Is It Always Good to Feel in Control? Effects of Mortality Salience and Health Locus of Control on Health Behaviors

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This research asks how perceptions of control over one’s health interact with mortality salience in a fatal and contagious disease context. While we see benefits of increased personal control on health at baseline, we find that perceived control over personal health leads to unrealistic optimism (i.e., denial of risk) and reduced disease prevention intentions when death is made salient or when others are the focus of risk assessment. We attribute these interactions to a tendency to generalize one’s own health behaviors to others, paradoxically decreasing the perceived need to engage in protection.

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According to Terror Management Theory (TMT), individuals invest in their worldviews to assuage the fear aroused by a reminder of their mortality when death is made salient (Greenberg, Solomon & Pyszczynski, 1997; Shehryar & Hunt, 2005). These worldviews act as anxiety buffers by creating order and meaning, by providing standards of value, and by offering symbolic death transcendence to those who strive to meet these standards (Greenberg et al., 1997). Research has suggested that reminders of one’s mortality increase the need to believe that others share one’s worldview, leading to inflated estimates of consensus of one’s opinions (Pyszczynski, Wicklund et al., 1996). Communications to consumers regarding health behavior often take place in settings where the threat of death may be salient (e.g., in a physician’s office, as part of negatively emotion-laden appeals). Hence, we believe it is important to investigate the implications of TMT for consumer health behaviors.

Past research has examined the role of TMT on worldview and its influence on attitudes and behavior in a health context (e.g., Goldenberg, 2005; Shehryar and Hunt 2005). To date, however, research has yet to examine how the worldview of perception of control over one’s health affects actions and thoughts surrounding disease risk and prevention, particularly in the context of a contagious disease. We utilize the construct of Health Locus of Control (Wallston, Wallston, Kaplan & Maides, 1976; Wallston & Wallston, 1981) to measure perceived control over health. On this scale, “health internals” believe that one’s health is largely a result of his or her own behavior. At the other end of the dimension, health externals have generalized expectancies that the factors that determine their health are largely uncontrollable (i.e., external factors such as luck, fate, chance or powerful others). In this research, we add to the relatively small literature on worldview, perceptions of control and contagion to examine how mortality salience affects behaviors and perceptions of risk in a fatal and contagious disease context.

Previous research on Health Locus of Control (HLC) suggests that the feeling that one is in control of one’s health leads to more adaptive health behaviors. A more internal HLC has been associated with certain preventive health behaviors (Norman, Bennett, Smith & Murphy, 1998), such as the ability to stop smoking (e.g., Kaplan & Cowles, 1978), and performance of exercise and dieting behaviors (Norman et al., 1998). In this research, we examine the effects of Health Locus of Control under mortality salience to see how health locus of control affects risk perceptions and behaviors. In particular, we examine how the drive to resolutely defend worldview will lead to inflated views of consensus of one’s worldview under mortality salience. We suggest that under mortality salience, a more internal locus of control causes individuals to externalize their worldview of personal control over health onto others, leading to the notion that others are also at lower risk for disease. This in turn should lead to reduced unrealistic optimism (Weinstein, 1980) of not being infected with HIV as well as reduced future HIV prevention intentions. Hence, we hypothesize that the traditional relationship between HLC and health behavior will reverse in environments characterized by mortality salience.

In Study 1, participants were presented with the threat of HIV following a mortality salience (versus a dental pain) prime, and were asked to rate their own risk of being infected with HIV, the average other’s risk of being infected with HIV, and their intentions to engage in future HIV-preventive behaviors. A moderated regression analysis on both unrealistic optimism (likelihood of having HIV—likelihood of the average other of having HIV) and prevention intentions (e.g., index of condom use, selectivity in sexual partners, etc.) revealed that a more internal health locus of control, while leading to greater unrealistic optimism and increased HIV prevention intentions at baseline (dental pain prime), becomes maladaptive and leads reduced unrealistic optimism and lower preventive intentions under mortality salience. We interpret these findings as reflecting a process whereby mortality salience leads to an increased perception of consensus of others’ risks being similar to one’s own, reducing the perceived population risk, and thus reducing overall HIV prevention intentions.

In order to test our proposed mechanism (i.e., that mortality salience causes individuals to externalize their worldview such that they see that others’ estimates as their own), Study 2 manipulated the (self versus other) focus of the health message while again measuring health locus of control. Thus, this study directed participants to either take on a self-view, or an ‘average other’-view (akin to the externalized worldview that we propose happens under mortality salience in Study 1) when reading the involving HIV information. In this sense, Study 2 allowed us to examine whether the mechanism of false consensus (encouraged by other focus) would cause more internal individuals to reduce their heightened unrealistic optimism of avoiding HIV infection and erode the preventive advantage of internals, as seen in Study 1. Again, a moderated regression analysis on unrealistic optimism and prevention intentions revealed that a more internal health locus of control, while leading to directionally greater unrealistic optimism and increased HIV prevention intentions with a self-focus, becomes maladaptive and leads reduced unrealistic optimism and lower preventive intentions with an other-focus.

This research has important implications for the communication of health messages, specifically those that convey death as a possible consequence. This type of message could potentially lead to increased risk-taking behaviors among those individuals who would normally engage in very protective, preventive behaviors, as evidenced by our initial study. Our research will help elucidate why certain health appeals may be more or less effective depending on the presence or absence mortality salience, and the degree of an individual’s health locus of control.

References