

## Fear appeals and treatment side-effects: An effective combination for HIV prevention?

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### Abstract

Recent rises in the incidence of HIV infections among gay men in Australia have produced widespread discussion about appropriate health promotion responses. This has sometimes included calls for a return to fear-based campaigns, exemplified by the Grim Reaper advertisements in HIV. This paper discusses results from four focus groups that tested mock campaign material based on an appeal to fear. Five different poster images were tested among groups distinguished by age and HIV serostatus. Three posters used side-effects from treatments as the fear trigger and two used death from AIDS. A number of themes arose in response to the material including 'othering', shame and scepticism about HIV treatments. The meanings of these themes are explored in the light of current health-promotion theory. This data demonstrates that fear is an ineffective tool for HIV health promotion. It further demonstrates that feelings of shame and stigma are likely to be exacerbated in gay men, leading to poorer health outcomes in various ways.

### Introduction

The HIV prevention campaign 'The Grim Reaper' has symbolically marked the Australian response to HIV since it first appeared on televisions in 1987. It screened for only three weeks. The advertisement, similar to one appearing later in the UK, depicted 'reapers' in a foggy bowling alley striking down 'ordinary' Australians with bowling balls. The impact of this campaign was significant and to this day it remains the most remembered piece of AIDS media in Australia. Despite its impact, this style of health promotion (fear-based appeals) did not continue in HIV prevention.

Recently however, in the context of increased HIV notifications among gay men, debate has occurred among some healthcare providers, health bureaucrats, political advisors and media commentators as to whether a fear-based appeal would be the best response. These discussions have revealed a belief among some that gay men have become complacent about HIV and that creating a sense of fear about the persistent dangers of HIV or the side-effects of ART (anti-retroviral therapy) would be an effective intervention in unsafe sexual practices.

Research on the effects of fear appeals in relation to health has largely been undertaken by

psychologists in laboratory settings, often on university students, a significant methodological limitation (Hastings et al., 2004). Despite a significant amount of this research being conducted since the 1950s, it remains unclear whether fear appeals necessarily lead to protective action and, if so, how. Some researchers have argued that fear leads to changed behaviour by commanding attention and benefiting memory (Dahl et al., 2003). Other research cautions that, while this may be the case up to a certain point, negative outcomes can result if the fear is too severe (Hovland et al., 1953; Ross et al., 1990; Soames Job, 1988). Rogers (1983) specified that fear appeals may lead to protective health behaviours if the health threat is present, there is a perceived susceptibility to the threat and recommendations to avoid the threat are perceived to be efficacious and achievable. Other research has sought to specify the mechanisms by which fear becomes ineffective at a particular point. These include: attention avoidance, blunting, suppression and counter-argumentation (Blumberg, 2000); the selective processing of information consistent with beliefs and attitudes (Ditto & Lopez, 1992; Lord et al., 1979; Pyszczynski & Greenberg, 1987; Pyszczynski et al., 1985); and the minimisation or exclusion of the health threat, particularly among

those most vulnerable to it (Ditto & Lopez, 1992; Jemmott et al., 1986; Kruglanski & Webster, 1996; Kunda, 1990; Levanthal & Watts, 1966; Liberman & Chaiken, 1992). Specifically, fear appeals designed to change behaviours in 'unconverted' or unconvinced populations may result in a process of motivated reasoning that discounts the expertise of the source, the information contained in the message and the relevance of the message (Keller, 1999; Kunda, 1990; Ruiter et al., 2001). These three elements have the compound effect of distancing individuals from narratives of fear in social marketing. Displacing the target audience in this way reinforces powerlessness and undermines self-efficacy in relation to harm avoidance measures.

The effects of the Grim Reaper campaign have been explored by researchers in Australia (Ross et al., 1990). Rigby et al. (1989) examined the effect on people in the state of South Australia in the six months preceding and five months following the campaign. The authors found that this fear inducing technique did not increase knowledge about AIDS. However, they do conclude that fear arousal may affect attitude change and therefore future health messages may usefully engage fear arousal for attitudinal rather than cognitive change.

The present study aims to update knowledge about the effects of fear appeals in the context of the contemporary HIV epidemic, giving particular attention to the side-effects of ART. The focus was to examine the effects of HIV fear appeals on gay men. In this context, our objectives were to: explore differences in effects between HIV-positive and HIV-negative gay men, study the processes by which gay men came to interpret and respond to HIV fear appeals and suggest likely effects of these fear appeals on their subsequent beliefs and behaviours. While the study looked at side-effects and death as sources of fear, this paper focuses on side-effects. We were not primarily interested in the relationship between the fear-based materials presented and individual responses; rather, we were concerned with the ways in which participants made sense of the material through the social interaction that occurred in the context of focus groups. In examining the sociocultural effects of fear appeals, we aim to comment on the political and ethical dimensions of such campaigns, thus questioning whether the means of health promotion always justify the ends.

## Methods

Five posters using fear appeals were developed by the researchers. The first three borrowed images, with altered text, from a 2002 campaign by the San Francisco Stop AIDS Project. These rely on the

depiction of side-effects from anti-retroviral drugs, namely lipoatrophy, diarrhoea and lipodystrophy, in order to create the fear appeal. Consistent with some of the health promotion theory discussed above, which states that for fear appeals to be effective they must also contain advice about how to avoid the adverse event, we included the statement that 'avoiding HIV is simple – use condoms' (Figures 1–3). Posters four and five relied on references to death for their fear appeal. These are not discussed here.

The sample consisted of 27 men recruited through advertisements in gay community press and paid \$50. Men were selected into one of four focus groups depending on their age and HIV serostatus. While fear appeals may be primarily aimed at prevention among HIV-negative men, their intended audience, we reasoned that HIV-positive men constituted the subject of the messages and another audience. We chose to make age a sampling issue for two reasons: (1) to explore the popular myth that young gay men are high risk takers and thus need a fear-based campaign<sup>1</sup> and (2) to explore potential differences between men who had some experience of HIV prior to the availability of ART and those whose experience was in the context of ART. We thus divided men older than 30 from those younger. The four groups, which will subsequently be referred to by the code in brackets, were: HIV-negative men under 30 (<30 –), HIV-positive men under 30 (<30 +), HIV-negative men over 30 (>30 –) and HIV-positive men over 30 (>30 +).

These focus groups occurred in the context of increased HIV notifications in Victoria over three years. The moderator acknowledged this and explained that the purpose of the groups was to explore new strategies for HIV prevention. The moderator began by asking participants to recall and describe the most recent HIV prevention campaign, the posters were then projected onto a wall one at a time. Participants were asked for their immediate reaction to the posters. The groups were then asked to discuss what they thought the message of each poster was, who the intended audience was, how the poster worked to get its message across and whether they thought it was asking them to do anything.

Each group meeting lasted approximately one hour. Groups were tape-recorded and transcribed. Analysis used a data-driven, inductive approach to identify themes relevant to the research aims. This meant that transcripts were read closely several times and detailed notes kept about salient themes or issues. These were then compared across participants and groups. There was a constant process of checking codes against emergent themes



Treatments for HIV made me lose face - literally.  
Avoiding HIV is simple – use condoms.

There's nothing positive about HIV.

 victorian aids council / gay men's health centre

Figure 1.

and refining (Boyatzis, 1998). We acknowledge that focus groups tend to concentrate meaning more than would likely be the case in everyday life. Focus groups are a good method for teasing out

implicit meanings and exploring multiple perspectives and processes. This allows us to theorise how social processes are likely to work in everyday life with regard to the material discussed.



Managing HIV treatments can be really shitty.  
Avoiding HIV is simple – use condoms.

There's nothing positive about HIV.

Figure 2.



Taking HIV treatments can be one big fat problem.  
Avoiding HIV is simple – use condoms.

There's nothing positive about HIV.

Figure 3.

## Results

The most common response to the moderator's first question was, surprisingly, the Grim Reaper. Men under 30 were children when it appeared and, regardless of whether they saw it at the time, testified to the ongoing cultural salience of the campaign.

Analysis of group discussions about the five posters has revealed three overarching themes. These themes arose across all the groups; however, their particular responses and the ways in which the themes were framed varied. These themes were: 'othering', 'treatments' and 'shame'.

### *Othering*

This theme describes a process whereby group participants sought to deflect the messages of the posters away from themselves, declaring that they were not the audience, some 'other' group was. Among the two groups of men over 30, young gay men were deemed the appropriate audience for the messages. The <30 – group singled out peers who use drugs, go to gay venues or 'just don't care'. Othering also took the form of a strong distinction between HIV-positive and HIV-negative men: the so-called sero-divide. The following statement turns the idea of the audience around entirely to include HIV-positive:

'Yeah, but they're out there, there's quite a few actually. And, being able to look at this will make them think about what they're doing, if they're out there having unsafe sex, 'cause there are guys out there who are positive and who still don't care.' (<30 –)

HIV-positive men who have unsafe sex are produced as the audience and 'the other' by placing them 'out there'. Othering worked very differently for the <30+ group. They strongly identified with the subjects in the posters. They saw themselves being used as the message:

'I always feel very attacked by them, so I never pay any notice 'cause they piss me off having those three letters in front of you all the time, it's like "yep, thanks for reminding me".' (< 30+)

### *Treatments*

HIV-negative participants knew very little about ART or its side-effects, thus the posters met with incomprehension in these two groups:

'To get treatment, he had to obviously tell the truth, he had to reveal himself in a really personal

way and so that made him kind of lose face in a way, I think.' (<30 –, Figure 1)

'Well I think if it was trying to say it was a big major, you know, fat bulky problem, they would've used a really huge person there, but they haven't, have they? Really, they've just used somebody with a beer gut by the looks of it. So I'm not really sure how it relates.' (>30 –, Figure 3)

Doubt was expressed among HIV-negative participants about the efficacy and tolerability of ART:

'It's ramming it home that regardless of whether there's treatments, the treatments aren't good. They're not going to make you feel better. I'm not going to risk getting it just so I can go on medication even if it is available.' (<30 –)

The >30+ group understood the ads well, knew more about ART and were very negative about it; indeed many were taking it. Several thought the posters did not go far enough in depicting the difficulties of ART:

R: 'I believe the only way we're gonna be successful is putting the fear of God into people (mmm) and that is really about saying being positive is not a simple little process.'

I: 'Is managing HIV treatments for everybody in this room 'really shitty' as the poster says?'

R: (Several voices) 'No. No. No. It has been, but it's not anymore.' (> 30+)

Two different realities are revealed here. First, a discursive orthodoxy that claims ART is difficult to endure is supported and second, participants' experiences with ART are revealed as reasonably unproblematic. The capacity to hold these contradictory views begins to show how fear appeals may be simultaneously attractive and irrelevant to their audiences.

The <30+ group was very sceptical about ART and all but one participant had not previously used it. These participants insisted that they would either never take it or would do so only if they became very ill. The following exchange reveals a troubling set of beliefs:

R: 'I've had no problems for three years, you know, but the doctors will still try and shove the treatments down your throat. I mean there's natural ways of dealing with it.'

R: 'I mean the treatments make that happen, not the HIV. I mean it's the treatments half the time that are fucking up people's bodies.'

R: 'They give you AIDS.'

R: 'Yeah!'

R: 'They give you AIDS. I've had friends that stopped taking their treatments, now they have a face and now they're having sex and feeling beautiful and actually looking really good.'  
( <30+ )

It may be that fear appeals strengthen beliefs among HIV-positive men that ART is toxic, difficult to take and ineffective, regardless of their actual experiences with the drugs. Indeed HIV-negative men may not understand the messages of such fear appeals and, if they do, may struggle to understand their relevance.

### *Shame*

Shame is a theme that arose across all the groups but it took different forms in each. A common thread, however, was shame centred on sex and sexuality. HIV was thus regarded, at times, as a consequence of shameful sexuality:

'There's also that stigma that you're a complete whore, it's the reason why I won't tell many people. It's degrading for me. I'm happy with being HIV but the only degrading thing is that people view me as being promiscuous, because that defeats everything about my personality.' ( <30+ )

The other members of the <30+ group were also keen to stress that they had become infected with HIV in the context of relationships, rather than as a result of 'promiscuity'. The >30+ group raised concerns that the posters might disseminate information about treatment side-effects that might allow gay men more generally to identify them as HIV-positive:

R: 'I literally hate it, my face there's nothing I can do about my face. It's a face that if you're walking down the road you put your head down because everybody else looks at you. I couldn't give a shit about the rest of the body, because I can hide that. I can't hide this.'

I: 'Do you think people recognise you as being HIV-positive?'

R: 'Yes they do. You know, you see gay people out there, they read the gay press, they look at the ads and everything else, of course they're going to know someone who's walking down the street whose face is caved in.' ( >30+ )

These results are a sobering reminder that HIV and gay sexuality continue to be associated with shame. Fear appeals that play on this sense of shame are likely to exacerbate such feelings in individuals and

encourage the process of 'othering' as viewers attempt to deflect the messages away from themselves and to constitute other groups as the audience.

### **Discussion**

These findings suggest a number of conclusions about the likely effects of fear appeals that use the side-effects of ART in the context of the contemporary HIV epidemic.

Although some of the early literature on fear appeals suggests they may be effective in commanding attention, but only to a point, we found there was a difference between attention understood as affect and attention understood as perceived relevance. Our data support the view that the audience will actively discount or distance itself from messages that are not perceived to be immediately relevant. Lipodystrophy is a long term side-effect of ART that was not at all relevant to the participants in the HIV-negative groups. It was very relevant to the HIV-positive participants. The >30+ participants became fearful of being recognised as suffering from lipodystrophy and the <30+ participants became fearful of developing it. This outcome replicates Sherr's (1990) finding that fear in HIV prevention increases anxiety among low risk groups, in this case HIV-positive men, and has little impact on (potentially) higher risk groups, in this case HIV-negative men.

Our findings further revealed the mechanism by which the relevance of fear-based messages was discounted. This was what we called 'othering' and was closely linked to shame about sexuality and HIV. Not only did the HIV-negative groups discount the relevance of the messages to themselves but they actively sought to identify alternative audiences. This process was judgmental and shaming in its effect, pointing to young gay men in particular who were out on the scene, had casual sex or used recreational drugs.

A second troubling effect of these fear appeals was, in some instances, to fuel scepticism and hostility among HIV-positive participants towards ART. By offering support to such attitudes, messages such as these run the risk of helping to increase morbidity among HIV-positive people and helping to increase the communal pool of virus if these HIV-positive people elect not to use ART. This latter outcome could conceivably affect HIV incidence. Other potential outcomes of such a campaign are increases in stigma, discrimination and marginalisation among HIV-positive individuals.

In some forums, particularly in Victoria, where the recent increases in HIV notifications were first documented in 2000, it has been suggested that a reluctance to scare people about antiretroviral

therapy is based on squeamishness about upsetting the sensibilities of people living with HIV/AIDS. Such views betray some of the exasperation and emotion that has characterised much discussion about what might constitute an effective response.

Our cautioning against the use of a fear-based campaign is both ethical and pragmatic. It rejects the use of HIV-positive people or HIV medications as instruments of fear and is supported by evidence that shows a fear-based campaign will not work to reduce HIV transmission and could, conceivably, work to increase it.

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### Note

- 1 The median age of HIV diagnosis among men in Australia in 2004 was 37 years. (NCHECR, 2005).

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