The Effects of Retrieval Ease on Health Issue Judgments: Implications For Campaign Strategies

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This paper examined the effects of retrieving information about a health ailment on judgments of the perceived severity of the disease and self-efficacy regarding prevention and treatment. According to the ease of retrieval hypothesis, when people experience difficulty in retrieving information regarding an event, they rate the event as less likely to occur. In the first experiment, ease of retrieval was manipulated by asking participants to list either a high or low number of consequences of an ailment. As expected, retrieval difficulty resulted in lower perceived disease severity. In the second experiment, ease of retrieval was manipulated by varying the number of disease prevention or treatment measures participants attempted to list. As predicted, retrieval difficulty resulted in lower self-efficacy regarding prevention and treatment. In two additional experiments, participants viewed a public service announcement (PSA) highlighting the consequences of contracting a particular disease. Ease of retrieval effects were observed only when the manipulation involved irrelevant information (number of prevention/treatment options) and not relevant information (number of consequences). Furthermore, when the health issues were of greater concern, content-based rather than experience-based judgment appeared to be stimulated, and attempting to list more disease consequences resulted in higher ratings of disease severity.

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EXTENDED ABSTRACT
A common opinion among psychologists studying metacognition is that “there is more to thinking than thought content” (Schwarz, 2004, p. 332). The literature on metacognition suggests that recall tasks render two types of information accessible: the retrieved content and the subjective experience of retrieving the content (see Schwarz, 1998, 2004, for reviews). Both types of information can influence judgments. Content-based thinking models (e.g., Wyer & Srull, 1989) hold that the more instances of an event that individuals are asked to recall, the more instances they will retrieve, and the higher they will thus estimate the frequency of the event to be. In contrast, metacognition models suggest that the more instances individuals are asked to recall, the more difficulty they will experience with retrieval (Schwarz, 1998, 2004). This subjectively experienced retrieval difficulty is then taken as an indicator that such events do not happen frequently.

Accordingly, thinking about the severity of a disease can render two types of information available: the retrieved consequences of the disease and the ease or difficulty with which they were brought to mind. Rothman and Schwarz (1998) found that, when asked to list many as opposed to a few factors leading to a disease, participants experienced more difficulty with the retrieval task, decreasing their perceived vulnerability to the disease. By extension, when people are asked to list possible outcomes or symptoms regarding an ailment, the difficulty with which such information comes to mind should affect their judgments of the ailment’s severity. This question was tested in the first experiment of the present study.

In order to maximize willingness to seek treatment, it is also crucial to increase perceived self-efficacy in dealing with an ailment. Thus it is relevant to ask whether the difficulty of retrieving prevention or treatment options influences perceived self-efficacy. This issue was addressed in the second experiment.

When thinking about health issues, people often consider the severity of the issue. If it is difficult to retrieve many instances of serious consequences, the issue should be seen as less serious. Therefore, it is important for health campaigners to work to reduce ease of retrieval effects by reminding people about the severity of health issues. Experiment three addressed the prediction that when public service announcements (PSAs) render more information accessible, subjective experiences will not be used as judgment inputs and the retrieval ease effect will be weaker.

Experiment four focused on the idea that, for issues of higher general concern, people will tend to engage in content-based processing. This mode of processing should also be more prevalent among individuals who are particularly concerned about the specific target health issue. When individuals who are thus motivated to engage in content-based processing attempt to list many disease consequences, they should perceive the disease as more severe and their vulnerability to it as higher, and find the health message to be more effective.

In sum, the present study had four objectives: first, to test for ease of retrieval effects on issue severity when the retrieval task involves listing disease consequences; second, to examine ease of retrieval effects on self-efficacy when the retrieval task involves listing prevention or treatment options; third, to test whether making more relevant information accessible attenuates the effects of retrieval ease; and finally, to examine the effects of retrieval ease when PSAs encourage content-based processing.

Findings supported the predictions. In the first experiment, ease of retrieval was manipulated by asking participants to list either a high or low number of consequences of an ailment. As expected, retrieval difficulty resulted in lower perceived disease severity. In the second experiment, ease of retrieval was manipulated by varying the number of disease prevention or treatment measures participants attempted to list. As predicted, retrieval difficulty resulted in lower self-efficacy regarding prevention and treatment. In two additional experiments, participants viewed a public service announcement (PSA) highlighting the consequences of contracting a particular disease. Ease of retrieval effects were observed only when the manipulation involved irrelevant information (number of prevention/treatment options) and not relevant information (number of consequences). Furthermore, when the health issues were of greater concern, content-based rather than experience-based judgment appeared to be stimulated, and attempting to list more disease consequences resulted in higher ratings of disease severity.