

# Mood and Ad Processing: Examining the Impact of Program-Induced Moods on Subsequent Processing of an Antismoking Public Service Advertisement

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*This study examined the effect of program-induced moods on subsequent processing of an antismoking ad. Participants were induced to experience a happy/sad mood by watching a 5-minute segment of a sitcom/crime drama. They were then shown an antismoking ad and asked about their processing of the ad and attitude toward the ad. Results found those who watched the sitcom report greater heuristic and less cognitive processing of the ad than those who watched the crime drama. All participants reported a positive attitude toward the ad. Findings were consistent with previous research and highlight the importance of appropriate ad placement.*

*Keywords:* Antismoking Ads; Hedonic Contingency Model; Message Processing; Mood State

Cigarette smoking is the most preventable cause of death in the United States, accounting for about 30% of all U.S. cancer deaths each year (National Cancer Institute, 2005). Despite the fact that cigarette smoking rates continue to decline for both men and women, the target goal of reducing the proportion of U.S. cigarette smokers to 12%

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has not yet been achieved. In the most recent estimates, the proportion of U.S. cigarette smokers is at 21.5% (National Cancer Institute, 2005). Efforts at reducing cigarette use has been increasing in recent years on the part of both the U.S. government and the public health community, often with the most amount of time and money spent on the development of antismoking ads (Biener, McCallum-Keeler, & Nyman, 2000).

There is substantial evidence to indicate the effectiveness of antismoking ads in reducing tobacco use among both youths and adults (e.g., Bauer, Johnson, Hopkins, & Brooks, 2000; Friend & Levy, 2002; Goldman & Glantz, 1998; Siegel, 1998; Siegel & Biener, 2000; Sly, Trapido, & Ray, 2002). Moreover, several studies have been conducted to identify message characteristics of antismoking ads that make for the most effective ads. For instance, Biener et al. (2000) found that ads eliciting strong negative emotions were perceived as most effective by adult smokers who recently quit, non-smokers, and smokers with an intention to quit. Conversely, ads eliciting positive emotions were perceived as ineffective. In an earlier study with both adult and adolescent respondents, Biener (2000) found a similar pattern of results, with antismoking ads eliciting strong negative emotions perceived as more effective than ads that were humorous or neutral in emotional tone.

Although it is useful to know what types of antismoking ads are perceived as most effective (and therefore likely to have an impact on reducing smoking rates), what remains unclear is to what extent do individuals attend to and cognitively process the messages presented in these emotionally laden ads. The present study seeks to address this important research question. In previous research, Dillard, Plotnick, Godbold, Freimuth, and Edgar (1996) did investigate the effects of various positive and negative emotions on message processing and attitude change concerning several AIDS public service advertisements (PSAs). However, in their study, they examined the effect of *ad-induced* emotions on message processing of the same ad whereas our interest lies in understanding how a person's *prior* mood state influences his/her information-processing style in *approaching* the ad.

In a naturalistic setting, PSAs such as antismoking ads are often found embedded within commercial breaks of various TV programs. And so, prior to viewing the ads, people are likely to already be in a positive/negative mood based on the TV program they're watching. For example, if a person is watching a sitcom like *Friends*, they are likely to be in a positive mood when approaching subsequent ads. Conversely, if a person is watching a crime drama like *Law and Order* with a sad storyline such as watching a young child go through the pains of recalling a horrific murder, they may be more likely to be in a negative mood when approaching subsequent ads. Therefore, it would be useful to understand how a person's program-induced mood state affects his or her processing of a subsequent ad, in this case an antismoking ad that follows directly after the TV program segment.

### *Review of Past Research on Mood and Message Processing*

Studies of the effects of mood on message processing have primarily focused on how preexisting message-irrelevant mood states affect the type of processing a person uses

when faced with persuasive messages. Numerous studies have found that positive moods are associated with peripheral or heuristic processing, whereas negative moods are associated with systematic or cognitive processing (see Bohner & Schwarz, 1993; Isen, 1987; Schwarz, 1990; and Schwarz, Bless, & Bohner, 1991 for reviews). The mechanism through which mood is said to affect message processing is generally discussed within the framework of dual-process models of persuasion, such as Petty and Cacioppo's (1986) elaboration likelihood model (ELM) and Chaiken, Liberman, and Eagly's (1989) heuristic-systematic model (HSM).

Most of the previous studies conducted on mood and persuasion have used either the ELM or the HSM as the theoretical frame. The basic assumption shared by both models is that message acceptance is contingent on a person's mental response to the message. Chaiken et al. (1989) describe the existence of two modes of message processing in the HSM: systematic and heuristic. Petty and Cacioppo (1986) propose two similar modes of message processing in their ELM: central and peripheral routes. Systematic or central route processing involves careful, analytic, and effortful evaluation of the message (Booth-Butterfield & Welbourne, 2002; Chaiken et al., 1989; Eagly & Chaiken, 1993; Petty & Cacioppo, 1986; Stiff, 1986). Heuristic or peripheral route processing involves the use of a simple rule by an individual to determine his or her attitude toward the persuasive message (Chaiken et al., 1989; Petty & Cacioppo, 1986; Todorov, Chaiken, & Henderson, 2002). Whether individuals choose to engage in systematic/central processing and/or heuristic/peripheral processing depends on the ability and motivation of the message recipient to do so (Eagly & Chaiken, 1993).

Mood is argued to differentially influence the extent to which a person is motivated to process a persuasive message. Bohner, Crow, Erb, and Schwartz (1992) argued that positive moods reduce people's motivation to systematically process persuasive messages. The hedonic contingency model provides a good explanation for why positive moods reduce systematic processing of certain messages. The model posits that people attempt to manage their moods to achieve or to maintain positive mood states (Wegener & Petty, 1994). The model argues that people in happy or pleasant moods scrutinize the mood-altering implications of a message before investing effort to process it. Given the motivation to maintain or to enhance a positive mood, the model contends that people in positive moods will engage in heuristic processing for messages that are perceived as threatening to their mood (i.e., have negative hedonic consequences) as a means of mood management. The model posits that happy people are likely to process systematically only messages expected to be pleasant (Wegener, Petty, & Smith, 1995).

On the other hand, negative moods are argued to increase people's motivation to systematically process persuasive messages (Bohner et al., 1992). The hedonic contingency model also provides an explanation for why negative moods increase systematic processing of subsequent messages, regardless of whether they are positive or negative. The model states that individuals in unpleasant or negative moods do not scrutinize the mood-altering implications of subsequent messages before investing effort to process it. Many messages might make people feel better when they are unhappy, and because the subsequent message may always possibly lead

individuals to feel more positive (or less negative) than their current mood, they are likely to process both pleasant and unpleasant messages systematically when they are unhappy.

The model has received good empirical support from past studies. For example, Wegner et al. (1995) found that people in positive moods processed uplifting messages more systematically than depressing messages because such messages are mood threatening. In contrast, people in negative moods processed *both* uplifting and depressing messages equally systematically. Recently, in a meta-analysis of 14 studies aimed at untangling the impact of mood on persuasion, the results were largely consistent with the hedonic contingency model (see Hullett, 2005). The data obtained suggests that people's message processing seemed to be primarily motivated toward attaining or maintaining positive moods (Hullett, 2005). It was found that people in positive moods were especially likely to avoid processing messages that have negative hedonic consequences (Hullett, 2005).

#### *Effects of Program-Induced Mood on Processing of an Antismoking Ad*

The present study is focused on examining the effects of TV-program-induced mood on subsequent processing of an antismoking ad (i.e., a persuasive health message). It is expected that individuals will differentially process the persuasive message they're confronted with (i.e., antismoking ad) based on their mood state prior to viewing the ad. Specifically, it is expected that people made to feel a positive mood initially engage in more heuristic/peripheral processing of the ad than those made to feel a negative mood initially. Based on the hedonic contingency model, it is unlikely that people in positive moods will be motivated to scrutinize an antismoking ad because the message is expected to have negative hedonic consequences for the message recipient. The ad selected discusses and graphically shows the dangers of cigarette smoking. It is designed to make the message recipient feel uncomfortable about the consequences of smoking. Therefore, effortful processing of this message is likely to threaten the positive mood of the message recipient. And so, in addition to engaging in less systematic processing of the ad, it is also expected that people in a positive mood report a less positive attitude toward the ad (i.e., they won't like it because the negative message interferes with their positive mood).

Conversely, it is expected that people made to feel a negative mood initially engage in more systematic/central processing of the ad than those made to feel a positive mood initially. Although the content of the antismoking ad is negative, the subsequent message provides a *potential* for bringing an individual out of their current negative mood state to feel more positive (or less negative). According to the hedonic contingency model, individuals in negative moods are expected to systematically process both positive and negative messages equally given that they are not motivated to scrutinize the hedonic consequences of processing the message beforehand. Given that individuals are not likely to scrutinize the message their attitude toward the ad should not be affected by their preexisting negative mood state.

Taken together, three hypotheses are posited:

- H1: Individuals in a positive mood will report more processing of peripheral cues in the antismoking ad than individuals in a negative mood.
- H2: Individuals in a negative mood will report more systematic/central processing of the antismoking ad than individuals in a positive mood.
- H3: Individuals in a positive mood will report less positive attitudes toward the ad than individuals in a negative mood.

## Method

### *Participants*

A total of 236 students from basic communication courses at a large Southeastern university participated in the study. The ethnic breakdown of the sample was primarily Caucasian (90.3%). The average age of the participants was 20, ( $M=19.8$ ,  $SD=1.16$ ) and the participants were principally female (64.0%). Students were able to use their participation in the study to fulfill the research requirement assigned to those in the department's speech communication courses. Extra credit for participation in the study was also offered to participants at their instructor's discretion.

### *Mood Manipulation – TV Programming*

This study used two types of TV programs to induce either a positive/negative mood in participants. For the positive mood induction, an excerpt of the hit primetime comedy *Friends* was used. The episode of *Friends* depicted cast members playing a personalized version of *Jeopardy*. The *Friends* excerpt had a total running time of 5 minutes. For the negative mood induction, an excerpt from the hit primetime drama *Law & Order* was used. The *Law & Order* excerpt depicted cast members investigating a murder and interviewing a sad young boy who had witnessed the brutal homicide. This excerpt also had a 5-minute running time and ends with the boy's mother and the boy embracing, both crying about the event. Both excerpts ended at a breakpoint where a commercial break was expected.

### *Persuasive Message – Antismoking Ad*

The antismoking ad used in this study was produced by *Truth.com* and the Florida Department of Health and uses a mock motion picture trailer format to outline the number of deaths daily and annually caused by cigarette smoking. Additionally, the ad describes the dangers of cigarette smoking and graphically shows a man dying on an operating table because of smoking. The ad had a 1-minute running time. One could characterize this ad as a fear-appeal-based message.

### *Procedures*

Participants were randomly assigned to one of two mood conditions (positive/negative) when they entered into the lab. Positive or negative moods were induced

by the type of TV programming they watched (comedy sitcom/crime drama) prior to seeing the antismoking ad. Participants watched either a 5-minute segment of *Friends* (positive mood induction) or *Law & Order* (negative mood induction) followed by an antismoking ad on a 15-inch color video monitor. Volume was set at the same level throughout the data collection. After viewing the excerpt and ad, participants completed a series of measures assessing their affective reaction to the TV program they watched, systematic processing of the ad, processing of peripheral cues in the ad, attitudes toward the ad, and demographic information. Finally, regardless of mood condition, participants were asked to write about a happy personal experience. This step was done to ensure participants exited the experiment with their final thoughts on a positive affective situation. Participants were then debriefed in full about the study.

### *Measures*

#### *Mood*

To measure the participant's mood state (i.e., level of happiness, etc.) after watching the television program segment, participants were asked to respond to a 10-item measure tapping at their feelings from watching the program (e.g., I felt sad after watching the program, I felt dismal after watching the program, I felt elated after watching the program, I felt happy after watching the program). Each item was anchored from 1 (*strongly disagree*) to 7 (*strongly agree*). To calculate happy mood, the adjectives for the happy mood items (happy, elated, cheerful, and joyful) were summed and averaged into a single score for happy mood. For sad mood, the adjectives for the sad mood items (dismal, dreary, sad) were summed and averaged into a single score for sad mood. There were also three "filler" adjectives used (angry, irritated, and confused). The adjectives for the happy and sad mood items were derived from the affect scales used by Dillard and Peck (2000) and Dillard et al. (1996). The happy and sad mood scales were previously established to be unidimensional (Dillard & Peck, 2000). The items for each mood scale were summed and averaged across the total number of items for each scale (i.e., four items for happy mood, three items for sad mood). The items yielded a good reliability score for both the happy mood ( $\alpha = .91$ ) and sad mood items ( $\alpha = .87$ ).

#### *Systematic processing*

The amount of systematic processing engaged in by participants was measured with a 5-item Likert scale. Participants were asked to rate the following statements for level of agreement from 1 (*strongly disagree*) to 7 (*strongly agree*). This measure's items were modified from prior research (Stephenson & Palmgreen, 2001) to assess amount of cognitive processing of our ad. The items were: (a) I paid attention to the details in the ad, (b) I paid attention to the statistics in the ad, (c) I thought about arguments for not using tobacco, (d) I thought about the impacts of using tobacco while watching the ad, and (e) I thought about how tobacco might affect my life. The items were

summed and averaged across the five items to obtain a single systematic processing score. The measure produced an acceptable reliability score ( $\alpha = .82$ ). A principal components analysis was performed on the set of five items with a varimax rotation, yielding a unidimensional factor, accounting for 72.53% of the variance.

#### *Peripheral cue processing*

Processing of the peripheral cues in the ad was measured with a 4-item Likert scale. This was a modified version of the measure used by Stephenson and Palmgreen (2001). Participants were asked to rate the following statements for level of agreement from 1 (*strongly disagree*) to 7 (*strongly agree*): (a) I paid attention to the music in the background of the ad, (b) I paid attention to the attractiveness of the people in the ad, (c) I paid attention to the action in the ad, and (d) I paid attention to the visual effects of the ad. The items were summed and averaged across the four items to obtain a single peripheral cue processing score. These items yielded a good reliability score ( $\alpha = .89$ ). A principal components analysis was performed on the set of four items with a varimax rotation, yielding a unidimensional factor, accounting for 84.53% of the variance.

#### *Attitude*

Attitude toward the ad was measured with a 4-item Likert scale. Participants were asked to rate the following statements for level of agreement from 1 (*strongly disagree*) to 7 (*strongly agree*): (a) I liked the ad (reverse-coded item) (b) I agreed with the ad, (c) I disliked the ad, and (d) I thought the ad made sense. The items were summed and averaged across the four items to create a single attitude score. These items yielded a good reliability score ( $\alpha = .81$ ). The items were created by the authors and factor analyzed using principal components analysis with a varimax rotation. The factor analysis yielded a unidimensional factor, accounting for 62.14% of the variance.

## **Results**

#### *Mood Manipulation Checks*

The effectiveness of the TV program mood induction was tested with a one-way analysis of variance (ANOVA) with mood conditions as the grouping variable, and the positive affect scale as the dependent measure. Participants who were primed to experience a positive mood (i.e., watched a happy program) reported more positive affect ( $M = 6.22$ ,  $SD = 0.70$ ) than those primed to experience a negative mood (i.e., watched a sad program;  $M = 3.84$ ,  $SD = 0.92$ ). Mood condition accounted for 68% of the variance in the positive affect measure,  $F(1, 234) = 496.82$ ,  $p < .001$ ,  $\eta^2 = .68$ . Similarly, participants primed to experience a negative mood reported more negative affect ( $M = 4.12$ ,  $SD = 1.37$ ) than those primed to experience a positive mood ( $M = 1.41$ ,  $SD = 1.02$ ). Mood condition accounted for 56% of the variance in the negative affect measure,  $F(1, 234) = 296.73$ ,  $p < .001$ ,  $\eta^2 = .56$ . Thus, the TV program mood manipulations were effective.

### Analyses

A series of analyses of covariance (ANCOVAs) were performed on the data set to test the three hypotheses with the message processing variables (systematic processing and peripheral cue processing) and attitudes toward the ad as dependent measures, and mood conditions (happy/sad) as the grouping factor. Participants' personal smoking history (i.e., ever smoked – yes/no) was controlled for in all analyses.

Hypothesis one predicted that individuals in a positive mood will report more processing of the peripheral cues (e.g., music) in the antismoking ad than individuals in a negative mood. Results indicate that participants in the positive mood condition reported more processing of the peripheral cues in the ad than those in the negative mood condition (see Table 1 for means). Controlling for personal smoking history, mood condition accounted for 8% of the variance in the peripheral cue processing measure,  $F(1, 234) = 19.46, p < .001, \eta^2 = .08$ . And so hypothesis one was supported.

Hypothesis two predicted that individuals in a negative mood should report more systematic/central processing of the antismoking ad than individuals in a positive mood. Results indicate that participants in the negative mood condition reported more systematic processing of the ad than those in the positive mood condition (see Table 1 for means). Controlling for personal smoking history, mood condition accounted for 10% of the variance in the cognitive processing measure,  $F(1, 234) = 25.35, p < .001, \eta^2 = .10$ . And so hypothesis two was supported.

Hypothesis three predicted that all individuals in positive moods will report a less positive attitude toward the ad than those in negative moods. Results indicate that participants in both the positive and negative mood conditions reported a positive attitude toward the antismoking ad (see Table 1 for means). Controlling for personal smoking history, attitude toward the smoking ad did not significantly differ by mood

**Table 1** Means and Standard Deviations of Key Dependent Variables by Mood Conditions

Dependent Variables	<i>M</i>	<i>SD</i>	<i>n</i>
Processing of peripheral cues in the ad			
Negative mood condition	4.11***	0.12	117
Positive mood condition	4.85***	0.12	119
Systematic processing of the ad			
Negative mood condition	4.48***	0.10	117
Positive mood condition	3.77***	0.10	119
Attitudes toward the ad			
Negative mood condition	5.02	0.12	117
Positive mood condition	5.28	0.12	119

*Note.* Asterisks represent significant differences between the group means at  $p < .01$ , controlling for personal smoking history. Higher values reflect greater processing and more positive attitude toward the ad. All dependent measures were based on a 7-point scale.

conditions,  $F(1, 234) = 2.55$ ,  $p = .11$ ,  $\eta^2 = .02$ . A power analysis was conducted yielding a power of 0.97 for detecting a medium effect size (i.e.,  $f = .25$ ) with alpha set at .05. Not only did attitude toward the ad not differ by mood condition as predicted, the means were in the opposite direction (i.e., positive mood participants reported more positive attitudes toward the ad than negative mood participants).

## Discussion

This study examined the effects of television-program-induced moods on subsequent processing of an antismoking ad. The investigation was motivated by the need to determine the most effective place to embed a health-related ad within mass media programming. Although previous research by other scholars (e.g., Biener and her colleagues) have demonstrated what ad characteristics may be needed for an ad to be perceived as effective (e.g., elicits strong negative emotions), it is important to know the extent to which certain factors such as a person's mood affects *how* he or she chooses to process these "effective" messages. If people are not motivated to cognitively process these ads, but rather to heuristically process these ads, then the effectiveness of these ads are undermined.

Based on our results, we can tentatively conclude that a person's mood induced via the type of television programming viewed (comedy/drama) does impact the type of message processing people engage in when viewing a subsequent persuasive message (i.e., the antismoking ad). Our findings indicate that people in a positive mood prior to receiving a persuasive message engage in more processing of the peripheral cues found within the message and less systematic processing of the arguments found in that message. Conversely, people in a negative mood prior to receiving a persuasive message are more likely to engage in systematic processing of the arguments found in the message rather than the peripheral cues found within the message. It is important to note that for those in a negative mood, the means suggest that they engaged in systematic processing of the message as well as processing of the peripheral cues in the message. Our findings have some important implications with regards to health message design and placement of these messages within the entertainment context.

Our results suggest that in designing health messages, it is important to consider how a person's mood *directs* people's attention to the visual and/or verbal aspects of a persuasive message. For instance, if it is expected that individuals will be in a happy mood prior to receiving the message, rather than simply present statistics about how many people die from smoking, or facts about the dangers of smoking (e.g., types of chemicals contained in a cigarette), it may be more effective to focus on presenting the harms of smoking in a visual manner (e.g., what smoking does to a person's appearance over time). Based on our findings, individuals in positive moods are more likely to process the visual arguments of a message as opposed to the verbal arguments. Of course, it may be the case that people in positive moods will engage in defensive avoidance to all negatively framed messages, regardless of whether or not such arguments are presented in a visual or verbal manner.

Wegener and Petty's (1994) hedonic contingency model provides a good rationale for this alternative hypothesis. According to Wegener and Petty (1994), people in happy moods would not be motivated to process negatively framed messages because such messages fail to provide any hedonic consequences for the happy message recipient. In fact, these individuals would be highly motivated to avoid attending to negatively framed messages because they are likely to threaten the message recipients' happy mood. Alternatively, rather than presenting the dangers and harms of smoking either visually or verbally, it may be most effective to use positively framed antismoking messages (i.e., ads that emphasize the benefits gained from quitting) to persuade individuals in happy moods to quit smoking.

Related to antismoking campaigns, one strategy may be to use uplifting music and presenting positive images emphasizing the benefits of not smoking or quitting. The use of positively framed antismoking ads would provide individuals in happy moods positive hedonic consequences for processing the message. As a result, they may be more motivated to engage in systematic processing of the message arguments, and in turn have higher intention to quit smoking. Future research can test this alternative strategy (i.e., positively framed ads) to determine its effectiveness.

For individuals in negative moods, our findings suggest that the use of either negatively framed or positively framed messages may be equally effective at persuading them to quit smoking. For these individuals, because of their stronger inclination to systematically process messages, it is important that antismoking ads contain strong arguments. Antismoking ads that present only strong visual images against smoking, but relatively weak claims about why it is important to quit, or lack of efficacy information on the best way to quit are likely to be ineffective messages. According to the hedonic contingency model, individuals are motivated to attain or to maintain a positive mood state through the processing of subsequent messages. Because the overall goal is to *attain or maintain* positive affect, and given that antismoking ads are generally negative, the inclusion of information aimed at *increasing* a person's positive feelings (e.g., strong efficacy information about how to successfully quit smoking) is critical for the message to be effective.

Our results also have implications regarding the placement of health campaign messages within certain entertainment contexts. Based on our results, if health campaign designers wanted to encourage more systematic processing of the message, placing a fear-appeal-based ad (i.e., negatively framed message) in a *Friends* commercial break would seem to be a poor choice. Regardless of how strong the arguments may be in the message, it is likely that people will engage in less systematic processing of these claims (contrary to what was intended by the message designers). A better strategy would be to place positively framed antismoking ads within these commercial breaks because they provide positive hedonic consequences for the message recipient (i.e., rewards you'll get from not smoking) and are likely to motivate greater systematic processing because of their positive emotional tone. On the other hand, placing a fear-appeal-based ad in a *Law and Order* commercial break may be as effective as a positive-framed ad, given that individuals in negative moods are equally likely to systematically process a negative message as much as a positive message.

Despite the implications our study's findings have for both message design and message placement, there are a few limitations worth discussing. Chiefly, there is a concern with the generalizability of this study. In typical television programming, public service advertisements (PSAs) are often preceded by other commercial advertising. It is not often the case that the *first* ad individuals see during a commercial break during a primetime program is a PSA. And so, our concern is then how do emotions induced by commercials (i.e., for products) preceding the PSA affect how people process the PSA. Future research needs to look at this issue closer because it may be more realistic to consider the effects of commercial-induced mood effects on subsequent PSA processing, as opposed to looking at the TV-program-induced moods effects. Moreover, only one antismoking ad was used in this study. To increase the generalizability of our findings, a variety of antismoking ads should be used in future studies; ads that feature a range of themes (e.g., health effects, social effects, impact on family).

Another potential limitation has to do with the strength of our negative mood condition. Although the negative mood condition produced less positive affect than the positive mood condition, it is worth noting that individuals in the negative mood condition were only slightly below the scale midpoint on the positive affect measure. Future studies should consider using more depressing programming or adding a second manipulation (i.e., having participants write about and relive a past sad experience) to ensure that individuals are in a *true* negative mood state.

Lastly, although individuals in negative moods reported greater systematic processing of the ad compared to those in positive moods, what is unclear is whether such processing in turn leads to attitude change. Individuals in both mood conditions reported positive attitudes toward the ad, contrary to our predictions. One possible explanation to account for part of this result is that we should have asked participants their attitudes toward smoking instead. If people in negative moods are processing the ad systematically, they should report more negative attitudes toward smoking compared to those in happy moods who were heuristically processing the ad.

As for why individuals in happy moods reported a positive (rather than negative) attitude toward an antismoking ad (i.e., negatively framed message), one explanation may be due to the "packaging" of the message. The antismoking ad selected for this study presented the message within the context of a mock "movie trailer" that simulated those you would normally see for action-adventure films. And so, because individuals in happy moods paid more attention to the *packaging* of the message rather than the *content* of the message, they may have enjoyed watching the action scenes going on in the movie trailer and found it to be exciting and entertaining, which would not have threatened their mood state. If the ad selected had been presented in a much less positive manner (e.g., talked about the painful death of a family member because of smoking), attitude toward the ad may have been more negative, especially among those in happy moods.

The results of this study provide further support of the notion that negative moods facilitate systematic message processing, whereas positive moods inhibit it. Specifically, our study showed that moods induced by television programming can impact

how a person processes subsequent persuasive messages (e.g., health-related public service advertisements). Given our findings, it is important for health-message designers to pay close attention how best to frame messages depending on the mood of the message recipient, as well as where to best place positively and negatively framed ads within the entertainment context for them to be most effective.

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