



# Promoting change in meat consumption among the elderly: Factual and prefactual framing of health and well-being

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## ABSTRACT

Messages aimed at changing eating habits of the elderly are often not persuasive. In two studies, we tested the hypothesis that the persuasiveness of messages regarding the effects of meat consumption on health versus well-being would depend on their factual versus prefactual ('if ... then ...') framing. Different groups of elderly participants were presented with different versions of a message describing the possible negative effects of excessive meat consumption. Results of a preliminary study showed that messages about the effects of meat consumption on health and well-being induced a different regulatory concern in recipients, safety and growth concerns respectively. Results of the two main studies then showed that messages about health/safety had stronger effects on participants' involvement, attitudes, and intentions to change eating behaviour when framed in factual rather than prefactual terms. Conversely, messages about well-being/growth had stronger effects when framed in prefactual rather than factual terms. Discussion focuses on how the appropriate framing of messages about meat consumption can effectively promote changes in eating habits of elderly people.

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## 1. Introduction

Health authorities around the world have invested substantial resources in public campaigns (Hornik, 2002) informing citizens about the potentially undesirable effects of certain foods and the importance of following a good diet. Widespread conditions such as coronary artery disease, myocardial infarction, stroke, hypertension, etc., can be effectively prevented by reducing dietary intake of certain nutrients, such as cholesterol, triglycerides, salt and sugars (Franco, Cooper, Bilal, & Fuster, 2011; WHO, 2014). Furthermore, consumption of red and processed meat has been found to significantly increase the risk of developing several types of cancer (Bouvard et al., 2015).

Due to the high prevalence of chronic and degenerative diseases in the later stages of life, older individuals are frequently the target of nutritional campaigns (Hornik, 2002). However, the effects of these campaigns are often limited (Dodson, Baker, & Brownson, 2010; Snyder, 2007; Wakefield, Loken, & Hornik, 2010), for reasons that have yet to be fully understood.

In two experimental studies, we investigated some of the

conditions under which a message can effectively motivate older individuals to change their habits regarding meat consumption. We expected that the persuasiveness of the message would depend on two related factors, namely the concern raised by the message and its factual/prefactual framing.

Regarding the concern raised by the message, we made a distinction between messages focused on *health* and messages focused on *well-being*. The majority of the messages employed in public campaigns point to health conditions we may wish to avoid, for example: "An unbalanced diet increases your chances of suffering a heart attack or stroke" (Wakefield et al., 2010). However, maintaining and improving one's well-being is another powerful motivation that often leads people to change their eating habits (Block et al., 2011). We therefore aimed to test the persuasiveness of messages focused on health against the persuasiveness of messages focussed on well-being, for example: "An unbalanced diet strains your metabolism and reduces your psychophysical well-being".

A message regarding the effects of nutrition on health or well-being can be also framed in several alternative ways (Brug, Ruiters, & Van Assema, 2003; Wilson, 2007). In our research, we made a distinction between *factual* messages and *prefactual* messages. In the two examples above, messages were formulated in a *factual* form, that is, they described the causal relation between an unbalanced diet and certain outcomes. However, the same messages

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can also be formulated in a *prefactual* form, presenting an hypothetical future outcome as the consequence of an hypothetical present behaviour (Sanna, 1996). Messages may therefore also be formulated in this way: “If you follow an unbalanced diet, your chances of suffering a heart attack will increase”, and “If you follow an unbalanced diet, you will strain your metabolism and reduce your psychophysical well-being”.

Research on message framing indicates that the persuasiveness of communication promoting change in attitudes and behaviours depends on whether the formulation of a message fits with recipients' *growth* versus *safety* concern in terms of self-regulation (Cesario & Higgins, 2008; Cesario, Higgins, & Scholer, 2008; Freitas & Higgins, 2002). In our research, we assumed that messages focused on well-being are connected with a growth concern, because they put an emphasis on the progressive pursuit of a good quality of life (Cesario, Corker, & Jelinek, 2013). Conversely, messages focused on health are connected with a safety concern, because they put an emphasis on the avoidance of punctual and well-defined outcomes, such as specific diseases (Lee & Aaker, 2004). We hypothesised that messages focused on well-being (and therefore inducing a growth concern) would differently affect participants' motivation, attitudes, and intentions to reduce meat consumption when framed in *prefactual* rather than in *factual* terms, while messages focused on health (and therefore inducing a safety concern) would be more persuasive when framed in *factual* rather than in *prefactual* terms.

In the following paragraphs, we first briefly review past research on the focus on health versus well-being when communicating with the elderly. Then we discuss these two nutrition-related concerns as specific instances of the two basic concerns that regulate individual behaviour (Higgins, 1997, 2000), namely the fulfilment of safety needs, on the one hand, and the fulfilment of growth needs on the other. Finally, we speculate on why *prefactual* formulation better fits with a well-being/growth concern, while *factual* formulation better fits with a safety/healthy concern.

### 1.1. Health vs. well-being in communication with the elderly

As individuals age, they are often urged to reduce or even cease their consumption of certain types of food, in order to treat diagnosed conditions (such as diabetes, hypertension, hyperlipidemia, and hypercholesterolemia; see Gariballa, 2004; Janssen, De Gucht, Dusseldorp, & Maes, 2012; Willett & Stampfer, 2013), or to prevent them (see Boeing et al., 2012 for a review). Neither nutritional advice given by personal physicians, nor public calls by authorities to adopt an appropriate dietary regime are always effective, however (Dodson et al., 2010).

The limitations of nutritional counselling delivered by primary care professionals to older patients (Ryan & Butler, 1996; Sparks & Nussbaum, 2008) include, among other practical aspects such as lack of time and resources, a lack of specific training in nutrition-related matters and in counselling techniques (Kushner, 1995). Furthermore, research on doctor-patient communication (Baltes & Wahl, 1996) highlighted physicians' tendency to focus communication on the aspects of elder patients' life that imply dependence, for example, compliance with medication or coping with disability, rather than on those characterised by autonomy and resilience, for example, physical activity, social interactions, and the preparation of daily meals. More recent research also investigated age as a moderating factor in the effectiveness of public health-promotion campaigns (Southwell, 2010). Age-related changes in cognitive functioning affect the way older adults process information (Koutstaal, 2003), including medical and nutritional guidelines.

Older individuals may therefore be less likely to understand and retain information provided by these campaigns.

In addition to cognitive factors, motivational factors may play a role. The elderly may perceive messages promoting changes in eating habits as irrelevant or not sufficiently engaging, as concerns different than health may drive their eating behaviour. Some indication in this sense comes from a study on the motivations of individuals following some form of diet to reduce their weight (Bish et al., 2005). This study, which was conducted using a representative sample of Americans, showed that the percentage of people undertaking efforts to reduce their weight was highest (80.8%) among those who had received medical advice about losing weight, but it was considerably high (40.6%) also among those who had *not* received any medical advice. Several motivations account for these spontaneous attempts to change eating habits, including a desire to improve physical fitness and psychophysical well-being (Block et al., 2011; Hayes & Ross, 1987; McCabe & Ricciardelli, 2004).

There is an increasing interest in non-health related motivations underlying the decision to change eating habits (Fleury, 1996; Fleury & Sedikides, 2007), reflecting a general shift from a strict biomedical perspective, which considers health as the mere absence of disease, to a broader, holistic perspective, which considers health and well-being as equally important components of individual welfare (McMahon & Fleury, 2012). This is the case across the whole lifecycle, including later stages of life. For example, research on the subjective experience of ageing has shown that despite the high prevalence of chronic and degenerative diseases among the elderly, maintaining a good quality of life remains an important goal even in this stage of life (Gabriel & Bowling, 2004). Therefore, it is possible that most communication advocating dietary change addresses only one concern of the elderly, that is, maintaining health, leaving another relevant one, that is, well-being, unaddressed.

### 1.2. Health and well-being as safety and growth concerns

The notions of *health* as the absence of disease and *well-being* as the presence of a positive quality of life (Amarantos, Martinez, & Dwyer, 2001) are consistent with the distinction between the two fundamental concerns of *safety* and *growth* which regulate individual behaviour, according to social psychological research (Higgins, 1997, 1998). Safety concern encompasses the fulfilment of security needs, such as maintaining satisfying life conditions, keeping one's job, and complying with social duties and obligations. Growth concern encompasses the fulfilment of nurturance needs, such as enjoying one's life, advancing one's career, or attaining one's hopes and aspirations. Past research showed that a prevailing safety concern is associated with greater sensitivity to potential loss and a preference for risk-avoidance strategies (Freitas & Higgins, 2002; Higgins, 2000). Conversely, a prevailing growth concern is associated with greater sensitivity to potential gains and a preference for proactive approach strategies.

Persuasive messages can activate growth or safety concerns in recipients (Cesario et al., 2013; Cheng, Yen, Chuang, & Chang, 2013), inducing a “*regulatory fit*” (Cesario et al., 2008; Freitas & Higgins, 2002; Higgins, 2000) between an individual's self-regulatory concern and the way a message is framed. Some research has shown that regulatory fit can be triggered not only by explicitly framing messages in terms of safety or growth, but also by more subtle aspects of message presentation, such as the body language of the person delivering the message (Cesario & Higgins, 2008). In the present research, we started from this and hypothesised that the effectiveness of messages focused on health (i.e., a safety concern) versus well-being (i.e., a growth concern) can be

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