

From Compensatory Consumption to Adaptive Consumption: The Role of Self-Acceptance in Resolving Self-Deficits

SOO KIM
DAVID GAL

Recent research in consumer behavior has documented the phenomenon of compensatory consumption, whereby individuals respond to information about deficits in their abilities, skills, status, and so forth by consuming products that symbolically compensate for the self-deficits. However, the examination of factors that might lead individuals to take more productive action in response to self-deficit information is limited. This article identifies self-acceptance as a moderator of when individuals engage in compensatory consumption versus adaptive consumption (i.e., consumption intended to help the individual improve in the area of deficit) in response to self-deficit information. Three studies show that, through self-acceptance, individuals reduce compensatory consumption and are more likely to engage in adaptive consumption to address self-deficits. Evidence suggests that self-acceptance affects individuals' responses to self-deficit information by changing their appraisal of self-deficits from harmful to benign to their self-worth. We distinguish self-acceptance from the related constructs of self-esteem, self-affirmation, and apathy.

Imagine an individual in midcareer who has received information that he has, to date, poorly prepared financially for retirement. The individual can respond to this information in several ways. He might deny the information and perhaps even spend money on an extravagant purchase to demonstrate to himself how well-off he is financially (or how unconcerned he is with his retirement). Alternatively, he might try to avoid the information by distracting his attention from it (e.g., by binge eating or drinking). Finally, and most productively, he might accept the information and

use it as an impetus to begin improving his situation (e.g., by better educating himself on financial matters or obtaining the services of a financial planner).

Prior research in consumer behavior has primarily focused on the first two types of responses. In particular, consumer behavior researchers have documented that individuals frequently respond to self-deficit information by engaging in consumption that helps the individual deny or avoid the information in order to protect the self-concept ("compensatory consumption," e.g., Gao, Wheeler, and Shiv 2009; Rucker and Galinsky 2008; for a review, see Rucker and Galinsky, forthcoming). For example, Gao et al. (2009) showed that participants who were induced to doubt their level of competence were more likely than control participants to choose products symbolic of intelligence, presumably in an attempt to maintain their self-concept as an intelligent person. Illustrating another form of compensatory consumption, Heatherton, Herman, and Polivy (1991) showed that individuals responded to failure by consuming palatable foods in an attempt to shift their attention from the failure.

However, when and why consumers rely on compensatory consumption—as opposed to more productive strategies—to deal with self-deficit information has not been extensively examined. What makes these questions particularly important is that, although engaging in compensatory consump-

Soo Kim (sk766@cornell.edu) is assistant professor of marketing, Samuel Curtis Johnson School of Management, Cornell University, Sage Hall, Ithaca, NY 14853. David Gal (d-gal@kellogg.northwestern.edu) is assistant professor of marketing, Kellogg School of Management, Northwestern University, 2001 Sheridan Road, Evanston. Both authors contributed equally to this research. Correspondence concerning this article may be addressed to Soo Kim or David Gal. This manuscript has benefited from discussions with seminar participants at the University of Chicago, University of California, San Diego, Stanford University, and Loyola, and with Derek D. Rucker, Brian Sternthal, and Matthew Willcox. The constructive feedback from the review team is also gratefully acknowledged.

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tion can be effective in reducing the negative impact of self-deficit information, at least in the short term (e.g., Gao et al. 2009; Kim and Rucker 2012), it neither addresses nor repairs the self-deficit and also bears potentially negative consequences. Indeed, individuals' self-reports of strategies to cope with self-deficit information involve eating, consuming alcohol, and shopping (Mandel et al. 2012) that could easily result in overeating, alcoholism, various other types of addiction, and guilt (see Arnow, Kenardy, and Agras 1992; Cryder et al. 2008; Heatherton et al. 1991; Peck 1986; Tice, Bratslavsky, and Baumeister 2001).

In this research, we introduce self-acceptance—defined as the detachment of one's self-worth from one's self-assessment—as a moderator of individuals' responses to self-deficit information. We propose that, by severing the link between self-worth and one's assessment of one's attributes (e.g., abilities, skills, traits, and so forth), self-acceptance will naturally lead to an appraisal of self-deficit information as benign (vs. harmful) to one's self-worth. As such, we expect individuals who are self-accepting to be less likely to try to protect their sense of self-worth through engaging in compensatory consumption and more open to directly facing and improving themselves through adaptive consumption (consumption of products intended to help an individual improve in an area of deficit) when they fall short of their goals or ideals.

BACKGROUND

Consequences of Compensatory Consumption

The experience of a self-discrepancy—a deficit between how one wants to view oneself (“ideal self”) and how one currently views oneself (“actual self”)—is thought to produce a self-threat that creates psychological discomfort in individuals seek to resolve (Higgins 1987). Consuming compensatory products in response to self-threats might quickly ameliorate the negativity of self-threats by allowing individuals to avoid unpleasant information about the self either by denying the negative aspect of the self (e.g., by symbolically “making up” for the threatened aspect of the self; Gao et al. 2009) or by shifting attention from it (e.g., by distracting oneself from the threat via consumption; Heatherton et al. 1991).

However, despite its potential psychological benefits, compensatory consumption also acts to disguise the self-deficit information, and does not directly address the source of the threatening information. As a result, it is unclear whether compensatory consumption can offer a fundamental cure against self-threats or if it merely acts as a transient fix (particularly in the face of chronic or recurrent threats). For instance, consumers' acquisition of status products in an attempt to avoid a sense of powerlessness (Rucker and Galinsky 2008) or the acquisition of products symbolic of intelligence as a response to a threat to one's intelligence (Gao et al. 2009) may allow consumers to mitigate the immediate psychological negativity of the self-deficit information. However, such consumption neither gives consum-

ers the chance to directly face the self-deficit nor does it elevate them to a position of power or enhance their level of intelligence.

Furthermore, engaging in compensatory consumption to avoid threatening information about the self might not only fail to yield long-term benefits but might lead to long-term harm. To illustrate, consuming food as a means to regulate one's emotional distress might easily lead to food overconsumption (Tice et al. 2001) and, potentially, to obesity. Also, purchasing products as a means of compensating for threats to a particular aspect of the self (e.g., power) might drive consumers to spend beyond their budget on products that they normally would not purchase or could not afford (e.g., luxury items; see Rucker and Galinsky 2008). Moreover, consumers might feel additional negative emotions in the aftermath of such overconsumption. For example, in a study of obese participants, Arnow et al. (1992) found that binge eating was precipitated by (and temporarily relieved) negative emotions such as anxiety, depression, and anger but was soon followed by feelings of guilt. These observations suggest that, unfortunately, consumers' efforts to avoid the psychological discomfort of self-threats via consumption can backfire with negative physical, financial, and psychological consequences.

Self-Acceptance and Self-Deficit Appraisal

The view that compensatory consumption functions to protect self-worth from a perceived threat induced by a deficit between one's actual and ideal self suggests that compensatory consumption can be made superfluous, and that more productive action can be fostered, if individuals are able to change their appraisal of such deficits. One way individuals might do so is by detaching their sense of self-worth from the deficit. In other words, if individuals experience threat (and thereby consume) because their self-worth is tied to their ideal of who they should be, then it stands to reason that individuals will not experience threat if they are able to value themselves irrespective of whether they meet an ideal or not. This process, that is, detaching one's self-worth from one's assessment of whether one's actual self meets one's ideal, is referred to as self-acceptance in the clinical psychology literature (Chamberlain and Haggga 2001; Cordova 2001; Hayes 1994; Linehan 1994; Williams and Lynn 2010).

Although like self-esteem, self-acceptance affects self-worth (i.e., the value individuals attach to the self), self-acceptance can be distinguished from self-esteem in that self-esteem is tied to individuals' evaluation of their self-assessment (e.g., am I competent, smart, attractive, etc.?) and is therefore contingent on whether one's self-assessment matches one's ideal, whereas self-acceptance is unconditional on one's performance, abilities, and so forth (e.g., Chamberlain and Haggga 2001; Grube, Kleinhesselink, and Kearney 1982; MacInnes 2006; Scott 2007). That is, self-acceptance emphasizes that individuals accept and value themselves unconditionally, regardless of whether they have met their ideal state of attractiveness or intelligence, or have

achieved a satisfactory outcome on a task (Ellis 1977, 2003). Self-esteem, on the other hand, is conditional on the evaluation individuals attach to the self and therefore tends to be affected by individuals' perceptions of their efficacy and competence and on whether they have achieved a desired outcome (Crocker and Wolfe 2001; Leary et al. 2007; also see Gilbert and Irons 2005). As such, self-esteem is viewed as potentially more fragile, less protective against self-deficit information, and more likely to result in defensive reaction to self-deficit information than is self-acceptance (Chamberlain and Haaga 2001; MacInnes 2006).

Although self-acceptance has long been considered a fundamental component of self-worth (Crowne and Stephens 1961), research on the construct in social psychology has been fairly limited. Recently, however, the importance of self-acceptance to psychological well-being has been highlighted by a growing body of research in clinical psychology. In particular, self-acceptance has been successfully incorporated into various cognitive behavioral therapy programs and has been reported to entail notable therapeutic benefits (e.g., acceptance and commitment therapy: Hayes 2004; dialectical behavioral therapy: Linehan 1994; integrative behavioral couple therapy: Jacobson and Christensen 1996). The use of self-acceptance in cognitive behavioral therapy has, in several trials, proven to be superior to other psychotherapeutic treatments and similar in efficacy to that of pharmacologic interventions (e.g., depression treatment; Dimidjian et al. 2006).

One benefit of achieving self-acceptance discussed by psychotherapists is a decrease in the level of distress individuals experience in response to self-deficits as well as an increase in individuals' tolerance to frustration (Linehan 1994; Williams and Lynn 2010). Further suggested benefits include an increase in individuals' potential to address self-deficits via taking an objective, as opposed to a defensive, point of view regarding one's performance (Hayes 1994). For example, in a correlational study, Chamberlain and Haaga (2001) found that, controlling for the level of participants' self-esteem, participants who scored high (vs. low) on self-acceptance were not only less prone to depression and self-esteem lability in response to self-deficit information (i.e., negative feedback on their speech performance) but were also much less likely to denigrate other individuals who provided unfavorable evaluations of their performance in a speech task. The authors also noted that individuals who were more self-accepting were much less inclined to see the need to prove themselves to others and tended to be more objective in their self-evaluations (see also Ellis and Dryden 1997). As another example, Grube et al. (1982) found that high self-acceptance males (vs. low self-acceptance males) were more accepting of, and less likely to derogate, nontraditional women who posed a threat to their masculinity (i.e., women possessing traits such as intelligence, independence, confidence, assertiveness, and competence).

The sum of past findings is consistent with the surmise that, by severing the link between one's self-assessment and one's self-worth, self-acceptance changes the appraisal of a discrepancy between one's actual and ideal self from threat-

ening to benign to self-worth. As such, self-accepting individuals should be able to acknowledge such a discrepancy rather than attempt to deny or avoid it.

Self-Acceptance and Consumption

We have argued that self-acceptance changes the appraisal of self-deficit information, such that a low level of self-acceptance is associated with an appraisal of self-deficit information as impinging on one's self-worth, whereas a high level of self-acceptance is associated with an appraisal of self-deficit information as benign to one's self-worth. If this is the case, then these appraisals should be reflected in individuals' regulatory strategy for coping with self-deficit information. In particular, we would expect self-concept maintenance to be the dominant regulatory strategy for coping with self-deficit information among low self-acceptance individuals in order to preserve their self-worth in the face of anticipated harm. As a result, we would expect low self-acceptance individuals to be more likely than high self-acceptance individuals to respond to self-deficit information by engaging in compensatory consumption. This is because compensatory consumption serves as a means to deny or avoid self-deficit information (e.g., by symbolically compensating for the self-deficit) and thereby to maintain one's self-concept and protect one's self-worth.

On the other hand, we would expect adaptive behavior (where possible) to be the dominant regulatory strategy for coping with self-deficit information for high self-acceptance individuals. This is because an appraisal that a self-deficit is benign to self-worth would obviate the need for self-concept maintenance and permit one to focus on improving in the area where the self-deficit has highlighted a discrepancy between where one is and where one would like to be. Further supporting the view that self-acceptance should lead to a focus on self-improvement in response to deficit information, prior research shows that individuals who are uncertain as to whether they will succeed or fail in a task tend to disengage from the task in order to avoid the potential loss of self-esteem that would result from failure (Crocker and Park 2004). However, self-acceptance implies that one does not fear failure or its impact on one's self-worth, as self-acceptance renders failure to attain a goal benign to self-worth. Thus, lacking fear of failure, individuals who practice self-acceptance should be more likely to attempt to resolve the self-deficits they face by trying to improve in the area of deficit rather than by trying to deny or avoid the deficit. As a result, we would expect high self-acceptance individuals to engage in adaptive, rather than compensatory, consumption in response to self-deficit-information. To test this theorizing, we performed a series of three experiments.

STUDY 1: THE LUXURY MAGAZINE VERSUS THE DUMMIES BOOK

The main objective of study 1 was to examine the effect of self-acceptance on both compensatory consumption and adaptive consumption in response to self-deficit information.

We predicted that high (vs. low) self-acceptance participants would be less drawn to products that symbolically compensate for the self-deficit but would be more drawn to products that would actually help them improve in the area of deficit.

Method

A total of 291 participants from an online panel (Amazon Mechanical Turk; restricted to those residing in the United States) were randomly assigned to one of eight conditions corresponding to the cells in a 2 (internalization: self-acceptance vs. no-internalization) \times 2 (power deficit: deficit vs. no-deficit) \times 2 (product: compensatory vs. adaptive), between-subjects design.

Participants in the self-acceptance condition were first introduced to an exercise where they were asked to read a short article on self-acceptance (adapted and modified from McAlwey 2012) and to write about an incident in which they experienced self-acceptance and how it felt to unconditionally accept the self. They were also asked to explain why they believed self-acceptance to be important (see app. A for the article excerpt). Those in the no-internalization condition were simply asked to write about their last trip to buy groceries. A separate pretest showed that engaging in this self-acceptance exercise increased participants' level of self-acceptance on the shortened general attitude and belief scale (SGABS; Lindner et al. 1999, used to measure self-acceptance in MacInnes 2006), $M_{\text{self-accept}} = 4.09$, $SD_{\text{self-accept}} = .64$ vs. $M_{\text{no-inter}} = 3.54$, $SD_{\text{no-inter}} = 1.00$, $F(1, 52) = 5.72$, $p = .020$.

Once participants finished the self-acceptance exercise those in the power deficit condition were asked to recall and write about a particular incident in which someone else had power over them. This task, adopted from Galinsky, Gruenfeld, and Magee (2003), has been shown to induce compensatory consumption in the form of increased willingness to pay for high-status, luxury products (e.g., Dubois, Rucker, and Galinsky 2012; Rucker and Galinsky 2008). Those in the no-deficit condition were asked to write about the room in which they were at the moment.

Then, participants in the compensatory product condition were shown an image of a luxury magazine and were asked to rate their willingness to pay for "Elite Traveler, the private jet lifestyle magazine written exclusively for the elite affluent consumer" (i.e., a status symbol). On the other hand, those in the adaptive product condition were shown an image of a self-help book from the "for Dummies" series and were asked to rate their willingness to pay for a "Power and Influence for Dummies, the workbook written exclusively for those ready to face the current challenges and make progress." Consistent with our reasoning for selecting the two products, a separate pretest revealed that "Elite Traveler" was more likely to be perceived as a symbolic product ("How likely do you think powerful and influential people would be to purchase this product?") than "Power and Influence for Dummies" (on a 7-point scale: $M_{\text{Elite}} = 5.68$, $SD_{\text{Elite}} = 1.07$ vs. $M_{\text{Dummies}} = 2.97$, $SD_{\text{Dummies}} = 1.78$; $F(1,$

143) = 122.78, $p < .001$). On the other hand, "Power and Influence for Dummies" was more likely to be perceived as an adaptive product ("How likely do you think this product would be purchased by people who would want to learn how to influence other people?") than "Elite Traveler" (on a 7-point scale: $M_{\text{Elite}} = 4.49$, $SD = 1.52$ vs. $M_{\text{Dummies}} = 5.48$, $SD = 1.38$; $F(1, 143) = 17.04$, $p < .001$). Of note, "Power and Influence for Dummies" is not only not symbolic of having power but actually highlights one's lack of power. Participants expressed their willingness to pay for either product on a scale from \$0 to \$100, in \$10 increments. Then, they were thanked and debriefed.

Results

Nine participants who wrote gibberish or did not provide any answer to any of the writing tasks were excluded from the analyses. In the end, a total of 282 participants remained. A 2 (internalization: self-acceptance vs. no-internalization) \times 2 (power deficit: deficit vs. no-deficit) \times 2 (product: compensatory vs. adaptive) ANOVA revealed a significant main effect of power deficit ($F(1, 274) = 4.29$, $p = .039$, $\eta^2 = .02$) and a significant main effect of product ($F(1, 274) = 4.86$, $p = .028$, $\eta^2 = .02$), which were qualified by a significant three-way internalization \times power deficit \times product interaction ($F(1, 274) = 12.24$, $p = .001$, $\eta^2 = .04$). Inclusion of those who wrote gibberish led to a similar three-way interaction that remained significant ($p = .002$). Additionally, a separate 2 (internalization: self-acceptance vs. no-internalization) \times 2 (power deficit: deficit vs. no-deficit) ANOVA for each product, respectively, revealed a significant 2-way internalization \times power deficit interaction (compensatory product: $F(1, 135) = 5.43$, $p = .021$, $\eta^2 = .04$; adaptive product: $F(1, 139) = 9.41$, $p = .003$, $\eta^2 = .06$). We report the analyses of simple effects for each product below.

Compensatory Product: Elite Traveler. Conceptually replicating past findings (Rucker and Galinsky 2008), we found that participants in the no-internalization condition were willing to spend significantly more on a luxury magazine that was symbolic of power when they recalled a power deficit experience than when they did not (post-deficit compensatory consumption: $M_{\text{power-def}} = \$30.80$, $SD_{\text{power-def}} = 39.40$ vs. $M_{\text{no-def}} = \$10.76$, $SD_{\text{no-def}} = 22.83$; $F(1, 274) = 12.00$, $p = .001$). On the other hand, consistent with our hypothesis, participants in the self-acceptance internalization condition were not willing to pay more for the luxury magazine when they recalled a power deficit experience than when they did not ($M_{\text{power-def}} = \$14.03$, $SD_{\text{power-def}} = 24.78$ vs. $M_{\text{no-def}} = \$17.94$, $SD_{\text{no-def}} = 30.99$; $F < 1$). This finding provided evidence that those who accepted their unvarnished self were less likely to rely on compensatory consumption as a means to respond to self-deficits. Moreover, among participants who recalled a power deficit experience, those who did not practice self-acceptance were willing to spend significantly more on a luxury magazine than those who did ($M_{\text{no-inter}} = \$30.80$ vs. $M_{\text{self-accept}} = \14.03 ; $F(1, 274) =$

8.29, $p = .004$). Such a difference was not observed among those who did not recall a power deficit experience ($M_{\text{no-inter}} = \$10.76$ vs. $M_{\text{self-accept}} = \17.94 ; $F(1, 274) = 1.47$, $p = .23$; see fig. 1A).

Adaptive Product: Power and Influence for Dummies. Participants' willingness to pay for the "Power and Influence for Dummies" book served as our measure of adaptive consumption. Contrary to our findings for the compensatory luxury magazine, participants in the no-internalization condition were not willing to pay more for "Power and Influence for Dummies" when they recalled a power deficit experience than when they did not ($M_{\text{power-def}} = \$8.05$, $SD_{\text{power-def}} = 8.03$ vs. $M_{\text{no-def}} = \$12.38$, $SD_{\text{no-def}} = 16.49$; $F < 1$). Interestingly, however, the results reversed for participants in the self-acceptance internalization condition. Specifically, participants who practiced self-acceptance and recalled a power deficit experience were willing to pay significantly more for the "Power and Influence for Dummies" book than those

who did not ($M_{\text{power-def}} = \$19.89$, $SD_{\text{power-def}} = 28.09$ vs. $M_{\text{no-def}} = \$7.74$, $SD_{\text{no-def}} = 8.26$; $F(1, 274) = 4.42$, $p = .036$). Furthermore, among participants who recalled a power deficit experience, those who did not practice self-acceptance were willing to spend less on the "Power and Influence for Dummies" book than those who did, indicating that self-acceptance enhanced participants' willingness to directly address the self-deficit information ($M_{\text{no-inter}} = \$8.05$ vs. $M_{\text{self-accept}} = \19.89 ; $F(1, 274) = 4.47$, $p = .035$). Such a difference in willingness to pay was not observed among those who did not recall a power deficit experience ($M_{\text{no-inter}} = \$12.38$ vs. $M_{\text{self-accept}} = \7.74 ; $F < 1$; see fig. 1B).

Discussion

The results of study 1 are consistent with the proposition that self-acceptance reduces individuals' reliance on compensatory consumption while increasing their propensity to engage in adaptive consumption in response to self-deficit information. This finding provides support for our account that self-acceptance leads to an appraisal of self-deficit information as relatively benign to self-worth, thereby allowing individuals to act to improve in the area of deficit via adaptive consumption rather than to deny or avoid it via compensatory consumption.

Of note, accepting one's actual, flawed self does not appear to imply apathy (i.e., the absence of goals or ideals; Andersson et al. 1999; Ishizaki and Mimura 2011). If participants who practiced self-acceptance were, in fact, apathetic, then one would not expect them to engage in adaptive consumption, which reflects a motivation to improve oneself. Similarly, heightened adaptive consumption following self-acceptance is inconsistent with an account whereby self-acceptance simply minimizes the size or importance of the perceived self-deficit, as one would expect that minimizing the deficit would have resulted in a reduced motivation to engage in both compensatory and adaptive consumption in response to the self-deficit information.

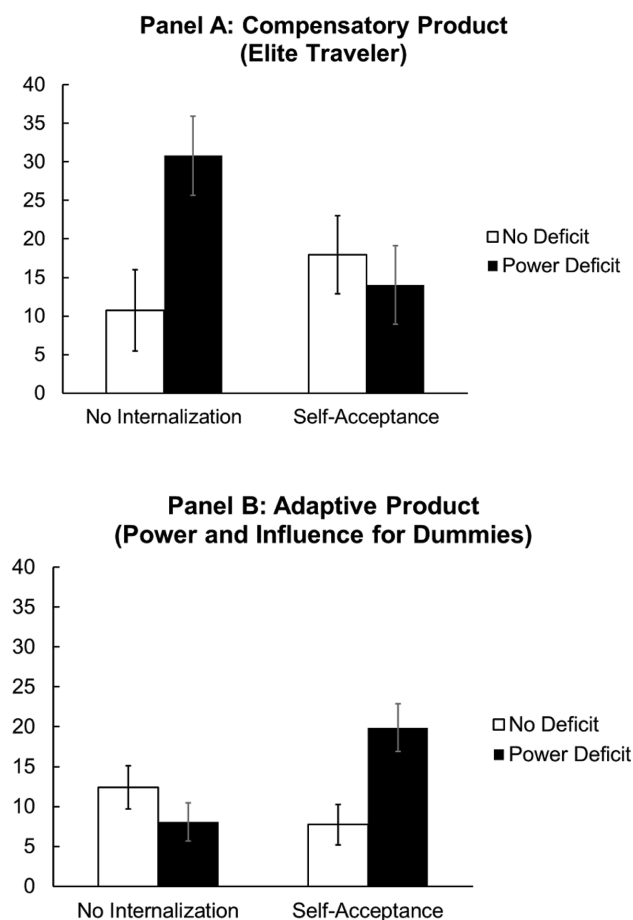
In study 2, we sought to provide more direct evidence for our process account by measuring participants' appraisal of self-deficit information (study 2A) and their need to improve in response to self-deficit information (pretest for study 2B). We also examined whether our findings extended to a different sort of self-deficit, namely, a deficit in intelligence.

STUDY 2A: CHANGING THE SELF-DEFICIT APPRAISAL THROUGH SELF-ACCEPTANCE

The main objective of study 2A was to obtain additional evidence to support our process account for the moderating role of self-acceptance on individuals' response to self-deficits. In study 2A, we examined the relationship between self-acceptance and self-deficit appraisal. We predicted that self-acceptance would change participants' appraisal of self-deficit information from harmful to relatively benign to their

FIGURE 1

WILLINGNESS TO PAY FOR (A) COMPENSATORY PRODUCT VERSUS (B) ADAPTIVE PRODUCT, STUDY 1



self-worth. Later, in study 2B, we examine the effect of self-acceptance on consumption using the same self-acceptance and self-deficit manipulations as in study 2A. If we find that self-acceptance changes the appraisal of self-deficit information in the manner we proposed, and we also find that the same self-acceptance manipulation decreases compensatory consumption and increases adaptive consumption, the result would provide support for our process account (Spencer, Zanna, and Fong 2005). A secondary goal of study 2A was to help rule out an alternative account whereby self-acceptance influences consumption through boosting positive mood rather than through changing the appraisal of self-deficit information. In order to rule out such a possibility, we included mood measures in study 2A.

Method

A total of 168 undergraduates from Northwestern University were randomly assigned to one of four conditions corresponding to the cells in a 2 (internalization: self-acceptance vs. no-internalization) \times 2 (intelligence deficit: deficit vs. no-deficit) between-subjects design.

Participants in the self-acceptance internalization condition were first introduced to a self-acceptance exercise that was different from the exercise used in study 1 (adopted and modified from the self-acceptance exercise, Smart Recovery 2012, www.smartrecovery.org). In the exercise, participants were asked to read through a list of "thoughts" that help increase self-acceptance (e.g., "I can accept myself whether I win, lose, or draw," "I do not have to let my acceptance of myself be at the mercy of my circumstances"; see app. B for a complete list of thoughts) and to choose their favorite thought. Then they were asked to explain in detail why that particular thought was their favorite (i.e., what makes it meaningful, relevant, insightful, etc.), and how they might apply it to their daily lives. Those in the no-internalization condition were asked to read through a list of daily activities (e.g., "Eating breakfast," "Calling a friend"; see app. B for a complete list of activities), to choose their favorite daily activity, and to explain why that particular activity was their favorite. Importantly, a separate pretest showed that engaging in the above self-acceptance internalization exercise increased participants' level of self-acceptance on the SGABS (Lindner et al. 1999, used to measure self-acceptance in MacInnes 2006, $M_{\text{self-accept}} = 3.91$, $SD_{\text{self-accept}} = .85$ vs. $M_{\text{no-inter}} = 3.45$, $SD_{\text{no-inter}} = .97$; $F(1, 87) = 5.45$, $p = .022$).

Then, participants in the intelligence deficit condition moved on to a supposedly unrelated "cognitive intelligence test." In the introduction of the test, cognitive intelligence was described as an important predictor of academic and career success. In this task, participants had to complete a series of phrases using only the first letter of each word that together constructed a phrase, with 60 seconds to solve each one. For example, participants would see "24 H in a D," for which the correct answer would be "24 Hours in a Day." However, in the task, the provided letters were designed so that providing correct answers was impossible. Once fin-

ished with the task, participants were given feedback that they had scored poorly on the cognitive intelligence test and therefore had a significantly lower level of intelligence compared to the average students in their population who took the same test. Those in the no-deficit condition completed the same task but were introduced to the task as a pretest of materials to be used in future studies and were told that there was no right or wrong answer. These participants did not receive any negative feedback.

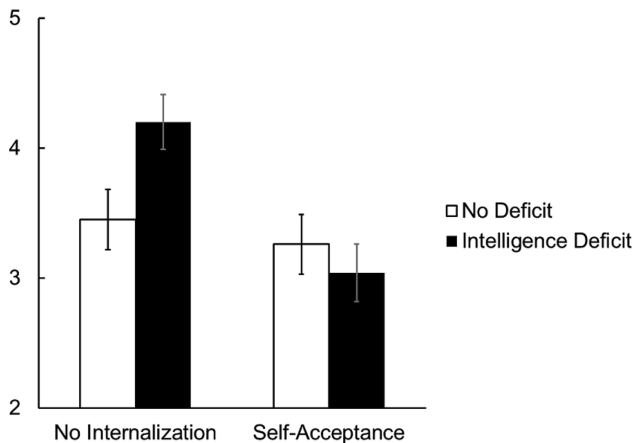
Next, they were asked to complete a measure of their appraisal of the impact of the self-deficit information on their worth as a person ("When I think back at the earlier task, I feel like my performance would have said something bad about me," on a 6-point scale ranging from "strongly disagree" to "strongly agree"). Additionally, participants were given three mood items (i.e., bipolar scales: "displeased-pleased," "bad-good," "terrible-wonderful"). The mood items were included in order to rule out the potential alternative account that the observed effects of self-acceptance may merely be driven by enhanced mood.

Results

Self-Deficit Appraisal. The measure of participants' self-deficit appraisal served as our main dependent variable. A 2 (internalization: self-acceptance vs. no-internalization) \times 2 (intelligence deficit: deficit vs. no-deficit) ANOVA revealed a significant internalization \times intelligence deficit interaction ($F(1, 164) = 4.70$, $p = .032$, $\eta^2 = .03$). An analysis of simple effects showed that participants in the no-internalization condition thought that their performance in the earlier task reflected negatively on their self-worth significantly more so when they experienced an intelligence deficit than when they did not ($M_{\text{intel-def}} = 4.20$, $SD_{\text{intel-def}} = 1.54$ vs. $M_{\text{no-def}} = 3.45$, $SD_{\text{no-def}} = 1.41$; $F(1, 164) = 5.14$, $p = .025$). On the other hand, participants in the self-acceptance condition did not think that their performance in the earlier task reflected negatively on their self-worth when they experienced an intelligence deficit than participants who did not ($M_{\text{intel-def}} = 3.04$, $SD_{\text{intel-def}} = 1.43$ vs. $M_{\text{no-def}} = 3.26$, $SD_{\text{no-def}} = 1.40$; $F < 1$), indicating that they did not perceive the intelligence-deficit as being harmful but as being benign to their self-worth. Also of note, among participants who experienced an intelligence deficit, those who did not engage in the self-acceptance exercise appraised the self-deficit information to be more harmful to the self than those who did ($M_{\text{no-inter}} = 4.20$ vs. $M_{\text{self-accept}} = 3.04$; $F(1, 164) = 13.28$, $p < .001$). Such a difference in self-deficit appraisal was not observed among participants who did not experience an intelligence deficit ($M_{\text{no-inter}} = 3.45$ vs. $M_{\text{self-accept}} = 3.26$; $F < 1$; see fig. 2).

Mood. Given that three bipolar mood items were highly correlated with one another ($\alpha = .93$), we created a composite measure of mood. A 2 (internalization: self-acceptance vs. no-internalization) \times 2 (intelligence deficit: deficit vs. no-deficit) ANOVA revealed only the main effect of intelligence-deficit ($M_{\text{intel-def}} = 5.05$, $SD_{\text{intel-def}} = 1.80$ vs.

FIGURE 2
SELF-DEFICIT APPRAISAL, STUDY 2A



$M_{\text{no-def}} = 5.90$, $SD_{\text{no-def}} = 1.60$), showing that participants' mood was worse when they received intelligence deficit information than when they did not ($F(1, 164) = 10.89$, $p = .001$, $\eta^2 = .06$). However, among participants who experienced an intelligence deficit, there was no difference in mood between those who exercised self-acceptance and those who did not, providing evidence that the negative feedback did not differently affect the mood of participants who exercised self-acceptance versus those who did not ($M_{\text{self-accept}} = 5.26$, $SD_{\text{self-accept}} = 1.86$ vs. $M_{\text{no-intel}} = 4.80$, $SD_{\text{no-intel}} = 1.72$; $t(84) = 1.19$, $p = .24$).

Discussion

Consistent with our theorizing, in study 2A, we found that practicing (vs. not practicing) self-acceptance was associated with an appraisal of self-deficit information as relatively benign to self-worth. Moreover, study 2A provided evidence that self-acceptance does not influence consumption simply through its effects on mood.

STUDY 2B: THE BRAIN PEN VERSUS THE BRAIN TRAINING PROGRAM

The main goal of Study 2B was to examine whether the same self-deficit and self-acceptance manipulations that were shown to affect the appraisal of self-deficits in study 2A would also affect consumption in the manner predicted by our theorizing. In particular, we expected that low self-acceptance would result in increased compensatory consumption in response to self-deficit information (consistent with the appraisal of the deficit as threatening to self-worth), whereas high self-acceptance would result in increased adaptive consumption in response to self-deficit information (consistent with the appraisal of the deficit as benign to self-worth).

An additional goal of study 2B was to test our explanation of why participants who practice (vs. do not practice) self-acceptance are more inclined to engage in adaptive consumption rather than merely to not engage in compensatory consumption. To do this, we conducted a pretest to examine whether self-acceptance would increase individuals' perceived need to improve in the area of self-deficit. Consistent with our theorizing that self-acceptance should lead to less defensive responding by inducing a benign appraisal of self-deficits (study 2A), we predicted that those who practiced (vs. did not practice) self-acceptance would be more likely to express a need to improve in the area of deficit (which, in turn, would promote adaptive consumption).

Pretest

The procedure of the pretest was identical to that of study 2A, with two exceptions. First, all participants were assigned to receive intelligence-deficit information such that self-acceptance was the only manipulated factor. Second, as the dependent variable, participants were asked to indicate their perceived need to improve ("To what degree do you believe you need to improve your level of cognitive intelligence?"). Participants indicated their need to improve on a 5-point scale ranging from "Definitely Not" to "Definitely Yes."

The results showed that when participants received intelligence-deficit information, those who practiced self-acceptance were significantly more likely to indicate a need to improve their level of cognitive intelligence than those who did not ($M_{\text{self-accept}} = 2.85$, $SD_{\text{self-accept}} = 1.26$ vs. $M_{\text{no-intel}} = 2.24$, $SD_{\text{no-intel}} = 1.00$; $t(109) = 2.11$, $p = .037$, $d = .40$). Thus, consistent with our theorizing that a benign appraisal of self-deficits should lead to less defensive responding, it appears that practicing self-acceptance makes individuals more willing to acknowledge a need to improve in an area of deficit.

Method

A total of 239 undergraduates from the Northwestern University online subject pool were randomly assigned to one of eight conditions corresponding to the cells in a 2 (internalization: self-acceptance vs. no-internalization) \times 2 (intelligence deficit: deficit vs. no-deficit) \times 2 (product: compensatory vs. adaptive) between-subjects design. Then, participants engaged in the same internalization manipulation as well as the same intelligence deficit manipulation as in study 2A.

However, unlike in study 2A, participants were then directed to a "product evaluation study." Participants in the compensatory product condition were led to a screen showing an image of a pen with the following description:

The Brain Pen

Montegrappa Limited Edition Brain Fountain Pen.—Montegrappa's Limited Edition Brain Pen is the result of a collaboration with neurologist Dr. Richard Restak, MD. The elaborate sterling silver cap features an overlay made up of neu-

rons, with the clip representing the spinal cord. Adorning the top of the cap is a cross section of the brain, based on an ancient illustration. Etched into the nib is the image of a seahorse, a reference to the hippocampus.

Those in the adaptive product condition were led to a screen showing an image of a 1-month subscription coupon for a brain-training program with the following description:

MindSparke Brain Fitness Pro

Brain Fitness Pro, 1-Month Subscription.—MindSparke’s brain fitness software focuses on brain exercises that work. Its brain training system delivers lasting cognitive training benefits and its brain fitness innovations guarantee an unbeatable brain workout. The MindSparke Brain Fitness Pro’s cognitive training program increases cognitive ability, sharpens memory, and boosts mental stamina.

Then, participants were asked to indicate what percentage of the retail price they would be willing to pay for the product on a scale ranging from 0% to 120% of the retail price, in 10% increments. A separate pretest revealed that the “Brain Pen” was more likely to be perceived as a symbolic product (“How likely do you think this product would be purchased by intelligent and competent people?”) than the “MindSparke Brain Fitness Pro” (on a 7-point scale: $M_{\text{BrainPen}} = 4.94$, $SD_{\text{BrainPen}} = 1.50$ vs. $M_{\text{MindSparke}} = 3.94$, $SD_{\text{MindSparke}} = 1.24$; $F(1, 60) = 8.18$, $p = .006$). On the other hand, the “MindSparke Brain Fitness Pro” was more likely to be perceived as an adaptive product (“How likely do you think this product would be purchased by people who want to learn to be intelligent and competent?”) than the “Brain Pen” (on a 7-point scale: $M_{\text{BrainPen}} = 3.74$, $SD_{\text{BrainPen}} = 1.63$ vs. $M_{\text{MindSparke}} = 5.68$, $SD_{\text{MindSparke}} = 1.35$; $F(1, 60) = 25.86$, $p < .001$). Once participants indicated their willingness to pay, they were thanked and debriefed.

Results

Participants whose willingness to pay was greater than 3 standard deviations from the mean were excluded from the analyses. In the end, a total of 229 participants remained. A 2 (internalization: self-acceptance vs. no-internalization) \times 2 (intelligence deficit: deficit vs. no-deficit) \times 2 (product: compensatory vs. deficit-improvement) ANOVA revealed a significant main effect of intelligence deficit ($F(1, 221) = 5.79$, $p = .017$, $\eta^2 = .03$) and a significant main effect of product ($F(1, 221) = 7.05$, $p = .009$, $\eta^2 = .03$), which were qualified by a significant three-way internalization \times intelligence deficit \times product interaction ($F(1, 221) = 6.45$, $p = .012$, $\eta^2 = .03$). Inclusion of those whose willingness to pay was greater than 3 standard deviations from the mean led to a similar three-way interaction that remained significant ($p = .035$). Additionally, a separate (internalization: self-acceptance vs. no-internalization) \times 2 (intelligence deficit: deficit vs. no-deficit) ANOVA for the compensatory product revealed a significant two-way internalization \times intelligence deficit interaction ($F(1, 106) = 6.59$, $p = .012$, $\eta^2 = .06$), whereas the same two-way ANOVA for the

adaptive product revealed a significant main effect of intelligence deficit ($F(1, 115) = 4.39$, $p = .038$, $\eta^2 = .04$). We report the analyses of simple effects for each product below.

Compensatory Product: The Brain Pen. Conceptually replicating past findings (Gao et al. 2009), we found that participants in the no-internalization condition were willing to pay more for a pen that symbolically compensated for a deficit in their intelligence when they received intelligence-deficit information than when they did not ($M_{\text{intel-def}} = 39.61\%$, $SD_{\text{intel-def}} = 30.00$ vs. $M_{\text{no-def}} = 20.71\%$, $SD_{\text{no-def}} = 23.77$; $t(221) = 2.42$, $p = .016$, $d = .33$). On the other hand, consistent with our hypothesis and our findings in study 1, participants in the self-acceptance condition were not willing to pay more for the symbolic pen when they received intelligence-deficit information than when they did not ($M_{\text{intel-def}} = 26.85\%$, $SD_{\text{intel-def}} = 19.64$ vs. $M_{\text{no-def}} = 33.08\%$, $SD_{\text{no-def}} = 26.64$; $t < 1$). This finding again provided evidence that, regardless of the type of self-deficit, those who practiced self-acceptance were less likely to rely on compensatory consumption as a means to respond to self-deficits. Also consistent with the results of study 1, among participants who received intelligence-deficit information, those who did not practice self-acceptance were willing to pay marginally more for the symbolic pen than those who did ($M_{\text{no-inter}} = 39.61\%$ vs. $M_{\text{self-accept}} = 26.85\%$; $t(221) = 1.84$, $p = .067$, $d = .25$). Such difference was not observed among participants who did not receive intelligence-deficit information ($M_{\text{no-inter}} = 20.71\%$ vs. $M_{\text{self-accept}} = 33.08\%$; $t(221) = 1.51$, $p = .13$, $d = .20$; see fig. 3A).

Adaptive Product: Brain Fitness Subscription. Mirroring the results for the adaptive product in study 1, participants in the no-internalization condition were not willing to pay more for the adaptive brain training program subscription when they received intelligence-deficit information than when they did not ($M_{\text{intel-def}} = 38.70\%$, $SD_{\text{intel-def}} = 27.18$ vs. $M_{\text{no-def}} = 33.45\%$, $SD_{\text{no-def}} = 29.18$; $t < 1$). However, the results reversed for participants in the self-acceptance condition. In particular, participants who practiced self-acceptance were willing to pay more for the brain training program subscription when they experienced an intelligence deficit than when they did not ($M_{\text{intel-def}} = 52.56\%$, $SD_{\text{intel-def}} = 31.43$ vs. $M_{\text{no-def}} = 34.85\%$, $SD_{\text{no-def}} = 31.10$; $t(1, 221) = 2.41$, $p = .017$, $d = .32$). As in study 1, those who practiced self-acceptance were more willing to directly address a deficit in their level of intelligence by seeking a product that would be helpful in improving their level of intelligence. Furthermore, among participants who received intelligence-deficit information, those who practiced self-acceptance were willing to pay marginally more for the adaptive brain training program subscription than those who did not ($M_{\text{no-inter}} = 38.70\%$ vs. $M_{\text{self-accept}} = 52.56\%$), suggesting that practicing self-acceptance allowed participants to directly address the area of self-deficit ($t(221) = 1.85$, $p = .066$, $d = .25$). Conversely, among participants who did not receive self-deficit information, no such difference

in willingness to pay was observed ($M_{\text{no-inter}} = 33.45\%$ vs. $M_{\text{self-accept}} = 34.85\%$; $t < 1$; see fig. 3B).

Discussion

Using different self-deficit and self-acceptance manipulations, the results of study 2B provide additional evidence to that of study 1 that self-acceptance moderates the effect of self-deficit information on post-deficit consumption. Moreover, the pretest for study 2B supports the notion that self-acceptance allows individuals to recognize a need to improve in the area of deficit, thereby spurring adaptive consumption.

In sum, by manipulating self-acceptance and examining its consequences for both the appraisal of self-deficit information (study 2A) and for consumption (study 2B), study 2 provides convergent evidence to our account of the moderating role of self-acceptance on self-deficit induced consumption. Specifically, self-acceptance appears to change individuals' appraisal of self-deficit information from harmful to benign to self-worth that, in turn, leads to reduced compensatory consumption and increased adaptive consumption in response to deficit information.

The findings of studies 1 and 2 regarding self-acceptance can be related to prior findings regarding self-affirmation. Similar to our findings regarding self-acceptance, prior research has shown that self-affirmation (i.e., affirming an attribute from which one derives self-worth) reduces compensatory consumption in response to deficit information (Gao et al. 2009; Sivanathan and Pettit 2010). Although the precise mechanism through which self-acceptance operates is still debated, it has been suggested that the boost to one's self-worth provided by self-affirmation reduces the importance of deficits in other domains, which pale in comparison to one's overall value as a person (Sivanathan et al. 2008; Steele 1988; Tesser 2000).

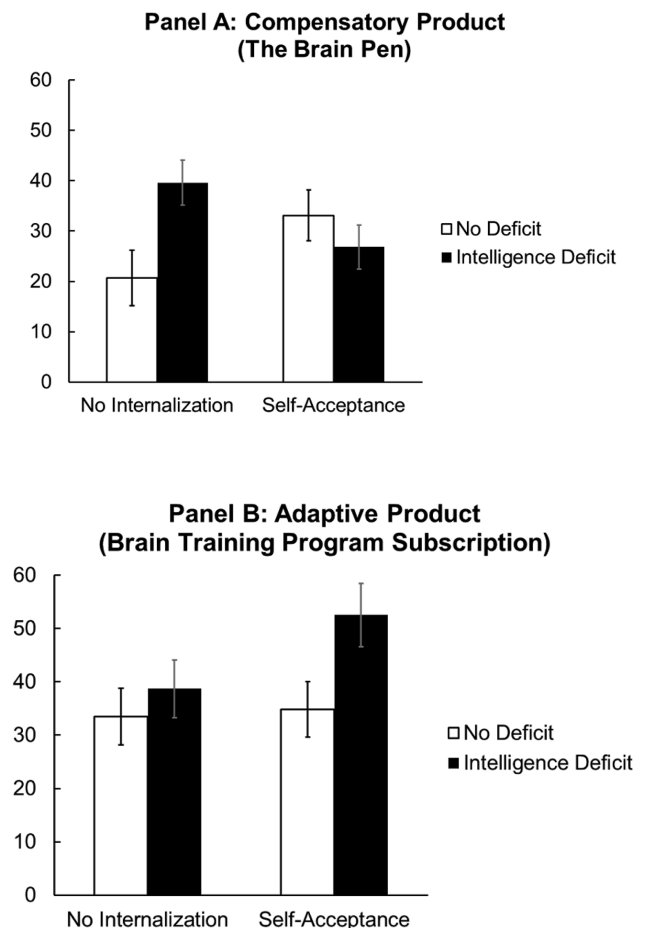
Self-affirmation can thus be contrasted with self-acceptance in that self-affirmation depends on the value individuals attach to the affirmed attribute, whereas self-acceptance depends on detaching one's self-valuation from one's attributes. As a result, self-affirmation is conditional on the perception that one has a high level of competence on the affirmed attribute, whereas self-acceptance is inherently unconditional on any self-attribute. This contrast between self-acceptance and self-affirmation can be highlighted by examining a context in which practicing self-acceptance vs. self-affirmation leads to different outcomes.

One area where self-acceptance and self-affirmation can be expected to yield different outcomes is in whether their effect on consumption in response to a self-deficit is contingent on the domain of self-deficit. Self-affirmation tends to be effective at diminishing defensive responses to self-deficit information when the domain of the self-deficit information is unrelated to the one people affirm on. Conversely, when individuals receive self-deficit information in the domain that they self-affirm on, they tend not to reduce,

and in some cases, even to increase their level of defensive responding (Blanton et al. 1997; Galinsky, Stone and Cooper 2000; Sivanathan et al. 2008). This is thought to occur because the affirmation draws attention to the fact that important personal standards were violated by the dissonant behavior, thereby increasing rather than decreasing feelings of threat (Sivanathan et al. 2008). In other words, when the basis for self-affirmation is refuted by new information about a deficit in the affirmed domain, self-affirmation's protective role is likely to be undermined—and the sense of threat may even be magnified. Conversely, because self-acceptance is not conditional on valuing a particular self-attribute, we would not expect its basis to be undermined by self-deficit information.

FIGURE 3

WILLINGNESS TO PAY (% OF RETAIL PRICE) FOR (A) COMPENSATORY PRODUCT VERSUS (B) ADAPTIVE PRODUCT, STUDY 2B



STUDY 3A: SELF-ACCEPTANCE VERSUS SELF-AFFIRMATION ON AFFIRMED DOMAIN IMPROVEMENT

The main objective of study 3 (3A and 3B) was to contrast the constructs of self-acceptance and self-affirmation by examining their effects on adaptive consumption (i.e., consumption geared at improving a domain of self-deficit). Here, we examined the effect of self-affirmation and self-acceptance on adaptive consumption in response to a self-deficit in the affirmed domain (study 3A) or in response to a self-deficit in an unrelated, unaffirmed domain (study 3B).

Method

In study 3A, a total of 96 participants from an online panel (Amazon Mechanical Turk, restricted to those residing in the US) were randomly assigned to one of three conditions corresponding to the cells in a single-factor (internalization: self-acceptance vs. intelligence-affirmation vs. no-internalization), between-subjects design.

All participants in study 3A had previously indicated that being intelligent and competent was their most important personal value (adapted from Sherman, Nelson, and Steele 2000). We adapted the original wording of Sherman et al. (2000)'s five domains such that it focused more on personal traits and hence was more personally identifiable (e.g., wording changed from "Theoretical: an interest in scientific theory and research" to "Theoretical: being intelligent and competent"). The purpose of prescreening participants so that they all had the same most important personal value was to hold the domain of the provided self-deficit information constant for all participants such that all participants received self-deficit information in the domain of their most important personal value in study 3A (or in a domain different from the domain of their most important personal value in study 3B).

Participants in the self-acceptance condition were introduced to the same self-acceptance manipulation used in study 1. Those in the intelligence-affirmation condition were asked to write about an incident in which they felt that they had demonstrated a great deal of intelligence and competence and that made them feel good about themselves (adopted from McQueen and Klein [2006], a review of self-affirmation manipulations). Those in the no-internalization condition were asked to write about their recent trip to the grocery store.

Then, all participants were introduced to the "Virtual Perception Game," supposedly designed to assess "perceptual intelligence." Our description of the game implied that perceptual intelligence was closely related to one's general intelligence and that it could be improved with effort. The purpose of implying that perceptual intelligence could be improved was the supposition that a precondition for engaging in adaptive consumption was the belief that one's abilities are subject to improvement (more on this in the General Discussion). The description read:

Perceptual Intelligence

This study is designed to test one's level of perceptual intelligence, which is a component of one's cognitive abilities and general intelligence. Preliminary research has indicated that perceptual intelligence determines how efficiently one can integrate visual information into cognitive structures, which is important in determining the level of one's general intelligence. Research has shown that perceptual intelligence can be improved through training.

In this task, participants were instructed to look at a succession of inkblots and guess what the next one would be. In reality, there were no correct answers, as there was no pattern as to what inkblot would appear next. When participants were done, they were given feedback that they had scored poorly on the "Virtual Perception Game" and therefore had significantly lower perceptual intelligence compared to the average of individuals who took the same test (i.e., intelligence-deficit information).

Participants were then directed to the "product evaluation study," where an image of an intelligence-improvement book ("Perceptual Intelligence and How to Get It") was displayed. Participants were asked to rate their willingness to pay for the book on a sliding scale ranging from \$0 to \$50, in \$5 increments. Then they were thanked and debriefed.

Results

An omnibus one-way (internalization: self-acceptance vs. intelligence-affirmation vs. no-internalization) ANOVA revealed a significant main effect of internalization ($F(2, 93) = 3.50, p = .034, \eta^2 = .07$).

In line with our theorizing and our findings in studies 1 and 2, planned contrasts using one-tailed tests for directional hypotheses showed that participants who accepted the self prior to receiving intelligence-deficit information were willing to pay significantly more for the book aimed at improving "perceptual intelligence" than those who did not engage in any internalization ($M_{\text{self-accept}} = \$11.57, SD_{\text{self-accept}} = 4.64$ vs. $M_{\text{no-inter}} = \$8.41, SD_{\text{no-inter}} = 4.89; t(65) = 2.69, p = .005$). The notable aspect of the book was that it supposedly was closely related to the construct of intelligence and hence related to their affirmed most important value (i.e., being intelligent and competent). On the other hand, also in line with our theorizing, planned contrasts using one-tailed tests for directional hypotheses showed that participants who affirmed the self on their intelligence prior to receiving intelligence-deficit information were not willing to pay more for the intelligence-improvement book than those who did not engage in any internalization ($M_{\text{self-affirm}} = \$9.14, SD_{\text{self-affirm}} = 5.48$ vs. $M_{\text{no-inter}} = \$8.41, SD_{\text{no-inter}} = 4.89; t < 1$). Also of note, participants who accepted the self were willing to pay more for the intelligence-improvement book than those who affirmed the self on intelligence ($M_{\text{self-accept}} = \11.57 vs. $M_{\text{self-affirm}} = \$9.14; t(57) = 1.84, p = .036$).

Discussion

Study 3A found that participants who affirmed the self were no more likely than control participants (no-internalization condition) to exhibit adaptive consumption in response to self-deficit information in the affirmed domain. Conversely, participants who accepted the self were more likely to engage in adaptive consumption than both control participants and those who affirmed the self. This occurred despite the fact that both the participants in the self-acceptance condition and in the self-affirmation condition indicated being intelligent and competent as their most important value. Thus, the findings of study 3A suggest that self-affirmation leaves people less open than self-acceptance to seeking improvement in an area of self-deficit when that area corresponds to the area from which they most derive self-worth.

This finding speaks to the conceptual distinction between self-acceptance and self-affirmation, with self-affirmation being dependent on the value attached to the affirmed attribute, whereas self-acceptance involves a detachment of value from one's personal attributes. As a result, when the basis for self-affirmation is refuted by new information about a deficit in the affirmed domain, self-affirmation's protective role is likely to be undermined, whereas self-deficits fail to undermine the basis for self-acceptance regardless of domain.

A potential caveat to our interpretation of the results of study 3A is the possibility that self-affirmation reduces defensive responding to self-deficit information (as highlighted by prior research) but does not lead to adaptive consumption regardless of whether the self-deficit is in the affirmed domain or not. Alternatively, self-affirmation might not have increased adaptive consumption in response to self-deficit information because our operationalization of self-affirmation was relatively weak. In order to rule out these explanations, in study 3B, we used the same self-affirmation and self-acceptance manipulations as in study 3A but examined adaptive consumption in response to a self-deficit in an area unrelated to the affirmed domain. Previous literature on self-affirmation has suggested that the beneficial effect of self-affirmation (e.g., reduction of defensiveness) is most evident when individuals affirm on an attribute unrelated to the domain of self-deficit (Blanton et al. 1997). On a related note, Aronson, Blanton, and Cooper (1995) have shown that, when given a choice, individuals tend to choose to affirm the self in a domain unrelated to perceived self-deficits. Thus, if the null effect of self-affirmation on adaptive consumption in study 3A was due to self-affirmation not affecting adaptive consumption regardless of domain, or due simply to a weak manipulation of self-affirmation, we would expect a similar null result of self-affirmation in study 3B. However, if the null effect was due to the experience of a self-deficit in the affirmed domain, we would expect self-affirmation to increase adaptive consumption in response to a self-deficit in an un-affirmed domain.

STUDY 3B: SELF-ACCEPTANCE VERSUS SELF-AFFIRMATION ON UNAFFIRMED DOMAIN IMPROVEMENT

Method

As in study 3A, a total of 139 participants from an online panel (Amazon Mechanical Turk; restricted to those residing in the United States) who had previously indicated that being intelligent and competent was their most important value were randomly assigned to one of three conditions corresponding to the cells in a single-factor (internalization: self-acceptance vs. intelligence-affirmation vs. no-internalization), between-subjects design.

Again, participants in the self-acceptance, intelligence-affirmation, and no-internalization conditions followed the same internalization procedure as those in study 3A. However, unlike in study 3A, all participants were then introduced to the "Virtual Perception Game," supposedly designed to assess "aesthetic perception." The description of aesthetic perception implied that it was closely related to one's creativity (as opposed to "perceptual intelligence," related to one's general intelligence as in study 3A) and that it could be improved through effort. The description read:

Aesthetic Perception

This study is designed to test one's level of aesthetic perception, which is a component of one's creativity. Preliminary research has indicated that aesthetic perception determines how efficiently one can integrate visual information into artistic structures, which is important in determining the level of one's artistic abilities and creativity. Research has shown that aesthetic perception can be improved through training.

The actual contents of the Virtual Perception Game were the same as the contents in the game of study 3A. However, when participants were done with the task, they were given feedback that they had scored poorly on the Virtual Perception Game and therefore had a significantly lower level of aesthetic perception compared to the average of individuals who took the same test (i.e., creativity deficit information).

Participants were then directed to the "product evaluation study," where an image of a creativity-improvement book ("Aesthetic Perception and How to Get It") was displayed. Participants were asked to rate their willingness to pay for the book on a sliding scale ranging from \$0 to \$50, in \$5 increments. Then they were thanked and debriefed.

Results

One participant who did not follow instructions in the internalization task (wrote less than three sentences) was excluded from the analyses. In the end, a total of 138 participants remained. An omnibus one-way (internalization: self-acceptance vs. intelligence-affirmation vs. no-internalization) ANOVA revealed a marginal main effect of inter-

nalization ($F(2, 135) = 2.80, p = .064, \eta^2 = .04$). Inclusion of the participant who did not follow instructions led to a similar marginal main effect of internalization ($p = .065$).

However, planned contrasts using one-tailed tests for directional hypotheses showed that participants who accepted the self prior to receiving creativity-deficit information were willing to pay more for the book aimed at improving “Aesthetic Perception” than control participants ($M_{\text{self-accept}} = \$8.78, SD_{\text{self-accept}} = 5.62$ vs. $M_{\text{no-inter}} = \$6.54; SD_{\text{no-inter}} = 5.35; t(86) = 1.91, p = .030$). In this study, the notable aspect of the book was that it supposedly was closely related to the construct of creativity and hence unrelated to their affirmed value (i.e., being intelligent and competent). This result suggests that the effect of self-acceptance on seeking improvement in an area of self-deficit also applies to domains that are not of utmost importance to the self. More importantly, however, planned contrasts using one-tailed tests for directional hypotheses showed that participants who affirmed the self on their intelligence prior to receiving the creativity-deficit information were now willing to pay more for the creativity-improvement book than those who did not engage in any internalization ($M_{\text{self-affirm}} = \$9.42, SD_{\text{self-affirm}} = 7.44$ vs. $M_{\text{no-inter}} = \$6.54, SD_{\text{no-inter}} = 5.35; t(96) = 2.19, p = .016$). Additionally, participants who accepted the self and those who affirmed the self on intelligence did not differ in their willingness to pay for the creativity-improvement book ($M_{\text{self-accept}} = \8.78 vs. $M_{\text{self-affirm}} = \$9.42; t < 1$).

Discussion

In study 3B, we found that the same self-affirmation manipulation we used in study 3A led to an increase in adaptive consumption in response to self-deficit information (relative to a control condition) in a domain unrelated to the affirmed domain. The results of study 3B are particularly notable because (1) they rule out the possibility that self-affirmation does not affect adaptive consumption regardless of domain or that our operationalization of self-affirmation in study 3A was too weak to observe an effect and (2) they are consistent with the findings of previous literature that the benefit of self-affirmation is greatest for deficits in areas unrelated to the affirmed domain.

Both studies 3A and 3B provide convergent evidence to those of studies 1 and 2 that self-acceptance increases individuals' propensity to seek improvement in the area of self-deficit. Further, studies 3A and 3B provide divergent evidence distinguishing the constructs of self-acceptance and self-affirmation. We found that whereas self-acceptance increases individuals' willingness to seek improvement in any area where a self-deficit is highlighted, self-affirmation tends to lead to self-improvement more so in areas unrelated to the affirmed domain. This difference is consistent with the notion that self-affirmation operates through highlighting a personally valued attribute (and thus deficit information undermining this valued attribute undermines the basis for self-affirmation's protective effect), whereas self-acceptance operates through severing the link between one's value as a person and one's attributes.

The distinction between self-affirmation and self-acceptance is not only conceptual but likely to be of great practical importance, because people are likely to test themselves precisely in those domains in which they take pride in their abilities—and thereby to inevitably encounter failures in these domains. For example, someone who takes pride in their intelligence may choose to enroll in demanding classes in high school, and thereafter in college, and thereafter in graduate school. At each level, the likelihood that the person receives some deficit information regarding their intelligence is likely to increase, leading to a greater possibility that affirming on their most valued attribute (i.e., intelligence) may backfire.

In addition to the difference in consequences following the receipt of self-deficit information among those who affirmed versus those who accepted the self highlighted in studies 3A and 3B, there are likely to be other important differences in consequences following self-affirmation versus self-acceptance. For instance, prior research has shown that when people are aware of a link between a self-affirmation intervention and self-deficit information, self-affirmation loses its effectiveness in terms of rendering the deficit information relatively benign (Gilbert et al. 1988; Sherman and Cohen 2006; Weinstein and Klein 1995). Though we are not aware of theories that have been proposed or tested to account for this finding, it might be because individuals believe that their worth in one domain should not affect their perception of deficits in an unrelated domain and hence “correct” for the affirmation. That is, they might correct for a bias that they perceive is influencing their response to an unrelated self-deficit. On the other hand, the aim of self-acceptance—to sever the perceived connection between one's self-worth and one's attributes—is explicit. Hence, we hypothesize individuals should feel no need to correct for self-acceptance when responding to self-deficits because they should not perceive that their response is being biased. Further research is needed to test this hypothesis and other differences in consequences between self-affirmation and self-acceptance.

GENERAL DISCUSSION

In this article, we introduced self-acceptance as a moderator of individuals' response to self-deficit information. Specifically, we showed that self-acceptance tends to reduce compensatory consumption and to increase adaptive consumption in response to self-deficit information. Our findings were consistent with the theorizing in which self-acceptance affects individuals' response to self-deficit information by changing the appraisal of self-deficits from harmful to benign to self-worth.

Implications for Compensatory Consumption and Self-Regulation

The benefits of self-acceptance for individuals bear potential implications for policy makers and marketers. Policy interventions focused on boosting self-esteem as a means

to promote well-being, particularly among children, have been widespread. However, interventions that boost self-esteem (e.g., through undeserved praise) can give students unrealistic beliefs and expectations about their traits and abilities (for reviews, see Baumeister et al. 2005; Crocker and Park 2004). When these beliefs and expectations are undermined, it can then harm individuals' sense of self-worth (Baumeister et al. 2005; Crocker and Park 2004).

The potentially detrimental consequences of self-esteem have led psychologists to call for alternatives to the pursuit of self-esteem for boosting psychological well-being (e.g., Crocker and Park 2004). Our findings, together with findings in the clinical psychology literature, suggest self-acceptance as a potential alternative. Unlike self-esteem, self-acceptance is inherently unconditional and therefore may better buffer individuals' self-worth against inevitable failures and hence serve as a less volatile alternative to self-esteem for promoting well-being. Future research examining the relative benefits of self-acceptance versus self-esteem interventions among nonclinical populations would help shed light on this conclusion.

Our findings also highlighted a potential advantage of self-acceptance in comparison to self-affirmation. We found that self-affirmation led to an increase in adaptive consumption in response to self-deficit information in domains unrelated to the affirmed domain but not in the affirmed domain, whereas self-acceptance appeared to promote adaptive consumption in response to self-deficit information regardless of domain. However, future research is needed to further disentangle the constructs of self-affirmation from self-acceptance. For instance, given that self-affirmation, similarly to self-acceptance, can increase adaptive consumption (study 3B), is it possible that self-affirmation operates through increasing self-acceptance? We interpreted our findings from study 3A as suggesting that this is not the case since unlike self-acceptance, self-affirmation did not result in increased adaptive consumption in response to self-deficit information when the self-deficit was in the affirmed domain. However, perhaps self-affirmation leads to self-acceptance only in cases where the basis for self-affirmation is not subsequently undermined. Although we have posited that the inherently conditional nature of self-affirmation may prevent individuals from achieving unconditional self-acceptance, future research should investigate this possibility as well as other differences between self-acceptance and self-affirmation, such as the degree to which awareness of the intervention affects the effectiveness of each construct (also see the discussion following study 3).

Marketers might also benefit from understanding the implications of self-acceptance and from tailoring and targeting their messages toward population segments that might be most receptive to a message based on their level of self-acceptance. For example, some populations (e.g., women vs. men, elderly vs. young, etc.) might be more accepting of the self than others and thus more open to products from the advice industry (e.g., financial advice or dietary advice). On the other hand, for groups low in self-acceptance, mar-

keters might need to carefully pitch advice-related or other potentially threatening products in a nonthreatening manner (e.g., Gal and Wilkie 2010)

In addition to implications specific to research on compensatory consumption, our findings also add to a wider stream of research demonstrating potential downsides to self-regulation. Past research has noted that consumers' attempts to improve not out of an intrinsic desire for self-improvement but out of a need to conform to an ideal may yield detrimental consequences, such as psychological depletion (Gal and Wilkie 2010; Ryan and Deci 2008), angry behavior (Gal and Liu 2011), or regret (Keinan and Kivetz 2008; Kivetz and Keinan 2006). Adding to this stream of literature, we demonstrate that effortful attempts to resist or deny self-deficit information may not be as helpful as changing one's appraisal of self-deficit information from a reflection on one's self-worth to an opportunity for improvement.

Implications for Self-Acceptance and Future Directions

A question that naturally arises from the discussion of accepting the self and its flaws unconditionally is whether self-acceptance is tantamount to hopeless resignation, fatalism, or apathy. Our findings suggest otherwise. Hopeless resignation implies giving up on the effort to change for the better without having ameliorated the negativity of self-deficits. According to Cordova (2001), individuals who display hopeless resignation are inclined to deny, avoid, or escape it but do not believe they have the resources to effectively change the situation or the self for the better. On the other hand, achieving self-acceptance is congruent with the desire for self-improvement. By unconditionally accepting the self, one's self-worth is no longer tied to an ideal of whom one should be, and one can therefore perceive a deficit between one's current self and ideal self as an opportunity for improvement rather than as a threat.

The view that the achievement of self-acceptance is positively related to self-improvement can be related to Dweck's (1999) perspective that individuals who view failure as a reflection on the self are less likely to pursue self-improvement than individuals who do not hold this view. In particular, Dweck stresses that individuals can alleviate the fear of failure by adopting a belief that ability is a reflection of learning and effort ("growth mind-set") rather than something innate or rigid ("fixed mind-set"; see also Rotter 1990). Our findings and others from cognitive behavioral therapy suggest that achieving self-acceptance might be another route to promoting self-improvement through eliminating the fear of failure.

At the same time, self-acceptance and growth versus fixed mind-set are likely to interact in influencing individuals' responses to self-deficit information. In particular, we hypothesize that having both high levels of self-acceptance and a growth mind-set would likely lead to reduced compensatory consumption and increased adaptive consumption

in response to self-deficit information. Indeed, in our studies, individuals likely believed improvement was possible (i.e., were put in a growth mind-set with respect to the self-deficit dimensions) because our experimental framing of the self-deficit domains and the dependent variable either implied (study 1: “particular incident in which someone else had power over you,” “Power and Influence for Dummies, the workbook written exclusively for those ready to . . . make progress”) or explicitly stated (study 2: “The MindSparke Brain Fitness Pro’s cognitive training program increases cognitive ability;” studies 3A and 3B: “Research has shown that Perceptual Intelligence/Aesthetic Perception can be improved through training”) that improvement in these domains was possible.

On the other hand, having high levels of self-acceptance and a fixed mind-set would likely lead to reduced compensatory consumption but not to an increase in adaptive consumption. This is because self-acceptance is only the first step toward improvement. Self-acceptance allows individuals to view self-deficits as benign to their self-worth and therefore enables them to accept that they are short of their ideal instead of denying or avoiding the self-deficit information to protect their self-worth from harm. However, whether such deficits are also viewed as opportunities for improvement and thereby lead to adaptive behavior is likely to depend on people’s beliefs regarding whether improvement in the area of deficit is possible (i.e., a growth mind-set). Future research should investigate these hypotheses by examining interactive effects between self-acceptance and mind-set (growth vs. fixed).

Another potentially fruitful area of investigation is the relation between self-acceptance and psychological closure. Self-acceptance might be conceived as a form of psychological closure in the sense that self-acceptance forestalls the need to distort or manipulate the past and in so doing promotes the ability to engage in more productive activities. Though literature on the effects of psychological closure has been limited, recent research has shown that psychological closure yields similarly positive benefits to those of self-acceptance, such as the alleviation of negativity (Li, Wei, and Soman 2010) and greater choice satisfaction (Gu, Botti, and Faro 2013). Future research might further examine the relation between achieving self-acceptance and psychological closure.

DATA COLLECTION INFORMATION

The data for study 1 (October 2012) were collected using the Amazon Mechanical Turk panel (restricted to those residing in the United States), those for study 2A (May 2013) were collected at the Kellogg School of Management Marketing Department lab by two research assistants hired by the Kellogg School of Management under the supervision of the authors, those for study 2B were collected at the Kellogg School of Management online undergraduate pool (November 2013), and those of studies 3A and 3B (June 2013) were collected using the Amazon Mechanical Turk panel (restricted to those residing in the United States). The

data were analyzed by the first author under the supervision of the second author.

APPENDIX A

SELF-ACCEPTANCE INTERNALIZATION MATERIAL, STUDY 1 AND STUDY 3

Practice Self-Kindness

Self-acceptance teaches you that you are not who you think you are. Specifically, it helps you to discern between your personality and your unconditioned self. This discernment is essential for your growth and happiness. Early on, every child starts to construct a “persona” to help cope with the demands of being in a family, going to school, and facing the world. On close inspection you find that your persona is made up of judgments about who you are, what’s possible, what you deserve, and what you don’t. These judgments build a self-image, which is the lens through which you see yourself and the world.

Judgment is not vision. Judgment is not seeing. That’s why the more you judge yourself the less you see who you really are. The habit of self-judgment causes self-denigration in which you belittle yourself, criticize yourself, punish yourself, and treat yourself without kindness. The most powerful way to undo the effects of self-denigration is forgiveness. Forgiveness restores awareness of your innate goodness.

Declare now “I forgive myself for my judgments.” Affirm, “I will not harm myself today.” Trust in your goodness. Relax into your wholeness. Resolve to treat yourself with kindness.

Love Yourself as You Are

In any given moment, you are either accepting yourself or rejecting yourself. That is, if you do not practice self-acceptance, you must practice self-rejection! Essentially self-rejection is identifying with your personality more than with your true essence. So in practice, this means you often say “No” to yourself . . . “No” to your real desires, “No” to having your needs met, “No” to stopping and simply relaxing, “No” to making time for yourself, “No” to letting yourself be helped, and “No” to loving yourself more.

For as long as you keep rejecting yourself you will live in constant fear of being rejected by others. Out of necessity, you will fashion a persona that tries to be good—not to ask for anything, not to be a burden, to please people, and to ingratiate itself wherever possible. Sadly, this persona will feel “unlovable,” no matter how hard it tries to love others. The self-rejection causes you to be mean to yourself—no attention, no care, no appreciation, no self-love. Yet this isn’t how your unconditioned self feels about you . . . Your unconditioned self loves you!

Adapted and modified from McAlwey (2012), www.fullspectrumhealing.com.au.

APPENDIX B

SELF-ACCEPTANCE INTERNALIZATION MATERIAL, STUDY 2

Thoughts to Help Increase Self-Acceptance

1. I'm not a bad person when I act badly; I am a person who has acted badly.
2. I'm not a *good person* when I act well and accomplish things; I am a person who has acted well and accomplished things.
3. I can accept myself whether I win, lose, or draw.
4. I would better not define myself entirely by my behavior, by others' opinions, or by anything else under the sun.
5. I can *be* myself without trying to *prove* myself.
6. I have many faults and can work on correcting them without blaming, condemning, or damning myself for having them.
7. I can neither prove myself to be a good nor a bad person. The wisest thing I can do is simply to accept myself.
8. I can itemize my weaknesses, disadvantages, and failures without judging or defining *myself* by them.
9. Seeking self-esteem or self-worth leads to self-judgments and eventually to self-blame. *Self-acceptance* avoids these self-ratings.
10. I can reprimand my behavior without reprimanding myself.
11. I can praise my behavior without praising myself.
12. Get after your behavior! Don't get after yourself.
13. I can acknowledge my mistakes and hold myself accountable for making them—but without berating myself for creating them.
14. It's silly to favorably judge myself by how well I'm able to impress others, gain their approval, perform, or achieve.
15. It's equally silly to unfavorably judge myself by how well I'm able to impress others, gain their approval, perform, or achieve.
16. I do not have to let my acceptance of myself be at the mercy of my circumstances.
17. I am not the plaything of others' reviews and can accept myself apart from others' evaluations of me.
18. I may at times need to depend on others to do practical things for me, but I don't have to emotionally depend on anyone in order to accept myself. *Practical* dependence is a fact! *Emotional* dependence is a fiction!
19. I am beholden to nothing or no one in order to accept myself.
20. It may be better to succeed, but success does not make me a better *person*.
21. It may be worse to fail, but failure does not make me a worse person.

Adapted and modified from the Self-Acceptance Exercise, Smart Recovery (2012), www.smartrecovery.org.

List of Daily Activities

1. Eating breakfast.
2. Watching TV.
3. Doing homework.
4. Listening to music.
5. Using the computer.
6. Going to the park.
7. Going to the movies.
8. Going shopping.
9. Going for a pleasure drive.
10. Riding a bike.
11. Eating lunch.
12. Studying for class.
13. Taking a trip or vacation.
14. Calling a friend.
15. Snacking.
16. Engaging in my hobby.
17. Going to the gym.
18. Eating dinner.
19. Visiting a family member.
20. Starting my workday.
21. Going to bed.

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