Gender Identity Salience and Perceived Vulnerability to Breast Cancer

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Contrary to predictions based on cognitive accessibility, heightened gender identity salience resulted in lower perceived vulnerability and reduced donation behavior to identity-specific risks (e.g., breast cancer). No such effect was manifest with identity-neutral risks. Establishing the importance of self-identity, perceived breast cancer vulnerability was lower when women were primed with their own gender, but not with the general category of gender. Establishing the involvement of unconscious defense mechanisms, fear appraisal prior to the risk rating task eliminated the effect of a gender identity prime on perceived breast cancer vulnerability. The findings have direct implications for health communication and donation campaigns.

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EXTENDED ABSTRACT

Breast cancer is one of the world’s leading causes of death and breast cancer awareness campaigns aim to increase women’s risk awareness and promote early screening behavior. Health campaigns aimed at increasing women’s breast cancer awareness often stress women’s vulnerability to breast cancer using images and appeals related to the female sex and to femininity. Estimates of personal risk are constructed by individuals based on environmental cues and personal experience. In particular, personal risk perceptions are closely tied to individuals’ sense of self due to the link between aspects of one’s self-concept (e.g., lifestyle, age or gender) and actual risk. Despite the large body of literature devoted to understanding the psychological processes involved in the estimation of perceived vulnerability, the relationship between risk estimates and self-identity is still unclear.

This paper explored how inherent characteristics of a risk interact with self-identity salience to influence estimates of perceived vulnerability. In particular, we investigated how and under which conditions the salience of a certain identity trait (e.g., gender) can influence one’s perceived susceptibility to risks associated with this trait (e.g., breast cancer). Two alternative theoretical accounts—cognitive accessibility and defense mechanisms—provide opposing predictions with regard to the direction of the influence of identity salience in perceived risk.

Cognitive accessibility predicts an increase in gender-related risk perception following an increase in gender salience. Contextual factors that increase the salience of a dimension of self-identity should increase the accessibility of knowledge structures associated with this dimension and result in higher likelihood estimates for risks that are associated to this activated dimension through the operation of judgmental heuristics. For example, increased (decreased) accessibility of AIDS-related information had a positive (negative) effect on associated risk perceptions (Raghubir and Menon 1998). The cognitive accessibility account therefore predicts that increased gender salience should increase estimates of gender-specific risks.

A different line of reasoning, based on defense mechanisms, leads to the opposite prediction for identity aspects that are central to the self. The sexual self is a central aspect of women’s multifaceted self and a disease such as breast cancer is inextricably bound to women’s perception of their gender identity. Under conditions of heightened gender identity salience, the thought of contracting breast cancer may be perceived as especially threatening. Consequently, defensive mechanisms—which are intimately related to ego threat—may occur in these conditions, leading to a minimization of subjective risk estimates. For example, participants who were made to believe they suffered from a fictitious enzyme deficiency evaluated this deficiency as less serious than controls (Jemmott, Ditto, and Croyle 1986) and personal relevance increases the likelihood that threatening health messages are defensively processed (Liberman and Chaiken 1992).

To summarize, two distinct accounts make opposing predictions regarding the effect of identity salience on identity-specific risk perception. Cognitive accessibility predicts that heightening women’s gender identity increases perceived vulnerability to risks such as breast cancer. A motivational defense mechanism account predicts instead that when a central aspect of the self (e.g., women’s gender) is made more salient, threats (e.g., breast cancer) to this aspect are likely to trigger defensive mechanisms (e.g., risk minimization). Neither account predicts an effect of increased gender salience on gender-neutral risks.

We conducted a series of experiments with female participants to test these theories. Significant interactions and simple effects provide evidence for the defensive mechanism account and explored boundary conditions for the effect of identity salience on perceived risk. In experiment 1, 2, and 4 identity salience was manipulated using an essay writing task. Relative to a control condition, in the gender prime condition we observed a decrease in women’s perceived risk of contracting breast cancer (experiments 1 and 4) whereas no effect was evident on risks without a link to gender identity. Behavioral implications were apparent in experiment 2, in which we found that gender priming leads to a decrease in donations to research on ovarian cancer treatment. Confirming the role of nonconscious defensive mechanisms, fear appraisal prior to the risk rating task muted the effect of gender identity salience on risk perceptions (experiment 4). In experiment 3 we used a more subtle gender priming task in which participants determined the gender of Dutch words. Establishing the importance of self-identity, perceived breast cancer vulnerability was lower when women were primed with their own gender, but not with the general category of gender.

These experiments contribute to literature on subjective risk estimates, defensive mechanisms and cognitive priming. Moreover, the results have implications for the design of health campaigns. Breast cancer awareness campaigns almost inevitably stress womanhood or women’s sense of gender identity and along with it the relative importance of this identity aspect for their self-concept. Our findings indicate that an increase in gender identity salience can trigger defensive mechanisms of risk minimization, thus potentially attenuating or even reversing a campaign’s intended consequences. The results of the experiments provide a number of suggestions on how to reduce the likelihood of defensive mechanisms interfering with the intended aim of health campaigns.

REFERENCES

