

## **“Processing Health Risk Messages”**

Adriana Samper, Mary Frances Luce, and Debu Purohit

Many models of health behavior assume a direct relationship between vulnerability to disease and health protection. However, decades of research also illustrates that maladaptive outcomes can occur if health communication increases threat levels beyond individuals' abilities to cope with these threats. I will discuss two papers from a stream of research addressing how to frame health communications such that consumers acknowledge health risks and respond appropriately. In the first paper, we address the communication technique of portraying an identifiable patient suffering from a malady. We find that identifiable patient presentation increases vulnerability and intentions for self-protective behaviors, but only when individuals can distance themselves from the victim portrayed. Under ambient stress, and presumably therefore limited resources for differentiation, identifiable presentation is less effective and may even backfire. This contributes to prior literature on the advantages of portraying identifiable victims in charitable giving appeals by showing that distancing becomes important in environments where self-threat is relevant. In the second paper, we address the impact of the health locus of control individual difference variable on behavioral intentions to protect oneself against contagious diseases. We find that, consistent with prior findings, internal health locus of control increases behavioral intentions but only when self-risk is focal. When others are focal, there is presumably a mismatch between health locus of control and the role of others in creating disease threat and we find that internal health locus of control is associated with lowered behavioral intentions. This is, to our knowledge, the first demonstration of lowered (versus increased or flat) behavioral intentions for health internals.