

## Chapter Three – Theoretical Framework

### 3.1 Introduction

Core of the evolution of any discipline involves the development, application and evaluation of theory in order to be able to explain why and in which circumstances specific phenomena occur. Theories are crucial not only for providing agreed structural descriptions of key processes, but also to give form to guidelines for designing research studies at all levels. Therefore, theories have the power to shape the design of research, as well as providing frameworks for the interpretation of the research findings, which, in turn, provides evidence for assessing the adequacy of the theory (Kaptein & Weinman, 2004). Numerous researchers have previously conducted research in the field of persuasive communication, attempting to provide an explanation of the functioning of fear-appeal with regards to its successes and failures, resulting in different theories.

Three of these theories, namely social cognitive theory, protection motivation theory and the theory of cognitive dissonance, will be used as a framework when testing the advertisements. These will also provide a platform for a better understanding of the data collected during the focus groups; it will not serve as the comparison base between the findings generated and the concepts of fear-appeal theory. Models need to be explored with a global perspective, allowing to integrate concepts rather than for strict formation of theories. All of the theories discussed in this chapter have originated from different studies, some more general and some more specific to fear-appeal and its value.

Before analysing the data, a better understanding of the best-known models concerning fear-appeal is recommended, bearing in mind that this will serve as a cornerstone to understanding how and why fear-appeal exerts influence or not.

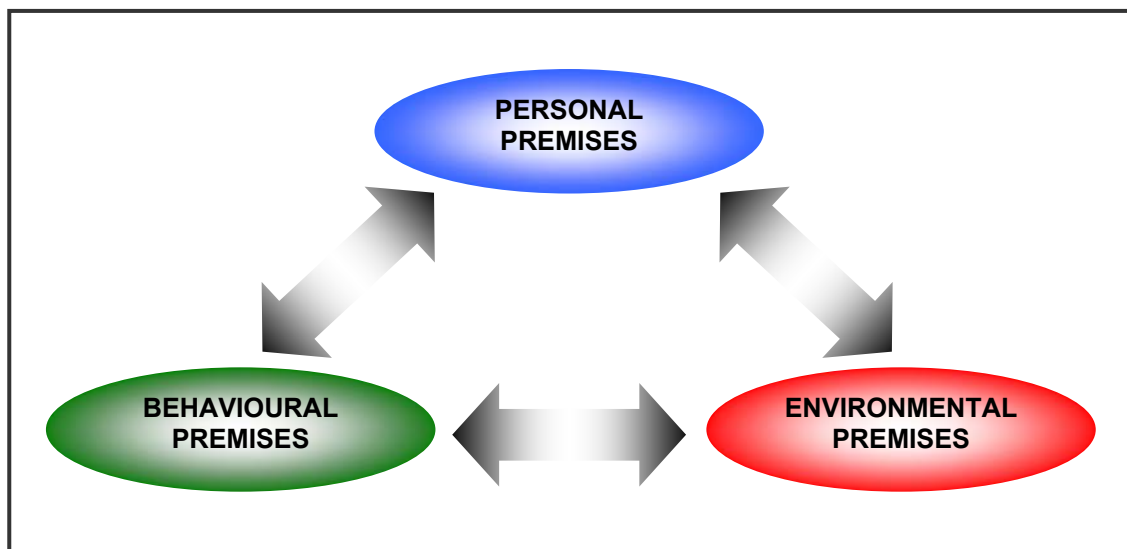
### 3.2 Theoretical Background

#### 3.2.1 Social Cognitive Theory

Because of the influence of mass media on society, the understanding of the psychosocial mechanisms through which symbolic communication influences human thought, affect and action are of extensive importance (Bryant & Zillmann, 2002).

Social cognitive theory is used here to illustrate that a variety of 'forces' present that are likely to have an influence on the choices that individuals make. This theory provides a means or framework from where the determinants and mechanisms of such communication and the effects it has on individuals can be examined.

Bryant and Zillmann (2002) give a brief explanation of the logic behind this theory, stating that human behaviour is often explained in terms of unidirectional causation, where behaviour is created and controlled either by environmental influences or by internal dispositions. The social cognitive theory explains this psychosocial functioning in terms of triadic reciprocal causation (Bryant & Zillmann, 2002). In this transactional view of self and society, personal factors in the form of cognitive, affective, and biological events, behavioural patterns and environmental events all operate as interacting determinants that influence one another bi-directionally as graphically represented in Fig. 2.1:



**Figure 2.1: Schematic representation of triadic reciprocal causation in the causal model of Social Cognitive Theory**

(Adapted from Bryant and Zillmann, 2002)

Communication designed to affect social change is now a common practice by multiple interest groups, such as governments, health organisations and advertisers of commercial goods and services. By exploring smokers' perceptions of fear-appeal advertising, possible discrepancy between smokers' knowledge of the effects and dangers of smoking and their actual behaviour may come to light.

It is assumed that emotion is a motivational factor. For example, feelings of fear could motivate a smoker to alter his beliefs or his actions. Fear as an emotion can therefore be treated as a biological drive, which acts as a source of irritation or

discomfort and which the person would subsequently try to eliminate (Borgatta & Evans, 1968). A question that needs to be addressed is whether fear has an effect on mental processing. It has been said that fear has the potential of producing avoidance in the form of reduced systematic processing, thus the degree to which cognitive effort is expended in attending to, understanding and elaborating on persuasive or emotionally laden messages (Jepson & Chaiken, 1990). For example, according to Jepson and Chaiken (1990), the specific target audience may pay little or no attention to the processing of the arguments they are exposed to. This type of response is extremely likely to occur when well-learned habits of defensive avoidance are present. These habits are usually present if an individual has had past experience with fear-arousing messages and has learnt how to respond by automatically reducing mental processing of such messages when they are interpreted to be very similar to those of the past.

There is yet another, more recently discovered possibility that exists. Fear elements present in health messages can actually facilitate systematic processing. This possibility is known to be more consistent with recent theories of fear-appeal, as proposed by Rodgers (1975, 1983) and Sutton (1982). These theories are based on the claim that, although messages of the kind traditionally referred to as "fear-appeal" do generate fear, this fear is not in fact causally concerned with persuasion. Rather, fear-appeal is effective because it modifies recipients' perceived susceptibility to, and perceived severity of, the threat in question. Thus, according to this theory, fear is merely an epiphenomenon that happens to co-vary with increases in perceived susceptibility and severity that actually influences persuasion (Jepson & Chaiken, 1990).

Predicting the effect of fear is not the main concern of these theories; rather, the focus remains on the issue of personal relevance. Perceived susceptibility can be interpreted as an operationalisation of the construct issue involvement or personal relevance (Apsler & Sears, 1968; Petty & Cacioppo, 1979 in Jepson & Chaiken, 1990). Personal relevance is defined as the "extent to which the recipient of a message believes that the issue in question is likely to have important personal consequences" (Jepson & Chaiken, 1990, p.63).

### **3.2.2 The Protection Motivation Theory**

**Rodgers'** (1983), interest lies in cognitive reactions to fear-appeal and the way these cognitions affect attitude. Cognitive mediating processes result in perceptions of vulnerability, assessing the severity of the threat and response efficacy (relevance of

the solutions proposed) and self-efficacy (ability of the individual to adopt those solutions). He assures us that “if all these cognitive mediators were at high levels, then the maximum amount of protection motivation would be elicited, resulting in maximum amount of attitude change” (Witte, 1998, p. 426).

A point that must be taken into consideration is that the level of fear used in an advertisement plays a role in the response outcome of the audience. Conflicting indicators were found in findings relating to the levels of fear arousal. Fear is a powerful motivator, but the level of fear does not necessarily relate to behaviour change. Moderate fear-appeal seems effective in inducing behavioural change, but low fear-appeal may be ignored and high fear-appeal may be so frightening that they paralyse the individual into inactivity. According to studies conducted by Rodgers (1983), it was demonstrated that fear aroused by threatening communication does not directly have the power to change attitudes; instead, it is the cognitive appraisal of the information in the communication that mediates persuasion ([www.acys.utas.edu.au](http://www.acys.utas.edu.au)). “Negative attitudes and reductions in smoking were expected to be greatest when anti-smoking propaganda were accompanied by information which aroused fear motivation. More fear would be provoked by more vivid illustrations and statements, and the greater the fear, the greater the motivation to accept the anti-smoking recommendation” (Borgatta & Evans, 1968, p.105).

Therefore, the levels of fear present in advertisements can be viewed as a predictor of the success of an anti-smoking campaign.

In the context of this study, television advertisements with varying levels of fear-appeal are used. Levels of fear-appeal are set according to the inherent characteristics of the advertisements used in the study and are defined as:

Low-level of fear-appeal advertising: Purely factual advertisements regarding the negative social and health consequences of smoking

Medium level of fear-appeal advertising: These advertisements have a higher level of emotional content and are more self-relevant.

High-level of fear-appeal advertising: Graphic portrayal of the effects of smoking on health, very high in emotional appeal. These advertisements have the ability to either attract the viewers attention, or to shock viewers to such an extent that they would rather ignore it in future.

### 3.2.3 The Theory of Cognitive Dissonance

Researchers seem to be relatively pessimistic about the long-term efficacy of fear-appeal advertising (Mittelmark, 1978; Evans, 1979; Bandura, 1977). The mere fact that many smokers try to quit their habit yet fail to do so, suggests considerable ambivalence on smokers' part to alter their health-risk behaviour. Contrary views on the efficacy of fear-appeal advertising are espoused by Pee and Hammond (1997) and Lerman and Glanz, (1997). They argue that high levels of fear-appeal have detrimental effects on behaviour change in the long-term, as regular exposure to such advertisements may lead to escape-avoidance behaviour. It is perceived that with exposure to such anti-smoking campaigns, individuals would rather not risk the knowledge of having contracted certain diseases. For example, some smokers may be motivated to quit smoking, after having taken the negative consequences of the habit into consideration, yet they are unable to do so. This behaviour can also be described as defensive avoidance behaviour, which is a motivated resistance to the health messages recommendation, such as the minimization of the threat (Janis & Fesbach, 1953). It refers to the tendency to ignore or deny the consequences conveyed in the message. Reactance is what is said to occur when freedom is perceived to be reduced by the messages recommendation, such as "I know they're just trying to get me to do what they want instead of what I want" (Brehm, 1966).

This phenomenon can be explained by the theory of cognitive dissonance, as proposed by Leon Festinger, which has proved to be one of the most influential theories in social psychology to date (Jones, 1985). Many studies have been engendered from this theory and much has been learnt about the determinants of attitudes and beliefs, the internalisation of values, the consequences of decisions, the effects of disagreement among individuals as well as other important psychological processes (Jones & Mills, 1999).

According to Sternberg (1998), dissonance is most likely to occur in certain situations, such as, when an individual has committed himself to a certain behaviour and views that commitment to be irrevocable, or a situation where behaviour has significant consequences, or lastly in a situation where an individual has freely chosen to take an action that causes dissonance. In the presence of dissonance, or the feeling of being psychologically uncomfortable, the smoker, for example, will feel further motivated to reduce this feeling of dissonance. The attempt to reduce dissonance will ultimately lead to the individual avoiding the information that increases such dissonance. The greater the magnitude of the dissonance, the greater the pressure to reduce it (Jones & Mills, 1999).

A fitting example of a situation where an individual may experience cognitive dissonance is used by Festinger (1957) – this may aid in explaining the perspective of this research study. A habitual smoker who learns that smoking is bad for health will experience dissonance, because the awareness that smoking is bad for one's health is dissonant with the cognition that he<sup>1</sup> continues to smoke. He will be able to lessen the dissonance by altering his behaviour (ceasing to smoke), which would be consonant with the cognition that smoking is bad for your health. Alternatively, the smoker could reduce dissonance by changing his cognition about the consequence of smoking on health and believe that smoking does not have a harmful effect (elimination of the dissonant cognition). For example, he might look for positive effects of smoking and consider that smoking reduces tension and keeps him from gaining weight (addition of consonant cognitions). Or he might believe that the risk to health from smoking is insignificant compared with the danger of car accidents (reduction of the importance of the dissonant cognition). In addition, he might consider the enjoyment that he gets from smoking to be a very important part of his life (increasing the importance of consonant cognitions) (Jones & Mills, 1999).

In an Australian National Institute of Health study (Lee, 1989), 97 smokers and 95 non-smokers (age range: 15 to 65 years) rated the risk to themselves and to the average Australian smoker of contracting three smoking-related diseases. Evidence supportive of denial of risk was found: smokers' ratings of the risk to the average smoker were lower than non-smokers' ratings, and smokers' ratings of their own risk were lower still. Such denial of risk may undermine the efficacy of stop-smoking campaigns, which focus on health aspects of smoking. Methods of dealing with this problem are discussed further on in this study.

Yet another finding illustrates one of the reactions smokers exhibit to dissonance (i.e. be firmly committed to certain behaviour and hold the perception that the commitment or behaviour is irrevocable). Smokers endorsed significantly more rationalisations and distortions of logic regarding smoking than did non-smokers or ex-smokers. Smokers may experience cognitive dissonance as a result of using tobacco despite its well-publicised ill effects, and it may be that interventions targeting rationalisations for smoking will be useful in smoking cessation. The results of this research places emphasis on the fact that the health-risk behaviour (smoking) is irrevocable, so irrevocable in fact that the individual's rationalisations and distortions of logic are significantly higher (Lee, 1989).

---

1 The use of the masculine third person is arbitrary and denotes a representative individual of unknown gender.

Cognitive consistency on the other hand, according to Sternberg (1998, p.463), can be explained as a “match between the cognitions (thoughts) and the behaviour of a person, as perceived by the person who is thinking and behaving. Cognitive consistency is extremely important to our mental well-being; without it, we feel tense, nervous, irritable, and even at war with ourselves”. These two antithetical processes appear to underlie the dynamic ‘fit’ between external and internal mediators of cognition and behaviour.

### **3.3 Summary**

An overview of all the theories discussed in this chapter conclude that for a fear-appeal message to be effective and evoke positive perceptions from the target audience, certain guidelines have to be adhered to. For example, the intensity or level of fear-appeal or threat influences the message; if the smoker is faced with a threat so big that he cannot control the fear or the situation, he will probably refuse any of the proposed information, no matter how beneficial it is to him. This is the state previously referred to as cognitive dissonance.

In conclusion, the strength of the threat and the acceptance of the message are some of the main factors determining the value of fear-appeal used in health campaigns. This study will only focus on the relation between the strength of the threat and the degree of acceptance of the message, comparing this ratio amongst the different age groups set to be investigated.