

This article was downloaded by: [National Chengchi University]

On: 07 March 2013, At: 23:18

Publisher: Taylor & Francis

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Health Communication: International Perspectives

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/uhcm20>

Assessing the TARES as an Ethical Model for Antismoking Ads

Seow Ting Lee^a & I-Huei Cheng^b

^a Communications and New Media, National University of Singapore, Singapore

^b College of Communication, National Chengchi University, Taiwan

Version of record first published: 28 Jan 2010.

To cite this article: Seow Ting Lee & I-Huei Cheng (2010): Assessing the TARES as an Ethical Model for Antismoking Ads, *Journal of Health Communication: International Perspectives*, 15:1, 55-75

To link to this article: <http://dx.doi.org/10.1080/10810730903460542>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Assessing the TARES as an Ethical Model for Antismoking Ads

SEOW TING LEE

Communications and New Media, National University of Singapore,
Singapore

I-HUEI CHENG

College of Communication, National Chengchi University, Taiwan

This study examines the ethical dimensions of public health communication, with a focus on antismoking public service announcements (PSAs). The content analysis of 826 television ads from the U.S. Centers for Disease Control and Prevention's (CDC) Media Campaign Resource Center is an empirical testing of Baker and Martinson's (2001) TARES Test that directly examines persuasive messages for truthfulness, authenticity, respect, equity, and social responsibility. In general, the antismoking ads score highly on ethicality. There are significant relationships between ethicality and message attributes (thematic frame, emotion appeal, source, and target audience). Ads that portrayed smoking as damaging to health and socially unacceptable score lower in ethicality than ads that focus on tobacco industry manipulation, addiction, dangers of secondhand smoke, and cessation. Emotion appeals of anger and sadness are associated with higher ethicality than shame and humor appeals. Ads targeting teen/youth audiences score lower on ethicality than ads targeting adult and general audiences. There are significant differences in ethicality based on source; ads produced by the CDC rate higher in ethicality than other sources. Theoretical implications and practical recommendations are discussed.

Any form of communication that aims to change people's attitudes or behaviors by touching on deeply held personal preferences and values is bound to raise many ethical questions. Communication campaigns that seek to bring about positive changes in people's lives concerning health, a matter of fundamental human import, however, often are viewed as "benevolent endeavors" (Rogers, 1994) premised morally upon noble justifications. As noted by Seedhouse (1988), "It can be tempting to think that work for health is value free, that some endeavors are simply good and desired by all, and have no effects that can be described as bad or undesirable" (p. 57). It is likely due to such presumptions that the literature in public health communication, with few exceptions (e.g., Andreasen, 2001; Faden & Faden, 1978; Guttman, 1997, 2000, 2003; Kozlowski & O'Connor, 2003), rarely has discussed ethics: "Ethics is rarely thought to be an issue in standard health promotion work" (Seedhouse, 2004, p. 53).

The authors thank the Arthur W. Page Center for Integrity in Public Communication for its support of this research through the Page Legacy Scholar Program.

Address correspondence to Dr. Seow Ting Lee, c/o Communications and New Media, Faculty of Arts and Social Sciences, National University of Singapore, Block AS6 Level 3, 11 Computing Link, Singapore 117589, Singapore. E-mail: seowting.lee@nus.edu.sg

This study seeks to identify and explicate the ethical dimensions of public health messages, specifically through an analysis of antismoking PSAs.

Ethical thought can be divided into two broad approaches: teleological and deontological. The teleological approach, which emphasizes outcomes, is best summed up by utilitarianism that values efficiency and results through maximizing the greatest good for the greatest number within society's limited resources. From this perspective, tools of persuasion such as exaggeration, omission of information, fear, and other appeals and thematic frames in public health messages may be justified even if these strategies may be untruthful, disrespectful, or harmful to individuals or play a role in fanning anxieties, labels, or stigmas or triggering contradictory reactions. Earle (2000) gave an example of an antidrug message that reminded a former cocaine addict of his enjoyment, nearly causing him to start using it again. Another example is preventive health messages that warn people of the risks of illnesses resulting from failure to adopt a certain behavior may be supported by the precept of beneficence, but they may elicit strong feelings of shame or guilt and violate the precept of harm avoidance. The deontological approach suggests that some acts are bound by duty and must be executed regardless of the consequences. The focus on the act rather than on the consequences is evident in single-rule nonconsequentialist theories such as Kant's categorical imperative and Judeo-Christian ethics. One example is the precept of truth telling; a lie is a lie and cannot be mitigated by the lie's benefits. The inadequacies of deontological and teleological approaches have led to a resurgence of virtue ethics (e.g., MacDonald & Beck-Dudley, 1984), with its roots in the work of Plato and Aristotle, emphasizing moral character rather than rules and consequences. Deontology, teleology, and virtue ethics are contrasted by ethical relativism that holds that there are no moral absolutes. Right and wrong are based on social norms and evolve over time. An example is situational ethics, where each situation is approached individually and is not bound by consistent guidelines.

Public health communication's reliance on teleological ethics, by focusing on consequences (beneficence and avoidance of harm) as the main determinant of a message's ethicality, is questionable. Some scholars have questioned the teleological focus in health communication by suggesting that a message should be assessed also for its intrinsic moral worth rather than its outcome alone (e.g., Guttman, 1997; Kirby & Andreasen, 2001). Others (e.g., Baker & Martinson, 2001; Cutlip, 1994; Fagothey, 1976) focused on the relative last end to distinguish it from more immediate instrumental ends such as improved fatality rates or drops in smoking rates. The final relative end of public health communication is open to debate, and it involves complex variables including human values, education, advocacy, and freedom of choice. Baker and Martinson (2001), who expressly stopped short of identifying the final relative end of persuasive communication, argued:

One will never be able to articulate a practical means to achieving at least something approaching a level of minimally acceptable ethical behavior in persuasive communications unless there is greater agreement as to what is that last end toward which persuasive communication is directed. (p. 151).

Seedhouse (2004), however, maintains that health promotion is fundamentally prejudiced and all initiatives held in the name of health promotion ultimately are based on human values rather than on defensible, evidence-based theory.

The research on antismoking messages focused on message efficacy and largely ignored ethics. Although public health communication is an intersecting field of public relations, advertising, and health promotion, the ethical templates for public relations and advertising—rare as they are—may or may not be applicable to public health communication. There is significant recognition that the goal of persuasion in public relations and advertising centers on exploiting people in a manner detrimental to their preferences, interests, or well-being (Jaksa & Pritchard, 1994). In contrast, there is an implicit understanding that health communication, defined as a purposeful attempt to bring about desired changes in individuals' health-related behaviors or attitudes through messages of awareness, instruction, and persuasion (Atkin, 2001), is aimed at enhancing people's well-being. There has been little, if any, research in the ethics of health communication. Most of the limited discussion is philosophical or normative (e.g., Guttman, 1997, 2000, 2003). The endeavor of attending to ethics in health communication is not only a moral prerequisite but carries pragmatic significance. Considering the interplay of accountability, credibility, respect, and trust, antismoking messages that are sensitive to ethical concerns may be more effective. A better understanding of antismoking messages will help set forth a framework for testing the relationship between message ethicality and message efficacy, and for explicating the socially responsible behavior of public health communicators.

Literature Review

Putting the TARES to the Test

There is a surprising dearth of literature on ethics of persuasion, despite an increasing public scrutiny of public relations and advertising in the aftermath of dot.com crashes, accounting scandals, and a climate of systemic public skepticism of media messages. Baker and Martinson's (2001) TARES framework is the first to explicate the notion of practitioner accountability toward the message receiver in persuasive communication. The TARES, through a five-part test, establishes ethical boundaries for persuasive communications. The five interconnected principles in the normative model follow: *truthfulness* of the message, *authenticity* of the persuader, *respect* for the person being persuaded, *equity* of the persuasive appeal, and *social responsibility* for the common good. According to Baker and Martinson,

Although professional persuasion is a means to an instrumental end, ethical persuasion must rest on or serve a deeper, morally based final (or relative) end. We suggest that these five principles, taken together, comprise the legitimate end of professional persuasive communications and that these communications are ethical and morally justified if they adhere to the principles of truthfulness, authenticity, respect, equity, and social responsibility. (p. 172)

The TARES requires a series of questions to be asked about a message; to pass the test, answers must fulfill all five principles. The TARES did not receive any empirical testing until Lieber (2005) conducted an online survey of public relations practitioners. The study found that the TARES is better suited for a three-factor configuration based on Day's (2003) definition of moral knowledge: civility, integrity, and credibility—factors that classify someone as morally virtuous. Ethical considerations for the audience differ based on the practitioner's age, education,

gender, and political ideology. Lieber's work is significant for its contribution toward the operationalization and quantification of the ethical knowledge of public relations practitioners, but as conceded by Lieber: "Despite a discovery of significant correlations, this study does not come with a guarantee that participants' responses to ethical statements are indicative of how they react in their actual job" (p. 300). Indeed, there is evidence that the communicator's demonstration of ethical considerations for the audience is contextual. Furthermore, despite the advantages of survey research, attitudes toward ethics and morality are notoriously difficult to capture through self-reports. Our study takes a different route to empirically test the TARES; it builds on the work of Baker and Martinson (2001) by directly examining the content of persuasive messages for *truthfulness*, *authenticity*, *respect*, *equity*, and *social responsibility* in a specific category of persuasive messages: antismoking ads. As yet, no study has operationalized the TARES to assess the ethicality of public health messages, where ethicality is defined as conformity to accepted standards of moral conduct. We propose the following research question:

RQ1: To what extent are the five TARES principles manifest in antismoking messages?

To gain a more comprehensive understanding of the TARES, we further seek to understand the relationships between the TARES principles and antismoking message attributes such as thematic frames, emotion appeals, source, and target audiences.

Message Attributes in Antismoking Ads

Content analytic work to characterize and identify elements of antismoking messages is relatively new. A main theoretical approach involves the characterization of *thematic frames* and *emotion appeals*. Although several studies have examined antismoking ads, most focused on descriptive identification and classification of thematic frames (e.g., Beaudoin, 2002; DeJong & Hoffman, 2000; Goldman & Glantz, 1998; Pechman & Goldberg, 1998; Teenage Research Unlimited, 1999; Wakefield et al., 2005). One of the earliest content analytic research on antismoking messages was by Goldman and Glantz (1998), who examined antismoking messages used in focus group studies. They found that ads that featured tobacco industry manipulation and dangers of second hand smoke were most effective, while messages that delved into youth access to cigarettes, health effects, and romantic/social failure were less effective. DeJong and Hoffman (2000), who analyzed all the ads used by the Massachusetts Tobacco Control Program Media Campaign between 1993 and 1996 found that dominant themes were tobacco industry practices, smoking prevention, health consequences for smokers, other consequences for smokers, smoking cessation, and secondhand smoke. Ibrahim and Glantz (2007), who studied tobacco control media campaigns in seven U.S. states and of the American Legacy Foundation from 1967 to 2006, suggested that messages that directly addressed the tobacco industry's deceptive practices are highly effective. Another study of 40 antismoking ads for youth in focus groups found that effective ads contain themes of addiction, health effects, role modeling for younger siblings, and effects on the family (Teenage Research Unlimited, 1999). Beaudoin (2002) content analyzed 197 antismoking ads distributed by the CDC between 1991 and 1999. By focusing on relationships between ad characteristics and target audiences, he found that youth-oriented ads tend to contain youth characters, use sociability and humor

as appeals, and feature social and short-term health consequences, whereas adult-oriented ads rely on fear appeals and long-term health consequences.

There is ample literature to suggest that emotional arousal is an important mediating variable in advertising effectiveness (see Donohew, Lorch, & Palmgreen, 1998; Keller & Block, 1996; Lang, 1995; Witte & Allen, 2000). Health-behavioral theories developed to explain and support why negative health messages may be effective (e.g., Fishbein & Middlestadt, 1989; Glanz & Rimer, 1997; Rosenstock, 1990) generally suggest that an expectancy of a negative outcome might reduce the likelihood of a behavior. Others postulate that negative emotions elicited by health messages, such as feelings of fear, may facilitate the persuasion process (e.g., Janis & Feshbach, 1953; Rogers, 1983; Witte, 1998). There is a body of work (e.g., Benet, Pitts, & La Tour, 1993; Hastings, Stead, & Webb, 2004), however, that is critical of fear appeals. Benet and colleagues (1998) suggest that the elderly's psychological responses to fear-based appeals do not differ significantly from younger consumers. Hastings and colleagues (2004) found that fear has both weaker effects and unintended deleterious effects in real-world social marketing campaigns. In antismoking messages, Hill, Chapman, and Donovan (1998) suggested that fear appeals in ads targeting youth can increase the messages' effectiveness. Biener (2002) found that youth were more likely to perceive as effective antismoking ads that stressed the serious consequences of smoking, rather than ads that offer youth a choice about smoking. In another survey of youth aged 14 to 17, Biener and Taylor (2002) observed that ads can elicit a range of emotions, including fear, sadness (demise of family members), anger (at tobacco companies), and even empathy and hope (for smokers struggling to quit). Cohen, Shumate, and Gold (2007) who content-analyzed 399 TV ads from the CDC's Media Campaign Resource Center (MCRC) in March 2004 found that ads were more likely to use informational and humor appeals, rather than sadness, fear, or anger.

Source is also a significant factor. Wakefield and colleagues (2005), comparing the effects of antismoking ads produced by different sources, asked 278 youth to rate 16 elements in 50 ads, and found that tobacco-company ads were more likely to elicit positive emotions and less likely to elicit negative emotions and to be of interest to youth than ads made by tobacco-control agencies. Compared with tobacco-control ads, pharmaceutical company ads were less likely to elicit negative emotional responses or cognitively engage youth and more likely to elicit positive emotions. These findings portend a huge uphill battle for tobacco-control agencies.

Despite researchers' continued interest in identifying and describing the message attributes of antismoking messages, evidence of efficacy of different sources, frames, appeals, and target audiences is limited and contradictory (Pechman, Zhao, Goldberg, & Thomas Riebling, 2003; Wakefield et al., 2005). For example, Wakefield and colleagues (2005) noted that "research focusing on ad themes has produced mixed findings, at least in part because of the differences in methods; choice of independent, mediating, and outcome variables and measures; and differences in the ads and campaigns studied" (p. 1896). The internal elements and dynamics of public health messages including anti-smoking messages, in fact, remain relatively unexamined (Beaudoin, 2002). Based on the discussion of message attributes in this section, we pose a second research question:

RQ2: What are relationships between message ethicality and message attributes (e.g., thematic frame, emotion appeal, source, and target audience)?

Method

Sample

Our content analysis examined antismoking television ads in the MCRC online database managed by the CDC, as of December 31, 2007. The MCRC database http://www.cdc.gov/tobacco/media_communications/countermarketing/mcrc/index.htm is created for agencies in need of ads for their campaigns. The database contains CDC-licensed advertisements produced by state health departments, nonprofit health organizations, and federal agencies. As a database, the MCRC is a constantly changing entity due to regular updates. We collected 826 unique television ads, after discarding duplicate ads that differed only in length (fuller-length versions were analyzed). Of the 826 ads, the majority (about 86%) were 30 seconds in length, and the rest were 15 seconds (5%), 60 seconds (5%), and of other lengths (5%). The oldest identifiable ads were from 1994, and the newest were from 2007.

Coding Categories

The unit of analysis is the persuasive antismoking television ad, in the context of tobacco control and defined as any verbal message or visual performance depicting a credible health threat smoking as, antismoking attitudes, antismoking behaviors, and portrayals of harmful consequences of smoking and benefits of not smoking (see Maibach & Parrott, 1995) as well as the expression of prima facie duties toward the receiver (see Baker & Martinson, 2001). Hence, our two major coding categories consist of message ethicality (TARES) and message attributes (thematic frame, emotion appeal, source, and target audience). The coding categories are discussed next, and more detailed definitions are provided in Appendices I and II.

Message Ethicality. Five coding categories addressed the five ethical principles of Baker and Martinson's (2001) TARES Test. For *truthfulness*, eight items assessed the visual and verbal content of antismoking television ads for elements of truth telling, exaggeration, omission of information, and intention to mislead or to deceive. *Truthfulness* is multifaceted. No only are we concerned with the veracity of the information presented but also the omission of information. Many ads communicate only part of the truth, but not all omissions are deceptive. For deception to occur, there must exist the intent to deceive. Many ads also contain exaggerations, or fluff, but an exaggeration is not misleading unless there is intent to mislead. Patterson and Wilkins (2002) discussed the example of a Cheerios commercial that omitted the fact that other components of a heart-healthy lifestyle and that other breakfast cereals are equally healthful, but the commercial does not lead the consumer to make false assumptions and bad choices. From the perspective of the TARES, the ad met the *truthfulness* principle, although it communicated only part of the truth. Like commercials, health communication and social marketing messages are inherently time limited and often tightly constrained on content, thus restricting the amount of information that could be provided to audiences. By operationalizing truth as a multifaceted ethical principle, the TARES extends beyond the simple idea of truth as "telling it all."

Authenticity was coded with two items concerning a message's sincerity and convincingness: whether there is a sincere need for this ad within the range of goods and services available, and whether the reasons presented in the ad are equally

convincing to the audience and to the ad creator. *Respect* was assessed with two items that examined the ad creator's demonstrations of respect toward the audience and of taking full, open, public and personal responsibility for the message. *Equity* was coded with two items that assessed whether the audience must be unusually well informed and bright to understand the message of the ad, and whether the ad takes advantage of human weakness by exploiting people's anxieties, fears, low self-esteem, and so on. Last, *social responsibility* was coded on five questions that asked about the ad's societal impacts in terms of improvement for society as a whole, benefits to some groups, harm to others, the level of trust the average person has for ads in general after viewing this particular ad, and the perceived interest of the ad creator in improving human life and welfare. Following the guidelines of Baker and Martinson (2001) and Patterson and Wilkins (2002) on applying the TARES test, each ad in our sample was assessed on the five principles—*truthfulness*, *authenticity*, *respect*, *equity*, and *social responsibility*—based on a pass-fail criterion.

Message Attributes. The 10 thematic frames are health (smoking does damage to health), addiction (tobacco products are addictive), secondhand smoke (dangers of secondhand smoke), cessation (information for quitting), social/romantic (smoking is socially/romantically unacceptable), family (impact on the family), industry manipulation (manipulative practices of the tobacco industry), access (restricting the public's, especially youth's, access to cigarettes), parental role (parents' initiative in talking to their children about tobacco use), and "other" (open ended). Related to thematic frames is the ad's overall tone. An ad was framed in a positive tone (bright or cheerful visual and verbal contents), negative tone (dark or gloomy), or neutral.

Emotion appeals included fear (if an ad elicits feelings of fear such as showing the dissected lung of a smoker), sadness (elicits sad feelings or induces heartache or loneliness, such as depicting a smoker puffing alone in the rain or the demise of a family member), guilt (recognition that one's smoking behavior has violated a standard or value important to others, or that others may have been hurt by the choice), shame (negative feelings about being a smoker and a desire to keep others from discovering that one is a smoker), humor (humorous situation or dialogue), and anger (hostility toward someone or an entity such as tobacco companies) were coded using definitions based on previous literature, with "other" as an open-ended option.

The ads were coded for their source, which included state tobacco agencies and health departments, federal agencies, tobacco companies, and the American Legacy Foundation. The target audiences were identified by considering the age group that is the most likely intended audience: mature adults (defined as 45 years and older); young adults (those who are in their twenties/thirties through early forties); teen/youth, and general audiences.

Intercoder Reliability. The ads were coded by three trained coders—an undergraduate and two graduate students from a mass communication program in a large American public university. Following a coding protocol, each coder coded the ads in three waves, where ads were subject to intercoder reliability testing at the beginning, in the middle, and at the end of the project. A total of 119 ads (14.4% of the sample) were analyzed, producing Scott's *pi* values of between .73 and .87, with the following ranges: *truthfulness* (between .81 and .86); *authenticity* (between .73 and .80), *respect* (between .81 and .83), *equity* (between .78 and .82), and *social responsibility* (between .82 and .87). For message attributes, Scott's *pi* ranged from .85 to .94.

Results

RQ1 Manifestation of TARES

Descriptive statistics showed that the ads in our sample in general scored highly in message ethicality. In our coding scheme, the number 1 indicates a failure to meet a TARES principle, and 2 is a "pass." The *truthfulness* principle based on eight items averaged 1.95 (S.D. = .009); *authenticity* based on two items averaged 1.96 (S.D. = .178); *respect* based on two items averaged 1.96 (S.D. = .165); *equity* based on two items averaged 1.94 (S.D. = .192); and *social responsibility* based on five items averaged 1.88 (S.D. = .142). The grand mean for the 19 TARES items is 1.94 (S.D. = .009). Overall message ethicality or the TARES index based on 19 statements operationalizing the five ethical principles ranged from 29 to 38, with a mean of 36.67 and a S.D. of 2.60. Of the 826 ads, more than one-third or 312 ads (37.8%) fully passed the TARES test by meeting the expectations of all 19 items representing the five principles of *truthfulness*, *authenticity*, *respect*, *equity*, and *social responsibility*. Nearly one-third (29.9%) or 247 ads met the expectations of 18 items of the TARES. This is followed by 133 ads (16.1%) that fulfilled 17 items; 55 ads (6.7%) with 16 items; 28 ads (3.4%) with 15 items; 23 ads (2.8%) with 14 items; 12 ads (1.5%) with 13 items; 9 ads (1.1%) that fulfilled 12 items; 5 ads (.6%) that fulfilled 11 items; and finally 2 ads (.2%) that met the expectations of only 10 TARES items. We briefly describe the two ads with the lowest ethicality scores: "Maggot" kicks off with a soft-focus shot of a pretty teenage girl combing her hair in front of a mirror. Suddenly, she chokes. The music stops. She shudders and in one big heave, throws up a gush of live, squirming maggots into the washbasin. The camera zooms in to the maggots, and the following shots show her staring into the mirror, this time as a ghostly apparition. In "Tooth Phlegm" (Washington State Dept of Health, Year Unknown), a young man is smoking. The next shot pans into a cigarette torn in half, dripping with thick, sticky phlegm. The tag line reads: "Cigarettes...with real phlegm filling" and the voiceover sneers: "Real chunks." "Hacktacular! Mmmm, mmmm!!"

As shown in Table 1, descriptive statistics showed that the biggest obstacle to passing the TARES test lies in the *social responsibility* item that addresses an ad's impact on the audience's level of trust for ads in general. Nearly half (397 ads or 48.1%) failed to meet this criterion. Another obstacle is the *truthfulness* item representing visual exaggeration. Nearly one-quarter of ads (200 or 24.2%) did not fulfill this expectation. Of the 200 "failed" ads, however, only two were found to be truly misleading in terms of visual exaggeration, demonstrating that creative license is acknowledged to be part of ad creation. The third obstacle is the *equity* item seeking to ensure that an ad does not take advantage of human weaknesses such as anxieties, fears, self-esteem issues, and so on; 82 or about 10% of ads did not meet this criterion. In sum, based on the 19 items' appraisal of the 826 ads, failure to meet expectations of the TARES Test accounts for only 7%.

A reliability analysis showed that the 19 items used for the TARES have a good internal consistency (Cronbach's alpha = .79). We further analyzed the reliability of groups of items specific to each of the five principles: *truthfulness* (8 items, Cronbach's alpha = .68); *authenticity* (2 items, Cronbach's alpha = .91); *respect* (2 items, Cronbach's alpha = .87); *equity* (2 items, Cronbach's alpha = .77); and *social responsibility* (Cronbach's alpha = .76). Only one principle, *truthfulness*, fell below

Table 1. Results of the application of TARES to ads ($n = 826$)

TARES principles	Items	Number of ads that met TARES test's expectations	
		Pass (%)	Fail (%)
Truthfulness	Verbal truthfulness	813 (98.4)	13 (1.6)
	Visual truthfulness	763 (92.4)	63 (7.6)
	Omission of information	778 (94.2)	48 (5.8)
	- Omission is misleading	824 (99.8)	2 (.2)
	Verbal exaggeration	803 (97.2)	23 (2.8)
	- Verbal exaggeration is misleading	825 (99.9)	1 (.1)
	Visual exaggeration	626 (75.8)	200 (24.2)
	- Visual exaggeration is misleading	824 (99.8)	2 (.2)
Authenticity	Sincere need for ad	786 (95.2)	40 (4.8)
	Convincingness	796 (96.4)	30 (3.6)
Respect	Demonstration of respect to audience	772 (93.5)	54 (6.5)
	Demonstration of full responsibility	807 (97.7)	19 (2.3)
Equity	Audience's level of comprehension	801 (97.7)	19 (2.3)
	Exploitation of human weaknesses	744 (90.1)	82 (9.9)
Social Responsibility	Societal improvement	814 (98.5)	12 (1.5)
	Benefit to audience	819 (99.2)	7 (.8)
	Harm to audience	821 (99.4)	5 (.6)
	Impact on level of trust on ads in general	429 (51.9)	397 (48.1)
	Serious approach to social responsibility	751 (90.9)	75 (9.1)
		14,596 (93.0)	1,092 (7.0)

the .70 level of Cronbach's alpha recommended by Field (2005) as the cut-off point for good reliability. The deletion of one of the *truthfulness* items (pertaining to whether a verbal exaggeration is misleading) appears to improve reliability from Cronbach's alpha of .68 to .72. The implication of this finding will be discussed further. Overall, the 19 items, separately and together, represented the TARES test rather reliably.

RQ2 Ethicality and Message Attributes

The results showed significant relationships between message ethicality and message attributes in terms of thematic frame, emotion appeal, source, and target audience.

Table 2. Analysis of variance results for thematic frames and message ethicality

Thematic frames	N	Overall message ethicality			Truth		Authenticity		Respect		Equity		Social responsibility	
		Mean	S.D.		Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	
1. Health	158	36.60*	.125	1.937*	1.953*	1.924*	1.899	1.911*						
2. Addiction	30	37.20*	.286	1.996*	1.967*	2.000	1.900	1.900*						
3. Secondhand smoke	126	37.08*	.139	1.965*	1.992*	1.972*	1.948	1.906*						
4. Cessation	148	37.01*	.129	1.964*	1.986*	1.979*	1.959	1.890*						
5. Social	157	35.76*	.125	1.920*	1.873*	1.904*	1.920	1.802*						
6. Family	9	36.89	.522	1.931*	2.000	1.944	2.000	1.911						
7. Industry manipulation	159	36.91*	.124	1.950	1.987*	1.987*	1.956	1.889*						
8. Access	5	36.40	.700	1.875	2.00	2.000	2.000	1.880						
9. Parental role	5	37.60	.700	2.000*	2.00	2.000	1.900	1.960						
F		8.77***		4.797***	5.909***	3.977***	1.599	7.496***						
Partial eta squared		.090		.050	.061	.042	.017	.076						

* $p < .05$, ** $p < .01$, *** $p < .001$.

Thematic Frame. Thematic frame was a significant factor in overall message ethicality ($F_{(1,9)} = 8.77, p < .001$, partial eta-squared = .09). Post hoc analyses showed that the ads conveying smoking as socially unacceptable and damaging to health tended to score lower in ethicality than the ads framed thematically in terms of manipulation of tobacco industry, addiction, secondhand smoke, and cessation (Table 2). The ad's overall tone also was a significant factor in message ethicality ($F_{(1,2)} = 8.487, p < .01$, partial eta-squared = .02). Post-hoc analysis showed that ads with a positive tone tended to score higher on the overall ethicality index and on specific dimensions of *authenticity*, *respect* and *social responsibility* than the ads with negative or neutral tones.

Emotion Appeal. Significant differences were found in many areas (Table 3). Ads with anger, sadness, and fear appeals scored higher in overall message ethicality, but ads with humor and shame were associated with lower message ethicality. There was no significance in the relationship between the guilt appeal and message ethicality. More specifically, ads that aimed to elicit fear scored lower on *equity*, but higher on *social responsibility* and *authenticity*. Ads with the sadness appeal scored higher in *truthfulness*, *equity*, and *social responsibility*. Ads with the guilt appeal scored higher in *social responsibility*, while ads that elicited shame scored lower on *respect*, *equity*, and *social responsibility*. Humor was inversely correlated with *truthfulness*, *authenticity*, *respect*, and *social responsibility* but was positively related to *equity*. Ads with the anger appeal scored higher in *truthfulness*, *authenticity*, and *respect*.

Source. More than half of ads, 458 or 55.4%, were affiliated with state tobacco-control agencies and health departments, followed by 49 (6%) from the CDC, and 38 (4.6%) from the American Legacy Foundation. The source was not identified in 281 ads (34%). An analysis of variance showed that source was a significant factor in message ethicality ($F_{(1,3)} = 6.918, p < .001$, partial eta squared = .025). The CDC ads scored higher in ethicality than ads by state agencies and ads by unidentified sources (Table 4). Ads by state agencies rated higher in *truthfulness* than ads by unidentified sources. Ads by the CDC and state agencies scored higher in *social responsibility* than ads by the American Legacy Foundation and by unidentified sources. There were no significance differences among sources in *authenticity*, *respect* and *equity*.

Table 3. Correlations between emotion appeals and message ethicality

Emotion appeal	Overall message ethicality	TARES principles				
		Truthfulness	Authenticity	Respect	Equity	Social responsibility
1. Fear	.090**	.046	.101*	.026	-.212**	.211**
2. Sadness	.103**	.077*	.044	.051	.075*	.070*
3. Guilt	.064	.028	.060	.002	-.056	.116**
4. Shame	-.135**	.007	.033	-.107**	-.243**	-.152**
5. Humor	-.204**	-.163**	-.166**	-.103**	.070*	-.203**
6. Anger	.109**	.116**	.094**	.106**	.059	.001

* $p < .05$, ** $p < .01$.

Table 4. Analysis of variance for source and message ethicality

Source	N	Overall message ethicality	TARES principles					
			Truthfulness	Authenticity	Respect	Equity	Social responsibility	
CDC	49	37.47*	1.959	2.000	2.000	1.969	1.971*	
State	458	36.72*	1.954*	1.965	1.958	1.926	1.878*	
American Legacy Foundation	38	36.95	1.967	2.000	1.987	1.987	1.853*	
Unidentified	281	36.41*	1.930*	1.932	1.940	1.935	1.871*	
F		6.918***	5.089**	3.851	2.579	1.832	7.788***	
Partial eta squared		.025	.018	.014	.009	.007	.028	

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 5. Analysis of variance for target ad groups and message ethicality

Target age group	N	Overall message ethicality	TARES principles				
			Truthfulness	Authenticity	Respect	Equity	Social responsibility
Mature adults	21	37.43*	1.994*	2.000	1.976	1.929	1.933*
Young adults	85	36.85*	1.953*	1.959	1.953	1.918	1.913*
Teen/Youth	305	36.99*	1.923*	1.920*	1.926*	1.929	1.839*
General audiences	415	36.67*	1.960*	1.983*	1.977*	1.943	1.900*
Total	816						
F		19.626***	12.125***	8.102***	5.741***	.587	14.236***
Partial eta squared		.067	.042	.029	.021	.002	.049

* $p < .05$, ** $p < .01$, *** $p < .001$.

Target Audience. The age group was identifiable in 411 ads (49.8%), whereas 416 (50.2%) were targeted at general audiences. Twenty-one ads (5.1%) targeted mature adults; 85 ads (20.7%) were aimed at young adults; and 305 (74.2%) were for teens/youth. An analysis of variance showed that ads targeting the teen/youth group scored lower in overall message ethicality than ads targeting mature adults, young adults, and general audiences ($F_{(1,3)} = 19.626, p < .001$, partial eta squared = .067). More specifically, ads targeting teens/youth scored lower in *truthfulness* and *social responsibility* than the other age groups. In the dimensions of *authenticity* and *respect*, ads targeting teens/youth scored lower than general audiences (Table 5).

Discussion

The TARES Test held up well in our sample of 826 antismoking ads. Our study, the first to empirically test the TARES on health communication/antismoking messages, showed that they scored highly on ethicality. The ads do not appear to fall short on the five elements of *truthfulness*, *authenticity*, *respect*, *equity*, and *social responsibility* advanced by Baker and Martinson (2001) as “a set of action-guiding principles directed toward a moral consequence in persuasion” (p. 172). This study also is able to draw a significant first link between thematic frame and message ethicality. Specifically, the ads that conveyed smoking as socially unacceptable and damaging to health are found to be less ethical than ads that focused on tobacco industry manipulation, addiction, secondhand smoke, and cessation. This finding has some parallel with Goldman and Glantz (1998) and Ibrahim and Glantz (2007), who found that tobacco industry manipulation and dangers of secondhand smoke were most effective while messages that delve into health effects and romantic rejection were less effective. Our results show that messages that directly confront a receiver with evidence of a poor personal choice by spelling out its negative consequences may backfire. In contrast, thematic frames that focused less on *self*-accountability but more on *other*-accountability—whether in terms of the negative impact of other people’s behaviors (tobacco industry manipulation, addiction) or the negative impact *on* other people (secondhand smoke)—may be more palatable. On a similar note, the cessation frame (by promoting self-efficacy and supplying resource referrals) is more supporting rather than censuring, and it does not force the receiver of the message to confront the consequences of his or her own action. That ads with an overall positive tone were more ethical than negative or neutral ads is consistent with the literature that suggests that human beings react to a message differently if the same information is framed differently (e.g., Kahneman & Tversky, 1979; Tversky & Kahneman, 1981). We therefore suggest that public health communication campaigns are better framed positively and to address *other*-accountability than adopt negative and confrontational frames that focus on *self*-accountability. Given the CDC’s leading role in tobacco control work, it is gratifying that its ads set a good ethical precedence to which other producers of antismoking ads can aspire toward. The CDC’s interpretation of public health ethics is defined as “the application of relevant principles and values to public health decision making.” In applying an ethics framework, public health ethics inquiry carries out three core functions:

- 1) identifying and clarifying the ethical dilemma posed, 2) analyzing it in terms of alternative courses of action and their consequences, and 3)

resolving the dilemma by deciding which course of action best incorporates and balances the guiding principles and values. (CDC, 2008).

The checks and balances instituted by the CDC include guidelines to control the quality of its disseminated information and an administrative process for which inaccurate information could be corrected (see McKenna, Pechacek, & Stroup, 2003).

Based on the TARES, the most ethical emotion appeals in antismoking ads are anger and sadness. These two appeals have the largest positive correlations with overall message ethicality and do not compromise any of the five TARES dimensions. Anger is positively associated with *truthfulness*, *authenticity*, and *respect*, whereas sadness is positively correlated with *truthfulness*, *equity*, and *social responsibility*. Although fear is positively associated (albeit a smaller correlation) with overall message ethicality (and *authenticity* and *social responsibility*), it suffers from a negative association with *equity*—possibly because ads that elicit fear tend to overload on information that goes beyond reasonable audience comprehension, and to exploit human weaknesses. This finding to some extent supports the literature critical of fear appeals (Benet, Pitts, & La Tour, 1993; Hastings et al., 2004). Although the fear appeal is recognized by the TARES for its potential to promote social good and convince people with well-documented reasons why people should not smoke (everyone knows that smoking is bad for you), its overall position in the TARES framework is problematic. The fear approach—seemingly contradictory at first glance—has adequate theoretical grounding in the teleological and utilitarian perspective that appears to drive public health communication work. Messages are means to an end and are valued not so much for their intrinsic moral worth but for their outcome. Based on such a notion, it is reasonable to “harm” a few individuals to achieve a larger public good for society as a whole. The least ethical emotion appeal is humor, followed by shame. That humor is negatively correlated with *truthfulness*, *authenticity*, *respect*, and *social responsibility*, and only slightly correlated positively with *equity* indicates a questionable appeal. Humor pushes the borders of reality with depictions of the absurd and the funny side of life, but it is easily understood by most people and rarely focuses on directly exploiting human weaknesses such as anxieties and fears. Another questionable emotion appeal is shame (involving negative moral judgment by others) with negative correlations with *respect*, *equity*, and *social responsibility*. We strongly recommend that any antismoking campaign that considers humor and shame appeals proceeds with caution.

We propose that antismoking messages for teens/youth be reviewed more carefully during the message design process, and that these ads better reflect TARES principles such as *truthfulness*, *authenticity*, *respect*, and *social responsibility* in any attempt to change youth’s beliefs or behaviors. Ethical judgment is a function of age and experience. The recognition that moral development parallels intellectual development is not new. We exempt children and individuals of limited mental ability from certain laws and societal obligations (see psychological theories of moral development: Piaget, 1965/1932; Kohlberg, 1969). The TARES, however, is designed for general persuasive messages and does not address the ethical obligations of the receiver of the message. Some TARES dimensions may be difficult to realize in antismoking ads targeted at teen/youth audiences when such ads typically are developed by adults and figures of authority. Lieber’s (2005) TARES survey of public relations practitioners found that ethical considerations for the audience vary

according to age, education, gender, and political ideology. It is likely that audience perceptions of ethicality vary according to the audience's demographic characteristics—a line of reasoning not addressed by the TARES. How youth perceive the ethicality of antismoking ads is an open question. More research is needed to explicate the full significance of audience demographics in the ethical assessment of health messages.

The findings of this study are limited to the antismoking ads available in the CDC's collection released to the public. Future research should consider more diverse samples. Messages pertaining to cancer, obesity, heart disease, and HIV/AIDS control and prevention present prolific loci for investigation. A multinational study can reveal interesting comparisons and help us better understand antismoking communication efforts and how tobacco control is addressed in different societies, subject to contextual expressions of politics, social norms, cultural orientations, and ethical judgment. Although Baker and Martinson (2001) and Patterson and Wilkins (2002) conceived the TARES Test as a series of "pass-fail" criteria, future studies could consider the use of a scale instead of a "pass-fail" binary variable for coding the TARES. Ethics study is complex and seldom involves simple "yes" and "no" answers (see Hasenauer, Fahs, & Sereno, 1975; Lee, 2005). More often than not, answers about ethics are points on a continuum rather than a dualistic perspective of right or wrong. We recommend that future studies consider the use of scale items to code a broader range of health messages to determine a reliability level that may better suit content analyses. *Truthfulness* was a little more challenging for reliability compared with the other four principles. Not only is truthfulness a complex, multidimensional concept, but few studies have attempted to operationalize truthfulness as an ethical concept. Future research also should consider exploring the ethics of information versus emotional frames, and examine other possible dimensions along which messages may vary, and the causal explanations behind their differences, if any.

As a relatively young field, public health communication has developed over the last 25 years into a vibrant and important area of study, but the teleological perspective dominant in the field deserves more scrutiny, especially in light of the negative public perception of public relations and advertising work and the successful encroachment made by Big Tobacco into the domains of production and dissemination of antismoking messages. The TARES Test, by focusing on a deeper, morally based final end (or relative last end), and valuing a message's intrinsic moral worth, has proven to be an important, quantifiable template in defining the boundaries of ethical considerations for the audience of persuasive messages in tobacco control. More research is needed to help public health communication practitioners and agencies forge more ethical and effective messages that are intrinsically morally grounded, befitting health communication's benevolent goals.

References

- Atkin, C. K. (2001). Theory and principles of media health campaigns. In R. Rice & C. K. Atkin (Eds.), *Public communication campaigns* (pp. 49–68). Thousand Oaks, CA: Sage.
- Andreasen, A. R. (2001). *Ethics in social marketing*. Washington, DC: Georgetown University Press.
- Baker, S., & Martinson, D. L. (2001). The TARES Test: Five principles for ethical persuasion. *Journal of Mass Media Ethics*, 16(2), 148–176.

- Beaudoin, C. E. (2002). Exploring antismoking ads: Appeals, themes, and consequences. *Journal of Health Communication, 7*, 123–137.
- Benet, S., Pitts, R. E., & LaTour, M. (1993). The appropriateness of fear appeal use for health care marketing to the elderly: Is it OK to scare granny? *Journal of Business Ethics, 12*(1), 45–55.
- Biener, L. (2002). Anti-tobacco ads by Massachusetts and Philip Morris: What teenagers think. *Tobacco Control, 11*(Suppl. 1), 43–46.
- Biener, L., & Taylor, T. M. (2002). The continuing importance of emotion in tobacco control media campaigns: A response to Hastings and MacFadyen. *Tobacco Control, 11*, 75–77.
- Centers for Disease Control and Prevention (CDC). (2008). Public Health Ethics. Retrieved 12 January 2008, from <http://www.cdc.gov/od/science/phethics/>
- Cohen, E., Shumate, M. D., & Gold, A. (2007). Anti-smoking media campaign messages: Theory and practice. *Health Communication, 22*(2), 91–102.
- Cutlip, S. (1994). *The unseen power: Public relations, a history*. Hillsdale, NJ: Erlbaum Associates.
- Day, L. A. (2003). *Ethics in media communication* (4th ed.). Belmont, CA: Thomson/Wadsworth.
- DeJong, W., & Hoffman, K. D. (2000). A content analysis of television advertising for the Massachusetts Tobacco Control Program Media Campaign, 1993–1996. *Journal of Public Health Management and Practice, 6*(3), 27–39.
- Donohew, L., Lorch, E. P., & Palmgreen, P. (1998). Applications of a theoretic model of information exposure to health interventions. *Human Communication Research, 24*, 454–468.
- Earle, R. (2000). *The art of cause marketing*. Chicago: NTS Business Books.
- Faden, R., & Faden, A. I. (1978). The ethics of health education as public health policy. *Health Education & Behavior, 6*(2), 180–197.
- Fagothey, A. (1976). *Right and reason: Ethics in theory and practice*. St Louis, MO: Mosby.
- Field, A. (2005). *Discovering statistics using SPSS* (2nd ed.). Newbury Park, CA: Sage.
- Fishbein, M., & Middlestadt, S. E. (1989). Using the theory of reasoned action as a framework for understanding and changing AIDS-related behaviors. In V. M. Mays, G. W. Albee, & S. F. Schneider (Eds.), *Primary preventions of AIDS: Psychological approaches* (pp. 93–110). Newbury Park, CA: Sage.
- Glanz, K., & Rimer, B. K. (1997). *Theory at a glance: A guide for health promotion practice* (No. NIH Publication No. 97-3896). Bethesda, MD: National Cancer Institute, National Institutes of Health.
- Goldman, L. K., & Glantz, S. A. (1998). Evaluation of antismoking advertising. *Journal of the American Medical Association, 279*(10), 772–777.
- Guttman, N. (1997). Ethical dilemmas in health campaigns. *Health Communication, 9*(2), 155–190.
- Guttman, N. (2000). *Public health communication interventions: Values and ethical dilemmas*. Thousand Oaks, CA: Sage Publications.
- Guttman, N. (2003). Ethics in health communication interventions. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), *Handbook of health communication* (pp. 651–679). Mahwah, NJ: Lawrence Erlbaum.
- Hasenauer, J. E., Fahs, M., & Sereno, K. (1975, April). Deception: Dimensions of judgment. Paper presented at the International Communication Association Annual Conference.
- Hastings, G., Stead, M., & Webb, J. (2004). Fear appeals in social marketing: Strategic and ethical reasons for concern. *Psychology and Marketing, 21*(11), 961–986.
- Hill, D., Chapman, S., & Donovan, R. (1998). The return of scare tactics. *Tobacco Control, 7*, 5–8.
- Ibrahim, J. K., & Glantz, S. A. (2007, August). The rise and fall of tobacco control media campaigns, 1967–2006. *American Journal of Public Health, 97*(8), ABI/INFORM Global, 1383–1396.

- Jaksa, J. A., & Pritchard, M. S. (1994). *Communication ethics: Methods of analysis*. Belmont, CA: Wadsworth.
- Janis, I. L., & Feshbach, S. (1953). Effects of fear-arousing communication. *Journal of Abnormal and Social Psychology*, 48, 78–92.
- Kahneman, D., & Tversky, A. (1979). Prospect theory: An analysis of decisions under risk. *Econometrica*, 47(2), 313–327.
- Keller, P. A., & Block, L. G. (1996). Increasing the persuasiveness of fear appeals: The effect of arousal and elaboration. *Journal of Consumer Research*, 22, 448–459.
- Kirby, S. D., & Andreasen, A. R. (2001). Marketing ethics to social marketers: A segmentation approach. In A. R. Andreasen (Ed.), *Ethics in social marketing* (pp. 160–183). Washington, DC: Georgetown University Press.
- Kohlberg, L. (1969). State and sequence: The cognitive-developmental approach to socialization. In E. Goslin (Ed.), *Handbook of socialization: Theory and research* (pp. 347–480). Chicago: Rand McNally.
- Kozlowski, L. T., & O'Connor, R. J. (2003). Apply federal research rules on deception to misleading health information: An example on smokeless tobacco and cigarettes. *Public Health Reports*, 118(3), 187–192.
- Lang, A. (1995). The effects of emotional arousal and valence on television viewers' cognitive capacity and memory. *Journal of Broadcasting Electronic Media*, 39(3), 313–327.
- Lee, S. T. (2005). Predicting tolerance of journalistic deception. *Journal of Mass Media Ethics*, 20(1), 22–42.
- Lieber, P. S. (2005). Ethical considerations of public relations practitioners: An empirical analysis of the TARES test. *Journal of Mass Media Ethics*, 20(4), 288–304.
- Macdonald, J. E., & Beck-Dudley, C. L. (1984). Are deontology and teleology mutually exclusive? *Journal of Business Ethics*, 13(8), 615–623.
- Maibach, E., & Parrott, R. (Eds.). (1995). *Designing health messages: Approaches from communication theory and public health practice*. Thousand Oaks, CA: Sage.
- McKenna, J. W., Pechacek, T. F., & Stroup, D. F. (2003). Health communication ethics and CDC quality-control guidelines for information. *Public Health Reports*, 118(3), 193–196.
- Patterson, P., & Wilkins, L. (2002). *Media ethics: Issues and cases* (5th ed.). Boston, MA: McGraw-Hill.
- Pechman, C. (1997). Does antismoking advertising combat underage smoking? A review of past practices and research. In M. E. Goldberg, M. Fishbein, & S. E. Middlestadt (Eds.), *Social marketing: Theoretical and practical perspectives* (pp. 189–216). Mahwah, NJ: Lawrence Erlbaum.
- Pechman, C., & Goldberg, M. (1998). *Evaluation of ad strategies for preventing youth tobacco use*. San Francisco, CA: California Tobacco-Related Disease Research Program.
- Pechman, C., Zhao, G., Goldberg, M., & Thomas Riebling, E. (2003). What to convey in anti-smoking advertisements for adolescents: The use of protection motivation theory to identify effective message themes. *Journal of Marketing*, 67, 1–18.
- Piaget, J. (1965/1932). *The moral judgment of the child*. New York: Free Press.
- Rogers, E. M. (1994). The field of health communication today. *American Behavioral Scientist*, 38, 208–214.
- Rogers, R. W. (1983). Cognitive and physiological processes in fear appeals and attitude change: A revised theory of protection motivation. In J. Cacioppo & R. E. Petty (Eds.), *Social psychophysiology* (pp. 153–176). New York: Guilford.
- Rosenstock, I. M. (1990). The Health Belief Model: Explaining health behavior through expectancies. In K. Glanz, F. M. Lewis, & B. K. Rimer (Eds.), *Health behavior and health education: Theory research and practice* (pp. 39–62). San Francisco: Jossey-Bass.
- Seedhouse, D. (1988). *Ethics: The heart of health care*. London: John Wiley & Sons.
- Seedhouse, D. (2004). *Health promotion: Philosophy, prejudice and practice*. Chichester: John Wiley and Sons.

- Teenage Research Unlimited. (1999). *Counter-tobacco advertising exploratory. The states of Arizona, California, and Massachusetts public health anti-tobacco media campaigns: Summary report, January–March 1999*. Northbrook, IL: Author.
- Tversky, A., & Kahneman, D. (1981). The framing of decisions and the psychology of choices. *Science*, 211, 453–458.
- Wakefield, M., Balch, G. I., Ruel, E., Terry-McElrath, Y., Szczypka, G., Flay, B., Emery, S., & Clegg-Smith, K. (2005). Youth responses to anti-smoking advertisements from tobacco-control agencies, tobacco companies, and pharmaceutical companies. *Journal of Applied Social Psychology*, 35(9), 1894–1910.
- Witte, K. (1998). Fear as motivator, fear as inhibitor: Using the Extended Parallel Process Model to explain fear appeal successes and failures. In P. A. Anderson & L. K. Guerrero (Eds.), *The handbook of communication and emotion: Research, theory, applications, and contexts*. San Diego: Academic Press.
- Witte, K., & Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. *Health Education and Behavior*, 27(5), 591–615.

Appendix I. Coding categories for TARES test

Principles	Truthfulness	<ul style="list-style-type: none"> - Are the verbal ad claims truthful? - Are the visual ad claims truthful? - Is there important information omitted? <ul style="list-style-type: none"> - (If yes, is the omission deceptive?) - Are the verbal ad claims exaggerated? <ul style="list-style-type: none"> - (If yes, is the claim misleading?) - Are the visual ad claims exaggerated? <ul style="list-style-type: none"> - (If yes, is the claim misleading?)
	Authenticity	<ul style="list-style-type: none"> - Is there a sincere need for this ad within the range of goods and services available in our society? - Would the reason(s) presented in the ad be convincing equally to the audience member and the creator of the ad?
	Respect	<ul style="list-style-type: none"> - Is the creator of the ad showing respect to the audience? - Do you feel the creator of the ad is willing to take full, open, public, and personal responsibility for the content of this ad?
	Equity	<ul style="list-style-type: none"> - Must the audience be unusually well-informed and bright to understand the message of the ad? - Does the ad take advantage of human weaknesses such as anxieties, fears, low self-esteem, etc.?
	Social responsibility	<ul style="list-style-type: none"> - If everyone changes his or her attitude or behavior about smoking, would society as a whole be improved, keeping in mind that recreation,

(Continued)

Appendix I. Continued

entertainment and self-improvement are worthy societal goals?

- Are there some groups in society who could benefit from attitude or behavior change after viewing this ad?
 - Are there some groups in society that could be harmed by the ad?
 - Does this ad increase or decrease the trust the average person has for ads in general?
 - Does this ad take the notion of social responsibility seriously?
-

Appendix II. Coding categories for message attributes

Category	Item	Description
Message theme	<i>Health</i>	The ad mainly conveys that smoking/tobacco use damages health (e.g., cause illnesses or negative effects on pregnancy).
	<i>Addiction</i>	The ad mainly conveys that cigarettes/tobacco products are addictive.
	<i>Secondhand smoke</i>	The ad is mainly about the dangers of secondhand smoke.
	<i>Cessation</i>	The ad is mainly about quitting smoking (e.g., benefit of quitting).
	<i>Social</i>	The ad mainly conveys that smoking/tobacco use is socially unacceptable (e.g., among peers or in social/romantic settings).
	<i>Family</i>	The ad mainly depicts a smoker who quits smoking for the sake of family members.
	<i>Industry manipulation</i>	The ad mainly conveys that the tobacco industry manipulatively markets/sells their products.
	<i>Access</i>	The ad is mainly about making it more difficult (esp. for youth) to gain access to cigarettes.
	<i>Parents</i>	The ad is mainly about parents needing to talk to their child about tobacco use.
Overall tone	<i>Other</i>	Open-ended. Please specify.
	<i>Positive</i>	The ad overall gives you a pleasant feeling by using bright colors, uplifting music to convey a sense of cheerfulness.
	<i>Negative</i>	The ad gives you an unpleasant feeling by showing a dark setting, scary or sad music to convey a sense of gloom.
	<i>Neutral</i>	Neither of the above.

(Continued)

Appendix II. Continued

Category	Item	Description
Emotion appeals	<i>Fear</i>	The ad aims to frighten the audience or elicit feelings of fear (e.g., shows a dissected/blackened lung or organ of a smoker, imagery of morgue and cemetery).
	<i>Sadness</i>	The ad aims elicit sad feelings (e.g., an emotionally negative scene that induces heartache, anguish, loneliness, such as smoking alone in the rain).
	<i>Guilt</i>	The ad aims to elicit feelings of guilt (defined as recognition that one's smoking behavior has violated a standard/value important to others, or that others may have been hurt by the choice; e.g., discovering that your child has picked up smoking after you).
	<i>Shame</i>	The ad aims to elicit shameful feelings (defined as negative feelings about being a smoker and a desire to keep others from discovering that one is a smoker, e.g., hiding in the bathroom to smoke).
	<i>Humor</i>	The ad features a humorous situation or dialogue that makes the audience smile/chuckle/laugh.
	<i>Anger</i>	The ad elicits feelings of anger or hostility toward someone (e.g., tobacco industry; legislators).
	<i>Other</i>	Open-ended. Please specify.