

The Third-Person Effect in Depression Related Campaign

Min-Wook Choi^a, ^aDepartment of Advertising & Public Relations, Namseoul University, Cheonan, Choongnam, 31020, South Korea, Email: mwchoi@nsu.ac.kr

Background/Objectives: The purpose of this study is to explore the third-person effect of the health communication campaign which has recently increased its importance through the campaign on depression.

Methods/Statistical analysis: The post-experimental design method was used to verify the proposed research hypothesis in this study. The subjects were shown the experimental stimuli and were asked to survey their responses. The stimuli were intended to alert people to the dangers of depression and persuade them to seek counselling and treatment as relevant. The subjects were students attending a university in Cheonan, South Korea. A total of 178 subjects participated in the experiment.

Findings: First, a third-person perception in the audience of the health communication campaign was found. The audience perceived that the campaign had a greater impact on others than on themselves. Second, in verifying a difference in third-person perception between highly involved and less involved audience members in the depression campaign, the third-person perception of less involved audience members was stronger than that of the high involved audience members. Third, in the context of the identification of the impact of the audience's perceptual bias on the respective perception of risk to depression and recognition of the necessity for campaigns related to depression there are two findings: the third-person perception has a positive effect on the degree to which depression is perceived to be hazardous to health and the degree to which depression-related campaigns are perceived to be necessary. **Improvements/Applications:** Third-person perception of audience may vary depending on the type of disease, so future studies could be conducted on campaigns related to various diseases to promote generalization of results.

Key words: *Health communication campaign, Depression, Third-person effect, Improvement, Fear appeal.*



Introduction

Recently, there has been a growing need for health care and health-related information, and efforts have been made to reduce social losses from various diseases. In this context, health communication campaigns by the government, related agencies and media are being activated, and this trend is expected to grow in the future. The importance of mental health is growing especially in modern society, and as a representative example, depression is emerging as a major social problem. Depression, in particular, tends to be a condition for which it is less likely for individuals to consult or be treated with experts compared to other conditions. Therefore, campaigns to provide correct information about the treatment and prevention of depression and to encourage patients to take appropriate actions are most important.

Health communication can be defined as skills and methods 'providing information', 'exercising influence' and 'motivating' action with regard to important health issues for individuals, organizations and the public. Health communication addresses a wide range of topics, including health-related policies and industries, along with topics directly related to public health, such as disease management and prevention within a wide range of social contexts (Hannawa et al., 2014; Parrott and Kreuter, 2011). Health communication messages are typically carried out by the media or public organizations in the form of campaigns related to specific areas for a certain period of time. Effective message development and execution, which takes into account campaign characteristics and receptor characteristics, is of great importance in the course of a health communication campaign and specifically persuasion in the public interest. In order to enhance the effectiveness of the health communication campaign, it is necessary to understand what psychological mechanisms the audience processes and reacts to in the messages of the health communication campaign.

The 'the third-person effect' hypothesis first raised by Davison (1983) is a theory on the influence of mass media, which has been studied in various areas of communication, including persuasion communication. Third-person effect refers to the phenomenon in which people tend to expect media messages to have a greater impact on others than on themselves, and where responses to attitudes or actions are based on such expectations (Huge, 2015). The audience's perceptual bias to the influence of messages delivered through mass media was addressed in the relevant studies as a concept that describes the process in which the effects of mass communication, including persuasion communication, occur. In particular, from a third-person effect point of view, health communication campaign research is a meaningful approach, given that health communication campaigns are persuasive communications that enhance message delivery through stimulation, such as fear that individuals have, with regard to diseases (or their prevention) have. The purpose of this study is to explore the third-party effect of the health communication campaign which has recently increased its importance through the campaign on depression.



If you look at the third-person effect studies to date, it is evident that the third-person effect is more visible in negative (anti-social) messages than in positive (pro-social) messages. In other words, when media content delivered through mass media is a communication of a negative or antisocial nature such as slanderous news articles, violence, pornography, and negative political ads, people consistently think that others will be more affected than themselves (Cohen et al., 1988; Cohen and Davis, 1991; Gunther, 1995). On the other hand, the results of studies that tested third-person effect on positive or pro-social messages are not consistent. While some studies have shown no third-person effect or significant differences, others found the reverse third-person effect otherwise known as the first-person effect which is that media messages will affect them more than others (Gunther, 1992). The key question is in which direction a third-person effect will occur for a health communication campaign, which although a guidance and pro-social message, gains communication effect by stimulating negative emotions using fear appeal related to a specific disease.

The third-person effect of messages delivered by mass media may vary depending on the message and audience variable. Existing third-person effect studies have shown that various audience variables affect perceptual bias in individuals (Glynn and Ostman, 1988; Henriksen and Flora, 1999). In particular, disease-related health communication campaigns can also be an important research issue, as the message's target is relatively clear, so whether third-person effects are differentiated depends on audience involvement with the disease. One of the main concerns in the study of third-person effect is how perceptual bias of individuals in relation to third-person effect affects attitudes and behavior on relevant issues. From this point of view, the study attempts to identify how perceptual bias of individuals in contact with a health communication campaign affects attitudes related to health communication issues.

The purpose of this study is to explore the third-person effect of the health communication campaign which has recently increased its importance through the campaign on depression. Specifically, through a third-person effect point of view, the study aims to understand how the health communication campaign works for the audience, and how individual perceptual bias toward health communication campaign messages affects attitudes related to campaign issues. It is anticipated that this study approach will provide data for the creation and execution of effective future health communication campaigns.

Theoretical Background

Health communication campaign and depression related campaign

With the importance of health and well-being in recent years, health communication has been activated at the government, public, and corporate levels, and interest in health communication is increasing academically, especially in the field of communication. Health communication, which provides health, relevant information to individuals, organizations and the public and



seeks to change attitudes and behaviors in a positive direction, includes managing and preventing disease (diabetes, AIDS, obesity, etc.), preventing injury and violence (drinking driving, Dating violence, child abuse, etc.), coping with and responding to health-related crises (such as food safety, natural disasters, and health behaviors caused by man-made disasters), and public health (smoking, binge drinking, breastfeeding, etc.). In addition to topics directly related to health, it includes policies and industries such as health-related policies (health insurance and medical policy) and healthcare businesses (pharmaceutical industry).

Media health communication, which uses media such as broadcasting programs, printouts, and advertising to deliver intended campaign messages to the target public, has long received much academic and practical attention in the field of public health communication. Recently, various health-related campaigns have been promoted through health-related public institutions, and health-related programs or health-related section articles have been activated through the mass media. The initiation of health communication as an academic field is regarded as 1975, the year when the Health communication division was established in the International Communication Association. Since then, health communication research has been actively conducted as a part of communication research, including the establishment of the publications, Health Communication (1989) and Journal of Health Communication (1996) (Han, 2005). Health communication research has a strong nature of interdisciplinary research, making it an interesting subject for researchers in various fields, including medicine as well as the communication field.

Depression causes a person to feel sadness, loss, or helplessness, and is an important internal variable where, when symptoms deepen, can result in a wide range of psychological disorders, eventually leading to extreme experiences such as suicide. World Health Organization and Harvard University cite depression as one of three major diseases that will afflict mankind in 2020 (Seong, 2010) with the incidence of depression increasing rapidly. Some data suggests that many people who commit suicide are depressed. This propensity to give up and choose death over life necessitates professional skills and diplomatic research which can indicate treatment regimens for the causes of depression that need to be developed

Prevention and treatment of depression requires a good understanding of the causes and symptoms of depression. To this end, the theoretical concepts of the causes and symptoms of depression that have been identified in many existing disciplines are presented here. In psychoanalysis theory, depression is unconsciously a phenomenon in which anger is directed toward a person. Freud, the founder of psychoanalysis, saw it as a reaction to the loss of a subject who loved depression. The loss of loved ones not only leads to grief at loss, but also to anger at those who have left them, which is unconscious by moral oppression, and because the object of anger has already disappeared, it leads to anger toward oneself. When anger is



directed at oneself, blame is attributed to self, instigating guilt and eventually depression which weakens self-esteem and develops into chronic depression.

The theory of activism defines depression as a phenomenon caused by the weakening of positive reinforcement from the social environment. We live with a variety of positive reinforcements such as praise, reward, help, support, etc. in our lives, and when we experience important loss events in our lives, we lose an important source of positive reinforcement which can develop into depression as adaptive behavior decreases. The activist explanation of depression focuses on the lack of social skills, the inexperience of self-control behavior and the lack of problem-solving skills, explaining the occurrence and maintenance process of depression.

Cognitive theory argues that depression is caused by exaggerating and distorting a living event in a negative and pessimistic sense. Drowsy people tend to commit a unique cognitive error, which distorts the meaning of a living event, and this cognitive error results in the presence of negative life events that trigger depression when a large number of adverse beliefs are evident. As such, cognitive theory provides explanations for inappropriate thinking, belief systems, the process of thinking and cognitive errors that cause depression. In biological theory, based on the assumption that depression is caused by physical causes, genetic causes, neurochemical abnormalities of the brain, functional damage of the brain structure, endocrine system abnormalities, and biological rhythm abnormalities are investigated for the cause. These findings are the theoretical basis of drug therapy (Seong, 2010).

Social consensus on the importance of managing and treating depression is growing, but public use of medical services in relation to actual depression is not yet active. Although depression can be a serious social problem, especially in the sense that it can lead to serious consequences such as suicide, activation of anti-depression methods and appropriate proactive counselling yet to be actively developed and made accessible. Currently, various sectors of society are creating anti-suicide campaigns and countermeasures, but these are still far from sufficient and psychological counselling campaigns to prevent various mental illnesses such as depression are not proactively carried out. While the need for psychological counselling is emerging, many studies of mental health, including depression, have focused on suicide prevention campaigns and factors that affect the intent to commit suicide. Few studies are available on campaigns urging psychological counselling that uses psychiatric services as a practical solution to prevent depression or suicide (Park et al., 2016).

Third person effect

Concept of third person effect

A third-person effect study in mass communication research has generated much interest from scholars trying to explain the effectiveness of the media. The key to the third-person effect



hypothesis, first proposed by Davison in 1983, is that people tend to think that messages delivered through the media have a greater impact on other people (third person) than on themselves (Davison, 1983). The hypothesis of a third-person effect is in line with communication theories that explain indirect effects of mass media, such as the theory of spiral of silence and the hypothesis of pluralism. The approach associated with this indirect effect of mass media is basically that people who come into contact with messages in mass media perceive the effect of the message on others and act on this perception. In other words, attention is paid to the fact that perception of the influence of mass media on others in mass media communication, makes them change their beliefs, attitudes and behavior. So far, third-person effect studies have focused on finding answers to two research questions. One is the question of perceptual bias: whether mass media affect others more than they do, and the other is whether this perceptual bias affects the behavior of individuals (DeLorme et al., 2006).

The prevailing view is that individuals themselves use different criteria or strategies when making judgments about themselves and others on a cognitive level when they encounter a media message (Duck et al., 1995; Price et al., 1997); that is, in general, people tend to think they are superior compared to others, and perceive themselves to be 'different' to identified case studies. Researchers cite "attribution errors" and "egotistical differential attribution" as the reasons for the occurrence of such third-party effects based on their own superiority. According to "fundamental misconception," people judge that while others are easily persuaded by messages without knowing the persuasive intent of the media message, they are rarely persuaded because they can get a good grasp of the message's intentions. Also, according to "self-centered discriminatory attribution," people consider it unwise to be persuaded by the message, especially when it is deemed negative, and they are not easily persuaded because they have the ability to control it. Another approach to explaining the third-party effect on a cognitive level is to explain the differences in knowledge between oneself and others regarding the attitude of reacting to a persuasive message. In other words, when people encounter persuasive messages through the media, they use their knowledge of persuasion to cope with persuasion, which generally makes them underestimate the impact of media communication. On the other hand, they tend to overestimate the impact of media communication on others because they lack knowledge of the attitudes that others react to under persuasion.

Since first proposed by Davison, third-person effect research has been conducted in various fields of the media. Specifically, news report (Perloff, 1989), political campaign (Rucinski and Salmon, 1990), product advertisement (Gunther, 1993), drama (Lasorsa, 1989), TV violence (Rojas and Shah, 1998), and pornography (Gunther, 1995; Chia et al., 2004) have been identified as promoting perceptual bias.



Characteristics of message and third person effect

Looking at studies on third-person effect so far, it can be seen that the audience's perceptual bias in media contact is affected by the nature of the message. Related studies have shown that perceptual bias in expecting media messages to affect others more than oneself is apparent in negative or socially undesirable messages. In other words, perceptual bias has been verified in messages such as slanderous news articles (Cohen et al., 1988), negative political ads (Cohen and Davis, 1991), and violent campaigns (Duck and Mullin, 1995). The reason why negative messages affect people's perceptual bias is the perception that others will be more vulnerable to negative messages than themselves, the basic assumption of third-person effect. In other words, people are vulnerable to negative or undesirable messages, but may not be adversely affected if they demonstrate general common sense.

On the other hand, studies that have validated third-person effect against positive or socially desirable messages show that the third-person effect is reduced compared to negative or socially undesirable messages, but specific results are not consistent. Innes and Zeitz (1988) verified third-person effect of violence (negative messages), political campaigns (neutral messages), and anti-drunk driving campaigns (positive messages) depending on the nature of the message. Studies have shown that the more positive the messages, the smaller the size of the messages, but the third-person effect is also shown in the positive messages by activating third-person effect in all three messages. A study by Gunther and Thorson (Gunther, 1992) which validated third-person effect on public service advertising, found that there was no significant difference in perceptions of message influence on one's self and others. A study by Gunther and Mundy (Price et al., 1997) which verified third-person effect with multiple positive and desirable messages in society, showed a mixture of third-person effect and first-person effect depending on the subject matter of the message. A study by Duck and colleagues (Duck et al., 1995) which verified third-person effect in 11 public-good ads, also showed a mixture of third-person effect and first-person effect, depending on the advertisement. The study found that the more positive an individual finds an advertisement, the more likely the message in the media will affect him or her rather than others. Researchers argue that these results show that the third-person effect or first-person effect differs as dependant on individual advertising and individual audience characteristics rather than on the message nature itself

Involvement and third person effect

Studies on third-person effect have shown that the audience's involvement in message issues affects perceptual bias. Several studies have shown that the more content they relate to and the more important they think the issue of the message is to them, the greater the third-person perception (Perloff, 1989; Mutz, 1989). In other words, in situations in which there is a high level of involvement in message issues in the context of the content of the message and the

audience, the media effect on others is underestimated, while low involvement in the content of the message results in low perceptual bias. Perloff (1989) said of the neutral TV news on the Lebanese war that pro-Israeli people were felt that the report would influence the public to have a favourable view of the PLO, while pro-Palestinian people said the same news would have a favourable effect on Israel, indicating that personal involvement affected perceptual bias.

However some studies, as in the Perloff study (1989), have shown that if a message issue handled by the media is a politically and socially sensitive issue, or a message with extreme content, such as proponents and opponents, the more one thinks it is relevant or important to them, the more they are affected by the message than others might be. A study that identified perceptual bias in relation to an issue's involvement with an audience who contacted a company's PR message found that the less involved the audience member was, the less likely the third-person perception (Park, 2002) would be. Studies that analyze the health of the audience themselves and their relationship to the third-person perception in drug advertising can also be considered in terms of involvement (DeLorme et al., 2006). Studies show that the more likely a person is to be perceived as unhealthy, the more likely he or she is to be affected by drug advertising than others.

Effect of third-person perception on attitude and behavior

In the third-person effect study, the area to be theoretically noted with the discussion of perceptual bias is the second component of the third-person effect hypothesis: the effect of perceptual bias on people's attitudes and behavior. As Davison who first proposed the third-person effect hypothesis noted, it is a key part of the third-person effect that people can act with perceptual bias. However, it is true that while there are many studies on the first element of the third-person effect hypothesis, there are not many studies on the effect of the second element, perceptual bias on attitudes and behavior. Studies that have validated the impact of third-person perception on attitudes and behavior do not produce consistent results. The study on TV violence (Rojas and Shah, 1998) and the study on pornography (Gunther, 1995) both found that the more perceptual the media message was likely to affect others than themselves, the more aggressive it was about regulation. However, studies of media coverage of libel articles (Gunther, 1991), O. J. Simpson trials (Driscoll and Salwen, 1997), and press control and censorship (Gunther, 1993) show that perceptual bias does not affect attitudes related to issues.

Fear appeal and level of fear appeal

Health communication campaigns aimed at preventing diseases such as obesity, smoking and AIDS often use fear appeal to suggest negative situations that may result from not acting as recommended in campaign messages to raise awareness and enhance preventive and

therapeutic behavior. Fear appeals are used not only in health communication campaigns, but also in various public advertising campaigns, such as health-related product advertising, drunk driving prevention campaigns, and insurance advertising. Many health communication studies have shown that fear appeal synchronizes appropriate behavioral changes by attracting people's attention and increasing perceived risks.

One of the main concerns in the study of fear appeal is whether persuasion effect can be maximized and at what level of fear. However, the studies verifying the effectiveness of persuasion according to the level of fear show different research results. Janis and Feshbach's (1995) study identified communication effects according to fear level based on oral hygiene and this and many follow-up studies showed that low level fear appeal was more effective than high level fear appeal. It has been reported that the level of fear appeal negatively affects persuasion (DeWolfe and Governale, 1953). However, studies on fear appeal since this initial study reported that high fear appeal was more persuasive than low fear appeal (Prinsen, 2005; Snipes et al., 1999). These studies argue that high levels of fear appeal increase the persuasive effect by causing a high level of perceived likelihood of occurrence and severity.

Reresearch hypothesis and Research Problems

Health communication campaign and third-person perception

So far, studies on third-person effect have shown that third-person perception phenomena, where the thinking is that others are more affected by mass media messages than themselves, is more prominent in negative or socially undesirable messages. On the other hand, studies that have validated third-person effect against positive or socially desirable messages show that the third-person effect is reduced compared to negative or socially undesirable messages, but specific results are not consistent. Some researchers argued that positive or socially desirable messages would have a "reverse third-person effect" or "first-person effect". However, the results of the third-person effect studies conducted on positive messages to date indicate that third-person effect occurs more than first-person effect.

The results of studies on the third-person effect conducted to date on positive messages are consistent. When an audience member connects with a message which makes them feel happy and positive, such as corporate public relations advertising (Day, 2006), the audience experience first-person perception that they will be further affected by this message than others. However, when audience contact with the message itself is not pleasant and it is not an enjoyable situation, even though the message is socially desirable, such as 'Drinking Driving Prevention Campaign (Innes and Zeitz, 1988) and 'Safe Sex Related to Disease Prevention' (Chapin, 2000), the audience member is more likely to have a third-person perception. In particular, the dark atmosphere of the message, as these campaigns frequently use fear appeal



to raise audience awareness, may be the reason for the audience to default to the third person perception.

This trend is also seen in studies where Duck and colleagues (Duck et al., 1995) have validated third-person effects on 11 different public service advertisements. All 11 public service adverts were socially desirable positive messages, but audiences were found to experience both third-person perception and first-person perception depending on individual response. Specifically, if the audience positively evaluates the public service advertisement, first-person perception appears, while if negative, the third-person perception appears. Gunther, (1992) found a similar phenomenon in a study that validated third-person effect on product advertising, with first-person perception appearing in emotional adverts and third-person perception in general adverts. The above research results show that the appearance of third-person perception and first-person perception during mass media message communication has a more important impact on the emotional state of the audience which is caused by the message contact rather than whether the message itself is socially desirable. In other words, if the message itself makes the audience feel good or is convincing, it will have a first-person effect where they perceive themselves to be more affected than others. In contrast, where the message itself is not a bright mood and pleasant experience to the object of the message (even if it is desirable to act as recommended in the message), it will have a third-person effect on the audience members. Ultimately, the audience's response to positive message contact with respect to the third-person effect appears to maintain and enhance the audience's self-conception and self-esteem (Duck et al., 1995; Park, 2002).

Regarding the third-person effect of the positive message, one can expect third-person perception in health communication campaigns aimed at preventing and managing disease in audience, including campaigns related to hypertension, diabetes and AIDS. This is because although the message is socially desirable and helps the audience to act as recommended by the message, the mood of message is not pleasant in itself, nor is it pleasant to be a target of the persuasion and thus a third-person perception will emerge. The campaign on depression, the subject of this study, was also a health communication campaign aimed at preventing and managing the deterioration of depression as a disease, so the following hypotheses were established.

< Hypothesis 1> The audience in the campaign for depression will perceive that the campaign has a bigger impact on others than on themselves

Involvement in decrease of third-person perception in health communication campaign

In the case of messages addressed by the media, such as Lebanon War Messages addressed in Perloff (1989) which are politically and socially sensitive issues, or extremely split between

proponents and opponents, a third-person perception of overestimating the media effects on others is strongly shown when there is a high level of involvement in message issues. On the other hand, health communication campaigns, such as the Depression-related campaign, are not controversial and are not divided into groups of approval and opposition on issues according to their own opinions. Also, it is easy to judge who is the target by messages because it is relatively clear whether you are the target of the campaign or not, depending on your depression and relevance to yourself. Therefore, it is highly likely that the audience with a high degree of involvement in depression will rationally judge that the campaign will affect them more than others. On the contrary, in the case of an audience with low levels of involvement in depression, it is more likely that individual members will think that the depression-related campaign has more influence on others than on themselves. In a study by Delorme and colleagues (DeLorme et al., 2006), an analysis of audience perceptual bias in contact with drug advertising also found that the more consumers think their health is not good, the more perceive that messages have an impact on them rather than others. Therefore, the following hypotheses regarding involvement and third-person perception in the health communication campaign can be established.

< Hypothesis 2> In contact with a health communication campaign, third-person perception will be strong for audience members with lower levels of involvement compared to those with higher levels of involvement with the disease.

Effects of third-Person perception on attitude in health communication campaigns

As Davison, who first proposed the third-person effect hypothesis, mentioned it is a key part of the third-person effect that people can act with perceptual bias. In other words, the theoretical and practical part of the discussion of perceptual bias in the third-person effect study is the effect of perceptual bias on people's attitudes and behaviors. From the perspective of establishing and implementing health communication campaign strategies related to disease, we expect that there will be a change in the attitude of the audience of the health communication campaign message. In other words, they recognize the risk of the disease the campaign deals with, and expect to form an attitude and act in the direction the campaign suggests. It is also essential that the audience is aware of the need for a relevant campaign and to achieve this goal, it is necessary to understand how the audience who come into contact with a health communication message can change their attitude.

In this respect, the following research issues were established to investigate how the audience's third-person perception of messages when exposed to campaign messages related to depression, is related to the perception of the risk of depression as a disease and the need for future campaigns related to depression. Further this study identified a need to explore the

demographic attributes and how the variables investigated in this study relate to these attitude changes.

- < Research problem 1> How does the third-person perception of contacting health communication campaign correlate with the risk perception about disease?
- < Research problem 2> How does the third-person perception of contacting health communication campaign correlate with recognition of necessity for the associated campaign?

Reresearch Methods

Research design

The post-experimental design method was used to verify the proposed research hypothesis in this study. The subjects were shown the experimental stimuli and were asked to survey their responses. The stimuli were intended to alert people to the dangers of depression and persuade them to seek counselling and treatment. The subjects were asked to watch the campaign program after explaining only that it was aimed at getting feedback on the content. The subjects were students attending a university in Cheonan. A total of 178 subjects participated in the experiment and were used for the analysis. The subjects of the experiment consisted of 49 males and 129 females, 64 were first year university students, 60 were second years, 50 were third years and two were fourth years with the average study sample age 20.3 years old.

Measurement of variables

Involvement

It can be defined that involvement is the association of a person with a particular object based on their needs, values and interests (Zaichkowsky, 1985). The degree of involvement in depression, a health communication campaign issue measured in this study, was measured on a seven-point Likert scale, based on studies such as Park (2002), and focused on three statements: 'I am interested in depression-related issues', 'depression is an important issue for me' and 'depression is an issue that is relevant to me (alpha=.866).

Third-person perception

The perception of the effect of depression-related campaigns is based on the questionnaire of existing third-person effect studies. On the effect of the depression related campaign watched, the respondents were required to indicate their perception in regard to the statement, 'I was influenced by the depression-related campaign. The responses were made on a 7-point scale

ranging from 'Not at all' (1 point). The effect on others and their relative perception as affected by depression related campaigns was also measured as a response regarding effect on the individual respondents. Third-person perception was then measured as "Influence on others" minus "Influence on oneself."

Attitude factor

The measurement of the attitude factors was also measured on a seven-point scale, taking into account previous studies which measured attitude factors in relation to third-person effect, the 'attitude to the risk of depression' and 'perception of the necessity for campaigns related to depression'

Results

Third-person perception existence

< Hypothesis 1> aims to verify that third-person perception occurs for audience members who come into contact with health communication campaign messages. Specifically, it is to verify whether the campaign audience of the depression-related campaign think that the campaign has a greater impact on others than on themselves. For this purpose, the paired t-test verification was used. Analysis shows that respondents think that others are more likely to be affected by depression-related campaigns viewed than they are. When asked how much they were affected by the campaign on depression, they responded with an average of 4.37 (sd=1.29) on a seven-point scale, while answering with an average of 4.88 (sd=1.05) in case of others, showing a statistically significant increase in the impact on themselves as presented in Table 1 below (t=5.861, p<001). Thus, < Hypothesis 1> findings support the proposition that health communication campaign audience members would demonstrate third-person perception in thinking that the campaign would affect others more than themselves.

Table 1: Third-person perception of the effect of depression related campaign

	Average (sd)	Third-person perception	t	P
Effect on themselves	4.37 (1.29)	.51	5.861	.000
Effect on others	4.88 (1.05)			

Third-person perception by involvement

< Hypothesis 2> was the assumption that third-person perception would be strong for audience members with low levels of involvement compared to those with high levels of involvement in the disease during contact with the health communication campaign. To verify the hypothesis, the difference in third-person perceptual values between the two groups was verified by

dividing the groups with depression involvement values higher than the average of 3.86 and lower than average. As a result of the analysis, the high-involvement group who showed high involvement in depression demonstrated the third-person perception value of .25 (sd = .98), which is the value of the message influence on others, minus the message influence on themselves. On the other hand, the low involvement group showed .86 (sd = 1.26), and the third-person perception was stronger in the low involvement group than in the high involvement group ($t = 3.616, p < .001$, Table 2). Therefore, <Hypothesis 2> was supported in this study with the finding that third-person perception will be stronger as depicted in Table 2 below.

Table 2: Third-person perception by depression involvement

	Average (sd)	t	P
High involvement	.25 (.96)	3.616	.000
Low involvement	.86 (1.26)		

in low involvement audience than in high involvement audience.

Effect of third-person perception on attitude

<Research problem 1> looks at how third-person perception that appears during the contact of health communication campaign messages relates to the recognition of the risk of disease, and <Research problem 2> looks at how the third-person perception relates to the recognition of the necessity of the associated campaign. In this study, a regression analysis was conducted with the recognition of the risk of depression and the necessity of a depression related campaign as dependent variables to verify whether the third-person perception that occurs after contact with campaign messages affects audience attitudes about depression. In order to identify the pure influence of third-person perception on attitudes related to depression, a hierarchical regression analysis was conducted to analyze the effects of independent variables after controlling other predictors. Gender and grade were injected in the first stage. Level of involvement in depression in the second stage, influence on oneself in the third stage, and third-person perception in the fourth stage were injected respectively.

The analysis showed that the third-person perception of depression-related campaign messages as having more impact on others than on oneself affects the degree to which depression is perceived to be a health risk as presented in Table 3 below. It also showed that depression involvement has a positive effect on the perception of risk of depression. In other words, those who perceive that others have been more affected by depression-related campaigns than themselves, and those who are perceived to be more involved in depression are more aware of the risk of depression.

Table 3: Hierarchical regression analysis about recognition of the risk of depression

Independent variable,		beta	R ² change
First stage	Gender	.116	.024
	Grade	.105	
Second stage	Depression involvement	.341***	.113
Third stage	Influence on oneself	.003	.000
Fourth stage	Third-person perception	.285**	.039
Final R ²			.176

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

Next, an analysis of the effects of third-person perception following contact with campaign messages on depression was investigated in context of the necessity for campaigns related to depression, which showed positive significant effect as presented in Table 4 below. It was also shown that depression involvement, as is the case with the recognition of risk of depression, has a positive effect on recognition of the necessity for campaigns related to depression. In other words, those who perceive that others are more likely to have been affected by depression-related campaigns than themselves, and those who perceive that they are more involved in depression, recognize the necessity for campaigns related to depression.

Table 4: Hierarchical regression analysis about recognition of the necessity for campaigns related to depression

Independent variable,		beta	R ² change
First stage	Gender	.016	.013
	Grade	.115	
Second stage	Depression involvement	.252***	.063
Third stage	Influence on oneself	.052	.002
Fourth stage	Third-person perception	.208*	.024
Final R ²			.102

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

Conclusion

This study looked at the third-person effect of the health communication campaign, which has recently increased its importance through the campaign on depression. First of all, < Hypothesis 1> was supported by the discovery of a third-person perception in the audience of the health communication campaign that the campaign had a greater impact on others than on themselves.



These results are in line with studies that have validated third-person effect in previous public-related messages, such as 'Drunk driving prevention campaign and 'Safe sex related to disease prevention'. As with depression as a disease, the subject of this study, the issues of these public-interest messages are socially desirable, but the message issue itself is not pleasant, and the situation in which the audience is the campaign target is not pleasant. In particular, such campaigns often use fear appeal to raise audience awareness and the atmosphere of campaign contents is usually dark which may also cause audience third-person perception.

Unlike the negative and socially undesirable messages in which third-person perception was found, the appearance of third-person perception in positive and desirable messages was an important subject in the third-party effect study, and the results were mixed. Through this study, the incidence of first-person perception, where the audience is more influenced by the message than others, reveals that the audience's mood state is influenced through contact with the message and further the audience member's feeling about being subject to persuasion by message rather than that the message is pro-social and the acceptance of the message is beneficial to them.

Gunther and Thorson also argued that what is important in the occurrence of first-person perception are characteristics of the message rather than the consequences of accepting the campaign message. In other words, if the message is pleasant or emotional, and the audience has positive emotions, the chances of first-person perception increase. Brosius and Engel also found that it is important that the message content is socially desirable, but framing of the message is equally important. That is, the audience show first-person perception if the message contact makes the audience feel good or if he or she desires to be the subject of the message. However, if the message contact makes the audience feel unpleasant, or being a subject of the message is unpleasant (even if it is desirable to act as recommended in the message), they may have a third-person perception in response.

In conclusion, it can be expected that the third-person perception of the audience during mass media contact will depend more on how the message acceptance forms a mood for the audience and psychological response of being the subject of the message's persuasion, rather than whether the message itself is positive or negative. This is consistent with the fact that, as many third-person effect researchers have argued, the audience response to mass media message contact appears in a way that keeps themselves positive.

Responses to campaign messages from audience members who are highly involved in diseases are important in health communication campaigns such as those related to depression. Verifying a difference in third-person perception between highly involved audience members and lowly involved audience members with regards to depression, < Hypothesis 2> was supported as the third-person perception of low involved audience members was shown to be



stronger than that of highly involved audience members. This is in line with previous studies that showed stronger third-person perception from less involved audience members in general and from neutral messages which were not politically and socially sensitive issues nor caused extreme division between supporters and opponents.

Identifying the impact of the audience's perceptual bias on the perception of risk to depression and recognition of the necessity for campaigns related to depression, the third-person perception has a positive effect on the degree to which depression is perceived to be hazardous to health and the degree to which depression-related campaigns are perceived to be necessary. One of the main concerns in the study of third-person effect is how perceptual bias of individuals in relation to third-person effect affects attitudes and behavior on relevant issues. As the results of this study show that the third-person perception of health communication campaign messages has a positive impact on the awareness of the risks and campaign needs of the disease, it has been verified that individual perceptual bias toward mass media messages has an impact on attitudes and behavior on related issues. These findings will help formulate an understanding of the process through which the health communication campaign works. In addition, practical reference may be made to the future health communication campaign strategy.

This study analyzed the audience's response to the increasing importance of a health communication campaign in terms of third-person effect. In particular, through the analysis of previous studies and the results of this study, it can be concluded that the third-person perception that results from contact with a mass media message depends on how the audience members feel about the message and the psychological reaction to being the target of the message rather than how positive or negative the message itself is. In practice, the recognition of the necessity for health communication campaigns and more active campaign execution are needed.

Despite the relevant findings of this study, this research has some limitations. First of all, research was executed on university students. In the future, it is necessary to expand the target layer to generalize the results of the study. This study also conducted a study on depression related campaigns with the aim of analyzing the third-person effect of the health communication campaign which has recently grown in importance to society and has formed one independent communication field. However, the third-person perception of the audience may vary depending on the type of disease, so future studies could be conducted on campaigns related to various diseases to promote generalization of research results. Finally, the health communication campaign generally uses multiple programs or advertisements under the same subject matter, within the nature of the campaign. In future studies, therefore, it is necessary to use multiple programs or advertisements to analyze the third-person perception of the health communication campaign.



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