

# Chapter XLIII

## Reactance

### Proneness Assessment

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#### INTRODUCTION

The theory of psychological reactance (Brehm, 1966; Brehm & Brehm, 1981; Wicklund, 1974) has often been called upon to explain the failure of persuasive attempts, and/or the “boomerang effect” in persuasion (Buller, Borland, & Burgoon, 1998; Burgoon, Alvaro, Grandpre, & Voulodakis, 2002; Grandpre, Alvaro, Burgoon, Miller, & Hall, 2003; Ringold, 2002). The theory contends that any persuasive message may arouse a motivation to reject the advocacy. That motivation is called reactance. Reactance may be considered to be an aversive motivational state that functions to reinstate an individual’s perceptions of autonomy. Although initially investigated as a state phenomenon, it has become evident that individuals are likely to vary in their trait propensity to experience reactance. Individual differences in reactance proneness offer a useful means of segmenting target audiences, especially in the context of health communication, because individuals most at risk

for various health threats are also the individuals most likely to experience reactance when exposed to persuasive messages about that health risk (e.g., Bensley & Wu, 1991).

#### THE THEORY OF PSYCHOLOGICAL REACTANCE

The theory of psychological reactance contends that any persuasive message will likely be viewed as a threat to freedom, and therefore arouse psychological reactance. Psychological reactance is “the motivational state that is hypothesized to occur when a freedom is eliminated or threatened with elimination” (Brehm & Brehm, 1981, p. 37). Reactance produces a desire, possibly in the form of anger and negative cognition combined (Dillard & Shen, 2005), to restore one’s attitudinal or behavioral freedom, that directly causes the failure of the persuasive attempt.

## REACTANCE AS AN INDIVIDUAL DIFFERENCE

Psychological reactance was first conceived as situation specific (Brehm, 1966; Wicklund, 1974). Most of the reactance research was done on situational reactance, such as alternative restriction and forced choice, and in social influence settings (see Burgoon et al., 2002 for a review). However, Brehm and Brehm (1981) recognized that reactance could be conceptualized as a trait too, a position that is consistent with the theory's assumption that people vary in the strength of their needs for autonomy and self-determination (Wicklund, 1974). Scholars have sought to develop instruments to assess individual differences in reactance proneness in two fields: social psychology (e.g., Hong & Faedda, 1996; Hong & Page, 1989; Merz, 1983) and counseling and therapy (e.g., Dowd, Milne, & Wise, 1991).

Scholars in both areas recognize the utility of the trait reactance construct. It has found to be a significant predictor of failure in persuasion (e.g., Dillard & Shen, 2005; Imajo, 2002) and resistance to interpersonal influence (e.g., Sachau, Houlihan, & Gilbertson, 1999) in social psychology. In the realm of clinical counseling and therapy, it has been found to predict inpatient treatment and outcomes (e.g., Frank, Jackson-Walker, Marks, Van Egeren, Loop, & Olson, 1998), resistance to physician advice (e.g. Graybar, Antonuccio, Boutilier, & Varble, 1989), and resistance to therapy (Robin, Kumar, & Pekala, 2005; Seemann, Bulbaltz, Jenkins, Soper, & Woller, 2004). With their applications on the rise, an alarming issue remains: The unidimensionality of the scales has not been well established (but see Shen & Dillard, 2005). In order to apply these scales to assess trait reactance proneness in surveys and other research; and to meaningfully interpret results from such research, we need to validate their dimensions and assess their validity and reliability.

The next section of this chapter will review the historical development of reactance prone-

ness measures. Unidimensionality of a measure must be established before it can be applied as a whole scale that will be evaluated by three criteria: (a) item content, (b) associations among the items, and (c) associations between the items and external variables (DeVellis, 1991; Hunter & Gerbing, 1982).

## EVALUATION OF REACTANCE PRONENESS SCALES

### Merz's Questionnaire for the Measurement of Psychological Reactance

Merz (1983) developed the first self-report measure of reactance proneness, questionnaire for the measurement of psychological reactance (*QMPR*), which contained 18 items that loaded on four factors (see Tucker & Byers, 1987 for a detailed description). In our estimation, the (from German to English translation of) *QMPR* items not only exhibit good semantic correspondence with the reactance construct (i.e., they possess face validity), but also constitute a reasonable sampling of that conceptual domain (i.e., they possess content validity). Adding another reactance scale to the *QMPR* did not result in an improvement (Woller, 2000).

Although Merz's initial study showed promising results, later factor analyses on the English translation of the scale yielded inconsistent factor structures (see, Donnell, Thomas, & Buboltz, 2001; Hong & Ostini, 1989; Tucker & Byers, 1987). Whether German speakers have different perceptions about reactance than English speakers remains an empirical question; however, these studies indicated that the English version of *QMPR* lacks internal consistency, although possible "translation loss" (Tucker & Byers, 1987) cannot be ruled out as a cause. There has been no documented test of association between *QMPR* items and external variables. Due to these

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