

This is the unedited version of the Media Bites column which appeared in *Australian Doctor* in January 2000. The published version may have had minor changes.

Media Bites: GOOD NEWS ABOUT FEAR, GUILT AND SHAME

Late last year, an exclusive story in *The Australian Woman's Weekly* revealed that outback heroine Sara Henderson has breast cancer, detected by a screening mammogram.

In some ways, this could be seen as good news for the national breast cancer screening program, in that it has done what it is designed to do. But the development has raised rather awkward questions for the program, which Henderson has promoted for the last four years.

Some public health types are concerned that Henderson's continued involvement in the recruitment campaign could have a negative impact. The campaign to date has deliberately avoided using scare tactics to recruit women, preferring a more positive approach which empowers women to become involved.

The program is undertaking some market research to determine women's reaction to Henderson's diagnosis. It's an important issue for the campaign considering that it is still well short of the target recruitment rates needed if the program is to achieve the mortality reductions shown during trials of screening.

It's also important given that the program has failed, in one sense at least, to ensure women are well informed, with some research showing that only one per cent of women surveyed could correctly state that screening is for asymptomatic women.

Fear, guilt, and shame are such powerful emotions. Debate about Henderson's continuing involvement in the campaign partly reflects ongoing controversy over whether such "negatives" are effective motivators in health campaigns.

Professor Rob Donovan, director of the recently established Centre for Behavioural Research in Cancer Control at Curtin University, is a psychologist who has spent most of his career researching advertising strategies. He is a strong advocate of the careful use of "negative"

tactics, and helped design an award-winning mass media campaign in WA, which used shame and guilt tactics to encourage the perpetrators of domestic violence to seek help.

The ads depict children tossing and turning in their beds as they overhear domestic violence, with a voiceover saying that “these children are not having a nightmare, they’re living one.”

“All the evidence supports the use of fear in public health campaigns provided that the response that you’re recommending is seen to be effective in reducing the threat,” Donovan told a recent health promotion conference at the University of Sydney, titled Mass Media, New Technology and Health Promotion.

As well, the fear or shock value must be made relevant to the public health message. Donovan described a Victorian road safety advertisement in which a woman learns that her husband is dead when she recognises his vehicle in a TV news report about a fatal accident caused by speeding. The shock impact of this ad is largely wasted, argues Donovan.

“His death could have been due to a shark attack, or helicopter crash. The fact that it’s a car accident gets lost...you don’t link the horror to speeding as much as you should.”

Donovan also showed a fire prevention ad, in which a family was tied to a tree and screaming as fire was about to consume them. In this case, the scare tactics distracted viewers from the message.

No matter how effectively scare tactics are used, however, it’s getting tougher to get messages across to a campaign-overloaded public, says Donovan. “As the amount of commercial advertising is going up, the number of ads that people recall is going down.”

Scare tactics can also be useful for GPs trying to persuade patients to stop smoking, eat less fat or take up exercise, Donovan says. But as well as giving the negative message - that if you don’t stop smoking, you could end up with lung cancer - people also need to be told how to reduce their risk, and given positive reinforcement that they can do this.

However, Donovan says scare tactics are less likely to work for patients with low self esteem, and may just make them feel more helpless. GPs, unlike mass media campaigns, are fortunate that they can target their message to the individual.