

1999

Unintended Consequences of Arousing Fear in Social Marketing

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Abstract

The *intention* of social marketers, by definition, is to contribute to social good. However, an *unintended* consequence of the frequent use of fear-arousal in social marketing may be the creation of a sense of *helplessness* both in the target market and in unintended markets. Arousing fear may be counterproductive when attempting to persuade some people to abandon anxiety-soothing, addictive behaviours, such as smoking, drug and alcohol use (Firestone 1994) and may lead to counterproductive, fatalistic thinking and maladaptive responses (Job 1988; Rippetoe & Rogers 1987).

The possibility that fear arousal creates helplessness is an important issue for marketing in the next millennium. Helplessness has been shown to be a major factor in depression (Seligman 1975) and depression is acknowledged by the World Health Organisation as one of the world's primary health problems. The paper presents the case for appealing to positive motivations and emotions as a way to minimise the negative impact of using threat appeals in social marketing. A methodology for systematically testing the relative effectiveness of positive vs negative appeals is described.

The problem

A ten-year old boy cries in the night. His mother goes in to comfort him. He says he is crying because "daddy's going to die of lung cancer". Her son had seen a Quit smoking advertisement showing a boy his age attending his father's funeral where the father had died from a smoking related illness. The son had no way to resolve the anxiety raised by the advertisement; he couldn't quit smoking himself and he couldn't make his father quit.

Most definitions of social marketing involve making a contribution to individual wellbeing and the social good (Albrecht, n.d.). For example, Kotler and Roberto (1989) stated that "bringing about life-improving social change is the challenge and goal of social marketing" (p.x). Thus the *intention* of social marketers, particularly in the fields of health promotion and road safety, is to contribute to society by improving the individual's health and quality of life. This would lead to optimal work and leisure relationships, at the same time freeing up resources in the community.

However, much of social marketing relies on *fear arousal* to persuade people to change behaviours. An analysis of advertisements from Australian health departments and road safety offices showed that 100 of 127 used threat appeals (Henley & Donovan 1999). It

is appropriate to use fear to motivate people to avoid a problem, such as diabetes (Rossiter & Percy 1987). However, arousing fear may be counterproductive when used to persuade some people to abandon *anxiety-soothing* behaviours, such as smoking, overeating, drug and alcohol use (Firestone 1994).

It has been suggested that high levels of perceived efficacy moderate the negative effects of fear arousal (Witte 1993). That is, fear-arousal will be effective for people who feel able to perform the recommended behaviour (self-efficacy) and who believe the recommended behaviour will effectively avert the threat (solution efficacy). However, levels of self-efficacy could be expected to be low in addicted people who may feel unable to perform the recommended behaviour. Thus, arousing fear may be counterproductive when attempting to persuade people who may be *addicted* to behaviours such as smoking, drug and alcohol use.

We suggest that an *unintended* consequence of the number and diversity of fear-arousing messages may be the creation of a sense of *helplessness* amongst some members of both the target market and unintended markets, as in the example above. The frequent use of fear arousal in social marketing may lead to fatalistic thinking, such as “when your number’s up...” (Job 1988). Fatalistic thinking has been shown to lead to maladaptive responses because there is an acceptance of the threat and failure to engage in other forms of coping (Rippetoe & Rogers 1987).

By way of illustration, some differences in affective and cognitive responses to health promotion messages were evident in qualitative data collected via exploratory focus groups with people who had either succeeded in making a healthy change in their behaviour or who were continuing to engage in an unhealthy behaviour. The behaviours involved cigarettes, drugs, speed, alcohol, nutrition, and physical activity. Amongst people continuing an unhealthy behaviour, (e.g., continuing to smoke), there were expressions of negative affect in their attitude to health promotion in general. Predominant emotions were anger, sadness and hopelessness: ‘I just can’t stop,’ ‘just the way I’m made’. Fatalistic thinking was evident, particularly with 40-50 year old smokers: ‘you’ve got to die of something,’ ‘it’s going to happen, it’ll happen.’ Denial was expressed: ‘I think it’s not going to happen to me,’ ‘death is such an unrealistic proposition’. Government departments were seen as ‘killjoy’, interested in social manipulation, economics of health service provision, or generating taxes. Although some admitted to being affected by specific advertisements, many commented that they were not affected: ‘they don’t tell you anything new,’ ‘they don’t make you stop doing it,’ ‘it’s just an ad and goes straight through.’

On the other hand, amongst people who had succeeded in making at least one desired behaviour change, (e.g., increasing levels of physical activity), there was a positive attitude to health promotion in general. Many had addressed other recommended changes at the same time, such as improving their diet. Even for those who had only made one change, there was a sense of achievement. Some felt that this one change would balance out other ill effects, such as the effects of continued poor diet or smoking. ‘I feel really good. Really positive’, ‘grateful that I can change... being able to make that change’. Attitude to receiving health messages was generally positive, e.g. ‘I wish I had that information before,’ ‘there’s a lot more information now.’ Although some had slipped back to past unhealthy behaviours from time to time, there was an expression of

hope for the future: 'I have only really made small changes so far. So that is a start. In summer I will probably do more'.

Significance of the problem

The possibility that social marketing messages using fear arousal may lead to an increased sense of helplessness amongst some members of the general population is an important issue for marketing in the next millennium. Seligman (1975) demonstrated that helplessness is a major factor in depression. His early findings have been confirmed in many subsequent studies (e.g., Seligman 1990; Ozment & Lester 1998).

Depression is acknowledged by the World Health Organisation as one of the world's primary health problems. Murray and Lopez (1996) predicted that by 2020, unipolar major depression will be ranked as the second leading cause of Disability-Adjusted Life Years worldwide. (Ischaemic heart disease would be ranked first.) Furthermore, for females and developing countries, Murray and Lopez (1996) predicted that depression will be ranked as the leading cause of disease burden. Depression has reached epidemic proportions, the risk having increased tenfold during this century (Seligman 1997).

Although there has been considerable discussion about whether the use of strong fear arousal, that is, "shock tactics", is effective in social marketing campaigns (see Sutton 1992), to our knowledge, this is the first time a link between the current prevalence of fear-arousing messages, helplessness and depression has been hypothesised. It would be ironic if the social marketing of health issues succeeds in making significant advances in preventing heart disease, cancer, AIDS, etc., only to simultaneously and inadvertently have an adverse effect on the rate of depression in the general population.

A possible solution

Appealing to positive motivations and emotions rather than fear is one way to minimise the potential negative impact of using fear-arousal in social marketing. Although there has been extensive research into the use of fear arousal since the 1950s, there has been minimal research into the effectiveness of using positive emotions. Furthermore, no known studies have systematically compared the relative effectiveness of appealing to negative motivations and emotions vs positive motivations and emotions in social marketing communications. A methodology for making such a systematic comparison is outlined. Findings from such studies would indicate whether effective social marketing campaigns can be based on positive rather than negative appeals.

Most public health promotion campaigns use threat (or fear) appeals and it is generally agreed that, provided the recommended behaviour is under volitional control and is perceived as efficacious, threat appeals *are* effective, and that the stronger the threat (or fear response), then the more effective the appeal (Sutton 1992; Pratkanis & Aronson 1991; Strong, Anderson & Dubas 1993). However, it may be that, for some health behaviours such as physical activity and nutrition promotion, positive or incentive

appeals may also be effective, at least for some target market segments (Donovan & Francas 1990; Corti et al 1995; Donovan & Henley 1997).

The conceptual framework of this proposal is based on Rossiter and Percy's (1987) model of motivations. Rossiter and Percy (1987) proposed that eight motives energise all human behaviour, either in response to negative stimuli, which the individual seeks to reduce or remove, or to positive stimuli, which the individual seeks to acquire or experience. Each motivation state is accompanied by a corresponding appropriate emotional state. Table 1 illustrates Rossiter and Percy's (1987) model linking appropriate emotions to motivations in advertising. The Rossiter-Percy approach differs from other approaches in that it specifies appropriate emotion sequences, e.g., from fear to relaxation, for maximum advertising impact. This model has been adapted by Donovan and colleagues (Donovan & Owen 1994; Egger et al 1993; Donovan & Rossiter 1998) to the health promotion area. It is proposed to use this model to develop and test the relative effectiveness of threat and incentive appeals in the nutrition and physical activity areas.

Table 1: Rossiter and Percy's (1987) Hypothesised Relationships Linking Emotions to Motivations in Advertising

Negative (Informational) Motives	Emotional Sequence
1. Problem removal	Annoyance > relief
2. Problem avoidance	Fear > relaxation
3. Incomplete satisfaction	Disappointment > optimism
4. Mixed approach-avoidance	Conflict > peace of mind
5. Normal depletion	Mild annoyance > convenience
Positive (Transformational) Motives	Emotional Sequence
6. Sensory gratification	Dull (or neutral) > sensory anticipation
7. Intellectual stimulation/mastery	Bored (or neutral) > excited Naive (or neutral) > competent
8. Social approval	Apprehensive (or neutral) > flattered
9. Conformity*	Indecisive (or neutral) > belonging
10. Self-approval*	Conflict (or neutral) > confident, strong

*Added by Donovan, Henley, Jalleh and Slater (1995).

It is interesting to note that commercial advertisers use positive appeals more than negative appeals. There is evidence that arousing positive affect can lead to positive feelings towards products, and a greater intention to buy the product or comply with the advocated behaviour (Monahan 1995). However, there are few studies on the relative effectiveness of negative vs positive appeals. Using Shaver et al's (1987) categorisation of love, joy and surprise as positive primary emotions, and fear, anger and sadness as negative primary emotions, and all the sub-categories of emotions within each of these, it would be possible to test many comparisons of positive versus negative emotion-based appeals.

However, the only fear-arousal study of health issues which attempted to make such a test was Brooker's (1981) comparison of mild humour versus mild fear appeals in recommending a toothbrush and a flu vaccination. The mild humour appeal was no more persuasive than an

information-only message but the fear appeal had *negative* effects, even at the mild level. Evans et al's (1970) study on dental hygiene used physical threats (high and low fear arousal) and a third condition, a positive communication in which popularity was associated with good dental hygiene. Evans et al (1970) found that the threat messages were more effective when measuring intention to comply and self-reported behaviour but that the positive communication was more effective when measuring actual behaviour. Wheatley and Oshikawa (1970) tested positive and negative appeals used to sell insurance, recommending the appropriate use of negative emotional tension for commercial advertising. These few studies, then, suggest contradictory findings. Reviewing the literature on positive and negative appeals, Donovan et al (1995) concluded that there was insufficient research on which to base conclusions regarding the relative effectiveness of such appeals.

The following methodology is suggested as a way to systematically test the relative effectiveness of messages appealing to positive vs negative motivations and emotions. For a given recommended health behaviour, such as increasing levels of physical activity or improving nutrition choices, and a stated health consequence, such as cardiovascular fitness, two threat appeals and two incentive appeals could be devised. The threat messages could appeal to the negative motivation of problem avoidance, arousing fear about possible harmful consequences of not engaging in physical activity or making poor nutrition choices, such as heart disease causing premature death or physical impairment. One incentive message could appeal to the positive motivation of social approval by arousing a desire to be admired, for example, for physical or athletic ability. Another incentive message could appeal to the positive motivation of self-approval, arousing feelings of well-being by promising an inner sense of confidence and strength. (The current "I can do it" Quit! campaign is appealing to this motivation.). As far as possible, the messages would need to be equivalent in terms of importance and salience to the subjects, and likelihood of occurring. It is anticipated that these messages would be presented to subjects in the form of simple text rather than simulated advertisements so that there are no confounding execution variables.

Appropriately screened respondents would be randomly allocated to one of four message appeals (threat of premature death; threat of disablement/disease; promise of social approval; promise of self-approval (after Rossiter & Percy 1987). Response to the appeal would be measured on attitudinal, motivational and behavioural intentional dimensions similar to those used by Henley (1997) with high reliability. A Cronbach alpha test of the summed scale of the six items indicated a high internal consistency ($\alpha = .9$). Respondents' levels of fear, self-esteem and helplessness would also be measured. ANOVA and ANCOVA would be used to determine the most effective appeals for males and females in three different age groups (16-25 years; 26-39 years; 40-50 years). Our hypothesis would be that incentive appeals would be as effective or possibly more effective at least for some segments of the population. For example, it would be reasonable to hypothesise that young people would respond more to social approval messages than to messages threatening premature death from heart disease. We know that for young adults peer approval is an essential part of identity formation while heart disease is not an imminent consequence. In addition, we would hypothesise that responses to the 'helplessness' scale would indicate a greater sense of helplessness in respondents exposed to one of the threat messages than to one of the positive messages.

On the basis of the findings from such a study, it would be possible to make recommendations to social marketing practitioners regarding the relative effectiveness of positive vs negative appeals to maximise the effectiveness of health promotion campaigns

advocating compliance with healthy behaviours, at least in the areas of physical activity and nutrition. Further studies would need to be conducted to confirm whether similar results could be obtained in other health behaviour contexts.

As importantly, if it can be shown that positive appeals are as effective or perhaps even more effective than negative appeals, at least for some target market segments, it will be possible to recommend the use of positive appeals as an effective alternative to fear-arousal in some instances. In so doing, we may be able to reduce the total number of social marketing messages using fear arousal and the possible cumulative effective of multiple negative messages. The developed world is currently experiencing an epidemic of depression. As we enter the next millennium, it may be worthwhile for social marketers to consider the possibility that an unintended consequence of the frequent and diverse use of fear arousal may be an increase in the levels of anxiety, sense of helplessness, and, ultimately, the rate of depression, in the general population.

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