The Nature of Persuasive Communication

The relevance of persuasive communication … lies ultimately in its proposed effect: change in an individual's attitudes toward specific behaviors (Simons, 1976; Smith, 1982). While there is not consensus on a definition of attitude, there is agreement that attitudes are composed of evaluations of people, events, products, policies, institutions, or behaviors (Ajzen & Fishbein, 1980; Audi, 1974; Bagozzi, 1978; Bagozzi, Tybout, Craig, & Sternthal, 1979; Breckler, 1984; Lalljee, Brown, & Ginsburg, 1984; Maze, 1973; O'Keefe, 1990). There is also agreement that attitudes are learned, relatively enduring mental states that can exert a strong influence on behavior (O'Keefe, 1990). Adoption of an attitude will not ensure that an individual will enact a specific behavior; rather, attitudes are thought to predispose individuals to choose certain actions over others (Ajzen & Fishbein, 1980; O'Keefe, 1990). Because attitudes are thought to play a major role in shaping and predicting behavior (Ajzen & Fishbein, 1980; O'Keefe, 1990), and because these mental states are thought to be resilient (Kelman, 1961; Smith, 1982), persuasive communications are considered capable of providing individuals with internal cues to engage in [specific] behaviors (O'Keefe, 1990).

The key to the proposed effectiveness of persuasion as a form of social influence lies in its ability to effect the internalization of specific attitudes (O'Keefe, 1990; Smith, 1982). In writing about the nature and impacts of different forms of social influence, Kelman (1961) defined internalization as the private acceptance of external influence such that individuals perceive the influence as compatible with their preexisting attitudes. These preexisting attitudes play a determining role in how people respond to … communications and other forms of social influence. Kelman argued that, over time, internalized attitudes cue behaviors in the absence of external influence, obviating a continued need for external pressures and prompts (Kelman, 1961). Thus, persuasion can effect enduring change in individuals' attitudes, and consequently it has the capacity to effect behavior change.

The social influence literature distinguishes between persuasive and coercive forms of influence. Coercive forms of social influence can effect behavior change more directly and immediately than persuasive forms, which emphasize internalization (Kelman, 1961; Smith, 1982). However, persuasion has distinct practical advantages over coercion that extend beyond its ethical advantages. According to Kelman (1961), coercion is a less powerful form of social influence in the long term because it relies on the presence of an authority figure to activate and reinforce behavior. Suppose, for example, that an employee who smokes decided to quit smoking at work because she believed that failure to comply with workplace anti-smoking policies would have negative repercussions. In this example, smoking cessation is situation specific and contingent on the employee's concern about detection by superiors or coworkers. However, since the decision not to smoke was driven by a context-specific perceived need to comply rather than by a deeper internal evaluation that smoking is unhealthy and undesirable, the employee could continue to smoke in other contexts (Kelman, 1961; Smith, 1982). In this case, a persuasive intervention aimed at encouraging individuals to adopt and internalize attitudes that would undermine smoking behavior might prove more fruitful.

For a … communication to be persuasive, it must be both transactional and response dependent. Communication is transactional when it allows for give and take between persuader and persuadee and allows both parties to bring something to the exchange (Smith, 1982). Thus, to be persuasive, a communication must (a) motivate the receiver to actively attend to messages and perceive and interpret their content, (b) include iterative and transactional solicitation of feedback from audience members, and (c) activate elaboration of message arguments and counterarguments to encourage individuals to move through the process of attitude change (McGuire, 1978, 1989; O'Keefe, 1990; Smith, 1982). The persuasive process requires that individuals "tune in" to a message, attend to its content, comprehend its arguments, agree with what they hear, yield to the advocated positions, and retrieve the adopted attitudes for future applications to decision making and action (McGuire, 1978, 1989). As Smith (1982, p. 5) notes, "with each exchange of messages, the participants grow and change . . . thus, from a transactional point of view, the process of persuasion is characterized by a spiral of changing feelings and beliefs on the part of each communicator."

A second and related dimension of persuasive communication is its response dependence. Because attention to, adoption of, and elaboration of a specific message depend on the participation of the receiver of a persuasive communication, persuasion must be viewed as a receiver-driven process that is dependent on a series of responses from the persuadee (Simons, 1976; Smith, 1982). To take this argument to its logical conclusion, "we do not persuade others at all; we only provide the stimuli with which they can persuade themselves" (Simons, 1971, p. 232). Therefore, a communicator can send persuasive messages without the intent to persuade and can fail to persuade when the intention is present. The recipient of a persuasive message is always free to participate or not participate in the process of persuasion. However, messages perceived as relevant to or congruent with existing attitudes or needs are more likely to facilitate personal involvement in the persuasion process (O'Keefe, 1990; Simons, 1976; Smith, 1982).

Interpersonal Versus Mass Communication

That persuasion is a transactional, response-dependent process explains why previous research generally has found that mass media channels are not well suited for persuasive interventions (Backer et al., 1992; McQuail, 1987; Rogers, 1983). Most mass media channels are severely limited in their ability to provide transactional, response-dependent communication (McQuail, 1987). At best, traditional mass media channels can provide receivers with delayed feedback, usually in the form of modifications in message content and source characteristics to meet population-level market demands (McQuail, 1987; Smith, 1982). Audience members therefore have little opportunity to participate in a transactional process in which receiver-driven message clarification and elaboration occur. Even if a mass-mediated communication does appeal to an individual's attitudes, the lengthy lag time between message receipt, market-based feedback, new message construction, and dissemination allows for deterioration in prior message relevance and recall and can result in a relapse through prior stages in the persuasive process (Smith, 1982).

In contrast to mass-mediated channels, interpersonal channels provide rapid and continuous feedback and are therefore more capable of providing transactional, response- dependent communication, thereby effecting persuasion (Backer et al., 1992; McQuail, 1987; Rogers & Storey, 1987). During interpersonal communication, the communicator can ensure receiver comprehension by asking questions and observing where understanding is faulty (Leventhal, 1973; Smith, 1982). In addition, the communicator can probe to discover sources of resistance to change, emphasize that someone like the receiver shares salient beliefs, modify message delivery to ensure that the receiver attends to the message, provide rewards for agreement, and facilitate constructive interaction between the message source and receiver (Leventhal, 1973).

The health belief model holds that health behaviors are mediated by the perceived threat of a health outcome, the expected threat reduction caused by action, and the perceived bene ts and barriers to taking action (Becker, 1974; Glanz & Rimer, 1995; Hochbaum, 1958). By providing health messages that are specific to individuals' perceived benefits and barriers, researchers have used the health belief model to promote healthier behaviors (Skinner, Strecher, & Hospers, 1994). This process of delivering messages to individuals that are based on their personal attributes is called mes- sage "tailoring" (Skinner et al., 1994). By electronically soliciting information on individuals' perceived benefits and barriers to behavior change and by delivering immediate tailored messages aimed at modifying these expectancies, the health belief model can be applied to design tailored Internet-based interventions.

Prochaska and DiClemente's stages of change model and Bandura's social cognitive theory could also be applied to Internet-based behavior change programs. The stages of change model focuses on behavior change as a process rather than an event and proposes that individuals at different stages of this process may need different messages that are spe-cific to their situation (Glanz & Rimer, 1995; Prochaska & DiClemente, 1992). Researchers have demonstrated the effectiveness of applying the stages of change model to develop tailored interventions aimed at smoking cessation and other health-related behaviors (Glanz & Rimer, 1995).

Social cognitive theory posits that behavior influences, and is influenced by, constant interactions with personal and environmental conditions (Bandura, 1978, 1986; Perry, Baranowski, & Parcel, 1990). These interactions help to shape individuals' expectancies regarding the performance of behaviors, and Bandura has noted that when individuals lack confidence in their ability to perform certain behaviors (when they lack self-efficacy) or have adverse expectations of the outcomes of these behaviors, they are less likely to engage in such behaviors (Bandura, 1978, 1986; Perry et al., 1990). However, by approaching behavior change in small steps, modeling positive outcomes of new behavior with credible role models, and demonstrating the similarities between new behavior and previously mastered behaviors, health educators have been able to apply social cognitive theory to motivate individuals to pursue healthier activities (Perry et al., 1990). What is required is an understanding of each individual's attitudes regarding the behavior and the creation of messages that target these attitudes (Perry et al., 1990). The Internet's interactive capabilities render the channel well suited to this type of transaction, and the World Wide Web can be used to provide individuals with many of the components social cognitive theory suggests are essential for behavior change. Visual and audible cues can be used to provide individuals with knowledge, model necessary skills, modify limiting expectancies, and increase self-ef cacy through appropriate reinforcement and support (Perry et al., 1990).

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