ABSTRACT

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The concept of exploitation often conjures up images of children working tirelessly in grimy sweatshops where employees work underpaid and in dangerous situations. However, exploitation occurs on a much more personal level and can be used to motivate people; at least in the short term. There are several theories and perspectives such as affect heuristics, extended parallel process model (EPPM), and fear motivators that help explain the emotional phenomenon associated with strong negative visual and textual messages. There are nevertheless some communication campaigns that cannot be explained using these theories because the messages are not just designed to create an emotional response, but arguably exploit the audience and individuals. Social exploitation framework is proposed and used to understand the reaction to the Children’s Healthcare of Atlanta’s communication campaign associated with the Strong4Life program. To further explore this theory and its application, a study was conducted to understand people’s perceptions of a situation, present them with images associated with the campaign and then assess their emotional and motivational response to the images.
Social Exploitation Framework and Children’s Healthcare of Atlanta: Exploitation and Negative Emotions to Influence Change

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To my parents for their endless support and constant love
BIOGRAPHY

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Introduction

This project touches on several important and trending topics within the field of communication and society as a whole. Daily, new studies are published concerning health communication, persuasive health messages, and how the family functions to live a healthier life; especially in relation to children. This project looks at the interplay of message between those controlling the messages and the audience. It introduces and new theory to explain the persuasive nature of health campaigns. This project does more than just explain how one particular message functions, but a new way to interpret health and other risk communication messages.

By introducing a new way to view persuasive messages, this project presents the opportunity for more campaigns to be explained by the theory. The project adds to the expanding and necessary literature on persuasion, risk communication, and health communication. Obesity is a health concern the world over; research needs to be conducted to examine the best ways to not only look at solving the problem, but how to prevent it in the first place.

This article could be submitted to the Journal of Communication considering the journals dedication to promoting emerging communication research, application, and theory. This project encompasses several aspects of communication research and introduces a new theory, the article would fit well within the scope of the journal's goal. The Journal of Health communication would also be an appropriate journal as its purpose is to promote the latest research concerning the development of healthcare messages from the individual to the public. These are two of the premier
journals in the field and while this is a preliminary study, the topic and research is provocative and timely. Emerging ideas and research needs to be promoted to spur on the field.
Literature Review

Children’s Healthcare of Atlanta

While waiting for the evening train on her commute home, a woman does everything she can to avoid making eye contact with the young child. It is so difficult to see someone so young in that unfortunate of a situation. As she boards the train, she takes one more glance over her shoulder at the sad face and shudders. She wonders, how could a parent allow something like that to happen? She knew people were judging that little girl on the poster and she began to feel so guilty. How could someone use and manipulate a child in this manner? How can she prevent things like this from happening to children?

These questions probably crossed the minds of many Georgians faced with the sight of that little girl. Or any of the other half a dozen children just like her featured in the Children’s Healthcare of Atlanta’s Strong4Life anti-obesity campaign.

The Children’s Healthcare of Atlanta (CHoA) developed a new, healthy living program, Strong4Life, to attempt to combat one of Georgia’s and the United States’ most prominent health problems – childhood obesity. CHoA is the pediatric physician teaching site for Emory University School of Medicine and Morehouse School of Medicine. The CHoA Strong4Life initiative began in May of 2011 with its Image1
accompanying multi-phase anti-obesity communication campaign starting in September of 2011. The first phase of the campaign images featured individual shots of a half-dozen overweight and obese children from the state of Georgia. The children’s expressionless faces seem to peer into the soul of the passerby. This “Warning” campaign featured these children in stark black and white photos on bus and train platforms and billboards around Atlanta and on the airwave YouTube displayed black and white video commercials, which started airing in October of 2011 (Grinberg, 2012).

As if the black and white pictures of the overweight children were not arresting enough, the chilling text completed the controversial advertisements. Overlaid on the pictures is the word “WARNING” in red ink with varying subtext such as “It’s hard to be a little girl when you’re not” and “Fat prevention begins at home, and the buffet line.” The campaign’s 30 second black and white video commercials airing across Georgia featured the same children from the print advertisements speaking very simple, yet jarring dialogue such as “Mom, why am I fat?”. A large, textual banner stretches across the screen at the end of the commercials that reads “Stop sugarcoating it, Georgia.” The direct and unbridled approach was initiated by CHoA in its ongoing attempt to address the state’s 40% childhood obesity rate.

The campaign initially sparked controversy with health officials such as round table discussion hosted by Dr. Katz (Katz et. Al., 2012); it seems that the campaign’s harsh messages and tones came under national scrutiny after an ABC World News Report (2012) on January 2nd because even though the campaign had been running
for several months by that point, there was little mention of the campaign in newspapers, reports, or commentary by special interest groups. Following that ABC News story, private and public sector health groups began speaking out against, and some up for, the campaign. There was also a large response, mostly negative, from parents, NGOs such as Binge Eating Disorder Association (BEDAonline.com) and Obesity Action Coalition (ObesityAction.org), and the media such as the Atlanta Journal Constitution (Teegardin, C, 2012) and Fox News Atlanta (Galvin, B. 2012).

Organized movements even sprang up in response to the ‘Warning’ campaign. The most prolific in response to this campaign is “I Stand against weight bullying.” The brainchild of an Association for Size Diversity and Health member, Marilyn Wann, the “I Stand” campaign is a social media driven retaliation against CHoA (DePatie, 2012; ASDAH, 2012). This group takes the same layout as the “Warning” advertisements, but changes the word “Warning” to “I stand” with the subtext such as “health at every weight” and even more lighthearted messages such as “bikinis, all the time, all the places…all the bodies”.

The “I Stand” campaign images were created by the general public and featured pictures of themselves in black and white. The “I Stand” campaign even had support from celebrities such as Alton Brown (Brown, 2012) and various health organizations such as the National Eating Disorder Association (NEDA.org). There are other groups working in conjunction with the “I
Stand” campaign including “Fat Kids United” who created a Wordpress blog to host all of the “I Stand” images (Russell, 2012). The supporters of the “I Stand” and “Fat Kids United” anti-CHoA movements were so angry in their reaction that they raised money to buy billboard space near the “Warning” images in an attempt to combat the anti-obesity messages.

CHoA has no intention of backing down or apologizing for their Strong4Life initiative or the communication campaign that accompanies that program. According to that same ABC News report (2012), CHoA planned to spend an estimated 25 million dollars on the campaign. The multiphase communication campaign that includes reverse timeline commercials featuring the dangers childhood obesity poses in adulthood and a program for parents titled “The Talk” is still continuing as of January 2013 (Strong4Life.com).

CHoA stands firm in its convictions that the campaign was a wise choice and continues to produce similar stark messages. CHoA asserts that the directive approach is more effective in initiating awareness and a desire to change according to Dr. Stephanie Walsh, medical director of child wellness at Children’s Healthcare of Atlanta “Once we get Atlanta's attention, we will reinforce Strong4Life, a movement that helps empower families to start with simple steps at home” (Johnson, 2012).

This “Warning” campaign is not the first to utilize negative images and emotions to attempt to induce change; campaigns such as the Youth Aid’s “Dumb things happen when you’re naked” HIV/Aids warning campaign (Carmody, B., &
Smith, P.M) featured a girl stabbing herself accidentally with scissors warning against the life-threatening condition. So why did CHoA receive so much backlash from parents, health organizations, and the grassroots anti-CHoA campaign? The images go beyond trying to just induce negative emotional response. These images seem to elicit some specific negative emotions, shame and guilt according to the news reports, by striking at the daily habits and lifestyles of individuals, their sense of self, as well as creating imagery that utilizes children in a specific, questionable way. By placing a warning message on the bodies of these obese children, CHoA seems to suggest an entirely different way of thinking about obesity. Warnings are not uncommon in advertisements; medications often create a sense of fear by having their commercials suggest that there might be more negative consequences.

Another more direct behavioral change message that includes a warning is anti-smoking messages. The anti-smoking messages around the world vary with some of the most extreme and dramatic campaigns in New Zealand. The New Zealand anti-smoking campaign decided to utilize and exploit smokers’ suffering by placing graphic images of cancerous lungs and textual warnings on the packaging of cigarettes (http://www.businessweek.com/articles/2012-10-04/australias-gross-out-cigarette-warnings). Is CHoA unfairly treating and exploiting the featured, and potentially all, obese children and warning others against childhood obesity by equating the fat children to a toxic and cancer causing products?

Social Exploitation Framework
The images themselves may seem to be exploiting the featured children and other obese children and may function to exploit the emotions of people who view the messages. The reaction people are experiencing might be explained through Social Exploitation Framework. Social Exploitation Framework (SEF) describes and explains how an influential entity can utilize a social, relational, or emotional construct to gain behavioral compliance at the expense of another person or persons. Even if no one is being physically harmed, companies or powerful individuals can still use people to gain a competitive, domineering, or unfair advantage by exploiting social mechanisms that play on the relational aspects of the human experience.

There are three basis propositions of the social exploitation framework. The first is that it considers social, relational, and emotional constructs as means of gaining compliance. Social aspects are the roles and scripts that people adhere to and generally the overarching social structures that guide human interaction. Relational constructs refer to more interpersonal interactions and phenomenon; how people co-exist with others and how people see themselves in relationship to other people. And finally, emotional constructs refer to the internal emotions a person experiences as a result of interactions with another person.

Another proposition of SEF is that there is some entity, be it a person, group, or organization, which has influence over other people. This influence can be, but does not have to be, formalized; a person or person can allows for this entity to
influence their decision. The parent of an adult child no longer has any formalized influence, but can still be very influential on current choices the child makes.

The final proposition of SEF is that it results in compliance. That the influential entity can exploit one of the social constructs to gain compliance from another person or groups of persons. For example, the parent of the adult child can exploit the parent-child relationship to have the adult child spend their vacation days visiting their parents instead of going to the Caribbean. All of the propositions function together to explain the reactions to risk messages specifically, but could also function in other capacities.

There are any number of models and theories that assess people’s understanding and assessment of risk messages. However, there are some elements that Social Exploitation Framework (SEF) addresses that other theories such as Protective Action Decision Model (PADM), Protection Motivation Theory (PMT), Risk Information Seeking and Processing (RISP), and Extended Parallel Processing Model (EPPM) do not fully explain. SEF examines the relationship between the two parties. While the other theories can describe the reactions people have, SEF provides an examination of how social factors can be used and why these social factors play an important role in the response to a message.

The PADM provides a unique framework for analyzing risk behavior by taking into consideration social and environmental contexts (Lindell & Hwang, 2008). PADM focuses on the efficacy of response to a risk (Kellens et. al, 2013).
Environmental cues, social cues, and socially transmitted warnings initiate a series of predecisional processes that, in turn, elicit core perceptions of the environmental threat, alternative protective actions, and relevant stakeholders. [...] In general, the response can be characterized as information search, protective response (problem-focused coping), or emotion focused coping. (Lindell & Perry, p. 617, 2012).

PADM and SEF share a similar concept in the understanding and evaluation of the social cues. However, PADM is different because it looks at the environmental factors that influence a person’s assumed efficacy to explain individuals behavioral, while SEF explains how the exploitation process functions to induce behavioral change. PADM focuses specifically on the reaction to the messages while SEF seeks to explain the interaction between the exploiter and the exploited. While the reaction itself is important, understanding why the message is effective is equally important. The CHoA “Warning” campaign employs message strategies that seem to focus social elements and utilizing these social conditions to gain compliance. SEF is preferred because it examines the relational elements not just the reaction to a message.

Similar to PADM is PMT; both share a special interest in the effective responses to various threats to the person. Rogers (1975) describes PMT as a way to analyze how a person responds to a risk message. There are two basic concepts in assessing the message for this theory and those are the coping and appraising measures (Kellens et al., 2013). This theory is important in the assessment of
health messages because it privileges people’s sense of self efficacy in addressing the health issue (Beck, 1984). The key weakness of this theory is that the social context of the message assessment is not a significant element as it is with SEF. Social and relational constructs can influence how a person behaves and reacts to a message. SEF demonstrates how a person can be effected by a message because of persons close to them, even if the message is not directly related to them.

Risk information seeking and processing (RISP) as described by Kahlor et. al, (1999) describes how people respond to risk by seeking out information when there is a lack thereof. According to this process, a person responds to an insufficient amount of information (Griffin et al., 2008). The behavioral response most closely examined in this is the information seeking and the ability to learn more about a risk in order to respond to risks in their environment. RISP’s concepts focus on the motivating factors for seeking to reduce the unknown and responding accordingly (Kellens et al. 2013). For the purposes of this study, RISP’s weakness is that it does not focus on behavioral compliance and that is a core interest of this study. SEF does not look at the information gathering process that people go through in response to a risk message, but focuses instead on the behavioral response to the messages presented to them by an influential source. The information seeking response to the campaign is not important to this study. While information gathering is an important risk-communication response to observe, SEF focuses on alternative behavioral responses to the CHoA campaign that RISP would not provide an avenue to study.
Extended Parallel Process Model and Social Exploitation

While it is not designed to assess all negative affect messages, the extended parallel process model identifies key elements to help evaluate the potential effectiveness of a message. There are specific message elements that Witte (1992) explains have importance: fear, threat, efficacy, and outcome variables. Much of the research surrounding EPPM and messages focuses on one or more of these elements.

“EPPM suggest health risk messages initiate two cognitive appraisals – an appraisal of the threat and an appraisal of the efficacy of the recommended response. Based on these appraisals, one of three outcomes results – no response, a danger control response, or a fear control response,” (Witte, 2001, p. 24).

One of the key elements to EPPM is efficacy. When there is high self-efficacy, people are more likely to adopt a given message; if someone believes they can control the danger they do what they can to protect themselves (Witte, 2001). However, when there is low self-efficacy, or no means for correcting a given behavior is provided, people are likely to give up or refuse to change as they see little use. They often adopt avoidance behaviors to messages that pertain to that given behavior.

EPPM looks at the fear (i.e. HIV/AIDS, cancer) and how the messages surrounding those fears are structured. Fear appeals most often function as a “problem-solution message” (O'Keefe, 2007). “When people perceive a threat, they are motivated to act. The greater the threat perceived, the more motivated we are to
do something (anything!) to get rid of the negative feelings caused by the fear arousal" (Witte, 2008). Showing images of pain, strife, struggling, and other negative consequences can create fear in an individual, however, if the person does not believe that they are at risk for the consequences, the appeal is rendered moot. A person needs to feel susceptible to the threat message.

“The typical outcome in fear appeal research is message acceptance, defined as attitude, intention, or behavior change. Other outcomes less commonly assessed but equally important are defensive avoidance and reactance,” (Witte, 1992, p. 331). If fear appeals always worked though, no one would share needles, everyone would use a condom, and no one would drink and drive, so there must be some other possible response to these fear ploys such as resistance and denial. For example, Brehm (1966) discusses that a perceived loss of freedom can be a more treacherous risk that the risks brought forth by the fear appeal resulting in a strong resistance to the campaign. A person may wish to face the threat in the message rather than lose their freedom to choose. Additional responses against fear appeals manifest in denial of the threat or condition and avoiding the messages (Witte, 1992, O'Keefe, 2002, Janis & Feshbach, 1953).

Advertisements do not have to be explicit for people to understand the messages; much like the graphic images of lung cancer in anti-smoking ads in New Zealand: if you buy these cigarettes you are also buying lung cancer. So the message is trying to warn against your impending doom by attempting to scare you into changing your purchasing habits. Do people think they can do anything about
the threat? If they can, more often than not, they try to. However, if someone sees a threat and then assesses that there is nothing they can do about it or do not see it as a problem, they have few responses, they generally ignore the message that corresponds to it.

One of the most intriguing and debated elements of EPPM and fear-appeal messaging is the effectiveness. “Fear appeals are most effective when an individual cares about the issue or situation, and that individual possesses and perceives that they possess the agency to deal with that issue or situation” (Boyle et. al., 2010). In other words, if people do not perceive a health risk as important, then fear appeals are not nearly as effective; efficacy depends on the ability of a person to believe that he or she has control over the potential risks. The amount of agency a person perceives can influence the outcome of the message and the acceptance of the campaign’s messages.

“Many people might be obese or overweight because they do not feel they have a problem (i.e., they do not feel vulnerable and/or they do not feel that being overweight or obese can have serious consequences). These people with low perceived vulnerability or severity are the precontemplators; they believe that they do not have a problem that needs changing” (Cismaru et. al. 2008, p24). If obesity is not a perceived risk or threat, fear messages might not be the most effective means of promoting change or health messages.

**Fear Ploys**
EPPM does not function perfectly for assessing this campaign because the “Warning” campaign, while having potential fear elements, functions on other emotions. The messages are not based on fear because the overweight body is not inherently feared. Diseases and death are biologically hardwired to frighten people but an overweight figure to most (save for those with mental disorders such as anorexia nervosa or bulimia) does not elicit a fear response. Borrowing the basic EPPM format to assess the response, the questions need to be asked: how do people respond to those messages? Do they see those negative images and emotions as a personal attack to which they need to respond? If not, the message is ignored much in the similar vein that a person would ignore a fear message.

If people do accept the warning, how do they respond? Do they attempt to make the necessary changes to eliminate the negative emotions? This response would look like someone trying to control danger and personally taking responsibility as to avoid the negative emotions thus controlling their own behaviors and assuming agency in the situation.

Or do people assume that the necessary changes are too unattainable? In that case, it is likely that avoidance comes into place and these responses are similar to those identified by EPPM in the rejection of the message. When there is little or no sense of self-efficacy, a person might reject the messages. However, because negative emotions create a varied response, it is possible that people could not only reject the message but also retaliate against the message and possibly the
creator of the messages. Fear and negative emotion control can also manifest in avoidance, denial, or reactance (Witte, 2001).

When there is no efficacy or no effective response to the wrong behavior established, compliance is difficult. If a person does not have the skills, knowledge, or access, or perceives that they lack these things, they are unlikely to comply with the desired behavior. It is not enough to say something is wrong or bad; people need to be able to find suitable alternatives and paths to the desired behavior. No one would smoke and no one would drink and drive if simply saying “Don’t do it” worked; there have to be means for people to comply. Alternatives must be identified to improve the likelihood of compliance.

SEF does not ignore the functionality or importance of EPPM as a theory for fear and threat message compliance; however, SEF expands the possible explanations for message compliance. Fear is not the only negative emotion that can incite change; other negative emotions as well as positive ploys can ignite behavioral change. Furthermore, SEF examines how other social constructs can contribute the acceptance of message. People do not live completely unaffected by the people around them; social groups influence how people respond to situations. SEF takes this idea into consideration when analyzing how people respond to messages to the acceptance of message.

**Social Exploitation and its Sources**

A majority of early exploitation theories focus on financial aspects and business ventures, examining how exploiting workers serves as part of a greater
production mechanism that requires workers to function properly and profitably. An economist's view of exploitation focuses on companies and workers and how the interactions of these groups changes as power and needs ebb and flow. The theory of exploitation varies with the explanations and development offered by theorists such as Waltzer (1994), Marx (Marx, 1976), and Miller (1987). These theorists view workplace and hiring interactions and how the privileged and elite minority groups exploit the majority group of workers because the elite possess the influence, money, and opportunity to survive.

Exploitation, when in the context of people, becomes a matter of injustice and not just compensation, (Mayer, 2002). The reaction to the CHoA campaign is not only about the message but also is arguably a matter of fairness. CHoA exploited the body of the overweight children in order to gain compliance from another group. CHoA and the Strong4Life program are operating in the adapted, informational setting of an economy that is a health and informational exchange. Social exploitation framework has less to do with money but more to do with dominance and behavioral compliance.

Exploitation, simply defined, is one person gaining some resource at the expense of another person (Mayer, 2002). Exploitation theory requires some type of exploiter; even in a metaphorical sense. For an exploiter to surface, they must have something that other people do not possess whether it is influence, money, control, or information. CHoA possess the necessary influence, money, information, and media reach to exploit people in an attempt to gain widespread compliance to their
ideals of health. The images themselves are exploitative. The bodies of these children are being used to send a message and possibly gain compliance.

It is interesting to note that exploiters often think that the situation is mutually beneficial (Steiner, 1984). And in some regards, the CHoA campaign is beneficial; it brings awareness (which the public arguably needs) to a significant health problem in Georgia. They do this at potentially high costs: retaliation from parents, distrust and anger toward CHoA, and a strong resistance to the pressure to change.

Mayer (2002) posits exploitation as a game: exploitation has a winner and a loser or either group could choose to leave, and both would suffer. If CHoA and the Georgia public are the two opposing teams, and CHoA backs off from providing information about anti-obesity measures, then the Georgia public is at risk for even more damage from continued obesity. In this same way the parents could remove the children from the exploitative system and messages, protecting them from strong, negative emotions while the parents are also protecting themselves from being ridiculed. However, the removal of anti-obesity messages could eventually harm the children and the families because childhood obesity is a serious medical concern and can lead to severe health problems. If both step away, it prevents the children and parents from not only harsh messages but any information from CHoA regarding childhood obesity, which, without action, will continue to plague the state.

Buss and Duntley (2008) provided an evolutionary view of exploitation that offers further explanation of why and how people react when cornered. People adapt themselves so that they cannot be further exploited or make an effort to 'call
out’ the exploiter for their manipulative ways; EPPM explains this type of behavior as aggression or retaliation (Wolburg, J.M, 2006). This seems to be what happens with the “Warning” campaign. Some people might adopt behavioral changes so that their emotions or identity are no longer exploited while others have been vocal about the campaign as a way to shield themselves from the exploitive messages.

Social exploitation framework can also function on an emotional level by utilizing the strong emotional response that has been created. An exploiter can gain compliance by encouraging change to either sustain, if the induced emotion is positive, or change, if the emotions are negative. The exploitation of a person’s negative emotional response is arguably possible due to a person’s social identity being challenged; that is to say that some group to which they subscribe, whether it based on gender, parental status, body size, or even being part of the human race, is less than what is acceptable. Social Identity Theory examines a person's ability to establish an identity and self-concept, which are intertwined in social interaction (Tajfel & Turner, 1979). While this is a psychological process, identity is formulated in respect to others through communication (Hogg & Terry 2000, Ashford & Mael, 1989; Hogg & Reid 2006; Herakova, 2009). People like to believe that they are ‘good’ people. When images and messages challenge that view, people adapt, retreat, or attack. CHoA is potentially communicating to the children that they are ‘less’ or unacceptable by society through these messages. And if we are ‘good’ people we are being exploited on two fronts: how could ‘good people’ let children be used in advisements so degrading, but also, how do ‘good people’ let children
become so obese. It is the utilization of these social ideas to incite change that makes SEF the appropriate theory for analyzing this campaign.

**Exploiting Children**

The ruthless, unsafe factory work children do for meager wages may seem unfair but in some markets and economic situations, the labor is a tool for the survival of the family. Sweatshops exist as one of the most prominent examples of child exploitation; however, when child labor exploitation is discussed, it is not exclusively the exploitative labor itself that is questionable, but the situation that exist that allows for the exploitation to occur in the first place (Zwolinski, 2011). Beyond the fundamental issues of exploitation, there exists an additional element of injustice because children are involved.

Even though children need someone to guide and care for them, that does not deny them their rights as humans, (Brennan, 1997). It is the children’s youth and naivety that strikes a chord with the human desire to protect them. “The healthy mental, physical, and emotional development of children seems to require that someone have the responsibility to nurture and protect the child” (Brennan, 1997, p.4) and when a child is being mistreated or does not seem to have the necessary guidance in their lives, there is a reaction to protect them. It is this desire that motivates us to react and rescue children when an unjust act is being done to them.

There is no definite line determining what an acceptable level of exploitation is or if any level of exploitation is acceptable. Extreme cases of child exploitation, such as child soldiers and children used in the human trafficking and prostitution, are
easy to recognize and the parameters of injustice are less permeable. Those acts require physical, emotional, and mental exploitation. There are also countless groups and laws that exist not only to rescue children from these heinous situations but also to persecute those people responsible for exploiting the children.

In these examples of physical exploitation there is something tangible that can be identified as the unequal use of resources. However, images carry a different implication and require a different understanding of the term exploitation. The most identifiable example of exploitation in imagery is child pornography as a part of the commercial sexual exploitation of children.

“The commercial sexual exploitation of children is a fundamental violation of children’s rights…The child is treated as a sexual object and as a commercial object. The commercial sexual exploitation of children constitutes a form of coercion and violence against children” (The Declaration and Agenda for Action of the World Congress Against Commercial Sexual Exploitation of Children held in Stockholm in 1996). This is obviously a very dark and disturbing understanding of the exploitation of children and these images are criminal. However, when the sexual element is removed, the definition provides a basis to understand the exploitation of children in commercialized imagery like ChoA’s campaign.

Another example of commercialized exploitation in imagery are photos of the kidnapped children on a milk carton. The featured missing children are being used to try to find the missing child as well as raise awareness for children’s safety. These images are exploiting the child and his or her family; using their tragic
situation to potentially find the child. It is arguable that this type of exploitation is justifiable, nevertheless, it is just an example of how images frame injustices against children by featuring the children the message is trying to help resolve the situation.

Much in the same way, the CHoA images are arguably exploiting the children in the advertisements. CHoA is using the children in their ‘fat’ state to bring awareness to the problem of childhood obesity. CHoA wants to save the children from their fatness; as if being overweight is a miserable, harmful way to live. CHoA, by exploiting the heavy child actors, is framing the issue of obesity as an injustice; that there is something wrong or even criminal about what is happening to the children of Georgia.

The milk carton kids and the CHoA kids require further consideration of the question: Do the ends justify the means? If a few of those milk carton kids are returned home or if the children of Georgia start to lose weight, is it worth the exploitation of those featured children? The intention of the milk carton images is to find those children and it may be an acceptable form of social exploitation. However, considering the nature of the CHoA Strong4life images, it is hard to give the images approval. What percentage drop in obesity rate is enough to claim that the suffering of a few children is worth the exploitation?

There is an interesting link between the commercial, exploitive images: the desire to save the children from the injustice being done to them. The law and justice groups rescue children who are being sexually exploited and punish those people who have not only taken the pictures but who possess the images. For the
kids featured on milk cartons, it is the people who kidnapped the children who are punished. When we see children in unjust situation – we want to rescue them.

This begs the questions, if the children are being exploited in the CHoA images, from whom does society want to rescue the children? Who is it that we want to punish? The parents for their children’s obesity? Or CHoA for creating the images? Recognition of the exploitive use of children in imagery provides an intriguing opportunity to discuss social exploitation.

**Exploitation and Negative Emotional Responses**

The public outcries focused less on the potentially exploitive nature of the messages and focused more on the harsh, negative emotional reactions; specifically the potential for children to feel strong, unnecessary negative emotions. While social exploitation potentially affects any number of negative emotions, two that seem the most prevalent in these commercials are shame and guilt, which both encompass other negative emotions. Sociologists and psychologists have debated for decades the nature of shame. Shame is “a large family of emotions that includes many cognates and variants, most notably embarrassment, humiliation, and related feelings such as shyness that involve reactions to rejection or feelings of failure or inadequacy” (Scheff, 2000, p. 96). Shame can result in changes in a person’s attitudes, emotions, and behaviors. There is a persuasive element to shame in the fact that shame aims to alter an individual’s behavior in a social arena (Nathanson, 1992).
Shame is both a cognitive assessment and negative emotional experience (Nathanson, 1992; Lewis, H. B, 1971). Shame is associated with an internal self-reflection of the wrong doings of the self (Lewis, H.B., 1971). Shame does not exist in a vacuum but is based on a person’s “interpretation of the situation” (Lewis, 1995, p. 210) presented to them by an authority figure. It requires larger, overarching societal or cultural norms as a point of social comparison whereas guilt is a personalized, egocentric emotion. “Shaming means all social processes of expressing disapproval which have the intention or effect of invoking remorse” (Braithwaite, 1989, p.100) in the person who is outside the norms. Resolving feelings of shame often takes long periods of time and the altering of behaviors as a means of righting the previous wrong behavior. Did CHoA use shame to persuade an entire population and culture?

Guilt is something that can be more easily rectified by confession, making amends, or righting the situation in some fashion. Guilt encompasses no feelings of inferiority or social anxiety but rather manifests as the result of not wanting to cause others harm (Gilbert, 2003). The focus of guilt is external, behavioral. However, the guilt may not be observed by others. It is an internal assessment of the situation. Guilt derives from an intrinsic “ideation” about specific faults; these ideations can become “obsessive” leading to paranoia (Lewis, 1971).

Guilt and shame, both negative emotions, are often used interchangeably throughout pop culture references and even research. However, there seem to be some key distinctions between the two. The actual internal response and emotional
designation given to the two feelings are generated through similar means but have different manifestations and results. The main difference between the two seems to be the focus of the issue or how people interpret a situation; their locus of control. Guilt seems to stem more from a reaction to an event or action; where shame is an internal assessment of a collection of choices that the person has adopted as part of their identity.

Guilt’s negative emotional impact can be observed rather easily. Guilt often results in a desire to rectify the situation by overcompensating or at the very least confess (Forrest, 2005; Lewis, 1971). While unresolved guilt can lead to paranoia, other stronger, more detrimental behaviors and emotions are rare. Shame emotions can also result in extremely harmful behaviors and result in destructive attitudes in people (Brennan & Binney, 2010) such as “debilitating anxiety, concealment” and “other defensive emotions such as anger” (Gilbert, 2003, p. 1225). “Shame can change mental states from which other affects” such as depression, withdrawal, or anger, result (Gilbert, 2000, p.4). Reactions to either emotional response left unresolved can lead to strained relationships and a damaged sense of self.

Often guilt and shame can result in complex emotional responses; two of the main emotional byproducts of shame and guilt are sadness and anger (Lewis, 1995; Barrett, 1995; Tangney, Burggraf, & Wagner, 1995). Sadness and anger are more culturally acceptable emotions to experience and easier to recognize. Also, if a person is to acknowledge that he or she is ashamed of his behavior or accept his shame; he is cognitively giving up on himself and must recognize the discrepancies
in his self and self-concept (Lewis, M., 1992). While painful, owning one’s shame would probably be the best thing for him because prolonged exposure to shame without addressing the issue can lead to depression and rage (Gilbert, 2003; Lewis, 1992). In the short term, shame leads to silence and aggressive responses.

Given the complex negative, damaging, yet motivational emotions of shame and guilt, they are potentially advantageous emotions to exploit. One of the best ways to eliminate either shame or guilt is a behavioral change. If a person can be made to feel ashamed, he or she may attempt to rectify the situation. However, it is equally important to note that shame and guilt can result in strong retaliation toward or seclusion from the messages that sparked the feelings thereby making them both temperamental emotions to attempt to manipulate. While SEF can explain how social constructs (i.e., emotions, relationships) can be utilized to gain compliance, the specific constructs an exploiter attempts to manipulate can garner incompliance or retaliation much in the same way that EPPM claims fear ploys to result in aggression, denial, and retaliation (Witte et al., 2001).

Exploitation and the body

The body, being the physical and observable aspect of identity, is an important site for social exploitation. The exploitation may not be physical in the sense of labor, but in critiquing the body, it is exploiting the person who inhabits that body. When a person feels that he or she has done something wrong it can result in feelings of guilt, and when the shortcoming or wrongdoing is publicly recognized, shame ensues (Brennan & Binney, 2010). If there has been no wrong committed,
then there should be no guilt, and thus no shame. A common area of guilt and
shame in society is the body. It is beyond the scope of this thesis to delineate who or
what entities decide what is right or wrong, so it is proposed that the proper physique
has been developed through the media, government, and health professionals have
contributed to the image of the “proper” physique. “Women and girls in postmodern
societies are bombarded with messages from the media, parents, and peers that the
ideal body is one that is almost impossibly thin.[…] Although images of success are
more variable for young men, it is still the case that the successful man—and the
boy likely to be popular with his peers—is a muscular, but nonetheless slim—athlete
with an unrealistically narrow waist” (Klaczynski et al., p. 308). There is a resounding
pressure to adhere to the unspoken or sometimes spoken code of how the body
should look and behave and that ideal body is undoubtedly slender and thin
(Klaczynski et al., 2004: Burke, 2006).

Pop culture research and mass media remind people daily what is valued in
regards to the body. “Because fatness is generally perceived as unattractive,
unhealthful, and under the control of the agent, fat people are viewed as not just
deserving but requiring social adversity to change their behavior” (French & Brown,
2011, p. 6 – 7). The obese body is inscribed with disgust and is often
“dehumanized” (i.e. the brunt of jokes, goofy or evil characterizations, animalized)
resulting in abounding negative judgment (Thomson, 2007).

One of American society’s unwanted bodies is that of the large, the fat, and
the obese. “The body materially represents the mind and life; fatness is a result of
lack of vigilance – inaction in action, fatness means that the individual, despite any other achievement, is not in control and should experience shame.” (French & Brown, 2011, p. 6). The shame comes from the person feeling guilty about not behaving properly (i.e. dieting, exercising) and then shameful because obesity and heaviness has been publicly addressed as “wrong” by the media.

Shame and guilt also operate within the assumption that the person is able to control the behavior, thus correcting the wrong. “Obesity is framed as a matter of individual self-control and the body is a machine that can get fixed if only the ‘owner’ is willing” (Inthorn & Boyce, 2010, p. 93), thus it becomes easy for those in power to identify someone’s fatness as a flaw and exploit this weakness as a means to try to gain compliance to some ideal. SEF explains how the social constructs and emotions of a person can be utilized to gain change; the media and Western culture as entities can exploit people’s emotions tied to controlling their bodies to better abide by what is appropriate or desired.

Affect Heuristic

“EPPM identify the roles of fear-related affect…in guiding responses to health information,” (Cameron & Chan, 2008, p. 265). There is no disputing the influence of affect in understanding EPPM, however, SEF looks beyond simple affect and is more encompassing of additional elements to explain reactions and interplay for compliance gaining messages. “Affect plays a significant role in the selection, processing, and effects of media [and message] exposure” (Konijn, 2008, p. 2). The negative emotions people feel and associate with a situation and themselves do
require an acknowledgement of affect. Affect is credited with “a direct role in motivating behavior, asserting or implying that we integrate positive and negative feelings according to some sort of automatic, rapid 'affective algebra' whose operations and rules remain to be discovered” (Finucane et. al., 2000, p.2).

While positive affect in reference to a potential outcome acts as an incentive (Slovic et al., 2007), negative emotions can be an effective deterrent or warning. The implementation of negative emotions in a situation may work to encourage people to alter their behaviors to better control the emotional turbulence; though, an extended period of negative emotions can lead to resentment and avoidance of those messages and also the message generator (Cameron & Chan, 2008).

Considering the research concerning shame, guilt, and affect heuristic, people are less likely to engage in long-term positive, corrective behaviors but rather avoid messages and situations in which the person would be required to confront those negative emotions (Rippetoe & Rogers, 1987).

Additional research suggests that effective messaging using any affect is effective at increasing adoption and association for a product (Konijn, 2008). Negative emotional appeals could function on two levels that make these messages more effective. It is possible that by utilizing negative affect, publics adjust behaviors to avoid those negative emotions and also, that the image utilized in the communication becomes so deeply associated with that negative affect, that any artifact associated with that idea is secured in a person’s mind as negative.

Obesity Perceptions and Emotional Reactions
Children’s Healthcare of Atlanta desires to lower the obesity rate in Georgia yet the messages that they created to promote their weight loss initiatives have been met with resistance. Using the unique facets of social exploitation framework can better explain the reactions to the campaign than other fear, threat, and negative emotion messages. To understand the responses to the campaign, the following hypotheses are proposed:

**H1:** People will have a negative emotional response to the campaign  
**H1a:** Those who identify as overweight or obese will respond more negatively to the campaign

These hypotheses reflect the expectation that not only will there be a negative emotional response to the campaign, but also that those individuals who are overweight will express a more intense reaction to the campaign because of their self-identification as overweight.

**H2:** People will generally perceive the children as being exploited.  
**H2a:** People who have a personal connection to obesity, beyond themselves, will perceive the children as being used and treated unfairly.

Under the assumptions of social exploitation, the children in the campaign will be seen as being exploited by the general population. Furthermore, those individuals who have a social identity connection to someone who is obese will respond more negatively towards the use of the children in the campaign than those without a connection.
**H3:** People who do not identify as overweight perceive obesity as a personal, individual choice issue.

There is competing information about the risks, causes, and solutions to childhood obesity. Those who do not have strong personal connections to overweight individuals can be expected to have different views of the causes of obesity and also respond differently to the campaign differently than those with that personal connection.

**H4:** After viewing the campaign, the general public will not be motivated to alter their behaviors regarding their weight and health but those who are overweight will be motivated to change their behaviors for the better.

Assuming that research regarding negative emotional appeals holds true, overweight individuals, in an attempt to reduce the negative emotions that they feel, will be motivated to alter their behaviors to change their eating and exercising habits.
Methods and Results

Methods

Questionnaire packets were distributed to students at a large southeastern university. The students were recruited from social science courses at the university on a volunteer basis. The participants (N = 114) males (64) and females (50) Age range 18 - 53 with a median age of 20, completed a two-part survey. The first part of the survey asked for perceptions and concerns about obesity. After giving the participants' adequate time to complete that information, three of the billboard images (Appendix A) were shown on a screen visible to the entire group of participants. The participants were then asked to complete a survey (Appendix B) concerning their response to the campaign. Of the participants, 22 identified themselves as overweight and 2 identified that they would also consider themselves obese. It is interesting to note that 3 people responded that they did not know if they would consider themselves overweight and 3 said they did not know if they would consider themselves obese. Because so few people indicated that they were obese, this group was not used in the study.

The scales used were developed specifically for this study and designed to assess an individual's perceptions of childhood obesity, the individual's emotional response to the campaign images, and the images exploitive nature. The scales are five-point likert scales. A behavioral response subscale consisting of 3 items (a = .898) (motivation to exercise, motivation to lose weight, and motivation to eat healthy) was also used to analyze the results. The exploitation subscale consisted of
Results
The primary goal of the study was to determine the emotional response and behavioral intent of people to the CHoA campaign. The descriptive statistics for each of the elements analyzed are assessed for the individual hypotheses.

H1: People will have an overall negative emotional response to the campaign

This hypothesis is not supported. There was no significance: shame (M=2.74, SD=.943) dismay (M=3.33, SD=.930), shock (M=2.78, SD=.946) humiliation (M=2.33, SD=.986) and disgust (M=2.89, SD=1.134).

H1a: Those who identify as overweight or obese will respond more negatively to the campaign.

This hypothesis is partially supported. Normal weight (M = 2.67, SD = .956) and overweight (M = 3.00, SD = .926) did not differ significantly on levels of shame, t (108) = 1.455, p = .148. Normal weight (M = 2.78, SD = .908) and overweight (M = 2.73, SD = 1.023) did not differ significantly on levels of shock, t (107) = -.244, p = .808. Normal weight (M = 2.90, SD = 1.121) and overweight (M = 2.91, SD = 1.269) did not differ significantly on levels of disgust, t (107) = .046, p = .964).

However, there were specific emotional responses that were more negative in those who identified as overweight. Normal weight (M = 3.23, SD = .931) and overweight (M = 3.68, SD = .894) did differ significantly on levels of dismay, t (108) =
2.064, $p = .041$ and normal weight ($M = 2.18$, $SD = .917$) and overweight ($M = 2.86$, $SD = 1.125$) did differ significantly on levels of humiliation, $t (108) = 2.977, p = .004$.

Considering the small sample size of those who considered themselves obese, only those who identified themselves as overweight were analyzed. Also, participants who identified that they did not know if they would consider themselves overweight were removed from this analysis to prevent severely skewed data.

**H2**: People who identify themselves as overweight will perceive the children as being exploited and treated unfairly more than average weight people.

This hypothesis is not supported. Normal weight ($M = 2.96$, $SD = 1.097$) and overweight ($M = 3.09$, $SD = 1.152$) did not differ significantly on thinking the children are dehumanized, $t (109) = .515, p = .607$. Normal weight ($M = 3.09$, $SD = 1.083$) and overweight ($M = 3.23$, $SD = 1.066$) did not differ significantly on levels of assumed exploitation, $t (109) = .534, p = .594$. Normal weight ($M = 3.09$, $SD = 1.083$) and overweight ($M = 3.23$, $SD = 1.066$) did not differ significantly on levels of assumed manipulation, $t (109) = 1.148, p = .254$.

However, those who identified as overweight were more likely to report that the children were blameless for their situation Normal weight ($M = 2.58$, $SD = .837$) and overweight ($M = 3.00$, $SD = .873$) $t (109) = 2.069, p = .041$.

The exploitation subscale also proved non-significant between normal weight ($M = 3.14$, $SD = .607$) and overweight ($M = 3.27$, $SD = .563$); $t (109) = .877, p = .382$.

**H2a**: People who have a personal connection to obesity, beyond themselves, will perceive the children as being used and treated unfairly.
This part of the hypothesis is partially supported. The participants who identified that they had friends that were obese (n=45) and did not know if they had friends who were obese (n=6). Also, participants who identified that they had immediate family members that were obese (n=31) and participants said they did not know if they had family members who were obese (n=4). Those participants who did not know if they had obese family members or close friends were not analyzed for exploitation assumptions.

Participants with obese close friends were less likely to agree that the children were being dehumanized (M= 2.67, SD= 1.044) than those without obese friends (M=3.19, SD=1.105) t (106) = -2.484, p=.015. Also, participants with obese close friends reported lower levels of exploitation (M=2.82, SD=1.093) than those without obese friends (M=3.33, SD 1.032); t (106) = -2.476, p=.015.

Participants with obese family members were more likely to say that the children were blameless for their situation (M= 3.00 SD=.775) than those without obese family members (M=2.54, SD=.859) t (108) =2.570, p=.012. Also, participants with obese family members were more likely to say the children were not being treated fairly (M=2.48, SD=.769) than those without obese family members (M=2.97, SD=2.97) t (108)=-2.842, p=.005.

**H3: People who identify as overweight, or are connected to it through friends or family, will perceive the causes of obesity differently.**

This is not supported. The difference in perceptions of obesity were approaching significance for those who had friends who are obese (M=3.36
SD=.892) compared to those who do not (M=3.68, SD=.779) concerning individual choices as a major cause of childhood obesity; t (105) =-1.962, p=.052. No other perceptions of obesity showed anything close to significant differences.

H4: After viewing the campaign, overweight participants will be motivated to alter their behaviors regarding their weight and health.

This hypothesis was supported. Those who identified as being overweight were overall more motivated to alter their behavior (M=3.47 SD=.883) than those who were an average weight (M=2.935 SD =.989) t (108) =2.312, p=.023. Specifically, those who were overweight wanted to lose weight (M=3.59 SD=.908) more than those of a normal weight (M=2.77 SD=1.101), t (108) =3.219, p=.002.

Furthermore, women were also more motivated to eat healthy (3.62 SD=1.028) than men (M=3.13, SD=1.085) t (111) = -2.455, p = .016. Women were also more motivated to lose weight (M=3.24 SD=1.117) than men (M=2.71, SD=1.038) t (111) = -2.585, p=.011 with the overall subscale of motivation to alter behaviors higher for women (M=3.29 SD=.982) than men (M=2.86 SD=.942), t (111) = -2.370, p=.02.
Discussion, Limitations, and Conclusions

Discussion

The results of the study demonstrate the ability to influence behavioral change through utilizing social constructs. The goal of this study was to examine whether SEF provides new insights into how emotional reactions affect viewers’ responses to campaigns designed to induce negative emotions. SEF allows us to examine perceptions of exploitation and whether that increases or decreases campaign effectiveness. The participants expressed selective negative emotions toward the campaign. An important aspect of the survey design is the participants’ self-selection as either overweight and/or obese. The concept of weight identity does seem to have some impact on how people respond emotionally. The participants who are overweight expressed more negative emotions than those who are not. This is to be expected. While it is unclear if the campaign is designed to affect parents, children, or both, it is evident that there is a negative emotional response.

Children’s Healthcare of Atlanta identifies wanting a striking campaign. However, is degrading an individual with harsh images an effective or productive way to address a serious health issue? As the study identified, overweight people were temporarily motivated to change their behaviors following exposure to the campaign. However, this immediate response does not necessarily reflect true change. Guilt, shame, and other negative emotions often create temporary desires to alter the assumed wrong or bad behavior. Unfortunately, this fleeting desire often
dissipates with time because people ignore the shame and guilt and the issues that caused the emotions (Lewis, 1992). As identified within research surrounding fear and other negative emotional ploys can motivate change. Furthermore, without providing the means in which to achieve the goals or positive behaviors, long term change is less likely to occur.

The emotional responses to the campaign also help to explain the outcry of response to the campaign. When people experience negative emotions, especially those associated with shame and guilt, alternative behaviors can manifest in an aggressive behavior (Åslund et al., 2009). Understanding the emotional constructs is a key element of SEF thus it is productive to examine this campaign through the SEF. This study looked at only a singular exposure and response. Repeated exposure to the stimuli could result in significantly different emotional and behavioral intent responses. Repeated exposure to negative, shaming messages could manifest in strong resistance toward not only the individual message but also the source of the message.

Beyond the overweight participants, women also said that they were motivated to change: eat better and lose weight. This discrepancy between men and women’s response to the campaign was an aspect that was not originally considered when analyzing the campaign. This finding could potentially be explained by a Westernized version of beauty that dictates that women be extremely thin while popular culture is more forgiving of men’s waistlines. As gender is a social construct, it is possible that SEF could be used to explain the differences in
responses; nevertheless, the gender component of the responses is not the focus of this particular study and the differences in their reported responses deserve to be explored in future studies of this campaign.

Another fascinating relationship is between people with obese friends and family and those without. Family members of obese people demonstrated strong feelings about the children and how the children were being treated unfairly. Yet, friends of obese people did not seem to think that the children were being exploited by the campaign. It could be that people want to protect their family and want to believe that they are blameless for their condition where friends could be more privy to the choices their friends are making about their weight and judging those actions.

SEF’s emphasis on social interaction and relational constructs explain why those who had close family members who are obese might defend the children as a means of protecting their own family members and familial images. The concept that the children are blameless for their situation also highlights the idea that there is a discrepancy in the causes of childhood obesity: poor diets, lack of exercise, personal choices, bad parenting. Before viewing the campaign, there was little difference in the causes, concerns, and reasons attributed to childhood obesity. Overall, people agreed that personal choice, parental guidance, as well as societal structures all contribute. Nevertheless, this stark contrast in responses about the exploitation of the children affirms the idea that the relationship a person has to an obese individual determines his or her perceptions.
These responses coordinate with the idea of social exploitation. There are some economists and business leaders who do not believe that a person can be exploited during a labor/financial transaction as the person who is completing the labor is benefiting from the wages and chose to be a part of the contract. Much in the same way, some people could argue that social exploitation cannot occur because the parties concerned are in some fashion benefiting and seemingly consenting the process. Friends of obese individuals might not see the children as being exploited because they might believe that the children agreed to be in this campaign and that it was the children and the parents’ choices that allowed them to live at an unhealthy weight.

SEF in part supports the tactics of CHoA. Nevertheless, the Children’s Healthcare of Atlanta took a huge risk when developing and implementing their “Warning” campaign. While using negative emotions continues to be a popular tactic to gain an audience’s attention, eliciting such volatile negative emotions such as shame and guilt runs a high risk of causing resistance with the customers. Beyond manipulating people’s emotions, CHoA arguably unfairly treated the children featured in the campaign to the point that people felt that CHoA had exploited the children’s situations. While some people indicated intent to change behaviors, the potential costs to CHoA’s reputation might not be worth the momentary response.

Limitations

There are several limitations to this study. It is important to note that the participants were all at least 18 years old and presumably, not many of them have
children. The campaign was not designed to inform or persuade the demographics of this study. While the participants might not have reported significant levels of shame, the overweight children and possibly their parents might have a significantly different response to the campaign. This study is only representative of a population with at least some college education; this level of education could reflect a different perception of the issue of childhood obesity.

Furthermore, the categories of overweight and obese were self-reported. These are personal perceptions and not based upon the wildly accepted body mass index (BMI) scale measure of obesity or any other scientifically accepted measure. If people were made aware of their medical weight categorization, it might change participants reported perception and response to the campaign. Also, participants were only asked if their friends and family were obese, not overweight. This too was a perception of weight.

Another possible limitation is that the images used in the campaign were selected from those available through a search engine. This could potentially call into question the validity of the study as the images did not come directly from CHoA. CHoA was contacted several times during the course of the study to try to secure legitimate, original images to use in the study, however, CHoA remained unresponsive to request. The images used came from legitimate news sources including the Atlanta Journal Constitution and so the images are assumed to be valid representations of the campaign.
Only three images were used in the survey; it is possible that different images or a different compilation of the images could have provoked a different response. Also, only the still images were used. The videos that accompany the “Warning” phase of the campaign were not used. Exposure to the entirety of the campaign material might cause a different response than the one currently reported.

Future Research

There were a number of inconclusive findings from this study. Considering the limitations of the study, further research is warranted. Expanding the demographic reach as well as developing a more sophisticated and comprehensive scale would help to uncover potential themes that this current study cannot fully support. Conducting this study with parents and children would strengthen or potentially alter the findings due to the fact that the campaign’s target audience was parents, not young adults. Also, a study looking at differences in gender response to the campaign is necessary considering the differences present in this preliminary study.

This survey only studied the first phase of the CHoA anti-obesity endeavors. Further research should be conducted on the various stages and the overall project to determine how effective or ineffective the messages were on addressing the issue of childhood obesity in Georgia, how each of the campaign messages differed, and how the campaign transformed over time.

Also, SEF needs to be examined and utilized across other risk campaigns and taken into other areas of communication research. This developing framework
poses new arguments and propositions to examine messages and determine potential compliance gaining strategies. As the framework develops, a more structured model or possibly theory can emerge that cannot only describe the interactions, but possibly develop predictive elements as to how social interactions can be exploited by an influential entity to gain compliance.

**Conclusions**

Social exploitation framework provides a new, compelling way to view and explain risk messages. Specifically in regards to the campaign, the framework explains why people reacted so forcefully to the messages and suggest that people will comply with the messages. There is no denying the controversy of the CHoA campaign. It brings up several provoking societal questions especially in light of social exploitation framework. When is it acceptable to exploit someone, if ever? What if it is for the person’s own good? The childhood obesity epidemic is not improving so if a healthcare provider must go the extreme to try and encourage change, is it acceptable? CHoA might be committing an injustice with their arguably exploitive campaign, yet, in light of the health risks that could befall the obese children, it could be argued that refraining from addressing the issue would be more of an injustice.

It also brings a new discussion to the table regarding appropriate means of persuasion; specifically within risk communication literature. People confirmed wanting to change their behaviors after viewing the campaign. Nevertheless, negative social exploitation could cause more problems rather than reduce those
associated with an issue. Risk communication messages necessitate diligence especially when it comes to children. Productive messages need to be created to ensure people can make the best decision in regards to their health and wellbeing.

It should be noted that SEF does not encourage the use of exploitive measures to gain compliance, even if the messages work. There are other, more productive ways of gaining behavioral compliance in risk situations than exploiting helpless fat kids. There exists a grey area in risk and persuasion literature regarding compliance when examine messages that are not fear based, and not truly threatening. SEF helps to illuminate this complex area of research by providing a basis to explore messages that do not fit neatly into existing models and frameworks and by providing an alternative way to approach a message and compliance gaining measures.
REFERENCES


Carmody, B., & Smith, P.M. (Producer), & Hallway (Director). *Youth aids PSA*. [Video/DVD] Smuggler.


APPENDICES
WARNING

IT'S HARD TO BE A LITTLE GIRL IF YOU'RE NOT.

Stop childhood obesity. strong4life.com

Brought to you by Children's Healthcare of Atlanta
Appendix A2

WARNING

FAT PREVENTION BEGINS AT HOME.
AND THE BUFFET LINE.

Stop childhood obesity. strong4life.com

Brought to you by Children's Healthcare of Atlanta
Appendix A3

WARNING
HYPERTENSION.
NOT JUST FOR ADULTS ANYMORE.
Stop childhood obesity. strong4life.com

Brought to you by Children's Healthcare of Atlanta
Appendix B

Survey

Health Campaigns & Perceptions:

First, we’d like to know what you thoughts about Childhood obesity.

In general, how much do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of self-discipline is a major cause of childhood obesity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood obesity is a matter of public concern</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of information about dieting is a major cause of childhood obesity.</td>
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<tr>
<td>Parenting is a major cause of childhood obesity.</td>
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<tr>
<td>Poverty is a major cause of childhood obesity.</td>
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</tr>
<tr>
<td>Lack of self-discipline is the cause of childhood obesity.</td>
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</tr>
<tr>
<td>Childhood obesity is a matter of public concern</td>
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<td></td>
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<tr>
<td>Childhood obesity can lead to major health risks</td>
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<tr>
<td>Inactivity is a major cause of childhood obesity.</td>
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<tr>
<td>Poor diets are the major cause of childhood obesity</td>
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<tr>
<td>An individual’s choices cause children to be obese</td>
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</tr>
</tbody>
</table>
Have you seen these images before? Yes □       No □

In general, how much do you agree or disagree with the following statements about the images used in the campaign?

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I view the images, I feel shame.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I view the images, I feel dismay.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I view the images, I feel happy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I view the images, I feel shock.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I view the images, I feel humiliated.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I view the images, I feel empathy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I view the images, I feel motivated to diet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I view the images, I feel motivated to eat more healthily.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I view the images, I feel motivated to lose weight.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I view the images, I feel disgust.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I view the images, I feel amusement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How much do you agree with the statements below regarding the children used in the campaign

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe the children in the pictures are being dehumanized.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I believe the children in the pictures are being exploited.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I believe the children in the images are blameful for their condition.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I believe the children in the images are sad.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I believe the children in the images are being treated unfairly.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I believe the children in the pictures are being manipulated</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I believe the children in the pictures are being treated fairly</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I believe the children in the images are blameless for their condition.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
1. In what year were you born? _______

2. Are you?
   - Male
   - Female

3. Ethnicity (select all that apply)
   - Hispanic
   - American Indian/Alaskan Native
   - Asian
   - Black or African American
   - Native Hawaiian, Pacific Islander
   - White
   - Other

4. Do you consider yourself overweight?
   - Yes
   - No
   - Don't know

5. Do you consider yourself obese?
   - Yes
   - No
   - Don't know

6. Is one or more members of your immediate family obese?
   - Yes
   - No
   - Don't Know

7. Is one or more of my friends are obese?
   - Yes
   - No
   - Don't Know

Thank you very much for your participation in this study.
Please provide any comments you would like to share with the researcher below: