Not Me Or Not Them?: the Role of Culture in Discrepant Effects of Health Communication on Self and Others

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We examine the differences on perceived health consciousness of self versus others and the perceived effectiveness of various health related ads on self versus others. Findings suggest that collectivists believe themselves to be less health conscious than others, whereas the opposite is true of individualists. Further, collectivists report themselves to be less influenced than others by health related messages, whereas individualists report the opposite. Implications and avenues for future research are discussed.

[to cite]:

[url]:
http://www.acrwebsite.org/volumes/13203/volumes/v35/NA-35

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EXTENDED ABSTRACT
Consumers these days seem increasingly health conscious (e.g., Niknian, Lefebvre, & Carleton, 1991). This belief is well reflected in various marketing communications in both the commercial (e.g., Burger King’s low-carb menu) and social (e.g., the “Truth” anti-smoking campaign) domains. Ironically, although today’s consumers are perhaps more health conscious than they used to be, they may not be notably healthier than their previous generation. Indeed, some indicators point to the opposite: according to a recent report from National Center for Health Statistics [NCHS], nearly a third of U.S. adults (31%) were obese in 2002, more than double the 15% in 1980. Quite interestingly, however, Americans consider this a serious national problem, but less an individual problem, as a recent survey reports that 90% of American adults think that most Americans are overweight, but 70% think that “the people they know” are overweight, and only 39% think that they themselves are overweight (Pew Research Center, 2006).

This distorted view of self (vs. others) is not surprising, as numerous studies have demonstrated that people tend to maintain an enhanced evaluation of the self (e.g., Gilovich, 1983). What is noteworthy is that this self-other gap may be culturally universal, yet the direction of the discrepancy appears to be culture-specific, sometimes very different between collectivists and Caucasians. That is, unlike Western Caucasians, Eastern collectivists’ self-views are sometimes negatively biased (e.g., Heine 2005; for opposing views see Sedikides, Gaertner, & Vevea, 2005). This article explores this self-other gap on the health consciousness dimension, a variable that has not been investigated elsewhere in a cross-cultural context.

A stream of research has addressed the health disparity among diverse racial groups by investigating the inequalities in various health indices such as mortality, smoking, alcohol use, obesity, blood pressure, cholesterol, and physical inactivity. In those studies subgroups were typically defined based on socio-economic status (SES), combining a variety of demographic data (e.g., race and county of residence). These SES studies did help health care providers practically (e.g., identifying who is in most need of care), yet did not offer a clear explanation for the phenomenon. An interesting report by Murray et al. (2006) provided compelling evidence for which subgroup is better (worse) off than other groups in terms of a range of health indices. Analyzing twenty-year longitudinal data from the Bureau of the Census and the NCHS data, Murray et al. (2006) concluded that Asian Americans have a lower risk of major fatal diseases (e.g., cancer and cardiovascular diseases) and higher life expectancy than the other seven comparison groups.

The first question arises: Asian Americans appear healthier than other Americans, but do their perceptions accurately match reality? We propose that the self-health consciousness bias (i.e., the tendency for people to believe that they are more health conscious than others) observed among Americans predominantly mirrors American individualism, so the same bias should not emerge among relatively collectivistic Asian populations. We further extend this argument to a broader context by looking at different cultural indices and demonstrate that collectivists in general tend to believe that they are less health conscious than others, whereas Caucasians perceive themselves to be more health conscious than others. Consistent with this proposition, we ask the second question that is of practical interest for social marketers: do Caucasians and collectivists perceive health communications as more or less persuasive to themselves (vs. others)?

H1: Collectivists will perceive themselves to be less health conscious than others, whereas Caucasians will perceive themselves to be more health conscious than others.

H2: Collectivists would perceive health campaign messages to be less influential on themselves than others, whereas Caucasians would perceive the same messages to be more influential on themselves than others.

Study 1A presented the data in line with our hypothesized framework and showed that Caucasian Americans significantly perceive themselves to be more health conscious than others, whereas if anything, the opposite is true for Asian Americans. Study 1B showed that Koreans believe their families and friends to be more health conscious than themselves, and thus are more likely to take actions recommended in anti-smoking advertising. However, Americans reported the opposite: their families and friends are less health conscious than they themselves are, and thus less likely to take the recommended actions.

Study 2A used three different operationalizations of culture. Americans (vs. Koreans), Caucasian Americans (vs. Asian Americans), and those with a highly individualistic (vs. collectivistic) outlook perceived themselves to be more health conscious than their family and close friends and the general public (i.e., the “not me” effect), whereas the opposite was the case for participants from Koreans, Asian Americans, and those scoring low on individualism (i.e., the “not them” effect).

Study 2B conceptually replicated the findings from Study 1B in a different health campaign (i.e., low-fat milk consumption). Koreans perceive others as more responsive to health campaigns, whereas Americans perceive others as less responsive to the message. Furthermore, as was the case between self and others, the same pattern of the perceptual gap emerged between close others and distant others. That is, when compared to close others, among Koreans, in-group members (i.e., family and friends) are perceived to be more likely to accept the health-related messages than out-group members (i.e., the general public), but among Americans, this pattern was reversed. This effect was apparent not only in behavioral intention as in Study 1B, but also in two additional measures used in Study 2B: cognitive and affective attitudes.

In sum, Studies 1A, 1B, and 2A showed that collectivists reported being less health conscious than close and distant others, whereas individualists reported the opposite (H1). Studies 1B and 2B replicated these findings in a health communication context, demonstrating that collectivists believed the positive effects of health messages to be greater on close and distant others than themselves, whereas individualists believed the positive effects would accrue to them more than to close and distant others (H2). The results were replicated across all three measures of persuasion.
These findings add to a growing body of knowledge that demonstrates systematic and contradictory self-other perceptions among collectivists and individualists.

References