Certainty Appraisal and Health Communications
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At risk individuals tend to avoid information that might perturb their sense of security. Certainty appraisal is proposed as an emotional dimension beyond valence that affects health message processing and persuasion. Emotions high on certainty appraisal can provide confidence to cope with the insecurity instigated by relevant but threatening health messages. Three studies provide evidence that when a health threat is highly relevant, emotions high on certainty appraisal (e.g., anger, pride) increase message processing and increase persuasion. This effect is reversed if the message is not threatening; emotions associated with uncertainty (e.g., surprise, worry) lead to higher message processing for low risk individuals.

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EXTENDED ABSTRACT

Introduction

Individuals employ defensive mechanisms when faced with health information that might perturb their sense of security. Efficacy of health communications are undermined as high risk individuals who are the target of most campaigns are also those who are most likely to reject or ignore them (Block and Williams 2000). Recent research suggests that aversion towards relevant health information is diminished under positive emotions. If the benefits of negative information are essential, as in the case of self relevant messages, then positive affect acts as a resource for buffering the mood hurting influence of threatening information, while under negative affect, one lacks the confidence to deal with the adverse emotional effects of threatening health information (Raghunathan and Trope 2002).

Conceptual Framework

This research examines the role of discrete incidental emotions on the effectiveness of health communications. Certainty appraisal (Smith and Ellsworth 1985) differentiates emotions on the basis of predictability that they convey about the environment. For example, when people feel angry, they report thinking that the situation is unpleasant but that they are certain and confident about what is happening. In contrast, when one feels anxious, the situation is unpleasant but also less predictable.

It is proposed that emotions high on certainty appraisal can provide the confidence to cope with the insecurity instigated by relevant but threatening health messages. Previous research shows that high certainty (e.g., anger, pride) makes one feel more resilient to risk (Lerner and Keltner 2001) or assess the situation as manageable (Johnson and Stewart 2005). It is proposed that those feeling certain might conclude that they need not refrain from processing an aversive but useful message. On the other hand, individuals feeling uncertainty associated emotions (e.g., anxiety, hope) are motivated to decrease their uncertainty (Raghunathan and Pham 1999). We suggest that the threatening nature of highly relevant health information is likely to be in conflict with uncertainty reduction goals, leading to decreased processing of this information. Thus, we suggest that when a health message is highly self-relevant, uncertainty related emotions will impede processing whereas certainty related emotions will facilitate processing of relevant health messages.

A different mechanism is likely to be at work when the health risk is not self relevant and therefore not as threatening. We predict that when relevance is low, the projected effect of the message for one’s affective state will be less influential (Andrade 2005). Therefore, the message’s implications for one’s uncertainty related goals will be less relevant. In this case, emotions low (high) on certainty appraisal signal insufficient (sufficient) confidence about the surroundings, leading to increased (decreased) processing. These predictions would be in agreement with Tiedens and Linton (2001) findings that certainty related emotions lead to heuristic processing.

Studies 1-3

When individuals are at low (high) risk, those who are induced with uncertainty (certainty) related emotions will process a health related message to a higher extent compared to participants who are induced with certainty (uncertainty) related emotions. The first 2 studies directly test this hypothesis.

In study 1 participants were induced to feel anger (negative certain emotion), pride (positive certain emotion), worry (negative uncertain emotion) or surprise (positive -uncertain emotion). They then read an article about Chlamydia, a prevalent STD. Individuals were categorized as high versus low risk according to their past sexual behavior. The dependent measures were: message related thoughts, correct answers to a quiz about the article and a message persuasion intention measure. As expected, High risk individuals showed higher message recall and were more persuaded under certainty related emotions while the opposite was true for low risk individuals.

Study 2 replicates the results of study 1. In this study, perceived vulnerability was manipulated by conveying either high or low prevalence of the health threat. Further, emotions different from those in study 1 were used (i.e., hope and happiness). The procedure and dependent variables were similar to those of study 1 but this study focused on a different health issue, Hepatitis C. The results of study 1 were replicated. Further, in study 2, we wanted to rule out alternative explanations which may involve other relevant appraisals (i.e., pleasantness, situational control and intensity). Hence, we regressed vulnerability and a composite appraisal measure on the dependent variables. Results show that certainty was the only emotional dimension that interacts with vulnerability in the predicted direction. The regression results confirm that in the high risk condition, the more certain participants felt about the situation (i.e., higher certainty appraisal) the more they processed the message. Thus, it provides further support for the proposed effect that high certainty provides encouragement for processing useful but intimidating health information.

Study 3 not only extends the findings to a different health context (i.e., caffeine consumption) but also provides evidence that the demonstrated effects are indeed a function of the threatening nature of health related information. In this study, participants are presented with negative as well as positive information on caffeine consumption. Inducing four negative emotions that range in their certainty appraisals (i.e., fear, sadness, anger, disgust) we show that emotions that are associated with higher certainty increase individuals recall of negative information as compared to positive information and this effect is reversed for uncertainty related emotions.

Conclusion

In sum, the findings support the proposition that certainty-related emotions provide confidence to attend relevant but threatening information. Whereas, when feeling uncertain emotions, reading threatening health information clashes with uncertainty reduction goals, decreasing message processing and persuasion. These findings are in agreement with affect regulation theories and extend them to involve emotional uncertainty as an emotional state to be “repaired”, by avoiding further uncertainty or striving for reassurance. The implications of this research concern the context (e.g., emotion laden program) in which a health message should be placed as well as its tone (e.g., high vs. low threat) that should be used in that context.