

## Chapter Two – Literature Review of Affective Advertising

### 2.1 Introduction

According to previous research, there is evidence that the media does have an influence on the use of tobacco amongst youth, but not all campaigns report these effects (Flay et al., 1989; Wakefield et al., 1999) and there is a lack of research concerning the impact of media encouragement on youth smoking (Wakefield et al., 1999).

This literature review serves as a starting point to this mini-dissertation and informs the questions, arguments and conclusions posed therein. This chapter will basically serve to explain and describe fear-appeal advertising, focussing on smoking as a health risk-behaviour. This chapter will also act as a prelude to Chapter 3, where a discussion of social theories explaining smoking behaviour and consumers' reactions to fear-appeal advertising will follow.

Emphasis will be placed on the fact that this study was conducted amongst South African smokers. This is rather unique owing to firstly, the fact that most psychological research takes place in either the USA or the UK, and that results from these studies are mostly quoted in general terms when referring to South Africans, whose diverse cultures differ greatly from those found in America or England. Hopefully, this study will contribute to other research projects to take place among the South African population. Secondly, South Africa imposed bans on social smoking and set an example by acknowledging the harmful effects of cigarette smoking; this has ultimately led to restrictions on cigarette advertising and anti-smoking laws in countries all over the world. Some of these countries include Canada, Bhutan (which completely banned tobacco sales), Belgium, Kenya, India, the Czech Republic and Australia.

### 2.2 Aims of Chapter Two

As stated previously, the objective of this chapter is to provide a clear explanation and description of fear-appeal advertising, with the focus on smoking as a health-risk behaviour. It is necessary to establish a link between these two very broad topics, whether it be in the lights of positive or negative outcomes.

For example, the effects of the media may be intended by message producers, as is the case when health educators develop public information campaigns, or may be unintended, as is the case when viewers take up unhealthy behaviours only shown for entertainment value on television programmes. Therefore, the outcome may be either positive or negative from a public health point of view. The common ground between fear-appeal advertising and smoking as a health-risk behaviour is the public information campaign, as such campaigns help to serve as an important vehicle of communication with the public.

### **2.3 Public Information Campaigns**

The advertisements used in this study can be classified as Public Service Announcements (PSAs). This kind of advertisement is usually sponsored by a government agency or the Advertising Council. The advertisements selected for the purpose of this research have been sponsored by a non-governmental organisation known as the National Council Against Smoking (NCAS), based in Braamfontein, Johannesburg.

The reason why information campaigns have attracted so much attention is that South Africans are in the process of societal modernisation, which lead to a great desire among the community to be informed, e.g. about the actions taken by government and how these actions might affect their lives (Klinemann & Rommele, 2002).

Examples of some very successful global information campaigns include: the campaign for energy conservation in countless countries around the world that arose from the oil crisis during the early 1970s; global campaigns launched in aid of cancer; and various AIDS awareness campaigns introduced early in the 1980s (Klinemann & Rommele, 2002).

The mass media have the capacity to act as a major vehicle for the ‘transport’ of communication and information campaigns. Noelle-Neumann (1973), in one of her studies on the media, described television as an ‘elephant in disguise’, leading to questions about the goals of public information campaigns shown on television – one of the most successful mediums of mass communication to date. According to Bryant and Zillmann (2002), public information campaigns are purposive: by informing, persuading or motivating behaviour changes, they target a fairly well defined and large audience (smokers); they are generally launched for non-commercial benefits, to individuals and society at large; and, they are characteristically pursued over a given time period (Rogers & Storey, 1987).

Therefore, when communicating to the public as a whole, the mass media often serves as a channel for conveying a message to a broad audience. Klinemann and Rommele (2002) made it clear that this in turn enables the public to gain more knowledge on matters beyond their own experience, by having this information made accessible to them.

### **2.3.1 The Purpose of Information Campaigns**

The fundamental goals of an information campaign are to “initiate a dialogue, to emphasise interaction, and to open up a larger perspective” (Klinemann & Rommele, 2002, p.3). It was stated by Klinemann and Rommele (2002) that an exchange of information has to take place before any social process can be performed. One significant factor which inhibits the efficacy of campaigns (especially campaigns which focus on health-risk behaviour) is that target audiences adopt the perception that they themselves are indestructible, a ‘it won’t happen to me’ kind of mentality (King, 2002). These perceptions are part of the domain this study aims to investigate.

Information campaigns using threats or fear-appeal have been proven to elicit fear, which is viewed as a powerful motivator in persuading an individual to change an attitude or belief (Witte, 1998; Clarke, 1998; Morman, 2000). It is in light of this that a study of smokers’ perceptions of fear-appeal would be valuable.

### **2.3.2 General Aims of Public Information Campaigns**

In general, modern information campaigns are built upon a dual strategy. On the one hand, they are characterised by media orientation, which suggests that content and timing are adjusted to the logic of the media system in order to achieve the highest possible media resonance. On the other hand however, campaigns show a clear audience orientation. These types of campaigns also aim at attracting interest, at gaining trust from the relevant subgroups as well as at mobilising certain target groups. By aiding interest groups to identify how target audiences perceive anti-smoking campaigns, this research would assist in making these campaigns more effective (Kelly & Edwards, 1992). For example, for smokers who are also parents, the strongest possible endangerment or fear-inducing threat could be to show how children could imitate parents’ smoking behaviour (LaTour & Rotfeld, 1997).

### **2.3.3 The Challenges Faced**

The last aspect that needs to be taken into consideration when designing an anti-smoking campaign is the flood of information directed at the viewer – this is where

information campaigns find it difficult to make themselves heard. Diverse issues, from road safety to breast-is-best, compete against each other for the limited attention of their audience via the mass media. Thus, in order to make sure that a campaign is successful, it is crucial to understand and shape the social issue at hand (safe abortions, HIV/AIDS, cancer, civil rights, and in this case tobacco use) to try and cut through the very cluttered agenda vying for attention and understanding. Paisley (1998) concludes that campaigns should advise, inform, advocate and reinforce rather than simply insisting, because it should be left to the individual to grapple with the various aspects of the social environment.

## **2.4 An Overview of General Health Psychology**

The role of health psychology is very prominent in this study, as the reciprocal interactions that take place between psychological processes and physical health stand to be investigated (Sternberg, 1998). The primary goals of health psychology include the promotion of health as well as health-enhancing behaviour; it is here that health psychologists assume adults to have the capacity to control their health through the psychological regulation of their actions (Kaptein & Weinman, 2004).

In every area of psychology, different types of research are conducted. A distinction can be made between four broad categories of study, namely descriptive, explanatory, predictive or intervention-based research. This research project falls under descriptive studies.

Descriptive studies are considered to be on the most basic level of research, as they represent a very useful first step in research by providing accounts of the nature and range of key behaviours and other psychological processes. For example, products of this type of study would include descriptions of the levels of engagement in different health behaviours such as daily exercise, dietary intake or the ways in which people handle stressors, including minor and major health problems (Kaptein & Weinman, 2004).

### **2.4.1 Health Behaviours**

Underlying much of the research in health psychology is the concept of health behaviour, also known as preventative health behaviour (Pitts, 1996). For the sake of clarity, the term 'health behaviour(s)' will be used throughout this study.

In the first half of the twentieth century, transmittable diseases lost their governing position as causes of morbidity and death in developed countries (Armstrong, Conn & Pinner, 1999) and other significant social changes, such as enhanced nutrition,

resulted in an extensive increase in life expectancy in these countries (Fielding, 1999). Today, the leading causes of death are cardiovascular disease, cancer and conditions increasingly linked to health-impairing behaviour, such as smoking, excessive alcohol consumption, poor nutrition and lack of physical exercise (McGinnis & Foege, 1993).

In reaction to the significance placed on lifestyle factors as determinants of health and illness, individuals have started to place greater emphasis on the lifestyle that they lead. Health behaviours are becoming increasingly well-recognised as central factors in health promotion and the prevention of disease, as behavioural factors are projected to account for half of premature deaths (Kaptein & Weinman, 2004). Health-reinforcing behaviours are usually consciously adopted by individuals who have already been diagnosed with an illness. Common health behaviours include exercising on a regular basis, eating healthily, driving with a seatbelt and practising safe sex.

It is clear that the concept of health behaviour is fluid and the activities included in the list above would change as medical knowledge develops. In today's modern society, health promotion has become very prominent.

When defining health behaviour, two broad types should be distinguished: firstly, behaviour that increases risk and behaviour that promotes health. This study focuses on smoking, a risk-increasing health behaviour.

#### **2.4.1.1 Health-Risk Behaviour**

Risk-increasing health behaviour can be defined as an activity undertaken with a frequency or intensity that increases the risk of injury or disease. Common health-risk behaviour includes cigarette smoking, abusing narcotic drugs, excessive alcohol consumption, deviant sexual behaviour and drunken driving (Kaptein & Weinman, 2004).

#### **2.4.1.2 Health-Promoting Behaviour**

To define the attributes of a healthy lifestyle, it is necessary to look at a study conducted in the USA, which identified seven healthy lifestyle features:

- Not smoking
- Moderate alcohol intake
- Sleeping 7 to 8 hours per night
- Exercising regularly
- Maintaining a desirable body weight
- Avoiding snacks
- Regularly eating breakfast

These behaviours were all associated with low levels of morbidity and subsequent effects long-term survival (Belloc & Breslow, 1972; Breslow & Enstrom, 1980 in Conner & Waterman, 1996, p. 34). These health behaviours have now become the central focus of many major health campaigns, and research into these forms of personal health behaviour (as well as their disadvantages) has become one of the fastest developing fields in psychology (Rodin & Salovey, 1989 in Conner & Waterman, 1996).

#### **2.4.2 Health-Risk Behaviour: Cigarette Smoking**

Smoking is a social problem that affects individuals, groups, organisations, communities and society at large. The importance of particular behaviours and lifestyles on health and well-being has become widely acknowledged (Conner & Waterman, 1996).

Smoking as a health-risk behaviour is a preventable behaviour over which those that exhibit such behaviour have the power to exert control over, in other words, the health risks associated with smoking are preventable (Ho, 2000) by altering the behaviour itself.

In a recent article about the control of traditional tobacco products' usage in South Africa, Ayo-Yusuf (2005) let the following statistics emerge:

- 21,4 % of South Africa's adult population smokes
- The prevalence of cigarette smoking has decreased substantially over the last decade, but the use of traditional snuff, hand-rolled smoking tobacco and 'native-pipe' smoking has increased.
- The rate of decline in smoking among women (%) is less than half of that among men; black South African women are major consumers of both snuff and non-cigarette smoking products.
- Manufactured cigarettes represent less than 90% of South Africa's total tobacco consumption.
- Traditional African snuff has been found to have 20 to 100 times the level of carcinogens found in the snuff consumed by Westerners.

Tobacco smoking is positioned high on the list of health-risk behaviours, as the burden of disease attributable to smoking in developed countries is greater than that of all other health-risk behaviours combined (Kaptein & Weinman, 2004).

The obvious display of eventuality between behaviour and good health emphasises the need for valuable techniques to transform individuals' attitudes about health and their health-risk behaviours.

#### **2.4.3 Smoking and Behaviour**

A lot of time and effort has been made to gain a greater understanding of the detriments, which accompany health-risk behaviour such as smoking. It is essential to

acknowledge the multitude of factors that underlie the differences between those individuals who exhibit health-risk behaviours such as smoking and those who do not. When considering the causes of individuals' decision to start smoking, economic considerations and cultural factors are seen play a role, but they are not the only components. Taking a quick glance at economic considerations, socio-economic position has been recognised for more than 2,000 years to be in direct correlation with death and illness (Kaptein & Weinman, 2004) – but most likely for most of modern man's existence. Disadvantaged social background, a lower level of education and a low prestige job all are factors that increase the chances of premature death and a higher incidence of chronic medical and psychiatric conditions (Kaptein & Weinman, 2004).

Legislation also has an influence on health behaviour. Since the ban of cigarette advertising in South Africa and enforcement of the 'no selling of tobacco to under 16s' and 'no smoking in public areas' laws, a positive effect is notable on the South African population's cigarette consumption and health behaviour.

According to the latest reports (Ayo-Yusuf, 2005), the Department of Health is seeking to:

- Ban retailers from displaying cigarettes
- Increase fines for violating restrictions on smoking in public places
- Outlaw tobacco companies' "social responsibility" contributions
- Make health warning images mandatory on cigarette packs
- Ban under -18s from designated smoking areas

Other restrictions are also in the pipeline but have not been disclosed yet.

The other very important determinant of health behaviour is macroeconomics. Many health behaviours cost money. Cigarettes and alcohol all have to be purchased, and this in turn depends on the individual's disposable income (Kaptein & Weinman, 2004).

Lastly, socio-cultural factors also influence health behaviour. For example, peer groups, family habits and social networks all have the ability to influence behaviour such as eating patterns, alcohol consumption and tobacco consumption. For example, children whose parents are smokers will most probably end up being smokers themselves (Kaptein & Weinman, 2004).

It is essential to keep the above factors in mind, but it is individuals' cognition that has attracted the attention of psychologists. For example, knowledge about the link between behaviour and health (or risk awareness) is a fundamental factor, an informed choice concerning a healthy lifestyle (Conner & Waterman, 1996).

According to Conner and Waterman (1996, p. 35), “The reduction of smoking in the Western world can be largely attributed to a growing awareness of the serious health risks posed by tobacco use brought about by widespread publicity”. Nonetheless, this does not account for the fact that tobacco is continually used amongst lower socio-economic groups, nor does it explain the increasing uptake of smoking amongst adolescent girls. This simply illustrates that knowledge about health risks is not sufficient to induce avoidance of smoking (Conner & Waterman, 1996). The answer to why people smoke – even when they are aware of the health-risks associated with smoking – ultimately lies with the individual. The optimistic bias belief may be one factor which can help explain why people engage in a behaviour which has undesirable effects on their health, regardless of having information about the negative health consequences related with that behaviour (Williams & Clarke, 1997). According to Weinstein (1982), optimistic bias is defined as “perceiving oneself as less susceptible than others to unpleasant occurrences”. This viewpoint will be integrated with the theory of cognitive dissonance and will be discussed in more detail in Chapter 3.

## **2.5 Fear-Appeal Advertising Defined**

Fear-appeal advertising depends on scary, emotive, offensive, taboo, super-realistic and reaction-provoking images, concepts and words, to present facts or opinions about a product or idea to the audience, often including threats to an individual’s well-being to suggest that it is best to avoid such threats (Milne, Sheeran and Orbell, 2000, p.107).

Anti-smoking advertisements have been selected as the concrete basis for this study. As seen earlier on in this chapter, information campaigns aim to increase the level of individuals’ awareness of the health-risks associated with smoking. This issue is considered important because of the huge amounts of money that are invested globally by governments and health organisations in an attempt to resolve health and socio-economic problems associated with smoking.

The researcher recently spent two months in the UK and saw an advertisement on television about drinking and driving. Unlike those used in South Africa, this commercial was very graphic and extremely shocking – yet, at the same time, it was realistic. Lazarus (1991) acknowledged that judgements are necessary for emotion, as emotions play a part in influencing other psychological mechanisms such as the cognitive coping process. An advertisement that is emotional and which is able to depict reality, will be a successful one because it draws on this judgement.

Why fear? Smokers generally fear being faced with information about the health risks associated with their habit, but at the same time they choose to ignore these facts

and continue smoking. When fear-appeal is employed correctly, it can be useful in behaviour change (Witte & Allen, 2000), by challenging individuals to rather alter their behaviour by scaring them into action (Morman, 2000). The opposing emotion to be investigated is that of humour, to show the difference in approach and effect.

### **2.5.1 The Theoretical Motivation Underlying Fear-Appeal Advertising**

Previous research has been done on the emotional responses to anti-smoking advertising (Wakefield et al., 1999). Between the mid-1950s and 70s, a lot of theoretical and practical work was dedicated to the study of fear-arousing persuasive messages, and in particular, to the question of how effective such messages are in inducing people to change their beliefs, intentions and behaviour (Jepson & Chaiken, 1990). It still remains to be said that, "although various studies have explored the efficacy of anti-smoking television advertisements, their internal components remain relatively unexamined" (Beaudoin, 2002, p.123). These internal components Beaudoin refers to, are the selected design elements guiding the desired outcome of the campaign, such as making use of fear-appeal to increase levels of awareness about the health risks associated with smoking.

Fear arousal is an unpleasant emotional state triggered by the perception of threatening stimuli (Ruiter 2001, p.214) and fear-appeal is thus a persuasive communication attempting to arouse fear in order to promote precautionary motivation and self-protective action (e.g. to stop smoking).

It is understood that the condition of fear involves a physiological arousal that results in more cognitive, affective and behavioural attention focussed on the threat; leading the individual to react by trying to lessen the threat and reduce the fear. While the threat is the expression of a danger, fear is the state of uneasiness the individual feels in result to the threat (Dion, 2005).

From this point of view, it is essential to eliminate any form of confusion regarding the variables or components comprising fear-appeal. What is often lost in research, is the basic distinction between threats that are illustrated as undesirable consequences from certain behaviours, for example acquiring cancer from cigarette smoking, and fear as an emotional response to the threat. It is imperative to take into consideration that individuals all respond differently to threats. No threat is likely to evoke the same response from everyone, not even those belonging to a narrowly defined demographic group (LaTour & Rotfeld, 1997).

While a substantial amount of research has concluded that fear-appeal induces behaviour change, some advertisers and practitioners argue that the use of fear-appeal could backfire (Witte & Allen, 2000). The use of fear-appeal may actually push certain individuals to adopt maladaptive responses, such as denial and avoidance of the entire issue.

## 2.6 Emotion Defined

Since the word ‘emotion’ has been used frequently in many of the definitions of fear-appeal, it is appropriate that this very central issue of the research be expounded.

Emotions cannot be observed openly; as a point of illustration, when looking at someone, we don’t see fear or happiness itself, we hear laughter and infer happiness or see anxious facial expressions and infer fear. Therefore, emotions are internal states and must be inferred from behaviour (Harris, 1990).

Emotions form an integral part of the appreciation of the media and television in specific. The feelings evoked when viewing specific television shows forms a central part of the entire psychological experience. Emotion can be divided into two components, namely the cognitive and the physiological. For example, we think about what we are feeling, and then attribute causes to it. From the physiological point of view for example, when aroused, certain physiological changes take place such as increased heart rate, sweating and dilated pupils. From this explanation of the components of emotion, it is evident that emotions are products of both bodily state and cognitive interpretation of that state (Schachter & Singer, 1962; Zillmann, 1983). This study will focus on the cognitive interpretive aspects of emotions.

According to Agres, Edell & Dubitsky (1990), attention has increasingly been given to the affective and emotional aspects of advertising in advertising research – this has now become known as the ‘emotion revolution’, giving researchers the opportunity to explore essentially new and relevant issues.

Research done by Burke (1987) explored how feelings or emotions generated by an advertisement have the ability to exclusively add to the explanation of the effects of advertising on the viewer (Agres et al., 1990). Three emotions will be scrutinised for this study, namely anxiety, fear and humour.

### 2.6.1 The Fear Factor

Fear is an emotion, which is accompanied by a high level of arousal, and is caused by a threat that is perceived to be significant and personally relevant (Lang, 1984).

Within this context, fear can be defined as an unpleasant feeling of perceived risk or danger (such as threat communication or fear-appeal present in anti-smoking advertisements), whether it be real or imaginary. It can also be described as a feeling of extreme dislike (resulting in selectively choosing to ignore the message portrayed by an anti-smoking campaign) of some conditions or objects.

Much research has been conducted on fear arousal and attitude change. The original assumptions were well matched with the idea that information has the power to create negative attitudes towards smoking, but the assumption stands that information alone is inadequate to create change (Borgatta & Evans, 1968).

Negative attitudes about the issue and a decline in the number of smokers were both expected to be at a peak when anti-smoking campaigns contained information that aroused fear motivation. In other words, higher levels of fear would be provoked by more vivid illustrations and statements; the greater the fear, the greater the motivation to adopt anti-smoking attitudes (Borgatta & Evans, 1968).

Borgatta and Evans (1968) view fear as a motivation for change, which highlights the importance of emotion within the context of the advertising for anti-smoking campaigns.

It is relevant to point out that individuals react differently to fear-evoking situations, as it is a subjective experience; therefore, it is evident that the personality variable may also play an important role in determining the level of responsiveness to such fear-appeal advertisements. It is for this reason that health consciousness is used as a benchmark to define the various responses to fear displayed or described by respondents.

"A current review of fear-based approaches to behaviour change concluded that high fear messages in public health campaigns could be effective, providing that a high fear-appeal message is accompanied by a high self-efficacy message" (Witte & Allen, 2000 in Wakefield et al., 1999, p. 8).

Wakefield et al. (1999) established that anti-smoking campaigns graphically depicting a message that 'every cigarette smoked, does damage' was perceived by 15 to 17-year olds as making them more likely to try and quit smoking, as well as making them feel more uncomfortable about their habit, than coexisting advertising campaigns which depicted non-smoking youths as smarter than smokers. Fear-appeal advertising is mainly used by advertisers to target the adult market, but according to Tan et al. (in Wakefield et al., 1999), most 14 to 17-year old smokers found this graphic advertising, which was intended for adults, applicable to them and made them more likely to refrain

from smoking. These findings are substantiated by a study conducted at Roskilde University during the spring of 2005. Questioning whether or not fear-appeal advertising was persuasive, Dion (2005) justified her reasoning for the selection of her target group (18 to 24-year olds) by defining them as Generation Y, born at the beginning of the 80s up to the mid-1990s, the “most lettered generation and proud of it”. Success and distinctions are only a few of the objectives members of Generation Y set for themselves. They are also known for their faith in and knowledge of new technologies. They are strong-headed, independent and self-reliable individuals with a notable confidence in their abilities and power (Generation Y: A Profile, Newfoundland and Labrador Employers’ council website).

This group constitutes the largest of the consumer groups and as a result of this, they possess an enormous decisional influence on all markets. Yet they seem to be hard to reach. An explanation could be that they grew up in a world that is even more media-saturated than that of their parents; this could be why they respond differently and prefer to be exposed to media images on across different mediums, such as the Internet, instant messaging services and mobile phones.

It is also believed that these young adults respond better to humour, irony and reality when presented as the unvarnished truth (Neuborne & Kerwin, 1999). Most documentation on Generation Y defines them as completely distinct from the previous generation in terms of values, culture, education and most of all, in terms of consumption habits. If this is true, why do communication professionals try to reach them with the same means they employed for past generations?

Recently, Biener, McCallum-Keeler & Nyman (2000) investigated the broader position of emotional responses to anti-smoking advertisements. In a population-based study amongst adults, they found that between nine specific advertisements studied, the more emotional an advertisement was considered to be by an independent panel of judges, the more effective it was rated by survey respondents. In a later survey of youth aged 14 to 17 years of age, it was found that this group perceived anti-smoking advertisements as effective when it stressed the serious consequences of smoking behaviour, rather than just conveying a message that a person has a choice about whether they want to smoke or not.

Would more susceptible subjects prove more willing to adopt protective measures when the message is threatening? The outcomes of smoking studies are multifaceted, but these results seem to form a pattern. In general, the raising of fear motivation positively affects levels of persuasion, but this finding is importantly qualified, as the

most vulnerable subjects seem least accepting when the fear level is increased (Niles, 1965 in Borgatta & Evans, 1968).

### **2.6.2 Anxiety**

When referring to 'response outcomes of fear-appeal advertising', the various scenarios that may occur among respondents in focus groups come to mind. For example, fear and anxiety may be a topic of conversation amongst smokers who are aware of the negative health consequences of smoking although they continue to smoke.

To distinguish between fear and anxiety as two different emotional constructs, based on the stimulus of the reaction, the specificity of the reaction and the proportionality of the reaction could prove difficult. According to Levitt (1980), physiological reactions to stressful situations are very similar to one another, even if they are rated as definite, disperse, overstated or pragmatic experiences. From these distinctions, it clearly is futile to make any type of distinction between fear and anxiety.

The idea that anxiety is not a unitary phenomenon is not new. "Many clinicians and theorists contend, for instance, that fear ought to be distinguished from anxiety. Two lines of argument underlie this decision. One deals with the source of the emotion, the relative specificity of the stimulus. The other is concerned with the emotion's basis in reality; is the reaction proportionate to the threat of the stimulus?" (Levitt, 1980, p.6).

Rather, fear and anxiety should be seen as interchangeable terms, with minor differences in meaning, which will be distinguished in order to eliminate any misconception as well as to give some background information about the theories used to explain certain phenomena occurring during this specific emotional state.

#### **2.6.2.1 Defining Anxiety**

Beck and Emery (1985, p.104) define anxiety best: "The anxious patient anticipates possible damage to his relations with others, to his goal and objectives, to his ability to cope with problems and perform adequately, and to his health or survival".

It is important to state the type of anxiety with which this study will occupy itself: state anxiety. This refers to how anxious a person may feel at a particular moment. For example, how participants may feel after having viewed the advertisements. Of course, trait anxiety may also play a role in how the participant reacts to the stimulus, but the focus will remain on state anxiety, keeping in mind that health consciousness will play a role during the discussion of participants' experiences after having viewed the series of anti-smoking advertisements.

Anxiety has been defined by Spielberger (1972) as “an unpleasant emotional state or condition, which is characterised by feelings of tension, apprehension and worry and by the activation or arousal of the autonomic nervous system” (Sarason, Sarason & Pierce, 1990, p.1). The focuses of this study are the cognitive components of anxiety. According to Sarason et al. (1990), when using the cognitive view of anxiety, it is the responses of individuals to a perceived danger as well as a perceived inability to handle in a satisfactory manner the challenge that they may be faced with that are under scrutiny.

The following list contains cognitive events, which often occur in anxiety-provoking situations (Sarason et al., 1990, p.2), linking up with the cognitive variables defined earlier on as part of the discussion on the protection motivation theory:

- The situation is seen as difficult, challenging or threatening
- The individual sees himself or herself as too ineffective or inadequate to handle the task at hand
- The individual focuses on the undesirable consequences of personal inadequacy
- Self-deprecatory preoccupations are strong and interfere or compete with task-relevant cognitive activity
- The individual expects and anticipates failure

Therefore, the cognitive view of anxiety mainly centres on the various states of heightened awareness, perceived helplessness and the expectations of negative consequences, which become the substance of self-preoccupation. 'Worry' cognitions are stirred when an individual perceives his or her inability to cope with the situation in which they might find themselves. Another problem may be the fact that they do not understand the situation properly, or they may feel doubtful about the consequences of not being able to cope effectively (Sarason et al., 1990). The notion that individuals select information that is consistent with their attitudes and beliefs and ignore or avoid information, which is discrepant, is largely understood in terms of cognitive dissonance (Festinger, 1957).

## 2.7 Humour Appeals in Public Health Communication

Many views on humour prevail. One such view contends that humour is one of mankind's noblest attributes and reflects an expression of tolerance, acceptance and sympathy towards one's fellow man. This portrays humour as a liberating force that frees individuals from the often-stifling constraints of social convention and environmental pressures (Lefcourt & Martin, 1986).

Humour can also be described as one of the most commonly employed communication strategies in advertising. Although not much has been written about

the role of humour in public health announcements, an extensive body of literature on humour can be found in areas such as clinical medicine as well as the role of humour in persuasion. Opportunities for research definitely exist in this area.

## 2.8 Humour as a Euphemistic Construct

In the book *Humour: the Psychology of Living Buoyantly*, Herbert Lefcourt recognises that humour is only facilitative at certain times and under certain conditions. At other times, personality characteristics such as beliefs about control, accessibility of social support and the depths of commitments may be equivalent to or stronger than humour; these well-known psychological tools help individuals protect themselves from succumbing to the effects of particular stressors. It is unlikely that humour is a unitary phenomenon serving only one purpose. Just as crying can have a variety of meanings and functions, so too can laughter and humour. The functions of humour range from ridiculing, mocking or coercing others or reducing interpersonal tensions (Lefcourt, 2001), to expressing or creating feelings of community or closeness (Lefcourt & Martin, 1986).

According to Lefcourt and Martin (1986), in order to set the explanation of humour into more manageable terms, three main types can be distinguished:

- Arousal
- Incongruity
- Superiority

This classification corresponds with Eysenck's (1993) affective and cognitive theories.

The focus for this study is on humorous incongruity, the cognitive element of humour. According to this, the essence of humour resides in bringing together two normally disparate ideas, concepts or situations in a surprising or unexpected manner. For example, that which is viewed as serious (the health-risks associated with smoking) is suddenly viewed from a totally different (usually ludicrous) perspective (Lefcourt & Martin, 1986). The incongruity theory of humour suggests that humour involves sudden, surprising shifts in cognitive processing of information, accounting for the advantageous effects of humour (Lefcourt & Martin, 1986).

O'Connell (1976, p.237) stated that an individual with a sense of humour "is skilled in rapid perceptual-cognitive switches in frame of reference" and this flexible ability allows the individual to distance himself/herself from the immediate threat of the stressful situation and thus reduce the paralysing feelings of anxiety and helplessness.

## 2.9 Experiencing Humour in Everyday Life

Two constructs originating from Arthur Koestler's book *The Act of Creation* (1964), largely based on Freud's writings about humour (Freud, 1905), are considered necessary to explain the concept of humour. These two constructs are referred to as bisociation and tension (or arousal).

Bisociation is similar to the term that humour students use to refer to the incongruity discussed previously, such as the simultaneous perception of an object from two mutually exclusive frames of reference. To illustrate: should adults behave in a childish manner, onlookers have the ability to visualise them as the respectable adults they should appear to be, while they are acting like schoolchildren. When these incongruous perceptions occur in chorus, it can result in humour if a dash of adrenaline is added. Therefore, incongruity can lead to humour if the observer experiences some degree of emotional stimulus while considering the object of his perception. In simplified terms, there must be something threatening or fearsome about the objects of perception (Koestler, 1964).

Truly funny humour, is largely self-directed and defensive. That is, it reflects a withdrawal from seriousness and the assumption of a perspective that affords relief from negative emotions. Sigmund Freud (1928) defined humour as one of the best defensive processes, a means by which humans are able to dismiss the impact of emotional experiences that would otherwise cause mental exhaustion. Others have spoken of humour as a sign of perspective taking. Rollo May (1953, p.54) suggested that "humour has the function of preserving the sense of self... it is the healthy way of feeling a 'distance' between one's self and the problem, a way of standing off and looking at one's problem with perspective". In the same way, Viktor Frankl (1969, p.16-17) asserted that "to detach oneself from even the worst conditions is a uniquely human capability" and that this distancing of one self from aversive conditions comes "not only through heroism... but also through humour".

This notion is strongly related to the theory of cognitive dissonance, the considerable ambivalence occurring when a smoker is blatantly made aware of health-risks in anti-smoking advertising campaigns but still fails to adopt health-promoting behaviour, as they would rather not risk knowing about having contracted certain diseases.

The humorous content of advertisements used in this specific campaign as tested in the focus groups, could be said to promote such escape-avoidance behaviour, as the

audience experience the humour but distance themselves from such threatening communication.

## 2.10 Summary

In summary, the literature review has provided information regarding the nature of the study and definitions of the variables that are of importance. The 'vehicle' used to transport the health information was identified (Public Information Campaigns), the possible response outcomes of advertisements were set out (fear, anxiety and humour) and most importantly, it was determined how these variables can be linked to the theories used to explain certain phenomena regarding fear-appeal advertising.