contacts from my previous work in the beauty industry to help, although I did not find this to be particularly useful, and overall numbers of current sunbed users were relatively small. I did find this concerning when thinking about recruitment for my subsequent studies, and was disappointed and surprised that only one sunbed user got in touch to offer their further assistance. My surprise was enhanced after informal conversations about my thesis with family, friends, and work colleagues, many of whom informed me they knew "someone" or "a few people" who used sunbeds. I anticipated that the snowballing of my online sample would reach these people.

After analysing the open comments of the sunbed users, I wondered whether the relatively small number was a result of the sunbed users being defensive about any kind of research; assuming perhaps that my research would be some form of risk education telling them not to use sunbeds. As well, I wondered whether the lack of male sunbed user participants (only one), in particular, was a result of an embarrassment felt with regards to not only sunbed tanning but the topic of tanning in general - only 17 males took part overall. Whilst as already discussed, this may have been a result of males having had less access to the questionnaire given the recruitment strategy, it could also have been a result of the feminine association of sunbed tanning (chapter two section 2.12). During data collection, I reflected upon the fact that whilst many of my female friends and colleagues were happy to share and forward on the online link to my questionnaire, a male colleague that I asked was surprisingly reluctant. At the time I did not really think anything of this but, after analysing the data and reflecting upon the process, I wondered whether embarrassment was the reason why. The small

number of sunbed users was something I considered when designing study two (discussed in chapter five).

In terms of the findings, whilst I had expected a certain amount of negativity, I was surprised at the intensity of the dislike expressed by some that identified as never having used a sunbed. As someone who has never used a sunbed myself, I do share some of the negativity but do not identify with the strength of the dislike and anger articulated by some of the participants. I wondered whether this was a result of my background in the beauty industry and previous social connections with people who used sunbeds, which perhaps made me more empathetic and understanding to their behaviour.

4.6 Chapter Summary

In this chapter I have presented the first of the four empirical studies. As well as positioning the thesis within the wider existing literature, this study has provided a start into exploring the content of the social representations pertaining to sunbed tanning held by people who used and had never used a sunbed. It has also provided an initial platform for exploring the identity functions/influences these representations have, particularly for the sunbed users. Those who had never used a sunbed held two negative representations of sunbed tanning. Findings revealed that the sunbed users were acutely aware of one of these representations: sunbed tanning as a risky behaviour, and actively worked to distance themselves from the inherent negativity by constructing an alternative social representation. Language use emerged as being particularly important in helping those who had never used a sunbed to articulate their negativity, as well as assisting the sunbed users in distancing themselves from it.

Whilst this first study has yielded insightful findings, questionnaires can be limited when it comes to qualitative research in only allowing a fairly superficial exploration with no ability to follow up and explore comments any further. The content of the representations pertaining to sunbed tanning held by people who use and have never used a sunbed, as well as their identity functions/influences, needed further exploration utilising qualitative methodology that would enable more in-depth insight.

In summary, having explored descriptive numeric trends from the quantitative data, and preliminarily explored people's social representations relating to sunbed tanning, the next chapter

documents a more in-depth qualitative study (study two). Specifically, both sunbed users and those who had never used a sunbed were interviewed in-depth.

Chapter Five

Talking about Sunbed Tanning: An Interview Study (Study Two)

5.1 Chapter Overview

Using findings from the previous study as a starting point, the aim of this current study was to obtain a more in-depth understanding of the social representations held by people who use and had never used sunbeds, and their identity functions/influences through using in-depth interviews. In this chapter, I first describe the aims, background, and method of this study, followed by a detailed explanation of the findings. I then discuss the findings in relation to those from the previous study, the existing empirical literature pertaining to sunbed tanning, and in light of the underpinning theoretical framework. After evaluating the study and presenting some personal reflections, I describe how findings from this study, and study one, informed the focus of the next (study three).

5.2 Background and Aims

Study one, as discussed in chapter four, provided an initial starting point for understanding how sunbed tanning is socially represented by those who currently used and had never used sunbeds. Those who had never used sunbeds held two interrelated social representations, one of sunbed tanning as a risky behaviour, and the other of sunbed tanning as a vain, aesthetically motivated behaviour. Inherent in both these representations were elements of social disapproval, evident through the use of insulting language and derogatory references to people who continue to use sunbeds. Findings from study one suggested that the sunbed users were acutely aware of, and actively worked to distance themselves away from the negativity surrounding their behaviour, instead constructing an alternative representation: the risks as not a significant concern. The sunbed users employed different strategies in constructing this alternative representation: downplaying the personal relevance of the risks, expressing scepticism in the media's accurate communication of the dangers, and by drawing comparisons between the sunbed risks and those present in everyday life. Findings from the first study provided support for my argument articulated in chapter two that responses of current sunbed

users should be considered within their broader social context. Whilst initial insight was obtained, as acknowledged in the previous chapter, the questionnaires only enabled a fairly superficial exploration.

Using the findings from the previous study as the foundations, the aim of this interview study was to gain a deeper understanding of the social representations pertaining to sunbed tanning held by sunbed users and those who had never used a sunbed, as well as the identity function/influence they have. More specifically, the purpose was to explore the responses of the sunbed users in the context of the representations held by those who had never used sunbeds. The previous questionnaire study also identified language as being particularly important, warranting further exploration in this study.

5.3 Method

5.3.1 Study Design

In this study I used in-depth interviews to explore these aims; interviews enabled insights obtained from the first study to be followed up in more detail. In-depth interviews are useful tools in qualitative research as they provide the researcher with in-depth data, as well as a range of opinions and representations (Bauer & Gaskell, 2000). Interviews have typically been used as a data collection method in a number of social representations studies exploring a variety of topics, including those more general such as health (Flick, 2000), and those more specific, for example, AIDS (Joffe, 1995), homelessness (Renedo & Jovchelovitch, 2007), and the MMR controversy (Provencher, 2007), to name just a few. Interviews were used to begin the qualitative tradition of social representations research by Herzlich (1973) in her exploration of social representations of health and illness.

I chose individual in-depth interviews as opposed to group discussions, given the relatively small number of current sunbed users that participated in study one. I anticipated that sunbed users would be inclined to talk more openly and honestly on an individual basis as opposed to in a group situation. I expected that the rapport which can be, and should be established between the researcher and participants in an individual interview situation (Howitt, 2010) would assist with this. Whilst group interviews, or more specifically focus group discussions, may have proven appropriate for those who had never used a sunbed, I made the decision to be consistent with my data collection.

5.3.2 Participants

The sample was made up of 25 participants overall: 10 who had never used a sunbed, and 15 current sunbed users. The 10 who had never used a sunbed (5 females and 5 males) ranged in age from 18 to 33. In terms of the sunbed users, there were 11 females and 4 males ranging in age from 18 to 36. From the previous study, I knew that the sunbed users would be particularly difficult to recruit, thus the criteria for recruitment was subsequently kept broad. The only conditions imposed were that 1) participants lived in the UK, and 2) participants were aged at least 18 years old for the reasons which I first articulated in chapter one (section 1.3.2). I did not set any criteria for the length of time or frequency for current sunbed use as I felt this could potentially restrict recruitment. This was not a significant concern as I did not have a specific rationale for exploring these factors. The participants were recruited either through an opportunity snowball sample of my colleagues, friends, and family, advertising the study around my university campus via email, forums, Facebook, posters, and finally by posting an advertisement on the online forums that I used for recruitment in study one.

As expected, participant recruitment in terms of the sunbed users proved a challenging task. There was a general reluctance amongst many of the sunbed users that I contacted to participate in the research. Whilst a number of people who had never used a sunbed contacted me after seeing my research advertisement, contact from any potential sunbed user participants was initially very quiet. Participant recruitment and subsequent data collection therefore took place intermittently over several months (December 2012 – July 2013). It was only following repeated advertisement of my research during this time period that sunbed users started to contact me. Several sunbed users were recruited as a result of family, friends and colleagues putting me in contact with someone they thought would participate. On a couple of occasions however, these potential participants failed to respond to my emails despite follow-up messages. One sunbed user who contacted me herself after being provided my details by a colleague, did not respond to my reply asking her to provide me with a convenient date for an interview. I had no contact from the advertisement of my research on the online forums.

All participants were provided with the choice of either being interviewed in person or via the telephone. I had decided that giving the participants this choice was particularly important after the

difficulties experienced with participant recruitment in study one to ensure the research process was as convenient for them as possible. This emerged as being vital for recruitment as six current sunbed users, as shown in Tables 5.1., asked to be interviewed via the telephone as a result of their geographical location. I do not believe these participants would have taken part in the absence of this option. Table 5.1 presents the details of the participants who took part in the study; pseudonyms are used to protect their identity and to ensure anonymity. As shown in the table, I made every effort to ensure that not all participants were students for the reason I articulated in chapter one (section 1.3.2).

Table 5.1: Characteristics of the participants

Name	Age	Sunbed Status	Occupation	Interview
Kate	33	Never	Lawyer	In person
Ellie	23	Never	Microbiologist	In person
Paul	19	Never	Student	In person
Tamzin	18	Never	Student	In person
Joe	19	Never	Student	In person
Sean	18	Never	Student	In person
Louise	25	Never	Sales Assistant	In person
Steve	26	Never	Student	In person
Laura	20	Never	Student	In person
Josh	18	Never	Student	In person
Jessica*	21	Current	Student	In person
Dawn	29	Current	Lecturer	In person
Sarah	33	Current	PA	In person
Jack	26	Current	Paint Sprayer	In person
Lucy	21	Current	Holiday Rep	Telephone
Zoe	24	Current	Hairdresser	Telephone
Hannah	18	Current	Student	In person
Natalie	22	Current	Housewife	Telephone
Angela	19	Current	Beauty Therapist	Telephone
James	25	Current	Social Worker	Telephone
Claire	31	Current	Salon Manager	Telephone
Lee	19	Current	Medical Student	In person
Lauren	20	Current	Student	In person
Gillian	36	Current	Administrator	In person
Mike	20	Current	Student	In person

**Jessica was the participant who contacted me after participating in study one*

5.3.3 The Interviews

Before the interviews, I provided participants with an information sheet detailing all aspects of the study (Appendix H). This was either given to participants in person or sent electronically if they had requested being interviewed via the telephone. All participants were then asked to provide their informed consent (Appendix I), including permission for me to audio-record the interview. The sunbed users were asked to confirm that they were aged at least 18 years old in compliance with the Sunbeds Regulation Act (2010) which, as I described in chapter one (section 1.2.2), prevents the use of sunbeds by anyone under the age of 18 years old in the UK. To comply with ethical considerations, all participants were informed that they could withdraw from the study at any time. Separate consent was sought to be able to use any quotes from their interview responses (Appendix J).

The interviews ranged from approximately 30 to 90 minutes and as already highlighted were conducted either in person or over the telephone. The majority of the face-to-face interviews were conducted at my university, three were conducted at the participants' homes, and the remaining two at the participants' workplaces. Telephone interviews were conducted from a private room at my university. All interviews were recorded using a digital voice recorder. I informed the participants that the recorder could be stopped at any time and the data deleted if they wished, and the recorder was not started until both consent forms had been signed and any questions asked. I emphasised to the participants who I interviewed via the telephone to let me know if they wanted to take a break at any point during the interview. I considered this emphasis important given the lack of visual cues. A debriefing form was not provided as participants were given all information in the initial information sheet, although they did have the opportunity to ask questions following the interviews.

The interviews were semi-structured, which meant that although an interview schedule was used to guide the interviews (detailed in section 5.3.4), interviewees could express themselves freely. During the interviews, I tried to ensure that all questions on the schedule were covered. Nevertheless, I also aimed to let the interviewees lead the interview, encouraging them to expand on their responses as much as possible. Specifically, any unanticipated information that emerged was explored in-depth, as anything spoken about that had not been anticipated was considered of particular high value

because it had emerged unprompted, and was thus likely to be especially important (Howitt, 2010). I ended recruitment upon data saturation, specifically when findings started to confirm previous insights rather than revealing anything new or worthy of further exploration (Bauer & Gaskell, 2000).

5.3.4 The Interview Schedules

As noted in the previous section, I used flexible schedules to guide the interviews; one for those who had never used sunbeds (Appendix K), and one for the current sunbed users (Appendix L). Several questions were informed by findings from the previous study, for example, sunbed users were asked how aware they were of the surrounding negativity and how it made them feel. Based on the findings of the previous study, those who had never used a sunbed were asked specifically what they thought about people who continued to use sunbeds despite knowing the risks. There were several questions included just for the sunbed users, asking them to talk specifically about their sunbed use. Sunbed users, for example, were asked what motivated them to use a sunbed for the first time.

Whilst the questions differed depending on the participant group, there were a number of questions generic to both, for example, questions about the risks and benefits of using sunbeds were included, and the importance attached to them. The schedules included a number of pre-planned prompts for me to use if participants hesitated or did not seem to understand a particular question. For example, when asking those who had never used sunbeds why they had never used one, a prompt was ‘Is it because you’re just not interested in having a tan?’ When asking the sunbed users to tell me about their current sunbed use a prompt I included on the schedule was ‘How often do you use them?’ The two interview schedules were piloted and adjusted accordingly. As only limited changes were required, I considered it appropriate to include the pilot interviews as part of the actual data set.

The interview schedules were used in a semi-structured manner to guide the interviews and not to restrict them in any way. Instead, I encouraged the participants to talk as freely as possible. Considerable flexibility was permitted with any areas of interest emerging explored accordingly for the reasons stated in the previous section. I did however, ensure the interviews did not digress too far away from the actual topic by ensuring that all of the questions on the schedules had been covered.

5.3.5 Ethical Considerations

As already described in chapter three (section 3.6.2), ethical approval was obtained from Keele University's Research Ethics Committee, and the ethical guidelines of the BPS (2009) were fully adhered to. All participants were presented with an information sheet, which detailed all aspects of the study so that an informed decision regarding participation could be made. Participants were also required to provide their informed consent regarding participation and their separate consent permitting me to use any quotes from their interviews. Participants were informed that information they provided would be confidential and anonymised.

5.3.6 Data Analysis

All interviews were recorded and transcribed verbatim by myself in a literal play-script style. Whilst time consuming, I considered transcription vital in terms of getting to know the 'ins and outs' of the data. In particular, as already noted in chapter three (section 3.6.4), Braun and Clarke (2006) advocate that transcription forms the first stage of the thematic analytic process in terms of data familiarisation. Given the rhetorical underpinnings of the thesis, a small number of extra non-verbal features were included as part of the transcription such as, for example, any significant pauses, emphasis, and laughter. A full Jefferson style transcription however, was not considered necessary as the focus of analysis was still on the content of the data and on finding shared themes across the data sets, albeit within a social constructionist framework. Following transcription, I printed out all the transcripts, reading, re-reading and playing the recordings, as well as making any initial descriptive notes and comments. Listening to the recordings was particularly useful in light of the rhetorical theoretical underpinnings of the thesis, in helping me to appreciate *how* things were being said.

Codes were typically only a few words long and often involved taking a couple of the participants' own words from the data. A large number of codes were typically generated from each transcript, particularly for the current sunbed users with some, for example, generating over 200 codes. I attributed this large number to the systematic nature of my coding and the fairly lengthy interviews conducted. As noted in chapter three, when it came to searching for themes I found visual

representations to be a particularly useful and practical way of organising the large number of codes. Some codes were put into different piles if they appeared to fit into more than one potential theme, for example, I put the code 'For a base tan' into a pile initially entitled 'Tanning for a purpose,' as well as 'Protecting the skin.' After identifying preliminary themes, I produced initial mind maps to help organise the data.

At this point I spent time refining my themes, discarding some and collapsing others into sub-themes. This process was strongly informed by the theoretical underpinnings of the thesis and the specific research questions. For the sunbed user data, for example, I originally had separate themes for 'Personal invulnerability,' the 'Ubiquity of risk' and 'Life as unknown and unpredictable.' Informed by the specific research questions, I collapsed these together into sub-themes, which constituted strategies that made up the overarching theme: 'Risks as not a significant concern.' Other themes, for example, 'Likes and dislikes of fake tan' were discarded because even though they were of interest, they were not specifically relevant to answering the research questions. Through refining, I eventually reduced the analysis to five main themes for the never sunbed user data set and five main themes for the sunbed users, producing final thematic tables, an example of which can be found in Appendix M. At this refinement stage, I spent time with my supervisory team discussing my analysis, particularly in terms of how I had moved from the initial themes to the five I finally identified.

Whilst a full discourse analysis was not conducted, as in the previous study language use within the themes was attended to. As in study one, the participants' language use was, for example, at times particularly evocative and vivid with metaphors and similes being commonly used by those who had never used sunbeds to conjure up particularly negative images of sunbeds. Similarly to the previous study, the analysis of language was only fairly superficial as the main intention was to explore social representations pertaining to sunbed tanning at an in-depth level.

5.4 Findings

The thematic analysis revealed that those who had never used a sunbed held five interrelated representations of sunbed tanning: 1) a risky behaviour, 2) an aesthetically motivated, vain behaviour, 3) unnecessary and pointless, 4) as crossing a line, and 5) as a feminine behaviour. As a result of the

analysis, I also revealed five interrelated themes in the responses of the sunbed users including an 1) awareness of the risks and the negativity, and 2) evidence of a ‘spoiled identity.’ The other three themes capture the sunbed users’ attempts to manage the negativity of which they were aware and discursively resist its internalisation through constructing alternative representations which challenged the negativity: 3) the risks as not being a significant concern, 4) sunbed tanning as acceptable if limited and controlled, and 5) sunbed tanning for a specific purpose (not just for a tan).

In this section, I present my findings under theme sub-headings pertaining to those who used and had never used sunbeds. Again, given that the representations held by those who have never used a sunbed are likely to form a particularly influential part of a sunbed users’ wider social environment (section 3.6.1) I present the findings of the former first. Illustrative quotes will be used throughout, accompanied by the participants’ pseudonym and the transcript line number(s) in parentheses.

5.4.1 Never Sunbed Users

Sunbed tanning as a Risky Behaviour

All of the participants who had never used a sunbed were aware of, and acknowledged the risks associated with sunbed use. Whilst the dangers posed to both health and beauty were acknowledged, the majority expressed a greater awareness and concern for the associated health risk, specifically the skin cancer risk. This emerged as either being the main reason for never having used a sunbed or for those whose primary reason was that they were just not interested, the health risk would prevent them from doing so even if they wanted to. The skin cancer risk was emphasised in different ways. A common approach was to emphasise its severity describing the skin cancer risk, for example, as “dangerous,” “really scary,” “absolutely massive,” “hugely significant” and sunbed tanning as being the potential cause of “a life threatening disease.” This emphasis was used by many to present their decision to have never used a sunbed as “black and white,” and as being non-negotiable. Mortality was drawn upon by a few of the non-users when explaining why they had never used a sunbed. For example, when asked how much the health risks influenced his decision, Paul replied: “I’d say the cancer is the biggest thing, because obviously you know most of the time it’s terminal so it’s a big big health risk, it’s not just like a mild skin irritation, it’s like a life threatening

disease” (lines 272-274). Earlier on in his interview, Paul talked about how his grandmother had developed skin cancer (although not through using sunbeds), which by his own admission may have influenced his views.

Whilst none were able to talk about the risks in specific terms, the media’s communication of the dangers (most typically in the form of the television/radio news, newspapers, and magazines) was cited as being their main source of information, providing many with what they referred to as only a “general” background knowledge and awareness. The frequency of the research being communicated by the media was referred to and drawn upon by some when emphasising the associated risks:

Interviewer: Ok so how aware would you say you are of the associated health risks?

Tamzin: Quite aware, I mean I’ve never researched it specifically, but I read the news quite a bit, different magazine articles and there’s always like at least like within every three months I’ve read something about it so I think the frequency I hear about it puts me off (lines 30-32).

As the quote demonstrates, it seemed that for Tamzin the frequency of the information was enough for her to seemingly trust it. This was despite Tamzin later going on to articulate her scepticism of the media, and acknowledging the media’s tendency to exaggerate the information it communicates.

Whilst the associated health risks were something all of the non-users talked about as being highly significant, the appearance risks were talked about very infrequently and in contrast to the health risks were typically only mentioned when prompted. Many had very little awareness, with a few explicitly stating they had no knowledge of the appearance risks whatsoever, for example: “I didn’t know you could get wrinkles and stuff like that from sunbeds” (Josh, line 81). Again, the main source of information about the appearance risks was from the media, with a couple of non-users specifically mentioning the well-publicised case of an American woman who overused sunbeds, for whom the detrimental appearance effects were particularly striking (chapter one, section 1.1). This woman’s appearance was associated with a strong, disparaging aesthetic description (e.g. “unhealthy,” “not human,” and “ridiculous”), even causing strong feelings of “disgust” for one participant. The associated appearance risks were described by the majority of the non-users as “not important,” “by

the by,” and as specifically “less important than the health risks.” In fact, the appearance risks were the source of amusement for one non-user who expressed their surprise at the paradoxical notion of someone actually using a sunbed to improve their appearance when it poses detrimental aesthetic effects. Ellie was the only non-user who articulated any significant concern for the appearance risks: “That’s probably what I worry about more, which is a bit stupid because obviously skin, skin cancer is worse, yeah maybe I’m just vain (laughs)” (lines 26-28). Ellie seemed to pre-empt the opinion she believed that others may have of her and what she had said; her laughter after articulating greater concern for the appearance risks suggested she was aware this was not the ‘typical’ response of a non-user. Despite emphasising the health risks, some acknowledged their acceptance of limited use but were keen to articulate that the health risks would prevent them from using sunbeds more regularly:

Interviewer: Ok so what would you say concerns you the most about using sunbeds?

Tamzin: Erm definitely the health risks, it’s black and white for me, it’s bad for you why do you do it. I mean, but then I guess that could be hypocritical because you know obviously I drink but I’m really against smoking and drug taking, but I just think anything in moderation is fine and I think if you do little bits of this here and there that’s fine in any respect, but I’ve never come across someone who goes like once, apart from my mum (lines 495-500).

The contradiction evident here in this quote could be explained by Tamzin not wanting to appear hypocritical given her own admission that she drinks alcohol, which also poses health risks. Whilst limited sunbed use was conceded, this was immediately refuted by the argument that such limited sunbed use was an uncommon, almost unknown practice. This was a frequent argument drawn upon by several of the non-users when emphasising the related health risks; sunbed use was described only in excessive terms, for example: “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). In relation to this, many of the non-users referred to sunbed users as being addicted to using them and there was a belief that sunbed users did not use sunbeds in moderation but

typically “overused” and “abused” tanning devices. This worked to portray sunbed users as being particularly irresponsible and lacking in self-control, which makes their sunbed use especially risky.

The majority of those who had never used a sunbed expressed their lack of understanding for why people continued to use sunbeds in light of the associated skin cancer risk, which was considered a significant concern. In the following quote, for example, Tamzin articulated a complete lack of understanding for why people continued to do something that could be potentially fatal:

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

Tamzin: Very important, erm I just, I really don’t see why people put themselves through something that you know consequently maybe even kill them (lines 33-35).

Here it seems that Tamzin’s lack of understanding was fuelled by her belief that sunbed tanning and thus the associated risks was something people deliberately and intentionally “put themselves through.” This emerged as a particular catalyst for the articulated lack of understanding. Sunbed users were presented as having a choice where they chose to “consciously put themselves under that sort of trauma regularly” (Paul, line 17). This choice in light of the associated health risks was constructed as being the wrong one, which although implicit had the effect of presenting sunbed users as being particularly reckless and irresponsible. Sunbed users were constructed as active agents for whom those who had never used sunbeds expressed little understanding. This was particularly evident in the following extract from Steve when he compared sunbed tanning with other health 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, that’s sort of, 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

Interviewer: Yeah ok and you say cook is that just like the impression-

Steve: Yeah I just think several, well several hundred watts on a sunbed now, I think they used to be, you could get up to 2K ones, that's cooking (lines 39-48).

Describing the decision to use a sunbed as being an intentional choice, Steve created what can be considered as almost a blame scenario. The deliberateness of using a sunbed was compared to other health risk behaviours (i.e. drinking and bad diets), which he attributed to lifestyle. People who engaged in these other health risk behaviours were considered more blameless, in that they are victims of their lifestyles, and thus their personal responsibility is diminished. Conversely, people who used sunbeds were presented as especially accountable for their behaviour given their deliberate intentions. The metaphor ("sit and cook") emphasises the considered deliberateness of sunbed use and the argument made by Steve. This metaphor also worked to conjure up a particularly negative image of sunbed use and the potential negative effects, which only served to strengthen his argument. Steve reinforced his point further by detailing the specific wattage strength ("several hundred watts").

Several of the non-users used derogatory terms such as "ignorant," "stupid," and "foolish" to describe people who continued to use sunbeds despite the risks. The extent to which they thought sunbed users were aware of the associated dangers varied from the belief they were "uneducated" to feeling that "they must be aware." Those who were aware but continued to use them were described as not caring about the risks, as preoccupied with the "here and now," and as being more concerned with their appearance than their health as highlighted in particular by Ellie in the following extract:

Interviewer: So why do you think people continue to use sunbeds despite knowing the risks?

Ellie: I don't know maybe they just don't care, and they're a bit, a little bit stupid (laughs), and don't think about the future, they'd rather look good at the moment rather than think about the future... Yeah it's like when people like smoke and drink all the time they're like 'I don't care I'm just loving my life now and I'll worry about it later' (Lines 142-147).

By drawing a parallel between sunbed users, smokers and drinkers, Ellie was seemingly able to make sense of why people continued to use sunbeds despite knowing the risks. Like smokers and

drinkers, sunbed users were portrayed as not caring about their health and wanting to live life for the moment regardless of the consequences. This worked to construe sunbed users as especially reckless.

Aesthetically Driven: A Vain Behaviour

To varying extents, all of those who had never used sunbeds represented sunbed tanning as being a vain, purely aesthetically motivated pursuit. This had implications for how they felt about sunbed tanning and as a consequence people who used sunbeds. As a result of the belief that sunbed tanning was purely aesthetically motivated, many described people who used sunbeds as being particularly “vain,” and the undue preoccupation with appearance as being “frivolous,” “foolish,” and “stupid.” Sunbed tanning was presented by the majority as a simple choice between health and vanity, with the selection of the latter depicted as the wrong decision. When asked what she thought of people continuing to use sunbeds despite their knowledge of the risks, Tamzin replied: “If I’m being brutally honest I think they’re quite stupid, erm as I said earlier on I don’t really see the point of putting vanity over health” (lines 124-125). The aesthetic gains (obtaining a tan) were undermined and referred to as not important in comparison to health: “Why would you put yourself at risk for something that is simply an aesthetic gain” (Kate, 103-107). The word “simply” was particularly striking here in working to denigrate the importance of appearance.

The majority of those who had never used a sunbed were unaware that people used sunbeds for any other reason than for appearance enhancement. As a result, many articulated scepticism over the potential health and well-being based benefits. When asked, for example, why they thought people continued to use sunbeds despite knowing the risks, Sean replied: “they really like that certain look, they really want that tan (laughs), I imagine that would be it, I don’t think it would be just for the fun of tanning, I think they really, really like the tan (laughs)” (Sean, lines 66-67). Sean’s reiteration of the word “really” served to strengthen his belief that people only continued to use sunbeds because of their particularly strong desire for a tanned appearance. This was similarly echoed in Laura’s response to the same question: “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). Steve, similarly expressed scepticism over people using sunbeds for any other reason than for appearance:

Interviewer: What do you think about people using sunbeds for things like acne and eczema?

Steve: I don't know if drying skin out to crisp actually helps acne (laughs) (lines 163-165).

The laughter at the end of all three of these responses emphasised their scepticism and belief that people used sunbeds purely for aesthetic purposes, as well as being seen to almost mock the prospect of more specific health-based reasoning. The use of the metaphor “drying skin out to a crisp” in Steve’s response was particularly evocative and served to support this by objectifying and creating a powerful visual image of the negative effects that sunbeds can potentially have on the skin. The idea that people used sunbeds for more health-based reasoning was a completely novel concept for some and thus a source of disbelief. As well as this scepticism, the idea that people used sunbeds for health and/or well-being reasoning was considered irrational by a few of the non-users. This irrationality stemmed from there being other safer alternatives as evidenced in the following extract:

Interviewer: What do you think about people using sunbeds for improving their mood?

Tamzin: erm I think with the mood lifting, I think that's a bit irrational erm you can do many things to lift your mood, like you can just change what you eat, do a bit of exercise, or listen to, like, some happy music, that can instantly lift your mood (lines 151-156).

The list Tamzin provided here emphasised the fact that there are numerous activities not just sunbeds, which can improve people’s mood, emphasising the irrationality of this reasoning. The word “just” implied the ease of engaging in one of these alternative behaviours which supports this further.

Whilst several of the non-users were sceptical when considering more health and well-being based reasoning, it is important to note that some were more accepting. For these non-users, specific health and well-being purposes worked to legitimise sunbed use making it more acceptable. Although against the use of sunbeds for purely aesthetic purposes, their negativity softened when they were told that some sunbed users claimed to use a sunbed for health/well-being based reasoning. This was highlighted particularly well in the following quote from Louise, when asked what she thought about people using sunbeds to help improve skin conditions and to 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). Given that using a sunbed for these alternative reasons had the potential to change Louise’s opinion (“different perspective”), highlighted the strength of the belief that sunbed tanning was a purely aesthetically motivated behaviour and the subsequent negativity. The health-based reasoning appeared to socially hold more legitimacy than appearance.

Related to the belief that sunbed tanning was a vain behaviour, the majority of the non-users held a negative and derogatory image of what someone who used a sunbed physically looks like. This was encapsulated particularly well in the following quote from Tamzin: “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” (lines 421-423). Her use of language to emphasise the uncomplimentary nature of this image (e.g. “lots of,” “minimal,” “peroxide”) was noticeable. Many acknowledged this stereotypical negative image stemmed from the media, with the majority admitting to not actually knowing anyone who used a sunbed. In particular, several attributed the negative image as emanating from reality television shows such as *TOWIE* and *Geordie Shore*:

I think people picture sunbed users kind of like the *Geordie Shore*, *TOWIE* kind of, like that kind of stuff like that, like really orange, kind of fake people, that’s the stereotype which springs to mind erm personally, I don’t judge sunbed users or anything but that’s just the kind of stereotype that the media and people have like created (Joe, lines 97-102).

Here, Joe explicitly acknowledged that the negative aesthetic image he had of someone who used a sunbed was something “created,” by the media. The ability of the image to “spring to mind” suggests its social pervasiveness in being the first image he was able to automatically access.

As well as their appearance, to varying extents, several non-users held stereotypical beliefs as to what they thought people who used sunbeds are actually like in terms of their personality. Some particularly insulting terms were used including “chavs,” “fake,” “lower class,” and “morons.” This negativity stemmed from the belief that sunbed tanning was a purely aesthetically driven behaviour, and that people continued to use sunbeds to enhance their appearance despite knowledge of the risks. The extreme position of this negativity was highlighted particularly well in the following extract:

Interviewer: So like you said, sunbeds and sunbed use are often portrayed quite negatively and people can have really strong opinions against using them, why do you think that is?

Steve: A lot of people who like to maintain a tan have been associated with a lot of potentially, for them negative people in the media, so say for example like *The Only Way is Essex*, most of those guys everyone thinks they're morons, to put it politely, so it's getting more sort of you're either in that camp or you're not, and if you're not in that camp to them it looks like you're going to be stupid, you've got a permanent tan, all you care about is you're image, you're really vain, there's nothing to you, and that's really repulsive for a lot of people, you're either in that group and you enjoy living it, I'm not judging them for their own personal choices but that's sort of I think, a lot of people who, whereas it used to be glamorous to have a permanent tan, now I think it's sort of turning into like a tanning sub-culture (lines, 186-187).

Here, Steve talked about a polarised view with regards to sunbed tanning; people are either 'for' or 'against' using sunbeds. Steve firmly positioned himself as someone who was against them, although he was keen to articulate here, and at various points during his interview, a non-judgemental stance, acknowledging that it was a person's own "personal choice" as to whether they used a sunbed or not.

The non-users expressed mixed views as to how the sunbed users felt about the negativity surrounding their behaviour, varying from "they don't care" to "they must be bothered." The general consensus was that sunbed users were protected from the negativity through surrounding themselves with other sunbed users. Thus some of the non-users felt as though the shared identity of sunbed users acted as a "buffer" to protect them from the negativity, which "they are definitely aware."

Unnecessary and Pointless

Sunbed tanning was also represented as being unnecessary and pointless especially compared to other health risk behaviours, encapsulated particularly well in the following extract from Steve:

Interviewer: What would you say concerns you the most about sunbeds and using sunbeds?

Steve: The health risks, appearance risks are just by the by really, it's people's own personal choice I don't care what they look like, but the health risks are ridiculous and we have enough problems with people smoking, people drinking too much, people having terrible diets as basic fundamental things we all seem to do we don't need sunbeds as well (lines 81-86).

Comparing sunbed use in this way to other behaviours (i.e. smoking, drinking and unhealthy eating), which Steve described as being the “basic fundamental things,” built the argument that sunbeds were an unnecessary addition to other behaviours that are an inevitable, essential part of people's lives. This was strengthened by generalising these behaviours to those “we all seem to do.” Sunbed tanning was thus presented as unnecessarily adding to the problems that society already has to contend with.

Represented as a solely aesthetic pursuit, sunbed tanning was construed by many of the non-users as being “pointless” and “unnecessary.” Specifically, the benefit of having a tanned appearance was considered to not be worthy of the risks, especially the health risks as highlighted particularly well in the following quote: “I don't really see much point of risking that for the sake of, you know, you may look a bit better or feel a bit better in a couple of outfits” (Kate, lines 12-13). The phrase here “for the sake of” works to present the aesthetic benefits of a suntan as being trivial in comparison to the health risks. Thus the appearance benefits here were very much outweighed by the significance of the risk of developing skin cancer. In a related vein, sunbed tanning was described by several of the non-users as “unnecessary” given that there was a much safer alternative available for people to use in the form of fake tanning. A few of the non-users talked about how they used fake tanning products or had used fake tan in the past. For these participants, and even for those who had never used it, fake tan was considered a particularly viable alternative that enabled people to obtain a tanned appearance without having to expose themselves to any health risks. This was a particular source for the lack of understanding of one non-user (Tamzin, who used fake tan), for example:

I don't know how frequent people use it, like if it's once a day, or once a week, I'm not sure, but I just think, everyone knows that exposing your skin to the sun too much is bad for you and I don't see why people would put themselves through it in such an intense way that it could harm them, especially bringing it back to spray tans or just like a bottle tan, that you've

got good ones out there and they're cheaper than a, like a erm sunbed, if you really want that effect go with that, but that is just my opinion (lines 125-131).

Tamzin had described earlier in her interview that she used fake tan regularly and frequently referred to fake tan as being a “sensible alternative.” She described sunbeds as being a “pointless’ behaviour” when fake tan was an option. Sunbed tanning as being a deliberate, conscious decision again here seemed significant and as the quote demonstrates underpinned Tamzin’s lack of understanding (“I don’t see why people would put themselves through it in such an intense way”). Even those who did not use fake tan acknowledged it was a safer alternative to sunbed use, encapsulated especially well in the following quote from Steve: “It’s a great alternative to nuking yourself in a tiny box” (lines 251-252). Steve’s metaphoric use of language here was particularly vivid, serving to produce an especially negative image of sunbed tanning, which in turn helped to strengthen his argument.

Crossing a Line

To varying extents all of the non-users acknowledged that they, and other people, did look more attractive and healthier with a tan for which there was considerable overlap; the two were referred to interchangeably on numerous occasions. The majority talked about how they liked to sit and sunbathe in the sun on holiday and/or when they were at home in the UK. There was a general consensus that having a tan was associated with looking attractive and healthy, whereas a pale skin was associated with ill health. This was particularly evident in the following quote from Tamzin:

There is something nice about when you just come back from a few days in the sun and you’ve got like a few freckles, your hair’s shiny, you’re just feeling a bit more alive, and I think being pale is often associated with people being ill so (laughs) (lines 116-119).

Here, Tamzin’s use of the word “alive” illustrates especially well the association between having a tanned skin and health, reinforced by associating a pale aesthetic with looking unwell. To varying extents, all the non-users expressed understanding and appreciation as to why people desired a tanned appearance, with several admitting that they liked to have a tan themselves. When prompted, many of the non-users talked about and were aware of the positive image of a tan as being attractive and

healthy and its historical, socio-cultural construction. Specifically, several acknowledged and talked about the undeniable pressure that the media places on people, particularly on women, with regards to their appearance through creating idealised images that they inevitably aspire to look like.

Whether considered rightly or wrongly, celebrities were talked about as being idealised role models creating difficult or impossible ideals to achieve. Whilst it was acknowledged that males were increasingly under pressure from the influential effects of the media, females were talked about as being particularly targeted and susceptible, especially younger females, who were referred to as being specifically “easily influenced.” As well as the media in general, the influence of specific celebrities and television programmes were referred to as influential by all of the non-sunbed users. For example, tanned celebrities such as Katie Price and stars from reality television shows *The Only Way is Essex*, *Made in Chelsea*, and *Geordie Shore* were commonly referred to. The “quick rich situation” of these celebrities was described as attractive to young females in particular; looking good was associated with being famous relatively quickly and as a consequence with being successful.

Despite their understanding and agreement that a tanned skin looked attractive and healthy all of the non-users argued that the aesthetic benefits were not worth the risks. Sunbed tanning was thus represented as “crossing a line” and “going too far” in terms of appearance enhancement. Many of the non-users talked about the acceptability of tanning naturally outdoors but sunbed tanning was considered as being a “step too far.” Several of the non-users explicitly compared the UV strength of sunbeds to the UV strength of the natural sunshine in order to defend and justify their own general sun tanning behaviour, and to explain why the risks were not as significant a concern in this context:

Interviewer: So why wouldn't you say anything to a friend that's sunbathing on holiday then?

Kate: That's holidays and sun, being on a sunbed is more concentrated and its very, you're not just enjoying a holiday, it's a deliberate act to go into a shop and put yourself in the way of radiation, so I think if I had a friend doing that I would say something, but otherwise in the general sun I would feel a bit silly because everyone does it (lines 222-226).

General sunbathing was justified here by Kate through being an almost inevitable part of being on, and enjoying a holiday. Sunbed tanning as a deliberate and intentional behaviour was again drawn upon in order to emphasise general sun tanning as an inherent, almost natural part of being on holiday. Kate, like several of the other non-users, described how she used fake tan but would draw the line when it came to sunbed tanning. Whilst the majority expressed no desire to use a sunbed at all, the aesthetic benefits led to an explicit temptation for a few. Ultimately for these participants however, the risks still outweighed the benefits. Fake tan was considered as the acceptable “middle ground:”

Interviewer: Ok and do you think you would ever be tempted to use a sunbed in the future?

Ellie: Erm I am a bit tempted (laughs) even though I’ve been saying all these things, but erm I do like having a tan because I don’t get one very much, but I don’t know I think maybe the costs outweigh the benefits a bit so maybe I wouldn’t, I’d probably think about it and be like ‘yeah I want to do it,’ but then I wouldn’t do it, and I’d get fake tan (laughs) (lines 157-163).

Here despite explicitly acknowledging her temptation, Ellie believed she would draw a line when it came to actually using a sunbed, opting to use the safer fake tan alternative instead. Despite this, there was still uncertainty evident in her response as to what she would actually do; the internal negotiation and conflict that would take place in actually making this decision was articulated. Fake tan emerged as representing an invisible line of acceptability where anything beyond this line was considered problematic; “I’ve got as far as buying a bottle of fake tan in Boots because that’s easy but I don’t, I can’t see me ever making it part of my weekly routine to use a sunbed” (Kate, lines 66-68).

A Feminine Behaviour

Related to the representation held by the majority of the non-users that sunbed tanning was a vain, purely aesthetically motivated behaviour was the association of sunbed tanning with femininity; sunbed use was represented as a specifically female orientated behaviour. When asked to describe what a ‘typical’ sunbed user looked like all of the non-users referred to females, particularly young girls, with no mention of males using sunbeds at any point until prompted. This can be attributed to

appearance (which most of the non-users considered as being the only reason people used sunbeds) being a predominately female concern as highlighted especially well in the following extract:

Tamzin: I did have a friend back home erm he was straight but he used to work in a beauty salon which is where I used to get my fake tans done, erm and he was always on the sunbeds, and we didn't know this because we just thought he was just quite tanned anyway, but then everyone found out because (laughs) one of the women he worked with told me, and I was like 'oh well Lee I'm going to tell everyone that' (laughs)

Interviewer: (laughs)

Tamzin: (laughs) and he goes 'nooo' and I was like 'why? Like why is it a big deal?' but I guess it is, he was a bit embarrassed, it's a bit metrosexual isn't it?

Interviewer: so why do you think he was embarrassed?

Tamzin: I think, well 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 whereas women we have to fit the pattern but men don't (lines 358-374).

As this extract reveals, connections between femininity and appearance have significant negative identity implications for the identity of male sunbed users. Specifically, male sunbed users were construed as not sufficiently masculine through succumbing to the intense aesthetic pressures imposed by the media. Tamzin referred to the power of the media in being able to "manipulate" women; men she implied should have the strength to resist it. In not being able to endure the pressures men who used sunbeds were considered "weak." The fact that Tamzin's immediate reaction to finding out her male friend used a sunbed was "to tell everyone," indicates that this is something contrary to the

‘norm,’ and the laughter surrounding her comments supports this contravention. Despite this she still questioned why he would be embarrassed before going on to herself admit that it is (“I guess it is”).

Whilst it is important to note that some of the non-users did not express any negativity at the prospect of males using sunbeds, several shared the belief that it was “a feminine thing to do.” Others referred to male sunbed use in a derogatory manner, describing males who used sunbeds as “strange,” and categorised them as either being “metrosexual,” “gay” or as “well worked out guys” who were very concerned with their image. Only one of the non-users said they actually knew males who used sunbeds that fitted one of these categories. Fake tanning was similarly represented as a female-oriented behaviour by the majority. When talking about fake tanning unless prompted otherwise, the non-users referred to females, particularly young females, as being the main users of fake tan.

5.4.2 Current Sunbed Users

Aware of the Risks and the Associated Negativity

All of the sunbed users acknowledged their awareness of the risks; the majority spontaneously talked about them without being prompted. In contrast to the non-users, nearly all the sunbed users expressed their awareness of the appearance as well as the health risks, some describing themselves as being “really aware” of the aesthetic dangers. Like the non-users however, nearly all the sunbed users articulated a greater concern for, and considered the health risks to be of greater significance. Similarly to the non-users, the main source of information about the associated risks (both health and appearance) was the media, typically again via television/radio news reports, newspaper articles, magazines, and television documentaries. An additional source of information for the sunbed users were their friends and family. Several said that they were “very aware” of the risks, with two participants reporting to be particularly well-informed. Jessica, for example, who worked at a sunbed salon said that she knew the “ins and outs of everything to do with it” (Jessica, line 61). Dawn, described how she had conducted her own “in-depth independent research.” As a result, Dawn spoke about how she was able to weigh up the pros and cons of using a sunbed in a well-informed manner.

Several of the sunbed users spoke about how the risks, in particular the health risks, had been a source of anxiety and worry before they had used a sunbed for the first time. Some retrospectively described how they felt “nervous,” “wary,” “apprehensive,” and even “scared” before they first used a sunbed as a result of the media’s frequent communication of the risks, through hearing people talk about it, and specific comments made by friends and family. This initial anxiety however was not a sufficient deterrent, as Lee articulated when asked how he had felt before he first ever used a sunbed: ‘I’d say a little apprehensive because there’s obviously all the stuff in the news so I do know the risks, so yeah I was apprehensive but it didn’t put me off because obviously I still went on’ (Lee, lines 28-30). For many of the others, the initial anxiety was allayed somewhat by using a sunbed and realising that nothing negative had happened. A significant delay in the development of any colour obtained through using a sunbed also lessened any initial concerns; the colour was hardly noticeable at first.

The majority of the sunbed users were aware of the negative aesthetic image associated with their social group. Many attributed the media and reality television shows such as *TOWIE* and *Geordie Shore* in particular as being the source of this negativity. As well as the negative aesthetic, several of the sunbed users were aware of the stereotypical image of their social group as being “unintelligent,” “uneducated,” and “vain.” Whilst acknowledging that there were some sunbed users that fitted this stereotypical image, the media was referred to as presenting only a one-sided view of things which “doesn’t portray the other people that actually use them” (Jessica, line 632). Many tried to distinguish between the sunbed users portrayed by the media and themselves. The majority of the sunbed users talked about how they regularly received negative comments with regards to their sunbed use, particularly from friends and family. Whilst the comments were described by most as not being serious, more “tongue in cheek” and “banter,” they were a source of frustration and annoyance for some, with Dawn in particular describing comments from her friends as being “a bit patronising” (line 157). The comments had a particularly negative influence for some of the sunbed users, discussed under the next theme sub-heading.

Evidence of a 'Spoiled Identity'

The negativity of which the sunbed users were aware had a considerable impact on several of the sunbed users, as the following extract from Natalie's interview demonstrates particularly well:

Interviewer: Do you think if that risk wasn't there you would perhaps go on them more?

Natalie: I don't know because I wouldn't want to get too dark, but I think I'd definitely feel better, I'd definitely go on more confidently or more I wouldn't worry at all, I'd definitely go on and feel better, and not feel ashamed of what I was doing sort of thing

Interviewer: you'd be able to enjoy the experience a little bit more?

Natalie: yeah yeah and not, not feel like I have to lie to family or whatever (laughs), in case they worry about it you know

Interviewer: and what makes you feel ashamed and as though you can't tell your family?

Natalie: because everybody knows about the risks don't they, not many people know about the benefits and with me saying that it helps my skin, people think 'how ridiculous there must be something else,' and there isn't, not for me

Interviewer: ok so what kind of thing do your friends and family say to you about it?

Natalie: erm I don't really talk about it, I think they just say things like 'oh be careful,' my mum has used them in the past, erm when I was working in that salon she would come in a couple of times, erm, erm but I don't know I think yeah like my Nan and, because I suppose they watch the telly all the time and then sometimes on This Morning that Dr Hillary talks about it all the time (laughs), so we'll all be watching that and she'll be saying 'don't be going on them,' but it's easy for them to say when, when they've not got my skin

Interviewer: yeah definitely, so you feel as though it's easier not to talk about it really?

Natalie: yeah well like I say it's part of my routine and no one really, because my family live away anyway know body really has to know what I'm doing with my life (lines 323-332).

The severity of the consequences that the negativity surrounding sunbed use can have is particularly striking here with Natalie describing the shame she felt at continuing to use sunbeds in light of the risks. Natalie was particularly aware of the stereotypical assumption that people only use sunbeds for appearance purposes. A sadness was clear in Natalie's voice when talking about her skin, and how she felt sunbeds were her only option for improving it. As a result of this, Natalie felt as though she had to lie to her family and hide that she used a sunbed through fear that they would not understand. Specifically, she was worried that her reasoning would be dismissed and even ridiculed.

Like Natalie, some of the other sunbed users described how they felt they had to keep their sunbed use a secret through fear that disclosure of their behaviour would be met with disapproval. This involved not telling friends, family, and even potential new employers. This is highlighted particularly well in the following quote from 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 a, 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 like our salon's called (name of salon) and I just think if people see a job application from someone who's worked at somewhere called (name of salon) 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. So but obviously it has to go on my CV, it's been my job for the last three years, but I think it's something that definitely affects me, I feel it quite a lot (lines 638-649).

This quote demonstrates how acutely aware the sunbed users are of the negativity surrounding their behaviour and the potential consequences of this. As a result of the negativity, Jessica described how she felt as though she had to hide where she worked through fear of what people might think of her. As described here, this led Jessica to omit the job from her CV which she admitted may have potentially negative implications in terms of her future employment opportunities. Jessica described

how her intelligence had been questioned by a sunbed client coming into the salon, who after seeing her reading a university textbook (as well as working at the salon, Jessica was a full-time University student), had queried her academic ability through automatically making the assumption that she was unintelligent “because I’m a blonde girl working in a tanning salon” (Jessica, lines 654). Jessica on numerous occasions articulated how this was “obviously not the case.” Later on in her interview, Jessica spoke about how her enjoyment of working at the salon had been constantly overshadowed by the “whole stereotype thing.” Jessica told people she worked at a beauty rather than a sunbed salon because it “just doesn’t sound as bad” (lines 678). It seems that Jessica felt that beauty is regarded as something acceptable, whereas sunbed tanning was something separate that conjured up particularly negative connotations.

Several of the other sunbed users described how they avoided conversations with friends, family, and work colleagues about their sunbed use, through concern about what they would say, as evidenced in the following quote from Jack: “I just can’t be bothered getting into conversation with them because they’ll always just keep saying ‘oh you’ll get cancer, you’ll get cancer’” (lines 273-283). Lauren described how she avoided conversations about sunbed tanning with her friends and family through not wanting to get annoyed about their “single mindedness” (line 171).

The representation of sunbed tanning as a female orientated behaviour had significant consequences for some of the male sunbed users. Mike, for example, described how he felt especially conscious when he went into a tanning salon to use a sunbed because of the “weird looks” he received from members of the public. Jack spoke about the comments that specifically threatened his identity, which he received from friends regarding his sunbed use being a particularly feminine behaviour:

I used to get comments like erm ‘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 like it just being feminine (lines 81-83).

Jack’s quote illustrates the strength of the representation of sunbed tanning as a feminine behaviour, with his friends drawing upon this when commenting on his sunbed use, rather than the health risks.

Whilst it is clear that the sunbed users were acutely aware of, and experienced the negativity inherent in the representations surrounding their behaviour, they did not necessarily agree with or even accept it. Instead, the sunbed users worked to ‘manage’ and resist the negativity by constructing and engaging with three alternative representations of sunbed tanning, presented and discussed under the following theme sub-sections; the risks as not being a significant concern, sunbed tanning as acceptable if limited and controlled, and sunbed tanning for a specific purpose (not just for a tan).

Managing the Negativity: Risks as not a Significant Concern

Instead of emphasising the risks like those who had never used a sunbed, the sunbed users distanced themselves from the dangers in numerous different ways. Whether introduced by myself or the participants, the associated risks were downplayed and sunbed use subsequently justified via various strategies. A common strategy was to refer to the fact that there are risks with everything, emphasising the ubiquity of risk in everyday life. As a result, sunbed use was normalised as just one of many risky behaviours, particularly evident in the following quote from Zoe:

Interviewer: Ok so how aware would you say you are of the health risks now, so the skin cancer risk?

Zoe: Erm I don’t know I mean, erm god 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 I suppose and mines going on a sunbed (laughs). So I think because I don’t smoke or anything then I think ‘oh I’ll be alright going on a sunbed instead,’ but I think maybe if I was to smoke then I might be a bit more concerned about going on the sunbed (lines 207-215).

Here, Zoe highlighted the risks inherent in a range of other risk behaviours, which presents sunbed tanning as by no means the only risky way of behaving. A form of compensative reasoning is

apparent here in considering sunbed use as being acceptable because of an absence or limited engagement with other risk behaviours (“I don’t smoke at all, try not to drink a lot”). By taking her whole lifestyle into consideration in this way, Zoe was able to present the sunbed-specific risks as being diminished. She considered sunbed use to be her only vice (“guilty pleasure”), associating sunbed tanning with pleasure and enjoyment. Such vices in life were considered normal (“everyone’s got their own sort of guilty pleasure”), implying that the absence of at least one vice was abnormal.

Commonly embedded within the argument as to the pervasiveness of risk were elements of fatalistic beliefs. Specifically, the unknown and unpredictable nature of life itself, and of cancer in particular, was drawn upon to downplay the significance of the associated dangers. The implication of this argument is that it is pointless avoiding all risks because there are no guarantees in life, thus it is impossible to be sure that avoiding the sunbed-specific risks would actually be beneficial. As demonstrated in the extract below, risk was constructed as an inescapable phenomenon, thus the risks related to sunbed tanning were presented as not warranting any significant concern:

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 type thing, 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, and if you don’t eat this you’ll get cancer, and you just think well if you follow everything, you wouldn’t do anything

Interviewer: Yeah and like you say the papers are always saying this, this, and this causes cancer, and then the next day it might be something different

Sarah: Yeah, don’t do, yeah so you just can’t win so I think well I do go on sunbeds but I don’t smoke, I don’t drink much so, it’s like everybody’s got different odds of everything, and you could go on sunbeds and never be, and never get cancer, and there could be someone whose never been on one and could get it from just, from just being out in the sun

Interviewer: It’s like the smoking thing isn’t it, someone who’s never smoked might still get-

Sarah: Lung cancer yeah, you can't, you can't win (lines 185-199).

Like Zoe, Sarah weighed up the risks in relation to her behaviour overall ("I don't smoke, I don't drink much"). The implication from Sarah's reference to the continual risk communication as being a source of control ("wouldn't do anything"), is that rather than being subject to outside control, engagement with the associated risks is a personal choice; this was an argument drawn upon by several of the other sunbed users. Sarah's extract revealed an underlying mistrust and scepticism ("so many things") in the media's perpetual communication of risk. Such scepticism was further evident with regards to the accuracy of the statistics plus the scaremongering media tactics:

Interviewer: What do you think of the information that is out there regarding the risks?

Jessica: I mean, there's all this, I know it's not been proved, but it's got to be rubbish all this stuff about if you use one once then you, you're like 75% more likely to get skin cancer and all this stuff, I just don't, I do not believe it all, I think a lot of it is scaremongering sort of stuff, but then again I don't feel right saying stuff about it because I just think it's one of those subjects that no one knows anything about, but I think the media just portrays it as being this awful awful thing that you shouldn't, that you shouldn't do (lines 510-521).

Repetition ("this awful awful thing") worked to emphasise the perceived one-sided scaremongering tactics of the media explicitly referred to here, and Jessica expressed a considerable lack of doubt as to the accuracy of the statistics being communicated. Despite the initial strength of her doubts and disbelief ("it's got to be rubbish" and "I do not believe it at all"), Jessica went on to qualify this ("but then again I don't feel right saying stuff about it"). This contradictory extract is perhaps indicative of an on-going battle for Jessica in terms of hearing about the significance of the risks and choosing to continue using sunbeds. The media's authority is further undermined by her saying that "no one" knows enough about it to comment.

The fatalistic argument was developed by a few of the sunbed users through citing personal experience that highlighted the unpredictability of life. Sarah, for example, described how she knew

someone who had developed skin cancer even though they had never used a sunbed, when asked to describe how important the health risks were to her:

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

Sarah: I know people, I've got a friend whose father actually had skin cancer and he's in his 90s, and sunbeds were never around, he's just got that from being out in the sun, so you can get cancer from anything, so I don't think it's a major thing for me now (lines 188-191).

Although not through personal experience, Lucy described how anyone could develop cancer, whether they used a sunbed or not: "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" (lines 445-455). The implication here is that it is pointless worrying unduly about the risks because even someone who abstains from risk completely, could still end up developing cancer regardless of their behaviour.

When talking about the pervasiveness of risk, another common strategy was to compare the sunbed-specific risks, to those associated with other much more commonly participated in health risk behaviours, most typically smoking and drinking. The risks were either described as being on a parallel with these behaviours or, in certain instances, even as less risky. Referring to other carcinogens in this way served to undermine the significance of the risks associated with sunbeds. Several of the sunbed users directly compared the 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). This worked to undermine the significance of the risks by paralleling them with the positive experience of a holiday, something the majority of people do regularly and by choice. One sunbed user drew upon such a comparison to highlight the hypocrisy of people's overly critical attitude towards sunbed tanning, as illustrated in the following extract:

Lucy: Even though some people don't use sunbeds and they criticise them, at the end of the day they're quite happy to go on holiday and to sit in the sun for hours at a time, if people are quite happy to go abroad in the hotter countries, lie there completely, no sun cream sometimes, sometimes people use the, the oil instead and fry, and people can sit there for

hours and hours but that's ok because it's a holiday but spending three and a half four minutes in a, a tanning booth is wrong I just think no, not at all so (pause) I don't think there's anything wrong with it personally, yes there are risks but then again there are risks going abroad on holiday because you're constantly out in it, because you're not telling me that when people go on holiday they wear their hats on their heads to keep their heads from the sun, and they have their factor 50 on every 50 minutes, it just doesn't happen so-

Interviewer: Ok so you feel as though it's a little bit hypocritical perhaps?

Lucy: It is it's very, and especially when Britain gets a drop of sunshine everyone is straight outside, vest tops and shorts, no sun cream because it's England and they think it can't get too hot, yet the next day you'll see them with red lines everywhere (lines 273-286).

Whilst Lucy acknowledged that there are risks associated with sunbed tanning, she articulated her view that the risks of natural sun tanning are actually greater because of the length of time people spend in the sun when on holiday. She highlighted this by juxtaposing the length of time spent in the sun when on holiday ("hours and hours") with the relatively short amount of time typically spent on a sunbed ("three and a half four minutes"). The intonation of Lucy's voice suggested an anger that people "criticise" her when they themselves partake in equally risky, if not riskier behaviour.

Another strategy drawn upon by several of the sunbed users was to refer to the invulnerability of their youth. Specifically, their youth was presented as a time where health issues in particular were dismissed and considered irrelevant. As such, the associated risks were regarded as something currently intangible and distant. Embedded within this was a focus on the 'here and now,' on the short-term benefits as opposed to the risks, which were considered as only long-term consequences:

Interviewer: How aware were you of the associated health risks when you first started?

Sarah: I was aware of it, but at the time you just think, it won't happen to me, or that will happen in fifty years' time, or it'll happen if you do it all your life

Interviewer: Yeah you're not thinking of the long term effects

Sarah: The long term yeah, it's just a quick 'oh in the next month I'm going to be brown,' and then what happens when I'm fifty, will happen when I'm fifty type of thing (laughs)

Interviewer: Yeah it seems a long way away

Sarah: Yeah, so I did, I did know about it, but it didn't, it didn't put me off (lines 62-69).

Here Sarah described how even though she was aware of the risks, she was more concerned about how she would look in the short-term, as opposed to the potential health risks which she described as only being applicable in the future ("that will happen in fifty years' time"). She described how she would deal with any consequences if, and when they happened, rather than worrying about them prematurely. Elements of denial littered this extract (e.g. "it won't happen to me"). Despite this being a common argument drawn upon by several of the sunbed users, there was an acknowledgement and understanding that it was not necessarily accurate, particularly evidenced by Angela when asked why the associated health risks did not deter her: "I think it's because I'm so young, like it doesn't matter, but I know it does matter" (line 99). This obvious contradiction indicates an inherent tension for Angela between knowing about the dangers and trying to distance herself from them.

Managing the Negativity: On the Acceptable Side of the Boundary

In representing sunbed tanning as being acceptable if limited and controlled, sunbed use was presented as being on a continuum, with a boundary point separating acceptable from unacceptable use. Typically unprompted, all of the sunbed users expressed how they maintained their position on the acceptable side of this boundary through a variety of strategies. One particularly common strategy was for the sunbed users to talk about how they only used a sunbed sensibly and in moderation, setting themselves limits which they regarded as being acceptable. Several, for example, described how they only used a sunbed for a specific number of minutes and would not exceed this:

Interviewer: And how many minutes do you usually use a sunbed for?

Lucy: I only go on for, I started off at three minutes and then I went onto four and a half minutes and I don't go above four and a half minutes I don't, because I know when I've had enough, I start to feel it, so I stop at four and a half, I don't go on any longer

Interviewer: Yeah so you've built it up to that gradually

Lucy: Yeah definitely, I wouldn't go above four and a half (Lines 234-237).

By talking about the boundaries they had set, the sunbed users present themselves as being subject to self-regulation and control, which subsequently signifies restraint and self-discipline. This in turn serves to present themselves as being responsible sunbed users who know their limits, which James actually articulated explicitly: "I wouldn't go on for any longer than ten minutes, I wouldn't, I know my limits" (lines 102-103). As well as the number of minutes, many of the sunbed users defined their usage in terms of its limited frequency, keen to differentiate it from more regular tanning: "I mean I've been on them a couple of times this year, but not like, I'd say about three times, but not regularly" (Angela, lines 39-40). Limited use was specifically quantified by several sunbed users, which helped to convey this more effectively, for example: "I use them, I could count on my hand five times a year" (Claire, line 86). Jessica, explicitly acknowledged that she used her limited use to justify her behaviour: "I mean I justify it in that I only use them a couple of times a year, that's my way of saying that's why I use them" (Jessica, lines 405-406). The general consensus was that the more regular the sunbed use the greater the risk. Problems associated with sunbed use were presented as emerging from overuse, and not their own limited sunbed use, evident in the following:

You just have to think well if I moderate my use or don't use them as often or as and when, then hopefully whilst I've probably got a more increased risk than you who have never used a sunbed, it will be less than someone that's on it all the time (Sarah, lines 356-359).

Whilst Sarah acknowledged her risk would be greater than someone who had never used a sunbed, she believed her risk was less than someone who used them more regularly. Thus, through knowing people use sunbeds more than she did, Sarah was able to weigh up the risk implications. Like Sarah, several other sunbed users specifically compared their own limited sunbed use with the more regular

use of others. Such comparisons served to deflect the significance of the risks and, any subsequent negativity, onto others for whom the concern and negativity is much more justified, for example:

Interviewer: So how many minutes do you tend to use a sunbed for?

Lauren: So like I'll start off on just kind of like five or six minutes and then I think last summer erm just before (name of a university event) erm me and my friend were like 'we've got to be tanned, we've got to look good,' so erm I think I went on for fourteen, fifteen minutes, but that's the longest I personally would ever go on, because I get a bit board (laughs) and I think more than that I think once you start going a bit more, I think when you get to these people that go on for like twenty plus minutes I'm a bit like-

Interviewer: that's too much?

Lauren: It's a bit too much yeah, I think that's when it starts, I think it gets a bit more, erm I think that's when it gets a bit more erm dangerous to be honest, I would rather not go on for much longer than fifteen minutes (lines 45-55)

Here Lauren's almost derogatory reference to "these people" helped to differentiate her own sunbed use from the sunbed use of other people. When asked how long he used a sunbed for, Jack similarly said: "I've only ever done ten minutes, that's it, I'm not one of those people who thinks I need more every time" (line 44). Related to this, several sunbed users made the distinction between themselves and others in terms of the potential to become addicted to sunbeds, which they all acknowledged was a definite possibility. Whilst they expressed understanding for the potentially addictive nature of sunbed use for other people, they were keen to articulate that they themselves were not addicted:

I think you have to be very very, erm 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 ok 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) so yeah (Lauren, lines 196-199).

In this quote, 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 she needed. Here, Lauren described her resistance as being a conscious and deliberate act, which suggests the ease at which sunbeds could be used more often than they should. A few sunbed users explicitly expressed their concern over potentially becoming addicted to sunbeds, but described their ability to exercise self-control and discipline to be able to prevent this from happening, unlike other sunbed users.

Managing the Negativity: For a specific purpose (not just for a tan)

All of the sunbed users acknowledged the aesthetic benefits of using a sunbed in terms of looking better and more attractive. As with the non-users, there was considerable overlap between looking attractive and healthy, with the two referred to interchangeably on numerous occasions. In general, there was a strong preference for a tanned skin as opposed to looking pale; a tanned skin was associated with looking attractive and healthy, whereas a pale skin was associated with looking ill. The association between a tanned skin and looking attractive and healthy was referred to as certain and unnegotiable, whereas a pale skin was referred to derogatorily by several of the sunbed users, for example: “you know you see people out and there like really really white and sort of look like a ghost (laughs)” (Zoe, lines 26-28). Although the positive image of a tan was acknowledged (to varying extents) by all of the sunbed users, they spent a significant amount of time disassociating themselves from the aesthetic side of sunbed tanning. Instead, they referred to their own sunbed use as being for specific purposes, which were more health and/or well-being orientated.

The aesthetic benefits of obtaining a tan were downplayed in that, whilst using a sunbed had been in part aesthetically motivated, or appearance had been the initial motivation for some, it was now not the main motivation for the majority, and no longer a motivation for the others. Instead, the majority provided a more specific reason for their sunbed use that was typically more health and/or well-being orientated. These reasons included wanting to obtain a protective ‘base tan,’ to help improve skin conditions such as eczema and psoriasis, and to help alleviate symptoms of depression. Nearly all of the sunbed users talked, at some point, about how these other reasons were not understood or appreciated by wider society. The sunbed users were aware of the belief that others had

of people using sunbeds solely for their appearance, and were keen to articulate that this was not always necessarily the case. This was particularly evident in the following quote from Sarah:

Interviewer: Ok, so just thinking about how sunbeds and sunbed use can be portrayed and people can have quite strong opinions against them, what are your thoughts about that?

Sarah: I think its individual opinion erm, I mean you're entitled to that, and erm obviously there are strong cases why you shouldn't use them, but then there are things like the SAD and stuff, and some people need it if they've got skin conditions, sometimes sunbeds can help if you've got eczema and stuff then that might help. So I think people that are very against it, just need to look at the whole picture and individual cases not just generalise...I think, I think a lot of people just think it's for vanity, and it isn't, it isn't always the case (lines 250-258).

Here, whilst Sarah conceded that some people do use sunbeds purely for aesthetic purposes, she is keen to make it clear that this is not the case for everyone. As already noted, the majority were aware of the stereotypical, negative aesthetic image associated with their social group. Whilst agreeing that this was an accurate depiction of many sunbed users, they were keen to disassociate themselves from this image. Jack, for example, when asked whether he thought there was a stereotypical image replied: "yeah, I'd say probably 80% of the people, they look like they're trying to be Barbie dolls but then there's 20% of people who are like elderly couples who are doing it before they go away" (lines 429-430). Although the majority of people use sunbeds for appearance, Jack described how there is a significant number of people, like himself, who use sunbeds for other more specific health purposes.

One of the main reasons the sunbed users provided for why they started using a sunbed was to obtain a protective 'base tan' in order to prevent their skin from burning, particularly when going away on a sunshine holiday abroad. This appeared to offer the sunbed users a particularly legitimate explanation for their behaviour, explicitly evident in the following quote from Jessica: "I mean I justify it in that I only use them (sunbeds) 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). A few of the

sunbed users expressed how they would only ever recommend using a sunbed to other people for the purpose of obtaining a base tan, emphasising the considered legitimacy of this specific reasoning:

Interviewer: Ok and would you ever recommend using a sunbed to family and friends?

Jessica: (pause) No, and that's really bad considering that I work in somewhere like that but I wouldn't not with all the health risks and stuff, I just, I wouldn't recommend it to anyone, I mean maybe, I've said to people before 'oh it's quite good to go on just before you go away,' but then you're going to be going and lying in the sun anyway doing similar damage to your skin as what you're going to do on a sunbed [lines 41-44].

Here the fact that Jessica would only recommend using a sunbed for the purpose of a base tan, despite her working in a sunbed salon, further supports its considered validity. Equating the damage caused by sunbeds to the damage caused by sunbathing on holiday further works to support its acceptability. A base tan was referred to as something positive, in that it offered the skin some form of "protection" from UV exposure. For a couple of the sunbed users, this desire to obtain a 'base tan' was in part aesthetically motivated, thus as well as wanting to protect their skin, these sunbed users did not want to be the palest person on holiday. Whilst not always the original or the exclusive reason for first using a sunbed, obtaining a 'base tan' emerged as the only remaining motive for some, and the only anticipated future motive for others. For example, Sarah who was originally aesthetically motivated, now only used a sunbed before she went on holiday to achieve a 'base tan.' When asked whether she thought she would continue using sunbeds in the future, Sarah replied: "just for a base tan yeah not frequent, just for a couple of times a year, I probably will continue for that reason" (lines 377-378).

Another specific reason articulated by the sunbed users, when asked why they had first used a sunbed was to help improve skin conditions, acne and psoriasis especially. This also emerged as being the continued motivation for a few of the sunbed users. The extent of the skin problem varied considerably from very mild to severe. Natalie, for example, described how she used a sunbed to improve the severe acne she suffered from; she described her skin as a considerable source of distress that caused her to feel particularly low in terms of her confidence and self-esteem. Natalie described

how using a sunbed boosted her self-confidence by improving her skin: “I feel better in myself because I feel like it’s clearing my skin up and I just like, my self-esteem it’s, I just feel so much better in myself not going out with spots all over my face” (lines 110-111). The importance of using a sunbed for Natalie was particularly poignant in the following quote where she described how she continued using a sunbed when breastfeeding despite the discomfort and pain that this caused her:

I’ve used them from erm straight after I’ve had my son actually I would go on, erm and I breast fed for a year so I was going on like with, because the heat would make me lactate as well (laughs) so I’d go on the sunbeds wearing like breast pads and I’d be in pain and the milk would be coming out but I’d still be standing there holding my face up you know (laughs) trying to get the spots off my face (laughs) (Natalie, lines 52-56).

Using a sunbed to improve problematic skin was legitimised for several of the sunbed users by advice and information that has emanated from the medical profession. Specifically, endorsement from the medical profession served to legitimise the acceptability of using sunbeds for this reason:

Zoe: Like I’ve had friends that have like suffered from erm 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 your being told that you think ‘mustn’t be that bad’ (laughs)

Interviewer: A bit confusing?

Zoe: Yeah if they say you know going on a sunbed it probably helps with your eczema or, because I know there are treatments out there for psoriasis and stuff now which works very similar to going on a sunbed, so I think ‘well surely it’s not that bad’ (lines 132 - 136).

Here, an unquestioning trust in the knowledge and advice of the medical profession was implied. Zoe described her confusion at doctors, who typically warn against participating in any behaviour that may be detrimental to health, actually advising people to use sunbeds.

Many of the sunbed users liked using a sunbed for the mood benefits they received in terms of for example, feeling better, more positive, and relaxed. These however, were typically referred to as

additional benefits to using a sunbed rather than being the specific purpose. One sunbed user (Gillian) however, did describe how she used a sunbed for the specific purpose of improving her mood. The importance of using a sunbed for this reason was particularly evident when she referred to using a sunbed as being like a form of anti-depressant: “I just like that it lifts my spirits, it’s a kind of quick and easy, it’s more a sort of anti-depressant if you like” (lines 145-146). The mood effects Gillian experienced were powerful enough to continue using sunbeds despite acknowledging that it could just be psychological: “I think it’s probably more placebo than anything else” (line 103).

Many of the sunbed users talked about how they would stop using a sunbed once they had achieved their primary purpose, explicitly referring to their sunbed use as being a “means to an end,” and as “doing the job.” When asked would she ever stop using a sunbed, Dawn replied: “I’d hope eventually that my skin would clear itself up. I think if my skin was clearer and that’s the main reason I’m using sunbeds for, I don’t think I’d feel any need to continue using them (pause)” (lines 316-317). Dawn explicitly considered her sunbed use to be an active, positive step to help with her skin, which would no longer be necessary when her skin improved. Jack, who explained that he used a sunbed in order to obtain the UV exposure that he lacked from working long hours indoors, described how he would stop using a sunbed when he changed his job to something manual outdoors as “there would be no need anymore” (line 546). A few depicted sunbed use as being the best and only solution for their health and/or well-being based reasoning, particularly evident in the following quote from Natalie:

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 erm that is just an excuse but for me it genuinely is the only thing, which is sad really that there isn’t anything else (lines 311-317).

By describing the length of time she had spent seeking a solution, and the range of remedies she had tried serves to confirm that sunbed tanning was her last and only resort. By doing so sunbed use is construed as something necessary rather than as a frivolous, irrational decision. A lack of choice is implied here, presenting sunbed use in this context as the best option. In describing it as something “sad,” authenticity is added to Natalie’s claim that she would not use sunbeds given an alternative.

Many of the sunbed users talked about how obtaining a tan was simply an added benefit of using a sunbed, a secondary reason, and by no means the main reason underpinning their use. This was particularly evident in the following quote from Dawn, who used a sunbed primarily for her skin:

Interviewer: so you've said about your skin, what about getting a tan?

Dawn: That's a benefit, I think if I, if it was in the summer and I was going out wearing not much clothing, then I would just put fake tan on I think, so the tanning side is not the main benefit, but it's, no it's a nice 'little brucie bonus' (laughs) (Dawn, lines 89-91).

This was also the case for several of the others when asked how important it was for them to have a tan, for example: "it is mainly for my skin, I don't really care as much about the tan, it is kind of just a benefit I guess" (Hannah, lines 55-56). A few of the sunbed users specifically drew upon how their skin was not capable of tanning, which validated this further, for example: "It's not about the tanning side, I don't, I don't tan at all I'm not one of those people" (Lucy, lines 165-166).

On numerous occasions, several of the sunbed users made the distinction between using a sunbed for a specific health and/or well-being purpose, and using a sunbed "just" to get a tan, with an inferiority implied for the latter. The latter was referred to in almost a derogatory manner, for example: "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). Such inferiority was explicitly evident in the following quote from Gillian, when asked why she had been initially averse to using a sunbed:

Because my, the only, at the time I only understood that sunbeds were used to erm for appearance really, to make you look browner, and because I've got no value, I don't hold any value for that, then I couldn't see any purpose or value in sunbeds and taking the risk but now I think well because I know they can, or I feel like they can lift my mood, then that's a new, erm a valid reason which yeah (Gillian, lines 248-254).

Gillian described how she herself had held the negative assumption that sunbeds were only used for appearance, of which she admitted holds “no value” to her. She now regarded sunbeds as having a purpose, describing her reasoning (to improve her mood) as being particularly valid in comparison.

The majority, even those who did say they were aesthetically motivated, described how they enjoyed having only a “slight colour” and a “bit of a tan.” Words such as “bit,” “slight” and “little” were commonly used to denote the modest tanned appearance they desired. Many differentiated between their desire for “just a bit of colour” with the overly tanned appearance desired and obtained by other sunbed users. A continuum of colour emerged with the sunbed users typically referring to their own colour in positive terms, whereas at the other end of the spectrum an overly tanned appearance was referred to in a negative, almost derogatory manner, for example: “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). Here, an overly tanned appearance was referred to as something unnatural, with the simile (“like a frankfurter sausage”) immediately conjuring up a negative image. Several disassociated their own tan they achieved from the unnatural looking tan “you see other people with.”

5.5 Discussion

The thematic analysis revealed that those who had never used a sunbed held five interrelated representations of sunbed tanning: 1) a risky behaviour, 2) an aesthetically motivated, vain behaviour, 3) unnecessary and pointless, 4) as crossing a line, and 5) as a feminine behaviour. As with study one, inherent in all of these representations, particularly the first four, were elements of social disapproval, especially evident through the use of insulting language and derogatory references to people who use sunbeds. Those who had never used a sunbed emphasised the significance of the risks, particularly the skin cancer risk, and could not understand why people continued to use sunbeds despite knowing the dangers. As in the previous study, concern over the associated health risks was sufficient enough a deterrent, with the appearance risks trivialised and considered seemingly redundant in comparison.

The lack of understanding, as in study one, was accentuated by fake tanning posing as a safe and viable alternative. Another source for their lack of understanding, not evident in the responses of

study one, was that sunbed tanning was considered to be a deliberate, intentional behaviour in which people actively put themselves at risk through choice. Sunbed users were thus considered responsible and accountable for their behaviour, for which there was little understanding or sympathy. The risks were considered to be of particularly significant concern given that sunbeds were typically overused, and thus sunbed users lacked any control or sense of moderation. Sunbed use was frequently conceptualised in terms of excess and addiction, which worked to portray sunbed users as being irresponsible and lacking in self-control, making their sunbed use especially risky. Similarly to the previous study, derogatory terms such as “stupid,” and “foolish” were used to describe people who continued to use sunbeds, although the negativity was not quite as strongly articulated in this study.

As in study one, sunbed tanning was represented as a vain, aesthetically motivated behaviour. The assumed preoccupation with appearance was also similarly referred to particularly negatively, as for example, “frivolous,” “foolish,” and “stupid.” Similarly to study one, a lack of understanding was expressed as to why people put themselves at risk for the sake of appearance, particularly when fake tan provided a safe alternative and offered the same aesthetic results. Obtaining a tan was trivialised in comparison to the associated health risks, and sunbed use was presented as a simple choice between health and vanity. The current study revealed additional insight into the representational content in terms of the stereotypical, derogatory image of what someone who uses a sunbed actually physically looks like, which was admitted to stem predominantly, if not exclusively, from the media. A lack of awareness and appreciation for the other potential reasons, other than appearance, why people used sunbeds emerged in this study. The non-users mocked and expressed scepticism for these other reasons, although consideration of alternative health and/or well-being based motivations had the potential to change the negative beliefs for some quite significantly.

Three additional representations emerged in this study that were not evident in study one. The representation of sunbed tanning as unnecessary and pointless was particularly bolstered by reference to other plausible methods of obtaining a tan. In particular, fake tan was drawn upon as a viable alternative. Obtaining a tan was referred to as not being worth the associated health dangers, with appearance being trivialised in comparison. All of the non-users, to varying extents, acknowledged that they and others did look more attractive and healthy with a tanned appearance. Many talked

about and were aware of the historical, socio-cultural construction of the positive image of a tan, as outlined in chapter one (section 1.2.5), with many expressing their understanding for why people wanted to obtain one. The pressure the media places on people, particularly young women, to achieve unattainable beauty ideals was described as being undeniable. Despite their understanding and agreement that a tanned skin looks more attractive and healthy, all of those who had never used a sunbed believed having a tan was not worth the associated health risks. Instead, sunbed tanning was represented as crossing a line in terms of appearance enhancement, moving away from what were considered acceptable methods (general sun tanning and fake tan) to sunbed tanning. Inherent within all of these representations was considerable negativity which directly threatens the identity of sunbed users. This was exacerbated for males, whose identity was further under threat as a result of the representation of sunbed tanning as being a feminine behaviour. Male sunbed users were referred to as contravening the 'norm,' described for example as "weak," "strange," "feminine," and "gay."

As in the discussion of the previous study, I argue that the sunbed users' talk was in direct response to the negativity surrounding their behaviour, and themselves as sunbed users, of which they were aware. The sunbed users spent a significant amount of time 'managing' the negativity, which threatens not only the identity of their social group but their own individual identity as well, in order to distance them away from it. The consequences of the negativity were severe for some, resulting in what Goffman (1963) referred to as a 'spoiled identity,' as described in chapter two (section 2.11.3). As a reminder from chapter two (section 2.11.3), stigmatised groups or individuals experience social disapproval which can, in its most severe form, lead to a restriction of their activities (Farrimond & Joffe, 2006), and even low self-esteem (Link & Phelan, 2006). Underpinned by this, I argue that the lack of disclosure, avoidance, and shame experienced and articulated by several of the sunbed users are examples of cases where the stigma has been internalised. Thus the negativity and subsequent threat to their identity has a real impact on the lives of some sunbed users. The finding that one sunbed user felt as though she could not disclose her job at a sunbed salon to potential employers echoed the findings of Howarth (2002b), who similarly reported how people living in Brixton described how they would conceal this if they were to go for a job interview through fear of the immediate prejudice as a result of the wider, stigmatising representations.

Despite their awareness of the negativity, the current sunbed users like in the first study did not just accept it. Instead, the sunbed users' interviews were dominated by instances in which they attempted to resist internalisation of the stigma. As a reminder from chapter two, Joffe (1995) has argued that stigma and a consequent spoiled identity is always accompanied by efforts of resistance. The negativity and subsequent spoiled identity was managed in three ways in the talk of the sunbed users through constructing three alternative representations; 1) the risks as not a significant concern, 2) sunbed tanning as acceptable if limited and controlled, and 3) sunbed tanning for a specific purpose (not just for a tan). These alternative representations are discussed under sub-headings below.

5.5.1 Risks as not a Significant Concern

In representing the risks as not being a significant concern, the sunbed users utilised a number of strategies. As in the responses of the previous study, a particularly common strategy was to emphasise the ubiquity of risk in everyday life, which worked to legitimise sunbed use as just one of many risky practices that people participated in. Although not evident in the responses of study one, strongly embedded within the argument as to the pervasiveness of risk, were elements of fatalism. In referring to the unknown and unpredictable nature of life, and of cancer in particular, the significance of the associated risks were downplayed, as was similarly found in existing research by Carcioppolo et al. (2014), for example. The fatalistic argument was developed, in the current study, through some of the sunbed users citing personal experience that highlighted the unpredictability of life. One sunbed user highlighted this particularly well through citing someone they knew who had developed skin cancer despite never having used a sunbed. Murray and Turner (2004) described in their study how a similar response helped one of their sunbed users deny the risks. Another strategy identified, also evident in study one, was to express scepticism and distrust in the media's accurate portrayal of the risks. In the current study, sunbed users referred to and questioned its "scaremongering tactics."

A strategy that was not evident in the responses of the previous study, but was common in the interview responses, was for the sunbed users when talking about the pervasiveness of risk to draw comparisons between the sunbed-specific risks and those posed by other more commonly participated in health risk behaviours. A popular comparison was to directly compare the risks to those associated

with the positive experience of sun tanning on holiday. This specific comparison was used by one sunbed user to highlight the hypocrisy of people's overly critical attitude towards sunbed tanning, when they still sunbathe on holiday. This depiction of non-sunbed users as being hypocritical can be seen as an attempt to deflect some of the negativity that threatens the sunbed users' identity, in a way that threatens the identity of the non-users by casting doubt upon the integrity of their negativity.

Another strategy in representing the risks as not being a significant concern, not apparent in the responses of the previous study but evident in the interviews, was for the sunbed users to refer to the invulnerability of their youth. Like in Murray and Turner (2004) and Lake et al's (2014) studies, several of the sunbed users focused on the short-term gains of using a sunbed as opposed to the risks, which were considered only being long-term consequences. As in these existing studies, the risks were talked about as only being applicable in the future allowing the sunbed users to put the risks to the back of their minds, and to worry about the consequences of sunbeds if and when they happened.

This specific finding also echoes those of previous social representations research conducted in the context of smoking, described in chapter two (section 2.12.1) which has found that whilst adolescents were generally well-aware of the health risks of smoking, they represented them as only posing a problem in the long-term, and as having no negative short-term consequences (e.g. Stjerna et al., 2004; Fraga et al., 2011). Stjerna et al. (2004) specifically found that the risks were reported as being invisible, which was evident here with the sunbed users referring to the dangers as being currently intangible and distant.

5.5.2 Sunbed Tanning as Acceptable if Limited and Controlled

In representing sunbed tanning as being acceptable if limited and controlled, sunbed use was presented as being on a continuum, with an invisible boundary point separating acceptable from unacceptable use. The sunbed users all positioned themselves on the acceptable side of this boundary through a variety of strategies. A common strategy was for the sunbed users to talk about setting themselves limits in terms of the number of minutes they used a sunbed and their frequency of use. I argue that this strategy is in response to their awareness of the wider belief that people lack control and self-discipline with regards to sunbed use. The general consensus that the more regular the use

the greater the risk has similarly been evidenced in a number of the existing studies (Vannini & McCright, 2004; Lake et al., 2014; Carcioppolo et al., 2014). Limited use emerged however as being highly subjective in this study, a finding also articulated by Vannini and McCright (2004).

A particularly popular strategy was for the sunbed users to compare their own limited sunbed use with the more regular use of others. Such comparisons served to deflect the significance of the risks and, any subsequent negativity, onto others for whom the negativity is more justified. One participant in Murray and Turner's (2004) study explicitly compared the limited time they spent on a sunbed with the time other people spent excessively using a sunbed. Related to this, in the current study, several of the sunbed users made the distinction between themselves and others in terms of the potential to become addicted to using sunbeds. Although they all acknowledged it was a possibility and could understand it happening for others, they described themselves as not being vulnerable. This again worked to deflect the wider negativity away from themselves onto those who are addicted, for whom it is more warranted. Sunbed users frequently referred to their ability to exercise control and will-power over their sunbed use something which, as demonstrated by the analysis, those who had never used a sunbed believed that they lacked. Rather than accepting and internalising the negativity, sunbed users deflected the negativity onto others, for whom it is more worthy. As Jovchelovitch (2007, p. 22) has pointed out, "the presence of an Other is at the heart of the self." Here, this 'Other' is the sunbed user who uses sunbeds more frequently; serving as a reference point to enable sunbed users to not only protect their own identities, but to construct an alternative positive identity as well.

These findings are consistent with those of previous social representations research which, as described in chapter two (section 2.12.1), found participants represented alcohol and substance use in terms of boundaries with definable points separating their own acceptable behaviour from the unacceptable behaviour of other people (Trocki et al., 2013). Like the participants in Trocki et al's study, the sunbed users similarly referred to being in control of their behaviour and, in order to highlight this, also spoke about people they knew that were not in control. As with the participants in Trocki et al's study, sunbed users frequently referred to, and drew upon the notion of control as a reference point for preventing themselves from crossing a line to the unacceptable side of the boundary.

5.5.3. For a Specific Purpose (Not just for a tan)

Although the positive image of a tan as attractive and healthy was acknowledged by all of the sunbed users, they spent a significant amount of time disassociating themselves from the aesthetic side of sunbed tanning. Instead, they referred to their own sunbed use as being for specific purposes, which were more health and/or well-being orientated. These reasons included to obtain a protective base tan, to improve skin conditions, and for specific mood enhancement purposes. All these reasons have been cited as motivations for sunbed use by existing quantitative based research discussed in chapter two (section 2.3.2). In terms of existing qualitative research, sunbed users in Murray and Turner's (2004) and Lake et al's (2014) studies, talked about how using sunbeds helped to relieve a variety of health problems including protecting the skin from burning, and helping to clear up acne. The sunbed users, in the current study, acknowledged that many people do use sunbeds purely for aesthetic purposes but were keen to make it clear this was not the case for everyone, particularly not for themselves. It seemed that the sunbed users felt that these more specific reasons held more social legitimacy than appearance. This was explicitly evident for improving problematic skin conditions, which was seemingly legitimised for several of the sunbed users by medical profession endorsement.

In strengthening the representation of sunbed tanning as being for a specific purpose, sunbed users referred to their sunbed use as being for a "means to an end," as something necessary, and a tan as just an added secondary bonus. Sunbed users frequently made the distinction between using a sunbed for a specific purpose, and using a sunbed "just" to get a tan with an inferiority implied for the latter. In terms of the colour obtained from using a sunbed, a continuum emerged with regards to what was acceptable. Many of the sunbed users differentiated between their desire for "just a bit of colour," and the overly tanned appearance desired and obtained by other sunbed users. I argue that the sunbed users were aware of the stigmatising connotations that an overly dark suntan has started to take on, and thus try to distance them from it as much as they can. In a related vein, the majority of the sunbed users were aware of the stereotypical, negative aesthetic image that was associated with their social group. Whilst agreeing that this was an accurate depiction of many sunbed users, they were keen to personally disassociate themselves from this negative image.

5.5.4 Strengths and Limitations

Interviews were an effective way of gathering rich, in-depth insight into the representations pertaining to sunbed tanning and many of the participants provided some very detailed responses. The semi-structured nature of the interviews allowed me particular flexibility, which made it possible to explore and follow-up information that I had not been able to in the previous study. Interviews also provided participants more freedom to talk and to express their views and opinions. Unlike with the questionnaire responses, interviews gave me the opportunity to observe non-verbal cues such as body language and facial expressions. These proved to be especially useful, in some instances, in helping me to judge whether it was appropriate, for example, to follow up a response and to explore further, or to move onto another question on the interview schedule. Whilst this was useful for the face-to-face interviews, I did conduct a number of the interviews via the telephone. Although this meant I was not able to observe the same non-verbal cues as I could with the participants I interviewed in person, I was still able to note voice intonation, which I found to be equally as useful. From Natalie's voice, I was able, for example, to tell that she was upset when telling me about the problems she had with her skin, which helped me to understand the importance she placed on using sunbeds. From hearing the emotion in her voice, I was able to respond accordingly to the sensitivity of the interview.

A particular strength of the study were the diverse occupations of the sunbed user participants (only four of the participants were students, whilst the other 11 varied in what they did for a living). The sample of those who had never used a sunbed however, were primarily made up of students (seven out of the ten participants). This was mainly a result of the recruitment process, in which I advertised the research at my university, with students offered research credit time for participating. A more even composition across the two participant groups in terms of occupation would have been beneficial, particularly for reasons relating to social desirability with the students which I reflect on in the next section. As with study one, males were clearly under-represented in the current study (nine out of the 25 participants in total). Like in the previous study, this may have been the result of males having had less opportunity to access my research request because of the sampling approach. I did try however to counter this by advertising my research as widely as possible (see section 5.3.2), and I did

manage to recruit four male current sunbed users as opposed to only one in the previous study. The small number of male sunbed users should be interpreted in the context of the representation, which has emerged in this study, of sunbed tanning as a feminine behaviour and its identity implications.

5.5.5 Some Personal Reflections

As noted in chapter three (section 3.7), my background in beauty therapy was something I drew upon quite heavily when planning and conducting the interviews. I had decided that it was important to disclose my background to the sunbed users but not to those who had never used sunbeds. I decided that this disclosure would help the sunbed users to feel more comfortable talking to me, as someone they saw as potentially more understanding. I thought that this might help to build up the rapport between myself and the sunbed users, encouraging them to open up, so that more in-depth, meaningful data could emerge. To an extent, I felt that this disclosure did help and, although I cannot specifically attribute it to this, some of the interviews with the sunbed users were particularly lengthy (one was over 90 minutes in length), and the discussion felt particularly relaxed and informal.

Because of my background, both as someone who has worked in the beauty industry, as well as having a family history of skin cancer, I had to prevent myself from taking too much of an active role in the interviews, especially to avoid influencing participants' responses by talking about my own experiences. The importance of establishing a balance between engaging and holding back my own background and experiences became clear. During the interviews I became increasingly aware of how my own beliefs differed from those of the sunbed users, specifically in terms of how they talked about the associated health risks. On numerous occasions, interviewees described the associated risks as being insignificant and talked about statistics which I knew from my own research to be incorrect. I avoided making these observations however, as these were clearly important aspects of the interview to explore, although I did feel that this put me in a difficult position as I did not want to perpetuate any misconceptions. The importance of me holding back on my own experience became particularly apparent when several of the sunbed users after the interviews commented on how they had enjoyed talking about the topic in depth, without, I imagine, being met with the negativity they are used to.

In terms of those who had never used a sunbed, I had decided that I would not disclose my beauty background as I wanted these participants to speak as openly and honestly as possible, and to not be concerned about offending me or people who I might know. In comparison to the responses on the questionnaires in study one, I did at times feel as though they were holding back a little. I wondered whether this difference could be a result of the contrast between the anonymous nature of the questionnaires and the face-to-face interviews in this study, where a certain amount of social desirability may have been likely. This may have been accentuated by several participants being students who were aware I was a PhD researcher in the department. Social desirability was something that I reflected on in terms of designing the next study (described where appropriate in chapter six).

Because of the nature of the recruitment process, some of the participants were colleagues and acquaintances. Whilst I did not feel as though this negatively influenced the interview process in any way, I did find it easier to interview participants who I did not already know. I was a little apprehensive about how interviewing participants over the telephone might transpire, particularly because of the lack of non-verbal cues. After an initial few moments of managing the practicalities such as ensuring participants could hear me, the interview process flowed smoothly, with some of the telephone interviews being the most lengthy. The lack of non-verbal cues did emerge as problematic at times. I sometimes mistook, for example, participants' pauses as being the end of their response, and interrupted them before they had finished. As noted in section 5.3.3 however, without the choice of a telephone interview, several of the interviews with sunbed users would not have been possible.

5.6 Chapter Summary

In this chapter I have presented the second of the four empirical studies. Building on from the findings of study one, this study has provided more in-depth insight into the social representations pertaining to sunbed tanning held by those who use and had never used sunbeds. It has also provided more in-depth insight into the functions/influences that these representations have. Having identified the argumentative orientation of the responses of both groups in this study and study one, the next chapter documents a specific exploration of the way representations pertaining to sunbed tanning are

being rhetorically constructed, debated and disputed in interaction. Specifically, online discussion forums were used to capture the function of the social representations in this context.

Chapter Six

Talking about Sunbed Tanning: An Exploration of Online Discussion Forum Data (Study Three)

6.1 Chapter Overview

In this chapter I present the third of the four studies I have conducted as part of this thesis. Using the findings from studies one and two, the aim of this study was to explore through online discussion forums the way representations pertaining to sunbed tanning are specifically rhetorically constructed, debated, and disputed. The aim was also to explore the function these representations serve, particularly for the sunbed users. In this chapter, I first describe the aim, background and method of the study, followed by a detailed explanation of the findings. I conclude with a discussion of the findings in relation to those from the previous studies and the existing empirical literature. I also describe how findings from all three studies thus far, informed the focus of the next (study four).

6.2 Background and Aims

The findings from the previous two studies have revealed that those who have never used sunbeds hold particularly negative representations about sunbed tanning, of which the sunbed users are aware. The current sunbed users spent a significant amount of time distancing themselves from, and managing this negativity by constructing alternative, challenging representations. Findings have revealed that the representations of both those who currently use and had never used a sunbed are argumentatively orientated, with language use emerging as a particularly important tool. Building upon findings from the previous two studies, the aim of this current study was to explore how those with differing orientations towards sunbed tanning discuss the topic with each other. Thus the aim was to explore the direct interplay between the social representations held by these different participant groups, paying particular attention to the rhetorical aspects of the interaction. The aim was also to explore the function these representations serve, particularly in terms of the sunbed users' identity. As highlighted in chapter two (section 2.15), a criticism directed at SRT is that it has not

given sufficient attention to the functions representations can serve within particular interactional contexts. Social representations can be discursively constructed in particularly nuanced ways in order to serve specific functions. As described in chapter two, Carcioppolo et al. (2014) hinted at the argumentative nature of the online responses of their sunbed users. In particular, they commented on their strong language use. These authors did not attempt to theorise or explore the language use in any depth. Nor did they explore discussion between those who use and had never used sunbeds, focusing instead on responses of the sunbed users in isolation from their surrounding social context.

Online discussion forums offered a particularly valuable avenue for exploring interaction pertaining to sunbed tanning which afforded a number of specific benefits over the offline alternative.

6.3 Method

6.3.1 Study Design

In this study, I utilised online discussion forum data to meet the aims I have just articulated. The offline alternative would have been for me to conduct focus group discussions. Although less commonly used than interviews, focus group discussions have been utilised extensively in social representations research exploring a wide variety of different topics, for example, climate change (Wibeck, 2012), organ donation and transplantation (Moloney & Walker, 2002), new foods (Backstrom, Pirttila-Backman & Tuorila, 2003), mental illness (Foster, 2001), identity implications for those from multicultural communities such as Brixton (Howarth, 2002b), and smoking (Stjerna et al., 2004). Before I articulate my reasons for using online discussion forums, as opposed to face-to-face discussions, I will discuss how discussion data in general is particularly suited to social representations research. As outlined in chapter two (section 2.10), social representations are generated naturally through every day social interaction (Moscovici, 1988). Focus group discussions thus offer a particularly appropriate method, according to Lunt and Livingstone (1996), through simulating this interaction. Another aspect of the focus group that makes them particularly suitable for social representations research is that they are useful for examining, not only the thoughts and beliefs of individuals, but also their socio-cultural underpinnings and influences (Howarth, 2002b).

Specifically, focus groups are particularly useful for examining “how the ‘we’ becomes sedimented in the ‘I’” (Joffe, 1999, p. 91), an interaction, as discussed in chapter two (section 2.11.1) that SRT is especially interested in. Focus group discussions have the potential to provide additional insight to that obtained through individual interviews, prompted by the group dynamics inherent in the focus group method (Howarth, 2002a, 2002b). As focus group discussions can be considered a particularly effective way of supplementing and complementing the insight obtained from individual interviews, I considered exploration of discussion data that captures the interaction between sunbed users and those who had never used a sunbed, a particularly appropriate follow-up to the previous study.

The internet is increasingly being used as an effective medium for qualitative data collection (Jowett, Peel & Shaw, 2011), including the use of online discussion forums. These forums enable individuals to discuss and interact with each other about any topic. The discussion is stimulated by individuals writing and posting messages to one another in a synchronous (real-time) or, more typically, an asynchronous manner (spread over time) (Rodham & Gavin, 2006). I chose to explore data from online discussion forums, as opposed to alternative face-to-face focus group discussion, given the specific benefits data collection in an online context afforded my research. For example, online data collection offers a particularly useful way for researchers to explore difficult to recruit participants, providing qualitative researchers with an instant sample and a significant amount of data that is ready to be explored (Rodham & Gavin, 2006). I considered the benefits of this to be particularly advantageous for this current study given the difficulties that I had with recruitment, particularly with the current sunbed users in the previous two studies. Given the reluctance of the current sunbed users to participate in my research thus far, I considered it very unlikely that sunbed users would have volunteered to take part in a face-to-face, potentially confrontational discussion.

Closely related to this is the benefit that online forums provide a setting to explore discussion engaged in more naturally, as opposed to an environment where a researcher is present and prompting (Jowett, 2015). What this affords is greater anonymity, thus individuals are expected to be more honest, and to provide less inhibited responses (Buchanan & Coulson, 2007). Specifically, the anonymity may reduce the social desirability people may feel in a face-face situation and, as a result, are able to talk more freely without the concern over being judged (Coulson, 2005). Again, given the

difficulties that I had in terms of recruitment for the previous two studies, I considered this anonymity to be particularly beneficial. Also, as noted in chapter five, responses from those who had never used a sunbed appeared more cautious and restrained in the interviews (study two), compared to those expressed via the questionnaires (study one). It is possible that the anonymity provided by the online questionnaires may have led participants to provide less inhibited responses than in the face-to-face interview setting. This was thus considered when choosing the online design of this study and, following Coulson (2005), I decided the anonymity would only facilitate discussion of sunbed tanning which, from the previous two studies, has emerged as being a topic that is surrounded by negativity.

Another advantage, afforded by using online discussion forums, is that it can access a diverse and varied range of experiences and opinions, through bringing together individuals from a variety of different backgrounds (Braithwaite, Waldron & Finn, 1999). This is partly because participation is not geographically restricted, as is typically the case with face-to-face data collection (Ferguson, 1996). Despite the benefits I have discussed here, research utilising online discussion forums from a social representations perspective has been limited. Exceptions include Toutain's (2010) exploration of what women in France say about alcohol abstinence during their pregnancy, and Ye, Sarrica and Fortunati's (2013) exploration of the identity implications for Chinese people in a society that increasingly co-exists traditional Chinese and Western values and beliefs. Whilst not online forums specifically, Jaspal et al. (2012) (discussed in chapter two) used online space on the website for the Daily Mail newspaper to explore comments about climate change, theoretically underpinned by SRT.

6.3.2 Selection of Online Forums

I conducted a Google search to identify sunbed-related online discussion forums in the UK, using a range of search terms (e.g. sunbeds, sunbed tanning, online forums, UK). Only forums that did not require registration to view the posted messages were assessed as suitable for the study for ethical reasons that I will discuss in detail in section 6.3.3. Six different forums were chosen, one of which was the forum I used to aid participant recruitment in studies one and two. The selected forums were not specific sunbed or tanning forums, but contained threads relating to a wide range of topics, including beauty, health, fashion, and hair for example. From the six forums, I selected 13 threads,

which consisted of a series of messages posted in response to each other, specifically related to sunbed tanning. I only included threads where the original message had been posted following the implementation of the Sunbeds Regulation Act (2010) in April 2011. This was to impose a limit on the number of threads that could be included in the study for practical reasons, and to stay true to the time frame of this thesis which commenced towards the end of 2011. Other than this, the selection was based on wanting to choose a variety of threads from a wide range of different forums. In total, the final data corpus was comprised of 556 posts, the length of which ranged from one to 484 words.

All of the threads were taken from asynchronous forums in which messages are temporally spread out where forum users can respond at a time convenient for themselves (Rodham & Gavin, 2006). This affords a number of benefits compared to synchronous or ‘real time’ forums, mainly in allowing forum users time to think about and reflect upon their responses (Rodham & Gavin, 2006).

6.3.3 Ethical Considerations

As already noted in chapter three this study was approved by Keele University’s Research Ethics Committee. For this particular study, I also consulted the BPS guidelines for Internet-Mediated Research (2013). The study involved some fairly extensive consideration of ethical issues, which warrant specific mention here. Firstly, there has been, and continues to be, extensive debate in the literature as to whether online discussion forum messages can be considered to be in the ‘open’ as opposed to the ‘private’ domain. Open discussion forums are those that are generally perceived by the forum users as being in the ‘public’ domain, thus forum users are typically aware that their posts can be seen and read by anyone who has access to the internet (Rodham & Gavin, 2006). In contrast, ‘closed’ forums, are those considered to be in the private domain, whereby registration, normally in the form of a password, is typically required to be able to post, respond, and even view the messages.

The BPS (2013, p. 7) guidelines state that “when it is reasonable to argue that there is likely no perception and/or expectation of privacy, use of research data without gaining valid consent may be justifiable, but particular care should be taken in ensuring any data which may be made accessible as part of the research remains anonymous and confidential.” Although registration was required in

order to be able to post and respond to messages, I considered the forums I had selected to be in the public domain, given that no membership or registration was required to view any of the posts. As a consequence, I made the decision to not request informed consent from the individual forum users. This has been a widely used approach in a number of studies utilising online forum data (e.g. Coursaris & Liu, 2009; Attard & Coulson, 2012; Coulson, 2014). Given that the topic of sunbed tanning is not particularly sensitive in comparison to more personal health topics, for example, I did not anticipate my undisclosed observation to pose any damaging effects for the online forum users.

Despite this, I still checked the terms and conditions/privacy policies for each forum to ensure there were no clauses that prevented the discussion data being used for research purposes. Three of the online forums (all owned by the same company) specifically stated that they prohibited the unauthorised use of any material, even for research. Following the BPS (2013) guidelines and, after seeking advice from a researcher who has studied extensively in the field of online research, I sought permission via email from the relevant company. Permission to use the data for research purposes was subsequently granted (Appendix N) on the basis that all names, as per the BPS guidelines, would be anonymised at all times. Names of the online discussion forums, the specific threads and the pseudonyms forum users created when registering with the forum in order to post have been omitted.

6.3.4 Data Analysis

Analytic Strategy

Building upon the findings of the previous two studies, which identified the important role of language, my analysis of the online discussion forum data in this study attended to people's language use at a much deeper, more micro-level. I initially thematically analysed the data using Braun and Clarke's (2006) guidelines, as already detailed in the previous chapters, to identify the representations pertaining to sunbed tanning held by those against and those in support of using sunbeds. Following the thematic analysis, techniques from discourse analysis (Potter, 1996; Willig, 2000) were utilised to explore the rhetorical devices and strategies evident in not only constructing the representations, but also in how the representations are debated and disputed. A similar analytic approach has been used

by Gough, Fry, Grogan and Connor (2009) in analysing focus group discussions about smoking. As part of the wider discourse analytic approach, rhetorical analysis (Billig, 1991, 1996) is focused in particular on examining lines of argumentation (Gibson, 2013). More specifically, it involves a “critical interrogation of the rhetorical strategies and practices employed in argumentation, a concern for how arguments work, and the ideological functions they serve” (Jowett, 2014, p. 41). I chose this analytic approach rather than conducting a full discourse analysis, because I still wanted to focus on finding the shared themes, which constituted the social representations held by the participants.

Analytic Procedure

First, I transferred the messages from the selected threads into word documents; a separate document was created for each of the 13 online threads. I printed these documents and then read and re-read them, making initial descriptive notes and ideas. Using this initial list, I proceeded to code the data. Codes were typically again one word or a few words long (e.g. ‘To improve skin’) and, as with the previous two studies, often involved taking a couple of the author’s own words from the data. As with the questionnaire responses, coding was a quicker process than for the interview study, given the particularly short length of some of the posts. Coding was more deductive in nature and largely informed by insights obtained from the previous studies. I was obviously drawn to the data that I felt was particularly relevant to answering the specific research questions and I approached the coding process with the representations evidenced in the previous two studies very much in mind. As a result, the number of codes generated for each thread was far less than for the interview study. At the same time, I maintained open to any additional representations or representational content emerging.

Alongside my codes, I noted down whether the post was made by someone in support or against sunbed use. Whilst this was not explicitly stated by the forum users, it was easily identifiable based on the content of the post. As one of the intentions was to explore how representations are rhetorically debated and disputed, it was important when moving the relevant coded extracts into separate word documents to ensure that I also captured the subsequent comments made in response to the original post. Theme searching involved the same method used in the previous two studies; organising the codes into preliminary theme piles relating to whether it was in support of, or against

sunbed use. As in the previous studies I produced initial mind maps for both participant groups. These maps were not however as busy as they had been for the previous interview study, given the more deductive nature of the analysis. As a consequence of this, the refinement process was not as time consuming and I was able to identify which themes were sub-themes, for example, relatively quickly. Following this, I collated the relevant data extracts pertaining to each theme and made notes regarding the specific rhetorical strategies and devices used. In other words, I considered the ways each of the representations identified were rhetorically constructed, debated and disputed.

6.4 Findings

6.4.1 Overview

The thematic analysis revealed that those who had never used a sunbed held two interrelated representations of sunbed tanning: 1) a risky behaviour, and 2) an aesthetically motivated, vain behaviour. The sunbed users' discussion, as in the previous two studies, was dominated by attempts to resist and manage the negativity of which they were aware by constructing three alternative representations: 1) the risks as not being a significant concern, 2) sunbed use as acceptable if limited and controlled, and 3) sunbed use for a specific purpose (not just for a tan). In the next section, I present representations under sub-headings first for those against, and then for those in support of sunbeds. Representations were littered with numerous rhetorical strategies and devices, as will be shown in the analysis.

Illustrative posts will be used to demonstrate how the representations were rhetorically constructed, as well as examples of the counter responses and ensuing discussions where applicable, to highlight how the representations were subsequently rhetorically debated and disputed. Forum users will be referred to as 'in support of sunbed use' or 'against sunbed use' because, as noted in the previous section, there was no way of accurately identifying their sunbed tanning status. Posts will be presented as they appeared on the online forums, including underlining, repetition, capitalisation, and the use of emoticons. Emoticons, are used in computer-mediated communication in the absence of non-verbal cues typically found in face-to-face interaction (Provine, Spencer & Mandell, 2007).

As the users all posted under the guise of a pseudonym, it was impossible to accurately identify gender, thus this information is not reported. There was no other demographic information available. Given that online pseudonyms may reflect and incorporate in some way the actual name of the forum users, I decided not to include these names in the analysis to further protect anonymity.

6.4.2 Against Sunbed Use

Sunbed Tanning as Risky

The link between sunbed tanning and skin cancer was referred to as a definite, unnegotiable association, as demonstrated by the following posts: “Sunbeds are part of the highest level (group 1) of carcinogens. They do cause cancer” and “Sunbeds have been classed as carcinogenic by the World Health Organization.” The claim in the latter example is rhetorically warranted by reference to the authoritative source of the WHO, a membership category (Widdicombe & Woofitt, 1995). These are used to promote confidence for the source, which subsequently helps to build the credibility and trust in the claim (Potter, 1996). In this case, the claim sunbeds are “carcinogenic.” Whilst the appearance risks, as in the interviews, were mentioned relatively infrequently to the health risks they were still argued to be an unnegotiable consequence. An example of this, and a typical response are provided:

Fact of the matter is, that using a sunbed will lead to premature ageing, you WILL end up like a wrinkly old prune if you don't have good genes, with or without cancer.

Maybe but I know a few people who regularly use them for many years my mum's friend who uses sunbeds, and the salon owner where I go have flawless, unwrinkled skin. There is a lot of scare tactics in the media surrounding sunbeds so I would rather trust what I see with my own eyes. Also if all else fails there's always Botox 😊

As evidenced by the initial quote here, the credibility of the argument is increased by presenting it as being self-evident (“Fact of the matter is”). The association between sunbed tanning and premature ageing is perhaps something that is considered less open to debate than the skin cancer link, thus regardless of cancer (“with or without cancer”), supports the argument presented here that sunbed

tanning is unquestionably risky with regards to a person's appearance. The capital lettering and underlining of "WILL" further emphasises this. The simile ("like a wrinkly old prune") serves to rhetorically illustrate the extent of the ageing effects by conjuring up a particularly negative image.

Whilst the argument is partly conceded ("Maybe") in the counter response, the author then goes on to contest and undermine it by citing personal examples of where sunbeds have not had a detrimental aesthetic effect on the skin. In fact, cases were cited where using sunbeds have actually made the skin look better ("flawless, unwrinkled skin"). Embedded within this counter argument was a scepticism for, and implicit lack of trust in the "scare tactics in the media," which was similarly evident in the sunbed user responses in the previous two studies. Here, this scepticism was used to support their counter argument that they would rather trust their own personal experience than relying on the media which may be biased. The last sentence can be seen as them trying to make light of, and minimise the significance of the appearance risks, supported by the laughing emoticon "😂."

Statistics were frequently drawn upon to warrant claims as to the dangers of using sunbeds, and to emphasise the associated health risks in particular, for example: "Sunbeds increase your chance of getting skin cancer by 75%." In contrast to the forum users in support of sunbed tanning who, as will be discussed, typically challenged and undermined the legitimacy of scientific research, those against sunbeds frequently used expert knowledge to support their claims. Personal experience was also used as effective support for the dangers, for example: "I have so many friends who have had skin cancers removed. Tanning is a seriously dangerous pastime." Extreme case formulations ("so many" and "seriously dangerous") work to accentuate the dangers here by placing emphasis on the number of friends that have suffered from skin cancer. Extreme case formulations (Pomerantz, 1986), are a rhetorical strategy which work to strengthen claims by taking them to their extremes.

Many articulated the simplicity of their decision to not use a sunbed as a result of the risks by posting very brief and succinct messages, illustrated by the following examples: "A simple no," "In a word, no," "I have never gone near a sunbed and never will," "I would never use a sunbed; it is stupid to use one," "They should be banned – full stop," "HUGE no," "Definitely not," "No way in hell," "No, No, No, No, No!! They should be banned!" "Not a chance," "I would never consider using such a machine" and "Cancer beds?! No thank you!" Various rhetorical devices are evident in these posts

that work to emphasise the simple, definite nature of their decision. For example, the fact that all the posts were fairly short, some consisting of only two or three words, implicitly implies a simple decision that requires no further elaboration. The posts were littered with extreme case formulations (e.g. “never” “definitely” “HUGE” “stupid” and “No way in hell”), which work to emphasise that under no consideration would they use a sunbed. Repetition, capital lettering, and exclamation marks, further work to assert this. Objectifying sunbeds in terms of “a machine” and a “cancer bed” conjure up a particularly negative image of sunbed tanning, working to support the point being made. Although only brief, the following post manages to effectively convey the considered simplicity of the decision to not use a sunbed as a result of the skin cancer risk: “Sunbeds = Skin cancer. Simples!” The equals sign is particularly powerful here in conveying the link between the two as certain and unnegotiable. The link between sunbed use and skin cancer was similarly presented as being definite and unequivocal by those who had never used sunbeds in the previous study. Although not to the same extent as in this study, several non-sunbed users in study one communicated clearly and succinctly their dislike and negativity about sunbed tanning and people who continue using them.

Sunbeds were argued to not be worth the associated dangers, with personal experience again being used to support this, for example: “Potentially life-threatening and not worth the risks. My mum was diagnosed with superficial malignant melanoma a year ago and had to have a patch of skin removed.” Statistics were also commonly used to endorse this argument, evidenced in the following:

Although people say the risk of getting skin cancer is very small, and the increase in risk as a result of using sunbeds is negligible, I whole heartedly disagree. Over 110, 000 people were diagnosed with skin cancer in 2009 and around 2600 of those people died.

Out of those who died of skin cancer, I’d wager the majority of them didn’t use sunbeds. Choosing not to use a sunbed doesn’t mean you won’t get skin cancer. So you’re taking a risk of skin cancer every day whether you’re pale or tanned. The chances are fractionally higher with a sunbed but in the grand scheme of things, they may as well be the same odds.

In the initial post here, the specific figures of “110, 000” and “2,600” work to convey the seriousness of the skin cancer risk. The extreme case formulation (“whole heartedly”) serves to emphasise their disagreement with the argument that the associated health risks are “negligible.” This argument is challenged and undermined in the second post by pointing out that sunbeds are not the only cause of skin cancer, and thus the unpredictability of the disease is referred to. The unpredictability of life and of cancer in particular was something drawn upon by several sunbed users in their interviews. Whilst the higher risk was conceded, this is downplayed though the use of an extreme case formulation (“fractionally higher”). Betting terminology (e.g. “wager” “odds”), works to support the argument that cancer is unpredictable, thus there is no way of knowing the disease will actually be avoided by not using sunbeds. The effort was made to point out that “pale” people can still develop skin cancer.

Aesthetically motivated: A vain behaviour

As in the previous two studies, those against using sunbeds expressed a lack of understanding as to why people continued to use something risky purely for their appearance, for example: “I just genuinely don’t get why being tanned is so high on people’s list of priorities! It baffles me!!” The double exclamation marks emphasises how baffled they actually are here, and the credibility of their lack of understanding is strengthened by presenting it as being “genuine.” Many also articulated a lack of understanding as to why people use sunbeds when there are safer fake tan options available, a common argument used by those who had never used sunbeds in the previous two studies:

I do appreciate that it is everyone’s personal choice to use them, and that of course there are risks in lots of different things, but with sunbeds, it’s a risk that is just so easily avoided. There are so many other ways to tan your skin if desired. I just find it baffling. BAFFLING!! Could you not just fake tan yourself save the health risks?

I don’t like fake tan. It gets everywhere, looks orange, streaks and smells.

I have used fake tans that don’t smell and don’t streak.

Please, god, tell me which ones as I’ve never found any that don’t make me orange. That’s why I sometimes go for them [sunbeds].

Here, the initial post opens with a concession (“I do appreciate”), which presents the author as being reasonable, and thus works to strengthen their argument by presenting it as being well thought out and considered. As with the interviews, the lack of understanding was strengthened by referring to the risk as something unnecessary and avoidable, emphasised by extreme case formulations (“that is just so easily avoided”). Capital lettering, exclamation marks, and repetition (“baffling. BAFFLING!!”) emphasises the lack of understanding. In the first post, fake tan is presented as a safe alternative.

This argument is undermined in the counter post by the author expressing personal dislike for using fake tan, reinforced by listing the specific characteristics that they are averse to. This was subsequently challenged in the next response by the author citing their own personal experience of using fake tan successfully without any of the problems the previous author had listed. The final post, demonstrates the author’s amenability to using fake tan and presents their sunbed use as not being their first choice, but instead as a consequence of not being able to find a fake tan that is aesthetically pleasing. The extreme case formulation (“never”) emphasises their inability to find a fake tan that can act as a plausible alternative to using a sunbed, particularly in terms of the colour. Their response can almost be seen as an implicit challenge (“Please god tell me”) to the author of the first post, which works to support the difficulty they have had finding a fake tan, working to justify their sunbed use.

Similarly to the previous two studies, sunbed users were described as being preoccupied with their appearance which, in light of the associated health risks, was considered particularly “vain” and “superficial.” Such negativity proved controversial, provoking heated discussion amongst the forum users, as illustrated below:

People who regularly use them are idiots.

Erm I use them and it really annoys me when people make generalising statements like “people who use them are idiots.” Unless you live a 100% safe life style then who are you to call me an idiot because of a personal choice I make?

I believe that people who regularly use something that hugely increases risk of skin cancer for vanity are idiots. One of my best friends uses them loads and I think she's stupid to do it.

I agree with whoever said people who go on them are idiots, and I mean that in the nicest possible way because I really like (name) you seem to have your head screwed on and you seem lovely, but as you're evidently an intelligent girl, I don't think I could ever understand your decision to use sunbeds!

That's fine you don't have to understand it but ultimately it's my decision and it annoys me when people get on their high horses about it and think its ok to call people names. I know the risks and am an adult so really it's entirely my choice and not really anyone else's business (I mean that in the nicest way).

Ok I could phrase it better. I don't think you're an idiot (name), just the choice to regularly use sunbeds is idiotic. I also feel the same about other things though. I detest smoking and drugs, and obviously drinking too much or eating really badly are also idiotic.

Here, the initial post is presented as a definite and factual statement, particularly given how brief it is, and the lack of any elaboration. The annoyance as to what has been said is immediately emphasised in the counter response with the extreme case formulation ("it really annoys me"). A theme of hypocrisy is alluded to by asking "who are you to call me an idiot," with the question serving to make the point that it is unlikely that they "live a 100% safe lifestyle." Only then would they be authorised to express this negativity. Embedded within the second post is the argument that sunbed use and engagement with the associated risks is a personal choice which they are entitled to make. In the third post, the author of the original message restates their negative opinion, however it is softened somewhat by its personalisation ("I believe..."), which allows for a certain amount of disagreement. The extreme case formulation emphasises the author's considered magnitude of the increased skin cancer risk ("something that hugely increases the risk of skin cancer"). The reference to their best friend as being stupid for using sunbeds serves to further legitimise their negativity. It is not just a throwaway, unconsidered comment directed at people they do not know very well if it is a belief directed even to someone they are close to. Although agreed with, the negativity is softened somewhat in the fourth post by a different author, complementing the author of the second message (e.g. "you seem lovely"). The positive observation made about her intelligence ("you're evidently an

intelligent girl”) can actually be seen as implicitly trying to undermine it. The negativity (“I agree with whoever said people who go on them are idiots”) is also softened by the following comment (“I mean that in the nicest possible way”), which works to present the author as not being overly critical.

The notion of personal choice is again evident in the final post here. Specifically, the author argued that they are an adult who has made an informed decision to use a sunbed, emphasised by the extreme case formulation (“it’s entirely my choice”). Personal choice was further emphasised by articulating that it is “not really anyone else’s business,” followed by the qualifier (“I mean that in the nicest way”), which softens the statement. There could be a sarcastic undertone to this qualifier given that this identical comment appeared in an earlier post that was directed at them. The initial comment that provoked this discussion is mitigated somewhat in the last post by the change in wording (“I don’t think you’re an idiot (name), just the choice to regularly use sunbeds is idiotic”); the negative meaning appears however to remain the same. This is warranted by presenting sunbed use as not subject to any disproportionate attention, with the use of extreme case formulations (“detest” and “really badly”) emphasising the author’s dislike for other health risk behaviours, and not just sunbeds.

6.4.3 In support of Sunbeds

Managing the Negativity: Risks as not a Significant Concern

The majority of messages posted by those in support of using sunbeds included their explicit acknowledgement of the associated risks before going on to try and downplay the significance and, as a consequence, present the risks as not being a significant concern. Specifically the risks, particularly the associated health dangers, were contested and challenged via numerous different strategies. As in the previous two studies, one of the main strategies was to refer to the ubiquity of risk in everyday life. More specifically, sunbed use was normalised and validated by citing the risks inherent in a wide variety of behaviours. Sunbed use was thus generalised as one of many risky practices. A common strategy employed to strengthen this was to list numerous other risky behaviours. Listing (Jefferson, 1991) worked to emphasise the argument that sunbed tanning is not the only risky behaviour:

Sunbeds ARE dangerous

so is smoking
 so is alcohol
 so is obesity
 so is motor biking
 so is sky-diving
 so is plastic surgery
 the list goes on.

As demonstrated by this post here, listing in this vertical manner helps to demonstrate, particularly well, the quantity of potentially risky behaviours, reinforced by the closing phrase “the list goes on.” The thread opens with a disclaimer (“sunbeds ARE dangerous”), which works to anticipate and deny any potential criticism that they are ignorant to the risks. Disclaimers (Hewitt & Stoakes, 1975) are rhetorical devices, which try to prevent people interpreting what is about to be said in a particular way. What is being disclaimed is typically normatively undesirable (Willig, 2000), thus in this case the author makes it clear they are aware of the risks, perhaps as an attempt to ward off any accusations of being uninformed or ignorant about the dangers. The capital lettering (“ARE”) supports the work of the disclaimer. As well as these arguably more extreme risk behaviours i.e. sky diving and plastic surgery, others listed much more mundane, everyday risk behaviours. It was common in the online discussions for the lists to be extensive, more so than in the individual interview responses:

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The listing of everyday health risk behaviours as shown in this example here works to highlight the impracticality of avoiding all risk, given how entrenched it is in daily life. More specifically, some health risk behaviours, i.e. “living near a phone mast” can be considered uncontrollable, and others i.e. “using a mobile phone” are arguably an essential everyday part of modern lifestyle. As in the interview responses, embedded within this argument as to the pervasiveness of risk was a fatalistic argument, whereby the risks were contested and downplayed by referring to the inevitability of death.

Not only was it impractical to avoid all risks, it was presented as pointless given the unpredictability of life. A particularly vivid example of this, and a typical response that ensued is illustrated below:

Each time you leave your house you are risking your life. You could be the safest person in the world and get hit by a bus tomorrow. I ride my horse and use sunbeds for my own pleasure because like I said if I worried about all of the risks in life I'd never get out of bed. The way I see it I may as well enjoy myself doing things that give me pleasure (riding, tanning) because I could be the safest person in the world and be dead tomorrow.

What you don't seem to understand is that I'm saying yes there are unavoidable risks in life but that using sunbeds is 100% avoidable, they are not necessary in anyway whatsoever, so there is no argument to say that it is NOT a stupid thing to do. Fair enough you are entitled to knowingly take that risk but you can't argue that it isn't stupid. You seem to be getting wound up by people saying that it is a daft thing to do...but it is, unquestionably.

Again though (I've asked this a few times but no one has answered) should I stop riding my horse to? That is an unnecessary thing to do that carries a lot of risks. Should people also stop doing other dangerous sports like skiing as they are also dangerous and unnecessary?

The impracticability of avoiding all risk is emphasised in the initial post ("I'd never get out of bed"). Reference to the unpredictability of life ("get hit by a bus tomorrow") was then cited, which worked to make the point that it is pointless being unduly preoccupied with risk given the unpredictability of life; there is no way of being able to control what will happen.

The counter response undermines the relevance of this argument by illustrating how the sunbed-specific risks are completely avoidable. Like in the interview responses, the negativity surrounding sunbed tanning was intensified by the view that sunbed use is a deliberate and intentional behaviour. Extreme case formulations ("they are not necessary in anyway whatsoever") rhetorically work to emphasise the unnecessary. Whilst conceding that it is a personal choice, the initial argument as to it being a "stupid" and "daft" thing to do is presented as unquestionable. This is challenged by the author of the initial post by questioning the acceptability of participating in other risk behaviours

that can also be considered unnecessary, such as horse riding and taking part in extreme sports. These questions (as the author pointed out) are asked on several occasions throughout the threads with no response. The implication here is that sunbeds are receiving a disproportionate amount of negative attention, which cannot really be justified. The author can be seen as succeeding in highlighting this by drawing attention to it. Of note was the fact that there again was no response to this question.

Another common argument, similarly to the interview responses, was to present the risks as on a parallel with other much more commonly participated in health risk behaviours such as alcohol and smoking. Referring to other risky behaviour in this way worked to undermine a preoccupation with the sunbed-related risks. The potential danger of frequent fake tan application was also drawn upon, which worked to undermine the promotion of fake tan as being a completely safe viable alternative. The most common comparison was between sunbed tanning and general UV exposure, particularly when on holiday abroad. One sunbed user in her interview drew upon this specific comparison in order to highlight the hypocrisy of people who are critical of sunbeds yet still sunbathe on holiday. As in the interviews, it was argued here that the risks in these situations were no different:

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The implication in the first post is that sunbed tanning compensates the author's lack of a sunshine holiday abroad. In acting as a substitute in this way sunbed tanning is presented as being acceptable. This is challenged and undermined in the counter response by the opening rhetorical question,

seemingly making the point that such a comparison is likely to be based on incorrect personal assumptions as opposed to factual knowledge. Scientific research and associated statistics were cited to warrant this point. The extreme case formulation “considerably more” works to emphasise their argument that sunbed tanning is in fact riskier than general UV exposure. This is further strengthened by the use of the extreme case formulation (“totally unprotected), emphasising the lack of protection on a sunbed compared to that which should be afforded by sun cream when sunbathing on holiday.

Another common argument that has not been apparent in the previous two studies was for those in support of sunbed use to argue that the risks were insignificant and did not warrant concern:

The additional risk supposedly generated by sunbeds is too insignificant to be able to pin point the blame on it.

I'm sorry but that is utter nonsense. The World Health Organisations have classed sunbeds as being a leading cause of skin cancer. There is a lot of evidence which strongly suggests (because you can never say proves with science, everything is a theory) that there is a definite link between frequent sunbed use and increased incidence of skin cancer.

In the first post here, the word “supposedly” works to cast doubt on the link between sunbeds and the increased risks by implying a lack of any real certainty. The argued insignificance of the risks is undermined in the second post by claiming that this is a senseless argument, with the extreme case formulation (“utter nonsense”) working to support this. This is then strengthened by referring to an authoritative source (“The World Health Organisation”), a membership category. Extreme case formulations litter the remaining post (“a lot of evidence, strongly, and definite”), which rhetorically work to emphasise the legitimacy of the scientific claims regarding the associated risks. Scientific claims were commonly challenged and undermined by those in support of sunbed use through questioning their accuracy and legitimacy, as evidenced in the following post:

The truth is no-one really knows about the risks of sunbeds. You do read about 'associations' with skin cancer, but what that really means is that we kind of think they may cause or contribute towards cancer, but we don't know how and we can't scientifically prove it.

The credibility of this claim is increased here by presenting it as being self-evident (“The truth is”). The intention of putting quotation marks around ““associations”” is to cast doubt, and trivialise the link between sunbed use and skin cancer. The author goes on to talk on behalf of research that has identified the link between the two, specifically referring to the link as not being scientifically proven.

A common strategy drawn upon that was again not apparent in the previous two studies was to use statistics to warrant the argued insignificance of the risks. This proved controversial:

The risk may increase by 70% by using them, but if the risk is only 1/20000 to begin with, that makes it only 1/10000 which is still microscopic and not really any different.

Errr....are you really that ignorant?? Skin cancer is the most common in the UK!! Don't believe me? Fine. Believe Cancer Research UK: <http://www.cancerhelp.org.uk/type/skin-cancer/about/skin-cancer-risks-and-causes>. The risk of getting skin cancer is NOT tiny. Thousands upon thousands die of it in the UK every year because of failure to protect themselves properly against the sun and yes, USE OF SUNBEDS. You can live in your bubble of denial if you want, but please don't make factually incorrect statements where people might see them and consequently take actions that may put them at risk.

Excuse me, but my statistic of 1/1000 people get skin cancer in the UK was from the official cancer research UK website. So I'm not living in any bubble of denial, I've actually done my research and know the precise number.

After opening with a disclaimer, the statistics were manipulated in the initial post to ensure the increased risk seemed as minimal as possible (“1/10000”). Repetition of the extreme case formulation (“only”) emphasises this, as does describing the increased risk as “microscopic.” This is completely undermined in the counter response by questioning the ignorance of the author. The significance of skin cancer is supported again with reference to an authoritative source (“Cancer Research UK”). The extreme case formulation (“Thousands upon thousands die of it in the UK”) emphasises the significance of skin cancer and, as a consequence, the dangers of using sunbeds, as does the capitalisation (“USE OF SUNBEDS”). The capitalisation of “NOT” works to emphasise and

undermine the argument of the initial post as to the insignificance of the increased risk. Accusations of being in denial and the polite request further serves to strengthen their challenge of the initial post.

This is then disputed in the third post by the author of the original message, by providing an authoritative warrant for the initial statistics (“official cancer research UK website”), with “official” emphasising this in particular. Accusations of being in denial are out rightly refuted, and the credibility of their counter argument is strengthened by the author presenting themselves as being well-informed through having “actually done” their own research and knowing the “precise number.”

Managing the Negativity: Sunbed use as Acceptable if Limited and Controlled

As with the interviews, sunbed use was presented as on a continuum with a boundary point separating acceptable from unacceptable use. Those in support of sunbed use positioned themselves as on the acceptable side of this boundary through a variety of different strategies. For example, as in the interview responses, the sunbed users often described only minimally using a sunbed. More specifically, minimal use in terms of frequency for example: “Yes, there are links to skin cancer but I figure a couple of times a year can't hurt... 🤔”. The post opens with a disclaimer, which works to anticipate and reject any potential criticism. The red faced embarrassed smiley suggests awareness of an opposing negative reaction, or possibly even feelings of embarrassment. As well as limited frequency, minimal sunbed use was described in terms of a limited number of minutes, for example:

I wouldn't be using it loads maybe just 3 minutes a week if that 😊

Even using a sunbed once a month increases the chance of you getting skin cancer by 40%.

You're really going to choose vanity over these odds?

Here, downgrading extreme case formulations (“just” and “if that”) work to emphasise the limited extent of their sunbed use. The smiley face emoticon can be seen as an attempt to elicit a positive response, as well as convey and persuade the reader the acceptability of their intended minimal use. This argument is undermined in the counter post by highlighting the significance of the increased risk of even minimal usage. The “40%” statistic works to warrant this. As in the interview responses of those who had never used a sunbed, using a sunbed was presented here as a simple choice between

appearance and health, with the rhetorical question working to imply that this should be an obvious and straightforward decision. This is reinforced by the rhetorical question and the word “really,” which implicitly works to express surprise and disapproval if the decision was for the former.

Echoing the responses in the interviews, many described how using a sunbed would not be something they would do on a regular basis, for example: **Material here has been excluded to ensure compliance with copyright legislation. The full, final, examined and awarded version of the thesis is available for consultation in hard copy via the University library.** Minimisation was used here (“only”), which works to emphasise their minimal usage, and subsequently downplay the significance of the risks. The specific quantification works to emphasise this (“a couple of times a year”). Consistent with the interview responses, sunbed users frequently made the distinction between their own minimal use and the more regular sunbed use of other people, with acceptability implied for the former but not for the latter:

I see the concern and risks and danger of them, but I only use them for 3 or 4 minutes every other week, I think they only become a massive risk when you use them as part of your life for example some people use them every week of every year and rely on them. I think along with most things in life, everything in moderation is fine!

After using them for a short amount of time (twice a week for a few weeks in the rainy summer days) for two years, maybe less, I’ve noticed A LOT more moles, some which are strange looking, so I dread to think what my skin would be like if I had carried on.

Again, the initial post opens with a disclaimer which as discussed rhetorically anticipates and denies any potential criticism or negative attribution as to being ignorant about the risks. The regular sunbed use of others is emphasised by repetition of the extreme case formulation (“every week of every year”). This is directly compared to their own minimal use, emphasised by the minimising extreme case formulation (“I only use them for...”). Sunbed tanning as an addictive behaviour was implicitly alluded to and disassociated from by referring to the excessive and reliant use of “some people.” As in the interviews, embedded within the argument was the notion of balance and moderation. This

argument was undermined by explaining the substantial consequences sunbeds can have even after “a short amount of time.” The specific quantification works to emphasise how minimal their sunbed use had been and, despite this, there had still been significant negative consequences.

Managing the Negativity: For a Specific Purpose (Not Just for a Tan)

As with the interviews, despite acknowledgement with regards to the positive image of a tan, those in support of sunbed use spent a significant amount of their time trying to distance themselves from the aesthetic side of sunbed tanning. Instead, the majority of the sunbed users provided a more specific reason for their sunbed use, that was typically more health and/or well-being orientated. Similarly to the interviews, a common claim articulated was that using sunbeds helped them to obtain a ‘base tan’ prior to going away on holiday, to protect their skin and to prevent it from burning:

Although sunbeds can be dangerous if abused they have benefitted my skin a lot, I used to just burn when I was out in the sun now I don’t burn at all because my skin has gotten more used to tanning 😊

Surely they won’t stop you from burning, how would that work?

They stop you from burning because if you build a gradual tan before you go abroad by using sunbeds you are less likely to burn as you already have a light tan.

I don’t understand people who say this! You do realise that even if you tan in the sun, it’s still a form of burning your skin? You’re not stopping yourself from getting burnt at all.

Here, the initial post opened with a disclaimer which, as discussed, works to acknowledge and deny any potential criticism that they are unaware of the dangers in any way. Note however the qualifier (“can be”) which implies a lack of certainty with regards to the risks. Also sunbeds were presented as only being dangerous “if abused” and used excessively. The extreme case formulations (“a lot” “at all”) emphasises the benefits that sunbeds have afforded their skin in terms of no longer burning when exposed to the sun. The smiley emoticon can be seen as trying to elicit a positive emotional response in the presence of potential disagreement or critique. The claim is directly challenged by questioning “how would that work?” The subsequent explanation is undermined by the articulation of a lack of

understanding. The author of the last post here can be seen as trying to derogate the knowledge of those claiming to use a sunbed for this reason, and thus undermine the claimed protective benefits.

Other claimed health benefits included the use of a sunbed to help to ease arthritic pain, for example: “The UV light helps with my arthritis...screw the possibility of skin cancer; I'm already living with the reality of constant pain.” The health benefits of using a sunbed are emphasised here as the risk is dismissed in light of the reality of their current situation. This argument is supported by the extreme case formulation (“constant”), which emphasises the pain being suffered. The implication is that this pain outweighs the risk of skin cancer which is considered only a “possibility.” The risks were similarly referred to in terms of their potentiality by one sunbed user in study one. As with the interviews, the most frequently claimed benefit was that using a sunbed helped improve a variety of skin conditions, including acne, eczema and psoriasis, as evidenced in the following:

I only ever go on for a few minutes every week or so and it really, really helps my skin. Some doctors even recommend it for certain skin conditions, which just goes to show that (if used correctly) the benefits can outweigh the risks.

With regards to using a sunbed for skin conditions, it's not really worth it apart from in the most severe cases. I have bad skin myself but would never risk getting cancer just for the sake of clearing my skin or being a little less pale.

The claim is strengthened in the initial post by repetition of the extreme case formulation (“it really really helps”), which emphasises the extent sunbeds have benefited their skin. This is undermined in the counter response by arguing that the benefits are “not really worth it.” This is strengthened by undermining the significance of the benefits (“just for the sake of clearing my skin”). The initial claim is rhetorically warranted by citing corroboration from the authoritative source of a doctor (Dickerson, 2007). The health benefits were also validated by arguing that using a sunbed is similar to the UV light therapy offered as medical treatment for skin conditions at hospital:

Hospitals have their own 'sunbeds' (not actually like normal sunbeds though) that people with skin conditions can use (my other half has eczema and was told by his doctor to use them).

While it's correct that UV treatment is used in the UK, it is a prescribed dose. The UV rays are considerably weaker (you don't tan) and it's such a short exposure the risk is tiny.

Whilst this argument is conceded in the counter response here, it is undermined and challenged by presenting the magnitude of the UV rays as significantly less than those emitted by sunbeds. The extreme case formulations ("considerably" and "tiny") emphasise the insignificance of the risks.

As in the interviews, many of those in support of sunbed use were keen to make it clear that they only used a sunbed for such specific health-based reasons and not to obtain a tan. A tan was described as being more of a secondary bonus to using a sunbed rather than the main objective, for example: "It's more the skin benefits than the colour I'm looking for. If I pick up a tan, great. If I don't then it's not too big a deal." Others more explicitly disassociated themselves from the aesthetic side of sunbed tanning:

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6.5 Discussion

This study has provided in-depth insight into how people with different orientations (in this case, those in support of sunbed use and those against sunbed use) discuss the topic and interact with each other about it, with particular attention given to the rhetorical devices used. To be specific, attention was paid to the way representations about sunbed tanning were rhetorically constructed, debated, and disputed when those with differing orientations towards the topic directly interacted. Similarly to the previous studies, the thematic analysis revealed that those against using sunbeds represented sunbed tanning in two interrelated ways: 1) as a risky behaviour, and 2) as a vain, aesthetically motivated behaviour. Again inherent in these representations were elements of social disapproval and negativity, directly threatening the identity of people who use sunbeds. The use of insulting language and derogatory references to people who use sunbeds was particularly apparent in this study. In fact, the messages posted by those against using sunbeds were notably more negative and hostile in this study than the interview responses, and more aligned with the responses from the questionnaires in the first study.

As in the previous two studies and based on the theoretical underpinnings of this thesis, the discourse of those in support of using sunbeds can be seen as being dominated by attempts to manage the negativity, of which they were aware. Like in the previous interview study, the analysis revealed that the negativity was being managed by constructing and engaging with three alternative, interrelated representations of sunbed tanning: 1) the risks as not a significant concern, 2) sunbed tanning as acceptable if limited and controlled, and 3) sunbed tanning for a specific purpose (not just for a tan). Alternative representations, as highlighted in the previous two chapters, work to protect the identity of the self and the in-group (Joffe, 2003). I briefly discuss these representations, focusing on highlighting any additional insight obtained in terms of representational content.

In representing the risks as not being a significant concern, those in support of sunbed users utilised a number of different strategies that echoed those drawn upon by sunbed users in the previous two studies: referring to the ubiquity of risk, expressing fatalistic beliefs, and comparing the sunbed-specific risks with those inherent in other risk behaviours. A common argument that had not been evident in the responses of the previous two studies was to question the credibility of the scientific research that communicated the link between sunbed tanning and skin cancer. Statistics and reference to authoritative source such as the WHO and Cancer Research UK were used to support these claims. Similarly exploring online data, Carcioppolo et al. (2014) reported that a limited number of their sunbed users questioned the specific link between sunbed tanning and skin cancer. The authors commented on the participants' particularly strong use of language when doing so and logically based scientific argumentation. Whilst attempts at logic based arguments can be seen as evident in the analysis of this study, such responses proved controversial and were quickly disputed in counter posts.

In terms of representing sunbed tanning as acceptable if limited and controlled, as with the interviews, sunbed use was presented as on a continuum with a boundary point separating acceptable from unacceptable use. Those in support of sunbed use positioned themselves as on the acceptable side of this boundary through a variety of different strategies echoing those evidenced in the previous interview study. Particularly apparent in this study was the language use of those in support of sunbed use in trying to discursively maintain their position on the acceptable side of the boundary, and compare their own limited sunbed use to the more excessive use of other people. For example,

minimising terms such as “just,” “if that,” and “only” were drawn upon when referring to their own sunbed use. This is consistent with the findings reported by Trocki et al. (2013) who, as outlined in chapter two (section 2.13), found that their participants used similar terms in order to position their substance use as being acceptable. As in Trocki et al.’s (2013) study, the sunbed users’ language changed when talking about those who crossed the boundary, using maximising terms such as “massive” to highlight the significance of the risks with more regular use, and repetition for example “every week of every year” to highlight how often people use sunbeds in comparison to themselves.

In representing sunbed tanning as being for a specific purpose (not just for a tan), those in support of sunbed use disassociated themselves from the aesthetic side of sunbed use, as many of the sunbed users had done in the previous interview study. As well as to obtain a ‘base tan’ and to improve a variety of skin conditions, sunbeds in this study were referred to as helping to ease arthritic pain. This reasoning could be indicative of the potential physiological reinforcing effects of UV light discussed in chapter two (section 2.3.2). Although limited in number, sunbed users have reported pain relief in existing research (Feldman et al., 2004; Taylor et al., 2009). As in the interviews, the considered legitimacy of these alternative health-based reasons, particularly in terms of skin conditions, was evidenced by reference to the support from the medical profession and that UV light therapy is offered as a form of medical treatment in certain situations. Although less often than in the interviews, a tan was described more as an added bonus of using a sunbed rather than a main priority.

Whilst it is important to have identified the content of the representations evident in the online forums, the main purpose of this third study was to examine the way representations were rhetorically constructed, debated and disputed. Both those against and in support of using sunbeds drew upon similar rhetorical strategies and devices in constructing and debating the representations, but utilised them to achieve different purposes. In the remaining discussion, I discuss the main strategies.

6.5.1 Statistics and Reference to Authoritative Sources

Those against using sunbeds drew very heavily upon statistics and authoritative sources in both constructing their representation of sunbed tanning as a risky behaviour, and in debating, and disputing the alternative representations of those in support of sunbed tanning. The WHO and Cancer

Research UK, for example, were typically used as authoritative sources to strengthen the credibility of the link between using sunbeds and skin cancer as being a definite and unnegotiable one, as well as to highlight the significance of the risks and to warrant their claims as to the dangers of using sunbeds. Statistics were also used to endorse the argument made by those against sunbeds that the benefits of using sunbeds were not worth the risks. In terms of those in support of sunbeds, statistics were used to present the risks as being too small to warrant any real significant concern. One forum user, for example, manipulated the statistics to present the risk as minimal. Reference to authoritative sources such as the WHO and Cancer Research UK were used by those against using sunbeds to undermine this argument. A relevant website link was posted by one forum user in order to support this claim.

The claims of those against sunbed use as to the significance of the dangers were challenged and undermined by those in support of sunbeds through questioning their accuracy and legitimacy, as well as by articulating a scepticism and mistrust in what they referred to as the media's "biased" communication of the risks. As well as questioning their legitimacy, authoritative sources were drawn upon to support the arguments they made. For example, citing an "official cancer research UK website" was used by one forum user to strengthen their argument as to the insignificance of the risks. They also draw upon advice from the medical profession to support their claims as to the benefits of using sunbeds, particularly in terms of helping to improve problematic skin conditions. More specifically, the apparent advice given by doctors to use a sunbed for this specific purpose worked to strengthen the legitimacy of this claim. The greater use of statistics throughout the online discussion, in comparison to the interview responses, could be a result of the asynchronous nature of the forums, which afforded forum users greater time to search for, and refer to precise figures and sources.

6.5.2 Citing Personal Experience

Both those against and those in support of sunbeds cited examples of personal experience in constructing their representations, as well as in debating and disputing counter representations. Those against using sunbeds used personal experience as an effective support for the dangers referring to, for example, friends and family who had suffered from skin cancer. In contrast, those in support of sunbeds cited personal examples of where sunbeds had not had a detrimental effect. In fact, cases

were cited where using sunbeds actually had a positive effect on the skin in terms of its appearance. Those in support of sunbed use also frequently referred to, and drew upon their own personal experience in constructing sunbed use as being for a specific purpose. For example, personal experience was cited as to how using a sunbed helped ease their arthritis, and typically how it helped to help protect skin from burning. They were able to dismiss the associated risks by highlighting the benefits of using sunbeds in light of the current reality of their own situations. In contrast, those against using sunbeds referred to their own health problems to demonstrate how, even though they suffered from problematic skin for example, it was still not worthy of the associated risks. The personal experience of successfully using fake tan products was also drawn upon, by those against sunbeds in articulating a lack of understanding for why people used sunbeds despite knowing the risks. Those in support of sunbed use drew upon their negative experience of fake tan to dispute this.

6.5.3 Disclaimers, Repetition, Listing, Extreme Case Formulations etc.

The online discussion was littered with rhetorical devices, which significantly aided the way representations were constructed, debated, and disputed, for both participant groups. These devices included the use of extreme case formulations, disclaimers, listing, the use of emoticons, underlining, capital lettering, and repetition, and were used in different ways to achieve different purposes. Those against sunbeds, for example, frequently used extreme case formulations, not only when constructing their representations, but also in disputing, and debating counter representations. As already noted, extreme case formulations (Pomerantz, 1986), work to rhetorically strengthen claims through taking them to their extremes, either maximising or minimising. Extreme case formulations were used to emphasise the considered magnitude and significance of the dangers, especially the skin cancer risk. Those against using sunbeds typically used repetition, underlining, and capital lettering to support the rhetorical work of the extreme case formulations (e.g. “HUGE no”). These devices were also frequently employed by those against sunbeds, to effectively emphasise the simple, definite nature of their decision to not use a sunbed. By using such devices, there was no need to elaborate on this decision and responses were typically very short and succinct.

In terms of those in support of sunbed use, downgrading formulations were most typically used to emphasise the limited extent of their use, and to downplay the significance of the risks. A mix of extreme case and downgrading formulations were utilised in order to directly juxtapose the more regular use of others with their own minimal use. Disclaimers, were also frequently utilised by those in support of sunbeds which, as noted, typically worked to anticipate and deny any potential criticism they were ignorant to the risks. Emoticons were frequently employed to support the work of these disclaimers. There was evidence of the use of disclaimers for those in support of sunbeds, typically with regards to acknowledging that it was people's own personal choice to use a sunbed.

6.5.4 Strengths and Limitations

Online forums offered a practical way of exploring discussion pertaining to sunbed tanning which afforded a number of specific benefits, as discussed, over the offline focus group alternative. Mainly, the anonymous nature of the online forums allowed me to explore discussion being engaged in, in an arguably more natural environment, as opposed to one where there is a researcher present and prompting. As highlighted the messages posted by those against sunbeds were more negative and hostile than the interview responses. It is likely that this is a result of the anonymity afforded by the online context (section 6.3.1), with responses more akin to those provided in the questionnaires, which also enabled participants to answer in an anonymous manner. Unlike with the interview responses, I was unable to observe non-verbal cues such as body language and expression. Rhetorical devices emerged as being particularly important in the absence of these non-verbal cues. Laughing emoticons, for example, were often used to denote that the author was joking or being sarcastic.

In terms of the underlying theoretical framework, the main benefit of this study is that it has enabled me to establish that representing, in the context of sunbed tanning, is an active process which serves a specific argumentative function. In doing so, I have been able to highlight the dynamic nature of social representations, addressing the criticism levelled at SRT, as outlined in section 6.2, concerning the under-theorisation of conflict and argumentation.

With regards to the limitations, the lack of demographic information meant I did not know the gender and age of the forum users, as well as their actual tanning status. Although this was not

particularly problematic, such demographic data would have been useful in order to contextualise the analysis. Given the small number of males in the previous two studies, it would have been useful to explore whether they were engaging in discussion about sunbed tanning via the online forums.

6.5.5 Some Personal Reflections

Given the study did not involve any active participant recruitment or data collection; I did not feel as though my background was something that was particularly influential. In terms of analysis, I was still surprised at the intensity of the dislike expressed by those against using sunbeds, despite similar comments having been made by the sunbed users in the questionnaire responses (study one). As I noted in chapter three (section 3.7) as someone who has never used a sunbed myself, I do share some of the negativity but not its intensity, and I felt that many of the comments made in the forums were unfair and overly derogatory. Whilst perhaps my thoughts could have been a result of my early beauty industry experience, these feelings were intensified following the previous interview study in which I felt as though I gained considerable insight into the lives of the sunbed users. Following the interviews I had felt much more empathy for those who used sunbeds and also increased sympathy due to the hostility that they are frequently faced with. At times, I found myself almost spurring the sunbed users on in order to defend themselves and their behaviour in the online discussions. This was not something I thought I would have felt before starting collecting data as part of my research.

In terms of the actual process, I definitely felt as though the anonymous context of the online discussions aided the honesty of the interaction, and gave the authors of the posts (particularly those against sunbed use) opportunity to really be honest about how they felt. This was particularly apparent when comparing the online posts to the interview data, where the responses in the latter appeared more restrained and cautious. Some online posts were particularly hostile and insulting, which unsurprisingly proved controversial and sparked a considerable amount of heated discussion.

Upon reflection, I was glad that I chose to explore online discussion forum data as opposed to face-to-face group discussions which could have been potentially upsetting for participants, and difficult for me to mediate. I found the lack of non-verbal cues to be at times problematic when it came to the analysis, as I was not always able to accurately identify the intended tone of the messages.

At times, for example, it was difficult to tell whether a comment was meant to be sarcastic, humorous, or mocking etc. I found the use of emoticons vital in helping me to decipher this, as well as the use of underlining, capitalisation, and repetition. It was particularly interesting how in the lack of face-face cues people relied on these devices in order to convey something that could be easily expressed face-to-face by expression or intonation. Overall, I felt as though the online discussion forums provided me with a valuable inroad into the interaction that takes place between those against and in support of sunbed use, affording a number of benefits over the offline alternative.

6.6 Chapter Summary

Building upon the findings of the previous two studies, this study has provided insight into how people with differing orientations towards sunbed tanning (in this case, those against sunbed use and that in support of sunbed use) discussed the topic with each other. In particular, it has provided insight into the direct interaction between representations held by these different participant groups, with special attention paid to the way the representations are rhetorically constructed, debated, and disputed. Findings have revealed that the discussion (on the part of both those against and those in support of sunbeds) is littered with rhetorical devices and strategies suggesting that representing, in the context of sunbed tanning, is an active process designed to perform specific rhetorical actions.

Having demonstrated, in the three studies thus far, how the discourse of sunbed users is dominated by attempts to manage and resist the wider negativity of which they are evidently aware, the next chapter documents an in-depth qualitative study exploring how and, to what extent, the negativity is being managed and resisted at the actual behavioural level of sunbed users. Specifically, observational work was conducted in two sunbed tanning salons in order to explore this.

Chapter Seven

An Ethnographic Exploration of Two Sunbed Tanning Salons (Study Four)

7.1 Chapter Overview

In this chapter I present the fourth and final study that I have conducted as part of this thesis. Using findings from the studies thus far, the aim was to explore through an ethnographic study conducted in two sunbed tanning salons, the way the wider negativity surrounding sunbed tanning is being engaged with at the behavioural level by sunbed users. The aim was also to provide rich data to contextualise the entire thesis. In this chapter, I first describe the aim, background and method of the study, followed by a detailed explanation of the findings. I briefly discuss the findings in relation to those from my previous studies, existing research, and the theoretical underpinnings of the thesis.

7.2 Background and Aims

The findings from the previous three studies have revealed that those who had never used a sunbed held numerous negative representations of sunbed tanning. Sunbed tanning was represented in all three studies as a risky behaviour and as a vain, aesthetically motivated practice. Inherent in these representations were strong elements of social disapproval, particularly evident through the use of insulting language and derogatory references to people who used sunbeds. Findings thus far have revealed that sunbed users were aware of the negativity surrounding their behaviour, not only evident through their explicit acknowledgement of it, but also through their attempts to discursively distance themselves from the disapproval. More specifically, the sunbed users have drawn upon alternative representations in managing and resisting the negativity: the risks as not being a significant concern, sunbed tanning as acceptable if limited and controlled, and sunbed tanning for a specific purpose (not just for a tan). A significant amount of the sunbed users' discourse in the previous three studies was spent trying to manage the negativity to protect their identities, as well as to negotiate positive identities for themselves as sunbed users. Given how influential the negativity has emerged as being

in terms of shaping the discourse of the sunbed users, an exploration of how it is influencing behaviour seemed an appropriate next step.

I considered ethnographic research to be the most viable option for meeting these objectives. The aim of ethnographic research is to study groups of people within their natural everyday settings and obtain rich, holistic insight into their views and actions, as well as the physical nature of these settings (Hammersley & Atkinson, 2007). As Hammersley (1992, p. 152) stated the ethnographer's task "is to document the culture, the perspectives and practices, of the people in these settings. The aim is to 'get inside' the way each group of people sees the world." As noted in chapter four (section 4.3.5), 93% of the sunbed users in my first study reported to use a sunbed in a tanning salon, thus I considered this to be an appropriately 'natural' setting to explore the sunbed tanning culture and the perspectives and practices of the people within it. Such insight would also enable me to obtain rich data to contextualise the findings of the thesis. Contextualising data adds to the thick description of the overall analysis which helps to make the findings more transparent (Bauer & Gaskell, 2000). As noted in chapter three (section 3.9), building the transparency of the findings is one of the criterion that is proposed to help establish the trustworthiness of qualitative research (Lincoln & Guba, 1985).

7.3 Method

7.3.1 Study Design

I conducted ethnographic, mainly observational exploration in two sunbed tanning salons to meet the aims I have just articulated. This involved immersion into the day-to-day running of these two salons observing the behaviour, practices and interactions of staff and clients, the physical setting of the salons, talking to staff members, and subsequently making extensive field-notes. Given that the focus of the previous studies has been on the perspectives of the sunbed users, this study concentrated instead on their actual behaviour as well as the views of salon staff, which I have not yet explored.

Ethnographic exploration is particularly apt for social representations research which, as I highlighted in chapter two (section 2.1.3), assumes that social representations do not just exist in the minds of individuals or in their conversations, but are also apparent in people's actions. Moscovici explicitly defined social representations as "system(s) of values, ideas and practices" (1973, p. xiii).

Whilst social representations can indeed be challenged and resisted in an active manner, as has been demonstrated by the sunbed users in the previous three studies, this does not negate how influential social representations can be in acting upon human behaviour. According to Voelklein and Howarth (2006, p. 6) “once established, these representations influence human behaviour and social interaction by subtly imposing themselves upon us and limiting our socio-cognitive activities.” Thus, although stigmatising social representations can be resisted through human agency, they can influence human thinking and behaviour in a powerful and prescriptive way (Voelklein & Howarth, 2006). As a consequence, social representations may become taken for granted and play a constitutive role in our realities or ‘partial realities’ (Moloney & Walker, 2002), and thus evident in action and practices.

Ethnographic exploration is important in social representations research in terms of its potential to reveal different dimensions of a representation, which may not necessarily be verbally articulated. Ethnographic research can therefore offer a more accurate insight into social representations than can be obtained through reflexive talk (Wagner et al., 1999), such as that obtained in the previous three studies in this thesis. Whilst it is an arguably under-utilised method in social representations research, several social representations researchers have used an ethnographic approach or ethnographic techniques to explore a variety of topics, for example, madness (Jodelet, 1991), gender identities (Lloyd & Duveen, 1992), and teenage motherhood (Mollidor, 2013).

7.3.2 Selecting and Accessing the Salons

I conducted a Google search to identify the names and contact details of sunbed salons in my local geographical area (twenty salons were identified). I contacted the salons either via a letter addressed to the salon owner/manager (Appendix O) and accompanying information sheet detailing all aspects of the research (Appendix P), as well as a follow-up telephone call, or by a personal visit. Gaining access to a salon to conduct my research proved to be a particularly challenging task. This was not unexpected however, given the difficulties that I had experienced in terms of recruitment of sunbed users for studies one and two. I had no response from the letter and information sheets that I sent out, which necessitated follow-up telephone calls. This in itself proved particularly difficult and it was typically the case that the manager/owner was not available for me to speak to. It was often

agreed by whoever answered the phone that they would ask the appropriate member of staff to return my call, but this never transpired. This was similarly the case upon visiting the salons in person. Overall, the reaction I received from the salons I approached was not very amenable to my research, and I was not given the opportunity to elaborate on, or talk about my research in any detail. The responses appeared very defensive which, in light of the findings from my previous three studies, was unsurprising, although I reflect on how I felt after receiving such a negative response in section 7.5.2.

After numerous follow-up telephone calls, one salon manager agreed for me to visit her salon to discuss my research in more detail with her in person. This follow-up telephone call proved to be essential, as the manager admitted to having received the information sheet but to not having read it. In contrast to the reaction I had received so far, this manager (Louise) appeared very enthusiastic about my research and after meeting with her she agreed to participate. I gained access to the second salon via a participant (Jessica) who had taken part in studies one and two. Jessica worked part-time at a sunbed salon and, after I had interviewed her, had offered to ask her manager whether I could conduct my research at their salon. The manager agreed on the condition that the owner was also happy to participate. I did not meet the manager or owner throughout the research process, and after the manager had obtained the appropriate consent from the owner, she requested that I conduct my fieldwork only at times when Jessica was working. Jessica described her manager's initial reaction to my research as being very negative and a "little bit defensive," questioning what my research "was *really* about." Jessica told me her manager had asked if it would be "anything bad," and requested I only made a limited amount of visits, although she did not specify how many. This was a salon I had sent an information sheet too previously with no response so I knew without Jessica, gaining access to this salon would have been very unlikely. Both Louise and Jessica talked very openly about the negativity surrounding sunbed tanning and acknowledged the risks involved. They were not surprised when I told them about the reluctance that salon managers/owners had shown in taking part in my research, attributing it to the negative attention and scrutiny that sunbeds received. Louise believed that managers are suspicious of research as they "just think it's going to be something negative."

In her PhD ethnographic research of lap-dancers and the lap dancing culture, Colosi (2008) discussed the particular difficulties encountered by researchers attempting to access groups that are,

what she referred to as deviant. Colosi described these deviant groups as those whose behaviour is considered to be on the verge of social acceptability such as, for example, prostitutes, pornographers, religious cults, and lap-dancers. Colosi described the suspicious, almost defensive reaction that arose from the lap-dancers in her study towards those considered 'outsiders.' In her field-notes, Colosi had detailed how many of the lap-dancers in her research felt stigmatised by people, particularly women, not involved in the lap-dancing industry. Whilst not considered deviant to the same extent, sunbed tanning, as has been shown in the studies thus far is subject to a considerable amount of negativity and social disapproval. Through making myself known as a researcher I immediately positioned myself as an outsider, which undoubtedly as Louise pointed out, made the managers/owners of the salons suspicious. As with the lap-dancers in Colosi's study, it is likely that this played a significant part in the difficulties I had in accessing the sunbed salons and the defensive nature of the staff members.

Before I started conducting my field-work, the salon manager/owner were asked to provide their informed consent (Appendix Q), including their agreement that to the best of their knowledge all of the clients in their salon were aged at least eighteen years old in compliance with the Sunbeds Regulation Act (2010). Furthermore, they were asked to agree that they would be solely responsible for informing staff and clients about my research. I provided posters/fliers for the salons to display to help them to do this. A second consent form (Appendix R) was provided for staff members to indicate their agreement that I could use quotes from any discussions that we had. To comply with ethics, the manager/owner were informed they could withdraw from the study at any time.

7.3.3 Ethical Considerations

As well as the information and consent forms, there was some extensive ethical consideration which, like for the previous study, warrants mention. My role as a researcher was completely overt throughout, in that I made my research and its objectives known to the salon manager/owner from the start. All staff in both salons were then made aware of my research by the salon managers. As described in the section above, written informed consent was required from all staff that I spoke to, as this data was to form an integral part of the field-work. After careful consideration, I decided I would not ask the clients to provide written informed consent. This was mainly because the field-work with

the clients unlike the staff, would be based upon observational data only. The BPS Code of Ethics and Conduct (2009, p. 13) states it is only acceptable to conduct research without obtaining informed consent if the “research is based upon observations of public behaviour in which the persons being studied would reasonably be expected to be observed by strangers.” Sunbed tanning salons are public places in which anyone (over the age of 18) can enter. Also, given the potentially large number of clients entering the salons it would have been impractical and highly disruptive if written consent was requested from the clients. Paulson (2008), in an ethnographic study of beauty therapists and older women at a beauty training centre, similarly did not obtain written informed consent from clients for her observational work. She did however obtain written informed consent before asking staff any questions. Whilst written consent was not obtained from the clients, the information sheets including details of the research were available for clients to access at all times during the field-work. My contact details were included and clients were encouraged to contact me if they had any questions.

I took particular care in ensuring the confidentiality and anonymity of the salons and all the participants (both staff and clients) involved in my field-work. Gender appropriate pseudonyms for staff have been used throughout to protect identity. I have also purposefully omitted the names of the salons, instead I refer to them as Salon One and Salon Two. I have also been deliberately vague about the geographical location of the salons and, other than the surrounding areas, I have not included any photographs. Ideally, I would have included pictures of the exterior and interior appearance of the two salons but given the difficulties I had in terms of recruitment, I did not consider it appropriate to ask the salons whether this was possible. I considered this level of anonymity crucial in terms of gaining and maintaining access to the salons, for the reasons that I have explained in section 7.3.2.

7.3.4 The Salons

Both salons were geographically located fairly locally to me in the county of Cheshire in the North-West of England. In this section I describe the salons under separate sub-headings, including their location and the facilities they offered. It is necessary to provide this descriptive context in order to form the foundations on which the analysis can be understood. Specifically, this description will

help to set the scene and assist in conveying a more situated picture of the sunbed tanning culture, by placing behaviour, practices, and any interactions into context.

Salon One

Salon One was situated in the centre of a small village, approximately three miles away from the nearest town. The salon itself was positioned in a quiet, built-up residential area on a row of the village's local amenities, including a convenience store, off-licence, hairdressers and pharmacy. A small car-park was positioned behind these facilities, as well as spaces for cars to pull up at the front. Louise told me that many of their male clients had told her that they liked the salon because they could drive and park just outside and, as a consequence, could enter the salon without being seen "by too many people." Louise believed that attempts to limit their visibility was because of the "stigma and negativity associated with sunbeds," and that sunbeds were "seen as a typically girly behaviour."

Salon One was a combined beauty and sunbed salon, thus as well as offering sunbed tanning services it provided a variety of beauty treatments. At the time of the study, the salon offered a choice of four sunbeds: two lie-down Lumina sunbeds, one turbo lie-down sunbed, and one turbo stand-up sunbed. Luminas are a type of sunbed that predominantly emit UVA radiation, and turbos are a type of sunbed emitting higher levels of UVB. The turbos are the more powerful of the two and prices were slightly more expensive. Block bookings were available to purchase for both types of sunbeds. The beauty treatments offered were wide ranging, including: manicures, pedicures, waxing, facials and massage, as well as offering nail extension, nail art, and spray tanning services. The salon opened seven days a week, with late night openings on weeknights. The salon offered a pre-bookable appointment system, where clients could either pre-book or just call in opportunistically.

Salon Two

Salon Two was located in the centre of a fairly large town, approximately three miles away from Salon One. It was situated on one of the main roads leading into the town; a very busy road that was often congested. The road was near to the town's train station, bus station and local college. The road was lined with numerous small shops and businesses. There was no designated parking for the salon. Salon Two was solely a sunbed salon and did not offer any additional beauty treatments or

services. The salon had five sunbeds: three identical lie-down sunbeds, another slightly larger lie-down sunbed, and a stand-up sunbed, again a mixture of Luminas and Turbos. In Salon Two the sunbeds were coin operated, whereas the sunbeds in Salon One were token operated. The salon was similarly open seven days a week, including late night openings on weeknights. Unlike Salon One, the salon did not offer a pre-bookable appointment system which, according to Jessica, was a source of dislike for many of the clients who often commented on their annoyance over its absence.

7.3.5 The Field Work

The field-work took place over a period of six months from September 2012 to February 2013 inclusively. This involved immersion into the day-to-day running of the two salons, talking to staff, observing the behaviour and interactions of clients and staff, as well as the physical appearance of the salons, and subsequently making extensive field-notes. I made thirteen visits to Salon One and four to Salon Two and visits lasted between two to three hours. The reason for the disproportionate number of visits was that in Salon Two, as explained in section 7.3.2, I was restricted to the days and times that Jessica was working. As a result, all visits were conducted on a Monday or Tuesday in the early evening. Jessica was due to leave her job at the salon and my last visit coincided with her last shift.

I tried to ensure that the days and times of my visits to Salon One were varied in an attempt to capture an accurate reflection as possible of its day-to-day running. The salon was notably busier in the early evenings, reflected in the increased length of my field-notes during these visits. I conducted field-work in Salon One until I had reached data saturation, whereby no new or significantly different insights were emerging (Howitt, 2010). Even though visits to Salon Two were restricted, I did feel as though data saturation occurred quicker, therefore the limited number of visits was not particularly problematic. I attributed the quicker data saturation to the understanding and insight already obtained.

During my time in the salons, I mainly took the role of what can be described as ‘complete observer’ (Howitt, 2010). Whilst I acknowledge the limitations of this role with regards to not being able to achieve complete ethnographic immersion, something Emerson, Fretz and Shaw (2011) advocate as being essential for getting as close as possible to the experiences of those being studied, I did not feel as though I was able to fully immerse myself as I would have liked. A complete

‘participant observer’ role would have involved me using a sunbed, which was something I was not prepared to do as a result of the health risks; my family history of skin cancer was influential in this. I did feel that this decision had some implications in terms of my research, reflected on in section 7.5.2.

Field Notes

The field-notes consisted of short ‘scratch’ notes or jottings (Emerson et al., 2011) that I made whilst I was in the salons, which were typed up into fuller, more comprehensive notes as soon as possible after each visit. I made my initial jottings in a notebook, which I tried to do discreetly to try and ensure both staff and clients acted as naturally as possible. I had a number of opportunities during the quieter times in the salons to make notes, although I felt that it was important during these times to talk to the staff member(s) that were working (discussed more in section 7.5.2). I always recorded the date and time of the visits, which was useful for putting my field-notes into context when it came to the analysis. For example, it helped me to identify whether there were any significant relationships between the day of the week or the time period and any particular occurrences in the salons. It was possible to determine, for example, that early evenings between 5-7pm were typically the busiest periods in both salons. I regularly read over my field-notes, something which Hammersley and Atkinson (2007) have advocated to be particularly important in aiding data analysis.

In terms of making my field-notes, I distinguished between what Burgess (1981) referred to as substantive observations i.e. a record of the day-to-day events, occurrences, and conversations from my own analytic comments by keeping them on separate sides of my notebook. When it came to typing up the field-notes I combined the two, distinguishing my reflective comments by italics. The final data corpus consisted of just over 150 pages of word processed ethnographic field notes.

7.3.6 Data Analysis

As already described in the section above, I transferred my initial notes and jottings into more extensive narrative accounts in word documents; a separate document was created for each visit. Transferring my initial notes into more comprehensive accounts formed an important part of the analysis process in itself, as it forced me to think back over the salon visits and remember the details.

The documents pertaining to each salon visit varied from between two and 18 pages. The length was mainly dependent on the duration of the visit but was also reflective of the time of day; notes, for example, were generally more extensive for the early evening visits when both of the salons tended to be at their busiest. The accounts were read and re-read in order to familiarise myself with the data.

Given that one of the intentions of the study was to obtain insight to contextualise the rest of the thesis, I first worked systematically through the data organising it into headings that together would provide a comprehensive and holistic overview of what I had learnt from immersion into the sunbed tanning culture. Three main headings captured the essence of the data and my experience in the sunbed salons: setting the scene (which mainly referred to the location, and exterior and interior appearance of the salons), the day-to-day running of the salons, and key insight obtained from the members of staff. There were obviously some overlaps where data fell into more than one of these categories, which I noted on the printed data accordingly. Once the data was organised into these three headings, I then proceeded to code the data. As I came to the salons with a specific focus, both the coding and subsequent theme searching stages were heavily influenced by my findings from the previous studies and the underlying theoretical framework. Duveen and Lloyd (1993), referred to such an approach as ‘motivated ethnography.’ As a result of this informed manner, the number of codes and subsequent themes were far fewer in number than from the interview study, for example.

After coding, I searched for themes under the three main headings (using the same method as in the previous studies by organising codes into theme piles). I identified, for example, three themes under the overarching heading ‘Insights from staff’: ‘Aware of the risks,’ ‘Male sunbed use’ and ‘Overuse is common.’ These three themes encapsulated the insight that I had obtained from talking to staff at both salons. Once the themes were identified I moved from a semantic level of analysis to a more interpretative one. More specifically, after identifying themes under each of the main headings, I went back to the data to look for instances in which it was evident, either explicitly or implicitly, that the wider negativity surrounding sunbed use was being internalised or resisted, as well as looking for data that supported or contradicted findings from my previous studies. I produced a thematic map which captured how the wider negativity and stigma was influencing the sunbed tanning culture (Appendix S), as well as any evidence of attempts to resist it. In terms of how this translates into the

analysis, I present the themes at a descriptive level, incorporating my interpretation throughout where appropriate. The description is important in order to provide an in-depth understanding of the culture.

7.4 Findings

In the following sections, I present the key findings generated from this ethnographic exploration under the three main headings: setting the scene, day-to-day in the salons, and insights from staff. Taken together, the findings not only provide an in-depth insight into the sunbed tanning culture, but also provide understanding of how the negativity pertaining to sunbed tanning was being managed and resisted at the behavioural level of sunbed users. Findings are presented under sub-headings, with excerpts from my field-notes used throughout for illustrative purposes.

7.4.1 Setting the Scene

In this section I provide a description of the exterior and interior appearance of both salons, under separate sub-headings. As well as helping to set the scene and provide contextualising data, ethnographic inquiry, as noted in section 7.2, is concerned with exploring the physical setting of the culture in its own right, thus this information forms an important part of the analysis. I also identify the various staff members that I came into contact with during my research. This is important as conversations I had with staff formed an integral part of the field-work, and will assist in the reading of the following sections where I referred to staff by name. Key informants are individuals who play a crucial role in ethnographic research (Howitt, 2010), and in this study staff acted as the key informants throughout. Through being centrally involved in the day-to-day running of the salons, staff members were in the best possible position to provide me with vital ‘insider’ information.

Salon One

There were six members of staff working at Salon One. These included four sunbed staff (I met and spoke to three of them), and two beauty therapists (I only met and spoke to one).

Louise: Louise was the salon manager and a key informant in my research from start to finish. At the time of the research she was 33 years old and had worked as the manager of the salon for just over

eight years. Louise was the only full time member of staff at the salon working Monday to Friday 9am till 5pm, and longer shifts when necessary. Louise used a sunbed herself, although not very often and admitted she used to use a sunbed much more frequently. She used a sunbed to try and even out her skin tone as despite being mixed-race she said her skin “often looks pale.” She admitted to using sunbeds because it was convenient after work. Louise always greeted me in a very friendly manner, making me feel welcome and at ease. She was very receptive to me asking her questions and often, without prompting, provided me with information about herself, the salon, and the salon’s clients.

Kara: Kara was a part-time member of staff, working on a Thursday and Friday evening at the salon; she had two other part-time jobs. Kara was very tanned in her appearance and at the time of the research was in her early forties. Like Louise, Kara was very open and happy to talk to me about the salon, the clients, and why she herself used a sunbed; she told me that having a tanned appearance made her feel more confident and better about herself. She used a sunbed twice a week, which she described as being “about average.” Like Louise, Kara admitted how convenient it was for her to use a sunbed with working at the salon, even though she acknowledged she would still use a sunbed even in the absence of her working there. Kara was a previous client of the salon and had applied for the job opportunistically after talking to Louise. Kara was friendly with some of the clients, socialising with them outside of the salon. Kara told me she had made several friends through working there.

Melanie: Melanie had only worked at the salon for ten months, and worked part-time on a Monday and Tuesday evenings from 5-9pm. She was fairly pale in complexion and aged in her early thirties. Melanie had never used a sunbed. Melanie told me she would perhaps use a sunbed before she went on holiday to obtain a ‘base tan’ but that she did not really see the point “as they’re just not very good for you are they?” Melanie told me she had family and friends who used sunbeds but other than for health purposes (e.g. to improve skin conditions), she described using sunbeds as “a bit silly.”

Claire: Claire was a beauty therapist and nail technician who ran her own beauty and nail business from within the salon, hiring out rooms where she carried out treatments. Claire had over seven years of experience in the beauty industry and had run her own business within the salon for the last four.

Claire was in her late twenties and worked full-time at the salon but her shifts were very flexible depending on the time and number of bookings she had. Claire had never used a sunbed.

Exterior Appearance

Bright and Colourful

...The exterior of the salon is bold and bright in colour, yet tastefully decorated. The exterior looks clean and well-maintained. It's orange and yellow decoration makes it stand out from the stretch of shops it's positioned within. The bright exterior appearance feels very inviting, and the door to the salon is open, making it seem even more welcoming. *This exterior could be reflective of a pride in the salon and the services they offer, or it could be an explicit attempt to resist the negativity associated with sunbed tanning that the salon owner is acutely aware of – they want to stand out, they don't want to hide away at all. I also wonder whether its positive appearance is influenced by the fact that the salon offers both tanning and beauty services, which it clearly states on its exterior signage...* (Field-notes, September 2013).

As evidenced in the field-notes, the exterior of Salon One was brightly coloured, decorated in glossy yellow and orange. The name of the salon was clearly displayed in bold, gloss black lettering and its outer appearance looked very clean, professional and well-maintained. From outside, the reception and waiting area of the salon were clearly visible through a large glass window. Staff sat behind the reception desk and any clients in the waiting area could also be seen from the outside.

Interior Appearance

Warm and Welcoming

...Mirroring its exterior is a palpable sense of pride within the salon in terms of its interior presentation. It is very light and airy with lots of natural light afforded by the large window at the front, as well as the lightly coloured décor. It is late afternoon (about 4pm) and very quiet in the salon; there have only been two clients come in to use one of the sunbeds during the last hour and someone has just arrived for a nail appointment with Claire. The door to the nail room is open and from my seat in the waiting area I can hear Claire chatting with her

client as the distinctive smell of nail polish drifts through. The door to the salon is also open and I can hear children chatting, presumably as they walk home from school on the corner. It is very warm in the salon despite the time of year, but rather than being an oppressive heat, I find the warmth in combination with the brightness of the salon to be very relaxing, particularly when compared to the dark cold weather outside. There is music playing softly in the background which adds to the overall relaxing ambiance... (Field-notes, October 2013).

As evidenced here by my field-notes, the salon was typically very warm and became increasingly so throughout the day. Over time, I noted the considerable care and attention given to the interior presentation of the salon; there was a price list, for example: *“displayed proudly on the wall”* (Field-notes, October 2013), in a glossy black frame. The shelves were well stocked with a range of beauty products (e.g. nail polishes and skin care products), which were always meticulously neat and tidy:

...To me this conveys a real sense of pride in the salon and the services they offer. Again I wonder whether this is influenced by the beauty side of the salon which is well integrated and seems to work seamlessly alongside the sunbed aspect... (Field-notes, September 2013).

Despite the apparent integration between the beauty and sunbed components of Salon One, there was one instance perhaps reflective of feelings of an underlying segregation, as captured in my field-notes:

...The door to the nail room was just open and I could hear Claire chatting to her client. The client asked Claire how many staff worked at the salon. Claire replied “there are two beauty therapists, and then there’s the sunbed people, we are separate from the sunbed people...”

The salon’s interior consisted of a reception desk and a small waiting area with four high back fabric chairs positioned with their backs facing the front window. The waiting area and reception desk were in very close proximity to each other, which had significant implications in terms of how I felt when conducting the research (reflected upon in section 7.5.2). The two Lumina sunbed rooms were located just off the waiting area, and the other two (containing the turbo sunbeds) were situated towards the back of the salon. The nail room was directly on the right upon entering. A beauty room

was situated towards the back of the salon between the two turbo rooms and another beauty treatment room was located upstairs. The sunbed rooms themselves were fairly spacious and in keeping with the rest of the salon were lightly decorated, and looked clean and well maintained. The sunbeds were cleaned by staff immediately after they had been used and the doors to the sunbed rooms were always left open after they had been cleaned. This meant that the Lumina sunbeds were visible from the waiting area and presumably from outside, which was something I reflected on in my field-notes:

...I can clearly see it [the sunbed] from where I'm sitting in the waiting area; the sunbed has actually been left open with a sign displaying 'I'm clean.' *I wonder whether this visibility is something deliberate on the part of the staff; it may be that they are proud of the salon and want to show off the sunbeds that they have...* (Field-notes, September 2013).

Salon Two

Five members of staff worked at Salon Two. Only the manager worked full-time, whilst the others all worked different part-time shifts. During my research I met and spoke only to Jessica.

Jessica: At the time of the research, Jessica had worked part-time at the salon for just over three and a half years. She was an undergraduate university student studying at a local university and worked at the salon on Monday and Tuesday evenings from 4-8pm. She was 21 years old and had a fairly pale complexion, admittedly with "lots of moles and freckles." Jessica did use a sunbed but not regularly, only using them before going away on holiday to obtain a 'base tan' or, at times, for a special occasion. She did say she only used a sunbed because of how convenient they were because of her work and was certain that she would not continue after she had left. As already noted, Jessica had been a participant in studies one and two and had offered to ask her manager if I could visit the salon where she worked. Jessica had told me in her interview (study two) that she disliked working at the salon because of the associated "stigma" and the assumptions people made about her working there.

Exterior Appearance

Plain and Uninviting

...Other than the name, it is not clear from the outside that this is actually a sunbed salon.

The salon is very plain looking in its exterior appearance, particularly in comparison to the bright and colourful exterior of Salon One. The signage on the front is black and white in colour, with a letter missing from the salon name; the paint work looks slightly chipped and faded. *The lack of any colour and the letter missing from the sign suggests a lack of pride; perhaps in an attempt to hide away and not stand out. I wonder whether this is reflective of an awareness of the negativity surrounding sunbed tanning...* (Field-notes, January 2013).

As evidenced here by my field-notes, the exterior appearance was in direct contrast to Salon One, looking old, tired, and uninviting. Whilst there was a window at the front, unlike Salon One it did not offer any real visibility into the salon from outside; all that could be seen through the window was a large picture in a frame of a tanned scantily dressed woman, obviously designed to promote the image of a tan. The door to the salon had several glass panes through which the reception desk was barely visible. The waiting area, in comparison to Salon One, could not be seen from the outside of the salon. The plain exterior appearance was something Jessica thought that the male clients liked about using sunbeds at their salon in particular. To be specific, she referred to the plainly decorated exterior of the salon as being less intimidating than other places as it “doesn’t scream out the fact that it’s a sunbed salon.” Jessica described Salon Two as having almost a “clinical look,” which she believed was especially attractive to their male clients. She admitted the salon’s plain exterior appearance however, meant people were not always aware they were a sunbed salon and “walk past.”

Interior Appearance

Cold and Uncomfortable

...It’s my first visit to Salon Two and I note the stark difference in its interior appearance to Salon One. The salon itself is small and very narrow, yet deceptively longer in length than it seems from the outside. As I look around, I note the almost clinical look and feel to the salon.

There are fold-up wooden chairs in the waiting room which I find very uncomfortable to sit on. There is no music playing and the salon feels almost soulless; the only sound is the constant drone of traffic passing by outside and the sound of the fans on the sunbeds as they start up. It's very cold in the salon, to the point where I start to feel uncomfortable, and I note how uninviting it feels compared to the warm and bustling environment of Salon One. I feel the radiator next to me – it's cold and I sit with my coat and scarf on throughout the visit. The interior décor of the salon is very plain, decorated white, and other than two advertising posters, there is no colour. It is dark inside the salon particularly, I note, as I have moved away from the reception desk by the front window. (Field-notes, January 2013).

In terms of the interior layout, the reception desk was located immediately on the left as you entered the salon, with sunbed rooms numbered one to five stretching down its narrow length. Immediately opposite the reception desk was a small room (room one) containing a Flabelos machine, designed to help improve muscle tone. According to Jessica, this room had previously contained the stand-up sunbed which “hardly anyone had ever used.” This particular sunbed had now been moved to one of the rooms at the back where “people now use it all the time” (Jessica). She speculated that people had not liked using it when it was directly opposite the reception desk because they felt as though they were “on show going in and out to the people walking or driving past outside.”

The other rooms contained identical lie-down sunbeds, other than one which contained a slightly larger lie-down sunbed. The sunbed rooms were small and with their numbers on the doors, they *'look almost cubicle like'* (Field-notes, January, 2013). Compared to Salon One, the sunbeds looked older and dated. They had yellow frames where the paint had started to chip away slightly, and had small boxes attached to them for coins (they were coin operated). In direct contrast to Salon One, after being cleaned the doors to the sunbeds were closed and remained closed when not in use. This lack of visibility was something I reflected on in my field-notes, as illustrated below:

...Jessica goes into clean the sunbeds immediately after they've been used. I notice that she closes the door behind her and the doors remain closed when the sunbeds aren't in use. *I wonder about this and question whether, like the aesthetic exterior and interior appearance*

of the salon, it reflects an internalisation of the negativity surrounding sunbed use. The staff perhaps feel ashamed of the sunbed service they offer and feel as though they don't want to draw attention to it; as though they need to hide them away... (Field-notes, January 2013).

7.4.2 Day to Day in the Salons

In this section I describe, under relevant headings what day to day life was like in the salons, from the clients' arrival and requesting a sunbed, to them using a sunbed and leaving the salon. This detail is useful to contextualise the behaviour, and interactions, which I also describe here. I present the information for both salons in an integrated manner, highlighting any differences.

Before I do this, I provide a summary description of the general characteristics of clients using sunbeds in both salons. I also briefly describe the sunbed-specific language used by the staff and clients to inform the reading of the following sections.

The clients

Both men and women used sunbeds in both of the salons. Clients were of a wide age range, with many older clients as well as young. In general, clients were mixed in terms of their appearance and whether they looked like the 'stereotypical' sunbed user. As noted in chapter three (section 3.7), at the outset of my research, I held my own pre-conceptions as to what someone who used a sunbed looked like: a young female that was very tanned in appearance wearing lots of make-up. Some were tanned in appearance but others, apart from being inside the salon, were not identifiable as people who used sunbeds. For example, some were pale and fair in their colouring, with several I noted having "reddish, sandy coloured hair and lots of freckles" (Field-notes, Salon One, December 2012).

As well as in their everyday clothing, several clients entered the salons wearing what looked like work clothing. Some clients were wearing work suits for example. Louise told me that clients often came into use a sunbed on their lunch break or after they had finished work. Some clients, I noted, were also wearing some form of sportswear (particularly the male clients) perhaps, as I speculated in my notes '*on their way to or from the gym*' (Field-notes, Salon One, September 2012). The majority of clients came into the salons individually, others however arrived in groups of two or

even three. Friends for example came in together, mothers with their daughters, a father and his daughter, boyfriends with their girlfriends, and husbands with their wives.

The number of males using sunbeds in both of the salons was a particularly unexpected and surprising finding given the small number of males that I had been able to recruit for studies one and two. The demographics of the male clients were in keeping with the characteristics of the clients overall; ranging widely in age from approximately their late teens to their early to mid-sixties. Louise told me how they had a lot of male “body building buffs” using the sunbeds in Salon One, speculating that it made them “look better for shows because the tan helps to further define their muscles.”

Language and Terminology

Sunbed-specific language and terminology was used frequently in the two salons by staff members and clients. Sunbeds were referred to as “beds” rather than sunbeds in the majority of cases, and using a sunbed was typically referred to as “going on,” for example “you can go on when you’re ready” and “I’m going on now.” Such language and terminology was implicitly understood by both clients and staff. “Re-tubed,” which refers to the fluorescent tubes in the sunbeds being replaced was also a term used frequently; the heat from the sunbeds is more intense after they have been re-tubed.

Entering the Salon and Requesting a Sunbed

Typically, when a client(s) entered the salons they immediately walked over to the reception desk. The client and whichever member of staff that was working, smiled and greeted each other in a friendly manner. Staff typically referred to the clients by name in Salon One, although not in Salon Two. Louise told me that most of the clients were “regulars” in Salon One, thus many were known to the staff by name, particularly by Louise who worked at the salon full-time. On numerous occasions in Salon One, staff asked the client how they were and vice versa and interaction was always very friendly and polite. At times, there was some further communication between staff and clients in Salon One, although it is important to highlight that this was not common practice. In these instances, it was typically a quick but always friendly exchange. Louise told me that she knew some of the regular clients “quite well.” There was less interaction between clients and Jessica in Salon Two than Salon One, and a notably less friendly atmosphere. Despite the polite greetings there was more often

than not no other engagement. Whilst this could be attributed to Jessica only working part-time at the salon compared with Louise's full-time role, Jessica confirmed clients were "never talkative."

When clients had not pre-booked in Salon One and for the clients in Salon Two, they typically asked staff whether one of the sunbeds or a specific sunbed was free before requesting the number of minutes they desired. If their preferred sunbed was being used, clients were mixed as to whether they waited or opted to use a free sunbed; some looked annoyed when they had to wait "*perhaps because they want to get in and out of the salon as quickly as possible*" (Field-notes, Salon One, September 2012). At times, I noted that it seemed as though the clients were in a dilemma between their desire for wanting to use a specific sunbed and their desire for wanting to be and out of the salon in as quick a time as possible.

Many had a preference for using a specific sunbed in both salons, and even if all of the others were available, clients often asked and waited to use a particular one. As well as requesting a specific sunbed, it was common practice for clients in both salons to request to use as hot a sunbed as possible. Clients typically asked, for example, which sunbed had "been on the longest," which was the "hottest," and had most "recently been re-tubed." Clients often waited to use the most recently re-tubed sunbed, preferring to do this even when all of the others were free. Both Louise and Jessica told me that clients often burnt their skin after using a sunbed that had been re-tubed.

Both salons were frequently very busy, much more than I had anticipated given the relatively small number of sunbed user participants I had recruited for studies one and two. Louise told me that they typically had about 50-70 sunbed clients per day in Salon One. During busy periods, clients often had to wait to use a sunbed, and at time as I noted there was a "constant flow of people in and out of the door" (Field-notes, Salon One, December 2012). In both salons, the mornings tended to be the quietest period, with late afternoons and early evenings the busiest. During these times, the salons had clients coming in after they had finished work or college to use a sunbed "without having to go home and come back out again" (Louise). According to Jessica, this was especially the case in the winter "when it's dark and miserable outside, people don't want to go home and come back."

The salons generally got busier as the week progressed with people wanting to use a sunbed "in preparation for going out at the weekend" (Jessica). This was reflected in the length of my field-

notes which were not only longer for early evening visits but also visits towards the end of the week. I was told that September (when I began my field-work in Salon One) was a particularly quiet period in both salons. The salons then picked up again approaching Christmas with everyone “wanting to look nice and tanned for all the Christmas and New Year parties” (Louise). This was something I observed myself during visits to Salon One, where I noted a definite increase in the busyness of the salon in December compared to the previous months. The salons were unpredictable in terms of how busy they were, and it tended to be at one of the spectrum, either incredibly busy or very quiet.

Paying for the sunbed

The payment process differed quite widely between the salons mainly as a result of the sunbeds in Salon One being token operated whereas they were coin operated in Salon Two. In Salon One, clients could either ‘pay as they go’ or purchase a block booking, which according to Louise “worked out a little bit cheaper.” When a client had a block booking, staff did not ask for payment but automatically deducted the minutes off the amount on the client’s card. As the sunbeds were coin operated in Salon Two, clients required the correct amount of change to insert into boxes attached to the sunbeds. The sunbeds cost £1 for every 2 minutes, and only accepted £1 coins, therefore clients typically checked whether they had a sufficient number of coins for the desired number of minutes. Salon One operated a loyalty scheme; after ten appointments clients’ “get the next one free” (Louise).

Waiting, Using the Sunbed and Leaving the Salon

If the requested sunbed was free, the clients in both salons made their way immediately to the appropriate sunbed room. Clients only tended to sit in the waiting area if their requested sunbed was being used. If this occurred, clients often appeared uncomfortable, as I captured in my field-notes:

...A male client has just asked if he can have 9 minutes on the turbo sunbed. He was young (in his late teens/early 20s). I had previously seen him hesitate and look around him before entering the salon. Louise told him that someone had 6 minutes left so he would have to wait if he wanted to use it. He took a seat in the waiting room. He sat leaning forward in his chair playing on his phone, he then sits back, before sitting forward again. He did not look up from

his phone whilst waiting. *From his body language, I sense that he feels very uncomfortable and would rather not have waited...* (Field-notes, Salon One, November 2012).

In Salon Two, there was very little and typically no interaction between the clients. Jessica explained that this was the norm, and described how clients “rarely speak to each other when waiting to use a sunbed unless they happen to know each other.” She told me they typically just sit and text or play on the phones, “they don’t want to engage, they just want to get in and out, it’s not a social event for them.” At times, there was a little interaction between clients in Salon One if more than one was waiting, typically however clients tended to wait in silence, choosing to look through a magazine or at their phone. Any conversations that took place appeared to occur when clients happened to know each other. In contrast to the sunbed clients, those waiting for a beauty appointment in Salon One appeared more relaxed and comfortable waiting in the salon, often chatting to staff as they did so.

After using a sunbed, some of the clients I noted looked “quite red and flushed in appearance” (Field-notes, Salon One, December 2012). Some commented on how hot it was to whichever staff member was working, typically laughing as they said this. The majority of the clients left the salons immediately after using the sunbed. Clients did not usually stop and talk to staff when leaving, instead they typically just said “bye” and “thanks” before they left. Although some clients in Salon One did stop to book in for their next appointment (more often towards Christmas when the salon was busier), the whole process from arriving at the salon to leaving was very quick and efficient. Louise confirmed this by telling me that many of the clients “wanted to get in and out as quickly as possible.” In contrast, all the beauty clients typically chatted with staff in a relaxed manner before leaving, and the overall experience for the beauty clients appeared to be a much more of a leisurely one.

7.4.3 Insight from the Staff

Male Sunbed Use

As already noted, I observed a surprising number of males using sunbeds at both salons. Louise and Jessica explained their own surprise at this on commencing their employment. I explained the difficulties I had experienced recruiting male sunbed users for my previous studies, and staff were

not surprised at this assuring me “they are definitely out there” (Kara). Staff described how many of the male clients were embarrassed about using sunbeds, particularly because it is regarded “as being a really girly thing to do” (Kara). According to Louise “if you ask any man whether he uses a sunbed they will tell you no.” Louise and Jessica described how the embarrassment manifested itself in their behaviour. Jessica, for example, described how many of the men tended to be “quite cocky and jovial” in the salon. She attributed this display of self-confidence to an attempt to “conceal their embarrassment.” Jessica told me about the behaviour of three male college students she knew which supported this notion. The males had entered the salon and “acted completely out of character” when they saw her working there, attributing this to their embarrassment over being seen in the salon by someone they knew. I did observe a confident manner from some of the male clients during my field-work. This was not consistent however, and I did notice some males were much more reserved.

According to Jessica, male clients tended to come into the salon late in the evening, sometimes “just before closing time.” Jessica speculated that this was because “they feel embarrassed and don’t want to be seen by anyone.” Jessica told me how she found that it was the males more than the female clients who offered specific explanations for their sunbed use. She attributed this to the males attempt to disassociate themselves from the aesthetic side of sunbed tanning. Jessica provided a detailed description of this:

“There seems to be so many men that come in and say ‘oh I’m just using them because I’ve got a bad back and they help my back,’ but we hardly ever get any women coming in and saying that, so it does make you wonder whether these men are just saying that because they don’t want to be seen as using them because they want a tan. I’d say at least half the men we get in give you some sort of excuse for using them whereas most women just come in and, go on (Jessica, Field-notes, Salon Two, January 2013).

Whilst Jessica believed that it was the younger men who were more embarrassed, Louise assumed it was older men. Louise attributed this belief to it now being more socially acceptable for young men to be concerned about appearance, whereas older men “had grown up with it being a typically feminine thing,” and thus felt the need to articulate a specific reason for being in the salon.

Not just the aesthetic stereotype

Staff members were aware of the belief that people only use sunbeds for aesthetic purposes, and articulated their annoyance at the inaccuracy of this. Echoing the responses of the sunbed users in study two and those in support of sunbeds in study three, staff at both salons explained that as well as to look better, people used sunbeds for a variety of different reasons and not “just for appearance like everyone thinks” (Jessica). Some clients, according to Jessica, used sunbeds to help ease symptoms of SAD and depression. Louise told me about a male client who used a sunbed to help ease his arthritis, and how numerous clients used a sunbed to obtain a ‘base tan’ prior to going away on holiday to “protect their skin.” Many clients, according to Louise and Jessica used sunbeds to help improve skin problems such as acne, eczema and psoriasis. According to staff at both salons, a number of clients covered their faces or other parts of their body when using a sunbed, which reinforced Jessica’s argument “it’s not all about appearance.” Louise told me how some clients (including herself) only exposed their faces and “go on [sunbeds] fully clothed to protect their body.”

Aware of the Risks

I was told that clients were fully aware of the risks and that “telling them about it will not put them off” (Louise). Louise drew a comparison between sunbed users, alcoholics, and smokers in that “they know about the risks, they just don’t want to think about them,” surmising that they blocked the dangers out, particularly the skin cancer risk. Kara told me about one client who had recently had a skin cancer removed from her face but continued to use a sunbed. Kara herself acknowledged that she knew about the risks and people continued to tell her about them, but she was not deterred. Kara reiterated she knew about the risks but countered this by saying “I don’t drink much or smoke so.” Although she did not finish this sentence, the implication here was that Kara considered the risks to be less of a concern as she did not participate in these other ‘risky’ behaviours. This compensative form of reasoning was consistent with the responses of some sunbed users in studies two and three. Kara explained she was an adult who made her own decisions and applied this same logic to the clients: “there’s no point making people feel bad about something that they know is bad, they’re all adults.”

Echoing the responses of several of the sunbed users in studies two and three, the majority of staff shared the view that whilst the risks were undeniable, they only became a significant concern when overusing sunbeds, and emphasised the various health benefits of using them in moderation. In particular, they did not consider their own, what they referred to as limited sunbed use, to warrant any significant concern. Louise and Jessica expressed a specific lack of understanding as to why people overused sunbeds despite being aware of the risks. Louise, in particular, referred to her own surprise at the paradoxical nature of people overusing sunbeds for aesthetic purposes when they know that it can have the reverse effect. She described the irony of how people who overused sunbeds actually “start to look bad” and how people that really care about their appearance “will go on the turbo for like 20 minutes every other day” (twenty minutes was the maximum amount of time the turbo sunbed could be used for). Melanie was the only member of staff who considered the risks unacceptable no matter how limited the usage, although she conceded she might use them “before going on holiday.”

Overuse is Common

In contrast to what the sunbed users in studies two and three said about their limited sunbed use, I was informed that many clients in both salons overused sunbeds. Louise estimated that as many as half of their clients were addicted and overuse was something she witnessed “every single day.” She told me about one client who regularly used a sunbed “every other day for about three months before going away on holiday.” Melanie told me about a female client who used the turbo “like every day.” Louise explained the difficult position such excessive use put herself and the other staff members in, because “we want to say something but we can’t because it isn’t really our place too.” She went on to explain that “they’re [the clients] all adults so it’s really up to them what they do, we can only really advise them.” Both Louise and Jessica described the embarrassment felt by those who overused sunbeds with Louise describing how these clients “almost whisper when they ask if they can have twenty minutes on the turbo.” Louise described in detail the reason why she thought clients got embarrassed about overusing sunbeds, as captured in my field-notes below:

“They know they shouldn’t be going on that much, they know in their heart of hearts that they shouldn’t be going on them that much because that’s when you start to get problems with the

sunbeds with misusing them and they don't admit how much they actually use sunbeds, and in fact I have actually had people before say "oh if such and such comes in don't tell them that I've been in today." There's one client, she'd had a little bet going on with her friends from work, who were a bit concerned about her sunbed usage and they'd all had a bet to see if she could not use a sunbed for a week or two weeks, but she told me about it and said "don't say anything to anyone" so people are definitely embarrassed about it definitely (Louise, Field-notes, Salon One, November 2012).

7.5 Discussion

Through immersion into the day-to-day running of two sunbed salons, this study has provided rich, ethnographic insight, which helps to contextualise findings from my previous studies. Some of the insight has consolidated previous findings. Insight obtained from talking to staff, for example, has provided support for the findings from my previous studies by revealing that sunbed users are aware of both the health and appearance risks. This provides further support for the existing research, which has reported that sunbed users are generally well aware of the associated dangers (e.g. Knight et al., 2002; Mackay et al., 2007; Schneider et al., 2009). As in study three, the notion of personal choice with regards to making the decision to use a sunbed was drawn upon especially by Kara in Salon One. The compensative form of reasoning evident from talking to Kara was also consistent with the responses of some of the sunbed users in studies two and three. Similarly to the sunbed users in the previous studies, by explaining that she did not smoke or drink excessively, Kara can be seen as attempting to downplay the significance of the risks by taking her whole lifestyle into consideration.

Also echoing the responses of sunbed users in studies two and three, was that the majority of staff expressed the view that whilst the risks were undeniable, they only became a significant concern when overused. As discussed in chapter six, this general consensus that the more regular the use the greater the risk has been similarly evidenced in a number of the existing sunbed studies (Vannini & McCright., 2004; Carcioppolo et al., 2014; Lake et al., 2014). All staff members in the current study referred to their sunbed use as being limited, with Kara specifically referring to it as being "average." Although staff did not make explicit comparisons with their own limited sunbed use as some of the

sunbed users had done in studies two and three, staff did frequently refer to the excessive sunbed use of their clients. Of particular note was Louise's estimation that as many as half of the clients in Salon One were addicted to sunbeds. Although implicit, referring to the excessive use of their clients may have been an attempt to position and present their own sunbed use as being acceptable in comparison to the unacceptable use of others like several of the sunbed users had done in studies two and three. This acceptable positioning was strengthened by the staff expressing their lack of understanding as to why people would overuse sunbeds when they know about the associated risks, similarly evident in the responses of several of the sunbed users in studies two and three. Thus, as in the previous studies, evident in the talk of the staff were implicit attempts to challenge the wider negativity by representing sunbed tanning as not being a significant concern, and as being acceptable if limited and controlled.

The frequent overuse of sunbeds referred to by the salon staff contradicted the limited sunbed use described by the majority of the sunbed users in studies two and three. This contradiction was particularly striking and raised questions as to the accuracy of the responses of the sunbed users in the previous studies, although none of the clients from the salons, to my knowledge, had participated in the previous studies (bearing in mind that the responses of study one and three were anonymous). Casting further doubt upon the accuracy of the responses in the previous studies was that whilst the sunbed users had described their sunbed use as being limited, several in study two talked about how they had experienced a skin burn as a result of using a sunbed, and 61% reported to have experienced a skin burn through using a sunbed in study one. This statistic does not seem entirely surprising in light of the findings of the current study, which found that sunbed users typically requested as hot and as powerful a sunbed as possible. Vannini and McCright (2004) had reported a discrepancy between the sunbed use reported by clients and what their sunbed use actually was by staff. The possibility of social desirability influencing the responses of sunbed users will be discussed in the final chapter.

The current study has also shown that people use sunbeds for various reasons and not just for aesthetic purposes, supporting insights obtained from my previous studies. The staff were aware of the representation of sunbed tanning as being a vain and aesthetically motivated behaviour, which was a particular source of annoyance for them. Insight from staff revealed that male sunbed users were particularly aware of this representation. The more health-based reasons that the staff members

referred to (e.g. protective ‘base tan,’ ‘to help improve skin conditions’) have been similarly expressed as reasons for sunbed use in studies one, two and three. These findings also corroborate those of existing research, which have reported that their sunbed users talked about how sunbeds helped with similar health problems (e.g. Murray & Turner, 2004; Lake et al., 2014). Staff revealed that there are definitely clients, including themselves, who do not use sunbeds for aesthetic purposes. Thus, there was evidence as in the previous two studies of a representation of sunbed tanning being for a specific purpose (not just for a tan), which worked to explicitly and implicitly challenge the wider negativity

As well as consolidating findings from the previous three studies, the current study has also provided additional insight. In particular, I observed a high prevalence of male sunbed use in both of the salons. This was confirmed by insights from the staff who spoke about the particularly high number of male sunbed users. This was unexpected given the small number of male sunbed users who had volunteered to participate in studies one and two. This study revealed that male sunbed users felt embarrassed about using sunbeds, which is likely to be a plausible explanation for the reluctance. Staff informed me that the male’s embarrassment primarily stemmed from the association of sunbed tanning as being a feminine behaviour, a representation that had emerged in interview responses of those who had never used a sunbed in study two, which was internalised here at the behavioural level. In light of the findings of this study, it seems possible that the particularly low prevalence of male sunbed use indicated by existing research (e.g. Branstrom et al., 2004; Thomson et al., 2010), may be a result of males feeling embarrassed that they use sunbeds as a result of the feminine representation, and thus are less likely to acknowledge their use on a survey. Only one male sunbed user took part in study one, whereas the number of males using sunbeds in both the salons was particularly noteworthy.

Findings have also built upon the previous three studies by providing insight into how the negativity pertaining to sunbed tanning was being engaged with at the behavioural and practice level of the sunbed users. Despite discursive efforts to resist the negativity in previous studies, findings have revealed that the negative image of sunbed tanning, as being risky and socially disapproved is being internalised by the sunbed users, evidenced by their particularly defensive behaviours and practices. For example, communication was limited between staff and clients as well as between clients, especially in Salon Two. The whole process from the clients entering the salons, requesting

and paying for a sunbed, to using the sunbed and then leaving the salon was typically very quick and efficient. The sunbed clients usually did not wait around before or after using a sunbed and findings indicated that they were keen to get in and out of the salon in as quick a time as possible. Clients typically appeared to be in a rush and it did not seem to be a relaxing experience for most, which was supported by comments from the staff. If clients did have to wait to use a sunbed, I observed several instances where body language suggested they felt particularly uncomfortable in doing so. This was highlighted further when juxtaposed against the seemingly different experience for the beauty clients.

An internalisation of the negativity was evident from the early recruitment stage of the study, with many of the salons being very reluctant to participate as discussed. It is likely that their defensive response was reflective of how they considered sunbed tanning to be perceived by wider society and the negativity surrounding sunbed tanning that they are undoubtedly aware of. This was supported by insights from the salon staff who spoke very honestly about the negativity surrounding sunbed tanning that they themselves and the sunbed clients were well aware of. Despite allowing me to conduct my field-work in their salon, both the salon manager and owner of Salon Two were sceptical of why I wanted to conduct the research, automatically assuming it was something negative.

Finally, the negativity also appeared to have been internalised at the physical, material level of the actual tanning salons themselves. For example, as described in section 7.4.1, the exterior and interior appearance of Salon Two suggested a lack of pride, even shame, and is perhaps reflective of the salon's awareness as to how sunbed tanning is considered by wider society. The lack of visibility that the salon afforded the inside of the salon supported this notion. Even when inside the salon, there was a lack of visibility for the sunbeds, with doors to the sunbed rooms always being closed after they had been used. These interpretations were supported by salon staff. Jessica, for example, described the "cold" "clinical" feel of the salon but believed that males in particular liked using a sunbed in their salon because of its plain appearance, as a result of their embarrassment about using a sunbed.

At the same time as this internalisation, there was evidence of attempts to try and resist the negativity both explicitly and implicitly in Salon One. Specifically, in contrast to the plain and uninviting exterior and interior appearance of Salon Two, Salon One had a bright and colourful exterior and a welcoming and comfortable interior. The salon's visibility, as well as the visibility the

salon afforded its sunbeds, could be interpreted as a direct attempt to resist the negativity of which they were aware. Also in contrast to Salon Two was the stark difference in their response to my research; the manager of Salon One was very enthusiastic and interested. Also, whilst typically there was little interaction between staff and clients, as well as between clients in the salons, there was some additional communication, and notably a friendlier atmosphere in Salon One. Salon One's attempts to resist the negativity could be attributed to the salon having both sunbed and beauty aspects. I argue that the salon is able to mask some of the negativity by having the beauty element, which is considered to be more socially accepted. This notion was supported by Jessica who told me that when people asked her, she told them she worked at a beauty salon as opposed to a sunbed one, through concern as to the negative assumptions people would make of her. The beauty and sunbed aspects were well integrated in Salon One, which added to the overall relaxing experience and the beauty products on sale added to the more aesthetically pleasing interior presentation of the salon compared to Salon Two. These interpretations seem particularly plausible in the context of the wider overlapping conceptualisation between health and beauty, as outlined in chapter two (2.12).

Despite attempts to resist the negativity in Salon Two, internalisation was still explicitly evident in what Louise and other staff members told me about the behaviour of their clients, and my own observations. Findings have indicated that male sunbed users in particular, in both of the salons, showed signs of behaviourally internalising the wider negativity. Findings revealed that this was exacerbated by their knowledge that sunbed tanning was considered to be a feminine behaviour.

7.5.1 Strengths and Limitations

Ethnographic exploration was an effective, and potentially the only viable way of exploring how the wider negativity pertaining to sunbed tanning was being engaged with at the behavioural level of sunbed users, as well as manifesting at the aesthetic level of the sunbed salons themselves. The study has also enabled me to gain insight from sunbed salon staff, which has added an additional, valuable dimension to my research. Rather than sunbed users telling me about their behaviour, in this study I was able to observe it first-hand, which was advantageous given that it seems possible that social desirability may have influenced responses in the previous studies. Theoretically, the collection

of non-verbal data through this study was important in complementing the reflexive self-report data obtained in the first three. By immersing myself into the day-to-day running of the salons I was also able to produce detailed and extensive field-notes, which helped to contextualise the entire thesis.

In terms of limitations, exploration was restricted to two sunbed salons given the difficulties I had in terms of recruitment. Whilst obtaining findings that could be generalised was not my intention, the study would have benefited from exploration in a greater number of salons. In particular, it would have been advantageous to explore whether the differences between the salons were apparent in other salons. The study may also have benefited from actually interviewing sunbed users in the salons to obtain further, perhaps more spontaneous responses to complement those obtained from the previous studies and perhaps add an additional dimension. As noted in section 7.3.3 however, this would have involved extensive ethical considerations and practical difficulties for the salons involved.

7.5.2 Some Personal Reflections

On a personal level, whilst not entirely surprising the difficulties that I had experienced recruiting the salons was particularly challenging. It was difficult not to feel too despondent after receiving such disinterest although after conducting the study the reluctance was something that I now understand more fully. My early background in beauty therapy was something that I found myself drawing upon in terms of establishing access to Salon One, and then in maintaining comfortable access once I was in the field. Upon meeting Louise for the first time, I felt it was important to tell her about my beauty background to establish some commonality. Once in the salon, I spoke to Louise on several occasions about my experience working in the beauty industry, using my knowledge to discuss some of the beauty products and treatments that they sold in the salon. I also purchased some of the products and expressed an interest in having a treatment, eventually booking in for a manicure with Claire. Whilst this interest was genuine it was also in part motivated by my desire to try and establish some kind of ‘insider’ status so that Louise did not think of me as ‘just’ a researcher. I felt this was particularly important as I had made the decision to not use a sunbed, and thus this was my own way of trying to substitute immersion into the day-to-day running of the salon. To an extent I did feel this was useful, and I often chatted to staff at Salon One about the beauty side of the business.

There were times when I really felt part of the salon's culture, and all the staff members made me feel very welcome. I felt as though I got to know Louise in particular quite well and there were instances when she would be talking to clients in the salon and would include me in their conversation.

Initially I think the clients assumed I was just someone else waiting to use a sunbed. I was reminded of my researcher role however, as soon as Louise, Kara or Melanie told clients that I was conducting research; their faces and body language changed, and automatically I felt as though they became defensive. My 'outsider' role as someone who had never used a sunbed, was something that I felt had implications in this situation. The clients who did speak to me, often asked whether I had ever used a sunbed, some commenting "I can tell you've never used one." In these cases, it was interesting that I felt the need to actually justify why I did not use a sunbed often telling them "I'm too pale I'd just burn," when the real reason was because of the risks. I was careful not to disclose this reason as I thought it would only exacerbate any defensiveness on their part.

Louise and a few of the clients did try and encourage me to use a sunbed, with one in particular commenting "you need to go on one so you know what it feels like." Immersed in their environment, I almost felt a little embarrassed when I told them I had never used a sunbed, and was quick to disclose that I had worked in the beauty industry and thus had experience with fake tanning. On reflection, this was again an attempt on my part, to establish some commonality between myself and the clients. I acknowledge that this lack of total immersion may have impacted on the overall research experience, however I felt very strongly about not wanting to expose myself to any health risks by using a sunbed; my family history of skin cancer was particularly influential in this decision.

As I noted in section 7.4.1, I found the close proximity of where I sat in the waiting area to the reception desk in Salon One quite a challenging, almost awkward situation. For example, given the close vicinity I often felt as though I needed to sustain conversation with whichever member of staff was working, especially during quieter times in the salon. Sometimes I wondered whether they would prefer it if I was not there, and at times I did worry about being an imposition. I used the quiet periods in the salon to speak to the staff but was careful to not bombard them with questions. There were moments of quiet where Louise, or whichever staff member was working, got on with some paperwork and I used these times as opportunity to make some brief notes. It was also quite difficult

given my close proximity to the reception desk to know when was appropriate for me to do this. Despite me having informed staff that was what I would be doing, I was very conscious of making them feel uncomfortable. Although I was able to recall some detail afterwards, I found these brief jottings vital in being able to make fuller more comprehensive notes at the later stage. I did not find this situation to be as difficult in Salon Two, as I had interviewed Jessica on a previous occasion and felt at ease making notes in her presence. I also felt less of a burden given the fewer number of visits.

7.6 Chapter Summary

In this chapter I have presented the fourth and final study conducted as part of this thesis. As well as providing rich ethnographic insight, which helped contextualise the entire thesis, the findings have provided insight into how the wider negative representations pertaining to sunbed tanning are influencing the behaviour of the sunbed users, as well as manifesting at the physical aesthetic level of the sunbed salons. Findings have revealed that the negativity is being internalised at the behavioural and practice level of the sunbed users quite considerably, as well as at the physical level of the salons. At the same time, there was some evidence of attempts to resist the negativity. This was particularly the case for Salon One, which was a combined sunbed and beauty salon. Males showed particular signs of internalisation, seemingly exacerbated by their awareness of its representation as a feminine behaviour. Thus despite the attempts made by the sunbed users in the previous studies, and the staff in the current study, to discursively distance themselves from the wider negativity, findings from this study indicate how powerful the negative representations, pertaining to sunbed tanning, actually are.

Having presented the four studies conducted as part of this thesis, in the next chapter (chapter eight), I present the general discussion, where I discuss how the findings from all four studies together have answered the research questions I outlined in chapter two. In this final chapter, I also conclude the thesis by outlining the strengths, limitations, and contributions of the research as a whole.

Chapter Eight

General Discussion and Conclusion

8.1 Chapter Overview

I began this thesis with the overarching aim: to develop a more extensive social psychological understanding of sunbed tanning. Encompassed within this aim were two specific research questions: 1) How is sunbed tanning represented by those who use and have never used sunbeds? and 2) What function/influence do these representations subsequently have? In chapter two I noted that exploration of sunbed tanning from a social psychological perspective has been very limited, and the four studies documented in chapters four to seven addressed the aim and answered the questions from different angles. The purpose of this final chapter is to consolidate the findings by discussing how together they answer the research questions. In this chapter I discuss the implications of my research, as well as highlight its novel contributions to knowledge. In this final chapter, I evaluate the thesis in terms of its strengths and weaknesses and consider future directions. I also provide some final reflections.

8.2 Overview of the Studies

In study one I conducted online questionnaires, with the aim of exploring the sunbed-related risk knowledge and motivations of an adult participant sample in the UK. Whilst one aim of the study was to position my research in the wider empirical literature, the main intention was to act as a starting point for exploring the social representations pertaining to sunbed tanning held by those who used and had never used sunbeds, and to initially explore the identity function/influence these representations had. The study revealed that sunbed tanning was represented in two interrelated ways: as a risky behaviour, and as a vain, aesthetically motivated behaviour. Findings also revealed that the sunbed users constructed and engaged with an alternative representation of sunbed tanning: the risks as not a significant concern, in order to manage and resist the negativity of which they were aware.

Building upon the findings from the first study, study two involved conducting individual interviews with people who used and had never used sunbeds. The main purpose of this study was to explore in greater depth the social representations pertaining to sunbed tanning, and the identity

function/influence that these representations had. As in the previous study, sunbed tanning was represented in two interrelated ways by those who had never used a sunbed: as a risky behaviour, and as a vain, purely aesthetically motivated behaviour. The sunbed users' awareness of the negativity was particularly apparent in this study, with some evidence of its internalisation. The sunbed users however, discursively managed and resisted the negativity by constructing and engaging with three alternative representations of sunbed tanning: the risks as not a significant concern, sunbed tanning as acceptable if limited and controlled, and sunbed tanning for a specific purpose (not just for a tan).

Having identified the language use and the argumentative orientation of the representations in the previous two studies, study three involved specific exploration of the way social representations pertaining to sunbed tanning were being rhetorically constructed, debated, and disputed in interaction, between those against and those in support of sunbeds, using online discussion forum data. As in the previous two studies, sunbed tanning was represented by those who had never used sunbeds in two interrelated ways: as a risky behaviour, and as a vain, purely aesthetically motivated behaviour. Similarly to the previous study, the sunbed users managed and resisted the negativity by constructing and engaging with three alternative representations: the risks as not being a significant concern, sunbed tanning as acceptable if limited and controlled, and for a specific purpose (not just for a tan). The findings revealed that both those against and those in support of using sunbeds drew upon similar rhetorical strategies in constructing, debating, and disputing social representations of sunbed tanning, but utilised them in different ways to achieve different purposes, albeit with the same rhetorical aim.

Informed by the findings from the previous studies, in study four I conducted ethnographic exploration in two sunbed tanning salons to explore, to what extent, the wider negativity surrounding sunbed tanning was evident at the actual behavioural, practice level of the sunbed users, as well as at the physical aesthetic level of sunbed salons themselves. Findings indicated that the negativity had been internalised at the behavioural level of the sunbed culture. This was particularly evidenced by the sunbed users' defensive behaviour, the difficulties I had recruiting salons for the study, and from the insights I obtained from members of salon staff. Although limited, at the same time there was some evidence of attempts to resist the negativity, particularly for the salon that had both sunbed and beauty elements. The aim of this final study was also to provide rich ethnographic data in order to

contextualise the findings of the entire thesis. Although corroborating many of the findings from previous studies, the study also provided additional insight. The main and unexpected finding was the much higher prevalence of males using sunbeds in the tanning salons than findings from previous studies had suggested. The study indicated that the males' internalisation of the negativity was exacerbated by their knowledge of sunbed tanning being represented as a feminine behaviour.

8.3 Integration and Consolidation of the Findings

The main purpose of this final chapter is to consolidate the findings from all four studies, by demonstrating how together they addressed the overall aim of this thesis, culminating in the most extensive social psychological understanding of sunbed tanning conducted to date. I do this by discussing how together the findings have answered the research questions. As detailed in chapter three (section 3.5), this thesis triangulated by using four different but complementary data collection methods in order to obtain a richer, deeper insight, and a more complete understanding of the topic. Findings will be discussed in the context of the theoretical underpinnings of the research. As the specific links between the findings and the existing sunbed tanning literature have been made in the individual empirical chapters, discussion in this chapter is confined to the general broader points only.

8.3.1 Research Questions

How was sunbed tanning represented by those who had never used sunbeds?

Those who had never used a sunbed consistently represented sunbed tanning in two interrelated ways: as a risky behaviour, and as a vain, aesthetically motivated behaviour. The consistency of these representations in terms of emerging in the first three studies, all with different participant samples, indicates their social salience. In terms of content, the representation of sunbed tanning as being a risky behaviour was comprised of a lack of understanding, in all three studies, as to why people continued to use sunbeds in light of the skin cancer risk, which was considered a significant concern. The link between sunbed tanning and skin cancer was referred to as definite and unquestionable in all three of the studies. Significance was emphasised in different ways by referring to mortality, for

example, in study two and by the use of statistics and citing authoritative sources in study three. The significance of the health risk was further emphasised in study two by conceptualising sunbed use in excessive terms, with sunbed users typically referred to as overusing and abusing sunbeds. This was supported in study four by the insight from staff that many of their clients were addicted to sunbeds. Such a conceptualisation worked to portray sunbed users as completely lacking in self-control and being irresponsible. Their lack of understanding was fuelled in studies two and three, but particularly in study two, by sunbed tanning and thus the associated risks being considered to be a behaviour that was participated in deliberately by choice. Sunbed users were thus constructed as active agents for whom there was consequently little understanding or sympathy. Whilst the associated health risks were emphasised, the appearance dangers were consistently referred to as unimportant in comparison, with the exception of one participant in study two. Although this participant (Ellie) expressed her concern for the aesthetic risks more than the health dangers, she acknowledged the anomaly of her response, which indicates her own awareness of the wider negativity surrounding sunbed tanning.

In terms of the representation of sunbed tanning as a vain, aesthetically motivated behaviour, a lack of understanding was also consistently evident in the first three studies, particularly when juxtaposed with the health dangers. The aesthetic benefits of obtaining a tan were considered to not be worth the health risks, and the former were referred to as trivial in comparison to the latter. The lack of understanding was particularly driven, in all three studies, through the availability of fake tan as being a viable, safe alternative that offers the same aesthetic benefits as a sunbed. In studies two and three, sunbed users were referred to as being preoccupied with their appearance, and as being more concerned with how they look than their health. Study two revealed additional insight in that the majority of participants, who had never used a sunbed, were unaware that people used sunbeds for any other reason than for appearance, with many expressing their scepticism for any alternative health and well-being based benefits. Despite this scepticism, there was some acceptance from some in study two of such alternative reasoning, with health-based motivations appearing to hold more validity than appearance. This is particularly plausible if considered in the ideological context of the pursuit of health as a highly valued activity in modern-day Western society (Crawford, 2006).

Inherent within the two representations which consistently emerged was considerable negativity, evidenced throughout the first three studies by the use of insulting language and derogatory references to people who use sunbeds. This was particularly the case in studies one (questionnaires) and three (online discussion forum data), where many of the survey responses and online posts were particularly hostile and confrontational. The interview responses were notably less so which, as discussed in chapter five, may have been a result of participants feeling the need to be more restrained in their responses given the face-to-face nature of this study. The argumentative nature of the representations was evident in all three studies, particularly in the third, which involved a specific exploration of the rhetorical functions the social representations were serving in online discussion forums. More specifically, the third study revealed how language was being used to construct, debate, and dispute social representations pertaining to sunbed tanning in this specific interactional context.

The mass media emerged as being the main origin of these representations, as well as responsible for perpetuating the negativity. More specifically, the media was referred to as being the main source of information with regards to their knowledge of the risks. Although the significance of the risks was referred to and considerably emphasised in all three studies, after further probing in study two, none of the participants who had never used a sunbed could talk about the health risks in specific terms. Instead, what they referred to was having general background awareness. Whilst the health risks were referred to specifically in study three, as discussed in chapter seven (section 7.1.2) it is possible that the asynchronous nature of the online discussions gave the authors of the posts time to research and subsequently detail the specifics. The appearance risks in all three studies were referred to considerably less often than the associated health dangers, and study two revealed very little knowledge of the former, with some stating they had no awareness of the aesthetic risks whatsoever. Those who were aware of the aesthetic risks typically referred to an image shown by the media of an American woman who overused sunbeds for whom the appearance effects were particularly evident.

Reality television shows emerged as being especially influential with regards to the origin and perpetuation of the representation of sunbed tanning as a vain, aesthetic behaviour and its associated negativity. As noted in chapter five (section 5.4.1), when prompted the majority admitted to not actually knowing anyone who used a sunbed, conceding that the negative image they had of sunbed

users purely emanated from the media. The media, as highlighted in chapter two (section 2.11.2), is regarded by SRT as playing a critical role in establishing and developing social representations (Joffe, 1999). As outlined in chapter one (section 1.2.3), sunbed tanning has increasingly come under scrutiny and been the focus of a considerable amount of negative media attention. The findings of this thesis have indicated that the social representations held by those who had never used sunbeds and the inherent negativity, echoes the wider disapproval being communicated by the mass media.

Three additional representations emerged in the individual interview study only: sunbed tanning as a feminine behaviour, as pointless and unnecessary, and as crossing a line. The findings revealed however, that these were largely underpinned and sustained by the two dominant representations of sunbed tanning: as a risky behaviour, and as a vain, aesthetically motivated behaviour. I attribute the emergence of these additional representations to the interview design of the second study which, as noted in chapter five, enabled me to explore and follow-up information that I was not able to do in the other studies. It also gave participants more freedom to talk and express themselves.

The representation of sunbed tanning as being a feminine behaviour was related to the dominant representation of sunbed tanning as a vain, aesthetically motivated behaviour. Appearance, which was considered to be the only reason people used sunbeds, was referred to as a predominantly female concern. As a consequence, male sunbed users, for example, were referred to as being “weak,” “gay,” and “feminine.” The representation of sunbed tanning as unnecessary and pointless was underpinned by both of the dominant representations, and was strengthened given that fake tanning products were available as a safer alternative to sunbed use, providing the same aesthetic outcome. Having a tan was argued not to be worth the health risks with the appearance dangers trivialised in comparison. The representation of sunbed tanning as crossing a line was similarly underpinned and fuelled by the two dominant social representations. Whilst the majority talked about how they liked to sit and sunbathe in the sun on holiday and/or when they were at home in the UK, and several acknowledged that they currently used or had used fake tanning products in the past, sunbed tanning was represented as being unacceptable mainly because of the health risks involved. In constructing this representation, all of the participants to varying extents acknowledged that they, and others, did look more attractive and healthy with a tan. Many talked about, and were aware of the historical, socio-cultural construction

of the positive image of a tan, with many expressing their understanding for why people wanted to obtain one. The pressure the media places on people, particularly young women, in terms of achieving beauty ideals was described as undeniable. Despite their understanding and agreement as to the positive image of a tan, it was argued not to be worth the associated health risks. Instead, sunbed use was represented as crossing a line, and moving from what were considered acceptable tanning methods (i.e. general sun tanning and fake tan) to sunbed tanning which was considered unnecessary.

Thus whilst the positive image of a tan as attractive and healthy was acknowledged, it was only done so when prompted during the interviews, indicating very limited engagement with this wider construction, which as described in chapter one (section 1.2.5) remains embedded in Western society. When it was drawn upon in study two, it was used to support the negative representations held. Not only was it utilised to support the representation of sunbed tanning as a vain, aesthetically motivated behaviour, it was also utilised as a reference point in strengthening the representation of sunbed tanning as crossing a line. The well-established positive image of a tan as attractive and healthy was used to support the representation of sunbed tanning as a vain, aesthetically motivated behaviour. By acknowledging their understanding of the desire for a tanned appearance, those who had never used a sunbed were able to talk about their own methods of tanning, which they could then juxtapose against sunbed tanning in order to highlight how it crossed a line of what they considered as being acceptable.

Throughout the thesis I have argued that the negativity inherent in the two dominant social representations held by those who had never used a sunbed, directly threatens the identity of people who use them. The identity of male sunbed users emerged as being particularly vulnerable as a result of the representation of sunbed tanning as being a feminine behaviour, which emerged in study two. I outlined in chapter one (section 1.2.7), how sunbed tanning had started to take on stigmatising connotations. The considerable amount of negativity and social disapproval surrounding sunbed tanning that has consistently emerged in this thesis provides strong support for this conceptualisation. To varying extents, sunbed users by implication are also stigmatised in being referred to in negative, particularly derogatory ways. As described in chapter two (section 2.11.3), stigma is defined as a marker of social disgrace and extreme disapproval, which serves to separate and distinguish the stigmatised from other members of the wider society (Goffman, 1963). A behaviour, and by

implication those who participate in that behaviour, are more likely to be stigmatised if the resulting consequences are considered the individual's responsibility, and if there are attributes that are particularly physically displeasing to other people (Jones, Farina, Hastorf, Markus, Miller & Scott, 1984, as cited in Farrimond & Joffe, 2006). Both of these defining characteristics were apparent in the representations of those who had never used sunbeds, further supporting the conceptualisation. As discussed, sunbed use was regarded as a behaviour which an individual is personally responsible and accountable for. Furthermore, sunbed users were associated with a negative aesthetic appearance.

What function did these representations serve for those who had never used sunbeds?

As highlighted in chapter two (section 2.11.3), social representations are inherently motivated by identity-related functions. By negatively representing sunbed tanning and, by implication the people who use them, those who had never used sunbeds can be seen as trying to position themselves as what Crawford (2006) referred to as the “good citizen,” detailed in chapter two (section 2.12). Through never having used a sunbed, they are not only able to maintain their physical health, but also portray themselves as being moral, respectable individuals, who are in control and responsible for their own behaviour. As outlined in chapter two, self-control, particularly over the body and mind, has become a valued norm in Western society (Joffe & Staerkle, 2007). Joffe (2007) described how those who do not prescribe to this core value such as smokers, alcoholics and drug users, for example, are viewed particularly negatively. Based on the findings of this thesis, I suggest that people who use sunbeds can be added to this list. As I described in chapter two, in order to construct and maintain a positive healthy identity, illness and disease become associated with, and projected onto others who lack the self-control and will-power that is needed to stay healthy.

In the context of this thesis, sunbed users were the ‘others’ who functioned as a reference point for assisting the positive identity construction of those who had never used a sunbed. Of particular relevance in the context of wider ideologies about health and self-control, was that sunbed users, as discussed in the previous section, were referred to as only using sunbeds in excessive terms with little or no moderation. In not succumbing to the pressures of the media which were referred to in study two as putting undeniable pressure on people with regards to their appearance, those who had never

used sunbeds were able to present themselves as being especially in control through having self-discipline and will-power. This was further supported by their representation of sunbed tanning as crossing a line, which emerged in the interview responses of study two. By acknowledging and expressing their agreement with regards to the positive image of a tan as attractive and healthy, they were able to implicitly exhibit their self-control by not then using sunbeds. Instead, they talked about being able to draw the line at what they considered acceptable methods of tanning (e.g. fake tanning). By maintaining their position as healthy, responsible, thus “good” citizens, those who had never used a sunbed were able to protect the valued ideologies of health and self-control that circulate in society.

How was sunbed tanning represented by those who currently used sunbeds?

Findings have consistently revealed that the sunbed users were aware of the associated risks, both in terms of health and appearance. Indeed, the sunbed users emerged as being more aware of the associated dangers, especially the appearance-related ones, compared with those who had never used sunbeds. Although not statistically significant, current sunbed users in study one, were slightly more aware of the associated health and appearance risks, than those who had never used sunbeds. Their awareness was also evident in studies two and three, and confirmed in study four by salon staff who informed me that the clients were fully aware of the dangers. In contrast to the general background awareness that captured the knowledge of those who had never used a sunbed, some sunbed users in studies two and three were able to refer to the specifics. Sunbed users, in all three studies, referred to being particularly well-informed about the risks, having done their own independent research.

This adds to the accumulating evidence, as highlighted in chapter two (section 2.3.1), that knowledge of the health risks is high amongst sunbed users (e.g. Knight et al., 2002). Although differences were not statistically significant, it also adds to the growing body of evidence that sunbed users are, in some cases, more aware than non-users (e.g. Mackay et al., 2007). The accumulating consistency of these findings confirms the view which has been articulated in the literature that, whilst health focused campaigns and interventions have been successful in terms of raising awareness of the health risks, some people continue to use sunbeds and remain undeterred. Instead, it has been recommended that campaigns and interventions will actually be more effective if they focus on

raising awareness of the aesthetic risks, given that appearance enhancement is the most commonly cited motivation. As highlighted in chapter two (section 2.1.3), a number of appearance interventions have now been implemented and media campaigns, as noted in chapter one, have become appearance focused. Despite the explicit move in this direction, findings from this thesis, and that of existing research (e.g. Schneider et al., 2009), which have found sunbed users to be more aware of the aesthetic risks than those who had never used sunbeds, suggests that an exclusive focus on educating sunbed users about the appearance risks may not be entirely appropriate.

As well as their awareness of the associated risks, findings have indicated that sunbed users are more concerned about the health dangers than those that are appearance-related. Analysis, for example, of the open-ended responses in the first study revealed the sunbed users' concern for the health risks, with only one participant actually mentioning the appearance risks. This finding was supported in study two with the sunbed users typically downplaying the importance of the aesthetic dangers in comparison to their health. This, as highlighted in chapter five (section 5.5) contradicts findings of existing research which indicated that sunbed users may be more concerned about the risks to their appearance as opposed to those that may affect their health. The consistency of this finding in the thesis however supports my argument, articulated in chapter two, that an exclusive focus on educating sunbed users about the risks in intervention and campaign work, whether it be health or appearance targeted, are unlikely to be maximally effective. As well as an awareness of the risks, findings have consistently demonstrated that the sunbed users were aware of the inherent negativity surrounding their behaviour and, by implication, themselves as people who continue to use sunbeds. As well as the media, the sunbed users in study two reported instances in which other people, whether it be friends or family members made a negative comment about their sunbed use. One participant in study one explicitly reported their dislike for other people telling them about the associated risks.

Study two revealed that the consequences of the negativity were particularly severe for some sunbed users, resulting in what Goffman (1968) referred to as a 'spoiled identity.' Through knowledge of the surrounding negativity, some sunbed users talked about how they felt ashamed about their sunbed use, and as though they could not tell other people about their behaviour. Another sunbed user described how she felt that working at a sunbed salon may restrict her potential future

employment opportunities. Thus by internalising the stigma, the negativity and subsequent threat to identity had a real, negative impact on the lives of some of the sunbed users. This internalisation was confirmed in study four, where the negativity was evident at the behavioural, practice level of sunbed users and salon staff. This was particularly evidenced by the sunbed users' defensive behaviour and practices, the difficulties that I had recruiting salons for this study, and from the insight that I obtained from staff at the salons. Louise (the manager of Salon One), for example, told me about several clients who were embarrassed about their sunbed use and tried to hide their behaviour from friends, family, and work colleagues. The negativity was also visibly apparent at the aesthetic level of the salons, particularly Salon Two, which was solely a sunbed salon with no beauty aspects. Suggestions as to why this might have been the case were discussed in chapter seven (section 7.5).

Despite their awareness of the negativity and some evidence of its internalisation, the sunbed users did not just accept it, and instead were defensively orientated towards it. This was evident, not only through the sunbed users' explicit acknowledgement of the associated risks and disapproval, but also through their discursive attempts to distance themselves from the wider negativity. Specifically, the negativity was resisted and managed by the sunbed users constructing, and engaging with their own alternative representations of sunbed tanning, which challenged the stigma and social disapproval that they were acutely aware of. One alternative representation that emerged consistently in the first three studies was: the risks as not being a significant concern. Two additional representations emerged in studies two and three; sunbed tanning as acceptable if limited and controlled, and sunbed tanning as being for a specific purpose (not just for a tan). I discuss each of the representations in turn. As already noted (section 8.3), the relevant links with the existing sunbed literature have been made in the individual chapters, thus I focus here on consolidating the findings from all four studies.

The Risks as not a Significant Concern

In representing the risks as not being a significant concern, the sunbed users drew upon a number of different strategies. A common strategy that emerged in the first three studies was for the sunbed users to emphasise the ubiquity and pervasiveness of risk in everyday life, which worked to normalise sunbed use as just one of many risky practices. Although it was not evident in the

responses of study one, embedded within this argument in studies two and three, were elements of fatalism. As discussed in the relevant empirical chapters (chapters five and six), in referring to the unpredictable nature of life, and of cancer in particular, sunbed users were able to downplay the significance of the risks. In support of this, personal experience which highlighted particularly well the unpredictability of life and especially of cancer was cited by some sunbed users in study two.

A strategy that was also not evident in the responses of study one, but was common in studies two and three, was when talking about the pervasiveness of risk to draw comparisons between the sunbed-specific risks and those posed by other more commonly participated in health risk behaviours. A popular comparison was to directly compare the sunbed-specific risks to those associated with the positive experience of sun tanning on holiday. This specific comparison was used by one sunbed user in study two (Lucy) to highlight the hypocrisy of people's critical attitude towards sunbed tanning when they still sunbathe on holiday. Other juxtapositions included smoking, drinking alcohol and, in study three, fake tan was drawn upon. Comparisons were extended in study three to include more extreme risk behaviours such as sky diving and plastic surgery, as well as every day, unavoidable and uncontrollable occurrences such as living near to a mobile phone mast. These latter comparisons, in particular, worked to highlight the impossibility of avoiding all risk, given how entrenched it is in life.

A strategy that was not apparent in the responses of studies one or three, but evident in study two, was for the sunbed users to downplay the risks by referring to the invulnerability of their youth. The risks were talked about as only applicable in the future, allowing the sunbed users to put the risks to the back of their minds and worry about the consequences of sunbeds if, and when they happened. An approach drawn on in study three, but not in studies one and two, was to question the actual credibility of the scientific research communicating information about the risks and to present the dangers themselves as being insignificant. As discussed in chapter seven (section 7.4.5), a possible reason for this anomaly could be the asynchronous nature of the online forums which provided sunbed users with the time and resources to search for statistics which they drew upon to support this claim.

A scepticism and distrust in the media's accurate, unbiased portrayal of the risks was evident in all three studies. The media's "scaremongering tactics," in particular, were questioned in studies two

and three. The one-sided nature of the media was specifically referred to by one sunbed user in the second study in that it focused solely on the negatives without any reference to the potential benefits.

Sunbed Tanning as Acceptable If Limited and Controlled

Although not apparent in the responses of study one, sunbed tanning was represented as being acceptable if limited and controlled in studies two and three. In representing sunbed tanning in this way, sunbed use was presented on a continuum with a boundary point separating acceptable from unacceptable use. The sunbed users in studies two and three all positioned themselves as being on the acceptable side of this boundary through a variety of different strategies. Staff in study four similarly referred to their own sunbed use as being acceptable. A common strategy was for the sunbed users to talk about setting themselves limits in terms of the number of minutes they used a sunbed and the frequency of their use. The general consensus of sunbed users in studies two and three was that the more frequent the sunbed use the greater the risk posed, echoed by salon staff in study four.

A particularly popular strategy in studies two and three was for sunbed users to compare their own limited sunbed use with the more frequent use of other people. Related to this, sunbed users made the distinction, in studies two and three, between themselves and other people in terms of the potential to become addicted to using sunbeds. Although this was acknowledged as a definite possibility, many of the sunbed users talked about how other people could become addicted but not themselves. In study two, sunbed users frequently referred to their ability to exercise control and will-power over their sunbed use, something which sunbed users were believed to be lacking by those who had never used a sunbed. The sunbed users in study two frequently talked about how they had set themselves limits which they were able to adhere to. Language use emerged as being an especially useful tool in highlighting the sunbed users' limited use compared with the more excessive use of others, particularly in study three, with minimising and maximising terms rhetorically working to emphasise this juxtaposition. In the same way that those who had never used a sunbed represented sunbed tanning as crossing a line, many of the sunbed users in studies two and three, and salon staff in study four, referred to a boundary they would not cross in terms of their sunbed use.

Sunbed Tanning for a Specific Purpose (Not just for a tan)

Finally, the sunbed users represented sunbed tanning as being for a specific purpose (not just for a tan) in studies two and three. Findings have indicated that the sunbed users were aware of the representation others had of sunbed tanning as a vain, purely aesthetically motivated behaviour. This was evident either through participants explicitly acknowledging their awareness, but also implicitly through attempts to personally disassociate from this wider representation. Although the positive image of a tan as being attractive and healthy was acknowledged (to varying extents) by all of the sunbed users in the first three studies, many in studies two and three spent a significant amount of time distancing themselves from the aesthetic side of sunbed tanning. Sunbed users in study two, and those in support of sunbeds in study three, acknowledged that many people do use sunbeds purely for aesthetic purposes, but the majority were keen to make it clear that this was not the case for everyone and particularly not for themselves. In a related vein, there was an awareness of the negative aesthetic stereotype of people who used sunbeds emanating from the media. Again, whilst agreeing this was an accurate depiction for many, several were keen to disassociate themselves from this negative image.

Study two revealed that whilst using a sunbed had been in part aesthetically motivated, or appearance had been the initial motivation for some, it was now not the main motivation for the majority, and no longer a motivation for others. Instead the majority in studies two and three referred to their own sunbed use as being for a specific, more health and/or well-being purpose. The reasons frequently cited included to obtain a protective base tan, and to improve acne and psoriasis. In study two, general and specific mood enhancement was referred to, and to help ease arthritic pain was mentioned in study three. Staff in salon four confirmed that many of their clients used sunbeds for reasons other than for appearance enhancement, explicitly acknowledging that they were aware that this was the wider understanding. Parallels between these reasons and the claims being promoted by the sunbed tanning industry, which focus more on the health-based benefits of sunbed use as opposed to appearance, as outlined in chapter one (section 1.2.6), are particularly apparent. The sunbed users' knowledge of these alternative reasons emerged as having social origins, typically through hearing about the benefits through friends and family. One sunbed user (Jack) referred to the promotional material that the sunbed salons displayed. Findings consistently revealed that these more specific

health and/or well-being reasons were believed to hold much more social legitimacy and validity in comparison to appearance enhancement. The considered legitimacy of these more specific health and/or well-being based reasons was particularly evident for those who used sunbeds to help improve problematic skin conditions. This was legitimised for several of the sunbed users in studies two and three by endorsement from the medical profession. As already highlighted, health has become a highly desired and valued state in contemporary Western society (Crawford, 2006), thus this legitimacy emerges as particularly plausible and understandable in light of this ideological context.

In strengthening the representation of sunbed tanning as being for a specific purpose (not just for a tan), some sunbed users in study two referred to their sunbed use, for example, as being a means to an end, as the only solution, as a necessity, and in studies two and three a tan as just an added secondary bonus. In both of these studies, sunbed users frequently distinguished between using a sunbed for a specific purpose and using a sunbed “just” to get a tan, with inferiority implied for the latter. A continuum emerged in terms of the colour obtained from using a sunbed, which served to support this distinction. Many, for example, in studies two and three differentiated between their desire for “just a bit of colour” and the overly tanned appearance desired and obtained by others.

What function did these representations have for the current sunbed users?

As already discussed, the sunbed users’ discourse in studies one, two and three was dominated by attempts to resist the negativity surrounding their behaviour, of which they were acutely aware. This interpretation is based on the theoretical underpinnings of the thesis that the representations of one’s own social group may significantly threaten the identity of the self and the in-group, as highlighted in chapter two (section 2.11.2). I have argued throughout the thesis that sunbed tanning is a stigmatised behaviour and that the negativity inherent in the social representations held by those who had never used a sunbed, directly threatens not only the identity of their social group, but the personal identity of those who use sunbeds. As study two revealed, the negativity is exacerbated for male sunbed users, whose identity is further under threat as a result of the representation of sunbed tanning as being a feminine behaviour. This was confirmed in study four from my own observations of the defensive

behaviour of male sunbed users and from the insight that I obtained from members of staff. The difficulties I had recruiting male sunbed users for studies one and two also implicitly supported this.

Despite evidence of the internalisation of the negativity in studies two and four, the sunbed users' discourse in studies one, two and three was dominated by discursive attempts to manage and resist the stigma, as already discussed. As a reminder from chapter two (section 2.11.3), negativity and stigma is not necessarily unchallenged but can be disputed and accompanied by resistance (Joffe, 1995). Internalisation of the negativity at the behavioural level and evidence of a spoiled identity co-existed with on-going attempts from the sunbed users in studies one, two, and three to discursively resist it. This was further confirmed in study four, where despite obvious internalisation of the negativity at the behavioural and practice level, there were still some attempts of resistance, particularly at the physical aesthetic level of the combined sunbed and beauty salon (Salon One).

Findings have indicated that the sunbed users both unconsciously and consciously resisted and managed the stigma surrounding their behaviour by constructing, and engaging with alternative representations of sunbed tanning, which challenged the wider negativity. As already discussed, one alternative representation that emerged consistently in studies one, two and three was: the risks as not being a significant concern. Two additional representations emerged in studies two and three. By constructing and engaging with these alternative representations, sunbed users were not only able to protect their own identity, they were able to construct and negotiate positive identities for themselves as individual sunbed users in light of the wider stigmatising representations. The 'other' was used as a key mechanism in the on-going 'identity-work' being carried out, discussed in the following section.

The Othering Process: Self versus Others

In constructing alternative representations, the sunbed users frequently distinguished between themselves and their own acceptable sunbed use and the unacceptable sunbed use of others. Rather than accepting the negativity, such 'othering' worked to try and deflect the negativity onto other sunbed users for whom, although implicitly, the disapproval was considered to be more worthy. For example, in representing sunbed tanning as being acceptable if limited and controlled several sunbed users, as discussed, compared their own limited sunbed use with the more frequent use of other

people. I have argued in the individual empirical chapters (chapters five and six) that such comparisons served to deflect the significance of the risks and the subsequent negativity onto others for whom the negativity and disapproval is more justified. Several sunbed users also made the distinction between themselves and others in terms of the potential to become addicted to using sunbeds. In doing so, I have argued that sunbed users are able to present themselves as being in control of their behaviour, which again works to deflect the negativity onto other people. These attempts were particularly apparent in study two by the sunbed users' frequent references to their ability to exercise control and will-power over their own sunbed use by only using sunbeds in a sensible, limited manner. The sunbed users talked about how they set themselves boundaries and knew their limits, which they would not transgress. Their own self-control was juxtaposed with those who did not set themselves limits and used sunbeds excessively, typically referring to the latter in a derogatory manner (e.g. "those people").

The concept of the 'other' was also drawn upon in representing sunbed tanning as being for a specific purpose (not just for a tan). As already discussed, the sunbed users frequently distinguished between themselves using a sunbed for a specific purpose and those who used sunbeds "just" to get a tan. Furthermore, many sunbed users differentiated between their desire for a natural looking tan and the overly tanned, unnatural appearance desired and obtained by other sunbed users. As discussed, many of the sunbed users acknowledged that there were people who fitted the image of what someone who used a sunbed looks like, but were keen to disassociate themselves from this stereotypical image. As Jovchelovitch (2007, p. 22) pointed out, "the presence of an Other is at the heart of the self." Here, this 'Other' is the sunbed user who uses sunbeds more frequently, or is addicted to using sunbeds, who serve as a reference point to enable the sunbed users to construct positive identities for themselves as individual sunbed users. I argue, as Mollitor (2013) has done in the context of teenage motherhood, that the sunbed users themselves may be perpetuating the stigmatisation of their own social group through 'othering' in this way. More specifically, sunbed users may be inadvertently fuelling the wider negativity by acknowledging the accuracy of the representations for some sunbed users. Furthermore, in the context of AIDS, Joffe (1995) described how projecting the risk onto other people left people feeling invulnerable to the risks of the disease, which led to little or no protection

against it. Following this line of reasoning, I argue that the ‘othering’ inherent in the sunbed users’ representations may be similarly problematic in leaving sunbed users feeling invulnerable to the risks.

The wider ideologies relating to health and self-control should be considered when thinking about the sunbed users’ differentiation between themselves and others. Based on this background, sunbed users, similarly to those who had never used sunbeds can be seen as trying to position themselves as the “good citizen” (Crawford, 2006). Through talking about using a sunbed in limited and controlled terms, the sunbed users are able to conform to the core value of self-control in terms of staying healthy. Similarly to general sun tanners who, as highlighted in chapter one, have been found to distance themselves from sunbed users because of the associated dangers (e.g. Beasley & Kittel, 1997) many of the sunbed users distanced themselves from what they referred to as dangerous use.

8.3.5 Representing Sunbed Tanning: A Summary

In summary, whilst study one provided a useful starting point, studies two and three enabled exploration of the representations held by both those who used and had never used sunbeds in much greater depth, yielding greater insight into the representational content. Those who had never used a sunbed consistently represented sunbed tanning in two interrelated ways: as a risky behaviour, and as a vain, aesthetically motivated behaviour. There was considerable negativity inherent in both of these representations, as well as the additional representations that emerged in study two. In terms of those who currently used sunbeds, the findings have consistently demonstrated an acute awareness of the representations and inherent negativity surrounding their behaviour and, by implication, themselves as people who use sunbeds. Despite evidence of its internalisation at the behavioural level in studies two and four, the sunbed users’ discourse in the first three studies was littered with both explicit and implicit attempts to distance themselves from the wider negativity and disapproval. Specifically, the negativity and disapproval was resisted and managed by the sunbed users constructing and engaging with their own alternative representations of sunbed tanning, which challenged the stigmatisation.

One alternative representation emerged consistently in studies one, two, and three: the risks as not being a significant concern. Two additional representations emerged in studies two and three: sunbed tanning as acceptable if limited and controlled, and sunbed tanning being for a specific

purpose (not just for a tan). As detailed in the individual findings chapters, some of the strategies that constituted the alternative representations have been identified in the existing literature, both quantitative (e.g. Banerjee et al., 2012) and qualitative (e.g. Murray & Turner, 2004; Vannini & McCright, 2011; Carcioppolo et al., 2014; Lake et al., 2014). Rather than being internal processes however, as assumed by Banerjee et al. (2012) for example, serving an internal function, findings from this research supports my argument articulated in chapter two, that the responses of sunbed users need to be considered in light of the social representations held by those around them. Positioned within the wider context of the negativity surrounding their behaviour, their responses can be seen as being defensive in nature, serving particular identity-protective functions, discussed in section 8.3.3.

The social representations pertaining to sunbed tanning served identity-protective functions for both those who used and had never used sunbeds. As discussed, representing sunbed tanning in a negative, disparaging manner enabled those who had never used a sunbed to align themselves with the core ideological values and norms pertaining to health in contemporary Western society. As well as protecting their identity, I have demonstrated how the stigmatising representations of sunbed tanning have been used by sunbed users to construct alternative representations, and thus negotiate positive identities for themselves as individual sunbed users. Like the teenage mothers in Mollitor's (2013) research, findings have indicated that sunbed users construct their identities in direct response to the stigmatising representations of sunbed tanning which circulate in their wider social surroundings.

Rather than passively accepting the negativity therefore, the sunbed users constructed and engaged with alternative representations which worked to manage the stigma. One of the main ways the sunbed users did this was through the 'othering' process. As a consequence, sunbed users were able to construct positive identities for themselves as acceptable sunbed users in direct opposition to other, unacceptable sunbed users. Despite the sunbed users' ability to protect and negotiate their identities, the negativity had very real effects for some sunbed users who showed signs of its internalisation and of it spoiling their identity. Thus, whilst social representations can indeed be challenged and resisted, this does not negate how influential they can still be in acting upon human behaviour. As a reminder from chapter seven, once established social representations can impose themselves onto people and influence human thinking and behaviour in a powerful, prescriptive, taken

for granted way (Voelklein & Howarth, 2005). The taken for granted nature of the negativity surrounding sunbed tanning was particularly evident in the difficulties I had in terms of recruitment for the sunbed users in studies one and two, and the sunbed salons in study four. More specifically, the automatic defensive response to my research requests highlights the social pervasiveness of the negativity, and the powerful role social representations can have on reality. Such automatic defensiveness is likely to inadvertently perpetuate the negativity and stigma surrounding sunbed use, and maintain the taken for granted nature. This perpetuation seems particularly likely in addition to the ‘othering’ response drawn upon by sunbed users, discussed in the previous section.

As I outlined in chapter one, sunbed tanning is positioned within a wider context in which conflicting knowledge systems pertaining to the risks and benefits of sunbed tanning co-exist. Whilst an awareness of both these wider representations was evident throughout this thesis, the discourse, for both those who used and had never used sunbeds, was dominated by the risks. For those who had never used a sunbed this mainly involved emphasising the significance of the risks involved, whereas the sunbed users’ discourse was defensively positioned towards the dangers. More specifically, the sunbed users’ discourse was dominated by efforts to distance themselves away from it. Engagement with the benefits of sunbed tanning was limited, particularly for those who had never used a sunbed. As already discussed, the positive image of a tan as attractive and healthy was only acknowledged when prompted in the interview study. When it was drawn upon in study two, it was used to support and emphasise the negative representations held. The sunbed users drew upon the benefits of sunbed tanning in order to distance themselves from the negativity. More specifically, the sunbed users drew upon their knowledge of the positive image of a tan in helping them to disassociate themselves away from it, instead emphasising the health-based benefits. Thus, findings support the notion, discussed in chapter two (2.11.2), that multiple representations can be engaged with and drawn upon in order to achieve different purposes.

Language was drawn upon in all three of the studies in not only helping those who had never used sunbeds to articulate their negativity and disapproval, but also in assisting the sunbed users in their attempts to discursively distance themselves from it. Thus the argumentative orientation of the representations on the part of both participant groups was apparent throughout, particularly in study

three which involved a specific exploration of the way the representations were rhetorically constructed, debated and disputed. Social representations pertaining to sunbed tanning have thus emerged in this thesis as being an active process, serving specific rhetorical, argumentative functions.

Having discussed the findings in relation to the research questions, I move on to highlight the empirical, methodological, and theoretical contributions to knowledge that this thesis has extended.

8.4. Unique Contribution to Knowledge

8.4.1 Empirical Contributions

Empirically the main contribution of the thesis stems from its theoretical underpinnings, as SRT has not been applied to the topic of sunbed tanning before. By providing a unique lens through which to explore the topic, the theory has enabled me to obtain and develop the most extensive social psychological exploration of sunbed tanning to date. In using a social psychological perspective, as opposed to the more mainstream individualistic models and theories, I have been able to capture the influence the wider social environment has on the sunbed-related thought and action of sunbed users, taking into account the inevitable emotional and identity-related factors. Findings have highlighted that it is crucial to take into consideration the wider negativity surrounding sunbed tanning when exploring the responses of sunbed users. In particular, findings have consistently revealed that sunbed users are actively engaged in a considerable amount of identity-work in light of this wider negativity.

The existing sunbed tanning literature had revealed that sunbed users are generally aware of the associated risks but rationalised and justified them in different ways. By positioning the sunbed users within the context of the wider negativity surrounding their behaviour, this thesis has extended the existing knowledge by revealing these rationalisations serve social identity protective functions. Not only are the sunbed users aware of the risks, findings from this thesis have revealed that they are also defensively positioned towards the negativity surrounding their behaviour and discursively spend a significant amount of their time trying to resist and manage the negativity and disapproval. In doing so, the sunbed users frequently drew upon a ‘not me’ ‘others’ are to blame response, discussed in section 8.3.5. Not only is this a common response to mass health risks such as the threat of AIDS, MRSA and Ebola (chapter 2, section 2.11.2), given its prevalence in the discourse of the sunbed users,

the findings of this thesis suggests that this distancing response is likely to be apparent in those relating to other health risk behaviours as well. As well as managing the negativity, this thesis has extended the existing literature by providing insight into the reality of the negativity for some of the sunbed users. More specifically, this research is the first to have explored the stigma experienced by sunbed users and the consequences that this stigma has.

Whilst SRT was the main approach underlying the thesis, I also drew upon tenets of Billig's (1991) rhetorical position on the role of argumentation in order to complement SRT, which together provided a particularly unique framework for exploring the topic of sunbed tanning. In drawing upon these two approaches, I was able to explicitly explore the argumentative orientation of people's social representations, and to reveal their specific rhetorical functions. To date, neither of these perspectives has been applied individually, or in combination, in the specific context of sunbed tanning.

8.4.2 Methodological Contributions

This research is the first to triangulate in the way it has in the context of sunbed tanning, and some of the methods were particularly novel with regards to this topic. There has, to date, been no previous exploration of online discussion forum data in the context of sunbed tanning in the UK. The only similar study in terms of this online method has been conducted by Carcioppolo et al. (2014) in the USA. These authors however, only examined the comments made by sunbed users and did not explore comments made by those against sunbed use and the interaction between the two, as in this thesis. Although Carcioppolo et al. (2014) did comment on the argumentative nature of some of the posts and the sunbed users' strong use of language, they did not perform any detailed exploration of their discourse. An ethnographic exploration of sunbed tanning salons has also not been conducted before in the UK. Although Vannini and McCright (2004), in the USA, did include tanning salon staff in the interviews, the research in this thesis is the first to actually explore the behaviour and practices of sunbed users, and the aesthetic appearance of sunbed tanning salons themselves.

The focus of SRT on the relationship between the wider socio-cultural environment and an individual's thinking has meant that some of the more traditional methods used have taken on a unique approach in the context of sunbed tanning. For example, whilst interviews have been used

before (e.g. Murray & Turner, 2004; Vannini & McCright, 2004), there has been no research that has examined the responses of sunbed users, positioned in the context of the responses of those who do not use sunbeds. Although Boynton and Oxlad (2011) did explore the health knowledge, attitudes, and behaviour of sunbed and non-sunbed users, their responses however were examined separately unlike in this thesis, which deliberately explored them in parallel. Similarly, whilst there has been a wealth of questionnaire studies conducted in the context of sunbed tanning, none have before explored the responses of sunbed users positioned within the responses of those who had never uses sunbeds.

8.4.3 Theoretical Contributions

As already noted, SRT has not been used before in the context of sunbed tanning, and thus offered a particularly unique lens for exploring the empirical topic of sunbed tanning. It has provided a useful and fitting framework, encompassing the factors which I have found to strongly influence sunbed-related thought and action, which have been overlooked by existing research. Through drawing upon SRT, I have demonstrated how it is impossible to fully understand sunbed-related thought and action without understanding the social environment in which it is positioned. The implications of this in terms of health psychology research and theory will be discussed in section 8.7.

As already noted, whilst SRT was the primary theoretical approach underlying the thesis, I also drew upon tenets of Billig's (1991) rhetorical position on the role of argumentation in order to complement SRT. Combined, this provided a particularly useful framework for exploring the topic of sunbed tanning, and addressed a criticism commonly directed at SRT that it underplays and under theorises the role of conflict and argumentation (e.g. Voelklein & Howarth, 2005). As outlined in chapter two (section 2.12), the number of attempts to empirically combine these two approaches have been very limited. Thus, not only does this combination offer a particularly unique framework for exploring the topic of sunbed tanning, it is also fairly novel in terms of research more generally. In drawing upon these two approaches I have been able to establish the action orientation of social representations pertaining to sunbed tanning. As discussed, the argumentative orientation, on the part of both those who used and had never used a sunbed, was apparent in studies one, two, and three. Language emerged as being an especially useful tool in helping those who had never used a sunbed to

articulate their negativity, and in assisting the sunbed users to discursively distance themselves away from it. Overall, findings have consistently indicated that representing, in the context of sunbed tanning, is an active process performing specific rhetorical, argumentative actions which forms an integral part of the identity-work that was evident in this thesis. Thus this research extends theoretically upon existing insight obtained by research such as that conducted by Moloney and Walker (2002), described in chapter two (section 2.14), who whilst identifying the argumentative orientation of the social representations pertaining to organ donation, did not capture the active, specific functions social representations were performing at a specific interactional level.

8.5 Strengths and Limitations

As the strengths and limitations pertaining to each study have been discussed in the individual empirical chapters, here I focus on the strengths and limitations of the research as a whole.

A particular strength of the thesis was its use of multiple methods. This was particularly important in light of the overall research aim, in developing a more extensive social psychological understanding of sunbed tanning. Whilst it was not my main intention to use multiple methods as a validation strategy, the consistency of the findings across the studies has served to considerably strengthen confidence in their credibility and robustness. The use of multiple methods, as discussed in chapter three (section 3.5), are strongly advocated in the social representations literature, with the different methods being used in a complementary manner (Flick, Foster & Caillaud, 2015). Findings from the four studies conducted in this thesis complemented each other by exploring the research questions from different angles. By using multiple methods I was able to address the overarching aim of this thesis, and to answer the specific research questions as comprehensively as possible. Although study one (questionnaires) provided a useful initial starting point, studies two (interviews) and three (online discussion forums) enabled me to explore how sunbed tanning was being represented, and the identity functions these representations served in much greater depth. Study four was not only useful for contextualising the findings of the thesis as a whole, but also for capturing more spontaneously available data in addition to the more reflexive, self-report responses in studies one, two, and three.

Another strength of this thesis was the varied demographics of the participants in studies one and two, particularly in terms of their age range, and occupations. As highlighted throughout, a considerable amount of the research that has been conducted with regards to sunbed tanning has been with convenience samples of adolescents, and university student participants. The efforts that I went to in ensuring that it was not only university students that took part was advantageous in capturing a breadth of experiences and perspectives. Whilst it was not my intention to obtain findings that I could generalise, I considered samples that were more representative of the general population to only be beneficial. Whilst demographic information relating to the participants in study three was unavailable for the reasons articulated in chapter six, a particular advantage of using online forums is that they provide the researcher with access to a diverse and varied range of experiences, opinions, and backgrounds (Braithwaite et al., 1999). As was evident from my presentation of study four, I observed males and females of all ages, and presumably all occupations in the salons using sunbeds. This demographic diversity was supported by the insight that I obtained from the salon staff.

A considered limitation of this thesis could be that I did not conduct a formal media analysis, which is common in social representations research. I did however provide my rationale for not doing so in chapter two (section 2.1.4), instead choosing to sample the representations of those who had never used a sunbed as a particularly key part of the environment in which current sunbed users think and behave. I acknowledge that the media plays a key role in establishing and developing social representations, and have discussed the particularly influential role of the media in terms of the representations held by those who had never used sunbeds earlier in this chapter (section 8.3).

Another considered limitation could be that social desirability may have been present in the responses of both the current sunbed users and those who had never used a sunbed. For the sunbed users, this social desirability may have been expressed, for example, through them talking about their own sunbed use as being significantly less in terms of its frequency than it actually was. Similarly, social desirability, for those who had never used a sunbed, may have been particularly evident in the face-to-face situation of the interviews (study two). This seemed particularly likely given that their responses were much more insulting and hostile in the online contexts of studies one and three in comparison to the interviews in study two, perhaps a result of the anonymity derived from the online

nature of the other two studies. Through the use of multiple methods I was able to explore whether there were differences between the reflexive self-report data of studies one, two and three and the non-verbal, more spontaneously available data of study four. Despite the discourse of the sunbed users' being littered with attempts to resist the negativity, study four was able to highlight the strength of the wider negativity and social disapproval through evidence of its behavioural internalisation.

Whilst I had collected data from fairly wide and diverse participant samples in terms of age and occupation, the difficulties that I had in recruitment meant that I captured participants of varying degrees of sunbed use; some reported to use them quite extensively whereas others used them only very infrequently. Thus the samples selected were not completely homogenous in that there were no restrictions placed on the length of time that participants had to have used a sunbed for, or how often. This was made clear in the recruitment material so as not to deter any potential participants. This was potentially problematic as someone who had used a sunbed for five or six years may hold different social representations compared to someone who has only recently started using sunbeds. Given the consistency of the findings in the different studies however, any significant difference seems unlikely.

8.6 Suggestions for Future Research

Although the findings of this thesis have provided a considerable contribution to knowledge, there is still scope for various directions in which to extend the research, which I outline here. My discussion of suggestions for future research partly stems from the limitations I have just outlined. First, some practical issues with regards to future recruitment and data collection warrants mention. Given the difficulties encountered with regards to recruiting the sunbed users, especially for studies one and two, I suggest that alternative recruitment methods ought to be applied. Rather than recruiting, for example, via a convenience snowball method, it may be beneficial to approach sunbed salons to speak to them about potential means of recruitment. In distributing research advertisements in tanning salons, there would be more certainty in them actually being seen by sunbed users, although the problem of the sunbed users being reluctant to participate in the research would likely still be the case. The problems I had in actually recruiting salons in study four would also need to be considered. As noted in chapter six (section 6.3.1), online discussion forums offer a particularly

useful avenue for exploring difficult to recruit participants, providing an instant sample and data that is ready to be explored (Rodham & Gavin, 2006). Findings suggest that future research would benefit from exploring and utilising online recruitment methods. As well as further exploring the interaction on online discussion forums, a possibility for a future method of data collection could be to contact forum users to see if they would be interested in taking part in an individual online interview. The anonymity afforded by online methods could also potentially help address the problem of social desirability, highlighted in the section above. As noted in chapter seven, such anonymity may lessen any social desirability, thus enabling people to talk more freely and openly.

The findings of this thesis which indicated that the negativity surrounding sunbed tanning was particularly exacerbated for males because of the representation of sunbed tanning as being a feminine behaviour, is one that definitely demands further research. It would be interesting, for example, to explore the representations of sunbed tanning held by male sunbed users in more detail as they were definitely under-represented in this thesis. As well as online recruitment again being a viable option, a potential place of recruitment for male sunbed users could be gyms given the insight obtained from salon staff, and my own observational work, that a number of male sunbed users were gym enthusiasts. As males emerged as being particularly defensive about their sunbed use, the anonymity afforded by the online context offers an especially plausible avenue in terms of recruitment for this demographic. Future research may benefit from posting advertising on male body building online discussion forums to see if males would be more likely to participate if recruited in this way.

Given that fake tan is consistently advocated as being the safe alternative to using sunbeds by a number of leading skin cancer organisations (e.g. Cancer Research UK), it would be valuable to conduct future research into how sunbed users actually represent fake tan to try and understand why those whose sunbed use is purely aesthetically motivated are not choosing to use this safer option which is available. Former sunbed users are another participant group for which future research might be useful. Given they have stopped using sunbeds; it would be of interest to explore their representations of sunbed tanning, how these may have changed, and why. In study one, 40% of the former sunbed users reported that one of the reasons they had stopped using a sunbed was because

they preferred to use fake tan. It would thus be of interest to investigate how former sunbed users represented fake tan.

As already noted in this chapter, findings have indicated that the social representations held by those who had never used sunbeds and their inherent negativity, echoed the wider disapproval being communicated by the mass media. It would be of interest to carry out a formal analysis in order to explore to what extent the thinking of those who had never used sunbeds paralleled the wider negativity. One way of doing this would be to sample and explore the representations of those who have never used sunbeds in conjunction with those being communicated in newspapers and magazines for example. Whilst this thesis has focused on how the wider negativity influences the thought and behaviour of sunbed users, it would be of interest to explore parallels between the representations of sunbed users and the messages which are circulating in support of sunbed tanning promoted by the sunbed industry. Whilst I have indicated that there are parallels between the two in this thesis, a formal analysis of this would be valuable. One way of doing this would be to sample and explore the representations of those who use sunbeds and the promotional content of sunbed tanning websites.

Finally, future research with regards to the topic of sunbed tanning may benefit from cross-cultural sampling in order to explore similarities and differences between the representations held by people in the UK and different cultures. It would be useful to conduct cross-cultural research between the UK and other Western cultures such as the USA, for example, where the positive image of a tan also remains heavily embedded. Despite this similar cultural setting, levels and hours of sunshine are more than in the UK (Dodd & Forshaw, 2010), and prevalence rates of sunbed use are higher. As a result, there may be different patterns of social representations in these different cultures. As Joffe (1996a) pointed out in the context of her research on AIDS, whilst some divergence is essential, similarity between the two cultures is necessary for comparison purposes. Joffe (1996a) described how she had chosen to conduct interviews in order to explore the social representations of AIDS, with participants from Britain and South Africa because of their cultural overlap but also their difference.

8.7 Implications

The studies in this thesis present findings that have considerably extended knowledge in the field of sunbed tanning. These have implications for policy and practice with specific regards to sunbed tanning, as well as for health psychology research and theory in more general terms.

8.7.1 Implications for Practice

The findings of this thesis have a number of important implications for practice and policy. Firstly, a consistent finding in this thesis has been that sunbed users were aware of both the associated health and aesthetic risks. The sunbed users even emerged as being more aware of both the health and appearance risks than those who had never used sunbeds in the first three studies. The consistency of their concern for the health risks and their awareness of the associated dangers supports my argument, articulated in chapter two, that campaigns and interventions focused on educating sunbed users about the associated dangers, whether they be health or appearance, may not be the most effective approach.

Instead, my findings suggest that in order for campaigns and interventions aimed at changing sunbed tanning behaviour to be successful, the defensiveness inherent in the discourses and behaviour of current sunbed users' needs considering. In order to address this, researchers need to think about the wider negativity pertaining to sunbed tanning, of which findings from this thesis have shown that sunbed users are evidently aware. Given that the media emerged as being the main source of the representations held by those who had never used sunbeds, as well as being responsible for perpetuating the negativity, my findings suggest that the media needs to carefully consider how they communicate information about sunbed tanning to the public in the future. As Mollitor (2013) has argued in the context of teenage motherhood, negative discourses "employed on a national platform can rapidly turn into 'widespread beliefs' in society and negatively impact on the social group in question" (p. 181). Whilst I am not suggesting that the media stops communicating information about the risks, I do recommend that consideration should be given to the *way* that the information is being presented. For example, when including pictures to accompany stories about sunbed tanning, it may

be useful to show images of the variety of people who use sunbeds rather than always including similar depictions to avoid perpetuating the negativity and stereotypical images and beliefs further.

My findings suggest that it may be beneficial to educate the public about the alternative reasons people may use sunbeds to try and challenge the social representation of sunbed tanning as being a purely aesthetically motivated behaviour. This may help to reduce the negativity surrounding sunbed tanning which, in turn, could help lessen the defensiveness of the sunbed users. In doing this, care needs to be taken to not to be seen as actually encouraging sunbed use, but as trying to promote understanding which, as the sunbed users articulated in this thesis, is lacking. Findings have indicated however, that the representations and negativity on the part of those who have never used sunbeds and the defensiveness of the sunbed users is deeply embedded, and thus may be particularly difficult to modify and change particularly given their identity-protective functions, as I have already discussed. In particular, the representations of those who had never used sunbeds may be particularly difficult to modify given they may be functioning to protect the strongly embedded ideological values of health.

In addition to reframing the media and public discourse, there is a need for those designing and implementing campaigns and interventions aimed at sunbed tanning to think carefully themselves about the wider negativity. Thus rather than continuing to educate sunbed users about the risks, findings indicate that campaigns and interventions may be better focusing their efforts on the argumentative orientation of the current sunbed users' representations which, as discussed, work to manage the wider negativity, of which they are aware. Efforts could focus on devising counter discourses to challenge the typical arguments underpinning the representations of sunbed users. By way of example, campaigns could provide specific evidence to demonstrate the higher risks to health posed by sunbed use compared to general sunbathing. Campaigns could also provide sunbed users with information as to why sunbed tanning is not an appropriate alternative for treating psoriasis and eczema, as well as specific information as to why it is not sensible to use a sunbed in order to obtain a base tan. Based on the findings, I also suggest that the sunbed industry make it more transparent as to how often is deemed too much in terms of frequency of use and number of minutes. A common strategy drawn upon by the sunbed users was to compare their own limited sunbed use with the more frequent use of other people, thus it would be useful for those designing campaigns and interventions

to know what the acceptable limits should be. If sunbed users are going to continue to use sunbeds, then it is important that they know they are doing so within limits which are actually considered safe.

Campaigns and interventions that emphasise the negativity of sunbed use may actually be exacerbating the stigma surrounding sunbed tanning, which may be perpetuating internalisation of the negativity. This in turn may strengthen the defensiveness of the sunbed users, which may make any campaigns and interventions even less likely to be successful in communicating their messages. Thus this thesis suggests that risk-related messages are more likely to perpetuate problems than avoid them.

Sunbed users are likely to be more receptive to campaigns and interventions if they take their positive constructions of sunbed tanning seriously, and do not dismiss them. Findings have indicated that campaigns and interventions need to consider the constant ‘identity work’ underpinning the sunbed users’ representations in resisting and managing the negativity. As noted in chapter two, it is the identity function of social representations that make them especially difficult to change (Joffe, 2002), thus it is essential that these functions are considered in order for campaigns to be successful.

8.7.2 Implications for Health Psychology Research and Theory

As outlined in chapter one (section 1.7.8), sunbed tanning is one of a large number of health risk behaviours where research has been dominated by the mainstream health psychology approach. From the current research, I am able to suggest several reasons as to why the attempts of mainstream health psychology in order to explain, predict and change people’s health risk behaviours are not maximally effective, not only with specific regards to sunbed tanning but also health risk behaviours more generally. Such research, which typically draws upon theoretical models such as SCMs, is inherently limited in that they hold individualistic, predictive and rationalist assumptions. Through using SRT, I have demonstrated how sunbed-related thought and action is strongly influenced by the wider negativity surrounding sunbed tanning, how it cannot be predicted and is not always rational.

The findings, as well as those from existing research, have also indicated that sunbed users are well aware of the associated risks but do not respond to the dangers in the rational and predictive ways as predicted by SCMs. Instead it is evident that sunbed users draw upon what Crossley (2000) referred to as ‘alternative rationalities’ (chapter two, section 2.5.8). Findings have indicated that these

alternative rationalities are strongly influenced, both consciously and unconsciously, by the wider negativity surrounding sunbed use. In particular, findings have revealed that the responses of sunbed users are infused with emotional and identity-related factors, which work to protect sunbed users from the disapproval and stigma of which they are acutely aware. In terms of specific implications for sunbed tanning research, the findings suggest that sunbed tanning cannot be sufficiently understood without considering the inevitable influences of the wider socio-cultural environment in parallel. This directly challenges and casts doubt upon the appropriateness and effectiveness of drawing upon the mainstream approach for not only exploring the topic of sunbed tanning but also for the field of health risk behaviours more generally, especially for behaviours like sunbed tanning that are surrounded by negativity and stigma, such as smoking, alcohol, drug abuse, and unsafe sex, for example. As described in chapter two (section 2.1.14), Mielewczyk and Willig (2007) from a critical perspective proposed that health risk behaviours need to be studied within the specific social context in which they are positioned, in order to understand their meaning and logic. Furthermore, they described how health risk behaviours can take on very different meanings for different people within different social contexts. Critical health psychology researchers strongly advocate using qualitative research methods in order to adequately explore the subtle nuances of people's meaning and logic (e.g. Crossley, 2000).

Whilst qualitative research can provide considerably valuable insight in this regard both in terms of sunbed tanning specifically and health risk behaviours in general, this thesis has highlighted the importance of this exploration being underpinned by appropriate theory. As highlighted in chapter two (section 2.9), several researchers have advocated the importance of drawing upon theory in terms of qualitative health research so as not to limit insights (e.g. Chamberlain, 2000). Rather than keeping the analysis at a descriptive level, this thesis has demonstrated the importance of having an appropriate underlying theoretical framework in order to be able to make interpretations from the data. As opposed to continuing to try and expand and improve SCMs through extensions and the integration of different constructs, based on the findings of this thesis, I argue that it would be much more advantageous for health psychology research to focus efforts on exploring health risk behaviours underpinned by a theoretical framework like SRT. More specifically, the findings suggest that health psychology research would benefit from utilising a theoretical approach that can sufficiently take into

consideration the wider socio-cultural context, and subsequently the emotional and identity-related factors inevitably involved in the thought and action relating to a variety of health risk behaviours.

8.8 Some Final Personal Reflections

In chapter one, I outlined my personal background and motivation with regards to the research, describing my previous part-time work as a beauty therapist, and my family history of skin cancer. I referred to myself in that chapter as being in a paradoxical position; on the one hand surrounded by colleagues and clients for whom having a tanned appearance was a priority, and on the other, my parent's, particularly my mother's anxiety about any further skin cancer's developing. I described, in chapter three (section 3.8) my own feelings about sunbed tanning, my pre-conceptions regarding people who use sunbeds, and noted my position as someone who had never used a sunbed. Now I have reached the end of my research, it is important for me to provide some final personal reflections, and to end the thesis how I started - reflexively. In the individual empirical chapters, I have reflected on how my own background, thoughts and feelings have impacted upon each study. In this final chapter, I reflect on the research journey as a whole; highlighting what I have learnt, how my thoughts, and pre-conceptions regarding sunbed tanning and the people who use them have changed. I outlined the principles and importance of reflexivity in terms of qualitative research in chapter three.

At the outset of my research, I had very little knowledge of sunbed tanning. I thought the only reason that people used sunbeds was for purely aesthetic purposes; to obtain a tanned appearance in order to look better (for the reasons I articulated in chapter one). I quickly learnt that this was not necessarily the case and after reviewing the literature found that people used sunbeds for a variety of different reasons, although appearance enhancement remained the most commonly cited motivation. At this initial literature review stage, I was still sceptical of the more specific health/well-being reasons that were being identified. I had only ever heard negative things about using sunbeds, mainly about the risks involved, thus it was difficult to comprehend how they could be considered beneficial.

As someone who has never used a sunbed, I shared some of the negativity and dislike articulated in the different studies. I did not however, share the strength of the hostility expressed by some and,

as I noted in the individual chapters, I felt a degree of sympathy towards the sunbed users who were faced with this negativity on a fairly regular basis. It was during the interview study, in particular, that my empathy grew. Through talking to the sunbed users at some length, it was evident that the negativity surrounding their behaviour was a particular source of upset for some. This became further apparent in the final ethnographic study, where I really came to appreciate and understand the effects of the wider negativity and the reality of the stigma. In the interviews, sunbed users talked about the various different reasons why they used a sunbed. It was through hearing the emotion in the voice of one sunbed user in particular, Natalie, when I realised the potential reality of their alternative reasoning. Suffering from bad acne was very real for Natalie, and something she had to put up with on a daily basis. I could hear in her voice that sunbeds really were a last resort for her to try and help her skin. As my research progressed, my awareness of the influence that the wider environment has on an individual developed. This was particularly poignant for me in study two when hearing several of the sunbed users' talk about how they felt ashamed of their behaviour, and as though they could not tell other people about their sunbed use through fear of what they would automatically think of them.

As I reach the end of this research journey, I have a much greater understanding and appreciation for the range of reasons why people use a sunbed. My findings showed that sunbed use is not always aesthetically motivated, and people who use sunbeds do not necessarily fit the image of what the media purports a sunbed user to look like. My findings revealed that males and females of all ages, occupations and backgrounds use sunbeds, which challenged the pre-conceptions that I held of sunbed users as typically being young females, with excessively tanned appearances. My pre-conceptions were similar to the stereotypical image that many of those who had never used a sunbed referred to in their interviews. It was only when reflecting upon my surprise at the contrast between the reality of the situation and my own pre-conceptions that I realised how influential the media really can be.

That being said I still have no desire to use a sunbed, for the same reasons I articulated in chapter one; my family history of skin cancer is still especially influential with regards to this. I still witness my parent's anxiety over their previous sun damage to their skin with them having more skin lesions and moles removed since my research began. The consequential distress and discomfort resulting from the surgical procedures is considerable and I always sense their inner anxiety over whether it is

going to be the more serious melanoma next time. Again I restate that they have never been sunbed users, but certainly the influence of past sun damage has significantly impacted on both of their lives. Whilst my research has given me a much more increased awareness of other positive health factors claimed by some sunbed users like Natalie and others, I still would find it difficult to personally justify the risks when I see how UV exposure and skin cancer has affected and still affects my family.

8.9 Conclusion

In this thesis, I have utilised a social representations approach and drawn upon rhetorical-discourse psychology as a novel lens for exploring the topic of sunbed tanning. I have demonstrated how SRT offers a particularly appropriate alternative to the traditional approach of mainstream health psychology, which has dominated the existing research on sunbed tanning. The mainstream approach assumes that health behaviours are a product of rational decision making, and does not sufficiently capture the notion of socio-cultural, and thus possible emotional and identity-related influences. I have demonstrated how these influences are particularly key in the context of sunbed tanning. SRT, in contrast, accounts for these factors and places particular emphasis on the dynamic relationship between an individual's thought and action, and their wider socio-cultural environment. Through triangulation in this thesis, I have been able to answer the specific research questions, and ultimately addressed the overarching aim raised in chapter one; to obtain and develop a more extensive social psychological understanding of sunbed tanning. I have demonstrated the importance of taking the wider socio-cultural context into consideration, as well as emotional and identity-related factors.

Findings have revealed that sunbed users are engaged in a considerable amount of 'identity-work' as a result of the socially salient negative representations of sunbed tanning, of which sunbed users are acutely aware. Through their active engagement with these representations, sunbed users are able to not only protect their identities but also to construct positive identities for themselves. I have demonstrated that sunbed tanning is a stigmatised behaviour, however sunbed users are able to resist internalisation of the stigma by constructing and engaging with alternative representations of sunbed tanning. Nevertheless, the stigma felt by some of the sunbed users was very real, with significant consequences for many and, as demonstrated in the final study particularly, the sunbed

users' ability to discursively construct positive identities in light of the stigmatisation does not negate its internalisation. The representations, on the part of both those who had never used and the sunbed users, will be difficult to change given they are serving identity-protective functions. This difficulty is likely to be exacerbated given that findings have revealed that inherent in the 'identity-work' are the rhetorical nature of the social representations, which are performing active, argumentative functions.

Overall, in this thesis I have presented a clear argument in support of exploring sunbed tanning from a social psychological perspective, extended existing knowledge on the topic, opened up the field for further research, and highlighted the significant implications the findings have in terms of practice for sunbed tanning specifically, as well as health psychology research and theory in general.

References

- Abric, J. (1996). Specific processes of social representations. *Papers on Social Representations*, 5, 77-80.
- Ajzen, I. (1985). *From intentions to actions: A theory of planned behavior*. In J. Kuhl & J Beckmann (Eds.), *Action Control* (pp. 11-39). Springer Berlin Heidelberg.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, 50(2), 179-211.
- Amir, Z., Wright, A., Kernohan, E. E., & Hart, G. (2000). Attitudes, beliefs and behaviour regarding the use of sunbeds amongst healthcare workers in Bradford. *European Journal of Cancer Care*, 9(2), 76-79.
- Arthey, S., & Clarke, V. A. (1995). Suntanning and sun protection: A review of the psychological literature. *Social Science & Medicine*, 40(2), 265-274.
- Attard, A., & Coulson, N. S. (2012). A thematic analysis of patient communication in Parkinson's disease online support group discussion forums. *Computers in Human Behavior*, 28(2), 500-506.
- Bäckström, A., Pirttilä-Backman, A., & Tuorila, H. (2003). Dimensions of novelty: A social representation approach to new foods. *Appetite*, 40(3), 299-307.
- Bagdasarov, Z., Banerjee, S., Greene, K., & Campo, S. (2008). Indoor tanning and problem behavior. *Journal of American College Health*, 56(5), 555-562.
- Baker, M. K., Hillhouse, J. J., & Liu, X. (2010). The effect of initial indoor tanning with mother on current tanning patterns. *Archives of Dermatology*, 146(12), 1427-1439.
- Banerjee, S. C., Campo, S., & Greene, K. (2008). Fact or wishful thinking? biased expectations in I think I look better when I'm tanned. *American Journal of Health Behavior*, 32(3), 243-252.

- 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. (1999). Towards a paradigm for research on social representations. *Journal for the Theory of Social Behaviour*, 29(2), 163-186.
- Bauer, M. W., & Gaskell, G. (2000). *Qualitative researching with text, image and sound: A practical handbook for social research* Sage.
- Beasley, T. M., & Kittel, B. S. (1997). Factors that influence health risk behaviors among tanning salon patrons. *Evaluation & the Health Professions*, 20(4), 371-388.
- Bergenmar, M., & Brandberg, Y. (2001). Sunbathing and sun-protection behaviors and attitudes of young Swedish adults with hereditary risk for malignant melanoma. *Cancer Nursing*, 24(5), 341-350.
- Bhaskar, R. (2010). *Reclaiming reality: A critical introduction to contemporary philosophy*. New York, NY: Routledge.
- Billig, M. (1988). Social representation, objectification and anchoring: A rhetorical analysis. *Social Behaviour*, 3(1), 1-16).
- Billig, M. (1991). *Ideology and opinions: Studies in rhetorical psychology*. London: Sage.
- Billig, M. (1996). *Arguing and thinking: A rhetorical approach to social psychology*. Cambridge: Cambridge University Press.
- Blumer, H. (1986). *Symbolic interactionism: Perspective and method*. London, England: University of California Press Ltd.
- Boldeman, C., Jansson, B., Nilsson, B., & Ullén, H. (1997). Sunbed use in Swedish urban adolescents related to behavioral characteristics. *Preventive Medicine*, 26(1), 114-119.

- 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
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Cleveland: Sage Publications.
- Boynton, A., & Oxlad, M. (2011). Melanoma and its relationship with solarium use: Health knowledge, attitudes and behaviour of young women. *Journal of Health Psychology*, 16(6), 969-979. doi:10.1177/1359105310397962
- Braithwaite, D. O., Waldron, V. R., & Finn, J. (1999). Communication of social support in computer-mediated groups for people with disabilities. *Health Communication*, 11(2), 123-151.
- British Psychological Society (2009). *Code of Ethics and Conduct*. Available at http://www.bps.org.uk/sites/default/files/documents/code_of_ethics_and_conduct.pdf.
- British Psychological Society (2013). *Ethics Guidelines for Internet – mediated research*. Available at <http://www.bps.org.uk/system/files/Public%20files/inf206-guidelines-for-internet-mediated-research.pdf>
- Bradford, P. T., Freedman, D. M., Goldstein, A. M., & Tucker, M. A. (2010). Increased risk of second primary cancers after a diagnosis of melanoma. *Archives of Dermatology*, 146(3), 265-272.
- Bränström, R., Ullen, H., & Brandberg, Y. (2004). Attitudes, subjective norms and perception of behavioural control as predictors of sun-related behaviour in Swedish adults. *Preventive Medicine*, 39(5), 992-999. doi:10.1016/j.ypmed.2004.04.004

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Breakwell, G. M. (1993). Social representations and social identity. *Papers on Social Representations*, 2(3), 198-217.
- Brewer, M. B. (2001). Social identities and social representations: A question of priority? In K. Deaux, & G. Philogene (Eds.), *Representations of the social: Bridging theoretical traditions* (pp. 305-311). Malden: Blackwell Publishing.
- Broadstock, M., Borland, R., & Gason, R. (1992). Effects of suntan on judgements of healthiness and attractiveness by adolescents. *Journal of Applied Social Psychology*, 22(2), 157-172.
doi: 10.1111/j.1559-1816.1992.tb01527.x
- Buchanan, H., & Coulson, N. S. (2007). Accessing dental anxiety online support groups: An exploratory qualitative study of motives and experiences. *Patient Education and Counseling*, 66(3), 263-269.
- Burgess, R. G. (1981). Keeping a research diary. *Cambridge Journal of Education*, 11(1), 75-83.
- Burr, V. (2015). *Social constructionism* (3rd ed.). East Sussex, England: Routledge
- Cafri, G., Thompson, J. K., & Jacobsen, P. B. (2006). Appearance reasons for tanning mediate the relationship between media influence and UV exposure and sun protection. *Archives of Dermatology*, 142(8), 1065-1086.
- Cancer Council Australia (2015). *Commercial solariums (sunbeds) are now banned in NSW*. Retrieved August 21, 2015, from <http://www.cancercouncil.com.au/60644/cancer-prevention/sun-protection/tips-for-being-be-sunsmart/solariums-be-sunsmart/solariums-to-be-banned-in-nsw/>

Cancer Research UK (n.d.). *Lung cancer statistics*. Retrieved from

<http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer#heading-One>

Cancer Research UK (2012). *Leading UK model agencies sign up to 'no sunbed' policy*. Retrieved

July 25, 2015, from <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2012-02-17-leading-uk-model-agencies-sign-up-to-no-sunbed-policy>

Cancer Research UK (2014a). *SunSmart history*. Retrieved July 25, 2015, from

<http://www.cancerresearchuk.org/health-professional/prevention-and-awareness/sunsmart/sunsmart-history>

Cancer Research UK (2014b). *Tobacco statistics by sex and UK region*. Retrieved from

<http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/tobacco#heading-One>

Cancer Research UK (2014c). *Skin cancer risks and causes*. Retrieved from

<http://www.cancerresearchuk.org/about-cancer/type/skin-cancer/about/skin-cancer-risks-and-causes>

Cancer Research UK (2015a). *Melanoma skin cancer*. Retrieved July 25, 2015, from

<http://www.cancerresearchuk.org/about-cancer/type/melanoma/>

Cancer Research UK (2015b). *Skin cancer statistics*. Retrieved July 25, 2015, from

<http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/skin-cancer>

Cancer Research UK (2015c). *Sunbeds and skin cancer*. Retrieved July 26, 2015, from

<http://www.cancerresearchuk.org/about-cancer/causes-of-cancer/sun-uv-and-cancer/sunbeds-and-cancer>

- Cancer Research UK (2015d). *Sunbeds*. Retrieved July 26, 2015, from <http://www.cancerresearchuk.org/support-us/campaign-for-us/our-campaigning-successes/sunbeds>
- 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
- Chamberlain, K., & Murray, M. (2009). Critical health psychology. In D. Fox, I. Prilleltensky & S. Austin (Eds.), *Critical Psychology: An Introduction (2nd ed.)* (pp. 144-159). London, England: Sage Publications.
- Cokkinides, V., Weinstock, M., Lazovich, D., Ward, E., & Thun, M. (2009). Indoor tanning use among adolescents in the US, 1998 to 2004. *Cancer*, 115(1), 190-198.
- Cokkinides, V. E., Weinstock, M. A., O'Connell, M. C., & Thun, M. J. (2002). Use of indoor tanning sunlamps by US youth, ages 11-18 years, and by their parent or guardian caregivers: Prevalence and correlates. *Pediatrics*, 109(6), 1124-1130.
- Colosi, R. (2008). Undressing the moves-an ethnographic study of lap-dancers and lap-dancing club culture. (Doctoral dissertation, Newcastle University).
- Conner, M., & Norman, P. (Eds.). (2005). *Predicting health behaviour* McGraw-Hill Education (UK). Berkshire, England: Open University Press.
- Coulson, N. S. (2005). Receiving social support online: An analysis of a computer-mediated support group for individuals living with irritable bowel syndrome. *CyberPsychology & Behavior*, 8(6), 580-584.

- Coulson, N. S. (2014). Sharing, supporting and sobriety: A qualitative analysis of messages posted to alcohol-related online discussion forums in the united kingdom. *Journal of Substance use*, 19(1-2), 176-180.
- Coups, E. J., Manne, S. L., & Heckman, C. J. (2008). Multiple skin cancer risk behaviors in the US population. *American Journal of Preventive Medicine*, 34(2), 87-93.
- Coups, E. J., & Phillips, L. A. (2012). Prevalence and correlates of indoor tanning. In C. J. Heckman & S. L. Manne (Eds.), *Shedding light on indoor tanning* (pp. 33-67). New York: Springer Science & Business Media.
- Coursaris, C. K., & Liu, M. (2009). An analysis of social support exchanges in online HIV/AIDS self-help groups. *Computers in Human Behavior*, 25(4), 911-918.
- Crawford, R. (2006). Health as a meaningful social practice. *Health (London, England: 1997)*, 10(4), 401-420. doi:10/4/401
- Crossley, M. (2000). *Rethinking health psychology*. Buckingham: Open University Press.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London UK: Sage Publication Ltd.
- Danoff-Burg, S., & Mosher, C. E. (2006). Predictors of tanning salon use: Behavioral alternatives for enhancing appearance, relaxing and socializing. *Journal of Health Psychology*, 11(3), 511-518. doi:11/3/511
- Deaux, K. E., & Philogène, G. E. (2001). *Representations of the social: Bridging theoretical traditions*. Oxford, UK: Blackwell Publishers Ltd.
- Demko, C. A., Borawski, E. A., Debanne, S. M., Cooper, K. D., & Stange, K. C. (2003). Use of indoor tanning facilities by white adolescents in the united states. *Archives of Pediatrics & Adolescent Medicine*, 157(9), 854-860.

- Dennis, L. K., Lowe, J. B., & Snetselaar, L. G. (2009). Tanning behaviour among young frequent tanners is related to attitudes and not lack of knowledge about the dangers. *Health Education Journal*, 68(3), 232-243.
- Department of Health (2011). *Guidance on the implementation of the Sunbeds (Regulation Act) 2010*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216373/dh_125982.pdf
- Dickerson, P. (1997). 'It's not just me who's saying this...' The deployment of cited others in televised political discourse. *British Journal of Social Psychology*, 36, 33-48.
- Dickerson, P. (2012). *Social psychology: Traditional and critical perspectives*. Essex, England: Pearson Education Limited.
- 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
- Dissel, M., Rotterdam, S., Altmeyer, P., & Gambichler, T. (2009). Indoor tanning in north Rhine-Westphalia germany: A self-reported survey. *Photodermatology, Photoimmunology & Photomedicine*, 25(2), 94-100.
- Dixon, H., Dobbinson, S., Wakefield, M., Jansen, K., & McLeod, K. (2008). Portrayal of tanning, clothing fashion and shade use in australian women's magazines, 1987-2005. *Health Education Research*, 23(5), 791-802. doi:cym057
- Dodd, L. J., & Forshaw, M. J. (2010). Assessing the efficacy of appearance-focused interventions to prevent skin cancer: A systematic review of the literature. *Health Psychology Review*, 4(2), 93-111.

- 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>
- Duffy, B., Smith, K., Terhanian, G., & Bremer, J. (2005). Comparing data from online and face-to-face surveys. *International Journal of Market Research*, 47(6), 615.
- Duveen, G. (2001). Representations, identities, resistance. In K. E. Deaux & G. E. Philogène, (Eds.). *Representations of the social: Bridging theoretical traditions* (pp. 257-270). Oxford, UK: Blackwell Publishers Ltd.
- Duveen, G., & Lloyd, B. (1993). An ethnographic approach to social representations. In G. M. Breakwell. & D. Canter (Eds.), *Empirical approaches to social representations* (pp. 90-109). New York, NY: Oxford University Press.
- Echabe, A. E., Guede, E. F., & Castro, J. (1994). Social representations and intergroup conflicts: Who's smoking here? *European Journal of Social Psychology*, 24(3), 339-355.
- 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. doi: [http://dx.doi.org/10.1016/S1470-2045\(09\)70213-X](http://dx.doi.org/10.1016/S1470-2045(09)70213-X)
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38(3), 215-229.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (2011). *Writing ethnographic fieldnotes* (2nd ed.). Chicago: University of Chicago Press.

- Ezzedine, K., Malvy, D., Mauger, E., Nageotte, O., Galan, P., Hercberg, S., & Guinot, C. (2008). Artificial and natural ultraviolet radiation exposure: Beliefs and behaviour of 7200 french adults. *Journal of the European Academy of Dermatology and Venereology*, 22(2), 186-194.
- Fallah, M., Pukkala, E., Sundquist, K., Tretli, S., Olsen, J. H., Tryggvadottir, L., & Hemminki, K. (2014). Familial melanoma by histology and age: Joint data from five nordic countries. *European Journal of Cancer*, 50(6), 1176-1183.
- 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.
- Feldman, S. R., Liguori, A., Kucenic, M., Rapp, S. R., Fleischer, A. B., Lang, W., & Kaur, M. (2004). Ultraviolet exposure is a reinforcing stimulus in frequent indoor tanners. *Journal of the American Academy of Dermatology*, 51(1), 45-51.
- Ferguson, T. (1996). *Health online: how to find health information, support groups and self-help communities in cyberspace*. Reading, MA: Perseus.
- Festinger, L. (1962). *A theory of cognitive dissonance*. Stanford, California: Stanford University Press.
- Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley. Retrieved from <http://people.umass.edu/ajzen/f&a1975.html>.
- Fishbein, M., & Ajzen, I. (2005). Theory-based behavior change interventions: Comments on hobbs and sutton. *Journal of Health Psychology*, 10(1), 27-31; discussion 37-43. doi:10.1/27
- Fishbein, M., & Cappella, J. N. (2006). The role of theory in developing effective health communications. *Journal of Communication*, 56(s1), S1-S17.

- Fitzpatrick, T. B. (1988). The validity and practicality of sun-reactive skin types I through VI. *Archives of Dermatology*, 124(6), 869-871.
- Flick, U. (1992). Triangulation revisited: Strategy of validation or alternative? *Journal for the Theory of Social Behaviour*, 22(2), 175-197.
- Flick, U. (2000). Qualitative inquiries into social representations of health. *Journal of Health Psychology*, 5(3), 315-324. doi:10.1177/135910530000500303
- Flick, U. (2004). Triangulation in qualitative research. *A Companion to Qualitative Research*. In U. Flick., E. D. Kardoff & I. Steinke (Eds.), *A companion to qualitative research* (pp. 178-183). London, UK: Sage Publications Ltd.
- Flick, U. (2009). *An introduction to qualitative research* (4th ed). London, UK: Sage Publications Ltd.
- Flick, U., & Foster, J. (2008). Social representations. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (pp. 195-214). London: Sage.
- 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.
- Fox, D., Prilleltensky, I., & Austin, S. (2009). *Critical psychology: An introduction* (2nd ed.). London, UK: Sage Publications Ltd.
- Fraga, S., Sousa, S., Ramos, E., Dias, I., & Barros, H. (2011). Social representations of smoking behaviour in 13-year-old adolescents. *Revista Portuguesa De Pneumologia (English Edition)*, 17(1), 27-31.
- Garvin, T., & Wilson, K. (1999). The use of storytelling for understanding women's desires to tan: Lessons from the field. *The Professional Geographer*, 51(2), 297-306.

- Geller, A. C., Brooks, D. R., Colditz, G. A., Koh, H. K., & Frazier, A. L. (2006). Sun protection practices among offspring of women with personal or family history of skin cancer. *Pediatrics*, *117*(4), e688-e694.
- Geller, A. C., Colditz, G., Oliveria, S., Emmons, K., Jorgensen, C., Aweh, G. N., & Frazier, A. L. (2002). Use of sunscreen, sunburning rates, and tanning bed use among more than 10 000 US children and adolescents. *Pediatrics*, *109*(6), 1009-1014.
- Gervais, M., & Jovchelovitch, S. (1998). Health and identity: The case of the chinese community in england. *Social Science Information*, *37*(4), 709-729.
- Giami, A., & Schiltz, M. (1996). Representations of sexuality and relations between partners: Sex research in france in the era of AIDS. *Annual Review of Sex Research*, *7*(1), 125-157.
- Gibson, S. (2013). Milgram's obedience experiments: A rhetorical analysis. *British Journal of Social Psychology*, *52*(2), 290-309.
- Gibbons, F. X., Gerrard, M., Lane, D. J., Mahler, H. I., & Kulik, J. A. (2005). Using UV photography to reduce use of tanning booths: A test of cognitive mediation. *Health Psychology*, *24*(4), 358.
- Gillies, V., & Willig, C. (1997). 'You get the nicotine and that in your blood'—constructions of addiction and control in women's accounts of cigarette smoking. *Journal of community & applied social psychology*, *7*(4), 285-301.
- Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Harmondsworth: Penguin.
- Gordon, D., & Guenther, L. (2009). Tanning behavior of london-area youth. *Journal of Cutaneous Medicine and Surgery*, *13*(1), 22-32.
- Gordon, L. G., Hirst, N. G., Green, A. C., & Neale, R. E. (2012). Tanning behaviors and determinants of solarium use among indoor office workers in queensland, australia. *Journal of Health Psychology*, *17*(6), 856-865. doi:10.1177/1359105311427476

- Gough, B., Fry, G., Grogan, S., & Conner, M. (2009). Why do young adult smokers continue to smoke despite the health risks? A focus group study. *Psychology and Health, 24*(2), 203-220.
- Greene, K., & Brinn, L. S. (2003). Messages influencing college women's tanning bed use: Statistical versus narrative evidence format and a self-assessment to increase perceived susceptibility. *Journal of Health Communication, 8*(5), 443-461.
- Guy Jr, G. P., & Ekwueme, D. U. (2011). Years of potential life lost and indirect costs of melanoma and non-melanoma skin cancer. *Pharmacoeconomics, 29*(10), 863-874.
- Hamlet, N., & Kennedy, K. (2004). Reconnaissance study of sunbed use by primary school children in lanarkshire. *Journal of Public Health (Oxford, England), 26*(1), 31-33. doi: 10.1093/pubmed/fdh117
- Hammersley, M. (1992). *What's wrong with ethnography?* London: Routledge.
- Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice*. New York, NY: Routledge.
- Hart, K. M., & Demarco, R. F. (2008). Primary prevention of skin cancer in children and adolescents: A review of the literature. *Journal of Pediatric Oncology Nursing: Official Journal of the Association of Pediatric Oncology Nurses, 25*(2), 67-78. doi:10.1177/1043454208314499
- Hay, J., & Lipsky, S. (2012). International perspectives on indoor tanning. In C. J. Heckman & S. L. Manne (Eds.), *Shedding light on indoor tanning* (pp. 179-193). New York: Springer Science & Business Media.
- Heckman, C. J., Egleston, B. L., Wilson, D. B., & Ingersoll, K. S. (2008). A preliminary investigation of the predictors of tanning dependence. *American Journal of Health Behavior, 32*(5), 451-464. doi:10.5555/ajhb.2008.32.5.451

- Heckman, C. J., & Manne, S. L. (2012). Introduction. In C. J. Heckman & S. L. Manne (Eds.), *Shedding light on indoor tanning* (pp. 1-5). New York: Springer Science & Business Media.
- Herzlich, C. (1973). *Health and illness: A social psychological analysis*. London: Academic Press.
- Hewitt, J. P., & Stokes, R. (1975). Disclaimers. *American Sociological Review*, 40(1), 1-11.
- Hillhouse, J. J., Adler, C. M., Drinnon, J., & Turrisi, R. (1997). Application of azjen's theory of planned behavior to predict sunbathing, tanning salon use, and sunscreen use intentions and behaviors. *Journal of Behavioral Medicine*, 20(4), 365-378.
- Hillhouse, J. J., Stair III, A. W., & Adler, C. M. (1996). Predictors of sunbathing and sunscreen use in college undergraduates. *Journal of Behavioral Medicine*, 19(6), 543-561.
- Hillhouse, J., Stapleton, J., & Turrisi, R. (2005). Association of frequent indoor UV tanning with seasonal affective disorder. *Archives of Dermatology*, 141(11), 1465-1465.
- Hillhouse, J. J., & Turrisi, R. (2002). Examination of the efficacy of an appearance-focused intervention to reduce UV exposure. *Journal of Behavioral Medicine*, 25(4), 395-409.
- Hillhouse, J., & Turrisi, R. (2012). Motivations for indoor tanning: Theoretical models. In C. J. Heckman & S. L. Manne (Eds.), *Shedding light on indoor tanning* (pp. 69-86). New York: Springer Science & Business Media.
- Hillhouse, J., Turrisi, R., Holwiski, F., & McVeigh, S. (1999). An examination of psychological variables relevant to artificial tanning tendencies. *Journal of Health Psychology*, 4(4), 507-516. doi: 10.1177/135910539900400405.
- Hillhouse, J. J., Turrisi, R., & Kastner, M. (2000). Modeling tanning salon behavioral tendencies using appearance motivation, self-monitoring and the theory of planned behavior. *Health Education Research*, 15(4), 405-414.

- Hillhouse, J., Turrisi, R., Stapleton, J., & Robinson, J. (2008). A randomized controlled trial of an appearance-focused intervention to prevent skin cancer. *Cancer*, 113(11), 3257-3266.
- Hoerster, K. D., Garrow, R. L., Mayer, J. A., Clapp, E. J., Weeks, J. R., Woodruff, S. I., . . . Sybert, S. A. (2009). Density of indoor tanning facilities in 116 large US cities. *American Journal of Preventive Medicine*, 36(3), 243-246. doi:10.1016/j.amepre.2008.10.020
- Hoerster, K. D., Mayer, J. A., Woodruff, S. I., Malcarne, V., Roesch, S. C., & Clapp, E. (2007). The influence of parents and peers on adolescent indoor tanning behavior: Findings from a multi-city sample. *Journal of the American Academy of Dermatology*, 57(6), 990-997.
- Holick, M. F. (2007). Vitamin D deficiency. *New England Journal of Medicine*, 357(3), 266-281. doi: 10.1056/NEJMra070553
- Horrocks, C., & Johnson, S. (2012). *Advances in health psychology: Critical approaches*. New York: Palgrave Macmillan.
- Howarth, C. (2002a). Identity in whose eyes? the role of representations in identity construction. *Journal for the Theory of Social Behaviour*, 32(2), 145-162.
- Howarth, C. (2002b). So, you're from brixton? 'the struggle for recognition and esteem in a stigmatized community. *Ethnicities*, 2(2), 237-260.
- Howarth, C. (2004). Re-presentation and resistance in the context of school exclusion: Reasons to be critical. *Journal of Community & Applied Social Psychology*, 14(5), 356-377.
- 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.
- Howitt, D. (2010). *Introduction to qualitative methods in psychology*. Essex, England: Pearson Education Limited.
- 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.
- Hurd Clarke, L., & Korotchenko, A. (2009). Older women and suntanning: The negotiation of health and appearance risks. *Sociology of Health & Illness*, 31(5), 748-761. doi: 10.1111/j.1467-9566.2009.01175.x
- Ibrahim, S. F., & Brown, M. D. (2008). Tanning and cutaneous malignancy. *Dermatologic Surgery*, 34(4), 460-474. doi: 10.1111/j.1524-4725.2007.34092.x
- International Agency for Research on Cancer. (2006). *Exposure to artificial UV radiation and skin cancer* (Vol. 1). World Health Organization. Retrieved from <http://www.iarc.fr/en/publications/pdfs-online/wrk/wrk1/ArtificialUVRad&SkinCancer.pdf>
- Jaccard, J. (1981). Attitudes and behavior: Implications of attitudes toward behavioral alternatives. *Journal of Experimental Social Psychology*, 17(3), 286-307.
- Jaspal, R., Nerlich, B., & Koteyko, N. (2012). Contesting science by appealing to its norms: Readers discuss climate science in the daily mail. *Science Communication*, 35(3), 383-410. doi: 10.1177/1075547012459274
- Jefferson, G. (1991). List construction as a task and resource. In G. Psathas (Ed.), *Interactional competence* (pp. 63-92). New York, NY: Irvington Publishers.

- Jessor, R., & Jessor, S. L. (1977). Problem behavior and psychosocial development: A longitudinal study of youth.
- Jodelet, D. (1991). *Madness and Social Representations*. Hemel Hempstead: Harvester Wheatsheaf.
- Joffe, H. N. (1993). *AIDS in Britain and South Africa: A theory of inter-group blame* (Doctoral dissertation, UNIVERSITY OF LONDON, LSE).
- Joffe, H. (1995). Social representations of AIDS: Towards encompassing issues of power. *Papers on Social Representations*, 4(1), 29-40.
- Joffe, H. (1996a). AIDS research and prevention: A social representational approach. *British Journal of Medical Psychology*, 69(3), 169-190.
- Joffe, H. (1996b). The shock of the new: A Psycho-dynamic extension of social representational theory. *Journal for the Theory of Social Behaviour*, 26(2), 197-219.
- Joffe, H. (1997). Juxtaposing positivist and non-positivist approaches to social scientific AIDS research: Reply to Fife-Schaw's commentary. *British journal of medical psychology*, 70(1), 75-83.
- Joffe, H. (1999). *Risk and 'the other.'* Cambridge, UK: Cambridge University Press.
- Joffe, H. (2002b). Representations of health risks: What social psychology can offer health promotion. *Health Education Journal*, 61(2), 153-165.
- Joffe, H. (2002a). Social representations and health psychology. *Social Science Information*, 41(4), 559-580.

- Joffe, H. (2003). Risk: From perception to social representation. *British Journal of Social Psychology*, 42(1), 55-74.
- Joffe, H. (2007). Identity, self-control and risk. In G. Moloney & I. Walker (Eds.), *Social representations and identity: content, process and power* (pp. 197-213). Basingstoke UK, Palgrave MacMillan.
- 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., & Lee, N. Y. (2004). Social representation of a food risk: The hong kong avian bird flu epidemic. *Journal of Health Psychology*, 9(4), 517-533. doi:10.1177/1359105304044036
- 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.
- Joffe, H., Washer, P., & Solberg, C. (2011). Public engagement with emerging infectious disease: The case of MRSA in britain. *Psychology & Health*, 26(6), 667-683.
- Jones, J. L., & Leary, M. R. (1994). Effects of appearance-based admonitions against sun exposure on tanning intentions in young adults. *Health Psychology*, 13(1), 86.
- Jowett, A. (2014). 'But if you legalise same-sex marriage...': Arguments against marriage equality in the british press. *Feminism & Psychology*, 24(1), 37-55.
- Jowett, A. (2015). A case for using online discussion forums in critical psychological research. *Qualitative Research in Psychology*, 12(3), 287-297. doi: 10.1080/14780887.2015.1008906
- Jowett, A., Peel, E., & Shaw, R. (2011). Online interviewing in psychology: Reflections on the process. *Qualitative Research in Psychology*, 8(4), 354-369.

- Jovchelovitch, S. (2007). *Knowledge in context: Representations, community and culture*. Hove, East Sussex: Routledge.
- Jovchelovitch, S., & Gervais, M. (1999). Social representations of health and illness: The case of the chinese community in england. *Journal of Community & Applied Social Psychology*, 9(4), 247-260.
- Jutel, A., & Buetow, S. (2007). A picture of health?: Unmasking the role of appearance in health. *Perspectives in Biology and Medicine*, 50(3), 421-434.
- Kaur, M., Liguori, A., Lang, W., Rapp, S. R., Fleischer, A. B., & Feldman, S. R. (2006). Induction of withdrawal-like symptoms in a small randomized, controlled trial of opioid blockade in frequent tanners. *Journal of the American Academy of Dermatology*, 54(4), 709-711.
- Kligman, L. H., & Kligman, A. M. (1986). The nature of photoaging: its prevention and repair. *Photodermatology*, 3(4), 215-227.
- 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
- Lavie-Ajayi, M., & Joffe, H. (2009). Social representations of female orgasm. *Journal of Health Psychology*, 14(1), 98-107. doi:10.1177/1359105308097950
- Lazovich, D., Forster, J., Sorensen, G., Emmons, K., Stryker, J., Demierre, M., . . . Remba, N. (2004). Characteristics associated with use or intention to use indoor tanning among adolescents. *Archives of Pediatrics & Adolescent Medicine*, 158(9), 918-924.

- Lee, S. I., Macherianakis, A., & Roberts, L. M. (2013). Sunbed use, attitudes, and knowledge after the under-18s ban: A school-based survey of adolescents aged 15 to 17 years in sandwell, united kingdom. *Journal of Primary Care & Community Health*, 4(4), 265-274.
doi:10.1177/2150131913482142
- Lefever, S., Dal, M., & Matthiasdottir, A. (2007). Online data collection in academic research: Advantages and limitations. *British Journal of Educational Technology*, 38(4), 574-582.
- Lessin, S. R., Perlis, C. S., & Zook, M. B. (2012). How ultraviolet radiation tans skin. In C. J. Heckman & S. L. Manne (Eds.), *Shedding light on indoor tanning* (pp. 87-94). New York: Springer Science & Business Media.
- Levine, J. A., Sorace, M., Spencer, J., & Siegel, D. M. (2005). The indoor UV tanning industry: A review of skin cancer risk, health benefit claims, and regulation. *Journal of the American Academy of Dermatology*, 53(6), 1038-1044. doi:10.1016/j.jaad.2005.07.066
- Li, E. P., Min, H. J., Belk, R. W., Kimura, J., & Bahl, S. (2008). Skin lightening and beauty in four Asian cultures. *Advances in consumer research*, 35, 444-449.
- Lincoln, Y. S., & Denzin, N. K. (1994). The fifth moment. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 575-586). Thousand Oaks, California: Sage.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalist inquiry*. London, UK: Sage Publications.
- Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *Lancet (London, England)*, 367(9509), 528-529. doi:S0140-6736(06)68184-1
- Lloyd, B. B., & Duveen, G. (1992). *Gender identities and education: The impact of starting school*. Hemel Hempstead, Hertfordshire: Harvester Wheatsheaf.
- Lucas, K., & Lloyd, B. (1999). Starting smoking: Girls' explanations of the influence of peers. *Journal of Adolescence*, 22(5), 647-655.

- Lunt, P., & Livingstone, S. (1996). Rethinking the focus group in media and communications research. *Journal of Communication*, 46(2), 79-98.
- Lupton, D. (1999). *Risk and sociocultural theory: New directions and perspectives*. Cambridge, UK: Cambridge University Press.
- Lupton, D., & Gaffney, D. (1996). Discourses and practices related to suntanning and solar protection among young australians. *Health Education Research*, 11(2), 147-159.
- Mackay, H., Lowe, D., Edwards, D., & Rogers, S. (2007). A survey of 14 to 16 year olds as to their attitude toward and use of sunbeds. *Health Education Journal*, 66(2), 141-152.
- Markova, I., & Wilkie, P. (1987). Representations, concepts and social change: The phenomenon of AIDS. *Journal for the Theory of Social Behaviour*, 17(4), 389-409.
- Marks, D. F., Murray, M., Evans, B., & Estacio, E. V. (2011). *Health psychology: Theory, research and practice* (3rd ed.). London, UK: Sage Publications Ltd.
- Matarazzo, J. D. (1984). *Behavioral health: A handbook of health enhancement and disease prevention*. New York: John Wiley & Sons.
- 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.
- McGinley, J., Martin, C. J., & MacKie, R. M. (1998). Sunbeds in current use in scotland: A survey of their output and patterns of use. *The British Journal of Dermatology*, 139(3), 428-438. doi: 10.1046/j.1365-2133.1998.02406.x
- Mendese, G., & Gilchrest, B. A. (2012). Selected indoor tanning myths and controversies. In C. J. Heckman & S. L. Manne (Eds.), *Shedding light on indoor tanning* (pp. 121-133). New York: Springer Science & Business Media.

- 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.
- Miller, A. G., Ashton, W. A., McHoskey, J. W., & Gimbel, J. (1990). What price attractiveness? stereotype and risk factors in suntanning behavior. *Journal of Applied Social Psychology*, 20(15), 1272-1300. doi: 10.1111/j.1559-1816.1990.tb01472.x
- 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)).
- Moloney, G., & Walker, I. (2002). Talking about transplants: Social representations and the dialectical, dilemmatic nature of organ donation and transplantation. *British Journal of Social Psychology*, 41(2), 299-320.
- 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.
- Morant, N. (2006). Social representations and professional knowledge: The representation of mental illness among mental health practitioners. *British Journal of Social Psychology*, 45(4), 817-838.
- Morey, Y., Eagle, L., Kemp, G., Jones, S., & Verne, J. (2011). Celebrities and celebrity culture: Role models for high-risk behaviour or sources of credibility? In: *The 2nd World Non-Profit and Social Marketing Conference*, Dublin, Ireland, 11-12 April 2011. Retrieved from http://eprints.uwe.ac.uk/13921/1/Morey_celebrity_culture_dublin_shared.pdf
- 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.
- Moscovici, S. (1984). The phenomenon of social representations. In R. Farr & S. Moscovici (Eds.), *Social representations* (pp. 3-69). Cambridge: Cambridge University Press.
- Moscovici, S. (1988). Notes towards a description of social representations. *European Journal of Social Psychology*, 18(3), 211-250.
- Moscovici, S., & Hewstone, M. (1983). Social representations and social explanations: From the “naïve” to the “amateur” scientist. In Hewstone, M. (Ed.), *Attribution theory: Social and functional extensions* (pp. 98-125). Oxford, UK: Basil Blackwell.
- Mosher, C. E., & Danoff-Burg, S. (2010). Addiction to indoor tanning: Relation to anxiety, depression, and substance use. *Archives of Dermatology*, 146(4), 412-417.
- Mouret, S., Baudouin, C., Charveron, M., Favier, A., Cadet, J., & Douki, T. (2006). Cyclobutane pyrimidine dimers are predominant DNA lesions in whole human skin exposed to UVA radiation. *Proceedings of the National Academy of Sciences*, 103(37), 13765-13770.
- Murray, C. D., & Turner, E. (2004). Health, risk and sunbed use: A qualitative study. *Health, Risk & Society*, 6(1), 67-80.
- Murray, M., & Chamberlain, K. (1999). Health Psychology and Qualitative Research. In M. Murray & K. Chamberlain (Eds.) *Qualitative health psychology: theories and methods* (pp. 3-16). London, UK: Thousand Oaks.
- National Eczema Society (2012). *Eczema management. Additional treatment options for moderate to severe eczema*. Available from <http://www.eczema.org/search>
- National Psoriasis Foundation (n.d.). *Treating psoriasis phototherapy*. Retrieved from <https://www.psoriasis.org/about-psoriasis/treatments/phototherapy>

- NHS Choices (2015). *Skin cancer (non-melanoma)*. Retrieved July 26, 2015, from <http://www.nhs.uk/conditions/Cancer-of-the-skin/Pages/Introduction.aspx>
- NHS Choices (2015). *Skin cancer (melanoma)*. Retrieved July 26, 2015, from <http://www.nhs.uk/Conditions/Malignant-melanoma/Pages/Introduction.aspx>
- Nightingale, D., & Cromby, J. (1999). Reconstructing social psychology. In D. Nightingale & J. Cromby (Eds.), *Social constructionist psychology: A critical analysis of theory and practice* (pp. xv-xvi). Buckingham, UK: Open University Press.
- O'Connor, C. (2014). *The brain in society: public engagement with neuroscience* (Doctoral dissertation, UCL (University College London)).
- O'Connor, C., & Joffe, H. (2013). Media representations of early human development: Protecting, feeding and loving the developing brain. *Social Science & Medicine*, 97, 297-306.
- Oliver, H., Ferguson, J., & Moseley, H. (2007). Quantitative risk assessment of sunbeds: impact of new high power lamps. *British Journal of Dermatology*, 157(2), 350-356.
- Ogden, J. (2003). Some problems with social cognition models: A pragmatic and conceptual analysis. *Health Psychology*, 22(4), 424.
- O'Riordan, D. L., Field, A. E., Geller, A. C., Brooks, D. R., Aweh, G., Colditz, G. A., & Frazier, A. L. (2006). Frequent tanning bed use, weight concerns, and other health risk behaviors in adolescent females (united states). *Cancer Causes & Control*, 17(5), 679-686.
- Paulson, S. (2008). "Beauty is more than skin deep." an ethnographic study of beauty therapists and older women. *Journal of Aging Studies*, 22(3), 256-265.
- Pomerantz, A. (1986). Extreme case formulations: A way of legitimizing claims. *Human Studies*, 9(2-3), 219-229.

- Poorsattar, S. P., & Hornung, R. L. (2007). UV light abuse and high-risk tanning behavior among undergraduate college students. *Journal of the American Academy of Dermatology*, 56(3), 375-379.
- Poorsattar, S. P., & Hornung, R. L. (2008). Television turning more teens toward tanning? *Journal of the American Academy of Dermatology*, 58(1), 171-172.
- Potter, J. (1996). *Representing reality: Discourse, rhetoric and social construction*. London, UK: Sage Publications Ltd.
- Provencher, C. M. C. (2007). *Cognitive polyphasia in the MMR controversy: A theoretical and empirical investigation* (Doctoral dissertation, London School of Economics and Political Science (LSE).
- Provencher, C. (2011). Towards a better understanding of cognitive polyphasia. *Journal for the Theory of Social Behaviour*, 41(4), 377-395.
- Provine, R. R., Spencer, R. J., & Mandell, D. L. (2007). Emotional expression online emoticons punctuate website text messages. *Journal of Language and Social Psychology*, 26(3), 299-307.
- Randle, H. W. (1997). Suntanning: Differences in perceptions throughout history. *Mayo Clinic Proceedings*, 72(5) 461-466. doi: <http://dx.doi.org/10.4065/72.5.461>
- Reddy, K. K., & Gilchrest, B. A. (2010). What is all this commotion about vitamin D? *Journal of Investigative Dermatology*, 130(2), 321-326. doi:10.1038/jid.2009.353
- Renedo, A., & Jovchelovitch, S. (2007). Expert knowledge, cognitive polyphasia and health: A study on social representations of homelessness among professionals working in the voluntary sector in london. *Journal of Health Psychology*, 12(5), 779-790. doi:12/5/779

- Rhainds, M., De Guire, L., & Claveau, J. (1999). A population-based survey on the use of artificial tanning devices in the province of quebec, canada. *Journal of the American Academy of Dermatology*, 40(4), 572-576.
- Roberts, D., & Foley, K. (2009). Sunbed use in children—time for new legislation? *British Journal of Dermatology*, 161(1), 193-194.
- 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.
- Robinson, J. K., Kim, J., Rosenbaum, S., & Ortiz, S. (2008). Indoor tanning knowledge, attitudes, and behavior among young adults from 1988-2007. *Archives of Dermatology*, 144(4), 484-488.
- Rodham, K., & Gavin, J. (2006). The ethics of using the internet to collect qualitative research data. *Research Ethics Review*, 2(3), 92-97.
- Rose, D., Efraim, D., Gervais, M., Joffe, H., Jovchelovitch, S., & Morant, N. (1995). Questioning consensus in social representations theory. *Papers on Social Representations*, 4(2), 150-176.
- Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *Health Education Monographs*, 2(4), 354-386.
- Schneider, S., & Krämer, H. (2010). Who uses sunbeds? A systematic literature review of risk groups in developed countries. *Journal of the European Academy of Dermatology and Venereology*, 24(6), 639-648.
- 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.

- Schoenmakers, I., Goldberg, G. R., & Prentice, A. (2008). Abundant sunshine and vitamin D deficiency. *British Journal of Nutrition*, 99(06), 1171-1173.
- Schulman, J. M., & Fisher, D. E. (2009). Indoor ultraviolet tanning and skin cancer: Health risks and opportunities. *Current Opinion in Oncology*, 21(2), 144-149.
doi:10.1097/CCO.0b013e3283252fc5
- Shoveller, J. A., Lovato, C. Y., Young, R. A., & Moffat, B. (2003). Exploring the development of sun-tanning behavior: A grounded theory study of adolescents' decision-making experiences with becoming a sun tanner. *International Journal of Behavioral Medicine*, 10(4), 299-314.
- 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>
- Sjöberg, L., Holm, L., Ullén, H., & Brandberg, Y. (2004). Tanning and risk perception in adolescents. *Health, Risk & Society*, 6(1), 81-94.
- Skin Cancer Foundation (2013). *Why indoor tanning won't cure seasonal affective disorder*. Retrieved from <http://www.skincancer.org/media-and-press/press-release-2013/sad>
- Smith, N., & Joffe, H. (2013). How the public engages with global warming: A social representations approach. *Public Understanding of Science (Bristol, England)*, 22(1), 16-32.
doi:10.1177/0963662512440913
- Sniehotta, F. F., Presseau, J., & Araújo-Soares, V. (2014). Time to retire the theory of planned behaviour. *Health Psychology Review*, 8(1), 1-7.
- Spicer, J., & Chamberlain, K. (1996). Developing psychosocial theory in health psychology: Problems and prospects. *Journal of Health Psychology*, 1(2), 161-171.
doi:10.1177/135910539600100202

- Stam, H. J. (2000). Theorizing health and illness: Functionalism, subjectivity and reflexivity. *Journal of Health Psychology*, 5(3), 273-283. doi:10.1177/135910530000500309
- Stapleton, J., Turrisi, R., Hillhouse, J., Robinson, J. K., & Abar, B. (2010). A comparison of the efficacy of an appearance-focused skin cancer intervention within indoor tanner subgroups identified by latent profile analysis. *Journal of Behavioral Medicine*, 33(3), 181-190.
- Stjerna, M., Lauritzen, S. O., & Tillgren, P. (2004). "Social thinking" and cultural images: Teenagers' notions of tobacco use. *Social Science & Medicine*, 59(3), 573-583.
- Straughan, P. T., & Seow, A. (1998). Fatalism reconceptualized: A concept to predict health screening behavior. *Journal of Gender, Culture and Health*, 3(2), 85-100.
- Strauss, A., & Corbin, J. (1994). Grounded theory methodology. In N. K. Denzin & Y. L. Lincoln (Eds.), *Handbook of qualitative research*, (pp. 217-285). Thousand Oaks: Sage Publications.
- Stryker, J. E., Lazovich, D., Forster, J. L., Emmons, K. M., Sorensen, G., & Demierre, M. (2004). Maternal/female caregiver influences on adolescent indoor tanning. *Journal of Adolescent Health*, 35(6), 528. e1-528. e9.
- Su, J., Pearce, D. J., & Feldman, S. R. (2005). The role of commercial tanning beds and ultraviolet A light in the treatment of psoriasis. *Journal of Dermatological Treatment*, 16(5-6), 324-326. doi: 10.1080/09546630500336009
- Tajfel, H. (1982). Social psychology of intergroup relations. *Annual Review of Psychology*, 33(1), 1-39.
- Tajfel, H., & Fraser, C. (Eds.) (1978). *Introducing social psychology*. Harmondsworth, UK: Penguin.
- Taylor, S. L., Kaur, M., LoSicco, K., Willard, J., Camacho, F., O'Rourke, K. S., & Feldman, S. R. (2009). Pilot study of the effect of ultraviolet light on pain and mood in fibromyalgia syndrome. *The Journal of Alternative and Complementary Medicine*, 15(1), 15-23.

- The Sunbed Association (TSA). (n.d.) *Vitamin D – the facts*. Retrieved July 25, 2015, from http://www.sunbedassociation.org.uk/Vitamin_D/Vitamin_D_Facts.aspx
- The Sunbed Association (TSA) (n.d.) *UV light*. Retrieved July 25, 2015, from http://www.sunbedassociation.org.uk/UV_Tanning/UV_Light.aspx
- Thomson, C. S., Woolnough, S., Wickenden, M., Hiom, S., & Twelves, C. J. (2010). Sunbed use in children aged 11-17 in England: Face to face quota sampling surveys in the national prevalence study and six cities study. *BMJ (Clinical Research Ed.)*, 340, c877. doi:10.1136/bmj.c877
- Thrush, D., Fife-Schaw, C., & Breakwell, G. M. (1997). Young people's representations of others' views of smoking: Is there a link with smoking behaviour? *Journal of Adolescence*, 20(1), 57-70.
- Tierney, P., Ferguson, J., Ibbotson, S., Dawe, R., Eadie, E., & Moseley, H. (2013). Nine out of 10 sunbeds in England emit ultraviolet radiation levels that exceed current safety limits. *British Journal of Dermatology*, 168(3), 602-608.
- Toutain, S. (2010). What women in France say about alcohol abstinence during pregnancy. *Drug and Alcohol Review*, 29(2), 184-188.
- 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.
- Turrisi, R., Hillhouse, J., Mallett, K., Stapleton, J., & Robinson, J. (2012). A systematic review of intervention efforts to reduce indoor tanning. In C. J. Heckman & S. L. Manne (Eds.). *Shedding light on indoor tanning* (pp. 135-146). New York: Springer Science & Business Media.
- Van Selm, M., & Jankowski, N. W. (2006). Conducting online surveys. *Quality and Quantity*, 40(3), 435-456.
- 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.
- Wagner, W., Duveen, G., Farr, R., Jovchelovitch, S., Lorenzi-Cioldi, F., Markova, I., & Rose, D. (1999). Theory and method of social representations. *Asian Journal of Social Psychology*, 2(1), 95-125.
- Walsh, A., Harris, S., Bowtell, N., & Verne, J. (2009). Sunbed outlets and area deprivation in the UK. *Bristol: Cancer Intelligence Service, South West Public Health Observatory*. Retrieved from www.swpho.nhs.uk/resource/view.aspx?RID=68377
- Warthan, M. M., Uchida, T., & Wagner, R. F. (2005). UV light tanning as a type of substance-related disorder. *Archives of Dermatology*, 141(8), 963-966.
- Washer, P., & Joffe, H. (2006). The “hospital superbug”: social representations of MRSA. *Social Science & Medicine*, 63(8), 2141-2152.
- Wehner, M. R., Shive, M. L., Chren, M. M., Han, J., Qureshi, A. A., & Linos, E. (2012). Indoor tanning and non-melanoma skin cancer: Systematic review and meta-analysis. *BMJ (Clinical Research Ed.)*, 345, e5909. doi:10.1136/bmj.e5909
- Weinstein, N. D. (1980). Unrealistic optimism about future life events. *Journal of Personality and Social Psychology*, 39(5), 806.
- Welsh, E. (2002, May). Dealing with data: Using NVivo in the qualitative data analysis process. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 3(2). Retrieved from <http://nbn-resolving.de/urn:nbn:de:0114-fqs0202260>
- Wibeck, V. (2014). Social representations of climate change in swedish lay focus groups: Local or distant, gradual or catastrophic? *Public Understanding of Science (Bristol, England)*, 23(2), 204-219. doi:10.1177/0963662512462787

- Widdicome, S., & Woofitt, R. (1995). *The language of youth subcultures: Social identity in action*. London: Harvester Wheatsheaf.
- Williams, A. L., Grogan, S., Clark-Carter, D., & Buckley, E. (2013). Appearance-based interventions to reduce ultraviolet exposure and/or increase sun protection intentions and behaviours: A systematic review and meta-analyses. *British Journal of Health Psychology*, 18(1), 182-217.
- Willig, C. (2000). A discourse-dynamic approach to the study of subjectivity in health psychology. *Theory & Psychology*, 10(4), 547-570.
- Willig, C. (2008). From recipes to adventures. In C. Willig (Ed.) *Introducing qualitative research in psychology* (pp. 1-14). Berkshire, England: McGraw-Hill Education.
- Willig, C., & Stainton-Rogers, W. (2008). *Qualitative research in psychology*. London: Sage Publications.
- World Health Organisation (2015a). *Health effects of UV radiation*. Retrieved July 25, 2015, from <http://www.who.int/uv/health/en/>
- World Health Organisation (2015b). *Skin cancers*. Retrieved July 25, 2015, from <http://www.who.int/uv/faq/skincancer/en/index1.html>
- World Health Organisation (2015c). *Sunbeds*. Retrieved July 26, 2015, from <http://www.who.int/uv/faq/sunbeds/en/index5.html>
- World Health Organisation (2015d). *Tobacco*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs339/en/>
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15(2), 215-228.
- Ye, W. M., Sarrica, M., & Fortunati, L. (2014). Two selves and online forums in China. *Asian Journal of Social Psychology*, 17(1), 1-11.

- Yoo, J., & Kim, H. (2012). Adolescents' body-tanning behaviours: Influences of gender, body mass index, sociocultural attitudes towards appearance and body satisfaction. *International Journal of Consumer Studies*, 36(3), 360-366.
- Young, A. R. (2004). Tanning devices—fast track to skin cancer? *Pigment Cell Research*, 17(1), 2-9.
- Young, J. C., & Walker, R. (1998). Understanding students' indoor tanning practices and beliefs to reduce skin cancer risks. *American Journal of Health Studies*, 14(3), 120.
- Zeller, S., Lazovich, D., Forster, J., & Widome, R. (2006). Do adolescent indoor tanners exhibit dependency? *Journal of the American Academy of Dermatology*, 54(4), 589-596.
- Zook, M., Lessin, S., & Perlis, C. (2012). Skin cancer and other health effects of indoor tanning. In C. J. Heckman & S. L. Manne (Eds.), *Shedding light on indoor tanning* (pp. 95-106). New York: Springer Science & Business Media.

Appendix A: Ethical Approval Letter (Study One)

28 February 2012

Dear Jennifer

Re: 'An Investigation into Tanning Behaviour and Knowledge; General Sun Tanning, Sunbeds and Fake Tan'

Thank you for submitting your project for review.

I am pleased to inform you that your project has been approved by the Ethics Review Panel.

If there are any other amendments to your study you must submit an 'application to amend study' form to Michele Dawson. This form is available from Michele (01782 733588) or via <http://www.keele.ac.uk/researchsupport/researchethics/>

If you have any queries, please do not hesitate to contact Michele Dawson in writing to m.dawson@uso.keele.ac.uk

Yours sincerely



PP

Dr Nicky Edelstyn

Chair – Ethical Review Panel

CC RI Manager, Supervisor

Appendix B: Ethical Approval Letter (Study Two)

5th November 2012

Dear Jennifer,

Re: 'A Qualitative Exploration of the Motivations, Experiences and Attitudes of Sunbed, Former Sunbed Users, Fake Tan Users, and Non-Users.'

Thank you for submitting your revised project for review.

I am pleased to inform you that your project has been approved by the Ethics Review Panel.

The following documents have been reviewed and approved by the panel as follows:

Document	Version	Date
Summary Proposal	2	22/10/12
Online Recruitment Requests	2	15/10/12
Information Sheet(s)	3	29/10/12
Consent Form(s)	2	11/10/12
Consent Form(s) for use of quotes	1	23/08/12
Interview Topic Guides	1	23/08/12
Counselling and Support Info	1	11/10/12

If the fieldwork goes beyond the date stated in your application (31 October 2013), you must notify the Ethical Review Panel via Hannah Reidy.

If there are any other amendments to your study you must submit an 'application to amend study' form to Hannah Reidy. This form is available from Hannah (01782 733588) or via <http://www.keele.ac.uk/researchsupport/researchethics/> If you have any queries, please do not hesitate to contact Hannah Reidy in writing to h.reidy@keele.ac.uk

Yours sincerely



pp

Dr Nicky Edelstyn

Chair – Ethical Review Panel

Appendix C: Ethical Approval Letter (Study Three)

3rd July 2013

Dear Jennifer,

Re: An analysis of sunbed related online discussion forum threads

Thank you for submitting your application for review.

I am pleased to inform you that your application has been approved by the Ethics Review Panel.

The following documents have been reviewed and approved by the panel as follows:

Document	Version	Date
Application Form	1	June 2013
Summary of Proposal	1	03/06/2013
Permission Email	1	03/06/2013

If the fieldwork goes beyond the date stated in your application, you must notify the Ethical Review Panel via the ERP administrator at uso.erps@keele.ac.uk stating ERP2 in the subject line of the e-mail.

If there are any other amendments to your study you must submit an 'application to amend study' form to the ERP administrator stating ERP2 in the subject line of the e-mail. This form is available via <http://www.keele.ac.uk/researchsupport/researchethics/>

If you have any queries, please do not hesitate to contact me via the ERP administrator on uso.erps@keele.ac.uk Stating ERP2 in the subject line of the e-mail.

Yours sincerely




Dr Colin Rigby

Chair – Ethical Review Panel

CC RI Manager

Supervisor

Appendix D: Ethical Approval Letter (Study Four)

2 August 2012

Dear Jennifer

Re: 'A Mini Ethnography Study: Sunbeds and Fake Tanning Salons'

Thank you for submitting your revised project for review.

I am pleased to inform you that your project has been approved by the Ethics Review Panel.

The following documents have been reviewed and approved by the panel as follows:

Document	Version	Date
Application Form	1.0	24/6/12
Summary of Proposal	4.0	1/8/12
Letter of Invitation (Sunbeds)	3.0	1/8/12
Letter of Invitation (Fake Tan)	3.0	1/8/12
Information Sheet (Sunbeds)	2.0	24/6/12
Information Sheet (Fake Tan)	2.0	24/6/12
Consent Form (Sunbeds)	2.0	24/6/12
Consent Form (Fake Tan)	2.0	24/6/12
Consent Form (Questions)	1.0	5/7/12
Example Questions	2.0	24/6/12
Promotional Poster (Sunbeds)	1.0	1/8/12
Promotional Poster (Fake Tan)	1.0	1/8/12

If the fieldwork goes beyond the date stated in your application (August 2012), you must notify the Ethical Review Panel via Michele Dawson.

If there are any other amendments to your study you must submit an 'application to amend study' form to Michele Dawson. This form is available from Michele (01782 733588) or via <http://www.keele.ac.uk/researchsupport/researchethics/>

If you have any queries, please do not hesitate to contact Michele Dawson in writing to m.dawson@uso.keele.ac.uk

Yours sincerely



Dr Nicky Edelstyn

Chair – Ethical Review Panel

CC RI Manager, Supervisor

Appendix E: Questionnaire including consent form (Study One)

An Investigation into Tanning Behaviour and Knowledge:

General Sun tanning, Sunbeds and Fake Tan

1. Consent

By providing consent, you are agreeing that you are happy for me to look at and analyse your responses.

I confirm that I have read and understood the information provided and have been given the opportunity to ask questions if I wished.

I understand that my participation is voluntary and that I am free to discontinue the survey at any time, without giving a reason.

I understand that data collected about me during this study will be anonymised and kept strictly confidential.

I agree to take part in this study.

2. I am happy for any quotes from my responses to be used anonymously:

Yes

No

Some background information

3. Please tell me your gender.

Male

Female

4. Please enter your age in years and months (e.g. 21 years 8 months).

5. Please describe your current occupation (e.g. student, shop assistant, manager, retired).

6. How would you best describe your skin type?

Skin that often burns and rarely tans

Skin that usually burns but sometimes tans

Skin that sometimes burns but usually tans

Skin that rarely burns but often tans

Naturally brown/black skin

Naturally black skin

7. How many 'hot beach holidays abroad' (if any) do you typically have per year?

8. Do you have a family history of skin cancer?

No Not sure Yes I do not want to disclose

9. Do you have a personal history of skin cancer?

No Not sure Yes I do not want to disclose

10. Do you smoke?

Never daily	I used to but have given up	Occasionally	Less than 10 daily	More than 10 daily
1	2	3	4	5

[Section one included questions on general sun tanning and have not been used in the thesis]

Section two: Sunbeds

32. Have you ever used a sunbed? (A sunbed refers to any type of device that is used to tan your skin artificially, including a traditional lie down sunbed, a stand up booth, and a face tanning lamp).

No Yes (No=skip to q36)

33. How old were you when you first started using a sunbed?

34. When you first used a sunbed, were you given advice about what the appropriate duration and frequency of a session was for your skin type?

No Not sure Yes

35. Do you currently use a sunbed?

No Yes (Yes = skip to q37)

36. If you are not a current sunbed user or have never used a sunbed, please can you identify the reason(s) why? (Please select as many answers as apply)

Influence from family and friends Influence from my partner Prefer to use alternative (e.g. fake tan)

Health risk (e.g. skin cancer)	Risk to appearance (e.g. ageing effects)	Doctors' advice
<p>1. The risk of skin cancer is higher for people with fair skin and a history of sunburn. The risk is also higher for people who spend a lot of time outdoors.</p> <p>2. The risk of skin cancer is higher for people who have a family history of skin cancer.</p> <p>3. The risk of skin cancer is higher for people who have a history of tanning bed use.</p>	<p>1. The risk of ageing effects is higher for people who spend a lot of time outdoors. The risk is also higher for people who have a history of sunburn.</p> <p>2. The risk of ageing effects is higher for people who have a family history of ageing effects.</p> <p>3. The risk of ageing effects is higher for people who have a history of tanning bed use.</p>	<p>1. Doctors advise people to avoid tanning beds and to use sunscreen when outdoors.</p> <p>2. Doctors advise people to avoid tanning beds and to use sunscreen when outdoors.</p> <p>3. Doctors advise people to avoid tanning beds and to use sunscreen when outdoors.</p>

☐ Price ☐ Time/convenience issues ☐ Other (please state any other reason)

At the end of this question skips to question 56

37. How often do you use a sunbed?

Rarely Sometimes Often All the time

38. How much time do you typically spend on a sunbed per session? (In minutes)

39. How much do you typically spend on one single sunbed session? (e.g. £1.50)

40. Approximately, how much do you spend in total per month on sunbed sessions?

41. Do you think that the price you pay to use a sunbed is expensive?

No Not sure Yes

42. Where do you typically use a sunbed?

In a tanning salon Beauty salon/spa Gym/leisure facilities Home

In a nail/hairdressing salon Other (please state where else)

43. At what time of year do you typically use a sunbed?

All year round Spring/Summer Summer/Autumn Autumn/Winter

Winter/Spring Just depends on what I'm doing or where I'm going

44. Do you use...?

Tanning accelerator products (that increase the tanning effect):	No	Sometimes	Yes
---	----	-----------	-----

Sunscreen after using a sunbed: (when out in the sun)	No	Sometimes	Yes
--	----	-----------	-----

Fake tan after using a sunbed:	No	Sometimes	Yes
--------------------------------	----	-----------	-----

45. Do you think after using a sunbed you tend to stay out in the sun for longer?

No Sometimes Yes

46. Do you think after using a sunbed that it is safer to stay out in the sun for longer?

No Not sure Yes

47. When you use a sunbed are you provided with the following...

Protective goggles:	No	Not sure	Sometimes	Yes
Information about responsible use:	No	Not sure	Sometimes	Yes
Information about the health risk:	No	Not sure	Sometimes	Yes
Information about possible contraindications: No (e.g. skin burns)	No	Not sure	Sometimes	Yes
Supervision (e.g. someone on hand to give advice)	No	Not sure	Sometimes	Yes

48. Have you ever experienced a skin burn or irritation as a result of using a sunbed?

No Yes (No skip to q50)

49. Has the skin burn/skin irritation influenced your sunbed behaviour? (e.g. how often you use them)

No Not sure Yes

50. Do you...

Have family that use sunbeds:	No	Not sure	Yes
Have friends that use sunbeds:	No	Not sure	Yes

51. Would you recommend using a sunbed to family/friends?

No Not sure Yes

52. Do you think you will continue to use sunbeds in the future?

Not sure Never Only rarely Sometimes Often All the time

53. How much do you agree with the following statements?

I am motivated to use sunbeds because...

I think I look better when tanned:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I think I look healthier when tanned:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I like how tanned celebrities look:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
It's a quick way to get a tan:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
My family/friends use them:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree

My partner uses them:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
It's just something for me to do:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I find it fun:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I find it relaxing:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
It improves my mood:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
A tan makes me feel more confident:	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I want to get a tan for an occasion	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I have a skin condition: (e.g. acne/eczema/psoriasis)	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I have a medical condition: (e.g. fibromyalgia, arthritis)	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Other: (Please state anything else that may motivate you)					

54. What do you like about using sunbeds?

55. What do you dislike about using sunbeds?

56. How aware are you of the associated risk between using sunbeds and...

Your health: (e.g. skin cancer)	Not at all aware	Not very aware	Moderately aware	Very aware
Your appearance: (e.g. ageing effects)	Not at all aware	Not very aware	Moderately aware	Very aware

57. How much do you think that using a sunbed before the age of 35 increases the risk of skin cancer?

I don't know It doesn't increase risk By 10% By 25% By 50% By 75% By 100%

58. Do you think your sunbed use (e.g. whether you use them or not) is influenced by your knowledge of...

The health risk: (e.g. skin cancer)	No	Sometimes	Yes	I am not aware of the risk
Appearance risk: (e.g. ageing effects)	No	Sometimes	Yes	I am not aware of the risk

59. Have you ever been in receipt of any educational information about using sunbeds?
(e.g. posters, leaflets, Facebook campaigns etc.)

No Yes (No = skip to q61)

60. Can you describe what type of information this was? (e.g. a poster, leaflet, website etc.)

61. Do you have any comments you would like to make about using sunbeds?

[Section three included questions on fake tanning and was not included in this thesis]

Appendix F: Thematic Tables for Never Sunbed Users and Current Sunbed Users (Study One)

Never Sunbed Users

Overarching Theme	Themes	Quotes
	Negativity and Disapproval	<p>I think they're awful</p> <p>Personally I don't like the look of them and they have a bad reputation</p> <p>I think it is insane'</p> <p>I would never ever use them. People know how dangerous they are and yet they still continue to fry themselves to death under these things year after year even though the government has spent millions on advertisements declaring just how dangerous they are and are a health hazard but no one listens and the young ones use the "Oh it won't happen to me" bite back excuse. What's the point? Why not light up a fag while you're at it and speed the cancer along a bit.</p> <p>I think sunbeds are stupid and a ridiculous thing to spend money on'</p> <p>I think it's very stupid, but I know LOADS of people that do it'</p> <p>I don't like sunbeds one bit! They are a waste of money and impose health risks'</p>
	Significance of health risks	In regards to ageing concerns I am not very bothered as the health risks are enough to put me off ever using a sunbed.
	A definite no	<p>I would definitely not use sunbeds of any description.</p> <p>I have never used one and never will.</p>
	Lack of understanding	<p>I can't understand why anybody wastes their money on them.</p> <p>I can understand why people would want to use them, because you get a quick, non-messy tan and without tan lines, but I wouldn't be able to justify this, due to the health risks'</p>

Never Sunbed Users

Overarching Theme	Themes	Quotes
An aesthetically motivated behaviour	Vain	Aesthetic - sunbed tans don't look good on anyone! It's a vain, frivolous, pointless thing to do.
	Lack of understanding	I just don't understand why someone would risk their health just to look good. 'Risks are clearly marked and known. Only a moron uses one when you can use non-carcinogenic fake tans instead'
	Unnecessary	I think they are dangerous and unnecessary; I prefer to use fake-tan as you get the same effect/look without the associated risks.

Current Sunbed Users

Overarching Theme	Themes	Quotes
Aware of the risks - Risks as not a significant concern	Justification for a special occasion	The health risks associated with sunbed use has stopped me from using them on a regular basis. I still however justified using them in preparation for my wedding despite the increased risk of skin cancer
	Guilt	I have heard this from many of my friends and have experienced this myself. Even though I know the risks of using tanning beds and feel guilt each time I do it, I still continue to use them.
	Downplay personal relevance	I'm aware sunbeds can make me age quicker but I don't care about how I look. I know that there is a risk but I think I would only really stop using sunbeds if someone I knew developed cancer as a result. Personally I consider the risk associated with my low level of use to be fairly negligible.
	Low level use	I know that there is a risk but I think I would only really stop using sunbeds if someone I knew developed cancer as a result. Personally I consider the risk associated with my low level of use to be fairly negligible.
	Benefits outweigh the risks	I'm aware sunbeds can make me age quicker but I don't care about how I look. The benefit of not burning so easily in the summer and an improved mood in the winter outweighs the potential risk of skin cancer.
	Scepticism	The media overhypes the dangers of sunbed use, information/statistics are not always correct'
	Ubiquity of Risks	Sunbeds may not be very good for your skin, both health wise and appearance wise, but there are always risks in life, it doesn't mean you should have to limit yourself. Skin cancer is relatively treatable nowadays and whilst sunbeds increase the risks of skin cancer, I know the risks and have read up on the risks. I know that if a mole changes shape, colour or texture or if a new one appears I should get it checked out, and I know that I should keep my face covered in sunbeds to stop my face from ageing etc. I think life is for living and unless it directly hurts someone else, do the things you love and sunbeds happen to cheer people up and make people feel more confident

Appendix G: Information Sheet (Study One)

Invitation and Information**Title: An Investigation into Tanning Behaviour and Knowledge; General Sun Tanning, Sunbeds and Fake Tan****Invitation**

You are invited to complete a questionnaire on your tanning behaviour and knowledge as part of a PhD project. The project is being undertaken by Jennifer Taylor (a PhD student at Keele University), and supervised by Dr Sally Sargeant (a lecturer at Keele University). You must be at least 18 years old to take part in the research. Before you decide whether or not you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please read the information below carefully. If there is anything that is unclear or you would like more information before proceeding, please contact me (see details below).

Why have I been asked to take part?

You have been chosen as a member of the general public to complete a questionnaire about your tanning behaviour and knowledge, including general sun tanning, sunbeds and fake tan. The aim of the questionnaire is to collect information about the tanning behaviour and knowledge from a very wide range of people, including those who do use, and do not use sunbeds and fake tan.

Do I have to take part?

You are free to decide if you wish to take part or not. If you do decide to take part you will be asked to provide your consent below. You are free to discontinue the survey at any time without a reason.

What will happen if I take part?

After giving your consent, you will complete an online questionnaire (taking approximately 10-15 minutes) about various aspects of your tanning behaviour and knowledge. There are three sections to the questionnaire; 1) about your general sun tanning knowledge and behaviour, 2) about your sunbed knowledge and behaviour and, 3) about your fake tan knowledge and behaviour. Even if you do not use sunbeds or fake tan, please answer the questions that you can. You will also be asked to provide some basic background information about yourself.

What are the benefits of taking part?

The benefits of taking part are the knowledge that you will be contributing to a study that is part of a larger PhD research project exploring tanning behaviour and knowledge. The ultimate aim of the project will be to increase knowledge and understanding as to what motivates different types of tanning behaviour, as well as making recommendations for ways to try and reduce participation in tanning behaviours that may expose individuals to health risks such as skin cancer.

Are there any risks involved?

There are no anticipated risks associated with you completing the questionnaire. You will have full control and choice over what information you provide. If you do require any information or advice regarding tanning in general, sunbed use, and fake tan products, then SunSmart UK, the UK's National Skin Cancer Prevention Campaign, run by Cancer Research UK, provide lots of useful resources. The website address is: www.sunsmart.org.uk

How will my responses be used?

Together with the responses from other participants, your responses will be analysed and findings may be presented at an academic conference or written up as a research paper. As the questionnaire is part of a larger PhD research project concerned with different aspects of peoples tanning behaviour, responses may be used to inform and shape future parts of the project.

Will all my answers be kept confidential?

Any information that you provide will be completely anonymous and will remain strictly confidential. If any quotes from your responses are used, there will be no identifying information linked to you in any way. Once all the responses have been collected, the information you provide will be safely removed from the online survey system, and stored securely on a password protected computer.

Contact for further information: If you have any questions regarding this questionnaire or would like further information, then please contact myself, Jennifer Taylor (PhD student), School of Psychology, Keele University, Keele, Staffordshire, ST5 5BG. Tel: [telephone number] Email [email address] Alternatively, you may contact my supervisor Dr Sally Sargeant on [email address]

Or in the case of any problems please contact Nicola Leighton, Research Governance Officer, Research and Enterprise Services, Keele University, Keele, Staffordshire, ST5 5BG. Tel: 01782 733306 Email n.leighton@keele.ac.uk

Appendix H: Information Sheet (Study Two)

Invitation and Information Sheet

Invitation

You are invited to take part in, and contribute to a PhD research study exploring the tanning related motivations, experiences, and attitudes of different participant groups. These participant groups include 1) current sunbed users, 2) former sunbed users, and 3) those that have never used sunbeds. An increased understanding and appreciation is needed of the motivations, experiences, and attitudes related to tanning from a variety of different perspectives, for a greater overall knowledge and insight into a topic that often seems to divide opinion. You are invited to take part in an interview exploring your tanning related motivations, experiences, and attitudes.

The research study is being undertaken by Jennifer Taylor (a PhD student at Keele University), and supervised by Dr Alexandra Lamont (a senior lecturer at Keele University). Before you decide whether or not you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please read the information below carefully. If anything is unclear or you would like more information, please contact the researcher at any time (see details below).

Why have I been asked to take part?

You are being asked to take part as someone that is a current sunbed user/ has never used a sunbed. The aim of this study is to understand the tanning related motivations, experiences, and attitudes of various participants.

Do I have to take part?

You are completely free to decide if you wish to take part or not. Please feel free to discuss any aspect of the research with the researcher, before deciding whether or not you wish to take part. If you do decide to take part you will be asked to provide your consent to participate, and separate consent to say you are happy for any quotes to be used from your responses. Even after you have provided consent, you will be free to withdraw at any point without having to give a reason.

What will happen if I take part?

After giving your consent, you will be asked to take part in an interview at a time, date and location for your convenience. The purpose of the interview will be to explore your tanning related motivations, experiences, and attitudes. The interview will be recorded via an audio recorder and an attached microphone. The data from your interview will later be transcribed and then analysed. You may ask for the audio recorder to be stopped at any time without having to give a reason. You may refuse to answer any of the questions you are asked during the interview. It is anticipated that the interview will last around 45 minutes. NB. This time is only an approximation. After the interview, you may be asked whether you would be interested in taking part in a future study.

What are the benefits of taking part?

The benefits of taking part are the knowledge that you will be contributing to a study exploring the tanning related motivations, experiences, and attitudes of various different participant groups. The overall aim of the research is to enable a much richer, deeper understanding and appreciation of these motivations, experiences and attitudes. By taking part in this research study you will be given the opportunity to talk about and share your own thoughts and opinions.

Are there any risks involved?

There are no anticipated risks associated with you taking part in this research, and you will have full control over what information you provide. If you do require any information or advice regarding sunbeds and sun tanning in general, Sun Smart UK, the UK's National Skin Cancer Prevention Campaign, run by Cancer Research UK, provides lots of useful resources. The website address is www.sunsmart.org.uk, where you will find relevant links directing you to the appropriate pages. Details of more support services are provided at the end of this information sheet.

How will my responses be used?

Your interview responses will be transcribed and subsequently analysed. Your responses may be analysed and compared with responses from other participants. Findings may be presented at an academic conference, written up as a research paper, and form part of the written PhD thesis.

Will all my answers be kept confidential?

Any information that you provide will be completely anonymous and all personal information will remain strictly confidential. Your name will be anonymous from the start, and you will be given a fictitious name which will be used when transcribing, analysing, at the later write up stage and upon publication. There will be no identifying information that could be linked to you in any way at any point. If any quotes are to be used from your interview responses, there will also be no identifying information that could be linked to you.

Contact for further information

If you have any questions regarding the research study and what is involved, or would like further information, then please contact the researcher, Jennifer Taylor (PhD student) on Tel: [telephone number] or Email [email address]. Alternatively, you may contact her research supervisor Dr Alexandra Lamont (senior lecturer at Keele University) on [email address]

Or, in the case of any problems, please contact Nicola Leighton, Research Governance Officer, Research and Enterprise Services, Keele University, Keele, Staffordshire, ST5 5BG. Tel: 01782 733306 Email n.leighton@keele.ac.uk

If you feel as though the interview has raised any issue(s) that you feel you need some advice or support about, there are a number of resources that you may find useful:

If you or anyone you know is worried about, or has been affected by skin cancer, Cancer Research UK, the UK's leading cancer charity has lots of information <http://www.cancerresearchuk.org/home>

For information and advice regarding Seasonal Affective Disorder (SAD), the Seasonal Affective Disorder Association offers help and support to those suffering from SAD or winter blues. Visit www.sada.org.uk, or write to the SAD Association, PO Box 989, Steyning, BN44 3HG, England.

For information and advice regarding anxiety, depression, and self-esteem, visit Anxiety UK, the UK's leading charity dealing with anxiety and phobias www.anxietyuk.org.uk, or tel: 08444 775 774. Or visit Mind at www.mind.org.uk, click on the tab in the top left corner 'How can we help you,' then 'information and advice.' Alternatively telephone: 0300 123 3393 for information.

Researcher

Date

Signature

Appendix J: Quote Consent Form (Study Two)

Consent Form: For Use of Quotes

Please read the following statements and tick the box next to the one you agree. Please feel free to discuss any aspect of the research with me further before completing and signing this consent form.

Researcher Contact Details: Jennifer Taylor, Tel: [Tel number], Email: [email address]

- 1) I agree for any quotes from my response to be used ☐
- 2) I do not agree for any quotes from my responses to be used ☐

_____	_____	_____
Name	Date	Signature
_____	_____	_____
Researcher	Date	Signature

Appendix K: Interview Schedule (Study Two)

Interview Schedule: Never-Users

Please note that the questions below are intended to guide the interviews only and not to direct them. Questions may depend on participants' responses and they will ultimately lead the interviews.

Can you tell me why you don't use sunbeds?

What do you think about people that do use sunbeds?

How does it make you feel?

What do you think other people think about using sunbeds?

How do you think sunbed users feel about people's attitudes/opinions?

Do any of your family and friends use sunbeds?

How does that make you feel?

Do you think you would ever use a sunbed?

What do you think about other tanning methods, i.e. fake tan?

What do you think of the information/advice that there is regarding sunbed use?

Do you think this information/advice works?

What do you think would stop people using sunbeds (if anything)?

Appendix L: Interview Schedule (Study Two)

Interview Schedule

Please note that the questions below are intended to guide the interviews only and not to direct them. Questions may depend on participant responses and they will ultimately lead the interviews.

When did you start using sunbeds?

How often do you use sunbeds?

Can you tell me about what motivated you to first use a sunbed?

How did you feel before?

How did you feel after?

Can you explain what motivates you to use a sunbed now?

How do you feel before?

How do you feel after?

Do you have family that use sunbeds?

Do you have friends that use sunbeds?

What do your family/friends think about you using a sunbed?

Research has shown that sunbed use can be highly motivated by the perceived attractiveness of having a tan, what do you think about this?

What do you think about tanned celebrities? How do you think they look?

What impact (if any) do you think the media has on motivating you to use a sunbed?

Research has shown that people use sunbeds because it relaxes them and improves their mood, can you tell me what do you think about this?

Research has recently revealed that people can become addicted to using sunbeds, what do you think about this?

What do you like about using sunbeds?

What do you dislike (if anything) about using sunbeds?

Do you think you will continue to use sunbeds in the future?

What do you think other people think about sunbeds/sunbed users?

How does that make you feel?

How do you think the attitudes/opinions of others affect your behaviour?

How does that make you feel?

Appendix M: Example of Theme Refinement (Study Two)

Never Sunbed Users: Table of themes, sub-themes and example of quotes(s)

Overarching Theme	Sub-themes	Example Quote(s)
A risky behaviour	Risk severity	I'd say the cancer is the biggest thing, because obviously you know most of the time it's terminal so it's a big big health risk, it's not just like a mild skin irritation, it's like a life threatening disease (Paul, lines, 272-274).
	Excessive use/addictive	It's black and white for me, it's bad for you why do you do it. I mean, but then I guess that could be hypocritical because you know obviously I drink but I'm really against smoking and drug taking, but I just think anything in moderation is fine and I think if you do little bits of this here and there that's fine in any respect, but I've never come across someone who goes like once, apart from my mum (Tamzin, lines 495-500).
	Limited use ok	I think that's the key, everything is fine in moderation, and I'm sure that the odd use of a sunbed before a wedding or whatever is fine in moderation but there needs to be warnings about risks similar to smoking which there is (Kate, lines 331-334). Yeah I've heard the one about like skin conditions and stuff, so I think that's quite good if they don't sort of overdo it, if it's just like a little bit every now and again to help their skin (Ellie, lines 64-65).
	Lack of understanding	I really don't see why people put themselves through something that you know consequently maybe even kill them (Tamzin, lines 33-35). 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, that's sort of, 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 (Steve, lines 40-46).
	Benefits not worth the risks	I've never used a sunbed because I'm aware of the erm risks of using them and I don't think that erm the difference it makes to how I appear and how I feel about myself would justify me putting myself through that (Kate, 1 2-4). yeah, and do you always hear about like the skin cancer risks all the time, I think I'd rather be pale (laughs) or

		use fake tan (Ellie, 20-21).
	Sources of info	I've read stories, again stories in the media mainly of people that become addicted to topping it up almost and don't feel good about themselves, have no self-confidence if they don't look as brown as they can be (Kate, lines 75-78).
	Undisputable research	I can understand why people do it because I am partial to a spray tan (laughs), but I just think there is so much, like there is <u>a lot</u> of research into it, and lots of it says that it's quite significantly bad for your health (Ellie, lines 7-9)
A vain, aesthetically motivated behaviour	Stupid/pointless	If I'm being brutally honest I think they're quite stupid, erm as I said earlier on I don't really see the point of putting vanity over health (Tamzin, lines 124-125).
	Appearance is not importance in comparison	Why would you put yourself at risk for something that is simply an aesthetic gain (Kate, 103-107).
	Lack of understanding	Why would you put yourself at risk for something that is simply an aesthetic gain (Kate, 103-107).
	Stereotypical image	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).
	Health benefits more valid/acceptable	I have no idea whether those things are medically proven, whether sunbeds are proven to help psoriasis for example, but my perception, I have like a skin rash on one of my arms and I always, it won't budge all the way through the year, and I always do think when I'm on holiday I'll just get this in the sun, see if it sorts it out and I don't know where that comes from, it's almost like you think I'll burn it off a little bit which is horrendous but you do think this might just smooth it out (Kate, 179-183).
	Scepticism over health/well-being benefits	erm I think with the mood lifting, I think that's a bit irrational erm you can do many things to lift your mood, like you can just change what you eat, do a bit of exercise, or listen to like some happy music, that can instantly lift your mood, erm with the skin conditioning I guess that is a valid point I mean people have always said 'if you've got bad acne then sit in the sun,' you know coz it just dries it up, so I mean I guess that's a bit of a loop hole (laughs) into why you would want to as a valid excuse but you could have more detrimental effects than they realise, I mean because with acne your skin will be slightly more open anyway so it will be easier to, like

		all the UV rays will be, like easier to get to your skin but (Ellie, lines 154-161)
Unnecessary and Pointless	An unnecessary addition	The health risks, appearance risks are just by the by really, it's people's own personal choice I don't care what they look like, but the health risks are ridiculous and we have enough problems with people smoking, people drinking too much, people having terrible diets as basic fundamental things we all seem to do we don't need sunbeds as well (Steve, Lines 81-86).
	Aesthetically pointless	I don't really see much point of risking that for the sake of, you know, you may look a bit better or feel a bit better in a couple of outfits (Kate, lines 12-13).
	Unnecessary in light of fake tan	I don't know how frequent people use it, like if it's once a day, or once a week, I'm not sure, but I just think, everyone knows that exposing your skin to the sun too much is bad for you and I don't see why people would put themselves through it in such an intense way that it could harm them, especially bringing it back to spray tans or just like a bottle tan, that you've got good ones out there and they're cheaper than a, like a erm sunbed, if you really want that effect go with that, but that is just my opinion (Tamzin, lines 125-131).
Crossing a line	Acknowledgment of the positive image of a tan	There is something nice about when you just come back from a few days in the sun and you've got like a few freckles, your hair's shiny, you're just feeling a bit more alive, and I think being pale is often associated with people being ill so (laughs) (Tamzin, lines 116-119).
	Compared to holiday sun tanning	That's holidays and sun, being on a sunbed is more concentrated and its very, you're not just enjoying a holiday, it's a deliberate act to go into a shop and put yourself in the way of radiation, so I think if I had a friend doing that I would say something, but otherwise in the general sun I would feel a bit silly because everyone does it (Kate, lines 222-226).
	Fake tan acceptable middle group	I am a bit tempted (laughs) even though I've been saying all these things, but erm I I do like having a tan because I don't get one very much, but I don't know I think maybe the costs outweigh the benefits a bit so maybe I wouldn't, I'd probably think about it and be like 'yeah I want to do it,' but then I wouldn't do it, and I'd get fake tan (laughs) (Ellie, lines 157-163).
	Disassociation	it wouldn't, I think if you've got something deep down inside that says I don't feel good about myself unless I am brown, then that to me is quite worrying, and I can't imagine myself ever being like that but I know some people might be erm that's like a compulsion or a need to have it, so I would never be that person (Kate, 118-121).
A feminine behaviour	Male sunbed use embarrassing	Like why is it a big deal?' but I guess it is, he was a bit embarrassed, it's a bit metrosexual isn't it? (Tamzin, lines 360, 362).
	Succumbing to	I think, well I've always personally thought that a woman's image has always been controlled by the man slash

	pressure - Weak	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 whereas women we have to fit the pattern but men don't (Tamzin, Lines 358-374).
	Automatic association	coming here I've met, it was funny because I said I was coming along for this and I've got a friend and he told me the other night that he'd gone for a sunbed the other day, but when he said it I was just like 'why are you trying to get tanned?' erm but when, yeah thinking about it when I asked him, when he said it to me I just thought about why is he getting tanned, but then when a girl says it I'm like I think about the health risks more (Ellie, lines 352-356)
	Stereotypical image	they're bigger guys, like well worked out guys, very concerned about their image, you know the kind of guys that go home and shave their chests, and extremely well built, very concerned with what they eat, very concerned with the way they look erm and having a tan is part of that particular image that they choose to follow, and I know a few gay guys that do it as well as part of just hanging out with their female friends so that's more of a part of their social group (Steve, lines 285-289)

Appendix N: Anonymised Permission Email (Study Three)

From:
Date:
Subject: RE: Permission to use material from online forums
To:

Hi (name omitted to ensure anonymity)

(Text omitted to protect anonymity). Permission is granted for research purposes only, on the basis that all names as per the BPS ethical guidelines, will be anonymous at all times. Should you wish to publicise any findings, please re-contact us.

Many thanks

(Name omitted to ensure anonymity)

Dear (Name omitted to ensure anonymity)

We are currently undertaking research at Keele University exploring the different attitudes, motivations, and experiences that people have about sunbed use. We've been carrying out interviews and observations in tanning salons, and are trying to get further into the topic by using new research methods and harnessing the potential of the internet. In our next study we're hoping to look at the discussions that take place about sunbed use on online discussion forms. I am thus writing to request permission to use material from (text omitted to ensure anonymity).

Research using online forum data is becoming increasingly popular for a range of different health-related topics. There are a lot of very interesting sunbed-related threads where forum users have debated and discussed their attitudes and opinions which would be of great value to the research. Your forums are clearly highly regarded, popular and reputable, and provide a very welcoming and enjoyable space for people to exchange, discuss, and debate their opinions. Threads would only be used for the research if they were sunbed-related (a list of the threads could be provided to you). Also, only existing threads would be used, so no threads would be set up for research purposes. The text from the relevant threads would be analysed in terms of what people say about sunbeds and how they say it.

The British Psychological Society has recently established ethical guidelines for the use of internet mediated research and these outline that people posting on publicly-accessible forums should be aware that their material could be used by third parties. (Text omitted to ensure anonymity). The BPS ethical guidelines will be followed closely here, and all names, including forum users and the sites themselves, would be completely anonymous at all times during the research.

Being able to use information from your forum threads would be extremely valuable in furthering research in this area, and your help would be very much appreciated with this. Please let me know if you have any questions or you would like to speak further and perhaps in more detail about this. If you are not the right person to contact I'd be grateful to know who we ought to be in touch with.

I look forward to hearing from you,

Best wishes

(Name omitted to ensure anonymity)

Appendix O: Letter to Salon Manager (Study Four)

(DATE)

(ADDRESS)

Dear (NAME OF SALON OWNER),

My name is Jennifer Taylor and I am a PhD research student from Keele University, Staffordshire. As part of my research I am exploring the motivations for sunbed use. In order to be able to fully explore and appreciate their motivations, I believe that it is really important to spend time with people that use sunbeds within sunbed salons themselves. It will also provide sunbed users with the opportunity to speak and express their own thoughts and opinions, and talk about their experiences. The aim of my research is purely to explore and increase understanding as to what the motivations for using a sunbed are, so that sunbed use is better understood and motivations appreciated.

As a sunbed salon, I am writing to ask if you would be interested in helping contribute to my research by allowing me to spend some time in your salon. My research would mainly involve observational work in your reception/waiting area. It may also involve asking your clients some informal questions about their sunbed related behaviour and motivations. I would be looking at making about 2-3 visits to your salon, however this would be arranged to suit your convenience. All names and the location of your salon would remain strictly confidential and anonymous throughout.

I have enclosed an information sheet detailing further information about all aspects of my research and what would be involved. If you have any questions or would be interested in helping and taking part then please feel free to contact me at any time (see my details on the information sheet).

Your help and contribution to my research would be very much appreciated.

Thank you

Yours sincerely

Jennifer Taylor

JENNIFER TAYLOR (PhD Candidate, Keele University)

Appendix P: Information Sheet (Study Four)

Invitation and Information

Invitation

You are being invited to take part in, and contribute to a PhD research study exploring people's motivations/reasoning underpinning their desire to use a sunbed. In order to be able to fully explore and appreciate such motivations, I feel that it is important to spend time with people that use sunbeds within sunbed salons themselves. By conducting my research from within actual sunbed salons, it is anticipated that a richer, deeper, more holistic understanding will be possible. It is intended that in being able to directly observe and explore the behaviour and motivations of sunbed users from within the real environment in which they actually use sunbeds, a more complete understanding will be achievable.

The project is being undertaken by Jennifer Taylor (a PhD student at Keele University), and supervised by Dr Alexandra Lamont (a senior lecturer at Keele University). Before you decide whether or not you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please read the information below carefully. If there is anything that is unclear or you would like more information, please contact the researcher (see my details below).

Why have I been asked to take part?

You have been chosen as a sunbed salon that offers sunbed tanning facilities to the general public. The aim of the research is to explore and increase understanding of the motivations/reasoning underpinning sunbed use. The aim is also to achieve a better understanding of the sunbed salon environment itself, which in turn will lead to a more in-depth understanding of the experiences of sunbed users.

Do I have to take part?

You are free to decide if you wish to take part or not. Please feel free to discuss any aspect of my research with me and what it will involve before deciding whether or not you wish to take part. If you do decide to take part, you will be asked to provide your consent that you are happy for me to be researching within your salon. You will also be asked to provide your consent for it to be your responsibility to inform staff and clients accordingly that I will be researching within the salon. Even after agreement, you will be free to ask me to stop my research at any point without giving a reason.

What will happen if I take part?

After giving your consent, I will arrange with you an appropriate time and date for me to visit the salon. I would like to make about 2-3 visits, however it would be entirely your decision as to how many visits you are happy with me making, and the length of time you are happy for me to be in your salon upon each visit. Even after your agreement, you are free to ask me to change any of the arranged dates and times of my visits to suit your convenience.

My visits to your salon will involve me sitting and observing in your reception/waiting area, making subsequent notes using pen and paper. Notes will include general observation about the salon environment itself, observations of the clients' behaviour and interactions, as well as staff behaviour and interactions. My observational work will be as unobtrusive as possible, so as not to disrupt the day to day running of your salon in any way. If the opportunity arises, my research may also involve asking questions of your clients/staff with regard to their behaviour and motivations for using a sunbed. I would seek written consent from your clients/staff before asking any questions. All of my research will be conducted from within the reception/waiting area of your salon.

What are the benefits of taking part?

The benefits of taking part are the knowledge that you will be contributing to a study that is part of a larger PhD research project exploring the motivations/reasoning underpinning sunbed use. The ultimate aim of the project will be to explore and increase understanding as to what motivates sunbed use, by giving sunbed users the opportunity to speak directly about their own experiences. Allowing research to be conducted within your salon will enable a deeper understanding.

Are there any risks involved?

There are no anticipated risks associated with you, or any of your staff and clients taking part in this research. If anyone does require any information or advice regarding sunbed use or sun tanning in general, then Sun Smart UK, the UK's National Skin Cancer Prevention Campaign, run by Cancer Research UK, provides lots of useful resources. The website address is: www.sunsmart.org.uk

How will my responses be used?

The notes that I make during my time in your salon will be written up at a later stage into fuller, more comprehensive notes. These notes will then be read several times, looked at in detail, and subsequently analysed. Findings may be presented at an academic conference or written up as a research paper. As this study is part of a larger PhD research project, information from the observations and any questions that I asked may be used to inform and shape future studies.

Will all my answers be kept confidential?

Any information that you, your staff, and your clients provide will be completely anonymous and will remain strictly confidential. The name of your salon will be anonymous from the start and will be given a fictitious name which will be used when writing notes and at the later write up stage. There will be no identifying information that could be linked to your salon or its location at any point. All names, including your own, your staff members and your clients will be completely anonymous throughout, and there will be no identifying information that could be linked to anyone at any point. All names will be replaced by gender appropriate pseudonyms and be used throughout the study.

Contact for further information: If you have any questions or would like further information, then please contact the researcher, Jennifer Taylor (PhD student), School of Psychology, Keele University, Keele, Staffordshire, ST5 5BG. Tel: [telephone number] Email [email address]. Alternatively, you may contact her research supervisor Dr Alexandra Lamont on [email address]

Or in the case of any problems please contact Nicola Leighton, Research Governance Officer, Research and Enterprise Services, Keele University, Keele, Staffordshire, ST5 5BG. Tel: 01782 733306 Email n.leighton@keele.ac.uk

Appendix Q: Consent Form (Study Four)

Consent

Please read the following statements and tick the box if you agree. Please provide your name and signature to confirm that you agree and that you are happy to take part in the study. Please feel free to discuss any aspect of the research with me further before completing this consent form, and ask any questions that you may have. Also feel free to refer back to the information sheet provided.

If you would like some time to consider your consent to participating in the study, then please feel free to do so, and to get in touch with me upon your decision (see my details on information sheet).

1) I confirm that I have read and understood the information provided and have been given the opportunity to ask questions if I wished. ☐

2) I understand that my participation is voluntary and that I am free to request that the research is stopped at any time without having to give a reason. ☐

3) I understand that data collected during the study will be anonymised and kept strictly confidential throughout my research, during write up and upon publication. I understand that this includes the name and location of the salon, and names of all staff and clients. ☐

4) I understand that it is my own responsibility to inform my staff and clients of the date and times that research will be taking place in the salon, and to inform the researcher if there is a problem. ☐

5) I understand that it is my own responsibility to make this information sheet available to staff and clients at all times whilst the research is being conducted. ☐

6) I agree that to my knowledge, all clients are at least 18 years old (in compliance with the Sunbeds Regulations Act 2010, preventing the use of sunbeds by anyone under the age of 18). ☐

7) I agree to take part in the study and am happy for research to be conducted with my salon. ☐

_____ Name	_____ Date	_____ Signature
_____ Researcher	_____ Date	_____ Signature

Appendix R: Quote Consent Form (Study Four)

Consent

Please read the following statements and tick the box if you agree. Please provide your name and signature to confirm that you agree and that you are happy to take part. Please feel free to discuss any aspect of the research with me further before completing this consent form, and ask any questions that you may have.

I confirm that I have read and understood the information provided and have been given the opportunity to ask questions if I wished. ☐

I understand that my participation is voluntary and that I am free to decline or refuse to answer all/any of the questions asked. ☐

I understand that data collected about me during this study will be anonymised and kept strictly confidential. ☐

I am happy for any quotes from my responses to be used anonymously. ☐

Name

Date

Signature

Researcher

Date

Signature

Appendix S: Final Thematic Map (Study Four)

