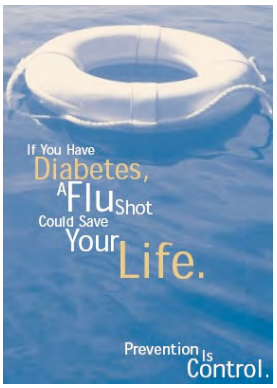
Social Influence and Interpersonal Communication

How do we persuade people to "be good?"

- Provide information
- Enhance motivation
- Enhance fear or concern
- Provide resources



It's not that simple...

- People are frequently not rational about health behaviors
- Moderating factors have a strong influence on many health promotion programs
- The simple provision of information from a credible source isn't enough
- Being a billionaire is also no guarantee...

Examples

- Self-esteem generally enhances self-protective behaviors, but...
  - Young people with low self-esteem responded to messages about STD prevention with enhanced concern - those with high self-esteem responded more defensively
- Increasing perceived threat in women with low access to mammography does not increase adherence - it only increases adherence in women who have easy access to mammography in most studies
  - So the women with high barriers are left more scared with no readily available remedy
    - Salovey, 1999

3 Aspects of health behavior persuasion

- **The source** of the message (expertise, credibility, trustworthiness, attractiveness, similarity to the recipient")
  - Social Influence Theory, Diffusion of Innovations
- **The recipient** of the message (knowledge, experience, demographic and dispositional characteristics)
  - Theory of Reasoned Action, Transtheoretical Model, Health Belief Model
- **Aspects of the message** itself
  - Communications Theories, Social Influence Theory

What's Persuasive?

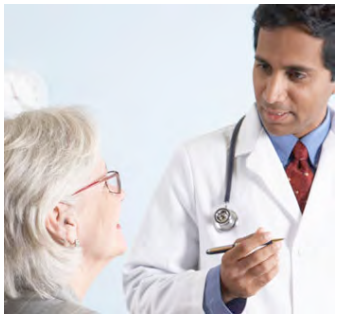
- Anecdotes rather than statistics
- Fear-arousal only works when fear-reduction methods are present in the same message
- Forceful delivery rather than quiet
- Quick delivery rather than leisurely

A fourth variable: The relationship between source and recipient - 6 rules (Cialdini, 1993)

- The power of authority
- Liking leads to influence
- Commitment, consistency, and cognitive dissonance
- Reciprocation
- Social proof
- Scarcity

Cialdini's Rules

- Authority: we defer to authorities and even more so to mere symbols of authority
- Liking: We prefer to say yes to the requests of people we know and like
- Commitment: Once we make a decision to act, we will encounter personal and interpersonal pressures to behave consistently with that decision



Cialdini's Rules

- Reciprocation: We try to repay, in kind, what another person has provided us
- Social proof: We view a behavior as correct in a given situation to the degree that we see others performing it
- Scarcity: Opportunities seem more valuable to us when they are perceived to be less available

Social Influence

- Defining feature of many types of relationships
  - Formal: professional relationships
  - Informal: family and friends

Social Influence is Goal-Oriented

- One person is striving to influence the thoughts, attitudes, emotions, and/or behaviors of another

The Importance of Social Influence

- Encourage practitioners to stay current and utilize new developments in health care
- Enhance the effectiveness of therapeutic encounters by improving the patient's "willingness to comply"
- Models of influence can be used to design interventions, programs, and environments that are conducive to behavior changes
- Concepts can be used to foster partner-assisted interventions

"Healthy Relationships"

Mutual Trust, Respect, Shared Power & Decision Making

Social Influence Theory

- Developed by Rogers, 1983
- People's evaluation of new information is influenced by the beliefs and values of their peers
- The likelihood of a new idea/practice being adopted is influenced not by the thing itself as much as:
  - How it's presented
  - Who presented the idea (authority, peer, etc.)
  - The specificity of the recommendation (targeted messaging)

Social Exchange Theory

- Kelley & Thibaut, 1978
- Costs and Rewards exchanged by partners
- Rewards: Subjective
  - Money, Information
  - Satisfaction, Positive Regard
- Rewards are exchanged by partners in a relationship & motivate continuation of the relationship

Social Exchange Theory

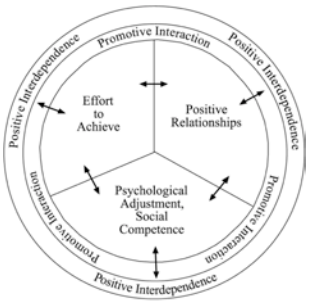
- The Norm of Reciprocity
  - For rewards and benefits to be received, they must also be returned
  - May not apply when:
    - The relationship is formal such as Dr.-Pt. - at least in old-school medical practice
    - The relationship is long-term, informal, & close
      - Family

Norm of Reciprocity

- Still applies in some formal relationships
  - These relationships are becoming more collaborative
  - When family & friends are part of a health intervention, the expectations change

Interdependence Theory

- Relationship interdependence causes greater levels of influence between partners
- This heightened influence can produce changed health behavior in the focal person



Source: Johnson and Johnson (1995)

Interdependence Theory

- Correspondence of Outcomes
  - The degree to which interacting partners agree about the shared or joint outcomes in the relationship
  - Correspondent outcomes occur when the partners cooperate - such as in goal-setting
  - Noncorrespondent outcomes occur when there's conflict in determining behavior

Correspondence of Outcomes

- Degree of Correspondence indicates degree of conflict
  - Smoker-nonsmoker couple
- Degree of Correspondence highlights values, motivations, and barriers to change
  - Discrepancies point to areas of possible intervention
- Degree of Correspondence corresponds to ease of decision making

Bases of Power in Formal Relationships

- Non-Reciprocal Types of Power
  - Resource Power
  - Legitimate Power
  - Coercive Power
  - Reward Power
- These are more useful in the short term & are generally less successful at creating lasting change

Bases of Power in Formal Relationships

- Informational Power
  - Information is provided in a clear and persuasive way
  - Countered by messages in the media, habitual behaviors and other influences
  - Necessary but not sufficient

"Now, look! It says right here on the can how good this is for you: 'Recommended by veterinarians everywhere. Beef livers appetizingly cooked in their own juices. Vitamin C added. Contains minimum daily requirement of riboflavin . . .'"

Bases of Power in Formal Relationships

- Referent Power
  - Arises from target's identification with provider
  - Generates feelings of trust & commonality
  - Viewed as the most effective source of power in formal dyadic relationships
  - Often needs to be combined with another basis of power

Building Referent Power in Formal Relationships

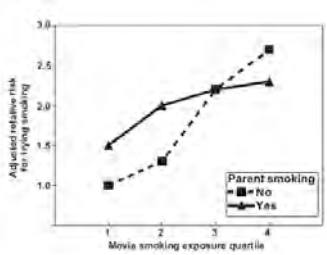
- De-emphasize differences in social status & informational power
- Empower the patient
- Professional shows empathy and respect

Building Referent Power in Formal Relationships

- Identify and build on patient's strengths
- Share power with the patient
- Engage in mutual problem solving
- Patients attribute more of their successes to themselves and less to doctor
  - Optimism!

Referent Power gone bad: Smoking in Movies

- 3 U.S. studies and one German study (Hanewinkel, 2008) found strong links between adolescents' exposure to smoking in movies and their smoking behavior
- Ironically, kids whose parents don't smoke appear to be more vulnerable to the influence of movies
- The changes in behavior relative to movie exposure were most strongly mediated by peer smoking status



Physician/Patient Relationships

- Paternalistic
  - High doctor control: Low patient control
  - Uses expert and legitimate power bases
- Consumerism
  - Low doctor control: High patient control
  - Patients dominate office visits

Physician/Patient Relationships

- Mutuality
  - High doctor and patient control
  - Referent power is used

Pap Testing in Vietnamese American Women (Taylor et al., 2004)

- Seattle study: 71% of sample had ever received a Pap Smear and only 68% in the previous 3 years
- Barriers: Knowledge and concern about pain/discomfort and sexual stigma in women who aren't married
- Doctor recommendation increased Paps by a factor of 7
  - Previous study of Filipino women found that mammography was strongly correlated with the women's "comfort with their doctor"

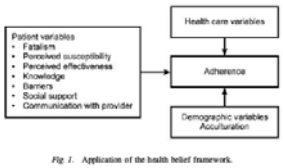


Fig. 1. Application of the health belief framework.

Patient-Centered Care

- Based on mutuality and referent power
- Related to better patient outcomes
  - Quality of Life
  - Recovery from Illness
  - Emotional Health
  - Fewer tests and referrals
  - Greater satisfaction with care