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Original article

The psychological construal of health behaviors

Psychologie cognitif sur les niveaux de représentation des conduites de santé

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ABSTRACT

Introduction. – In order to optimize the effectiveness of behavior change interventions, we need to understand how the construal level – how we mentally represent or construe events or behaviors – influences health-related choices.

Objective. – To examine the impact of mental construal on health decisions. Based on the Construal Level Theory, we predicted that people would give more weight to “cognitive considerations” when making a choice after being primed with the high-level perspective, whereas they would give higher weights to “sensory considerations” after being primed with the low-level perspective.

Method. – In the first experiment, ninety-nine participants were primed with either high-level or low-level perspective across decision scenarios about vaccination and physical safety. The second experiment investigated nutrition decisions, which asked seventy participants to taste food that either had no label or was labelled “organic”. Organic label should prime high-level construal as it implies outcomes (e.g., product quality and healthiness) that are more distant in time and uncertain, in contrast with sensory dimensions (e.g. taste and appearance), which are immediately present. Participants rated cognitive and sensory considerations as well as action intentions.

Results. – The first study revealed that after the priming with the high-level construal, cognitive considerations became more important than sensory considerations in predicting protective action intentions, whereas after priming with the low-level construal, sensory considerations became more important. The second study revealed that only sensory considerations predicted decisions to consume the non-labelled product and only the cognitive score predicted decisions to consume the organic-labelled product.

Conclusion. – We demonstrated a moderating effect of construal-level mindset in health-protective decisions. We also discuss the implications for health promotion and policy, such as optimizing the effectiveness of behavior change interventions.

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R É S U M É

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Introduction. – Dans cet article, on examine pour la première fois les effets de la représentation mentale sur les décisions concernant la santé. On a prévu, en s'appuyant sur la théorie des niveaux de représentation, que les gens allaient conférer plus de poids à des considérations cognitives lors du choix après avoir été amorcés par un phénomène de haut niveau, alors qu'ils allaient accorder plus d'importance à des considérations sensorielles après avoir été exposés à l'amorce d'un phénomène de bas niveau.

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Méthode. – Pour la première expérience, 99 participants ont été amorcés par un phénomène de haut ou de bas niveau pour l'ensemble des scénarios sur les décisions concernant la vaccination et l'intégrité physique. Pour la seconde expérience, on a exploré les décisions sur la nourriture en demandant aux 70 participants de goûter des aliments soit sans aucune étiquette, soit ceux labellisés « bio ». Les participants ont qualifié les considérations cognitives et sensorielles ainsi que les intentions d'action.

Résultats. – La première étude révèle qu'après l'intervention des représentations de haut niveau, les considérations cognitives prennent plus d'importance que celles sensorielles pour prédire l'intention d'action, alors qu'après l'intervention des représentations de bas niveau, les considérations sensorielles deviennent plus importantes que celles cognitives. La seconde étude fait apparaître que seules considérations sensorielles permettraient de prédire l'intention de consommer des aliments non labellisés et seuls résultats cognitifs permettraient prédire l'intention de consommer des produits labellisés « bio ».

Conclusion. – On a donc démontré un effet modérateur du concept des niveaux de représentation sur la protection sanitaire et sur la prévention des maladies. On aborde aussi des implications pour la promotion et la politique de la santé.

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1. Introduction

This article makes two contributions to experimental health psychology. First, it investigates how the construal level – how we mentally represent or construe events or behaviors – influences health-related choices. Second, it reveals how the framing (description) of the health decision task influences the construal level by making specific information more accessible in memory (a phenomenon known as 'priming'). In turn, those contributions inform how to optimize the effectiveness of behavior change interventions.

As a way of illustrating this phenomenon, let us consider two realistic examples from everyday life. First, imagine a typical health-protective behavior, such as vaccination before going on a vacation in the Far East. The Ministry of Health recommends people who are going to your destination to get immunized. Exotic diseases are rare but may be dangerous, painful and mortal. People might infect their friends and relatives during the incubation period. Hospitals in underdeveloped countries are unequipped, overcrowded and sometimes further infected. On the other hand, vaccination requires waiting in line, paying, taking a day off from work; injections may hurt and have unpleasant side effects. Which would you choose?

Second, consider a typical health promotion behavior, such as considering the nutrition properties of food. Understanding how information about nutritional properties affects our consumption decisions seems even more important in the face of recent consumption trends, such as the alarming increase in the percentage of British children who consume a diet with much more sugar, salt and saturated fat than recommended, while at the same time eating much less fresh fruit and vegetables than recommended in order to reduce the risk of overweight and other diet-related illnesses (Bates, Lennox, Prentice, Bates, & Swan, 2010).¹ Previous studies showed that information about content and origin can bias sensory perceptions and attitudes toward food products (Caporale & Monteleone, 2004; Caporale, Policastro, Carlucci, & Monteleone, 2006; Johansson, Haglund, Berglund, Lea, & Risvik, 1999; Kihlberg, Johansson, Langsrud, & Risvik, 2005; Lee, Frederick & Ariely, 2006; Wansink, Park, Sonka, & Morganosky), suggesting that experiential

as well as more abstract (cognitive) evaluations are susceptible to extrinsic factors. However, it is not clear how product-related information, often related to both directly observable and unobservable properties, influences the mental representation of the product, and how this representation translates into action (purchase or consumption).

We examine those questions by borrowing insights from the influential Construal Level Theory (CLT) (Liberman & Trope, 2008; Trope & Liberman, 2010), which postulates that the way we mentally represent, or 'construe', events or behaviors, influences our responses to these events. Depending on framing, people mentally construe objects either in terms of low-level, detailed, contextual and subordinate features, or in terms of high-level, abstract, essential and superordinate features. This evidence is consistent with Vallacher and Wegner's (1987) Action Identification Theory suggests that any action can be described in many ways. For example, "locking a door" can be described as "turning a key in the lock", or as "securing the house". The concrete description "turning a key in the lock" represents a subordinate goal, whereas the abstract description "securing the house" represents a superordinate goal. According to this theory, the former type of goal has to do with the "how" attributes of the action, whereas the latter type of goal has to do with the "why" attributes of actions. Properties of means to an end are likely to be part of low-level construal, whereas properties of an end state are likely to be part of high-level construal.

To date, at least 50 studies used Why-How paradigm (Freitas, Gollwitzer, & Trope, 2004) to manipulate high or low level mindset (e.g., Maglio & Trope, 2012; Kantan, 2011; McCrea, Liberman, Trope, & Sherman, 2008; Torelli & Kaikati, 2009). Participants in the high-level construal condition are asked "why" they would engage in a given activity (e.g., "why do you maintain your health?"), whereas participants in the low-level construal condition are asked "how" they would engage in the same activity (e.g. "how do you maintain your health?"). For example, Wakslak, Trope, Liberman and Aloni (2006) found that participants who were primed into a high-level-construal mindset gave lower probability estimates than did those primed into a low-level-construal mindset. Spunt and Liberman (2012) associated the 'why' and 'how' of action identification with specific neural systems: thinking 'how' an action is performed is done by those regions involved in action execution and in observation, most of which comprise the fronto-parietal mirror-neuron system (Rizzolatti, Fogassi, & Gallese, 2001). On the other hand, thinking 'why' an action is performed is done by the 'mentazing network', i.e., a widespread network of regions associated with theory-of mind reasoning, such as the temporal lobe, the right temporo-parietal junction, the precuneus and the medial prefrontal cortex (Van Overwalle & Baetens, 2009). Recently, Gilead, Liberman

¹ In turn, health-care providers are increasingly concerned with rising obesity rates. The British government's Foresight program has found that by 2050, over half of the UK adult population could be obese. The NHS yearly costs due to overweight and obesity in that year are estimated to be £10 billion, double the current figure. Overweight and especially obesity increase the risk of many chronic diseases, such as type 2 diabetes, hypertension, cardiovascular disease, including stroke, and even cancer. These conditions also affect a person's quality of life, well-being and livelihood (Butland et al., 2007).

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