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In many health contexts, decision making is increasingly becoming the patient’s responsibility. Many of these decisions have potentially stressful consequences that can generate negative emotion and stress. Health psychology research has explored the general notion of such negative affect as a barrier to health promotion (e.g., Rippletoe & Rogers 1987). However, relatively little attention has been devoted to how specific sources and aspects of affect (beyond positive versus negative valence or generalized notions of stress) might influence adherence behavior.

This session explores the impact of distinct sources of negative affect on health protection intentions and in the process delineates how specific emotions influence health promotion. All three papers focus on health behaviors and take a nuanced view of how emotion and stress influence behaviors.

The papers find that various types of affect cause systematic and predictable deviations from normative behavior. Thus, incorporating an understanding of the effects of emotions and stressors in these decision making domains, rather than merely focusing on cognitive or rational intentions, can help consumer researchers make better predictions about likely behavior. Taking a nuanced (e.g., task versus ambient, specific emotion) view of these effects further deepens our understanding of these important decision domains.

The first paper, (Anand Keller and Olson) examines the role of fear and stress in adolescents’ health decisions. They find that severity and vulnerability perceptions increase fear and fear in turn increases self-efficacy and protection intentions, in contrast ambient stress increases vulnerability and reduces self-efficacy and protection intentions. They propose that these non-cognitive dimensions of fear and stress as well as the impact of other emotions need to be considered in the Protection Motivation Theory Model.

The second paper, (Agrawal and Menon), examines how specific emotions, such as anxiety elicited by the message, could shape perceptions of risk and intentions to get tested. In a first study, they find that contextual cues embedded in the message systematically elicits specific emotions that in turn increase or decrease the effectiveness of the message and subjects intentions to get screened for hepatitis C. In a second study, they replicate their findings using incidental emotions. They conclude that emotions that are both incidental (ambient) and message evoked (task-related) are critical components to a comprehensive theoretical framework of health communications.

The third paper, (Luce, Kahn, and Grasshoff ) explores the role of stress in decisions to get medical screening tests. Specifically, they find that if task related stress is primed by having individuals with a prior false positive test result briefly report that incident, adherence for future test intentions is decreased. Future test adherence does not decline in the absence of false positive results or if these previous results are not primed. Further, if patients are experiencing ambient stress from independent sources these declines in future adherence in the primed, false positive condition are heightened. This suggests that the effects of differential sources of stress (i.e., task versus ambient) can interact, with important implications for health behavior.