## Fear, Threats, Nagging: Do They Work?

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### Social Sciences

- College of Social Sciences and Philosophy: anthropology, sociology, history, geography, political science, psychology, linguistics, population
- School of Economics
- College of Mass Communications: communications research
- College of Arts and Letters: cultural studies
- College of Human Kinetics: sports science

#### **Health Social Sciences**

- Medical anthropology, medical sociology, medical geography, health economics, health psychology and many more. . .
- DLSU has a graduate program for health social science. UP College of Medicine has a graduate program in medical anthropology.
- Being integrated in some medical and nursing schools.

#### Focus on tobacco use

- Nicotine is the extremely addictive substance, with biphasic effects (can stimulate, as well as calm a person down). Nicotine also found in e-cigarettes.
- Dependence associated with conditioning; thus, set off by many cues.
- Withdrawal is difficult, and relapses common.
   (It's easy to quit; I've tried a hundred times.)

### **Behaviorist Theories**

 Use rewards and punishments to condition (Pavlovian dog). In health education campaigns, often involves fear and/or shaming.

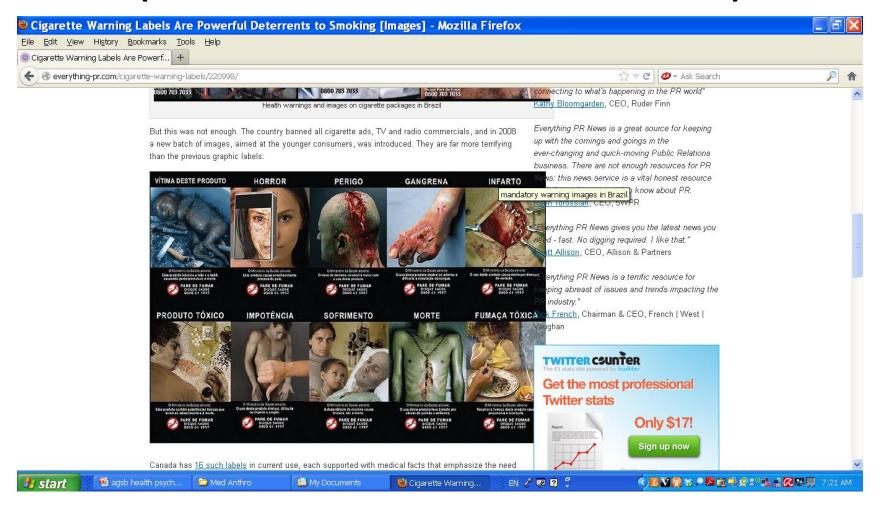
### Behaviorist theories, cont'd

- Limits: only has short-term effect, making it somewhat useful for short campaigns, eg antifireworks. Behaviorist anti-smoking campaigns tend to have too many fear messages. Doctors tend to threaten and nag too much.
- Note that behaviorism is rarely even mentioned in health psychology textbooks.

 Graphic tobacco labels better than text-only, but not clear what works. Need to appeal to emotions, and to one's sense of vulnerability. Note that many of the studies only look at people's emotional responses to the labels, rather than effect on actual smoking behavior, including quitting behavior. (Azagba, S and Sharaf, MF Nicotine Tob Res 2013 15(5):1000-2.

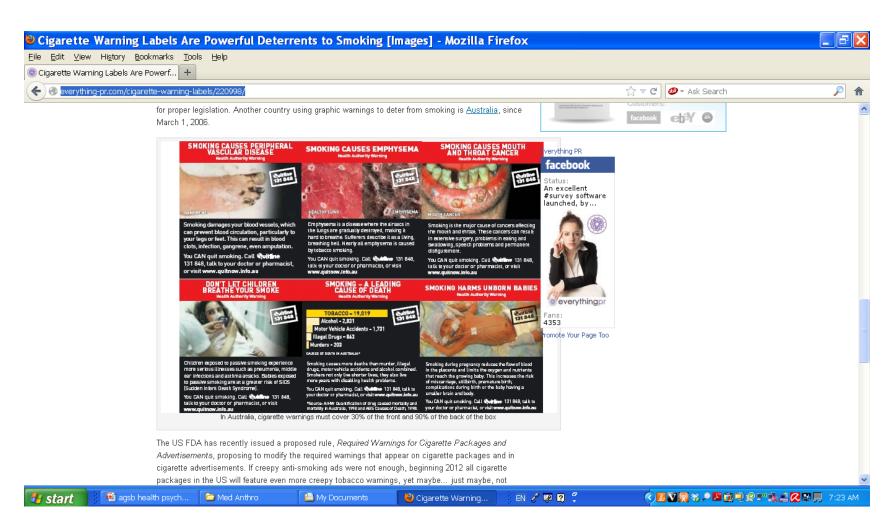
### Brazilian cigarette warnings

http://everything-pr.com/cigarette-warning-labels/220998/



### Canadian cigarette warnings

http://everything-pr.com/cigarette-warning-labels/220998





## Social cognitive psychology basis for most health behavior theories today

- Locus of control. Ability to recognize events are within one's control, rather than attributing to external forces (eg God, government).
- Self-efficacy (Bandura) Modification on locus of control. Includes expected outcomes – physical pleasure, social approval, selfsatisfaction. "Kaya mo ito" vs "You're so weak"

### **Health Belief Model**

- Hochbaum and others (1950s)
- People work on:
  - Perceived susceptibility,
  - Perceived benefits
  - perceived barriers
  - cues to action (thoughts, emotions), plus other modifying variables.
- Later modifications incorporated self-efficacy as well

# Japanese warnings on 2<sup>nd</sup> hand smoke: social dimension





### Health belief model

- For a good matrix showing possible applications:
- http://www.cw.utwente.nl/theorieenoverzicht /Theory%20clusters/Health%20Communicatio n/Health Belief Model.doc/

## Theory of reasoned action

- Fishben and Ajzen (1967)
- Looks at intentions, rather than actual performance.
- Intention to change stimulated by a belief in positive outcome or prevention of adverse effects.
- Limitation: does not look or predict actual "performance"

## Theory of planned behavior

- Ajzen (1985).
  - Behavioral beliefs: likely positive or negative outcomes
  - Normative beliefs expectations of others (social pressure)
  - Control beliefs perceptions of factors that facilitate or impede.
- All these beliefs lead to behavioral intentions.

# Theory of planned behavior, cont' d

- More of rehab: cognitive restructuring. Being more introspective of one's feelings, one's environment, and how this shapes behavior.
- Used for vulnerable groups, eg the poor, people who feel disempowered, people with terminal illnesses. More of confronting feelings and emotions.

### Cross-disciplinary perspectives

 Anthrpology and psychology: Urges more attention to body image, cultural norms, social networks and statuses.  Behavioral economics: cost/benefit analysis, choices. Nudge theory (for example, conditional cash transfer, corporate rewards, insurance discounts). Loss aversion. "Wrong" and "irrational" choices as inevitable, eg false sense of economy (mahal ng gamot. . .)

### Macro approaches

- Ecosocial (multitheory of disease distribution.
   Krieger, 1994).
- Transtheoretical models: looks at stages in behavioral change (precontemplation, contemplation, preparation, action maintenance). Many different social processes.

 Theory of Triadic Influences (Flay B, Petraitis J and Hu FB) recognizes how behavior relates to three streams: environment (culture, politics, media), social situations and the person. For example, modeling at home when parents or other adults show how they derive pleasure from smoking.



## Being realistic. . .

- Caution with "behavior change" and aim instead for:
  - Improving communication to patients, the public;
  - Improving adherence (rather than compliance)
  - Helping to empower patients to tackle their health problems, including physical dependence, emotional barriers and the social environment.
  - Identifying new environments where knowledge and behavior are shaped, especially Internet.

## Evolving research agendas

Moving beyond KAP (knowledge, attitudes, practices) studies

 Contextualized in the body, people's experiences, social networks (including relationships in clinical settings), political economy

### Bring science in. . .

- Plan anti-smoking messages carefully.
- Provide smoking cessation support.
- Monitor and evaluate anti-smoking messages (eg Get high on God, not on drugs)