

Self-affirmation may break down resistance to medical screening

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People resist medical screening, or don't call back for the results, because they don't want to know they're sick or at risk for a disease. But many illnesses, such as HIV/AIDS and cancer, have a far a better prognosis if they're caught early. How can health care providers break down that resistance?

Have people think about what they value most, finds a new study by University of Florida [psychologists](#) Jennifer L. Howell and James A. Shepperd. "If you can get people to refocus their attention from a threat to their overall sense of wellbeing, they are less likely to avoid threatening information," says Howell. Do that, and people are more likely to face a medical screening even if it means undertaking onerous treatment and even if the disease is uncontrollable. The findings will appear in [Psychological Science](#), a journal published by the Association for Psychological Science.

The researchers undertook three studies, each with about 100 students of both sexes. In all three studies, they asked the participants to think of a trait they valued; they chose traits such as honesty, compassion, and [friendliness](#). Participants then wrote either about how they demonstrated the trait (expressing self-affirmation) or a friend (not affirming themselves) demonstrated the trait.

Next participants watched a video about a (fictional) disorder called thioamine acetlyase (TAA) deficiency that ostensibly impairs the body's ability to process nutrients and can lead to severe [medical complications](#).

They then completed an online [risk calculator](#) for the disease and decided either to receive their risk feedback or not.

In the first study, fewer participants who wrote self-affirming essays avoided learning their risk than did participants who wrote non-affirming essays. In studies 2 and 3 researchers investigated the effects of affirmation on two conditions known to increase avoidance of risk feedback. In the second study, participants learned that testing at [high risk](#) for TAA deficiency would either require an easy or onerous follow-up examination process. Participants who were not affirmed avoided learning their risk more when they thought it might necessitate an onerous, as compared to an easy, follow up. However, affirmed participants showed little avoidance regardless of the difficulty of follow up. In the third study, participants learned either that TAA could be managed with a pill; or that there was no effective treatment. Again, the non-affirmed group avoided learning their risk almost twice as often when hearing they had no control over the [illness](#). By contrast, affirmed participants were unlikely to avoid the news, regardless of the possibility of treatment.

The researchers acknowledge it's sometimes rational to choose not to know about an incurable disease you might (or might not) get. "But when it is important to prepare for negative events—getting your affairs in order, finding the coping resources you'll need," Howell suggests, going through with that screening might wise.

More information: "Reducing Information Avoidance Through Affirmation", *Psychological Science*.

Provided by Association for Psychological Science

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