When Increasing Control Decreases Consumers’ Well-Being: the Negative Psychological Consequences of Choosing

Session Chair: Simona Botti, Cornell University
Discussion Leader: Rik Pieters, Tilburg University

SESSION TITLE: “When Increasing Control Decreases Consumers’ Well-Being: The Negative Psychological Consequences Of Choosing”  PAPER 1: “Avoiding Pain: Choice Preferences and Emotional Responses in Medical Decision Contexts” Authors: Simona Botti, Cornell University Sheena S. Iyengar, Columbia University Kristina Orfali, University of Chicago Short Abstract (100 words) Prior research found that people prefer choosing and that having choice generates more positive affect. This research investigates the emotional consequences of choosing for others in an aversive, highly consequential context: infants’ healthcare. Results from ethnographic and laboratory studies show that parents making a life-or-death decision for their children experience more negative emotions than those for whom the same choice is externally dictated. In addition, participants are ambivalent in their preference for choosing: Although they cherish autonomy, they also desire to avoid painful decisions. Distress for making an aversive choice appears therefore to disrupt the benefits of choice on well-being.  PAPER 2: “When Consumers Choose to Restrict Their Options: Anticipated Regret & Choice Set Size Preference” Authors: Cenk Bülbül, New York University Tom Meyvis, New York University Short Abstract (99 words) Consumers usually prefer to “keep their options open” and choose from many alternatives. We examine how characteristics of the decision environment can activate different types of anticipated regret, which in turn differentially impact consumers’ preference for more alternatives. We demonstrate that, while the anticipation of regret often magnifies consumers’ preference for more options, it can also lead consumers to prefer smaller choice sets instead. For instance, when consumers are primed with an exemplar from the choice set, the anticipation of regret highlights the difficult comparisons between the alternatives in the choice set, leading consumers to voluntarily restrict their options.  PAPER 3: “Choosing Inside The Box: When More Choice Narrows Our Thinking” Authors: On Amir, University of California, San Diego Sheena S. Iyengar, Columbia University Short Abstract (63 words) Consumers face decisions with varying amounts of choice. We propose that larger choice-sets generate narrower and more mundane thinking. Specifically, we predict less creative thinking, or greater thinking within "the box" with greater choice, because the choice categories are invoked more strongly, hindering associations to non-category schemas. We demonstrate this effect in different consumer contexts, as well as its effect on subsequent choices.

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SPECIAL SESSION SUMMARY
When Increasing Control Decreases Consumers’ Well-Being: The Negative Psychological Consequences of Choosing
Simona Botti, Cornell University
Tom Meyvis, New York University

SESSION OVERVIEW
Classic research in both psychology and economics has shown that people want to have choices because choosing leads to beneficial consequences such as greater intrinsic motivation, more positive affect, and superior cognitive performances. Consistent with this view, modern marketing practices as well as public policy reforms increasingly rely on the provision and exercise of choice as a means to increase individuals’ satisfaction. For example, stores offer increasingly large assortments and entice shoppers to customize product offers, and the current US administration has proposed reforms in the field of healthcare, social security, and education that switch choice from the government to the citizens. The papers presented in this session challenge the assumption that choice is always beneficial by investigating situations in which the provision of choice in different degrees (from no-choice to too many choices) have negative psychological consequences, thereby worsening, rather than improving, consumers’ well-being. In addition, these papers indicate that in specific circumstances consumers may be willing to restrict their choice. This result is particularly important because it contradicts prior findings showing that, even when dissatisfied with the decision outcome, people still prefer autonomy and choice. These studies contribute to a nascent body of literature that posits that decision makers’ evaluation of decision outcomes depends less on their ability to match personal preferences and available alternatives than on the psychological processes experienced during the decision task. Marketers as well as policy makers should therefore reconsider policies aiming at providing or increasing choice in light of the potential negative psychological effects of choosing.

“Avoiding Pain: Choice Preferences and Emotional Responses in Medical Decision Contexts”
Simona Botti, Cornell University
Sheena S. Iyengar, Columbia University
Kristina Orfali, Columbia University, ISERP

Prior research has found that people prefer situations in which they can make their own choices to those in which these choices are externally dictated (Brehm 1966). This preference for self-choice is supported by findings showing that the provision of choice improves emotional states while the removal of choice negatively affects psychological and physiological well-being (Langer 1975; Taylor and Brown 1988). Even in the field of bioethics there is a general consensus about the benefits of choice. Indeed, the autonomy model, according to which patients know what is the best treatment for them and should decide for themselves, prevails over the paternalistic model, which considers patients cognitively and emotionally unable to decide so that physicians should make the decision on their behalf.

More recent evidence has however challenged the assumption that choice is always beneficial. Research has shown that the emotional conflict often involved in decision making heightens when the importance of the choice increases (Luce 1998). In addition, choosing among all undesirable options has been found to generate psychological distress, thereby reducing outcome satisfaction (Botti and Iyengar 2004). Some evidence in medical decision research also suggests that, contrary to the principles of the autonomy model, patients are sometimes reluctant to decide and that their actual desire for autonomy is overestimated by both the physicians and the general public (Schneider 1998). The present research examines whether the psychological pain of choosing raises so much in highly consequential, aversive choices to weaken people’s preferences for personal choosing. This question is important because it contributes to the current literature on the detrimental effects of choice (e.g., Iyengar and Lepper 2000) by directly assessing choosers and non-choosers’ affective reactions to real-life decisions about medical treatments.

Study 1 is an ethnographic study about infants’ healthcare. We analyzed the protocols from 32 in-depth interviews with parents of critically ill newborns under life-sustaining treatments in two similar Neonatal Intensive Care Units (NICUs), one located in the United States, where the autonomy model is adopted, and the other in France, where instead the paternalistic model is used. These parents were facing the decision of whether or not to interrupt the treatment: The usual outcome of treatment interruption is the death of the baby, whereas the decision to prolong the treatment generally involves a higher probability of severe neurological impairment versus a lower probability of death. The sample included only cases in which the treatment was terminated causing the death of the babies, with the difference that the decision was taken by the parents in the American unit and by the doctors in the French unit. Results suggest that American parents reported more intense negative emotions such as anger, depression, guilt, or regret as compared to French parents following the death of the babies. In addition, both French and American parents expressed an ambivalent attitude towards being the decision makers, on one side resisting the idea of making a choice that will hunt them for the rest of their lives, and on the other side associating the decision to forgo the choice with being irresponsible caregivers.

Two follow-up laboratory studies were conducted to control for factors other than decision autonomy that could potentially influence the parents’ affective reactions observed in the ethnographic study. For example, cultural variables could explain the different emotions felt by French and American parents. More importantly, French parents were not always aware of the uncertainty involved in the doctors’ decisions because these decisions were often framed as the “only” solution in the baby’s best interest. In the first laboratory study participants read a scenario describing the situation of a premature baby undergoing a life-sustaining treatment. In the choice condition, participants were asked to choose between continuing the treatment, with 40% probabilities of death and 60% probability of severe neurological impairment, and withdrawing the treatment, which would determine the death of the baby. In the risky-no choice condition participants were given the same information as in the choice condition but were also told that the doctors had made the decision to withdraw the treatment and let the baby die. Finally, in the sure-no choice condition participants were told that the doctors had decided to withdraw the treatment and let the baby die without being informed about the alternate course of action. Results were consistent with those of the ethnographic study. Participants in the risky-no choice condition experienced the...
most positive and least negative emotional responses, while no significant affective difference was found between participants in the choice and sure-no choice conditions, ruling out the framing of the decision in terms of medical certainty as an alternative explanation. Also consistent with the ethnographic study, participants were ambivalent towards their preference for choosing: choosers liked their experimental condition less than both non-choosers. Nevertheless, the willingness of choosers to have the doctors make the decision for them was lower than that of risky and sure non-choosers to decide autonomously.

The second laboratory study controlled for yet another alternative explanation. It might in fact be argued that the lower positive affect experienced by choosers as compared to equally informed non-choosers is a consequence of choosers’ inability to engage in preference matching, as the preferences of those who will be directly affected by the decision are not known to those who actually decide. In this study we used the same hypothetical decision of the previous study, with the only difference that the consequences of the choice were to be experienced by oneself rather than another. Results showed that even when the choice consequences were endured by the decision maker, self-made choices led to less positive emotional responses than doctor-made choices, and decisional autonomy was not fully endorsed.

Overall, these studies indicate that highly consequential, aversive choices may negatively affect emotional reactions and that people’s desire for autonomy in these choice contexts is more ambiguous than that observed in prior research. This research is relevant for public policy makers in that it suggests that the autonomy model may not ensure individuals’ welfare in healthcare decisions.

References

“When Consumers Choose to Restrict Their Options: Regret and Choice Set Size Preference”
Cenk Bülbül, New York University
Tom Meyvis, New York University

Past research studies have found that the provision of choice increases intrinsic motivation and enhances performance on a variety of tasks (Deci, 1975, 1981; Deci and Ryan, 1985; Taylor and Brown, 1988). Yet, Iyengar and Lepper (2000) find that–while having a choice is a good thing–having an abundance of choice alternatives is not. Choosing from larger assortments decreases purchase instances and makes people less satisfied and more regretful about the choice they make. Interestingly, Iyengar and Lepper (2000) also find that people would like to choose from larger assortments, even though it tends to make them regretful and demotivated.

We conducted three studies to examine whether people always prefer more choice however de-motivated, frustrated and regretful they feel in the end. More specifically, we investigate how the anticipation of regret determines how much choice people allow for themselves. We argue that anticipated regret play a critical role in determining consumers’ ideal choice set size. Furthermore, we propose that to understand the impact of anticipated regret, it is important to distinguish between the different sources of regret (and the corresponding consumer focus). In each of the following studies, regret was manipulated in an unrelated first study, after which participants were asked to specify how many desk lamps they would like to choose from.

We argue that consumers’ normative strategy is to “keep their options open” and maximize the number of alternatives they can choose from. Given that this is the default strategy, the anticipation of regret should increase consumers’ preference for large choice sets (Kahneman and Miller, 1986). However, we propose that the activation of regret may also have an opposite effect depending on the type of regret that is being anticipated. In particular, when the choice process itself is made more salient, we expect that the anticipation of regret will increase the preference for smaller assortments in order to minimize the pain of choosing. One factor that may increase the salience of the trade-off difficulties in the choice process is the presence of a concrete exemplar from the choice sets. In study 1, we manipulated anticipated regret (none versus primed) and exemplar priming (none versus primed) between subjects. Regret was primed in a seemingly unrelated task that was adapted from Simonson (1992). The exemplar priming consisted of a picture of a typical desk lamp. As predicted, regret priming increased the preference for the large assortment when subjects were not primed with the exemplar, but decreased preference for the large assortment when they were primed with the exemplar.

In the second study, we examined how exemplar priming may moderate the effect of regret anticipation. Exemplar priming could create a process focus by making people anticipate the trade-off difficulties during choice process or it could create an outcome focus by making people think about the product they will end up with. We propose that, while a process focus would explain the observed increased preference for smaller choice sets when primed with regret, an outcome focus would instead activate the keep-your-options-open norm and increase their preference for the larger sets when primed with regret. In study 2 we tested these predictions by directly instructing participants to either focus on the actual choice process or the outcome of their choice. As predicted, we found that when people focused on the choice process, the anticipation of regret shifted their preference away from the larger assortments. However, when people focused on the outcome of their choice, the anticipation of regret shifted their preference towards the larger assortments.

In study 3, we found converging evidence for our choice process theorizing using a 2 (Regret: Anticipated versus None) X 2 (Timing of actual choice: Now versus Later) between-subjects design. Based on Construal Level Theory (Trope and Liberman, 2003), we hypothesized that a short-term perspective would induce a process focus, which is more contextual and includes more incidental details, while a longer-term perspective would induce an
outcome focus, which is more de-contextualized and general. In the “choose-now” condition, participants were told that they would make their actual choices immediately after indicating their preferences for the choice set size, whereas in the “choose later” condition, participants were told that they would make their actual choices in the next experimental session three weeks later. As predicted, anticipation of regret in the “choose later” condition increased the preferred size of the choice set, while anticipating regret in the “choose now” condition decreased the preferred size of the choice set.

These results suggest that the impact of anticipated regret on choice set size preference depends on the focus of this regret. We propose that in our exemplar priming, process focus, and ‘choose now’ conditions, that focal regret is the anticipated regret during the actual choice process (i.e., the negative feelings people experience when making trade-offs between alternatives). In order to minimize this regret, participants preferred smaller assortments. However, anticipation of regret can also work in the opposite direction and boost people’s preference for more choice. We propose that in our baseline (no priming), outcome focus and ‘choose later’ conditions, the focal regret was the regret of having passed up better outcomes than the one obtained. To minimize this particular regret, participants wanted to keep their options open and hence boosted their natural preference for larger assortments.

References

“Choosing Inside The Box: When More Choice Narrows Our Thinking”
On Amir, University of California at San Diego
Sheena S. Iyengar, Columbia University

Consumers face decisions which vary on the amount of choice. One can choose between two music CDs, or from amongst five or six CDs. We propose that larger choice sets, that is, choice sets that include more products from the same category, generate narrower and more mundane thinking in the decision process. In particular, we predict less creative thinking, or greater thinking within “the box”, as the choice categories are invoked more strongly, hindering associations to non-category schemas. For the abovementioned CD example, this would mean that consumers will be less likely to think of alternatives that are not other CDs when choosing from the larger choice set as compared to the smaller one.

In Experiment 1, we demonstrate that as within category choice increases, consumers are less likely to consider outside alternatives. Specifically, we offered participants the option to buy a discounted CD in three conditions that varied on the number of possible alternatives (1, 2, or 3 CDs). We then asked participants to write all the alternatives that came to mind when making their decision. While the overall number of alternatives written by participants did not significantly vary across conditions, participants were reliably more likely to refer to other CDs as alternatives the greater the choice set. In contrast, the smaller the choice set, the greater the likelihood of participants considering alternatives that were not related to the choice category, such as meals, DVDs, etc. We hypothesized the stronger invocation of the category and its subsequent heightened accessibility as the driver of this effect. If indeed this effect is driven by hyper accessibility of the focal category, we should find the same effect on creativity. We tested this in Experiment 2.

Experiment 2 tested whether this enhanced accessibility would influence thinking “outside the box”. Participants were asked to aid the process of the development of a new product. To better explain the process, they were given a choice from either a set of two MP3 players or five MP3 players, as examples of products with innovative features. Participants were then asked to write ideas for product innovations. Specifically, we asked participants to try and predict “the next ‘coolest’ and most innovative product”. We counted the number of ideas and measured the likelihood of those ideas to relate to MP3 players. In addition, the data was given to two independent judges that were asked to rate their creativity. As predicted, participants choosing from a larger set were reliably more likely to be confined to that category (i.e., MP3 player) when thinking of new product ideas. In contrast, participants choosing from the smaller set were much more likely to write ideas judged to be more creative and diverse. In this experiment participants in the smaller choice set were even more likely to suggest more ideas than their large choice set counterparts.

We conclude that a choosing from amongst a larger set of same-category products seems to focus thoughts on that category and obstruct considerations of external alternatives. An example of this might be that the more types of cakes one can choose from as desert, the less likely is one to think of fruit salad or of not having desert as viable alternatives. Greater choice has been shown to have negative consequences for consumers (Iyengar and Lepper 2000). Our findings suggest another mechanism by which having more choice interferes with increasing our well being, as it decreases our flexible use of resources (money, time, etc.)

References