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Self-affirmation Theory

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Self-affirmation theory proposes that people are fundamentally motivated to see themselves as being a good and adequate person, that is, they want to protect and maintain self-integrity (Cohen & Sherman, 2014; Steele, 1988). The theory describes how people do so in situations when they feel their self-integrity is being threatened. According to self-affirmation theory, people are highly flexible in how they can maintain self-integrity when facing threats. While they often respond defensively to information that threatens self-integrity (e.g., by downplaying or minimizing the information), the theory also proposes that people do not need to be defensive and become more accepting of threatening information when they are given an alternative opportunity to maintain self-integrity. Providing people with such an opportunity is known as self-affirmation.

Health communication campaigns and messages often contain information that threatens people's view of being a good and adequate person. Think of, for instance, a physically inactive person who thinks he or she behaves irresponsibly while reading about the health risks associated with having a sedentary lifestyle. People often defensively respond to personally relevant but threatening health information and, as a result, do not change their unhealthy behaviors. Self-affirmation theory facilitates health communication scholars in understanding why people can respond defensively to important health information and also provides suggestions on how to overcome this defensiveness. Consequently, knowledge derived from self-affirmation theory might help making health communication campaigns and messages more effective.

This entry starts with describing the basic propositions of self-affirmation theory and how these can be used to understand responses to health information. Then, some research demonstrating that self-affirmation can reduce defensive responses to health information will be briefly reviewed. Finally, several challenges are highlighted that could be addressed in future health communication research employing self-affirmation theory.

Self-affirmation theory and defensive responses to health information

According to self-affirmation theory, a theory that was proposed by the social psychologist Claude Steele in 1988, people are highly motivated to protect and maintain their sense of global self-integrity. Self-integrity has been defined as "the perception of oneself as morally and adaptively adequate" (Cohen & Sherman, 2014, p. 334). Information that

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challenges people's self-integrity motivates them to protect and restore self-integrity (Cohen & Sherman, 2014; Steele, 1988). From the perspective of self-affirmation theory, health communication campaigns and messages can trigger this motivation because they often contain information that challenges people's perceptions of adequacy. For instance, a health message describing the risks of eating too much meat basically suggests to a meat lover that he or she is behaving in an unwise manner – a suggestion that is inconsistent with the meat lover's view of being a good and adequate person. One easy way to satisfy the motivation to protect and maintain self-integrity is by responding defensively to health information. The meat lover, for instance, can downplay the seriousness of the health risks of eating a lot of meat, and thereby protect his or her view of being a good and adequate person. According to self-affirmation theory, people thus respond defensively to health information because defensive responses serve to protect their self-integrity (Cohen & Sherman, 2014; Steele, 1988). At the same time, however, defensive responses unfortunately – at least from a health promotion perspective – reduce the effectiveness of health communication campaigns and messages.

Importantly, self-affirmation theory further proposes that the protection and maintenance of self-integrity is a highly flexible process (Cohen & Sherman, 2014; Steele, 1988). Our self-integrity is defined by different domains, such as our relationships with others (e.g., family and friends), our values (e.g., having a sense of humor, being religious), our goals (e.g., being healthy, being successful at work), and our roles (e.g., being a parent, being a student), and self-affirmation theory argues that people are mainly concerned with their *global* sense of self-integrity (Cohen & Sherman, 2014; Steele, 1988). Therefore, they do not need to maintain self-worth in each and every domain that is important for their self-integrity. The theory suggests that people can also maintain global self-integrity by affirming other important sources of self-worth that are unrelated to the domain that is under threat. So, when challenged in the domain of health (e.g., by a health message suggesting that one is behaving unhealthily), people can protect and maintain their global perceptions of adequacy by affirming another important domain of self-worth (e.g., that they are very kind to other people). Such an unrelated self-affirmation – "an act that manifests one's adequacy and thus affirms one's sense of global self-integrity" (Cohen & Sherman, 2014, p. 337) – allows people to maintain their self-integrity when facing challenging health information and thus reduces their need to respond defensively.

There are many ways in which people can self-affirm. In general, people are self-affirmed by being encouraged to focus on personally important values or characteristics. For instance, recalling past acts of kindness can be self-affirming as this reminds people of being kind to others – a value important to many people. In research, self-affirmation is usually experimentally induced by giving participants a brief writing task. Participants are asked to rank order certain values (e.g., having a sense of humor, relationships with family and friends, being religious) and to write about why their highest-ranked value is personally important to them. Participants in the control condition are usually asked to write about a lower-ranked value and why this value might be important to other people. After randomly assigning participants to a self-affirmation or control condition, participants are usually exposed to health information and then complete a questionnaire in which the dependent variables of

interest are being measured (e.g., defensive reactions, attitudes, intentions to adopt recommended health behaviors).

Numerous studies, employing various health topics (e.g., alcohol consumption, physical activity, healthy eating, smoking, sun screen use), investigated the effects of self-affirmation on responses to health information. In general, these studies suggest that self-affirmation can reduce defensive responses to health information, can have positive effects on message acceptance and intention formation, and can promote healthy behavior (for a review, see Van Koningsbruggen, Miles, & Harris, 2018). Self-affirmed people have been found to be less likely to defensively avoid threatening health information. For instance, in one study, participants were first asked to list personally important traits and to indicate which one was most important to them. In the self-affirmation condition, participants were then instructed to write a brief text illustrating an instance in which they successfully exhibited that trait. In the control condition, participants were asked to write about an instance in which a friend successfully exhibited the trait. Results showed that participants who self-affirmed by writing about their important trait before watching a video about a (made-up) disease were more interested in getting feedback about their risk for this disease than participants who did not self-affirm. Self-affirmation also reduces the tendency to defensively minimize personally relevant health information. People at risk for diabetes, for instance, evaluated a type 2 diabetes health message as being less distorted, exaggerated, and extreme when they were given the opportunity to affirm in a domain unrelated to health before being exposed to the health message. People also report stronger intentions to reduce unhealthy behaviors and to adopt healthier ones when self-affirmed. For instance, smokers had stronger intentions to reduce cigarette smoking when self-affirmed before exposure to graphic cigarette warning labels. In addition, giving people the opportunity to self-affirm before exposure to health information has been found to positively influence health behaviors such as eating sufficient fruit and vegetables, undertaking physical activity, and reducing alcohol consumption.

While it should be noted that there are also studies demonstrating no or negative effects of self-affirmation on health communication-related variables, meta-analyses appear to suggest that self-affirmation has small but positive effects on the acceptance of health messages, intentions to change one's health behavior, and health behavior (Epton et al., 2015; Sweeney & Moyer, 2015). To summarize, giving people the opportunity to affirm an important source of self-worth unrelated to the health topic seems to counteract defensive responses to personally relevant health information. Consequently, this makes it more likely that people adopt healthy recommendations that are offered in health communication campaigns and messages. In practice, this would mean that receivers of health messages should be able to self-affirm prior to processing the health-related information. Could this be achieved, for instance, by asking people to complete a self-affirming task before exposing them to the health information (e.g., by asking visitors to a health website to respond to self-affirming statements prior to entering the website) or by including elements of self-affirmation within the health message (e.g., narrative health communication presenting a character that self-affirms)? How self-affirmation opportunities

exactly can be implemented in real-world health communication settings is still unclear and might be one of the biggest challenges for health communication scholars.

Challenges for health communication scholars

While a considerable amount of studies investigated self-affirmation in the context of health communication, what is not yet well understood is how self-affirmation precisely reduces defensiveness and promotes health message acceptance. Three global mechanisms have been proposed that might drive self-affirmation effects in general (Sherman, 2013): (i) self-affirmation gives people the psychological resources to cope with threats; (ii) this makes people view threats within the bigger picture (instead of freezing on the threat); and this, in turn, (iii) reduces people's tendency to evaluate themselves solely in terms of the domain under threat. Together, these three processes could enable people to respond less defensively toward self-integrity threats. Support for the proposed mechanisms comes mainly from self-affirmation studies outside the health communication domain, and so far, the proposed serial mediating mechanisms have not been empirically demonstrated in one study. Investigating the mechanisms and directly linking these to reduced defensiveness to health information constitutes an important challenge for health communication scholars.

Further work is also needed on identifying variables that moderate effects of self-affirmation in the health communication domain. For instance, it makes sense to expect that people for whom the health information is most relevant will benefit more from self-affirmation as they are the ones experiencing the biggest self-integrity threat. Some studies indeed show that self-affirmation is only effective for people at higher risk for the communicated health problem. However, other studies have not found moderation by risk level or even demonstrated reversed effects. As risk level (as an indicator of personal relevance of the health information) is highly relevant in the context of health communication, more research is clearly needed. In the continued search for moderating variables, health communication scholars could further contribute by investigating how self-affirmation works in combination with typical communication variables often overlooked by other disciplines (e.g., message and source factors, medium and audience characteristics). This could also pave the way for integrating self-affirmation theory with health communication models and theories.

A final challenge for health communication scholars is to develop creative and effective ways of implementing self-affirmation inductions in real-world health communication settings. In the studies described in this entry, self-affirmation is usually induced by asking participants to write about a personally important value. However, this procedure is time consuming, can be difficult for people, and is not easy to implement in many applied health communication settings. Recent work addressed one of these issues and successfully developed and validated a brief self-affirmation induction consisting of 11 easy-to-answer statements (Zhu & Yzer, 2019). However, the question remains whether and how such a brief self-affirmation induction can

be implemented in real-world health communication settings in a way that the target audience naturally engages with this task.

Conclusion

People often respond defensively to personally relevant health information and, as a result, often do not change their unhealthy behaviors. This entry described self-affirmation theory, which is a theory that not only helps in understanding why people respond defensively to health information, but also proposes how the process of self-affirmation can reduce this defensiveness. As such, self-affirmation theory provides important contributions and research opportunities for the discipline of health communication.

SEE ALSO: Appeals: Fear; Appeals: Negative Emotions, Other; Health Campaigns: Unintended Effects; Narrative Appeals; Reactance Theory; Risk Communication; Warning Labels.

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