Let's talk about alcohol: The role of interpersonal communication and health campaigns

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Chapter 6

General discussion
In this dissertation, it is proposed that the small and inconsistent effects of health campaigns can be better understood if interpersonal communication processes are taken into account. The main goal of this dissertation is therefore to investigate how health campaigns, interpersonal communication, and the interplay between the two factors influence health determinants. The studies are conducted in the context of alcohol consumption and binge drinking, prevalent health problems associated with adverse individual and societal consequences.

Findings and suggestions for future research

Figure 6.1 demonstrates the contributions of the findings of this dissertation to existing literature. In the next section, four themes are reviewed. First, the topic of conversational occurrence (i.e., whether people talk) is discussed. Second, the consequences and predictors of conversational valence (i.e., how negatively or positively people talk) are described. Third, the role of self-perception in conversational valence effects is discussed. Fourth, the context of this dissertation is considered. Each theme starts with a description of how the findings of this dissertation add to previous research and continues with directions for future research.

Health campaigns and conversational occurrence

Although some evidence exists that health campaign effects can be moderated by conversational occurrence (Dunlop et al., 2010; Southwell, 2005), the other way around (i.e., health campaign exposure as a moderator of conversational occurrence effects) has not yet been explored. This dissertation experimentally disentangles the moderating effects of conversational occurrence and health campaign exposure on predictors of health behaviors. Talking about alcohol is shown to increase binge drinking intentions in the absence of an anti-alcohol message, but this effect disappears when an anti-alcohol message is viewed beforehand. Thereby, this dissertation is the first to reveal that health campaign exposure can moderate the influence of conversational occurrence (see arrow 1 in Figure 6.1), providing a more integrative understanding of the interplay between the two variables. Interestingly, in contrast to previous findings (Dunlop et al., 2010; Southwell, 2005), this dissertation reveals no moderating influence of conversational occurrence for the effects of health campaign exposure, thereby shedding new light on the interaction between conversational occurrence and health campaign exposure. However, this discrepancy between the current
Figure 6.1. What does this dissertation (black double lines) add to previous research (grey single lines)?
research and previous studies may also be due to differences in research designs; therefore, it is necessary to investigate whether our findings can be replicated in future studies. Further research is needed to address the circumstances under which health messages influence discussion effects and when conversational occurrence moderates health campaign effects.

In line with Real and Rimal (2007), this dissertation shows that talking about alcohol increases intentions to binge drink. Because conversational occurrence was experimentally manipulated in this dissertation, it is argued that conversational occurrence causally preceded changes in binge drinking intentions. However, it is conceivable that in real-life settings, behavioral determinants also influence whether people discuss health topics. For instance, David et al. (2006) have suggested that persons who are at a higher risk of using marijuana talk about the topic more frequently than others. Thus, it is possible that a feedback loop exists between conversational occurrence and behavioral determinants. Conversational occurrence can influence determinants of health behaviors and, in turn, these determinants of health behaviors can influence whether people talk about the issue. Further investigation of such feedback loops or spiraling effects can shed light on how the relationship between conversational occurrence and health determinants develops over time.

**Health campaigns and conversational valence**

**Consequences of conversational valence.** Although it has been argued that conversational content, in addition to conversational occurrence, should be further explored (Southwell & Yzer, 2007), the concept of conversational valence remains relatively understudied (for exceptions, see Dunlop et al., 2010; Frank et al., 2012; Van den Putte et al., 2010). This dissertation addresses this gap in the context of alcohol abuse and binge drinking. It is especially relevant to examine the influence of conversational valence within this health context because alcohol abuse and binge drinking represent recurring conversation topics (Dorsey et al., 1999). This dissertation is the first to reveal that conversational valence has a profound impact on a wide range of binge drinking determinants (see arrow 2 in Figure 6.1). A negative (positive) conversational valence elicits more negative (positive) binge drinking attitudes, subjective norms, perceived behavioral control, and intentions. Importantly, it is also shown that a negative (positive) conversational valence decreases (increases) subsequent binge drinking behaviors. Thereby, this dissertation suggests that conversational valence is important for the prediction and prevention of binge drinking behaviors in particular, and unhealthy
behaviors in general, and reflects an important tool for facilitating behavioral change.

Discussing a health topic in a negative or positive way can influence predictors of health behaviors. However, in line with the possible feedback loop between conversational occurrence and behavioral determinants (described in the previous section), a feedback loop can also exist between conversational valence and determinants of health behaviors. The results described in this dissertation show that conversational valence influences subsequent binge drinking determinants while controlling for these determinants at baseline. Therefore, this dissertation shows that discussing the topic of alcohol consumption negatively or positively induces changes in binge drinking determinants. However, in real-life settings, it is also possible that determinants of health behaviors influence how positively or negatively people discuss health topics. For instance, David et al. (2006) showed that persons at a high risk of using marijuana talk more in favor of drug use than those at a low risk. Thus, both conversational valence and conversational occurrence can influence the determinants of health behaviors, and these determinants of health behaviors can influence whether and how positively people talk about the issue. Future studies should further explore these spiraling effects.

In this dissertation, the differences between conversational occurrence and conversational valence are emphasized, and the effects of the concepts are examined separately. However, this approach does not imply that the concepts are independent of each other. It is possible that conversational valence influences conversational occurrence and that conversational occurrence affects conversational valence. In line with research showing that the repeated expression of attitudes increases attitude strength and polarization (Downing et al., 1992; Powell & Fazio, 1984), frequently discussing a health topic can result in discussions that are increasingly polarized (i.e., in the direction of the initial conversational valence). Vice versa, some evidence exists that when adolescents talk positively about cannabis use, they also discuss the topic more frequently than when adolescents talk negatively about cannabis (Van den Putte et al., 2010). This interrelation between conversational valence and conversational occurrence should be investigated in more detail.

This dissertation shows that conversational valence is an important predictor of health determinants. In addition, other aspects of conversational content may influence health determinants as well. First, emotions shared during discussions can influence the discussion’s impact. Rimé, Finkenauer, Luminet, Zech, and Philippot (1998), for example, showed that talking about emotional experiences resulted in increased discussion effects. It is possible that emotional
health messages result in differences in emotional sharing during subsequent conversations, which, in turn, influence the effects of interpersonal talk about health topics on health determinants. More research is needed to investigate the influence of emotional sharing during health conversations. Second, the degree to which people within a conversation agree with each other is a content characteristic that may be relevant for discussion effects as well. On the one hand, research on latitudes of acceptance and rejection (Hovland, Harvey, & Sherif, 1957) shows that a person can be convinced if another person’s opinion is somewhat similar to that person's own viewpoint (i.e., acceptance). However, if a person's viewpoint is too different from another person’s attitudes, opinion change is unlikely to occur (i.e., rejection). Thus, discussion partners potentially have a stronger influence on each other, resulting in stronger discussion effects, when they express viewpoints that are not significantly different from each other. On the other hand, studies show that disagreement in conversations is beneficial for information processing and elaboration (Price, Cappella, & Nir, 2002), potentially resulting in stronger interpersonal communication effects. It is possible that some disagreement is beneficial for discussion effects, whereas too much disagreement results in weaker conversation effects. Future research should address how disagreement during health conversations affects discussion effects on health determinants.

**Predictors of conversational valence.** Given the importance of conversational valence for health determinants, this dissertation explores whether health messages can influence conversational valence. It is shown that anti-alcohol campaign exposure induces a negative conversational valence about alcohol (see arrow 3 in Figure 6.1) and subsequently lowers binge drinking intentions, revealing an indirect effect of anti-alcohol message exposure on binge drinking intentions via conversational valence about alcohol. This result has important implications. Health campaigns can influence how negatively or positively people talk about a health topic and can subsequently influence health determinants. When a health message prompts negative conversations about unhealthy behaviors, this elicits desirable persuasion outcomes. Thus, conversational valence functions as an intervening variable within the relationship between health message exposure and health determinants. Not only does this finding show the importance of considering interpersonal communication processes when examining health campaign effects, it also demonstrates the general importance of investigating the indirect effects of health campaigns when evaluating campaign effectiveness. This finding is in line with previous research emphasizing the existence of alternative routes for media effects and stressing that the indirect effects of media messages should be further
explored (Hayes, 2009; Southwell & Yzer, 2007; Yanovitzky & Stryker, 2001). Health campaign effects have been shown to be quite small or even non-existent (Hornik et al., 2008; Noar, 2006) when end-term persuasion outcomes are measured. By also measuring relevant intervening variables, such as conversational valence, additional and more subtle health campaign effects can be revealed.

Thus, exposure to a health message can influence conversational valence. However, health messages can differ in the persuasive strategies they employ, such as the emotions that are targeted. Although previous research has shown that message-induced emotions can influence conversational occurrence (i.e., the emotions of fear, disgust, and amusement can trigger discussions; Brennan et al., 2010; Peters et al., 2009), no studies have investigated whether such emotions also influence conversational valence. This dissertation investigates whether emotions induced by health messages can predict conversational valence about health topics. It is shown that the emotion of fear, which can be elicited by exposure to a disgusting anti-alcohol appeal (see arrow 4 in Figure 6.1), evokes a negative conversational valence about alcohol (see arrow 5 in Figure 6.1) and subsequently induces negative binge drinking attitudes, subjective norms, perceived behavioral control, intentions, and behaviors. In contrast, this dissertation also reveals that the emotions of disgust and humor are unrelated to the valence of conversations. This finding implies that although multiple different emotions can influence conversational occurrence (e.g., Peters et al., 2009), fewer emotions can influence how negatively or positively persons talk about an issue. In line with Berger and Milkman (2010), who claim that arousing emotions influence interpersonal communication processes more strongly than less arousing emotions, it is possible that fear has a stronger influence on conversational valence because this emotion is more arousing than disgust (Russell & Feldman Barrett, 1999). Although humor emotions are relatively high in arousal, it is possible that negative arousing emotions are a stronger cue for talking negatively than positive arousing emotions are for talking positively. Whether arousal accounts for these different effects of specific emotions on conversational valence should be further explored.

**Self-perception of conversational valence**

Given the limited knowledge on the predictors and consequences of conversational valence, the processes through which conversational valence influences health determinants are unclear. A potential mechanism may be that the perception of one's conversation behavior induces attitudes in line with the expressed opinions (i.e., in accordance with self-perception notions; Bem, 1965;
Higgins, 1999). This dissertation explores the role of self-perception in conversational valence effects by investigating (1) whether the influence of perceived conversational valence on health determinants differs from the effects of a more objectively coded conversational valence and (2) whether the effects of conversational valence are influenced by the distinction between the self and the conversation partner.

First, this dissertation shows that perceived conversational valence is significantly related to objective conversational valence (see arrows 6 and 7 in Figure 6.1), supporting the credibility of using conversational valence measures based on self-perception (e.g., Dunlop et al., 2010). However, whereas perceived conversational valence is related to changes in health determinants, objective conversational valence is not. This finding is in line with previous research demonstrating the importance of self-perceptions of one's own behavior for subsequent attitude change (e.g., Bem, 1965; Higgins, 1999). Given that earlier studies did not specifically focus on health conversations, this dissertation adds to the existing literature by showing that the perception of the valence of a health conversation is more influential than the objectively coded valence of the health conversation. Although research has shown that a person’s perception of himself or herself expressing an opinion can result in a shift in attitudes (e.g., when the expressed opinion is counter-attitudinal; Janis & King, 1954) or in more extreme and stronger attitudes (e.g., when the expressed opinion is in line with existing attitudes; Downing et al., 1992), it seems likely that the latter occurred in this dissertation. That is, participants in this dissertation were free to speak their minds during their health discussions, increasing the likelihood that they would express their own opinions and convince themselves even more of their existing viewpoint. Nonetheless, it is important for future studies to examine the influence of self-perception for counter-attitudinal expressions within health conversations because this strategy can potentially be implemented in health promotion practices (e.g., by asking smokers during health discussions to list the negative consequences of smoking).

Second, this dissertation explores whether the distinction between the self and the conversation partner influences the effects of conversational valence. Although many studies on interpersonal communication implicitly assume that discussants are influenced by the persons with whom they converse (e.g., Katz & Lazarsfeld, 1955) and not necessarily by what they themselves say, this dissertation shows that the influence of the conversation partner may be limited. Although the conversational valence of the conversation partner is related to the conversational valence of the self (see arrows 8 and 9 in Figure 6.1), only the latter is related to intentions to behave in an (un)healthy way. Thus, although the conversation partner
does not seem entirely unimportant, the perception of how negatively or positively oneself speaks about health topics has a stronger impact on health determinants than one's perception of the other person in the conversation.

The aforementioned findings together imply that self-perception and self-persuasion processes play a relevant role in the effects of interpersonal health discussions on health determinants. Future studies on the interplay between health campaigns and interpersonal communication should therefore particularly focus on individuals' subjective perceptions of their own contributions to discussions. Moreover, given research showing that self-perception accuracy can depend on several individual and contextual factors, such as self-awareness and self-attention (Duval & Wicklund, 1972), future studies should explore whether such variables influence the effects of the perceived conversational valence of the self on health determinants.

**Context of this dissertation**

The findings of this dissertation should be interpreted in the context in which the studies were conducted. This dissertation focuses on offline face-to-face dyadic conversations because such communication activities are a large part of people's everyday lives (Baym, Zhang, & Lin, 2004; Emanuel et al., 2008; Klemmer & Snyder, 1972). Furthermore, the focus of this dissertation is on college students and binge drinking, a behavior resulting in many adverse consequences (Cherpitel, 2007). College students are a highly relevant research population because they often engage in binge drinking (Kypri et al., 2005; Wechsler et al., 1994) and frequently discuss the topic of alcohol abuse (Dorsey et al., 1999). Finally, this dissertation focuses on the effects of health campaigns (i.e., anti-alcohol messages) instead of other mass-mediated health messages (e.g., pro-alcohol advertising).

**Dyadic versus group discussions.** This dissertation investigates interpersonal communication in dyadic settings. However, discussions can take many forms, ranging from group discussions to dyadic conversations. Although much research has been conducted on the effects of communication activities in large groups versus smaller groups (e.g., Dennis, Valacich, & Nunamaker, 1990; Hackman & Vidmar, 1970), no studies have compared the effects of dyadic health conversations with the effects of (large) group health discussions on subsequent health determinants. Moreover, when examining group communication rather than dyadic conversations, other aspects come into play, such as minority and majority
influences (Latané & Wolf, 1981), conformity (Asch, 1951; 1955), and group polarization (Myers & Lamm, 1975). The comparison between dyadic and group communication and the influence of characteristics of group discussions should be explored in the context of health communication.

**Offline versus online communication.** This dissertation investigates interpersonal communication in an offline, face-to-face context. However, due to technological developments, interpersonal communication is no longer restricted to the physical environment. In fact, people generally spend a lot of time on the Internet. A large part of this time online is spent socializing with others by, for instance, using instant messaging services or social network websites such as Facebook (Baym et al., 2004). Although many studies have shown that online interpersonal communication shares the same defining qualities as offline interpersonal communication (Hardy & Scheufele, 2005; Papacharissi, 2005), important differences exist between these two ways of communicating. For instance, whereas face-to-face communication is by definition not anonymous and provides social contextual cues, such as nonverbal information, computer-mediated communication is more anonymous and lacks such cues (Siegel, Dubrovsky, Kiesler, & McGuire, 1986; Valkenburg & Peter, 2011). Because many studies on interpersonal communication and health campaigns have focused on offline conversations, more effort should be devoted to studying interpersonal communication about health topics on the Internet. Research should investigate whether the conversational valence of online discussions is also an important predictor of health behaviors, whether and the degree to which online and offline health discussions are related, why people share information about their health experiences on their social network pages (e.g., pictures of drunken events, Moreno et al., 2010), whether people “like” or comment on such health-related social media posts, and the potential effects of such online health-related contributions on actual health behaviors. The answers to these questions can provide important insights into the effects of online interpersonal communication about health topics on health behaviors.

**College students versus other populations.** To investigate whether our findings can be generalized to groups other than college students, it is necessary to test the specific findings of this dissertation with different target groups. Adolescents are a particularly important group to explore because people are relatively likely to start drinking alcohol at this age (Geels et al., 2012). Furthermore, adolescence is an important period of interpersonal peer influence.
(Steinberg & Silverberg, 1986), increasing the potential influence of interpersonal communication. Although research has shown that college students' drinking behaviors are also strongly shaped by peer influences (Borsari & Carey, 2001), college students are different from adolescents because adolescents represent a more diverse group in terms of educational background and social skills. Therefore, it is important to investigate whether the present findings can be translated to adolescents and whether alcohol-related conversations have a weaker or stronger effect on adolescents compared to college students. In sum, it is important to extend the present findings to groups other than college students, such as adolescents, and to compare different groups in terms of the relevance of conversational occurrence and conversational valence.

**Alcohol consumption versus other health behaviors.** Although this dissertation focuses on alcohol abuse and binge drinking, the implications of the present findings are not necessarily restricted to drinking behaviors. Multiple studies have demonstrated the influence of conversational occurrence for various health behaviors, such as smoking (Hafstad & Aarø, 1997; Van den Putte et al., 2011), HIV prevention (Geary et al., 2007), drug use (David et al., 2006; Southwell, 2005), and vaccination behavior (Dunlop et al., 2010). Moreover, the influence of conversational valence has been demonstrated in the context of vaccination behavior (Dunlop et al., 2010), drug use (Van den Putte et al., 2010), and condom use (Frank et al., 2012). Thus, the importance of conversational occurrence and conversational valence in the context of alcohol consumption, as shown in this dissertation, is in line with research in other health domains. Therefore, the results of this dissertation may translate to health-related behaviors other than alcohol intake. However, it is also possible that different results may be found with different health behaviors. For example, although the topic of alcohol abuse and binge drinking is often discussed among college students (Dorsey et al., 1999), it is unclear whether interpersonal communication plays a role similar to that described in this dissertation for health behaviors that are less prone to discussion (e.g., sun-protective behaviors). Furthermore, this dissertation demonstrates the influence of the emotion of fear on conversational valence. Conversations about health behaviors that are less susceptible to fear (e.g., fruit intake) may be less strongly affected by such message-induced emotions. Therefore, more research is needed to test whether the findings of this dissertation can be generalized across different health behaviors.
Health campaigns versus advertising. Although anti-alcohol campaigns have succeeded at times in decreasing alcohol consumption (Foxcroft, Lister-Sharp, & Lowe 1997), alcohol advertising has been consistently linked to an increase in alcohol intake (Hastings, Anderson, Cooke, & Gordon, 2005; Snyder, Milici, Slater, Sun, & Strizhakova, 2006). For instance, exposure to alcohol commercials has been found to increase alcohol consumption one year later (Stacy, Zogg, Unger, & Dent, 2004). Despite these unwanted public health effects, alcohol marketing is commonplace (e.g., Ringel, Collins, & Ellickson, 2006). Although this dissertation provides insight into the role of interpersonal communication for anti-alcohol advertising effects, it is unknown how interpersonal communication influences pro-alcohol advertising effects. A potential explanation for the increase in alcohol consumption due to alcohol marketing is that pro-alcohol ads induce a positive conversational valence about alcohol and subsequently stimulate drinking behaviors. Although the relevance of word-of-mouth on consumer behavior has been abundantly demonstrated in advertising contexts (e.g., Arndt, 1967; Chevalier & Mayzlin, 2006), the influence of advertising for unhealthy products on health behavior in conjunction with interpersonal communication has been underexplored. Whether and how alcohol ads influence conversational occurrence and conversational valence is a relevant issue for further investigation.

Practical implications

Ideally, studying the interplay between health campaigns and interpersonal communication not only increases empirical and theoretical knowledge on the subject but also results in suggestions for successful interventions that improve public health. This dissertation takes a step toward this end by providing important insights into how the combination of interpersonal communication and health campaigns can improve public health. However, additional research is needed before these findings can be successfully translated into practice. For instance, it is important to design and test interventions based on the above-mentioned findings to examine what works and does not work in real-life settings. Therefore, the practical implications derived from this dissertation should be considered in light of the experimental settings in which the studies have been conducted.
Stimulate conversational occurrence only when valence is desirable

This dissertation shows that when people talk about alcohol, this may result in undesirable effects in terms of health promotion. However, talking negatively about alcohol consumption can result in considerable desirable changes in health determinants. Whereas the latter finding demonstrates the ability of a healthy conversational valence to elicit healthy behaviors, the former finding shows the potential pitfalls if conversations are stimulated. Interpersonal communication seems to be a two-edged sword. On the one hand, stimulating health discussions can result in more desirable health behaviors if conversational valence about the unhealthy behavior is negative. On the other hand, if people discuss the unhealthy behavior positively, stimulating conversations about the topic seems unwise because this can increase unhealthy behaviors. Thus, health campaign planners should assess how negatively or positively the target audience is likely to discuss the topic before they decide whether discussions should be stimulated. If used carefully, interpersonal communication can be an important and useful tool to promote public health.

How to stimulate conversational occurrence

One might wonder, practically, how to stimulate conversations. Various methods exist to elicit health discussions. First, health message designers can use message characteristics that have been shown to trigger conversations. For instance, messages that elicit certain specific emotions, such as fear (Berger, 2011; Brennan et al., 2010) and disgust (Heath, Bell, & Sternberg, 2001; Peters et al., 2009), have been shown to trigger discussions. Moreover, specific message formats can induce interpersonal talk, such as by using tropes (i.e., figurative language; Hoeken, Swanepoel, Saal, & Jansen, 2009). Second, health campaign planners can ask the target audience to talk to each other about the topic. Multiple health campaigns explicitly aim to elicit interpersonal communication, such as the Parents and Children Talking intervention (PACT; Tilson, McBride, & Brouwer, 2005). This intervention was intended to decrease smoking among children and adolescents by asking parents and children to engage in structured conversations about the topic (see also Perry et al., 1996). Third, it is possible to design talk interventions in which a professional discusses a health-related topic with others in dyads or in larger groups.
How to stimulate a desired conversational valence

When attempting to trigger conversations, it is especially important to elicit conversations that are negative about the unhealthy behavior. One potential way to do so has been highlighted in this dissertation: by using messages that elicit fear. This dissertation shows that a health message with disgusting elements is especially able to elicit fear (see also Morales et al., 2012), whereas humorous health messages decrease fear. Thus, it is recommended to use fear-inducing health messages with disgusting elements (while keeping in mind the requirements of successful fear appeals, Witte & Allen, 2000), and health campaign planners are advised to be careful about employing health messages with humorous elements.

Another potential way to guide conversational valence in the desired direction is to stimulate persons who already talk negatively about the unhealthy behavior to discuss the topic in a desired way with others. Boster et al. (2012) tested an intervention employing such an approach. To promote multivitamin use, “superdiffusers” (i.e., influential opinion leaders) were identified and were asked to convince others to take multivitamins through interpersonal talk. This intervention was successful in increasing multivitamin use; that is, those who were approached by the superdiffusers were more likely to take multivitamins and to subsequently persuade others to do so. Unfortunately, as discussed earlier, research has shown that especially those with an inclination to behave in unhealthy ways tend to talk more often and more positively about the unhealthy conduct (David et al., 2006). It is therefore important to target people who are already speaking in a desirable way and to stimulate these people to convince others. This can be accomplished by specifically addressing this group, for instance, by stating in an anti-alcohol ad, "Do you also dislike drunk people? Help others to drink less by talking to them about it". By stimulating persons to express their healthy attitudes, more healthy conversations can be elicited. Another method to evoke a desired conversational valence is to design talk interventions in which only the negative consequences of the unhealthy conduct are discussed or in which many speakers with a desirable conversational valence participate.

Stimulate active participation and correct self-perception

This dissertation not only shows that a desirable conversational valence induces healthy behavioral determinants, but it also shows that the perception of how negatively or positively oneself speaks is important. Thus, health promotion attempts should not only stimulate conversations that are negative about unhealthy
conduct but should also (1) stimulate persons to actively express negative statements about the unhealthy behavior during discussions and (2) stimulate the correct perception that one has spoken negatively. The first requirement can, for instance, be achieved by using health messages that stimulate persons to actively express their opinions when discussing health topics (e.g., by using messages such as, "What do you think about drinking alcohol? Talk to others and tell them how you feel about it") or during talk interventions by requesting input from the discussants (e.g., by asking questions). Regardless of the method used, it is important to increase an individual's personal contribution to the conversation so that conversations can more strongly influence the individual.

The second requirement, correct self-perception, may be more difficult to achieve. As shown in this dissertation, people may consider their conversational valence positive about an unhealthy behavior, whereas it would be objectively coded as negative. When people perceive that they talk negatively about unhealthy behaviors, this can result in desirable effects on health determinants. Therefore, it is relevant that conversations with a desired valence are correctly perceived as such. Thus, it is important to encourage people to reflect on and accurately recall their conversational valence. In line with literature showing that self-awareness and self-attention can increase the accuracy of self-perceptions (Duval & Wicklund, 1972), health message designers can attempt to induce accurate self-perceptions by making persons think about how they normally talk about health issues (e.g., by using messages such as, "How negatively or positively do you discuss drinking alcohol?"). During talk interventions, this can be accomplished at the end of the discussion by repeating desirable statements back to the discussants (e.g., "You said earlier that drinking too much alcohol is unhealthy"), so that the perception of the discussant's own desirable contributions becomes more accurate. Using another method, Rodebaugh and Chambless (2002) showed that accurate self-perceptions can be elicited when persons watch themselves on a video. Therefore, when people talk to each other about health topics, this communication can be videotaped. Subsequently showing these videotaped expressions to the persons involved can increase self-perception accuracy.

Although some of the above-mentioned practical suggestions to improve self-perception accuracy, to increase conversation participation, to elicit a healthy conversational valence, and to increase conversational occurrence may seem difficult to implement in real life, they provide a first step to implement the findings of this dissertation in applied settings. The extent to which the proposed tactics can be easily implemented in practice and are effective in real life should be investigated further.
Conclusion

This dissertation, inspired by the varying degrees of success of health campaigns, shows that interpersonal communication plays a vital role for the prediction of health behaviors and health campaign effects. In particular, the perception of how negatively or positively oneself speaks about health issues influences determinants of health behaviors. Thus, talking about health topics matters. Therefore, health researchers should consider the influence of interpersonal health communication when investigating health behaviors and health campaign effects. Health practitioners should also be aware of the importance and the great potential of interpersonal health communication, and they should attempt to incorporate ways to stimulate desirable interpersonal communication within public health interventions.