

Debate

CONTROVERSIES IN TOBACCO CONTROL

The limitations of fear messages

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Debate is a series offering opposing sides of a continuing controversial issue in tobacco control. In this and the following article, the use of emotional or "fear" messages in tobacco control media campaigns is debated by Gerard Hastings and Lynn MacFadyen from the Centre for Tobacco Control Research at the University of Strathclyde in Glasgow, UK, and by Lois Biener and Tory Taylor from the Center for Survey Research at the University of Massachusetts in Boston, USA.

Anyone who doesn't believe that fear messages can change behaviour should try going into a crowded theatre and shouting "FIRE!"

Certainly, such messages have served tobacco control well over the last 50 years. Even a casual glance at prevalence trends demonstrates the impact of the major revelations about smoking and ill health. The power of warnings is enhanced with evocative creative executions, provided the resulting fear does not overwhelm the audience, and adequate support with quitting is offered. The recent Australian campaign demonstrates the potential of this approach.^{1,2}

However, in tobacco control we have to be especially sensitive to the all too successful tactics of the tobacco industry, and these, along with those of other commercial marketers, have undergone a paradigm shift in the last 20 years. The traditional fixation with transactions and sales has been replaced by a focus on customer relationships and satisfaction. In this piece we argue that we can learn from these developments.

Specifically, they can tell us much about how advertising works, why people smoke, and how marketing exploits the resulting opportunities. All of this suggests that fear messages may be of limited value as we enter what has been dubbed the "second generation" of tobacco control (R Cameron, personal communication). Indeed it suggests that tobacco control is in need of its own paradigm shift.

Our suggestions are contentious, but the aim is to stimulate what we feel is a crucial debate.

ADVERTISING

Fear messages assume a direct, stimulus response, effect by the media: the individual hears, understands, accepts, and then acts on the message. In the advertising literature this is known as a "linear sequential" model³⁻⁵ and it takes many forms, but all characterise advertising as having a measurable and predictable effect on a basically passive individual. Analogies have been drawn between this "hypodermic syringe" view of media effect, and the medical model in health promotion.⁶ Linear sequential models have dominated commercial advertising since 1900.⁷ One of their most endearing characteristics is that they provide reassuringly clear objectives and facilitate rigorous evaluation.

However, they have also been severely criticised.⁷ They ignore the fact that mass media messages are mediated in various ways by significant others.^{8,9} The passivity they assume on the part of the audience is contradicted by uses and gratifications theory,¹⁰ and multi-step communication models,¹¹ which suggest that it is at least as

relevant to ask "what do people do to advertising?" as "what does advertising do to people?"¹² English health promoters have been all too aware of this since the mid 1980s, when teenagers were found to be stealing supposedly off-putting "Heroin screws you up" posters and hanging them on their bedroom walls.

Finally, linear sequential models ignore all the thinking that has emerged from post-modernism. This overlooks vital insights into the importance of symbolism and cultural meaning to consumption, whether of products or messages.¹³ We now know that audiences, especially young ones, are extremely sophisticated consumers of the media. Thus, meaning has to be negotiated, not imposed.

However, it is important to recognise that their expertise is in consumption, not in health communication or message design. Fear campaigns are frequently justified on the grounds that smokers ask for them, preferring some variant on the blackened, cancerous lung—the gorier the better. This misses the point of pretesting. Smokers have a great deal to tell us about what it is like to be on the receiving end of our messages, but they don't know which ones are most effective. They *are* consumers, not consultants.

In other, closely related, spheres we readily accept this argument. We recognise, for instance, that most people are not experts in human behaviour, not even their own. So we would not simply ask smokers why they smoke, and take their answers at face value. Indeed, in the 1980s, when the tobacco industry did precisely this to try and show that advertising had no effect on children's smoking,¹⁴ we rightly dismissed their research.

WHY SMOKERS SMOKE

Linear sequential paradigms also assume that audiences are completely rational. Faced with the public health facts they will do the sensible thing. The reality is much more complex and inconvenient.

The fact is, in the developed world at least, people know about the health risks of tobacco¹⁵ and around two thirds want to quit.¹⁶ However, millions continue to smoke, partly because of nicotine addiction, but also because smoking brings lots of other benefits, from social acceptability to rebellion.¹⁷ In the latter case, the health consequences of tobacco may actually be seen as a benefit.

This contrariness, this irrationality should not come as a surprise. We all do lots of apparently senseless things—we support hopelessly unsuccessful football teams, enjoy the Scottish climate, and marry unsuitable partners. We do these things, despite the contraindications, because

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some element of each also brings emotional benefits. Tobacco marketers know this.

TOBACCO MARKETING

Marketing works by identifying people's needs and offering solutions—products or services—that will meet these needs, in return for money.¹⁸ The basic unit of analysis is exchange,¹⁹ which is voluntary. Customers do not have to buy the product and can reject, ignore or undermine advertising messages.

Tobacco companies, therefore, cannot force people to smoke. Their tactics with children are instructive. In the developed world at least, they make no overt approaches at all, except to say that they don't want children to smoke. Indeed the tobacco industry recently ran a children's anti-smoking campaign across Europe. This is disingenuous; we know that they will be out of business in a generation if they don't attract their quota of new recruits. But their tactics are subtle. They know that the best way of getting teens to do one thing is to tell them to do another. They appreciate the appeal of forbidden fruit and that marketing (apparently) targeted at older people will be inherently attractive to a group that covets adulthood.

These are hard lessons for tobacco control advocates to swallow. We know tobacco kills in devastating numbers. When people reject or ignore our messages, the temptation to insist is very powerful. However, we are constrained by the same realities as Big Tobacco; our exchanges are also voluntary. We cannot insist.

In commercial marketing the notion of exchange has now been melded with strategic planning. The business literature is replete^{20,21} with cases of companies that have thrived, not by focusing on ad hoc transactions, but by building long term relationships with their customers. Data base marketing, new media, powerful branding, and loyalty schemes are used to attain the crucial competitive advantage of customer satisfaction. The tobacco industry has been quick to harness this new philosophy. Its brands have long been supreme, databases are now being skilfully honed, and retailers, politicians, and pundits are being courted as actively as the public.

Tobacco control can and should be competing in this arena. Quit lines, for example, generate ideal databases and offer the opportunity to keep regular contact with an important customer group. We know that smoking is emotionally involving and that quitting is a hard, often drawn out process. It cries out for relationship building that, at the very least, will make quitters feel better about themselves. And, incidentally, politicians will also be more likely to fund initiatives that make voters feel good.

Fear messages do not sit easily with this thinking. If they have any relational dimension at all, it is as the hectoring parent to the erring child, rather than the adult to adult of commercial marketing. They may succeed in pushing people to attempt quitting, but it is difficult for the source of such messages to then provide the "helpful relationships" that are needed at the action stage of Prochaska and Diclemente's model.²²

PUBLIC HEALTH MYOPIA

As with most business philosophies, relationship marketing has its origins in the bottom line.

Companies have established that winning new customers is much more expensive than retaining old ones. We should recognise that the same is true in public health. If we can only empower people and convince them of the very real benefits—both immediate and deferred—that are in their grasp if they make certain lifestyle choices, then we won't just encourage cessation but good diet, exercise, and safer sex as well. It is no accident that middle class groups don't just smoke less, but have healthier habits generally.

Instead, we fragment health into different topics and engage in an odd kind of consequence proliferation, where smoking, driving, having sex, and a dozen other behaviours vie with each other to present more dramatic risks. In the process, we end up telling people that if the cigarettes don't get them, a drunk driver, sexually transmitted disease or an over-abundance of butter surely will. The net effect is to turn health promotion from a tremendous opportunity for people to enhance their enjoyment of life, into a clutch of disparate and capricious threats.

CONCLUSION

Fear messages are important. The first step in tobacco control is to inform people of the dangers of smoking. But repeating this to a population that knows it, two thirds of whom already want to quit, is of questionable value. To return to our initial example, there comes a point where the theatre-goer shouting "fire" is reduced to the irritation of a malfunctioning alarm. Furthermore, searching for evermore powerful warnings is fruitless. There is no ultimate deterrent in smoking, no mother of all health warnings that will finally alert smokers to the error of their ways.

A paradigm shift is needed to equip us for the next generation of tobacco control. This should recognise the cultural, as well as the individual, determinants of smoking, and begin to address these with broad, empowering messages. We need to play the industry at their own game, create brands that are trusted and respected, and above all begin to build long term, adult relationships with our target audiences.

The challenges are formidable, but not insurmountable. The success of the Florida Truth campaign,^{23,24} for example, suggests we can create our own brands. In any case, our suggestions are not so shocking or revolutionary. All we have to do is be a better friend to the smoker than the tobacco industry. Surely we can manage that.

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The continuing importance of emotion in tobacco control media campaigns: a response to Hastings and MacFadyen

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Hastings and MacFadyen have raised important questions about the optimal direction for future tobacco control media campaigns. There is much that we agree with. However, we disagree with their central recommendation that campaigns should reduce the use of messages that portray the serious consequences of tobacco use in an emotionally evocative way. They base this recommendation on four assumptions which we feel are questionable:

- fear messages rely on a rational model of decision making, but the decision to smoke is not made rationally
- these approaches are likely to become less effective over time because: (a) most people already know that smoking has serious consequences; (b) most smokers already want to quit; and (c) repetition of the same messages diminishes their power
- anti-tobacco communications should be part of a broader communication that promotes a whole set of healthy behaviours
- commercial marketers have developed new and effective strategies over the past 20 years and these strategies can work equally well for marketing non-smoking.

We disagree with the first three of these points and would like to quibble a bit about the fourth.

HOW AND WHY DO THESE “FEAR” MESSAGES WORK?

Most of the research on the effectiveness of fear appeals does indeed rely on models of rational cognitive processing. These models yield predictions about when fear appeals will be effective and when they won't, based on concepts such as “protection motivation”¹ or subjective expected utility.² They spawn complex experiments that attempt to produce variations in perceived severity of the danger, susceptibility to the danger, and perceived ability to perform the required response. Interestingly, these experiments frequently fail to yield support for the theoretical models.³ Instead, most studies show that the more fear aroused by the communication, the greater the persuasion.^{4,5} Likewise, we have evidence that the most effective anti-tobacco advertisements among both adults and teenagers in Massachusetts are those that depict the serious consequences of tobacco use in emotionally evocative ways.^{6,7} The evidence we have published to date relies on ratings of perceived effectiveness.

Although we agree with Hastings and MacFadyen that ratings alone are not a sufficient indicator of effectiveness, we do think they have merit. Consumer research has shown that such ratings are predictive of message acceptance and, in the case of commercial advertising, intentions

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to purchase.⁸⁻¹⁰ Similarly, we interpret higher ratings of perceived effectiveness as greater acceptance of the anti-tobacco message. Furthermore, we have preliminary data from our current research that tends to support the view that perceived effectiveness is a reasonable proxy for actual effectiveness. We are in the process of collecting data on a representative sample of Massachusetts adults, and over-sampling individuals who reported having quit smoking in the past two years. We ask them whether they used various forms of help in order to quit such as nicotine replacement therapy (NRT), self help brochures, pamphlets, or tapes, or consultation with a health professional. We also ask, "Did any television commercials about tobacco contribute to your quitting?". Those who answer in the affirmative are asked to describe such an ad. Among the 386 recent quitters accrued so far, more reported the helpful influence of a television commercial (29%) than either NRT (18%), professional consultation (13%), or self help materials (5%). Most of the advertisements produced by the Massachusetts Tobacco Control Program are those that depict the serious consequences of tobacco use. The specific ads accounting for the majority of those described were ads featuring Pam Laffin (a young woman who developed emphysema early in life from smoking), those featuring Rick Stoddard (a man whose wife died from lung cancer at age 46), and "Cigarette pack" in which a man places a photograph of his daughter on his pack of cigarettes as a reminder of why he should quit. All three of those executions have been rated by independent judges as being emotionally moving.

We suspect that the effectiveness of Massachusetts' televised anti-tobacco advertisements resides largely in their ability to elicit emotional arousal. The study of fear appeals has traditionally confused the threatening content of the messages (for example, cigarettes will kill you) with the emotional responses they invoke. Our research suggests that fear is only one of several emotions being evoked. Others include: intense sadness for loved ones left behind when family members die; anger at tobacco companies for their relentless pursuit of profits regardless of the human costs; and empathy and hope for smokers who are struggling to kick the habit, as in "Cigarette pack." The approach that seems to have worked best in Massachusetts is dubbed "Real people; real stories". These executions draw empathic connections from the audience and seem best able to stimulate emotional arousal. Although they have constituted a large proportion of the ads shown since 1993, the audience does not seem to be tiring of them. Preliminary analyses of 1066 youth respondents (age 12-17 years), and 2824 adult respondents found that over 80% of both groups answer "no" to the question, "Do you think anti-smoking ads on TV and radio exaggerate the dangers of smoking?". These results are consistent with other surveys of populations exposed to emotional anti-smoking advertising.¹¹

Several streams of research support the notion that emotional arousal mediates the effectiveness of mass communication. Advertising research consistently finds that emotional messages are remembered better than non-emotional ones,¹²

and are more likely to promote higher order cognitive processing.^{13,14} In other words, they lead people to generate their own persuasive messages. Research in health communications also suggests that advertisements high in "sensation value" (reflecting content that is novel, stimulating, graphic or explicit, among others) are more likely to increase viewers' attention, motivation to call a hotline, ad recall, and intentions to perform the target behaviour, than those with lower sensation value.¹⁴ Hence, while we concur with Hastings and MacFadyen's assertion that rational models are likely to be inadequate to explain the audience's behavioural responses to anti-tobacco advertising, we think that the approaches they would avoid are effective because of their non-rational aspects. We doubt that the ads' effectiveness has much to do with communicating the information that smoking is dangerous or that quitting would be a good idea. Our research indicates that advertisements designed to elicit strong negative emotions were seen as more effective by smokers who were at higher rather than lower stages of readiness to quit, and seen as most effective by those who had quit smoking during the course of the campaign.⁶

We venture that these advertisements work in different ways for different people. They may provoke discussion among family members, they may get kids to nag parents about quitting or non-smoking spouses to put pressure on their addicted partners. They remind contemplators that it is time to move to action. And perhaps, most importantly for non-smoking youth, they repeatedly associate cigarette smoking with unpleasant images. We don't claim to have the answers about why these ads are effective, and we have set ourselves the research task of finding the answers. We do believe it is time to discard the label "fear appeals" or "fear messages" as being a misleading characterisation of the approach under discussion.

SHOULD WE FOCUS ON ONE HEALTH BEHAVIOUR OR MANY?

Hastings and MacFadyen argue that public health media campaigns should be promoting a host of healthy lifestyles rather than focusing on individual behaviours. Although this seems like an inspiring goal, we fear that it would be an extremely hard sell. Indeed, experimental interventions that have taken this approach and tried to encourage women to quit smoking and lose or maintain weight at the same time, have generally produced worse outcomes than interventions that focus on one behaviour at a time.^{15,16} Smoking cessation takes sustained effort, persistence after many failures, and the ability to resist the pervasive lure of cigarette advertisements, nicotine cravings, and the memory of the relief they can provide from stress, hunger, or loneliness.¹⁷ Perhaps the emotional advertisements work in part because they provide equally compelling reasons for the smoker to keep trying to quit.

HOW DO WE ASSESS EFFECTIVENESS?

We agree with Hastings and MacFadyen that simply asking smokers how effective they think particular advertisements are is not the best method of determining effectiveness. The best

method would be one that could clearly link exposure to specific advertising approaches to attitude and behaviour change. Some communications researchers have done experimental comparisons of approaches in laboratory settings, but these fail to generalise to the real world where exposure is uncontrolled and the audience experiences many different approaches. Tracking variations in calls to quit lines in response to ads with varying approaches comes closer to the ideal, but does not help us assess effectiveness for smoking prevention or the vast majority of smokers who shun help givers. New research is in progress that improves upon the methodologies used to date. For example, at least two research grants recently funded by the National Cancer Institute are examining ways of linking advertising exposure to smoking change at the population level (Lois Biener at the University of Massachusetts, Boston, USA, and Melanie Wakefield at the Anti-Cancer Council of Victoria, Melbourne, Australia). However, we will have to wait for these efforts to run their course before knowing how well they stand up to scrutiny.

WHERE DO WE GO FROM HERE?

We do not mean to say that all anti-tobacco advertisements should be emotionally wrenching real life stories. There probably needs to be some variety and unpredictability in the elements of a campaign. However, we would argue that the core approach should retain the elements of emotional arousal that comes from telling the truth about tobacco. Anti-tobacco programmes could undoubtedly profit by exploring some of the new approaches being used by commercial marketers. The relationship building techniques described by Hastings and MacFadyen can and should be used to promote smoking cessation. However, we question the wholesale application of commercial marketing strategies to tobacco control communications. Unselling cigarettes seems a very different task than selling a product. The wisdom, for example, of a tobacco control programme adopting a single brand image seems to fly in the face of the need to communicate with every age group and subculture in order to reduce the social acceptability of tobacco use. A better strategy would seem to be a multifaceted one that has the flexibility and sustainability to apply to the entire population of teenagers and adults who are presently smokers, and those who are at risk of taking it up.

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