

Contemplation: A Healthy State of Mind

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Most dieticians will tell us that the first step in achieving a healthy body weight is buying a good bathroom scale. The second is using it, regularly. Knowing our weight keeps us honest, and this basic bit of information is a key motivator for the nutrition and exercise changes needed to stay fit over the long haul. And it's simple and effortless.

Except that it's not. Many people do not have a scale, and what's more, do not want one. Or if they have one, they never use it. There are many explanations for such avoidance. Some people hold on to a bygone image of themselves, believing that they are still fit and healthy. They don't want this cherished delusion shattered. Or they don't want to face the rigors of a diet regimen, so they choose to remain ignorant of their unhealthy condition. Or they find the very sight of the scale aversive and depressing.

All of these psychological dynamics are understandable. Health information—even something as simple as the number on the scale—can be threatening. And perversely, the information is most threatening to those who are in most need of it. So how can we diminish the threat and fear associated with vital health information—and in doing so, reduce unhealthy avoidance?

Two psychological scientists at the University of Florida believe they may have an answer. Jennifer Howell and James Shepperd thought that it might be possible to shift people's focus from the immediate emotional threat—the threat to positive self-image—to a more detached and deliberative analysis of their motives and actions and health. They wanted to see if they could get people to think about their own thinking—why they should want to know this information, and why they might want to hide from it. They call this cognitive state “contemplation,” and they've begun exploring its potential for healthy decision making.

Weight control is an important public health issue these days, but Howell and Shepperd believe their theory may apply to other health threats as well, including diabetes, heart disease and AIDS. So in their first study, the experimenters dressed in scrubs in order to simulate a real-life healthcare setting. They told the volunteers that they were participating in a hospital study of Type 2 diabetes, and they showed them informational videos about the disease and its treatment. All the volunteers completed a diabetes risk calculator—but they were not yet given the chance to know the results.

First, half the volunteers performed an exercise meant to put them in contemplative mode. They were prompted to reflect about how they would think and feel and act if they were diagnosed with Type 2 diabetes: Would the diagnosis be distressing? Would they regret not learning about their diabetes risk earlier? And so forth. Finally, with half primed for contemplation and the others serving as controls, all the volunteers decided whether or not to find out their risk assessment score. The scientists expected that those in a more detached, contemplative state of mind would be more likely to seek out this important health information—rather than hide from it.

And that's just what they found. As described in a forthcoming issue of the journal *Psychological Science*, far fewer contemplative volunteers avoided learning their diabetes risk. This suggests that prompting people to deliberate the consequences of learning or avoiding health information—this cognitive shift can actually reduce avoidance of crucial health information.

Howell and Shepperd wanted to look at this a different way, and with a different disease threat. So in a second study, volunteers completed a lifetime risk calculator for cardiovascular disease. Like before, they were not offered the results right away. And again, only some of the volunteers were prompted to contemplate their reasons for seeking or avoiding their personal cardiovascular risk. Then they again made a choice—to know or not to know their actual risk.

The results were basically the same as before. Fewer of the contemplative volunteers avoided what could be scary information about their future health odds. They weighed the reasons for seeking and for avoiding information, and found the reasons for being knowledgeable far more compelling.

Type 2 diabetes and heart disease are both diseases that can be managed to an extent by prudent behavior—improvements in diet and exercise, for instance. So it makes sense that, once people distance themselves from their fear and emotion, they would opt to know their real risk. But other diseases—Huntington's disease, for example—can be neither prevented nor effectively treated. So if Howell and Shepperd's theory of contemplation holds true, there would seem to be little value in knowing about risk for such diseases. In other words, contemplation should not be an effective cognitive strategy for diminishing fear and threat of uncontrollable diseases. The scientists ran a final experiment to explore this possibility.

The experiment was identical to the diabetes study, except that the volunteers watched a video about a fictitious enzyme disorder called thioamine acetylase, or TAA, deficiency. The video was ostensibly narrated by a hospital physician and expert, who explained that the enzyme deficiency could have serious health consequences. The expert also explained that one in five young people had TAA deficiency, though it was symptomless in its early stages.

Then half the volunteers learned that TAA deficiency could be easily treated with a daily pill, while the others learned that the disease was untreatable. Some of each group were then primed for contemplation, while the rest were not. Then all the volunteers decided whether or not to learn if they harbored the disease.

As expected, fewer contemplative volunteers avoided knowing their diagnosis—but only if they thought that TAA deficiency was treatable. If they thought it was untreatable, they were no more inquiring than the controls. That is, they contemplated the disease and its risks and found no good reason to be informed about a disease they could not control in any case.

So control matters in people's decisions to be informed or remain ignorant. But unfortunately, people often do not know how much control they really have in managing disease. A diagnosis can seem like a death sentence if one is not well-informed about a disease. Indeed, as Howell and Shepperd note, more than half of those who get tested for HIV never return for the results, presumably because they fear hearing the worst. Yet this is a disease that has become much more manageable in recent years, making it a perfect target for a public health intervention using the new tool of contemplation.

Wray Herbert's blogs—"We're Only Human" and "Full Frontal Psychology"—appear regularly in [*The Huffington Post*](#).