Getting Emotional About Health

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We examine the effectiveness of health messages that present consequences for the self or family. We theorize that (a) the valence dimension of discrete emotions influences resources, thereby fostering or hindering the processing of aversive health information, whereas (b) the self/other-relatedness dimension of discrete emotions provides information that interacts with the focal referent in the message (self or family) to determine compatibility. We demonstrate that when individuals are primed with a positive emotion (e.g., happiness, peacefulness), the compatibility between the referent and the discrete emotion fosters the processing of health information. When the primed emotion is negative (e.g., sadness, anxiety), however, compatibility hinders processing of the message.

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In a set of laboratory and field experiments, we investigate the effects of drug and supplement remedies (e.g., fat-fighting pills, anti-cholesterol products) on intentions to live a healthy lifestyle.

In experiment 1, a drug (versus supplement) undermined healthy lifestyle intentions. In experiment 2, healthy lifestyle intentions declined for a drug (versus supplement) as effectiveness increased. In experiment 3, drugs were associated with poorer health and reduced importance of healthy lifestyle practices than supplements; cognitive schema about drugs and supplements were shown to influence such judgments. In experiment 4, a consumer taking a drug (OTC or prescription) versus a supplement or no product was perceived as engaging to a lesser extent in healthy lifestyle practices. A drug also led to lower perceptions of health, efficacy, ability, and motivation to engage in healthy lifestyle behaviors. In experiment 5, a drug reduced efficacy and motivation to engage in health-protective behaviors and, in turn, undermined healthy lifestyle intentions. When accompanied by a combined intervention that increased efficacy and motivation, the drug no longer boomeranged. Finally, in experiment 6, a combined intervention accompanying a drug remedy that targeted efficacy and motivation increased healthy lifestyle intentions; single-component interventions targeting motivation or efficacy alone did not.

These findings support our hypotheses and are significant for five reasons: 1) our research proposes a boundary condition in the health domain for the boomerang effect of remedies demonstrated in previous research, namely the type of product (supplement versus drug); 2) identifying products as supplements (or supplemental in nature) could serve as a corrective technique by reminding consumers that their use should accompany a healthy lifestyle; 3) from a health care perspective, corrective interventions that target motivation and efficacy as mediating psychological mechanisms can ‘undo’ the drug boomerang and promote healthy lifestyle practices; 4) from a consumer welfare perspective, the proliferation of supplement marketing may in fact be less harmful to a healthy lifestyle than similar drug marketing that undermines other health-protective behaviors; and 5) from a public policy perspective, the marketing activities of companies promoting drugs and supplements may merit attention to ensure that information is prominently displayed to reinforce healthy lifestyle practices. More generally, these findings add to the growing debate over the regulation of drug and supplement markets, the role of direct-to-consumer advertising, and de-marketing efforts to reduce risky consumption. Specifically, our research suggests that drugs boomerang on consumers by undermining their motivation and efficacy to engage in health-protective behaviors. Thus, consumers “tune out” other health-protective behaviors that contribute to a healthy lifestyle. In contrast, supplements remind consumers to “turn on” complementary protective behaviors as part of a healthy lifestyle package. Thus, drug marketing—and even supplement marketing—should be treated with cautionlest such products seduce consumers into treating them as get-out-of-jail-free cards.

“Getting Emotional About Health”
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It is well documented that people’s self-perceptions are often self-enhancing, even in the face of adverse reality. People tend to underestimate the likelihood of contracting a disease (i.e., “unrealistic optimism” or “self-positivity bias”), raising concerns regarding the effectiveness of health-related advertising. Extant research has focused largely on the role of moderating factors that increase self-risk perceptions, thereby heightening health awareness and disease prevention (e.g., Luce and Kahn 1999; Raghubir and Menon 1998). We build on this base of research but focus on a different set of phenomenon.

Our premise is that emotions point to the stakes of a disease, and health consequences have two crucial types of stakes: for self and for family. Therefore, to understand the effectiveness of health messages that present consequences for the self or family, one needs to take into consideration the role of emotions—both as a provider of resources and of information. Important research questions we address pertain to: (a) the role of discrete emotions in fostering the acceptance of vulnerability or leading to the rejection of vulnerability, (b) how discrete emotions and message characteristics interact to influence message effectiveness, and (c) delineating the process by which these effects occur. To address these gaps, we conducted four experiments that examine the role of four strategically-chosen discrete emotions (happiness, peacefulness, sadness, agitation) in influencing message effectiveness, with a particular focus on how the emotions interact with health messages focused on the consequences of an illness for self or family. We show that when primed with a discrete positive (negative) emotion, the compatibility between the message referent and the discrete emotion fosters (hinders) the processing of health information. Further, this effect occurs due to an increase in the negative emotional state in compatible situations while processing disease-related information.

We argue that discrete emotions, varying on the dimensions of valence and self/other-relatedness, can influence the processing of health messages featuring the two distinct referent groups. While the valence of the emotion (e.g., positive, in the case of happiness) becomes a source for the acceptance or rejection of a message that presents a relevant health threat, the self/other-relatedness dimension of the same emotion (e.g., self-relatedness of happiness) forms the basis of compatibility with the message referent (e.g., self). Thus, this research integrates recent work on moods as antecedents of emotional responses to messages about health threats and offers insights into the processing of health information. Further, this effect occurs due to an increase in the negative emotional state in compatible situations while processing disease-related information.

We prime happiness and peacefulness (experiment 1), sadness and agitation (experiment 2). The results show that under happy emotional states, self-referent health appeals are more effective than family-referent appeals, whereas the converse occurred for peaceful emotional states. And under negative emotional states like sadness (vs. agitation), the compatible self-referent health appeals were less effective than family-referent appeals. Together, these findings suggest that compatibility between message referent and self/other relatedness dimension of the emotion impacts message effectiveness—an effect that is critically dependent on valence of the emotion. In experiment 3, we expand the set of message effectiveness measures, and enhance external validity by embedding the message in a more realistic domain where a magazine primes the emotions that then foster or hinder the processing of health related information. Here too, we demonstrate that a compatible message referent leads to greater message effectiveness, but only for positive emotional states when there are resources to deal with such emotionally aversive messages. Negative emotions appear to encourage a mood repair motive, discouraging consumers from accepting the messages presented by a compatible appeal. We also demonstrated that the interactive effect of emotional valence and compatibility on message effectiveness is mediated through depth and quality of processing of information, thereby providing evidence for the process that we posit. Finally, experiment 4 demonstrates that emotional deterioration underlies the effects observed in experiments 1-3.
Our results have implications for the literature on emotions, compatibility effects, and health communications. Our findings speak to (a) examining compatibility effects between message characteristics and individual factors, and (b) posing specific cognitive-based mechanisms underlying the effects including elaboration likelihood, experienced fluency, or perceptions that a persuasive message “just feels right.” We add to this literature in three ways. First, we show that compatibility can occur not simply between a primed construct and message characteristics, but also between one dimension of an incidental discrete emotion and message characteristics. Second, we extend this emotion-based compatibility finding by demonstrating its dependence on the valence of the emotion such that positive emotions foster compatibility effects, but negative emotions make compatible appeals less persuasive. Extant research on compatibility effects has found only argument strength as a moderator of the persuasiveness of compatible messages (Petty and Wegener 1998). Our findings introduce valence of emotion as another such moderator.

“Fact, Fear, or Regret: Getting People to Cope Actively” 
Kirsten Grasshof, Barbara Kahn and Mary Frances Luce

Negative emotions are commonly used in advertisements promoting everything from mammogram screening to cat food. Negative emotions vary in important ways, perhaps most notably in the action tendency or coping response they generate. For example, fearful people will tend to flee dangers while angry people approach them. Some negative emotions make people feel incapable of managing the situation themselves so they escape while others make people feel capable and responsible so they act.

Lazarus (1991) suggested that people cognitively appraise a situation on several different appraisal dimensions (e.g., valence) and that these cognitive appraisals give rise to different emotions. When negative emotions are experienced, people generally use coping strategies to mitigate them. Recent research has begun to investigate how specific emotions and or specific appraisals prompt various coping strategies. For example using a recall task, Folkman and Lazarus (1988) found that appraisals of responsibility lead to action-facilitative-coping (e.g. “I thought about what steps to take”). Conversely, feelings of threat and a lack of efficacy led to avoidance coping (Duhamcek 2005). These results support the hypothesis that links emotions that evoke strong (weak) feelings of responsibility, for example regret (fear), with active (avoidance) coping strategies. However, despite strong theoretical support and some recent experimental support, research that directly examines the link between emotions, coping, and behavior is still scant and riddled with prevalent inconsistencies and null effects (Skinner et al. 2003).

The present research investigates how the emotions of fear and regret as compared to a factual appeal differentially affect coping processes and the resulting impact on behaviors. In this research instead of asking participants to indicate how they cope with an emotional event we actually observe the coping process by watching how they navigate through various internet sites, allowing us to measure coping patterns and times. This format of using internet links that are reflective of coping strategies is congruent with the way many consumers process emotionally charged decisions from deciding what brand of car to purchase to considering different types of medical treatments.

In study 1, participants were exposed to messages pretested to evoke fear or regret, each compared to a more factual control message regarding Chlamydia. They were then given the opportunity to explore several Internet links as much (or little) as they desired. The available links were designed to reflect active coping strategies (1. how to use condoms, a step by step guide to proper condom use, 2. purchasing condoms, a site that sold discounted condoms), information seeking strategies (3. advantages and disadvantages to condom use, 4. ask Alice, a peer generated site discussing condoms) or denial strategies (5. a joke site). The links that were explored and time spent per link and overall were recorded.

The results indicated no significant differences in the overall time spent coping. However, the relative mix of action oriented versus denial coping varied. Participants in the fear condition spent a significantly smaller portion of time actively coping than either those in the regret or factual condition. Furthermore, the fear participants spent a significantly larger portion of time exploring the denial (joke) link. The results support our hypothesis that participants exposed to a fear message are less likely to cope actively and more likely to engage in denial coping than regret or factual participants. We also found preliminary support for our hypothesis that participants in the regret condition would cope more actively than those in the factual condition. Finally, coping tendencies appeared to be moderated by individual coping styles in the factual condition, and thus in the absence of a specific emotional theme to direct coping strategies.

In a second study we find that the differences between regret and fear coping are exacerbated in an emotional versus a deliberative mind set. We also find that the actual decision to purchase condoms is predicted by the results in the emotional condition. This is consistent with our expectation that a condom serves as a visceral cue evoking emotional reactions and coping tendencies.

In summary, using real time measures of coping we find the theorized differences between the high responsibility emotion of regret and the low responsibility emotion of fear. This suggests that when a state of responsibility is evoked through an emotional appeal (specifically a regret appeal), action oriented coping can be triggered. However, when feelings of responsibility are dampened through a fear appeal, denial coping is triggered.

REFERENCES