Does lacking threat-management resources increase information avoidance? A multi-sample, multi-method investigation

Jennifer L. Howell *, Benjamin S. Crosier, James A. Shepperd

Department of Psychology, University of Florida, 945 Center Drive, P.O. Box 112250, Gainesville, FL 32611-2250, United States

ARTICLE INFO

ABSTRACT

Are people who lack personal and interpersonal resources are more likely to avoid learning potentially threatening information? We conducted four studies assessing three different populations (undergraduates, high school students, and a nationally-representative sample of adults), using a variety of measures and methods (e.g., single and multi-item self-report measures, a behavioral measure, social network analysis), across three information contexts (i.e., general health information, specific disease risk, socially-evaluative information). The consistent finding is that people who lack personal and interpersonal resources to manage threat are more likely to avoid learning potentially-threatening information. The results indicate that personal and interpersonal resources represent generalizable and robust predictors of information avoidance.

1. Introduction

A person crossing paths with an angry grizzly bear in the wild would show a predictable biological response: The release of glucocoriticoids (e.g., cortisol) and adrenaline into the blood and brain, and noradrenaline into the organs (Jansen, Nguyen, Karpitskiy, Mettenleiter, & Loewy, 1995). In a matter of seconds the body would be physically prepared to respond to the threatening situation, most likely by running away. Although most people will never encounter a grizzly bear in the wild, they do regularly encounter psychological threats.

From receiving negative feedback about job performance to learning that they are at risk for negative health outcomes, people often must cope with threatening news (Sweeny, 2008). One way that people cope is by engaging in cognitions and behaviors that reduce or eliminate the negative impact of threat (McQueen, Vernon, & Swank, 2013). For instance, when presented with information that indicates they are personally at risk for a negative outcome (e.g., cancer), people can deny the personal relevance of the information (Yong, Borland, & Siahpush, 2005), reject the information (Heikkinen, Patja, & Jallinoja, 2010), or justify behaviors that may have put them at risk (Coxhead & Rhodes, 2006). These defensive strategies allow people to ignore their personal risk

and maintain their current affect, cognitions, and behaviors (Tesser, Crepaz, Collins, Cornell, & Beach, 2000).

Crisis decision theory offers a framework for understanding defensive responding (Sweeny, 2008). According to the theory, when people are faced with potentially negative events they appraise the severity of the negative event, determine possible responses, and then select the best response. In the case of defensiveness, people determine that the information is potentially threatening to their desired affect, cognitions, or behaviors, and decide that the best response is a defensive response (McQueen et al., 2013; Shepperd & Howell, in press).

In the present study we focus on a proactive threat-management strategy: Information avoidance. Information avoidance entails preventing or delaying "the acquisition of available but potentially unwanted information" (Shepperd & Howell, in press; Sweeny, Melnyk, Miller, & Shepperd, 2010). Information avoidance is conceptually distinct from several related constructs including information dismissal, inference avoidance, monitoring and blunting, selective exposure, and preferences for information (Shepperd & Howell, in press).

Information avoidance is distinct from information dismissal (Ditto & Boardman, 1995), inference avoidance (Greenwald, 1997), and monitoring and blunting coping styles (Miller, 1987; Miller & Mangan, 1983), all of which are reactive responses that occur after people already have information. With information dismissal, people find a way to dismiss or derogate existing information. With inference avoidance, people have information, but fail to draw the logical conclusion from that information. People

* Corresponding author. Fax: +1 (352) 392 7985.
  E-mail address: Jenny.howell@ufl.edu (J.L. Howell).

who engage in monitoring opt to seek relevant information after exposure to a threat (e.g., reading about a diagnosis online), whereas people who engage blunting opt to avoid relevant information after exposure to a threat (e.g., not reading pamphlets about treatment). Blunting may entail avoiding information, but more broadly represents efforts by people to circumvent thinking about information one already has. For example, a person may know the results of a medical test and now want to distract him/herself from thinking about the results. Information avoidance is distinct from each of these threat management strategies in that it is a proactive strategy that occurs before people receive information (e.g., avoiding testing or learning the results of a medical) and does not have to involve specific information.

Information avoidance is more similar to the notions of selective exposure and preferences for information, but we consider both phenomena special cases of avoidance. Selective exposure is the tendency to prefer attitude-consistent information over attitude-inconsistent information (Smith, Fabrigar, & Norris, 2008). Preference for information is studied in medical patients and caregivers and refers to the level of knowledge about and involvement in medical treatments that patients prefer (Arora & McHorney, 2000; Butow, Maclean, Dunn, Tattersall, & Boyer, 1997; Hashimoto & Fukuhara, 2004). Information avoidance is a broader construct representing the choice between seeking and avoiding information in a variety of contexts and not just health information.

Research shows that people avoid information to the extent that it threatens their desired affect, cognitions, or behaviors (Howell & Shepperd, 2012; Sweeny et al., 2010). Such avoidance can manifest in a variety of ways from avoiding doctors (Klepac, Dowling, & Hauge, 1982; Persoskie, Ferrer, & Klein, 2013) or screening (Howell, Shepperd, & Logan, 2012; van der Steenstraten, Tibben, Roos, Van de Kamp, & Niermeijer, 1994) in a medical context, to avoiding potentially-threatening information about one's implicit attitudes (Howell et al., 2013) or about one's romantic partner (Gesselman, Howell, Price, & Shepperd, 2014).

Here, we propose that the threat that prompts information avoidance represents the tradeoff between the resources required to cope with learning the information, and the resources people feel they have. More to the point, we propose that people differ in the resources they have available to cope with threatening information, and that people with more resources are more receptive to potentially threatening information than are people with fewer resources. Within the framework of crisis decision theory, people with more resources are apt to appraise the potential threat posed by information as less severe, and therefore to choose to seek rather than avoid the information (Sweeny, 2008).

Researchers define individual differences in threat-management resources in a variety of ways including optimism (Carver & Scheier, 2001; Segerstrom, 2007), self-esteem (Seeman & Lewis, 1995), and social support (Seeman, Lusignolo, Albert, & Berkman, 2001). We conceptualize threat-management resources as any source from which people can draw to manage the severity of the threat posed by receiving unwanted news (Sweeny, 2008). Although situational factors can momentarily influence the resources people have at their disposal to manage threat, our interest is in threat-management resources that people bring with them to situations. They are stable and enduring resources that allow them to cope should they encounter threat (MacNair & Elliott, 1992; Ptacek, Pierce, & Thompson, 2006). We specifically focus on personal and interpersonal threat-management resources. Personal threat-management resources (sometimes called coping resources) refer to people's perceptions that they can manage threat; interpersonal threat-management resources (sometimes called social support resources) refer to people's connections to supportive others.

Although these two resources are likely related, they are conceptually distinct in important ways. Personal threat-management

resources represent a psychological preparedness to manage bad news (Carroll & Shepperd, 2009). They are dispositional internal resources that foster coping (Ptacek et al., 2006). Interpersonal threat-management resources stem directly from social connections and perceptions of those connections (Brewin, MacCarthy, & Furnham, 1989). Theoretically, someone with ample personal threat-management resources does not need to turn to others to manage bad news. Similarly, someone with ample interpersonal threat-management resources does not need personal threat-management resources to cope with bad news.

Numerous studies suggest, albeit indirectly, that people with more personal and interpersonal threat-management resources are less defensive. For example, people with more social support handle stressful situations (e.g., receiving criticism at work) better than do people with less social support (Beehr & Mcgrath, 1992; Brewin et al., 1989; Heinrichs, Baumgartner, Kirschbaum, & Ehlert, 2003; Thoits, 1986). Moreover, people with more social support are more likely than people with less social support to seek and respond to needed physical (DiMatteo, 2004) and mental health services (Sherbourne, 1988). Similar effects emerge for personal coping resources. Participants with more personal coping resources respond better to stress and have superior mental-health outcomes than do people with fewer personal coping resources (Taylor & Stanton, 2007).

Crisis decision theory (Sweeny, 2008) suggests that people with personal and interpersonal threat-management resources should be more able and willing to seek information—a non-defensive, but resource-taxing, response. In line with this hypothesis, indirect evidence suggests that having coping and social support resources corresponds with less information avoidance (Melnyk & Shepperd, 2012; Sweeny et al., 2010). Nevertheless, no research has directly investigated the role of threat-management resources in information avoidance. We addressed this gap with four studies. We hypothesized that individual differences in personal (coping) and interpersonal (social support) threat-management resources would predict information avoidance. Specifically, we expected that lacking these resources would predict greater avoidance of health information in general (Studies 1 and 3), a greater willingness to learn one's risk for a specific disease (Study 2), and less avoidance of potentially negative peer evaluations (Study 4). All relevant materials and data appear online at: https://osf.io/k6sjx/.

2. Study 1

In Study 1 we investigated whether participants with greater personal and interpersonal threat-management resources would be less likely to avoid health information in general.

2.1. Study 1: Method

2.1.1. Participants

Participants were 140 undergraduate students (98 women, 42 men) participating in partial fulfillment of a research requirement and taking part in a larger, unrelated study. Participants completed three measures of interest to the present study. Researchers conducting the unrelated study determined the sample size. Nevertheless, the sample size was sufficient to detect medium effects for both dichotomous ($w = .30$; $n_{required} = 108$) and scale outcomes ($r = .30$; $n_{required} = 82$) at .80 power (Cohen, 1992; Faul, Erdfelder, Lang, & Buchner, 2007).

2.1.2. Procedure and measures

First, they completed the MOS Social Support Survey (Sherbourne & Stewart, 1991), a 19-item instrument that assess individual differences in perceived social support by asking people