Health Messages: the Roles of Emotions and Type of Healthcare Advocacies

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Healthcare messages can promote health behaviors to detect disease. Alternatively, healthcare messages can encourage behaviors to prevent disease. This research examines how emotions enhance or hinder the effectiveness of disease prevention or detection advocacies. Across several emotions and different health scenarios, we find converging evidence of the results.

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EXTENDED ABSTRACT

Emotions can influence how individuals process health information such as anti-drinking messages (Agrawal and Duhachek 2010) and self-focused or family-focused health appeals (Agrawal, Menon, and Aaker 2007). Healthcare messages can promote health behaviors to detect disease, such as doing breast self-examinations to detect breast cancer (Meyerowitz and Chaiken 1987). Alternatively, healthcare messages can encourage behaviors to prevent disease, such as using sunscreen to prevent skin cancer (Detteiner et al. 1999). Despite this abundance of literature on how emotions can influence the persuasiveness of health messages, there is a lack of studies that investigate how incidental emotions enhance or hinder the effectiveness of prevention or detection advocacies. This research is designed to close this gap.

Research has shown that individuals perceive detection behaviors as more risky than prevention behaviors because detection behaviors involve the risk of finding out whether they are ill. In contrast, prevention behaviors can maintain one’s current health state and have little, if any, shortcomings (Rothman et al. 1999). Risk perceptions associated with prevention and detection behaviors influence the persuasiveness of framed appeals. Studies have clearly established the links between emotions and health risk perceptions (Keller, Lipkus, and Rimer 2003). However, individuals experience different emotions, so incidental emotions may lead individuals to differently evaluate prevention and detection advocation, which differs in risk level. Emotional certainty is related to risk-seeking propensity and optimism; therefore, it can influence how consumers evaluate prevention and detection advocacies.

Some emotions are associated with certainty, while others are associated with uncertainty (Smith and Ellsworth 1985). Emotion shapes how individuals process information through appraisals related to certainty. Previous research has also examined the effects of emotional certainty on consumer judgment and decision making. Sad individuals prefer high-risk, high-reward choices while anxious individuals prefer low-risk, low-reward choices, because sadness is associated with high certainty appraisal tendencies while anxiety is associated with high uncertainty appraisal tendencies (Raghunathan and Pham 1999). Both positive and negative emotional states can influence judgment and information processing. Positive affect helps process health-threatening messages for individuals vulnerable to health risks but not for those with low vulnerability, while negative affect has no impact on health message processing regardless of vulnerability (Das and Fennis 2008).

Despite a lot of recent work on emotions, we have little understanding of how emotional certainty interacts with emotional valence to jointly influence persuasiveness of health messages. Whether the effects differ by the nature of health advocacy is unknown. We expect that for certainty emotions, negative emotions lead to greater persuasiveness of detection advocation than positive emotions. Conversely, for feelings of uncertainty, positive emotions compared with negative emotions aid the effectiveness of detection advocations. However, certainty and valence do not exert an influence on the effectiveness of prevention advocations.

Two studies using different health contexts tested these expectations. In study 1, we selected four emotions differing on the dimensions of pleasant/unpleasant and certain/uncertain (Smith and Ellsworth 1985). Participants were asked to think of a life event that they had experienced that made them feel proud (positive emotion associated with certainty), angry (negative emotion associated with certainty), surprised (positive emotion associated with uncertainty), or anxious (negative emotion associated with uncertainty). Next, participants read information about either (1) a mouth rinse that could help prevent plaque accumulation or (2) a disclosing rinse that could help detect areas of plaque accumulation (Rothman et al. 1999).

Participants rated their intention of using the advocated oral rinse. The results indicated that after viewing a detection advocacy, participants who felt angry were more persuaded by the advocacy than those who felt proud. In contrast, for a detection advocacy, participants who felt surprised were more persuaded by the advocacy than those who felt anxious. After participants viewed a prevention advocacy, they were equally persuaded regardless of whether they experienced positive or negative emotion or whether they experienced emotions associated with high certainty or high uncertainty.

To test the robustness of the findings of Study 1, in Study 2 we use a different product and different emotions to manipulate emotional valence and emotional certainty. Participants were asked to think of a life event that they had experienced that made them feel happy (positive emotion associated with certainty), hopeful (positive emotion associated with uncertainty), disgusted (negative emotion associated with certainty), or anxious (negative emotion associated with uncertainty). Participants read information about either a skin lotion that helps prevent skin cancer or a skin lotion that helps detect skin cancer for the detection advocacy. All participants read the same basic information about skin cancer. Participants were asked to answer true/false questions based on the pamphlet they read about facts on skin cancer (Menon, Block, and Ramanathan 2002). The results revealed that after viewing a detection advocacy, participants who felt disgusted had higher quiz scores than those who felt happy. In contrast, after viewing a detection advocacy, participants who felt hopeful scored higher than those who felt anxious. For the prevention advocacy, participants were equally persuaded regardless of whether they experienced a positive emotion or negative emotion or whether the emotion was associated with high certainty or high uncertainty.

Taken together, this investigation identifies a relationship between emotion and the effectiveness of prevention and detection advocacy. To our knowledge, our research is the first to demonstrate the role of specific emotions in persuasiveness of prevention and detection advocacy. We extend the literature on emotions by focusing on the role of emotional certainty. Our research has implications for direct-to-consumer advertising and public policy.

REFERENCES


