Is involvement a good thing? The undesirable consequences of topical and conversational involvement in the context of alcohol consumption

Hendriks, H.; Yzer, M.

Published in:
Journal of Health Communication

DOI:
10.1080/10810730.2019.1701587

Link to publication

Creative Commons License (see https://creativecommons.org/use-remix/cc-licenses):
CC BY-NC-ND

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

UvA-DARE is a service provided by the library of the University of Amsterdam (http://dare.uva.nl)

Download date: 25 Oct 2020
Is Involvement a Good Thing? The Undesirable Consequences of Topical and Conversational Involvement in the Context of Alcohol Consumption

HANNEKE HENDRIKS\textsuperscript{1} and MARCO YZER\textsuperscript{2}

\textsuperscript{1}Amsterdam School of Communication Research, University of Amsterdam, Amsterdam, The Netherlands
\textsuperscript{2}Hubbard School of Journalism and Mass Communication, University of Minnesota, Minneapolis, Minnesota, USA

The prevalence and negative consequences of heavy alcohol consumption, ranging from brain and liver damage to vandalism and fights, make heavy drinking among youth and young adults an important public health issue (Hughes, Anderson, Morleo, & Bellis, 2008; Rehm, Samokhvalov, & Shield, 2013). Considerable effort is spent to reduce heavy drinking, for example, by employing anti-binge drinking campaigns. To understand how such messages might work, it is useful to consider interpersonal communication. Research has shown that whether and how people talk about health messages and health topics can influence health behaviors (David, Cappella, & Fishbein, 2006; Southwell & Yzer, 2007). For example, Van den Putte et al. (2011) showed that a Dutch smoking cessation campaign induced conversations about the campaign and smoking cessation, which in turn led to an increase in quit attempts. In the alcohol domain, Hendriks, Van den Putte, and de Bruijn (2014) showed that positive conversations about alcohol increased alcohol consumption, whereas negative conversations decreased alcohol consumption.

Although studies on interpersonal communication have advanced understanding of the effects of health communications, important questions remain unaddressed. Foremost among those is the question of involvement. Whereas there is broad agreement that health topics are generally perceived as highly personally relevant and that people often engage with health information (e.g., Basch, MacLean, Romero, & Ethan, 2018), research has not extended this contention to the role of personal involvement in conversations about health topics. It stands to reason that a conversation is more consequential when people are involved with the topic at hand, that is, when the topic is relevant for people’s lives. Although several studies have indeed shown that involvement is important for interpersonal communication (e.g., Burgoon & Newton, 1991; Goodwin, 1989), and additionally that audience characteristics such as involvement might determine health message effects (Lustria et al., 2013; Noar, Benac, & Harris, 2007), to date no studies have investigated involvement as an explanatory factor for health conversation effects. We begin to fill this gap in the literature by testing how effects of conversations about negative aspects of alcohol consumption are influenced by conversational involvement.

A better understanding of conversations will ultimately allow tests of how such conversations might mediate or alter campaign effects. To this end, we designed our research to be...
consistent with what campaigns try to achieve—creating a negative stance toward drinking excessively. Therefore, in this research, we focus specifically on effects of conversations about negative aspects of alcohol consumption. This focus is further supported by previous research that has shown that negative conversation can lead to less drinking (Hendriks et al., 2014), and that campaign-induced negative conversation about smoking can reinforce anti-smoking campaign effects (Van den Putte et al., 2011). Our focus on involvement in the context of negative conversation about alcohol consumption has the potential to better our understanding of the mechanisms by which such negative conversations might have produced its effects in previous research.

We approach conversational involvement as having two aspects: one, the personal relevance of a conversation about alcohol, and two, the effort expended in such conversation. We test whether conversational involvement is influenced by topical relevance (i.e., how important alcohol consumption is; assessed before conversation) and conversational role (i.e., whether people take an active or passive role in the conversation), and by exploring whether conversational involvement shapes perceptions of alcohol use, such as attitude and intention.

**Topical Relevance**

Topical relevance is the degree to which information fits with the needs of the audience (Green, 1995). In line with this notion, research on goal-relevant information (e.g., Locke & Latham, 2006; Vogt, De Houwer, Moors, Van Damme, & Crombez, 2010) and on applicability and self-relevance (Bargh, 1982; Petersen, Stahlberg, & Dauenheimer, 2000) has shown that when a message is viewed as applicable, relevant, and in line with people’s goals, people are more likely to comply with that message (e.g., Verwijmeren, Karremans, Stroebe, & Wigboldus, 2012).

In the case of alcohol consumption, it is likely that those who drink more alcohol find the topic more relevant. For example, research has shown that people who drink a lot of alcohol see alcohol as a part of who they are (Rise, Sheeran, & Hukkelberg, 2010). For many college students, alcohol seems an integral part of student life (Bewick et al., 2008). This is meaningful because when a topic is perceived as important to the self, that topic is then also seen as personally relevant (Petersen et al., 2000). Therefore, we expect that the more alcohol people drink, the more relevant they will find the topic of alcohol and heavy drinking (H1).

**Conversational Role**

Most extant research on conversation effects on health perceptions and behavior asks participants whether or how much they had engaged in talking about a particular topic, which leaves obscured the role one has in a conversation (for a discussion, see Southwell & Yzer, 2007). It stands to reason that a conversational experience is different when one primarily listens to a conversation partner than when one primarily talks to a conversation partner. For example, the theory of active involvement (Greene, 2013) argues that actively engaging people in a task (e.g., by talking) can lead to increased feelings of involvement. Additionally, information-processing theories suggest that when people actively talk, they are required to process information systematically, because they have to actively retrieve information and arguments from memory and properly translate their intended message into words (Chaiken, 1987; Petty & Cacioppo, 1986). Primarily listening to a conversation asks for less involved information processing and conversational involvement. It thus seems plausible that the role that people have in a conversation can determine conversational involvement.

**Conversational Involvement**

Several studies have shown that conversational involvement plays an important role in interpersonal communication and that conversational involvement results in more successful social interactions (e.g., Burgoon & Newton, 1991; Goodwin, 1989). Conversational involvement has also been related to lower levels of anxiety and higher levels of self-esteem (Bell, 1985; Cegala, Savage, Brunner, & Conrad, 1982). But what exactly is conversational involvement? In our study, we discern two dimensions of conversational involvement: conversational relevance and conversational effort. Conversational relevance is the degree to which discussants find the conversation itself relevant (Coker & Burgoon, 1987) and conversational effort is the degree to which discussants put effort into the conversation (Cegala, 1981). We expect that conversational relevance and effort are related, such that when people consider a conversation about alcohol consumption to be relevant, they will spend more effort on the conversation. Thus, we expect that conversational relevance is positively related to conversational effort (H2).

Note that conversational relevance is different from topical relevance, in that conversational relevance has to do with how relevant a conversation one has about alcohol consumption is to oneself, whereas topical relevance has to do with how relevant alcohol consumption is to oneself. It is conceivable that topical relevance influences conversational relevance and effort. That is, when people find alcohol consumption relevant, they likely also find conversations about alcohol consumption relevant and will spend more effort on such conversations. Thus, we expect that topical relevance is positively related to conversational relevance (H3a) and conversational effort (H3b). Similarly, we expect that people who are instructed to mainly talk in a conversation find the conversation more relevant (H4a) and spend more effort on the conversation (H4b) than people who are instructed to mainly listen during a conversation.

**Effects of Conversational Involvement**

According to Cegala (1981), conversational effort increases the attention directed at the conversation. Following this logic, people who put more effort into a conversation and who find the conversation more relevant process the conversation more systematically or centrally, whereas those who put less effort into the conversation and find it less relevant may process the conversation more heuristically or peripherally. Because research has shown that systematic processing leads to more
stable attitude change (Chaiken, 1987; Petty & Cacioppo, 1986), one can expect that involved discussants are more affected by the conversation than less involved discussants. This is also in line with Janis and King (1954), who showed that active involvement in a conversation leads to stronger communication effects than less active involvement. Similarly, the theory of active involvement (Greene, 2013) proposes that activating an intervention audience, and thereby strengthening involvement, can lead to increased intervention effects on behavior.

We measure effects of involvement on predictors of alcohol use, based on the theory of planned behavior (TPB; Ajzen, 1991). In the context of alcohol use, the TPB proposes that intentions to drink, attitudes (i.e., negative or positive evaluations of drinking), perceived norms (i.e., perceptions of social acceptance of drinking), and perceived behavioral control (i.e., perceived control over drinking) determine alcohol use. The TPB has successfully explained alcohol use (e.g., Cooke, Dahdah, Norman, & French, 2016; Marcoux & Shope, 1997). We additionally measure effects on identification, because identification with alcohol has been shown to be an important predictor of alcohol use (Livingstone, Young, & Manstead, 2011; Rise et al., 2010).

Thus, we expect that conversational relevance (H5a) and effort (H5b) predict attitudes, intentions, identification and norms toward heavy drinking. Please note, however, that we do not specify the direction of effects because this might depend on the perceived valence of the conversation.

Method

Participants and Design

Ninety-two undergraduate students (19 men, 73 women, \(M_{age} = 20.32, SD_{age} = 3.51\)) at Leiden University took part in a lab study in exchange for credits or money. Conversational role was manipulated resulting in two experimental conditions (conversational role: talking vs. listening). Topical relevance was measured before the manipulation of conversational role. Conversational relevance and effort were measured after the conversation took place. Heavy drinking predictors were attitudes, norms, intentions, and identification toward heavy drinking.

Procedure

Participants came to the lab and filled out an informed consent. After answering questions regarding demographics and topical relevance, each participant was assigned to another participant of the same gender, thereby creating dyads. Within these dyads, participants were randomly assigned to one of the two conversational role conditions. That is, one of the participants within a dyad was assigned to the talking condition and the other participant was assigned to the listening condition. All participants individually read instructions on a PC, which started with (translated from Dutch),

“In a moment, you will engage in a 5-minute conversation with your assigned conversation partner. This conversation will be about alcohol consumption and heavy drinking (i.e., drinking 4 or more [for women] or 6 or more [for men] drinks on one occasion). As you probably know, there are a lot of anti-alcohol campaigns that focus on the negative effects of drinking (a lot of) alcohol. There is actually not much known, however, about how people your age think about the negative effects of alcohol consumption and heavy drinking. We therefore ask you to focus on the negative effects of alcohol consumption and heavy drinking during your conversation. You can talk about consequences, personal experiences, facts or any other alcohol-related aspects you can think of”.

Then, participants in the talking condition read,

“You should try to talk to and convince your conversation partner of the negative effects of alcohol consumption and heavy drinking. Please note that you do not need to talk all the time, it is also fine to just listen to your partner now and then. Please do your best to follow this instruction to the best of your abilities. At the end of the conversation you will be asked some questions about the discussion”.

Participants in the listening condition read,

“You should try to listen to and remember what your conversation partner says about the negative effects of alcohol consumption and heavy drinking. Please note that you do not need to listen all the time, it is also fine to just talk to your partner now and then. Please do your best to follow this instruction to the best of your abilities. At the end of the conversation you will be asked some questions about the discussion”.

After reading the instructions, participants were brought to a different room where they discussed alcohol consumption and heavy drinking with their dyadic partner. After five minutes, participants were brought to separate PCs on which they answered a questionnaire regarding conversational relevance and effort and heavy drinking predictors. At the end of the study, participants were debriefed and rewarded for their participation.

Measures

At the beginning of the questionnaire, participants read that we defined heavy drinking as four or more drinks for women and six or more drinks for men on one occasion.

Topical Relevance

Topical relevance was measured before the conversation using five items measured on 7-point scales. The question stem was: “The topic of alcohol consumption and heavy drinking…” “is [not] personally involving for me”, “means nothing – a lot to me”, “is [not] meaningful for me”, “is [not] personally relevant to me”, and “is unimportant – very important for me” (\(M = 3.57, SD = 1.49, \alpha = .93\)). A confirmatory factor analysis (CFA) showed that these items explained 78.44% of the variance with factor loadings from .865 to .927.

Previous Alcohol Consumption

Previous alcohol consumption was measured as the mean response to the question “Think back on the past two weeks...”
How many alcoholic beverages did you drink each day? Participants could indicate a number of drinks for each of the past 14 days (M = 0.86, SD = 1.31, α = .83).

Conversational Relevance

Conversational relevance was assessed by five items which could be answered on 7-point scales. The question started with ‘‘The conversation ...’’ ‘‘was [not] personally involving for me’’, ‘‘meant nothing – a lot to me’’, ‘‘was [not] personally relevant to me’’, ‘‘was of little importance to me – was of great importance to me’’, and ‘‘was unimportant – very important for me’’ (M = 3.85, SD = 1.19, α = .88, CFA variance = 68.58%, CFA loadings = .770 – .881).

Conversational Effort

Conversational effort was measured by two items to be answered on 7-point scales (1 = totally disagree to 7 = totally agree): ‘‘I put effort into the conversation’’ and ‘‘I tried to have a good conversation’’ (M = 5.76, SD = 0.64, α = .68, CFA variance = 63.69%, CFA loading = .798).

Conversational Valence

Conversational valence was measured as manipulation check because we requested people to talk negatively about alcohol and heavy drinking. Valence was measured (in line with Hendriks et al., 2014; Hendriks, van den Putte, & de Bruijn, 2015) with two items starting with the question ‘‘how negative or positive did you speak about ...’’ ‘‘alcohol’’; ‘‘heavy drinking’’ answered on 7-point scales (1 = very negatively to 7 = very positively). The mean scores showed that participants indeed talked negatively (i.e., below mid-scale) about alcohol and heavy drinking (i.e., M = 2.80, SD = 0.89, α = .52, CFA variance = 69.83%, CFA loading = .836).

Alcohol Consumption Predictors

Attitude. Three aspects of attitude, that is, affective attitude, cognitive attitude, and general attitude toward heavy drinking, were measured with three items for each attitude aspect. Specifically, participants responded to the statement ‘‘If I would drink 4 (women) or 6 (men) or more drinks on one occasion during the next two weeks, it would be ...’’ using the 7-point semantic differential scales very unpleasant (1) to very pleasant (7), very unenjoyable (1) to very enjoyable (7), and very stressful (1) to very relaxing (7) to assess affective attitude (M = 4.34, SD = 1.62, α = .91, CFA variance = 85.28%, CFA loadings = .884 – .947); very unnecessary (1) to very necessary (7), very harmful (1) to very beneficial (7), and very foolish (1) to very wise (7) to assess cognitive attitude (M = 2.78, SD = 1.31, α = .83, CFA variance = 75.67%, CFA loadings = .817 – .911); and very negative (1) to very positive (7), very bad to very good (7), and very unfavorable (1) to very favorable (7) to assess general attitude (M = 3.14, SD = 1.30, α = .87, CFA variance = 79.03%, CFA loadings = .882 – .902).

Norms. Both injunctive and descriptive norms were assessed. Injunctive norm toward heavy drinking was assessed by calculating the mean of three statements measured on 7-point scales starting with the statement ‘‘People who are most important to me would ...’’ (1) ‘‘approve it if I would drink 4 (women) or 6 (men) or more drinks on one occasion during the next two weeks’’; and (2) ‘‘be positive towards it if I would drink 4 (women) or 6 (men) or more drinks on one occasion during the next two weeks’’; and (3) ‘‘accept it if I would drink 4 (women) or 6 (men) or more drinks on one occasion during the next two weeks’’ (M = 4.10, SD = 1.42, α = .91, CFA variance = 85.65%, CFA loadings = .898 – .941). Descriptive norm toward heavy drinking was assessed with two statements measured on 7-point scales; ‘‘How likely do you think it is that people who are most important to you would drink 4 (women) or 6 (men) or more drinks on one occasion during the next two weeks’’ (1 = not at all likely to 7 = very likely), and ‘‘How often do you think people who are most important to you would drink 4 (women) or 6 (men) or more drinks on one occasion during the next two weeks’’ (1 = not often at all to 7 = very often) (M = 3.38, SD = 1.69, α = .91, CFA variance = 91.98%, CFA loading = .959).

Intention. The intention to drink heavily was assessed by calculating the mean of two statements: (1) ‘‘I intend to drink 4 (women) or 6 (men) or more drinks on one occasion during the next two weeks’’ and (2) ‘‘I plan to drink 4 (women) or 6 (men) or more drinks on one occasion during the next two weeks’’ (1 = very unlikely to 7 = very likely; M = 2.01, SD = 1.42, α = .85, CFA variance = 88.12%, CFA loading = .939

Identification. In line with Shadel and Mermelstein (1996), identification with alcohol was assessed with nine items (e.g., ‘‘drinking alcohol is a part of who I am’’; ‘‘drinking alcohol is a part of my personality’’; ‘‘I like being someone who drinks alcohol’’) which could be answered on 7-point scales (1 = totally disagree to 7 = totally agree, M = 2.45, SD = 1.40, α = .95, CFA variance = 70.94%, CFA loadings = .686 – .911).

Results

Alcohol Consumption and Topical Relevance

In response to H1 (i.e., that previous alcohol consumption is positively related to topical relevance) we found that previous alcohol consumption and topical relevance were positively and strongly correlated, r = .419, p < .001. This indicates that the more alcohol consumers reported to consume, the more participants were involved with the topic of alcohol consumption and heavy drinking. Thus, H1 was supported.²

Topical Relevance and Conversational Relevance and Effort

To investigate H2 (i.e., that topical relevance is positively related to conversational relevance and effort) we calculated correlations which revealed a significant and positive correlation between

1Analyses in which age and gender were controlled yielded the same results. For presentation purposes, we therefore report analyses without these covariates.

2We tested whether this relationship could also be curvilinear by first regressing topical relevance on previous alcohol consumption (a linear effect) and in a second step added the squared term of previous alcohol consumption (i.e., drinking x drinking, representing a curvilinear effect). The regression analysis showed a significant linear relationship in the first step, and in the second step showed that the curvilinear effect explained additional variance after the linear effect, thereby suggesting that the relationship may be curvilinear.
topical and conversational relevance, $r = .424$, $p < .001$. This indicates that the more relevant people found the topic of alcohol consumption and heavy drinking, the more relevant they considered the conversation to be, thereby confirming H2a. Topical relevance was however not related to conversational effort, $r = .091$, $p = .390$, thereby not supporting H2b.

To investigate H3 (i.e., that conversational relevance is positively related to conversational effort) we calculated the correlation between conversational relevance and conversational effort. A significant and positive correlation was found, $r = .206$, $p = .049$, indicating that the more involved with the conversation participants were, the more effort they spend on it, thereby supporting H3.

**Conversational Role and Conversational Relevance and Effort**

To investigate H4a (i.e., that people who are instructed to mainly talk in a conversation find the conversation more relevant than people who are instructed to mainly listen) an ANOVA was conducted with conversational role (listening vs. talking) as independent variable and conversational relevance as dependent variable. In contrast with H4a, the analysis revealed no statistically significant effect of role on conversational relevance, $F(1,90) = 1.66$, $p = .201$. To investigate H4b (i.e., that people who are instructed to mainly talk in a conversation spend more effort on the conversation than people who are instructed to mainly listen) an ANOVA was conducted with conversational role (listening vs. talking) as independent variable and conversational effort as dependent variable. The analysis showed a significant effect of role on effort, $F(1,90) = 8.704$, $p = .004$. That is, participants in the talking condition spend more effort on the conversation ($M = 5.95$, $SD = 0.55$) than participants in the listening condition ($M = 5.57$, $SD = 0.68$). Thus, H4b, but not H4a, was supported.

**Conversational Relevance and Effort and Heavy Drinking**

To investigate H5 (regarding the relationship between conversational relevance and effort and heavy drinking predictors), several regression analyses were conducted with conversational relevance as predictor, attitudes, norms, intentions, and self-identification regarding heavy drinking as dependent variables, and previous alcohol consumption as covariate. In all regression analyses, previous alcohol consumption was included as covariate, so that causal conclusions about relationships between conversation measures and alcohol measures could be drawn with more certainty. Similar analyses were conducted for conversational effort.

As can be seen in Table 1, conversational relevance was significantly and positively related with descriptive norms ($\beta = .225$, $p = .028$), intentions ($\beta = .225$, $p = .021$), and self-identification ($\beta = .302$, $p = .002$). A similar pattern existed for conversational effort: conversational effort was significantly and positively related with descriptive norms ($\beta = .204$, $p = .045$), and self-identification ($\beta = .263$, $p = .006$), and marginally significantly with intentions ($\beta = .185$, $p = .058$) and affective attitudes ($\beta = .165$, $p = .084$), see Table 1. The other relationships were not significant (all $\beta < .123$, all $p > .232$). The results thus indicate that the more relevant the participants found the conversation and the more effort they put it into, the more positive their descriptive norms, intentions, and self-identification toward heavy drinking were. Thereby, H5a and H5b were largely supported.

**Discussion**

The goal of the present study was to investigate the role of involvement (i.e., as measured by topical relevance, conversational relevance, and conversational effort) in an interpersonal health communication context. This study is the first to show that 1) alcohol consumption is positively related to topical relevance, 2) increased topical relevance is related to higher conversational relevance and more conversational effort, 3) an active role in the conversation increases conversational effort, but not conversational relevance, and 4) increased conversational relevance and effort are related to more positive (i.e., unhealthy) attitudes, norms, intentions, and identification toward heavy drinking.

The first finding that alcohol consumption is positively related to topical relevance is in line with research showing that people who drink more alcohol often view this as an important part of who they are, which is particularly the case for college students (e.g., Bewick et al., 2008; Petersen et al., 2000; Rise et al., 2010). The second finding that increased topical relevance is related to higher conversational relevance and more conversational effort is important, because whereas previous research has shown that involvement is relevant for interpersonal communication effects (e.g., Burgoon & Newton, 1991; Cegala, 1981; Cegala et al., 1982; Goodwin, 1989), no previous studies have tested determinants of involvement.

Our finding that relatively heavier drinkers found the topic and conversation more relevant and put more effort in the conversation is worrisome because conversations in which people are involved are more consequential. This may mean that relatively heavier drinkers are more involved in discussions about alcohol and may therefore have a stronger impact on how the

<table>
<thead>
<tr>
<th>Table 1. How conversational relevance and conversational effort relate to heavy drinking variables</th>
<th>Conversational Relevance</th>
<th>Conversational Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy drinking variable</td>
<td>$\beta$</td>
<td>$p$</td>
</tr>
<tr>
<td>Attitudes</td>
<td>Affective</td>
<td>.104</td>
</tr>
<tr>
<td></td>
<td>Cognitive</td>
<td>.123</td>
</tr>
<tr>
<td></td>
<td>General</td>
<td>.108</td>
</tr>
<tr>
<td>Norms</td>
<td>Descriptive</td>
<td>.225</td>
</tr>
<tr>
<td></td>
<td>Injunctive</td>
<td>.013</td>
</tr>
<tr>
<td>Intentions</td>
<td>.225</td>
<td>.021*</td>
</tr>
<tr>
<td>Self-identification</td>
<td>.302</td>
<td>.002**</td>
</tr>
</tbody>
</table>

Note. $^* = p < .1$, $^* = p < .05$, $^* = p < .01$, $^* = p < .001$. All effects were controlled for previous alcohol consumption.
conversation develops than people who drink less, are less involved and less active in the conversation. This may lead to an overestimation among other discussants of how normal alcohol use is (in line with the idea of pluralistic ignorance; Prentice & Miller, 1996; Toch & Klofas, 1984). For health interventions that seek to induce conversation, it is therefore important to anticipate who will participate in such conversation and to particularly encourage those who already engage in healthy behaviors to take an active part in the discussion.

The third finding that an active role in the conversation increases conversational effort speaks to drivers of conversational involvement. A potential explanation for the effect of conversational role on conversational effort is that people, by talking, are required to process information in a more systematic manner (i.e., having to actively retrieve information from memory and translating this into words; Chaiken, 1987; Petty & Cacioppo, 1986). This finding is especially relevant from an intervention perspective, as it suggests that inducing people to talk can increase people’s involvement with the conversation. This is in line with the theory of active involvement (Greene, 2013), which suggests that interventions that activate their audiences (e.g., by co-creating materials) induce self-reflection processes which subsequently induce behavioral change.

The fourth finding is that increased conversational relevance and effort are related to more positive (i.e., unhealthy) heavy drinking determinants. This is perhaps the most striking finding of the study because there is an apparent paradox in this. On the one hand, the finding that involvement leads to stronger conversation effects is as expected (for a classic study, see Janis & King, 1954). However, in our study, we asked participants to talk about the negative aspects of alcohol and heavy drinking, and conversational valence scores confirm that participants indeed did this. Why would involvement in negative conversations about alcohol lead people to next be more positive toward heavy drinking? Several explanations may apply. To begin, it is possible that in line with social judgment theory (Sherif &霍夫兰, 1961), heavy drinkers’ prior positive opinions about alcohol were still salient while talking about negative aspects of drinking, which may have led to even more positive attitudes (i.e., polarization; Lord, Ross, & Lepper, 1979). Somewhat similarly, and consistent with reactance theory (Brehm, 1966), asking heavy drinkers to talk about negative aspects of drinking may threaten drinkers’ self-image, which can lead drinkers to process the conversation more defensively (e.g., Brown & Richardson, 2012; Yzer, Southwell, & Stephenson, 2012). In these possibilities, even though negative arguments were mentioned in the conversations, they would not be internalized (i.e., accepted as personal norm or value; Scott, 1971), or those negative arguments were weak, which can lead to more positive attitudes toward drinking (McGuire, 1961; Petty & Cacioppo, 1986).

Our data do not clearly support any of these possibilities, yet our findings by themselves cannot disprove them altogether either. Therefore, whereas our findings usefully advance understanding of involvement in the context of conversations about alcohol, we argue for research that seeks to replicate our findings and to additionally test these self-protective and reactance-focused possible explanations. Such work would benefit from methods designed to measure defensive processing, counterarguments and other markers of reactance (e.g., Quick, Shen, & Dillard, 2013; Ratcliff, 2019), and internalization of negative associations of alcohol (e.g., Greenwald, McGhee, & Schwartz, 1998).

Limitations
To accurately appreciate our findings, we note issues that need to be considered. First, because we employed a cross-sectional design, conclusions about causality should be drawn with caution. We did, however, take some measures to address this issue. That is, we measured topical relevance before the conversation and before measuring conversational relevance and effort, making it more likely that topical relevance is the cause instead of the effect. Furthermore, we experimentally manipulated conversational role thereby ensuring that conversational role would be an independent variable and not a dependent one. Lastly, we included previous alcohol consumption as a covariate in the analyses predicting heavy drinking measures. Although this does not allow us to estimate change in the dependent variables, it enables us to control for some variance in these variables at baseline because most likely previous alcohol consumption and the (unmeasured) variables at baseline are correlated.

A second limitation is related to our self-report measures. That is, both the heavy drinking predictors as well as the conversation measures were obtained through self-report. Although research has shown that self-reported alcohol use measures can reliably predict actual alcohol consumption (Del Boca & Darkes, 2003) and studies have shown that self-reported conversation measures are strongly related to more objective conversation measures (Hendriks et al., 2015), it is still necessary that future research replicates our findings using actual behavioral measures.

Last, note that we asked participants to only talk about negative aspects of alcohol consumption. We did so to be maximally relevant for advancing understanding of intervention effects, as contributing to a negative stance toward excessive alcohol consumption is a common intervention goal. Clearly, however, this means that we cannot speak to involvement effects in the context of positive conversation about alcohol. As such inquiry would allow further tests of involvement and alcohol conversation effects, we share here research design options that can be usefully applied in future research. We call for future research to replicate our findings, and test effects of positive conversation by including a condition in which participants are asked to talk about positive aspects of drinking (as it would be potentially problematic to ask them to talk about positive aspects of heavy drinking), and a comparison condition in which participants are asked to talk about alcohol consumption in any direction.3

Conclusions
This study shows that involvement is an important concept to investigate in the context of interpersonal health communication. We found that people who drink more alcohol are also more involved with the topic and related conversations, which

3We thank a reviewer of a previous version of this manuscript for these valuable suggestions.
subsequently influences drinking deterrents in an unhealthy direction. Thus, from a health intervention perspective, it is not commendable to encourage involved communicators who engage in heavy drinking to talk about the topic. Instead, research is needed to find the right way to trigger desirable health conversations among the right target audience.

References


