

DOI: 10.5281/zenodo.20238020

ENHANCING MENTAL HEALTH ADVERTISING EFFECTIVENESS: ABC ATTITUDE THEORY IN ACTION

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Received: 07/02/2026

Accepted: 08/04/2026

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ABSTRACT

Mental health advertising presents a distinctive persuasive challenge because audiences must not only attend to the message, but also evaluate it as credible and develop a willingness to seek further information or support. Despite growing interest in mental health communication, less is known about the attitudinal process through which audiences respond to mental health advertising. Drawing on a refined ABC attitude framework, this study examines the relationships among affective response, cognitive evaluation, advertising skepticism, and information-seeking intention. Using an online between-subject experiment, respondents were randomly assigned to one of two mental health advertising stimuli. The results show that affective response positively influences cognitive evaluation, cognitive evaluation increases information-seeking intention and reduces advertising skepticism, and advertising skepticism weakens information-seeking intention. Cognitive evaluation also exerts a positive indirect effect on information-seeking intention through reduced skepticism. The study refines advertising theory by suggesting that, in mental health advertising, affective response may precede cognitive evaluation and that advertising skepticism may function as a downstream resistance mechanism. This contribution is intentionally bounded to emotionally sensitive advertising contexts.

KEYWORDS: Mental Health Advertising, ABC Attitude Theory, Information Seeking, Emotional Appeals, Advertising Skepticism.

1. INTRODUCTION

Mental health advertising represents a distinctive advertising context because its objective is not immediate purchase or brand choice (Chang, 2008; McQuarrie & Mick, 1999). Rather, such messages seek to increase awareness, reduce stigma, encourage self-recognition of distress, and motivate audiences to seek further information or support (Vogel, 2022). In this sense, mental health advertising poses a demanding persuasive challenge. Messages often address emotionally sensitive experiences, including stress, anxiety, burnout, and psychological vulnerability (Guo, Wang, & Wu, 2020; Liu, Lischka, & Kenning, 2018; Otamendi & Sutil Martín, 2020). Their effectiveness is therefore unlikely to depend on information alone. It is more likely to depend on how audiences respond affectively to the message (Gregory, 2006), how they evaluate it cognitively, and whether those responses lead to a willingness to take the next step.

Despite the growing importance of mental health communication, advertising research has not yet developed a sufficiently precise account of how audience response unfolds in this setting (Boateng et al., 2026). Prior studies have generated useful insights into campaign outcomes, stigma reduction, source credibility, and help-seeking barriers (Tingzhen, Zubir, & Faudzi, 2026). However, less attention has been devoted to the internal attitudinal process through which audiences respond to mental health advertising itself (Cabeza-Ramírez, Sánchez-Cañizares, Santos-Roldán, & Fuentes-García, 2022; Eagly & Chaiken, 1993; Hong, Yang, Wooldridge, & Bhappu, 2022). In particular, the literature has not adequately explained how affective response, cognitive evaluation, advertising skepticism, and behavioral intention are linked when audiences encounter mental health messages in an advertising format (Dov, 2001; Gabriel et al., 2021). This omission matters because mental health advertising combines emotional salience with credibility concerns in ways that are not fully captured by broader outcome-based assessments of campaign effectiveness (Guo et al., 2020; Honea & Dahl, 2005; Otamendi & Sutil Martín, 2020).

To address this issue, the present study draws on the ABC attitude framework. The value of this framework lies in its analytical clarity. It distinguishes among affect, cognition, and behavioral intention as related but conceptually distinct components of audience response (Kowalczyk, Siepmann, & Adler, 2021). This distinction is especially useful in mental health advertising, where emotionally resonant content

often coexists with informational claims and where audiences must decide not only whether the message moves them, but also whether it appears credible and worth acting upon (Chang, 2008; Valenti, Yildirim, Vanhuele, Srinivasan, & Pauwels, 2023). The ABC framework is not used here as a substitute for broader persuasion theories such as the elaboration likelihood model, protection motivation theory, or the extended parallel process model (Ajzen, 1991). Rather, it is used more narrowly to clarify the internal attitudinal structure of audience response in a context where emotional engagement and evaluative resistance may coexist.

A further issue concerns the role of advertising skepticism. In sensitive and stigmatized advertising contexts, favorable emotional response may not be sufficient to produce intended action. Audiences may still question the sincerity, credibility, or persuasive motive of the message (Bae, 2018; Cho & Taylor, 2020; Obermiller, Spangenberg, & MacLachlan, 2005). For this reason, the present study treats advertising skepticism as a downstream resistance mechanism rather than as a peripheral variable. This distinction is theoretically important because skepticism may not function in the same way across contexts (Cohen, 1999). In some settings, doubt may encourage additional scrutiny or claim verification. In other settings, especially when the topic is socially delicate and emotionally uncomfortable, skepticism may weaken engagement and reduce willingness to take the next step. Mental health advertising provides a particularly relevant context in which to examine this latter possibility.

The present study therefore advances a bounded theory-refining argument. It proposes that, in the context of mental health advertising, affective response may precede cognitive evaluation, and that advertising skepticism may weaken the translation of favorable cognitive evaluation into behavioral intention. This ordering is not presented as a universal property of the ABC framework (Ajzen, 1991). Rather, it is specified as a context-sensitive sequence that is theoretically plausible when audiences first encounter emotionally resonant cues and only then decide whether the message is credible, meaningful, and action worthy (Eagly & Chaiken, 1993). In this way, the study seeks to refine how audience response is conceptualized in an important but underexamined advertising setting (Chang, 2008; Toti & Sánchez Romero, 2023).

More specifically, the study contributes by refining the application of the ABC attitude framework in mental health advertising in two ways. First, it proposes that affective response may precede

cognitive evaluation in this emotionally sensitive context. Second, it conceptualizes advertising skepticism as a downstream resistance mechanism that weakens the translation of favorable cognitive evaluation into information-seeking intention. The contribution is intentionally bounded to sensitive advertising contexts in which emotional engagement and evaluative resistance are likely to coexist.

Guided by this logic, the study addresses the following research questions.

RQ1. How are affective response, cognitive evaluation, and behavioral intention to seek further information linked in the context of mental health advertising?

RQ2. Does advertising skepticism function as a downstream resistance mechanism that weakens the translation of cognitive evaluation into behavioral intention?

To address these questions, the next section develops a set of hypotheses specifying the proposed relationships among affective response, cognitive evaluation, advertising skepticism, and behavioral intention.

1.1. ABC Attitude Theoretical Background

Mental health advertising differs from conventional commercial advertising because its primary objective is not immediate purchase, but greater awareness, self-recognition of distress, and willingness to seek further information or support. Its effectiveness therefore depends not only on exposure, but also on whether audiences respond emotionally to the message, evaluate it cognitively, and form an intention to act (Ajzen, 1991). Although prior research has generated useful insights into campaign outcomes, stigma reduction, and help-seeking barriers, less attention has been devoted to how these attitudinal responses are linked within mental health advertising itself (Eagly & Chaiken, 1993). This gap is important because mental health advertising combines emotional salience with credibility concerns in ways that are not fully captured by broader outcome-based assessments of campaign effectiveness (Otamendi & Sutil Martín, 2020).

To examine this process, the present study draws on the ABC attitude framework as a parsimonious structure of audience response. The value of this framework lies in its ability to distinguish among affect, cognition, and behavioral intention as related but conceptually distinct components of attitude (Ajzen, 1991; Valenti et al., 2023). This distinction is especially useful in the context of mental health advertising, where emotionally sensitive content

often coexists with informational claims and where the relevant outcome is not purchase, but intention to seek further information or support (Jung & Yoon, 2015). The framework is not used here as a substitute for broader persuasion theories such as the elaboration likelihood model, protection motivation theory, or the extended parallel process model. Rather, it is used more narrowly to clarify the internal attitudinal structure of audience response in a context where emotional engagement and evaluative resistance may coexist (Slater, 1999).

Importantly, the ABC framework does not inherently prescribe a single universal ordering among its three components. Depending on message type and context, cognition may precede affect, affect may precede cognition, or the components may interact more reciprocally (Dov, 2001). In the present study, the sequence of affective response, cognitive evaluation, and behavioral intention is proposed as a context-specific ordering for mental health advertising (Valenti et al., 2023). This ordering is theoretically plausible because such messages often rely on emotionally resonant cues to establish immediate personal relevance and capture audience attention. Initial affective reactions may then shape how the advertisement is cognitively evaluated, including whether it is perceived as meaningful, informative, and credible. Once such evaluations are formed, audiences may become more willing to seek further information or support. Accordingly, the proposed ordering should be understood as a context-sensitive specification rather than as a universal property of the ABC framework itself.

The model also incorporates advertising skepticism as an important evaluative barrier. In mental health advertising, emotional engagement alone may be insufficient if audiences question the credibility, sincerity, or persuasive motive of the message (Obermiller et al., 2005). For this reason, skepticism is positioned as a downstream response shaped by cognitive evaluation and as a factor that may weaken behavioral intention. More favorable cognitive evaluation should reduce skepticism, whereas greater skepticism should reduce willingness to seek further information (Sansome, Conduit, & Wilkie, 2025). In this sense, skepticism is not treated as a peripheral variable added to the model for completeness. Instead, it is conceptualized as a downstream resistance mechanism that helps explain why emotionally engaging mental health messages do not always translate into stronger information-seeking intention.

The present study does not use the ABC framework merely to relabel familiar constructs in a

new setting. Rather, it refines the framework for mental health advertising by specifying a context-sensitive ordering in which affective response may precede cognitive evaluation and by incorporating advertising skepticism as a downstream resistance mechanism. This refinement is intended to clarify how audience response may unfold in an emotionally sensitive advertising context where engagement and evaluative resistance are likely to coexist.

1.2. Hypotheses

Building on the foregoing theoretical argument, the following hypotheses specify a context-sensitive attitudinal process in mental health advertising. The proposed model does not assume that the components of attitude always unfold in a single universal order. Rather, it suggests that in this emotionally sensitive advertising context, affective response may precede cognitive evaluation and that advertising skepticism functions as a downstream resistance mechanism that weakens the translation of favorable evaluation into behavioral intention. On this basis, the study develops hypotheses concerning the relationships among Affective Response, Cognitive Evaluation, Advertising Skepticism, and Behavioral Intention to Seek Information.

1.3. Affective response and cognitive evaluation

Within the ABC attitude framework, affect and cognition are conceptually distinct but closely related components of audience response (Ajzen, 1991). In the context of mental health advertising, this relationship may be especially important because such messages often rely on emotionally resonant cues to establish immediate personal relevance (Guo et al., 2020). When audiences encounter content related to stress, emotional strain, or psychological well-being, they may first respond with feelings such as empathy, concern, hope, or emotional engagement (Valenti et al., 2023). These initial affective reactions may then orient attention toward the message and shape how its content is interpreted (Otamendi & Sutil Martín, 2020). In this way, affective response may not by itself determine intended action, but it can provide a psychological basis for more favorable cognitive evaluation. Audiences who feel emotionally engaged by a mental health advertisement may be more likely to evaluate it as meaningful, informative, and credible (Dov, 2001; Honea & Dahl, 2005). Accordingly, affective response is expected to facilitate cognitive evaluation in this setting:

H1: Affective response to mental health advertising positively influences cognitive

evaluation of the advertisement.

1.4. Cognitive Evaluation and Behavioral Intention to Seek Information

Cognitive evaluation is expected to play a central role in shaping behavioral intention to seek information in the context of mental health advertising (Dov, 2001). Unlike conventional commercial advertising, the relevant outcome here is not immediate purchase, but willingness to take a next step, such as seeking additional information, learning about available support, or considering professional help (Wichmann, Uppal, Sharma, & Dekimpe, 2022). Emotional engagement alone may be insufficient to generate such intention. Audiences are more likely to respond when they also evaluate the advertisement as accurate, understandable, and useful. In this sense, cognitive evaluation reflects a more deliberate assessment of message quality and relevance (Gabriel et al., 2021). When a mental health advertisement is perceived as credible and informative, audiences may become more confident that further engagement with the issue is worthwhile (Donovan, Jalleh, & Drane, 2024). Favorable evaluation can therefore reduce uncertainty and strengthen the perceived legitimacy of responding to the message. Accordingly, stronger cognitive evaluation is expected to increase behavioral intention to seek information.

H2: Cognitive evaluation of a mental health advertisement positively influences behavioral intention to seek information.

1.5. Cognitive Evaluation and Advertising Skepticism

Advertising skepticism refers to consumers' tendency to question the truthfulness, sincerity, or persuasive motive of advertising claims (Obermiller et al., 2005). In mental health advertising, such skepticism may be especially relevant because the topic is socially sensitive and personally consequential (McQuarrie & Mick, 1999; Valenti et al., 2023). Audiences may question whether the message is intended to support public well-being or whether it serves a persuasive purpose that reduces trust (Donovan et al., 2024). Skepticism is therefore unlikely to be independent of message evaluation. When a mental health advertisement is perceived as accurate, credible, and meaningful, audiences should be less likely to dismiss it as exaggerated or insincere (Otamendi & Sutil Martín, 2020). By contrast, less favorable cognitive evaluation may leave greater room for doubt about message validity and intent. Accordingly, advertising skepticism is

conceptualized here as a downstream evaluative response shaped by audiences' cognitive evaluation of the advertisement:

H3: Cognitive evaluation of a mental health advertisement negatively influences advertising skepticism.

1.6. Advertising Skepticism and Behavioral Intention to Seek Information

In some persuasive contexts, skepticism may lead consumers to scrutinize advertising claims more carefully rather than reject them outright (Panigyraki & Polyportis, 2024). However, the present study proposes that, in the context of mental health advertising, skepticism is more likely to function as a resistance mechanism that weakens further engagement (Bae, 2018). Mental health messages often address stigmatized, uncomfortable, or emotionally sensitive issues. Under such conditions, audiences who doubt the credibility or sincerity of the message may be less willing to continue processing it or to seek additional information. Skepticism may therefore undermine confidence in the advertisement and weaken the perceived legitimacy of responding to it (Bae, 2018). This does not imply that skepticism is uniformly detrimental across all forms of health communication. Rather, it suggests that in this specific setting, where emotional sensitivity and trust concerns coexist, skepticism is more likely to suppress than to stimulate behavioral follow-through (Cantú Alejandro & Güemes-Castorena, 2024). Accordingly, higher levels of advertising skepticism are expected to reduce behavioral intention to seek further information after exposure to a mental health advertisement:

H4: Advertising skepticism negatively influences behavioral intention to seek information.

1.7. The Mediating Role of Advertising Skepticism in the Relationship Between Cognitive Evaluation and Behavioral Intention to Seek Information

Cognitive evaluation may influence behavioral intention to seek information not only directly but also indirectly through advertising skepticism (Dov, 2001; Gabriel et al., 2021). This indirect pathway is central to the present framework because it clarifies how a downstream resistance mechanism may interrupt the translation of favorable message evaluation into intended action (Liu et al., 2018). In the context of mental health advertising, cognitive evaluation reflects the extent to which audiences perceive an advertisement as clear, credible, relevant, and meaningful (Chang, 2008). Such judgments are likely to shape whether the message is received as trustworthy or instead approached with doubt (Li, Zou, & Yang, 2019). When audiences evaluate a mental health advertisement favorably, they should be less likely to question its sincerity, truthfulness, or persuasive motive (Toti & Sánchez Romero, 2023). Reduced advertising skepticism, in turn, may increase willingness to seek further information (Cho & Taylor, 2020). This indirect pathway is especially relevant in sensitive advertising contexts, where favorable evaluation does not necessarily translate automatically into behavioral intention. Audiences may recognize that a message is useful or emotionally engaging while still hesitating to respond if concerns about authenticity remain unresolved (Yuan, Surachartkumtonkun, Shao, Maseeh, & Zhang, 2026). Although skepticism may in some contexts motivate claim verification, this possibility is likely to be weaker in mental health advertising, where perceived inauthenticity may discourage rather than stimulate further engagement. Accordingly, cognitive evaluation is expected to exert a positive indirect effect on behavioral intention to seek information through reduced advertising skepticism.

H5: Advertising skepticism mediates the relationship between cognitive evaluation and behavioral intention to seek information.

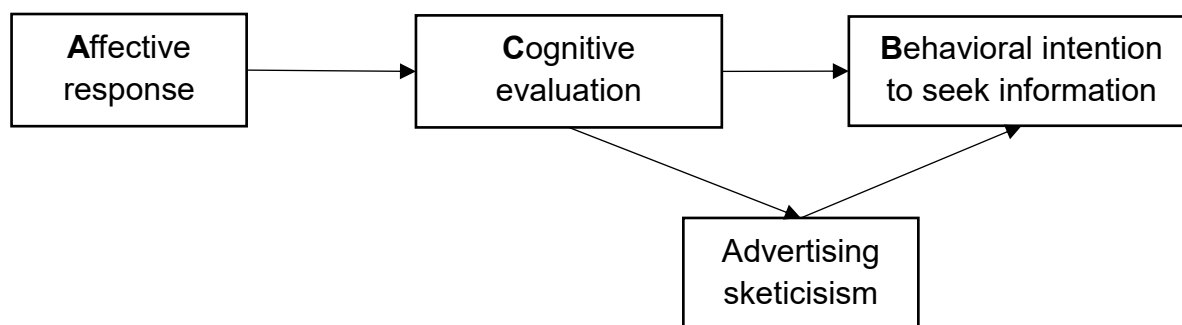


Figure 1: Proposal Research Model.

2. METHOD

2.1. Research Design

The study was conducted with Vietnamese adults residing in Ho Chi Minh City, Vietnam (ITPC, 2023). Ho Chi Minh City was selected because it is the country's largest and most economically developed urban center, where work-related pressure and mental health concerns are particularly salient. Data were collected through an online questionnaire administered via Google Forms. The questionnaire comprised three sections. The first section served as a screening stage. Respondents were asked whether they were familiar with the topic of mental health and whether they had previously encountered mental health-related advertising or communication. Only respondents who answered affirmatively to

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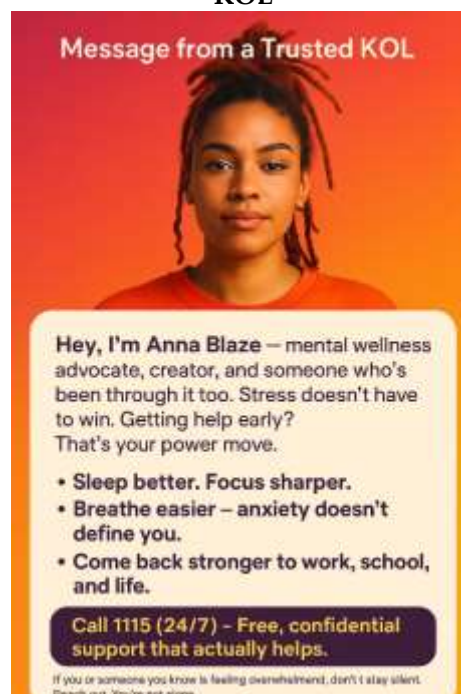


Figure 2: Proposed Poster.
(Sources: AI created)

2.2. Instruments

All constructs were measured using multi-item scales adapted from prior literature to enhance construct validity and comparability with existing research. All items were rated on a seven-point Likert scale ranging from 1 strongly disagree to 7 strongly agree. The questionnaire was developed in English and translated into Vietnamese using the back-translation procedure to ensure semantic equivalence across languages.

Advertising skepticism was measured with four items adapted from the consumer skepticism toward

both questions were allowed to proceed to the main study.

In the second section, eligible participants were randomly assigned to one of two advertisement conditions and exposed to a single mental health advertisement. After viewing the stimulus, they completed measures of affective response, cognitive evaluation, advertising skepticism, and behavioral intention to seek information. The final section collected demographic information. The final sample comprised 198 respondents. Gender distribution was relatively balanced, with 51.0 percent female and 49.0 percent male participants. The sample was also diverse in age and educational attainment, indicating that the study reflects Vietnamese adults in Ho Chi Minh City rather than a narrowly defined student population.

advertising scale (Obermiller et al., 2005), "Advertising tends to exaggerate product or service benefits".

Affective response was assessed with three items adapted from prior work on emotional responses to prosocial and health messages, "I felt sympathy and compassion for the people portrayed in the advertisement".

Cognitive evaluation was measured with four items adapted from ad and message credibility scales (MacKenzie & Lutz, 1989), and (Ohanian, 1990), "The information in this advertisement is accurate".

Behavioral intention to seek information was

measured with four items adapted from existing health information-seeking intention scales grounded in the theory of planned behavior (Dallo, Stauffacher, & Marti, 2022), reworded for the mental health context, “*I intend to look for more information about mental health in the next few days*”.

2.3. Data Analysis Methodology

The data were analyzed in three stages. First, descriptive statistics were used to summarize the demographic profile of the sample and the distribution of responses across the focal variables. Independent-samples t-tests and one-way analysis of variance were conducted as supplementary analyses to examine whether the focal variables differed across demographic groups. Second, the measurement model was assessed for reliability and validity. Internal consistency reliability was evaluated using Cronbach’s alpha and composite reliability. Convergent validity was examined through indicator loadings and average variance extracted. Discriminant validity was assessed using the heterotrait-monotrait ratio (Bagozzi & Yi, 1988). Variance inflation factor values were also examined to detect potential multicollinearity. Third, the structural model was estimated using SmartPLS. Path analysis was conducted to test the hypothesized relationships among affective response, cognitive evaluation, advertising skepticism, and information-

seeking intention (Hair & Alamer, 2022). The significance of the path coefficients and indirect effects was assessed using bootstrapping. Given the theory-testing purpose of the study, the main analysis focused on the hypothesized structural relationships, whereas demographic and source-condition comparisons were treated as supplementary analyses.

3. DATA ANALYSIS RESULTS

3.1. Demographic Information

The final sample comprised 198 respondents. Gender distribution was relatively balanced, with 101 female respondents accounting for 51.0 percent of the sample and 97 male respondents accounting for 49.0 percent. The sample was also diverse in age. Respondents aged above 50 represented the largest age group at 34.8 percent, followed by those aged 31 to 35 at 16.2 percent. Other age groups were also represented, including 18 to 25, 26 to 30, 36 to 40, 41 to 45, and 46 to 50. In terms of educational attainment, 38.9 percent of respondents held an undergraduate degree, 36.9 percent had completed high school, and 24.2 percent had postgraduate education. Overall, the sample reflects a relatively diverse group of Vietnamese adults in Ho Chi Minh City rather than a narrowly defined student population. Table 1 presents the detailed demographic characteristics of the sample.

Table 1: Sample Characteristics (N = 198).

Variable	Category	n	%	Variable	Category	n	%
Gender	Female	101	51.0	Age	18–25	17	8.6
	Male	97	49.0		26–30	22	11.1
Education	High school	73	36.9		31–35	32	16.2
	Undergraduate	77	38.9		36–40	20	10.1
	Postgraduate	48	24.2		41–45	16	8.1
					46–50	22	11.1
					Above 50	69	34.8

An independent-samples t-test was conducted to examine whether information-seeking intention differed across the two source conditions. The grouping variable was message source, coded as 1 for the Ministry of Health poster and 2 for the KOC content. The dependent variable was information-seeking intention. The results showed a statistically significant difference between the two conditions, $t_{196} = -2.72$, $p = .007$. The mean difference between the Ministry of Health condition and the KOC condition was minus 0.61, with a 95 percent confidence interval ranging from minus 1.05 to minus 0.17. This result indicates that participants

exposed to the KOC condition reported higher information-seeking intention than those exposed to the Ministry of Health condition. Although this finding suggests that source attribution may influence audience response, it is not the primary theoretical focus of the present study. The central aim of the article is to test the proposed attitudinal model linking affective response, cognitive evaluation, advertising skepticism, and information-seeking intention. The source comparison is therefore interpreted as supplementary to the main model (Agarwal & Malhotra, 2005). Table 2 reports the detailed results (see Table 2).

Table 2: Group Differences in Information-Seeking Intention.

Variable	t(196)	p	Mean difference (1-2)	95% CI for difference
BISI	-2.72	.007	-0.61	[-1.05, -0.17]

BISI: Behavioral Intention to Seek Further Mental Health Information

3.2. Measurement Model Assessment

The measurement model was assessed in terms of internal consistency reliability, convergent validity, and discriminant validity. Overall, the focal constructs demonstrated satisfactory psychometric properties. Indicator loadings ranged from 0.847 to 0.961, exceeding the recommended threshold for acceptable item reliability. Cronbach's alpha values ranged from 0.890 to 0.948, and composite reliability values ranged from 0.895 to 0.952, indicating strong internal consistency across the multi-item measures. Average variance extracted values ranged from 0.783 to 0.867, supporting convergent validity for all focal

constructs.

The results also supported discriminant validity. Heterotrait-monotrait ratios among the focal constructs ranged from 0.355 to 0.878, all below the recommended threshold of 0.90. In addition, variance inflation factor values ranged from 1.000 to 1.206, indicating that multicollinearity was not a concern. Descriptive diagnostics for the individual items further suggested no severe departures from normality, as skewness and kurtosis values remained within acceptable ranges. Detailed results for the measurement items are reported in Tables 3 through 4.

Table 3: Factor Loadings.

Items	Content	α	St.dv	Kurtosis	Skewness
Advertising skepticism (α: 0.926, CR: 0.930, AVE: 0.818)					
AdSk1	Advertising is often untruthful	0.905	0.426	1.455	-0.565
AdSk2	Most advertising claims cannot be trusted	0.905	0.425	0.375	-0.633
AdSk3	Advertising tends to exaggerate product or service benefits	0.932	0.364	3.287	1.061
AdSk4	Advertising is created mainly to persuade rather than to inform	0.875	0.484	0.416	0.378
Affective response (α: 0.890, CR: 0.895, AVE: 0.820)					
Affect1	I felt sympathy and compassion for the people portrayed in the advertisement.	0.865	0.502	4.040	-0.473
Affect2	The advertisement made me feel hopeful about managing mental-health problems.	0.943	0.334	0.428	-0.154
Affect3	I felt inspired to take positive action	0.908	0.419	1.601	-0.221
Cognitive evaluation (α: 0.980, CR: 0.913, AVE: 0.783)					
COG1	The information in this advertisement is accurate	0.847	0.532	1.522	0.570
COG2	The message is believable and authentic	0.924	0.383	0.915	-0.342
COG3	This advertisement helps me recognise relevant signs or solutions.	0.875	0.485	0.673	-0.376
COG4	The source of this advertisement appears trustworthy	0.893	0.449	0.443	-0.591
Behavioral intention to seek information (α: 0.948, CR: 0.952, AVE: 0.867)					
BISI1	I intend to look for more information about mental health in the next few days	0.942	0.337	2.054	-0.714
BISI2	I am likely to search for more information about mental health.	0.961	0.275	1.443	-0.150
BISI3	I plan to visit official websites or helplines to learn more.	0.950	0.311	3.836	0.777
BISI4	I would speak to someone knowledgeable to gain further information.	0.868	0.497	1.980	0.210

Notes: AVE: Average Variance Extracted; CR: Composite Reliability; A: Cronbach's Alpha.

Table 4: Heterotrait-Monotrait Ratio (HTMT).

	AdSk	Affect	COG	BISI
AdSk				
Affect	0.434			
COG	0.449	0.878		
BISI	0.355	0.657	0.463	0.477

Notes: Adsk: Advertising Skepticism; Affect: Affective Response; Cog: Cognitive Evaluation; BISI: Behavioral Intention to Seek Information

3.3. Structural Equation Model

The structural model results supported all hypothesized relationships. Affective response showed a strong positive effect on cognitive evaluation, supporting H1. Cognitive evaluation, in

turn, positively influenced behavioral intention to seek information, supporting H2, and negatively influenced advertising skepticism, supporting H3. Advertising skepticism showed a significant negative effect on behavioral intention to seek information, supporting H4. In addition, cognitive

evaluation exerted a significant positive indirect effect on Behavioral intention to seek information through reduced advertising skepticism, supporting H5. These findings are consistent with the proposed attitudinal process in which affective response facilitates cognitive evaluation, cognitive evaluation

both strengthens behavioral intention to seek information and reduces advertising skepticism, and lower advertising skepticism further supports intention to seek information. Detailed structural model results are reported in Table 5.

Table 5: Hypothesis Results.

Ho	Relationship	β	SD	t value	p value	Result
H1	Affective response $\rightarrow$ Cognitive evaluation	0.793	0.026	29.999	< .001	Supported
H2	Cognitive evaluation $\rightarrow$ Behavioral intention to seek information	0.357	0.070	5.100	< .001	Supported
H3	Cognitive evaluation $\rightarrow$ Advertising Skepticism	-0.414	0.051	8.073	< .001	Supported
H4	Advertising skepticism $\rightarrow$ Behavioral Intention to Seek Information	-0.186	0.074	2.508	.012	Supported
H5	Cognitive evaluation $\rightarrow$ Advertising skepticism $\rightarrow$ Behavioral intention to seek information	0.077	0.034	2.243	.025	Supported

Notes: Adsk: Advertising Skepticism; Affect: Affective Response; Cog: Cognitive Evaluation; BISI: Behavioral Intention to Seek Information.

4. DISCUSSION AND CONCLUSION

4.1. Discussion

This study examined how audiences respond to mental health advertising by linking affective response, cognitive evaluation, advertising skepticism, and behavioral intention to seek information within a refined ABC attitude framework (Eagly & Chaiken, 1993). The findings supported the proposed model. Affective response positively influenced cognitive evaluation, cognitive evaluation positively influenced behavioral intention to seek information and negatively influenced advertising skepticism, advertising skepticism negatively influenced behavioral intention to seek information, and cognitive evaluation also exerted a positive indirect effect on behavioral intention to seek information through reduced advertising skepticism (Cooley & and Parks-Yancy, 2019). Taken together, these results address the research questions by showing that responses to mental health advertising are best understood not as isolated emotional or cognitive reactions, but as a linked attitudinal process in which skepticism functions as a downstream barrier to behavioral follow-through (Agarwal & Malhotra, 2005; Hong et al., 2022).

The positive relationship between affective response and cognitive evaluation is especially important for the study's theory-refining argument. Prior research in advertising and health communication has shown that emotionally resonant messages can shape subsequent judgments of message relevance and persuasiveness (Dov, 2001; Slater, 1999). The present findings extend that broader line of work by clarifying how affective response may shape subsequent evaluative processing in mental health advertising. In this

context, audiences may first encounter the advertisement through feelings such as sympathy, hope, or inspiration before moving toward a more deliberate evaluation of message accuracy, credibility, and usefulness (Alcántara-Pilar, Rodriguez-López, Kalinic, & Liébana-Cabanillas, 2024; Donovan et al., 2024). This should not be interpreted as evidence that affect necessarily precedes cognition across all advertising contexts. Rather, it supports the narrower claim advanced in this study that, in an emotionally sensitive advertising category, affective response may serve as an early basis for subsequent cognitive evaluation.

The positive effect of cognitive evaluation on behavioral intention to seek information further clarifies how mental health advertising may move audiences beyond exposure toward intended action. Research on mental health campaigns has generally shown that communication can improve awareness, attitudes, and, in some cases, help-seeking related outcomes, although these effects vary across studies and settings (Dov, 2001; Yuan et al., 2026). The present findings sharpen that literature by focusing on the immediate advertising response process. More specifically, they suggest that audiences are more likely to seek further information when they perceive the advertisement as accurate, believable, and useful. In this respect, cognitive evaluation appears to function as a proximal attitudinal route through which mental health advertising may encourage further engagement.

The negative relationship between cognitive evaluation and advertising skepticism is also theoretically meaningful. At first glance, this result might appear inconsistent with arguments suggesting that more cognitively engaged consumers may become more skeptical when they recognize persuasive intent (Bae, 2018; Obermiller et al., 2005).

However, such an interpretation would conflate different forms of cognition. In the present study, cognitive evaluation was not measured as persuasion knowledge, critical literacy, or marketplace vigilance. Rather, it captured favorable judgments of the advertisement's accuracy, authenticity, credibility, and usefulness. Under that operationalization, the negative relationship is conceptually coherent. When audiences evaluate a mental health advertisement positively on these dimensions, they have less reason to doubt the message or question its sincerity. The finding therefore does not suggest that cognitively sophisticated audiences are necessarily less skeptical in general. Instead, it indicates that favorable message evaluation is associated with reduced skepticism in this context.

The negative effect of advertising skepticism on behavioral intention to seek information provides a direct answer to the second research question and supports the article's central contribution. Prior research on advertising skepticism has shown that skeptical consumers tend to respond less favorably to advertising claims, exhibit lower trust, and rely less on advertising as a source of information (Bae, 2018). The present results are consistent with that broader pattern and suggest that skepticism may be especially inhibiting in mental health advertising. In some persuasive settings, skepticism may motivate consumers to verify claims through alternative sources. In the present context, however, the findings are more consistent with the view that skepticism suppresses further engagement. Mental health advertising concerns a socially sensitive and emotionally charged topic. Under such conditions, audiences who doubt the credibility or sincerity of the message may be less inclined to continue processing it or to seek additional information. This helps explain why skepticism is modeled here not as a peripheral reaction, but as a downstream resistance mechanism.

The indirect effect of cognitive evaluation on behavioral intention to seek information through advertising skepticism further clarifies the mechanism at work. Stronger cognitive evaluation reduced advertising skepticism, and lower advertising skepticism was associated with greater behavioral intention to seek information (Kowalczyk et al., 2021; Tingzhen et al., 2026). The indirect effect was therefore positive. This point is theoretically important because it shows that favorable evaluation does not influence intended action only through a direct path. It also operates by weakening a form of evaluative resistance. In this sense, advertising skepticism is not simply an additional variable

attached to the model. It helps explain why favorable cognitive evaluation may still fail to translate fully into stronger behavioral intention to seek information when doubts about message authenticity remain unresolved. This mediated pathway strengthens the study's contribution by showing more precisely how resistance may interrupt the movement from favorable evaluation to intended action in mental health advertising.

Taken together, the findings make a bounded theoretical contribution. They suggest that, in the context of mental health advertising, the ABC attitude framework may be refined in two ways. First, affective response may precede cognitive evaluation when advertisements rely on emotional salience to create immediate personal relevance. Second, advertising skepticism may operate as a downstream resistance mechanism that weakens the translation of favorable cognitive evaluation into behavioral intention to seek information (Bae, 2018). These conclusions should be interpreted with care. The study does not claim that the same sequence applies universally across all advertising categories, nor does it suggest that skepticism always suppresses consumer engagement. Rather, the contribution is context specific and pertains to a category in which emotional sensitivity, personal vulnerability, and trust concerns are likely to coexist. Within those boundaries, however, the findings extend advertising research by offering a more precise account of how audiences may respond to mental health advertising.

4.2. Theoretical Implications

This study offers several theoretical implications for advertising research, particularly for work on attitude structure, health-related persuasion, and message resistance in sensitive contexts. Most importantly, the findings refine the use of the ABC attitude framework in mental health advertising by showing that affective response, cognitive evaluation, and behavioral intention to seek information may be linked through a context-sensitive sequence rather than through a fixed universal order. More specifically, the results suggest that, in this setting, affective response may precede cognitive evaluation, which in turn shapes behavioral intention to seek information. This implication is theoretically important because it moves beyond a purely descriptive use of the ABC framework and instead specifies how its components may be organized under conditions of emotional salience and personal relevance. At the same time, the present findings do not imply that affect

necessarily comes before cognition across all advertising contexts. Rather, they suggest that this ordering may be especially plausible in categories such as mental health advertising, where messages often rely on emotionally resonant cues to secure immediate audience engagement.

A second implication concerns the role of cognitive evaluation in health-related advertising response. Prior research has often emphasized either emotional reaction or broad campaign outcomes, but the present study highlights cognitive evaluation as a proximal mechanism through which audiences move from message exposure toward information-seeking intention. In this respect, the findings suggest that emotional engagement alone may be insufficient to generate intended action. Even in a sensitive advertising category, audiences appear more likely to seek further information when they evaluate the message as accurate, believable, and useful. This helps refine advertising theory by showing that cognition remains central even when the topic is emotionally charged. The contribution is not that cognition matters in the abstract, but that favorable cognitive evaluation appears to translate emotional engagement into a more actionable response in this context.

A third implication concerns advertising skepticism. The present study conceptualized skepticism not as a peripheral attitude variable, but as a downstream resistance mechanism. The results support that view. Cognitive evaluation reduced skepticism, skepticism reduced information-seeking intention, and the indirect effect of cognitive evaluation through skepticism was positive. This is theoretically important because it clarifies why favorable evaluation does not always translate fully into intended action. In other words, the study does not merely add skepticism to an existing model of advertising response. It specifies how skepticism may interrupt the path from favorable message evaluation to behavioral intention. This helps distinguish the present framework from a simple recombination of known constructs and strengthens its value as a theory-refining model.

A fourth implication concerns the context-specific function of skepticism. In some persuasion settings, skepticism may motivate additional scrutiny or claim verification. In the present study, however, skepticism was associated with lower information-seeking intention, suggesting that in mental health advertising it may operate more as a barrier than as a stimulus for further search. This result is especially relevant for advertising theory because it indicates that the consequences of skepticism may depend on

message context. When advertising addresses emotionally sensitive or stigmatized issues, doubt about message sincerity or credibility may discourage further engagement rather than encourage it. The implication is not that skepticism is uniformly negative across all forms of advertising, but that its function may shift depending on the topic, the emotional conditions of reception, and the perceived vulnerability of the audience.

Taken together, these implications position the study as a theory-refining contribution rather than a theory-replacing one. The findings do not challenge broader persuasion models such as the elaboration likelihood model, protection motivation theory, or the extended parallel process model. Instead, they contribute at a narrower level by clarifying the internal attitudinal process through which audiences may respond to mental health advertising. Within this bounded scope, the study extends advertising research by showing that affective response may organize subsequent evaluation, that cognitive evaluation remains central to intended action, and that advertising skepticism can help explain why favorable message responses do not always produce stronger information-seeking intention.

4.3. Practical Implications

The findings offer several practical implications for the design and implementation of mental health advertising campaigns. First, the positive relationship between affective response and cognitive evaluation suggests that campaign effectiveness is unlikely to depend on factual information alone. Emotional engagement appears to help audiences move toward more favorable evaluation of the message. For practitioners, this means that mental health advertising should not rely exclusively on informational appeals, statistics, or service descriptions. Instead, campaigns should use emotionally resonant execution that makes the topic feel personally relevant while remaining credible and respectful. In practical terms, this involves developing message narratives that convey empathy, recognition, and hope rather than fear, sensationalism, or abstract instruction. Campaign planners should test whether the advertisement helps audiences feel emotionally connected to the issue before finalizing the message.

Second, the positive effect of cognitive evaluation on information-seeking intention indicates that emotional engagement must be supported by message clarity and informational usefulness. Mental health advertisements should therefore communicate concrete and intelligible next steps.

This includes clearly identifying signs of concern, explaining where reliable information can be found, and directing audiences to appropriate support resources. Calls to action should be visible, specific, and easy to follow. Rather than using broad encouragement alone, advertisers should provide clear behavioral pathways, such as where to read more, whom to contact, or how to access credible support. In this sense, effective mental health advertising should be designed not only to attract attention, but also to reduce uncertainty about what audiences can do next.

Third, the negative role of advertising skepticism highlights the importance of trust management. Mental health campaigns should be designed in ways that reduce the likelihood that audiences will question message sincerity, exaggeration, or persuasive intent. This has direct implications for message development and source strategy. Campaigns should avoid overstated claims, ambiguous language, and overly promotional execution. Instead, they should emphasize authenticity, transparency, and evidentiary grounding. Where partnerships with public-health institutions, non-profit organizations, or community advocates are used, the nature of that partnership should be clearly disclosed. If key opinion consumers or influencers are involved, they should be provided with message guidelines that prioritize accuracy, responsible disclosure, and consistency with professional mental health information. The present findings suggest that skepticism is not a peripheral issue in this category. It can weaken the transition from favorable evaluation to intended action, making trust a central design concern rather than a secondary communication issue.

Fourth, the results point to the value of interdisciplinary campaign development. Because effective mental health advertising appears to depend on both emotional engagement and cognitive credibility, campaign design should not be left solely to creative execution or solely to expert information provision. Instead, collaboration is needed among mental health professionals, communication specialists, public-health organizations, and relevant community representatives. Such collaboration can help ensure that campaigns are emotionally appropriate, factually accurate, and socially credible. Before wider rollout, message concepts should be pretested with target audiences to assess emotional tone, clarity, perceived trustworthiness, and likely behavioral response. This is especially important in mental health advertising, where small problems in tone or credibility may discourage rather than

encourage further engagement. More broadly, the findings suggest that effective mental health advertising should be approached as a process of guiding audiences from emotional relevance to credible understanding and then toward feasible action. Campaigns are therefore likely to be more effective when they integrate affective resonance, cognitive clarity, and trust management within a single communication strategy rather than treating these elements as separate concerns.

4.4. Limitations And Future Research

This study has several limitations that should be considered when interpreting the findings. First, the sample was drawn from respondents in Ho Chi Minh City, Vietnam, and therefore does not represent all Vietnamese audiences or other cultural contexts. Although the sample was diverse in age and education, the findings should be interpreted as reflecting responses from Vietnamese adults in a large urban setting rather than from the broader population. Future research should examine whether the same attitudinal process holds across different regions, demographic groups, and national contexts, particularly where mental health stigma, media environments, and trust in public communication may differ.

Second, the study used a single-exposure online experimental design. This design supports inference about immediate responses to advertising stimuli, but it does not establish whether the observed effects persist over time or translate into sustained information-seeking or help-seeking behavior. Future research could extend the present model through longitudinal designs, repeated exposure studies, or follow-up measures that assess whether initial affective and cognitive responses lead to more stable behavioral outcomes.

Third, the dependent variable in this study was behavioral intention to seek information rather than observed behavior. Although information-seeking intention is an important outcome in the context of mental health advertising, intention does not necessarily translate into actual behavior. Future studies should therefore incorporate behavioral indicators where possible, such as click-through behavior, visits to information resources, or contact with support services, in order to assess whether the attitudinal process identified here extends beyond stated intention.

Fourth, the study examined responses to a limited set of advertising stimuli within a specific source context. Although source condition was included in the design, source effects were not the primary

theoretical focus of the article. Future research could build on the present findings by explicitly examining how source type, source credibility, sponsorship disclosure, and different creative executions shape affective response, cognitive evaluation, skepticism, and information-seeking intention. In particular, it would be valuable to compare alternative message formats, such as short-form social media content, narrative video, expert-led communication, or influencer-based mental health messaging.

Finally, the present model focused on a bounded

set of attitudinal variables. Other theoretically relevant factors may also shape audience response in this context, including stigma, perceived social norms, prior trust in health institutions, prior experience with mental health difficulties, and perceived personal relevance. Future research could extend the model by incorporating such variables as moderators, antecedents, or contextual conditions in order to develop a more differentiated understanding of when and for whom mental health advertising is most effective.

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