e-quilibrium

- "electronic briefs on behavior and health"

Volume 9, Number 10
October 2013

Downward Influence

Many people stay in touch with relatives, friends, acquaintances (and perhaps strangers) through e-mail or the use of social media. Some users either post or tweet frequent updates on their daily activities, as well as more significant news. How might messages about what others are doing with regard to exercise affect the recipients of this information?

It is known that behavior can be contagious in social interaction. Curiously with health behaviors, it appears that social influence frequently has more of a downward rather than upward influence. For example, weight gain has been found to spread through social networks, but this isn't the case for weight loss. (Given the rise in obesity in our society, perhaps it would be difficult to find a social network where weight loss has widely occurred.)

Interestingly, it appears that simply receiving information about others' exercise behavior can be influential, even in the absence of direct contact with others. Unfortunately, again the impact seems to be in the downward direction.

As reported in a recent issue of Health Psychology, two psychologists at the Harvard Business School conducted a field experiment at a large corporation in which the physical activity of participating employees was studied. Three separate worksites of the organization were used. Participants were given access to walkstations, slow-moving treadmills that are attached to desks. Walkstations allow an employee to walk while working. What the investigators varied was access to information about usage of the walkstations. Some participants

only received feedback about their own usage. Others received feedback on both their own and one other employee's usage, and a third group received feedback on four others' usage as well as their own.

Not surprisingly, walkstation usage declined over time in all groups. However, those in the solo condition (only receiving feedback about their own usage) maintained higher average times on the walkstations than those in either the duo or quintet conditions (where participants were also provided with usage data of one other or four other participants). The trend was for usage to converge to that of the lowest performing member of the duo or quintet. That is, behavior moved toward the lowest common denominator. There was no evidence of any movement toward the best performer. This pattern was clear in the higher performing duos/quintets as well as the lower performing duos/quintets.

These results raise a number of questions. Where is the competitive drive to win, or achieve more than others? Where is the positive peer influence? It seems as if it is good enough to be as good as the lowest performer. Might this have something to do with not wanting to do more than one's fair share, even if it is about one's own health?

An explanation of the study results suggested by the authors is that this is simply an example of the broader tendency for negative information to have a stronger influence on behavior than does positive information. However, the authors also acknowledge that social influence is not always negative, and that social support often has a positive influence. It is possible that in this study the absence of any social support to accompany the information provided about others' behavior is why the downward influence was so pronounced. The authors further speculate that perhaps the results would have been different if only information about top performers had been shared with others, and/or if some desirable standard of behavior had been emphasized.

While we certainly don't have complete control over what information we receive about others' health behavior, this study implies that we may most benefit from paying attention to those whose health behaviors are desirable. If we are

selectively exposed to top performers, then perhaps the downward influence phenomenon would be minimized.

Paul J. Hershberger, Ph.D.

… is a clinical health psychologist. He is Professor of Family Medicine and Director of Behavioral Science for the Family Medicine Residency Program, Wright State University Boonshoft School of Medicine. His clinical practice includes psychotherapy, consultation, and coaching.

To subscribe or unsubscribe to this e-newsletter, send an e-mail message with your request to paul.hershberger@wright.edu

If you wish to read previous newsletters, you may find them at: www.med.wright.edu/fm/equilibrium/

To contact Dr. Hershberger:

e-mail: paul.hershberger@wright.edu
phone: (937) 734-2021