**Changing Attitudes**

There are countless ways in which vested others (e.g., corporations, politicians, industries) try to change our attitudes toward a variety of issues or products. For example, advertising agencies attempt to persuade consumers to purchase certain products through the use of large, expensive advertisements. Politicians often try to persuade citizens that changing their attitude toward a political issue is in the citizen’s best interest. Changing an attitude toward a particular issue can affect a person’s behavior. However, changing attitudes is not easy. The process of attitude change is complicated and can occur through multiple direct or indirect routes. Consider someone who needs to change his or her attitude toward a health-related issue in order to improve his or her own health. How challenging might this task be, and what are some implications if they do not change their attitude?

For this Discussion, select one of the following three social problems: (1) smoking, (2) obesity, or (3) global warming. Consider the population to whom you might want to address this social problem. Think about how you might change the attitudes toward these issues in the population you selected.

With these thoughts in mind:

a brief description of the social problem you selected. Select a population in which you might want to address this social problem and explain why. Then justify one approach you might use to change current attitudes within this population. Finally, explain one challenge you might face in attempting to change the attitudes of this population and one way you might address that challenge.

**Examples**

RE: Changing Attitudes

The social problem selected is smoking cigarettes. Smoking is a social problem because it affects the individual and those around them by inhaling second-hand smoke. The population addressing the social problem of smoking would be adolescents, twelve and up, because this specific population is most vulnerable to peer-pressure of simply by wanting to fit in. The early years of adolescents are the most turbulent years of developmental growth where bouts of mood swings, anxiety, and restlessness are present; It is also the age of experimentation. Adolescents is marked by puberty, which consists of series of biological events that lead to body growth and sexual maturity. A collaboration of biological, psychological, and social forces influence adolescent development.

Adolescents feel more comfortable with peers who match their own level of biological maturity: However, finding a friend/companion who is also experiencing puberty at the same time can be difficult, only because few others are available, which leads to adolescents of both sexes to seek out older companions, who often encourage then into activities they are not ready to handle emotionally. In addition, hormonal influences on the brain’s emotional/social network are stronger for early maturers, further magnifying their receptiveness to risky behaviors such as, smoking, for example, which makes adolescents the age of vulnerability.

Peer influence are friends who may advocate smoking, see smoking as exciting, grown-up, mature, or cool, therefore, the adolescent smokes to fit in. Adolescents typically share values that are similar to their peers, which normalizes what connect the individual to his/her peers yet overshadows the consequences that are associated with smoking. This age group is targeted because of how vulnerable/naive adolescents are as they go through the agony of human development at such a tender age. Vulnerability in this sense can evolve into an addictive habit that can have a direct effect on their health, and others they associate with, well into adulthood.

The harmful effects of cigarette smoking are directly related to heart disease, stroke, cancer of the mouth, throat, larynx, esophagus, lungs, stomach, pancreas, kidneys, and bladder, and the reason I am so well-versed on the ill-effects of smoking is because my late husband developed lung cancer, and in less than 2 months after being diagnosed, he was gone. He too began smoking at the tender age of twelve, back in 1956, and stubbornly, with all his doctor’s advice and warnings, and my persistence in stopping smoking, he nevertheless continued till his death in 2008.

One approach that I could use on this young population would be the dual-processing models of, The Elaboration Likelihood Model (ELM) and Heuristic-Systematic Model (HSM), where both center on the notion that the process by which attitude change occurs depends on the degree of cognitive effort that message recipients exert when confronted with a persuasive message (Hogg, 2007, P. 199). At the core of both the ELM and the HSM is the presumption that there are two relatively distinct routes by which persuasion can occur: the central or systematic route, and the peripheral or heuristic route (Hogg, 2007, P. 198). The central or systematic route is based on two conditions of motivation and ability to process information relevant to the topic; the greater the relevancy the higher chances of elaboration.

In contrast to the central or systematic route, is the peripheral or heuristic route reliant on heuristic cues. HSM (the least effort principle) refers to this low-effort form of persuasion as the heuristic route, reflecting the notion that when people are unmotivated and/or unable to process the content of a persuasion message, they look for heuristic cues available within the persuasion context that enable them to execute simple decision rules to determine what attitude to take (Hogg, 2007, P. 199).

In persuading this population not to smoke based on dire outcomes or consequences, I believe the central route or systematic route would better utilized for this group, as attitudes change or formed through the central/systematic route are theorized to be more durable and impactful than those changed or formed through the peripheral route (Hogg, 2007, P. 201). The peripheral route, on the other hand, may prove to be effective, but only in short-term outcomes, whereas, the central or systematic route form attitudes that would be considered more persistent and resistant to change.

 One challenge in attempting to change the attitudes of this population is the motivation, ability, and opportunity to process information. Persuading adolescents in the aspect of authority, lessens their perception of the importance of the message, whereas, the aspect of peer acceptance of fitting in, furthers the adoption of new and exciting ideas that are considered more favorable and applicable to swayed decisions. According to Hogg (2007), “The attractiveness of a message source often serves as a persuasive cue—people who are unmotivated and/or unable to process the content of a persuasive message more often adopt the position advocated by an attractive than an unattractive source” (P. 202, Para 2). In order to persuade this young group, the message must include direct language and a heightened enhancement of the consequences associated with the ill-effects of smoking.

We associate this visual form of direct language of persuasion in the graphic ads and commercials that depict extreme consequences of smoking that affects the human body in the most grosses of images presented in the conquering effects of the message. Sometimes, the reality of the message is meant to be so extreme as to powerfully validate doubtful arguments. However, attitude formation occurs when individuals have no existing attitude toward the topic/object in question (Albarracin, 2011, P. 996). In this respect, general action and inaction goals influence attitude change suggest that these goals are also likely to influence attitude formation in response to persuasive information: Similarly, individuals primed with action (vs. inaction) goals should form more favorable attitudes toward a topic that is supported than opposed in a persuasive communication (Albarracin, 2011, P. 996).

In addressing this challenge with adolescent’s attitudes more effectively, this challenge might be more persuasive by a hands-on approach of impacting views of smoking by illustrating the consequences through informal group meetings that captivates the consequences of smoking through power-point presentations of graphic pictures that depict the ill-effects of smoking and what it will do to the internal organs of the human body over-time. Sometimes it is necessary to use the approach of shocking the mind to prove that smoking has dire consequences that lead in all directions to the primary cause of death. With all the information that kids store in memory, especially at the age of twelve and up, some stored information tend to be more memorable in thought than others. As the adolescent matures, he/she will always reflect back to the memory of the graphic images when persuaded by others that smoking is cool.

References

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Hogg, M. A., & Cooper, J. M. (Eds.). (2007). *The Sage handbook of social psychology* (concise

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Hogg & Cooper (2007) discusses weight stigmas as they can be visible or concealable. Visible stigmas can include race or ethnicity, and concealable could consist of religious practice or sexual orientation. Typically, the apparent stigmatization of obesity has a high level of predictability because often people are under the impression that obesity is something that can be controlled with alterations to their daily routine including exercise and diet.

For this week, I chose obesity. However, I would also like to point out the other end of the spectrum: anorexia and bulimia. The fact is, the DSM defines several eating disorders. Another common eating disorder is binge eating disorder. By taking a look at all eating disorder, whether they result in an emaciated body or a huge one, we must take into consideration. They are equally dangerous. While there are different considerations for all of the various disorders, they can all be fatal. Typically, the only real way to defeat these disorders is a combination of medical intervention and CBT.Since the original question cited obesity, I will discuss the population that this most likely effects as well as a way to alter these attitudes.Allow me to begin with a personal story. Growing up, both of my parents were very large. I, too, was an obese child. My parents ensured that I was involved in physical activities, and I was never one to just sit and play video games. In 2014, my parents decided to undergo bariatric surgery. My father, at this point, weighed in at 318 pounds. My mother tipped the scaled at 290.  Three years after their operation, they are finding it challenging to maintain the strict dietary regulations set forth by the bariatric clinic. However, they have collectively lost 250 pounds.

Human understanding includes cognition-established insight, taking others' views and imagining others' roles. Empathy is a motive for altruistic behavior. Kindness is a source of human altruism that developed as a by-product of critical thought. (Irimia, 2011). Irimia makes a very valid point. When taking into consideration others physical limitations and health concerns, explicitly eating disorders, we must first consider how they became that way. Was it the pressure of society to appear a certain way? Do they not have access to healthy food? The inability to provide healthy meals is frequent with those who participate in WIC and SNAP programs. Since they are allowed a specific amount of money to go towards food per month, often it is easier to purchase the cheaper, fatty foods over the fresh fruits and vegetables.

"Attitudes should be retrieved and reported more rapidly following action than control or inaction primes but more slowly following inaction than control or action primes. Furthermore, when people prepare to receive a specific message, action goals are likely to accelerate the retrieval of a prior relevant attitude without necessarily speeding up all activities or attitudes unrelated to the task at hand" (Albarracin & Handley, 2011).

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