

Vorwort

Der Kongress für Gesundheitspsychologie des Jahres 2017 an der Universität Siegen ist ein denkwürdiges Ereignis, nicht nur, weil die Fachgruppe für Gesundheitspsychologie der Deutschen Gesellschaft für Psychologie auf diesem Kongress vor dem Hintergrund eines reichhaltigen Programms wissenschaftlich Bilanz zieht. Der Zeitpunkt ist denkwürdig, weil er mit wichtigen strukturellen Entwicklungen an der Universität Siegen zusammenfällt, für die die Siegener Psychologinnen und Psychologen lange gekämpft haben. Das neu gegründete Institut für Psychologie wird im kommenden Jahr erstmals einen Hauptfachstudiengang für Psychologie (Bachelor of Science, Master of Science) einrichten können. Zugleich hat der Aufbruch der Siegener Psychologie auch das Fächerspektrum in anderen Fachdisziplinen beeinflusst und erweitert, die für uns zu neuen Kooperationspartnern werden. Schon jetzt verfügt die Universität über eine Medizininformatik, einen neuen Gerontowissenschaftlichen Forschungsschwerpunkt und - nach dem kürzlich ergangenen Beschluss des Senats - auch über eine neue Lebenswissenschaftliche Fakultät, die in naher Zukunft auch Mediziner beherbergen wird. Das Thema Gesundheit steht in Siegen nunmehr hoch im Kurs und eröffnet den Studierenden und der Region ganz neue, spannende Perspektiven.

Um diese Entwicklungen vorantreiben zu können, braucht man ein gutes, vertrauensvolles Umfeld. Das Institut für Psychologie, die Professoren Forstmeier, Kastenmüller, Klucken und Sokolowski und unsere Mitarbeiterinnen und Mitarbeiter waren uns allen in den letzten, sehr aufregenden Jahren zuverlässige und engagierte Partner. Soweit es meine eigene Professur betrifft, schulde ich vor allem und ganz

besonders meinem Mitarbeiter Aleksandr Gorovoj Dank für sein großes Engagement. Für die Ausrichtung eines solchen Kongresses braucht man natürlich auch ein tolles, tatkräftiges Team, zu dem die Mitarbeiterinnen Helena Gorovoj, Katharina Becker und Riko Kelter als weiterer Mitarbeiter gehören, sowie die Studierenden Laura Pelczer, Wiebke Warias, Walid Fouda, Patricia Gatzsch, Jan Möllnitz und Friederike Feldmann. Ihnen allen gilt mein herzlichster Dank!

Angela Schorr

Siegen, im August 2017

2 Keynote Speeches, Symposien & Referategruppen

Keynote Speech

The critical role of health psychology in science-oriented interdisciplinary pain treatment

Ravi Prasad, Stanford University

The International Association for the Study of Pain defines pain as an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. In the United States, chronic pain affects more than 100 million individuals at an estimated cost of \$500-600 billion annually. Psychological factors can play a major role in the onset, maintenance, and exacerbation of chronic pain conditions. Thus it is essential for clinicians to be aware of these variables and the impact they may have on patients' experiences. Although there is no cure for chronic pain, the literature has demonstrated that psychological and behavioral treatment modalities can have a significant, positive impact on quality of life and level of functioning. The current presentation will help psychologists develop a strong understanding of the differences between acute and chronic pain, the role of psychology in interdisciplinary treatment teams, and will review empirically validated psychological approaches pain treatment.

Symposium

“Better together?” – Social influences in different health behavior domains

Chair: Theda Radtke & Jan Keller

The main aim of this symposium is to present innovative approaches to investigate the impact of social influences on health behavior (change) with a focus on the micro level, e.g., within families, romantic couples, or friendships. Additionally, it is aimed for to include different life span stages, i.e. from childhood via adolescence to the adulthood. Moreover, a broad range of different health behaviors should be presented such as healthy nutrition, alcohol consumption, smoking behavior, and physical activity.

Rationale: Social influence is defined as the change in an individual's thoughts, feelings, attitudes, or behaviors that results from the interaction with another individual or a group. In health behavior research, the influence of social factors on health behavior (change) is widely recognized. However, former studies often lack of strong designs such as intensive longitudinal designs, randomized control trials, large sample sizes, or the inclusion of both actor and partner effects in the analyses. To address these limitations, more innovative research is needed that might result in an improved designing of effective health behavior change interventions.

Summary: This symposium chronologically leads the audience through contexts of the life span and begins with children living with their families. First, Theda Radtke will show dyadic effects of involving children in families' meal planning and preparation on vegetable

consumption. Complementary, Mattea Dallacker will then address the impact of meal duration in families on the consumption of healthy and unhealthy eating in children. To continue with health regulation in adolescents, Helge Giese will shed light on the reciprocal relationship between social influence and friend selection processes among students in the context of alcohol consumption. From the fourth presentation onwards, the focus will be on romantic couples in adulthood. Janina Lüscher will present dyadic multilevel data analyses regarding the effect of companionship on relationship quality, affect, and smoking behavior around a joint smoking quit date in couples. The symposium will then be finalized by two presentations on couples' physical activity regulation using data from a randomized controlled trial. In detail, Jan Keller will address the long-term effectiveness of a dyadic planning intervention on cardio-respiratory fitness and objective physical activity. Finally, Diana Hilda Hohl will present actor and partner effects among physical activity-related support provision and self-efficacy over the course of one year.

“Do it yourself” healthy food: Effects of joint meal planning and preparation on liking and consumption in families

Theda Radtke (1), Urte Scholz (1), Karolina Horodyska (2), & Aleksandra Luszczynska (2,3)

(1) University of Zurich, Switzerland

(2) SWPS University of Social Sciences and Humanities, Poland

(3) University of Colorado at Colorado Springs, United States of America

Background: Most children do not meet the recommended vegetable intake. Involving children in meal preparation could be an effective

means to increase vegetable consumption. This assumption is based on the “IKEA effect”, which assumes that individuals like self-created objects (Do it yourself (DIY) products) more than objects created by someone else. Due to this higher preference for self-prepared objects higher levels of consumption of these objects is likely. Thus, this study assumes that children’s involvement in meal planning and preparation has a positive influence on vegetable consumption mediated via liking of vegetables.

Method: 920 parent/child dyads participated in the study. Parents had a mean age of $M = 36.09$ ($SD = 5.43$) and children (54% girls) were 8.22 years old on average ($SD = 1.42$; range 6-11). Children and one of their parents provided self-reports regarding vegetable consumption via questionnaires. Hypotheses were tested with path analysis, accounting for intra-dyadic associations among respective constructs (e.g. parental and children’s food liking)

Findings: Analyses indicated a direct effect of children’s participation in meal preparation on liking of vegetables as well as a direct effect of liking on vegetable consumption. Results were unaffected by controlling for children’s age and gender as well as the role model behavior of the parents concerning healthy eating. However, the assumed indirect effect of children’s participation in meal preparation on vegetable consumption via liking was only 10%-level significant.

Discussion: The findings emphasise the importance of parental encouragement for involving their children in the preparation of meals to improve liking of vegetables and vegetable intake.

Keywords: IKEA effect; DIY; vegetable consumption; parent-child dyad

Longer meal duration increases healthy eating in children. An experimental study

Mattea Dallacker (1), Ralph Hertwig (1), & Jutta Mata (1,2)

(1) Max-Planck-Institut für Bildungsforschung, Germany

(2) Universität Mannheim, Germany

Purpose: Family meal frequency has been shown to be associated with better diet quality and lower body weight in children. But what aspects of family meals are healthy for children? Several cross-sectional studies show that longer family meal duration is associated with better nutritional health. Importantly, randomized control trials on family meal duration have not been conducted. This study, for the first time, took an experimental approach to investigate the causal relationship between meal duration and children's nutritional health.

Methods: A within-subject experiment with 50 parent-child pairs was conducted. In the control condition parent-child pairs have as much time as usual, in the experimental condition they have 50% longer than usual. The laboratory family dinners were video taped. Food consumption was analyzed and mealtime interactions were coded using the Action, Behavior Control, Communication (ABC) mealtime coding scheme. **Results:** Results indicate a higher fruit and vegetables intake ($p=.016$) and a lower sweet dessert intake ($p=.025$) in the longer meal duration condition compared to the usual meal duration condition. No differences were found in the absolute intake of other food items such as bread, cheese or cold meat ($p=0.56$).

Conclusion: These results suggest that taking more time to eat together as a family may be one lever to improve children's nutritional health.

Keywords: Family meals, meal duration, nutritional health, children

Friends in university and alcohol consumption: Social influence and its perception

Helge Giese

Universität Konstanz

Background: The theory of planned behavior emphasizes the role of social norms in the prediction of behavior. However, this and comparable models only take perceived norms rather than actual group behavior into account. This study explores the extent to which such norm perceptions and other cognitive constructs can explain the social influence of friends on alcohol consumption within a social network.

Methods: At three time points across three months, 109 psychology freshmen indicated their perceived norms, attitudes, self-efficacy, and intentions with regard to alcohol consumption as well as their actual drinking behavior. In addition, they nominated friends among their fellow freshmen. RSiena longitudinal models were applied to explore both social influence and friend selection processes of self-reported drinking behavior.

Findings: The average alcohol consumption reported by friends influenced the individual alcohol consumption in the following month ($b = 1.89$, $OR = 6.64$, $95\%CI [1.28; 34.50]$, $p = .022$) even controlling for effects of all cognitive variables postulated by the theory of planned behavior such as perceptions of friends' behavior. Contrary to social influence, the selection of friends itself was not influenced by individual alcohol consumption (all $ps \geq .279$).

Discussion: Social influence of college peers on alcohol consumption cannot be fully explained by perceptions of social norms and other cognitions. Rather, the behavior of friends within a network additionally needs to be taken into account.

Keywords: social influence, social network, theory of planned behavior, alcohol consumption, peer perception

Laughing often or having a good time together: The role of companionship in dual-smoker couples' everyday life

Janina Lüscher (1), Gertraud Stradler (2), Urte Scholz (1)

(1) Universität Zürich

(2) University of Aberdeen, Scotland

Background: One form of social interaction is companionship (i.e., pleasurable social contacts). So far, in health or social psychology the focus was on social support. Social support interactions have been studied extensively while companionship has received far less attention. In cross-sectional studies companionship was found to be related to higher relationship satisfaction and less negative affect. However, companionship has not been investigated in daily life, in the context of health-behavior change and from a dyadic perspective. Therefore, this study aimed at examining associations between companionship, relationship satisfaction, positive and negative affect and health-behavior change before and after a joint quit attempt of dual-smoker couples applying a dyadic intensive longitudinal approach.

Methods: Overall, 83 heterosexual dual-smoker couples reported in daily smartphone diaries for 32 consecutive days their daily number

of cigarettes smoked, relationship satisfaction, positive and negative affect, as well as companionship (having a good time together or laughing often together) around a joint self-set quit attempt.

Findings: Dyadic multilevel analyses based on the Actor-Partner Interdependence Model (APIM) revealed generally that daily fluctuations in one's own companionship (actor effect) and partner's companionship (partner effect) were related to higher relationship satisfaction, positive affect and smoking behavior and to lower negative affect before and after a joint quit attempt.

Discussion: Findings underscore the need for studying the associations between companionship, relationship satisfaction, positive and negative affect and health outcomes in couples' everyday life.

Keywords: APIM, couples, daily life, companionship.

One-year follow-up effects of a dyadic planning intervention to increase physical activity: A randomized controlled trial with healthy couples

Jan Keller (1), Diana Hilda Hohl (1), Silke Burkert (2), Georg Hosoya (1), Urte Scholz (3), & Nina Knoll (1)

(1) Freie Universität Berlin

(2) Charité, Berlin

(3) Universität Zürich

Background: Individual planning interventions were shown to help increase physical activity with strong evidence for studies investigating outcomes at short-term follow-ups, but with mixed evidence for studies assessing outcomes in the longer term. Beyond individual

planning, dyadic planning involves a source of support in the planning process and refers to a target person creating plans together with a planning partner for when, where, and how the target person will act. To date, studies did not yet report on the long-term effectiveness of a dyadic planning intervention for both target persons and planning partners. In a recent RCT with couples and a follow-up over 1 year, we aimed to investigate long-term effects of a dyadic-planning intervention in target persons' and partners' moderate physical activity and cardio-respiratory fitness. Relationship quality was explored as a moderator.

Methods: Couples ($N=338$, target persons randomized) were randomly assigned to one of 3 conditions: a) dyadic-planning condition (DPC), b) individual-planning condition (IPC) where target persons planned and partners worked on a distractor task, and c) a no-planning control condition (CC) where target persons and partners jointly worked on a distractor task. Moderate physical activity was objectively measured by accelerometers in 4 one-week wear periods at baseline and at follow-ups after 1 week, 6 weeks, and 1 year. Cardio-respiratory fitness and relationship quality were assessed at baseline and 1-year follow-up. Latent growth curve models were fit.

Findings: Compared to IPC- and CC-target persons, whose moderate physical activity increased up to 1-year post-intervention, DPC-target persons remained stable. Subsequent analyses indicated that only within the DPC, target persons with higher, as opposed to lower, a-priori relationship quality increased their moderate physical activity ($p<.10$). We did not find group x TIME effects in target persons' cardio-respiratory fitness or partners' moderate physical activity over 1 year. Interestingly, DPC-partners showed steeper increases in their cardio-respiratory fitness when compared to partners of the IPC, but not the CC.

Discussion: A dyadic planning intervention appeared to have more beneficial long-term effects on planning partners than on target persons. Although a-priori relationship quality further qualified this pattern, findings resemble social support evidence indicating more beneficial effects for support providers than for recipients.

Keywords: dyadic planning, physical activity, long-term, randomized controlled trial, couples

Physical activity-specific support provision and self-efficacy in couples: Inter-relations over time

Diana Hilda Hohl (1), Jan Keller (1), Silke Burkert (2) and Nina Knoll (1)
(1) Freie Universität Berlin
(2) Charité Berlin

Background: In the course of life-style changes, such as increasing regular physical activity, partners often provide support to each other. Whether this then translates into more efficient behavior change might depend on how being provided with support relates to receiving partners' self-efficacy. To shed light on the dynamics of this relationship we examined actor and partner effects among provided support and self-efficacy over time.

Methods: Data from 338 heterosexual couples (age range: 18-80 years) motivated to increase their physical activity were analysed. Both partners reported on their provided support to each other and their self-efficacy (both physical activity-specific) at 6 measurement points in time, spanning 1 year.

Findings: Comparisons of nested longitudinal structural equation models based on the actor-partner interdependence model yielded a well-fitting final solution, indicating stationarity of most lagged actor and partner effects. Whereas highly self-efficacious men subsequently provided more support to their female partners (lagged actor effect), women's self-efficacy was predicted by their own prior support provision to their male partners (lagged actor effect). A non-stationary partner effect indicated that men's later self-efficacy increased when their partners had provided them with support earlier. Findings also indicated reciprocal support provision among partners over time.

Discussion: Gender-/role differences in interrelations among partners' provided support and self-efficacy over time suggested that women's support provision was more beneficial as it seemed to enable both their partners' and their own self-efficacy. The same was not true for men's support provision that was also co-dependent on their own prior self-efficacy.

Keywords: APIM, self-efficacy, social support, couples, physical activity

Symposium

“Don’t worry, be social”: New (measurement) perspectives on affective and social processes in health behavior change

Chair: Lena Fleig & Pamela Rackow; Diskutant: Falko F. Sniehotta

Introduction: Describing and predicting health behavior and health behavior change as well as its antecedents is the precondition to develop successful interventions. This symposium sets out to take a closer look into innovative research designs, measurements and analytic approaches to gain in-depth knowledge about affective and social processes that are associated with health behavior and health behavior change. We will look at a range of health behaviors including physical activity, healthy eating, and smoking cessation focussing on the role of inter- and intra-personal processes.

Dana Fischer will present results of a study using ecological momentary assessment to answer the question if perceived stress is associated with more or less physical activity on a daily base, and which role affect plays within this setting. Julia Reichenberger will present results from the same project. She will present data on the associations between stress, emotions, healthy eating and the characteristics of the persons’ social network. Pamela Rackow will then present results from a network-study that answers the question, which network members provide different facets of social support or control related to exercise. Lisa M. Warner will present results from time-lagged multilevel analyses in smoker, who try to quit and investigated whether partners serve as role models (i.e., vicarious experience) to

boost self-efficacy related to quit attempts in daily life. Lena Fleig will present secondary analyses of a pilot prevention program testing the acceptability of a mobile activity tracker to promote physical activity. She will address how digital support and engagement with such a tool can facilitate successful self-regulation. Finally, Falko Sniehotta will synthesise the findings, and will point out future directions for research in this field.

Keywords: Health behavior change, social processes, affective processes, multilevel modelling, ecological momentary assessment, digital support

Does stress cost a lot of sweat? – An EMA study on the bidirectional effects of stress, affect, and physical activity

Dana Fischer (1), Julia Reichenberger (2), Jens Blechert (2), Olga Pollatos (1)

(1) University of Ulm

(2) University of Salzburg

Background: Stress is a major and continuously growing health problem in society. One opportunity to reduce stress is physical activity (PA). Previous studies showed that PA is associated with a decreased perception of stress. Furthermore, during stressful periods individuals tend to minimize their PA because of limited time. There is a lack of studies investigating effects of stress on PA in daily life. Former studies mostly assessed PA retrospectively by questionnaire. The aim of the study was to evaluate this relationship by ecological momentary assessment in daily life.

Methods: Fifty-three healthy students were investigated during their examination period. Situation specific and intra-individual data in daily life were assessed by a smartphone application (app). Therefore, participants got signals every 2.5 hours, completed the Positive and Negative Affect Schedule as well as the Perceived Stress Scale and reported PA level.

Results: Higher stress levels indicate a decreased self-reported PA. A stronger negative affect was associated with a marginally decreased PA whereas participants with a higher positive affect showed increased PA. Moreover, a higher PA level is related with less reported and subsequent stress as well as positive affect.

Conclusion: The beneficial effect of PA on stress perception and the decreased PA in stressful periods seems to play a crucial role for prevention. Therefore, short interventions that foster PA in stressful periods or apps as well as wearable activity tracker functioning as reminder should be promoted. Additionally, further research is needed assessing why individuals spend more time with low effort activities (e.g. watching TV) compared to salutogenic behaviors (e.g. PA).

Keywords: Physical activity, stress, emotions, Ecological Momentary Assessment

Stress, emotions and healthy eating in daily life

Julia Reichenberger (1), Dana Fischer (2), Olga Pollatos (2), Jens Blechert (1)

(1) University of Salzburg

(2) University of Ulm

Stress and emotions influence eating behavior in various ways: Experiencing negative or positive emotions as well as stress may result in either over- or undereating. In addition, macronutrient composition and food choice can be altered, making food intake less healthy under stressful circumstances. The aim of the present study was to evaluate the association between stress and emotions with self-reported healthy eating in daily life using Ecological Momentary Assessment. Therefore, 51 students reported on their stress, negative and positive emotions as well as healthy eating six times a day across seven days on a smartphone app. Moreover, intensity of different stressor types (work, close and distant social network, daily hassles) was assessed at the end of the day. Results showed that neither stress nor negative/positive emotions related to subsequent healthy eating intraday. Neither did healthy eating influence subsequent stress or emotions intraday. On a daily level, more stress with the distant social network and more daily hassles went along with unhealthier eating, collapsed across the whole day (only the distant social network remained significant when considered together), whereas no significant relationship was found for stress with work or the close social network. The absence of the expected stress-eating intraday relationship might be due to sample characteristics: It is likely that particularly health-conscious individuals signed up for this study advertised as health behavior study. However, on the day level especially the distant social environment was related to unhealthy eating, suggesting that not all stressors uniformly affect eating but that stressor types and respective coping failures matter. Apart from self-perceived healthy eating, objective assessment of overall food intake or consumption of distinct food-category (e.g., vegetables versus sweets) might be of interest for future studies.

Keywords: Eating behavior, stress, emotions, Ecological Momentary Assessment

Exercise specific social exchange processes: Do different social network members provide different facets of social support and control?

Pamela Rackow (1), Helge Giese (2), Urte Scholz (3)

(1) University of Aberdeen

(2) Universität Konstanz

(3) Universität Zürich

Social support and social control can facilitate the uptake and maintenance of exercising on a regular base. However, study findings are ambiguous. Possible explanations for these contradictory findings might be that the social support and social control provided by different members from the individual's social network are dissimilar and therefore are differently associated with exercising. Therefore, the aim of this project was testing if different members of an individual's exercise specific network are associated with different facets of exercise related social support and control.

Participants ($N=387$; 64% female) reported about the social support and control from up to four members of their exercise specific social network. Possible network categories were: partner, friend, colleague, and relative. All models were multi-level models with up to four network members nested in one participant.

Overall, participants experienced differences within their network for the quality of support ($\chi^2(6)=71.24$; $p < .001$) and control ($\chi^2(6)=19.30$; $p < .001$). When comparing all network members, participants report-

ed to receive most support from the partner ($b = 0.35, p < .001$). Participants reported more emotional ($b = 0.63; p < .001$) and instrumental support ($b = 0.60; p < .001$) from partners compared to others, but not more informational support ($b = -0.19; p = .115$). For control, it appeared that particularly relatives were perceived to be less positively controlling compared to others ($b = -0.64; p = .021$).

The results provide a possible explanation for heterogeneous study findings and highlight the importance of assessing support and control in conjunction with the provider.

Keywords: exercise behavior, social support, social control, network, multi-level model

Day-to-day changes in mastery experiences, vicarious experiences and self-efficacy during a smoking quit attempt

Lisa M. Warner (1), Gertraud Stadler (2), Janina Lüscher (3), Nina Knoll (1), Sibylle Ochsner (3), Rainer Hornung (3), Urte Scholz (3)

(1) Freie Universität Berlin

(2) University of Aberdeen

(3) Universität Zürich

Background: Social-cognitive theory hypothesized that mastery experiences are a source of self-efficacy, and self-efficacy increases the opportunity for mastery. Vicarious experiences are suggested as another source of self-efficacy. However, the hypothesis of such an upward spiral has not been tested in daily life. Therefore, two daily diary studies with smokers were conducted to test the upward-spiral

hypothesis in fine-grained temporal analyses of self-efficacy and its two main sources within the process of quitting smoking.

Methods: Smokers (Study 1: N=100 smokers in smoker-nonsmoker couples (1787 observations); Study 2; N=81 female (1401 observations) and N=79 male smokers (1328 observations) in dual-smoker couples) reported their mastery experiences (not smoking the entire day; in Study 2, mastery experience of partner served as vicarious experience) and smoking-specific self-efficacy for 21 days after a self-set quit date. Time-lagged multilevel analyses were conducted using change-predicting-change models.

Results: Prior and concurrent increases in mastery experiences predicted increases in self-efficacy, and prior and concurrent changes in self-efficacy predicted increases in mastery experience in Study 1. Study 2 replicated these results and showed contagion effects (partners' mastery on targets' mastery, and partners' self-efficacy on targets' self-efficacy), but found no evidence for a link between vicarious experiences (partners' mastery experiences) and target persons' self-efficacy.

Conclusions: These results demonstrate an upward spiral between mastery experiences and self-efficacy within smokers during a quit attempt in daily life, as well as contagion effects in couples when both partners tried to quit simultaneously.

Keywords: self-efficacy, mastery experiences, vicarious experiences, role modelling, smoking, social cognitive theory

Valuable steps ahead? Digital support and engagement with a wearable activity tracker matter for successful self-regulation

Lena Fleig (1), Lena Stühmann (1), Maureen C. Ashe (2,3), Anna T. Ernsting (4), Michael Schneider (4,5)

(1) Freie Universität Berlin

(2) Centre for Hip Health and Mobility

(3) The University of British Columbia

(4) Boehringer Ingelheim Pharma GmbH & Co. KG

(5) Universität Mannheim

Background: Wearable activity trackers such as the Fitbit are promising interventions to increase physical activity in the workplace. One question that emerges is how individuals' engagement, received support, and satisfaction with such a device align with the evidence- and theory-based social cognitions (e.g., intentions, planning) that have been shown to promote physical activity.

Methods: This study presents secondary analyses of data obtained from a larger trial. A total of 104 employees of a German pharmaceutical company (40 to 76 years old, 83.9 % men) received a complimentary activity tracker (i.e., Fitbit One) and completed three self-report surveys on physical activity (T1, T3), theory-based, social-cognitive (i.e., intentions, T1; action planning, T2) and tracker specific variables (i.e., support, engagement and satisfaction with tracker, T2). Moderated mediation analyses were conducted to examine whether the translation of intentions into behavior via plans was moderated by individuals' perception of and interaction with the wearable device. Baseline physical activity served as covariate.

Findings: Individuals were more likely to translate their intentions into behavior via plans if they perceived their activity tracker as sup-

portive, and were highly satisfied and engaged with their tracker. Overall, the tracker specific and physical-activity related predictors explained nearly one third of the variance in activity behavior ($R^{(2)} = .32/\text{engagement}, .29/\text{satisfaction}, .35/\text{support}$).

Discussion: The results deliver preliminary support that wearable activity trackers are an emerging solution for supporting individuals in their self-regulation. To use them efficaciously it seems important to not only address individual resources for self-regulation but also target digital support and engagement.

Referatgruppe

Health information behavior

Chair: Oliver Wedderhoff

Flight of Icarus -How overestimating one's health information literacy might lead to dysfunctional information behavior

Oliver Wedderhoff, Anita Chasiotis & Anne-Kathrin Mayer

ZPID – Leibniz-Zentrum für Psychologische Information und Dokumentation

Introduction: Actively contributing to health-related decisions requires individuals to collect health information from multiple sources and to assess its quality. Knowledge and skills needed for this purpose may be summarized by the term “health information literacy” (HIL). Several studies have provided evidence for associations of HIL

and the related, but broader concept of health literacy (HL) with measures of health. However, there has been some debate about the assessment of HIL, with most studies using self-report questionnaires and only few applying achievement tests.

Drawing on findings from self-concept research, the basic assumption of the present study is that not the level of H(I)L but discrepancies between objective and subjective HIL might be critical for adequate information behaviors which lead to more valid health-related decisions, and, finally, to improved health. It is assumed that being “overconfident” in one’s HIL (i.e., overestimating one’s respective skills) might be associated with a) more dysfunctional evaluations of specific information sources, b) the application of less sophisticated evaluation criteria, and c) less advanced epistemic beliefs about the nature of medical knowledge.

To provide a preliminary test of this assumption, an exploratory online study was conducted with $N = 107$ students of educational sciences (71 % female, 18-34 years, mean age: 23.7 years) as participants. Subjective HIL was assessed by the Health Literacy Scale for Europe (HLS-EU Q47), objective HIL by the Health Information Literacy Knowledge Test (HILK). The difference between the Z-standardized values of these two empirically uncorrelated ($r = .09$) HIL-measures was computed to identify students who are overconfident (positive value) with regard to their HIL.

Evaluations of health information sources were gathered on three dimensions derived from the Technology Acceptance Model (TAM). Participants rated perceived ease of use, perceived usefulness and intention to use for nine health information sources which were grouped along two independent dimensions (quality of information, interactive character), resulting in four types of sources. Criteria participants apply when evaluating health information were identified by

a 12-item questionnaire assessing preferences for a) formal and scientific criteria and b) clarity of presentation. Finally, epistemic beliefs were assessed by the Epistemic Beliefs About Medicine (EBAM) questionnaire.

Stepwise multiple regression analysis revealed that the more overconfident participants were with regard to their HIL, the more they endorse the belief that medical knowledge is more certain and consistent ($\beta=.31$, $p<.01$), consider handling of non-interactive high quality sources ($\beta=.25$, $p<.01$; e.g., reference books) as well as low quality sources ($\beta=.19$, $p<.05$; e.g., video portals) as more easy, deem highly interactive/high quality sources (physicians and other medical staff) less useful ($\beta=-.18$, $p<.05$) and report to pay less attention to scientific quality of information ($\beta=-.26$, $p<.01$) but focus on its clarity ($\beta=.28$, $p<.01$).

In sum, beliefs and behaviors associated with being overconfident may put individuals at risk for falsely relying on pre-existing medical knowledge, underestimating the difficulties of using printed or digital health information sources, failing to consult medical specialists when necessary, and focusing on superficial evaluation criteria which are irrelevant with regard to the reliability and validity of health information.

Keywords: Health information literacy, self-assessment accuracy, self-concept, epistemic beliefs