SELECTIVE EXPOSURE AND SELECTIVE ATTENTION:
THE MODERATING EFFECT OF CONFIDENCE IN ATTITUDES
AND THE KNOWLEDGE BASIS FOR THESE ATTITUDES

By

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>v</td>
</tr>
</tbody>
</table>

| ABSTRACT       | vi   |

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Motivational Effects of Prior Attitudes on Information Seeking</td>
<td>2</td>
</tr>
<tr>
<td>Non-motivational Effects of Prior Attitudes on Information Seeking</td>
<td>6</td>
</tr>
<tr>
<td>The Present Research</td>
<td>7</td>
</tr>
</tbody>
</table>

| 2 STUDY 1      | 8    |
| Method         | 8    |
| Participants   | 8    |
| Procedure      | 8    |
| Dependent Variables | 10 |
| Independent Variables | 12 |
| Moderators     | 12   |
| Results        | 14   |
| Selective Exposure | 15 |
| Selective Attention | 16 |

| 3 STUDY 2      | 19   |
| Method         | 19   |
| Participants   | 19   |
| Procedures and Measures | 19 |
| Results        | 20   |
| Selective Exposure | 21 |
| Selective Attention | 22 |

| 4 META-ANALYSIS| 25   |

iii
5 DISCUSSION.......................................................................................................................... 27

Selective Exposure and Attention......................................................................................... 27
Attitude and Knowledge Confidence..................................................................................... 28
Motivational and Cognitive Accounts of Selective Exposure and Attention ................. 28

APPENDIX

A PROCEDURE FLOWCHART.............................................................................................. 31
B TEXTS ................................................................................................................................... 32
C QUESTIONNAIRES ........................................................................................................... 37
D DESCRIPTIVE STATISTICS............................................................................................. 62
E FACTOR LOADINGS AND CHRONBACH’S ALPHA ......................................................... 65
F CORRELATIONS............................................................................................................... 68
REFERENCES ...................................................................................................................... 71
BIOGRAPHICAL SKETCH ................................................................................................. 73
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1. Effects of Attitudes and Perceived Quality on Preference, Reading Times, Misspelling Detection and Recall (Study 1)</td>
<td>18</td>
</tr>
<tr>
<td>Table 2. Effects of Attitudes, Expected Quality, and Perceived Quality on Preference, Reading Times and Recall (Study 2)</td>
<td>24</td>
</tr>
<tr>
<td>Table 3. Effects of Attitudes and Perceived Quality on Preference, Reading Times and Recall (Meta-Analysis)</td>
<td>26</td>
</tr>
</tbody>
</table>
Abstract of Thesis Presented to the Graduate School of the University of Florida in Partial Fulfillment of the Requirements for the Degree of Master of Science

SELECTIVE EXPOSURE AND SELECTIVE ATTENTION: THE MODERATING EFFECT OF CONFIDENCE IN ATTITUDES AND THE KNOWLEDGE BASIS FOR THESE ATTITUDES

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The thesis concerns the influence of attitudes on selective exposure and attention to information. It is proposed that people's confidence in their attitudes and the knowledge basis for these attitudes moderate the influence of attitudes on selective exposure and attention to information. According to cognitive dissonance theory, people should be more motivated to favor attitude-supporting information when they have little confidence in their attitudes and knowledge compared to when they have high confidence (motivational hypothesis). Alternatively, people who have high confidence in their attitude and knowledge should expect the attitude-consistent information to be higher in quality than people who are low in confidence. Consequently, relative to individuals who doubt their attitude and knowledge, highly confident individuals may prefer and attend to information that is more rather than less consistent with their attitudes toward the issue at hand (cognitive hypothesis).
Participants in two studies were asked to select a reading that could be consistent or inconsistent with their attitude toward a social issue (i.e., abortion or euthanasia). All participants were then presented with both the attitude-consistent and –inconsistent text to measure attention to the text. The measures of attention included reading time, error detection and recall. In both studies participants had a clear preference for attitude-supporting relative to attitude-opposing information. Moreover, a meta-analysis of the two studies shows that highly confident participants prefer attitude-supporting information to a greater extent than less confident participants. With respect to selective attention, participants in the two studies who had low confidence in their knowledge paid more attention to attitude-conflicting relative to attitude-supporting information. As expected, confidence moderated the influence of attitudes on selective exposure and attention. The direction of the findings provides support for cognitive rather than motivational effects of confidence.
People have a bias in favor of information that supports their prior attitudes and against information that opposes these attitudes (for a review, see Eagly & Chaiken, 1993). For example, they may intentionally seek contact with attitude-supporting information as opposed to attitude-opposing material (Festinger, 1957). They may also pay more attention to attitude-supporting information than to attitude-opposing information (e.g., Olson & Zanna, 1979) and occasionally remember attitude-supporting information to a greater extent than attitude-opposing information (Levine & Murphy, 1943). According to the most recent reviews of the selective exposure literature (Cotton, 1985; Frey, 1986), the overwhelming majority of research supports a pro-attitudinal bias in preference for information.

Selective exposure and attention, however, are unlikely to emerge in all conditions. For instance, Frey (1986) concluded that people are more likely to engage in (selective) approach to pro-attitudinal information when they are committed to their initial point of view. Similarly, individuals appear to engage in selective exposure when they are dogmatic and have chronic tendencies to ignore unpleasant materials (Kleck & Wheaton, 1967; Olson & Zanna, 1979). Despite prior efforts to identify the moderators of selective exposure and attention, no prior research has investigated the role of confidence in prior attitudes and knowledge. The present thesis is an attempt to fill this gap.

Certainty that one’s attitudes and the knowledge basis for these attitudes are correct is likely to impact exposure and attention to material that is consistent or inconsistent with
prior knowledge and attitudes. For instance, according to Festinger (1957) and Canon (1964), individuals who doubt their attitudes experience greater threat when they confront counter-attitudinal information. In contrast, counter-attitudinal information is a lesser threat for individuals who trust their prior attitudes and knowledge. Consequently, people who doubt their attitudes and knowledge are likely to engage in greater approach to pro-attitudinal information than people who do not fear the counter-attitudinal information.

Confidence may also have cognitive, non-motivational effects on selective exposure. For example, people who trust their own attitudes and knowledge about a topic are more likely to believe that pro-attitudinal information will be better in quality or more correct than counter-attitudinal information. As a result, they may choose to receive materials that agree with their point of view relative to information that questions those views (for research on the influence of perceptions of information quality on exposure, see Simon, 1957, and Wilson, 1999). In contrast, compared to people who trust their attitudes and knowledge, people who doubt their prior attitudes and knowledge may evaluate counter-attitudinal materials more favorably and consequently manifest a weaker bias in favor of pro-attitudinal material.

**Motivational Effects of Prior Attitudes on Information Seeking**

Selective exposure denotes people’s tendencies to prefer and come into contact with attitude-supporting rather than attitude-opposing information. Festinger (1957, 1964) coined the term to describe the effects of disharmony between prior attitudes and the belief that external information may question these attitudes. This unpleasant state of disharmony presumably motivates people to reduce threat by approaching reassuring pro-attitudinal information and avoiding threatening counter-attitudinal materials. For instance, there is evidence that people may not choose attitude-supporting information
unless they feel personally responsible for a behavior they performed (e.g., Cotton & Hieser, 1980; Frey & Wicklund, 1978). Cotton and Hieser (1980) as well as Frey and Wicklund (1978) asked participants to write an essay that either conflicted with or supported their attitudes. Participants could decline writing the essay (free-choice conditions) or not (forced-choice conditions). Findings indicated that participants in free-choice conditions had a stronger preference for attitude-supporting (rather than opposing) information. In contrast, participants who did not freely engage in the behavior manifested a weak bias in favor of the attitude-supporting information. That is, participants attempted to reduce cognitive dissonance only when their behavior could not be attributed to the experimenter.

Researchers, however, have also found evidence that questions cognitive dissonance as the prevailing mechanism in information seeking (Freedman & Sears, 1965; McGuire, 1968). One finding that conflicts with cognitive dissonance is that people often prefer useful information even when this information is threatening (Cotton, 1985; Frey, 1986). For example, Feather (1962) investigated smokers' and non-smokers' preference for information that described smoking as posing high or low risk for cancer. Specifically, he asked smokers and non-smokers to report their interest in reading an article that either suggested that smoking increases the risk of getting cancer or that there is no relationship between smoking and cancer. According to cognitive dissonance (Festinger, 1957, 1964), selective exposure should occur when people are committed to their prior attitudes. That is, smokers should prefer the information that attributes low risk to smoking. In contrast to this prediction, Feather (1962) found that smokers preferred information that claimed that smoking leads to cancer even though this information is presumably threatening to
them. According to Feather (1962), participants in his research may have judged the article claiming that smoking was safe as simply not credible given the scientific evidence at the time. To that extent, accuracy could have been more important than defending one’s attitudes.

Further work supports the possibility that people prefer useful information even when this information is threatening. For example, participants in Rosen’s (1961) research were given the option to take one of two tests. After they had selected one of the two tests, participants could read information on either of the tests and use that information to maintain their original decision or to switch to the exam they decided against initially. According to cognitive dissonance theory, reading about the exam they did not choose should be considered a threat because it may reveal that they made a bad choice. As a result, we should expect the participants to prefer information about the exam they had chosen rather than information about the exam they did not choose. Rosen found that participants in his research were more likely to read information about the test they had not chosen. They used that information to decide whether to take the test they had already chosen or to switch to the other test if the other test appeared easier or better suited for them. Thus, it seems that dissonance reduction is not the only goal that influences people’s information seeking, and that some times other goals, such as performance improvement, impact information seeking.

Further, Freedman and Sears concluded that in some situations people prefer (Freedman, 1965; Sears, 1965) and pay more attention to (Sears and Freedman, 1963) attitude-opposing (rather than supporting) information. In their research, participants first formed an evaluation of a job candidate on the basis of one-sided information and then
selected information that supported or opposed the one-sided information. The researchers found that participants preferred attitude-opposing information, which until then was unavailable to them. According to Cotton (1985), when people form an attitude based on one-sided information, they may choose attitude-opposing information to uphold an impression of themselves as being fair. Also, participants in that study could have evaluated the attitude-conflicting information as more novel than the attitude-conflicting material. Participants in this research evaluated a job candidate and were thus likely to strive for accuracy, taking into account novel information.

People are also likely to choose attitude-opposing information when they expect the counter-attitudinal information to be low in quality (Kleinhesselink & Edwards, 1975). Kleinhesselink and Edwards (1975) introduced the source of information presented to participants as either credible (i.e., knowledgeable) or not credible (i.e., not knowledgeable). Participants then received recorded information that contained background noise and were instructed to decrease the noise by pressing a button when necessary. Findings indicated that participants pressed the "de-jamming" button significantly more when they believed either that the information was highly credible and supported their attitudes, or that the information was not credible and opposed their attitudes. In contrast, they made fewer attempts to reduce the noise when they believed that the information was credible and incongruent with their attitudes and when they believed that the information was not credible and supported their attitudes. One explanation for these findings is that both high-quality arguments that support one’s attitudes and low-quality arguments that conflict with one’s attitudes validate these attitudes. In contrast, low-quality arguments in support of one’s attitudes as well as high-quality arguments that oppose one’s attitudes suggest that one’s attitudes are incorrect.
Non-motivational Effects of Prior Attitudes on Information Seeking

Confirmation biases may also occur because people assess confirmational information as more valuable or because pro-attitudinal information is easier to process than counter-attitudinal elements (Darley & Gross, 1983). For instance, people with high confidence in their prior attitudes and knowledge are likely to deem pro-attitudinal materials higher in quality than materials that question their attitudes. If this possibility is true, people who are high in confidence in their attitudes and knowledge should be more likely to seek pro-attitudinal information than people who are low in these perceptions.

The hypothesized moderating effect of confidence is partly supported by the findings of Mills and Ross (1964). Mills and Ross (1964) asked college students to report their attitude about televised lectures the university was implementing, along with their confidence in their position and their interest in reading articles that favored or opposed televised lectures. The researchers told one half of the participants that their attitude would be kept anonymous (private condition) and the other half that their attitude would be made available to anyone interested (public condition). The results revealed that confident people preferred attitude-supporting over attitude-opposing information when they were not publicly committed to their position. However, publicly committed participants preferred attitude-supporting over attitude-opposing information when they were less confident in their own position. An explanation for these findings is that individuals have a need for information that supports their attitudes when they expect to defend their attitudes in public and have little confidence in these attitudes. In contrast, people who do not expect to publicly defend their attitudes choose information they trust and consider plausible (i.e., information that agrees with their highly-confident attitudes).
That is, the former pro-attitudinal bias has a motivational explanation, whereas the later pro-attitudinal bias has a non-motivational explanation.

**The Present Research**

Two studies tested the effects of confidence in prior knowledge and attitudes on people’s tendencies to seek pro- rather than counter-attitudinal information. In these studies, participants reported their attitudes toward abortion (Study 1) and euthanasia (Study 2) and completed measures of confidence in these attitudes and their knowledge about the issues at hand. They also decided whether they wanted to read materials that were in favor of or against abortion or euthanasia and rated the expected quality of each set of materials. In addition to using measures of information preference as past researchers have used (see Brock, 1965; Freedman, 1965), we assessed selective attention by recording the time participants spent reading each type of material, the number of errors they detected when they were instructed to do so, and their recognition and correct recall of the material they read. We also measured participants’ confidence in their attitudes and knowledge basis, as well as their prior experience thinking about an issue and their personal involvement in the issue, which can both increase confidence in attitudes and prior knowledge.\(^1\)

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\(^1\) One might expect that the effects of prior attitudes on selective attention will be identical to the observations from selective exposure measures. After all, social psychologists have failed to distinguish between the two and often used these terms interchangeably. Alternatively, however, the effects of prior attitudes on attention may differ. For example, information that is consistent with one’s prior knowledge may be easier to process, whereas novel information may pose greater demands on the cognitive system. If this hypothesis is plausible, there may be situations in which people attend more to counter-attitudinal material than to pro-attitudinal information.
CHAPTER 2
STUDY 1

Method

Participants

We recruited 105 (76 female and 29 male) undergraduate students at the University of Florida to participate in the study in exchange for credits in an introductory psychology course. We advertised the study in the form of an unmanned poster in the psychology building that allowed students to sign up for the study by selecting a desired time slot from the poster. The poster did not disclose any information about the purpose and content of the study. We conducted the study with groups of up to 5 participants, who completed the study in separate cubicles with a personal computer.

Procedure

A summary of the study procedure appears in Appendix A. When participants arrived to the lab, we indicated that we were conducting research for a fictitious organization, which was presented as the “Bureau of Sociology Education Research.” The Bureau was described as a longstanding, prestigious organization responsible for collecting data to design introductory sociology textbooks. We further said that one of the objectives of the Bureau was to ensure clarity and comprehension of theories and key terms in sociology. We added that sociology education is complex, because virtually all theories touch on issues that change constantly as changes in society occur, and that, as a result, what professors teach about these issues at one point in time may be obsolete or irrelevant at a later time. We also explained that to solve this problem, the Bureau regularly presents
representative students with texts designed for educational purposes, which address more than one side of a given issue and provide up-to-date, accurate information on the topics.

We told participants that the study involved reading and discussing passages on abortion. Participants were then informed that the computer would assign each participant to read the pro-abortion text, the anti-abortion text, or both texts. After receiving this information, participants reported their preference for each of the two texts (which could ostensibly be used to assign reading materials), their attitude toward abortion, their confidence in their knowledge about abortion, their confidence in their attitude toward abortion, and their involvement in the issue of abortion.

Once participants provided their initial responses, participants were told that the computer assigned them to read both texts. They were then told to attempt to detect misspellings in the texts they were about to read. (Detection of misspellings was one of the measures of attention we included.) The computer then presented the two texts for them to read. These texts (see Appendix B) were 545 and 543 words long, respectively, and they contained the same number of arguments and were rated equally difficult and strong during pre-testing. The presentation order was random. Participants then read the first text and recorded misspellings on a sheet of paper. The computer recorded the time they spent reading the text. After finishing reading the first text, participants gave their opinion on the quality of the arguments in the text, their attitude toward the topic and confidence in their knowledge and attitude.1 They then answered questions to measure recognition of the arguments and memory for facts discussed in the text. Following these questions, participants read the second text following the exact same procedure as with

1 Only measures of attitude and confidence taken before reading the text were used in the analyses.
the first text. That is, they recorded the misspellings they identified and then answered
questions about perceived quality, attitude, confidence, recognition of arguments, and
memory for facts discussed in the text. Finally, participants answered questions regarding
prior exposure to information about abortion as well as general measures of factual
knowledge of information not offered in either of the texts. Upon completion, the
students received written debriefing materials and were dismissed.

**Dependent Variables**

We included several measures of information preference and attention that we later
correlated with attitudes to assess attitude-based biases in preference for and attention to
information. These measures appear in Appendix C. Appendix D contains summary
statistics for all the variables of interest in this study.

**Information preference.** To assess information preference, we measured (a) choice
of text to read, (b) relative preference for reading one text over the other, and (c) relative
interest in reading one text over the other. The measure of choice was dichotomous;
participants simply chose to read texts that were either ‘In favor’ (1) or ‘Opposed to’
abortion (0). As a measure of relative preference, participants indicated whether they
preferred to read materials ‘In favor’ or ‘Opposed to’ abortion. Absolute preference for
the anti-abortion text was scored –3 and absolute preference for the pro-abortion text was
scored +3, with participants with less extreme preferences checking other points on the
scale. We constructed the measure of relative interest by asking participants to indicate
how interested they were in reading each of the texts on a scale from 1 (not at all) to 7
(extremely). We subtracted interest in reading the text opposed to abortion from interest
in reading the text in favor of abortion. To obtain an overall index of approach to pro-
abortion material, we standardized each variable and summed them after weighting each
component on the basis of an exploratory factor analysis\(^2\) (see Appendix E). Higher numbers on this overall index suggest greater preference for pro-abortion materials.

**Attention to information.** As suggested by Eagly and Chaiken (1993), we used reading time as an indicator of attention to pro- and anti-abortion materials. Reading time was measured in 1/100 of a second. In addition to reading time, we interspersed ten typos in the text and asked participants to make a note of any misspellings they detected. Detection of misspellings was scored from 0 to 10 depending on the number of misspellings detected from a maximum of 10. Greater numbers on this index indicate greater attention to the information they received.

We also used recognition of arguments and memory for factual information as indicants of attention to the information participants read. To measure *recognition of arguments*, we had participants read a list of twelve arguments that included six that were included in the text as well as six new ones. Participants then indicated whether each argument appeared in the text they read. We subtracted the number of arguments incorrectly recognized as part of a text from the number of arguments correctly recognized as part of that text (see Eagly, Chen, Chaiken, & Shaw-Barnes, 1999). Greater numbers on this index indicate greater attention to the information participants received. To measure *memory for factual information*, we included six multiple-choice questions. For example, we asked participants “what is the most common reason women give for having an abortion”, a fact that was given in the text. Each question had four alternative answers, and only one answer was correct. We summed the number of correct responses

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\(^2\) Alternatively, we could have used unweighted components, which is the more conventional method of constructing composite measures when the sample size is this small \((n = 105)\). Because the factor loadings are very similar within and across the two studies (the widest rage is .70 to .87 for the factor of prior...
to create an overall index of factual memory from 0 (no correct choices) to 6 (all correct choices). As before, greater numbers on this index indicate greater attention to the information they received.

**Independent Variables**

**Attitude.** To measure attitudes, we asked participants to report whether (a) they were in favor of or opposed to abortion, (b) abortion was unacceptable or acceptable, and (c) abortion was unjustifiable or justifiable. In all cases, participants provided their response on a scale from 1 (*opposed to abortion, unacceptable, unjustifiable*) to 7 (*in favor of abortion, unacceptable, unjustifiable*). We summed the three measures of attitudes after weighting each by the corresponding loading in a factor analysis (see Appendix E).

**Evaluation of argument quality.** To measure the participants' evaluation of argument quality we asked participants to rate each text on a scale from 1 (*low quality*) to 7 (*high quality*). We then subtracted the perceived quality of the anti-abortion text from the perceived quality of the pro-abortion text as an overall index of relative quality rating. Greater numbers on this index imply a more favorable evaluation of the pro-abortion text.

**Moderators**

The main objective of the study was to examine whether people’s confidence in their knowledge and attitudes influence exposure and attention to pro-attitudinal information. In addition, we measured factual knowledge, prior exposure to information about the issue, and involvement in the issue.

**Knowledge confidence.** To measure confidence in knowledge, we asked participants to describe the span, depth, and accuracy of their knowledge on scales from 1 (*narrow,
shallow, inaccurate) to 7 (wide, deep, accurate). We then added each of the three responses after weighting each by the corresponding loading in a factor analysis (see Appendix E).

**Attitude confidence.** To measure attitude confidence, participants reported how confident they were in their attitude toward abortion and how likely it was that they would ever change their attitude toward abortion. Participants provided a response on scales from 1 (not confident at all, unlikely) to 7 (extremely confident, likely). We averaged these two responses as a measure of attitude confidence.

**Factual knowledge.** We included 10 multiple choice questions as measures of factual knowledge. For example, we asked participants "How much does an abortion normally cost?" Participants could select a response among (a) 400$, (b) 800$, (c) 1200$, or (d) 1600$. Correct responses were scored 1 and incorrect ones 0. Overall, the factual knowledge index ranged from 0 (no correct responses) to 10 (all correct responses).

**Prior exposure to information about the issue.** To measure prior exposure to materials about abortion, we asked participants (a) how often they read about abortion, (b) how often they attended formal presentations about abortion, (c) how often they listened to friends and family’s discussions about abortion, and (d) how often they discussed abortion with friends and family. Participants provided their responses on a scale from 1 to 7 that included never, less than once a year, once or twice every year, three to five times a year, six to eleven times a year, every month, and every week or more often.

**Involvement.** We measured involvement by asking participants to report (a) how interested they were in abortion, (b) how important abortion was to them personally, (c)
how interested in abortion people they knew were, and (d) how important abortion was to people they knew. Participants provided their responses on scales from 1 (not interested or not important) to 7 (very interested or very important). All four responses loaded on to a single factor (see Appendix E) and were summed as an index of involvement after being weighted by the corresponding factor loadings.

Results

We hypothesized that people’s confidence in their attitudes and their knowledge about an object influences the degree to which they select and attend to information that is consistent or conflicting with their attitudes. On the one hand, people who feel confident in their attitudes and prior knowledge about an object may feel less threatened by counter-attitudinal information about that object and thus show less exposure to attitude-consistent material than those who are low in confidence (motivational hypothesis). On the other hand, people who feel confident in their attitudes and prior knowledge about an object may infer that attitude-consistent information is likely to be higher in quality than counter-attitudinal information (non-motivational hypothesis). Consequently, confident individuals may engage in greater approach to attitude-consistent information than doubtful ones. To test these hypotheses, we regressed the measures of exposure and attention on attitudes, a confidence index, and the interaction between attitudes and the confidence index (see Agresti & Finlay, 1997). For display purposes, we dichotomized the confidence indexes by the median and computed the correlation of attitudes toward abortion with exposure and attention to information about abortion. Positive associations imply selective approach to pro-attitudinal information; negative associations imply selective approach to counter-attitudinal information; null associations imply no selectivity whatsoever. We conducted supplementary analyses for involvement, factual
knowledge, and prior exposure using the same procedures used for the confidence indexes. A summary of these data appears in Table 1.

Selective Exposure

Confidence in attitudes and prior knowledge may increase or decrease approach to pro-attitudinal information depending on whether the information activates motivational or cognitive processes. As can be seen in Appendix F, there was a strong correlation between prior attitudes and preference for pro-attitudinal information ($r = .60, p < .01$). This result supports the hypothesis that people prefer attitude-congruent information to a greater extent than attitude-conflicting information (attitude $M = 4.01$ and preference $M = 4.44$). Although neither confidence in knowledge nor confidence in attitudes moderated this association significantly, preference for pro-attitudinal information tended to be greater when confidence was high than when it was low ($r = .64, p < .01$, vs. $56, p < .01$, for high and low knowledge confidence, respectively, and $66, p < .01$, vs. $.48, p < .01$, for high and low attitude confidence, respectively). Moreover, the correlation between prior attitudes and preference for pro-attitudinal information was stronger when participants were frequently exposed to information about abortion than when they were not ($r = .72, p < .01$, vs. $.48, p < .01$, for high and low prior exposure, respectively). Although in isolation this finding is difficult to interpret, it may imply that people who frequently communicated about abortion were more confident in their attitude and knowledge ($r$ between prior exposure and confidence in attitude and knowledge = $.28, p < .01, and $.18, p < .10$) about abortion and attributed greater quality to the attitude-consistent information relative to the attitude-conflicting information. In contrast, people who did not frequently communicate about abortion were less confident in their attitude
and knowledge about abortion and attributed lower quality to the attitude-consistent information relative to the attitude-conflicting information.

Further, we tested the relations of attitudes and confidence with perceived quality of the information. As expected, participants perceived the information to be greater in quality when it agreed with their prior attitudes than when it did not ($r = .53, p < .01$, difference in quality $M = 0.13$). Moreover, participants with high confidence did in fact attribute higher quality to attitude-supporting rather than attitude-conflicting messages than did participants with low confidence ($r$ between attitude and greater quality of pro-attitudinal information $= .60, p < .01$, vs. $34, p < .01$, for high and low attitude confidence, respectively, and $.54, p < .01$, vs. $.51, p < .01$, for high and low knowledge confidence, respectively). These quality perceptions presumably motivated the selection of pro-attitudinal materials, as shown by a significant positive correlation between greater perceived quality of the pro-attitudinal information and preference for pro-attitudinal information ($r = .31, p < .01$).

**Selective Attention**

We hypothesized that confidence in one’s knowledge about an object as well as attitudes toward that object could increase or decrease attention to pro-attitudinal information. The results in Table 1 suggested that confidence increased attention to pro-attitudinal relative to counter-attitudinal information. For example, when participants had high knowledge confidence, they took longer to read the pro-attitudinal text relative to the counter-attitudinal text ($r = .32, p < .05$), detected more misspellings for the pro-attitudinal text relative to the counter-attitudinal texts ($r = .29, p < .05$), and recognized the arguments contained in the text more accurately when these arguments were congruent with their attitudes than when they were not ($r = .29, p < .05$). In contrast,
participants with low confidence in their knowledge about abortion took longer to read the materials when these materials disagreed (rather than agreed) with their attitudes ($r$ between attitudes and differential reading time = -.30, $p < .05$) and recognized the arguments contained in the text more accurately when these arguments were incongruent (rather than congruent) with their attitudes ($r = -.23, p < .10$). The interaction between attitudes and knowledge confidence on reading time was significant, and the pattern was similar for involvement and in some cases for attitude confidence (see Table 1).

The effect of confidence on selective attention was likely to be mediated by perceptions of information quality. As we indicated already, participants judged information as greater in quality when the information agreed with their attitudes than when it did not ($r = .53, p < .01$). Participants with high confidence in their knowledge about abortion manifested greater attention to pro-attitudinal relative to counter-attitudinal information when they judged the pro-attitudinal information as stronger (i.e. higher quality) than counter-attitudinal material. This effect was apparent in reading time, detection of misspelling, and recognition of statements, but not in recognition of factual information (see Table 1), and suggests that quality perceptions mediated the influence of confidence on selective attention. However, perceptions of quality significantly correlated with misspelling detection but not with the other attention measures. To this extent, the mediation evidence was mixed.
Table 1. Effects of Attitudes and Perceived Quality on Preference, Reading Times, Misspelling Detection and Recall (Study 1)

<table>
<thead>
<tr>
<th>Moderators</th>
<th>Preference</th>
<th>Reading time</th>
<th>Misspelling detection</th>
<th>Recall of arguments</th>
<th>Recall of facts</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Level of moderator and difference across levels</td>
<td>Level of moderator and difference across levels</td>
<td>Level of moderator and difference across levels</td>
<td>Level of moderator and difference across levels</td>
<td>Level of moderator and difference across levels</td>
</tr>
<tr>
<td>Attitude</td>
<td>High</td>
<td>Low</td>
<td>Z</td>
<td>$\beta_{\text{int.}}$</td>
<td>High</td>
</tr>
<tr>
<td>Knowledge confidence</td>
<td>0.64**</td>
<td>.56**</td>
<td>0.62</td>
<td>0.29</td>
<td>.32*</td>
</tr>
<tr>
<td>Attitude confidence</td>
<td>0.66**</td>
<td>.48**</td>
<td>1.33</td>
<td>-.18</td>
<td>.09</td>
</tr>
<tr>
<td>Factual knowledge</td>
<td>0.69**</td>
<td>.52**</td>
<td>1.34</td>
<td>-.01</td>
<td>.04</td>
</tr>
<tr>
<td>Prior exposure</td>
<td>0.72**</td>
<td>.45**</td>
<td>2.09*</td>
<td>0.41</td>
<td>-.09</td>
</tr>
<tr>
<td>Involvement</td>
<td>0.58**</td>
<td>.62**</td>
<td>-.31</td>
<td>-.02</td>
<td>.31*</td>
</tr>
<tr>
<td>Perceived quality</td>
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<td>0.45**</td>
<td>.14</td>
<td>1.71†</td>
<td>0.52</td>
</tr>
<tr>
<td>Attitude confidence</td>
<td>0.38**</td>
<td>.17</td>
<td>1.12</td>
<td>0.23</td>
<td>-.05</td>
</tr>
<tr>
<td>Factual knowledge</td>
<td>0.47**</td>
<td>.16</td>
<td>1.73†</td>
<td>-.02</td>
<td>.07</td>
</tr>
<tr>
<td>Prior exposure</td>
<td>0.47**</td>
<td>.10</td>
<td>2.03*</td>
<td>0.38</td>
<td>-.05</td>
</tr>
<tr>
<td>Involvement</td>
<td>0.41**</td>
<td>.39</td>
<td>1.21</td>
<td>0.51</td>
<td>.15</td>
</tr>
</tbody>
</table>

$t < .10, * p < .05, ** p < .01$

Note: Z is the z-value of the difference between the correlations for the high and low levels of the moderator (see Rosenthal and Rosnow, 1991). $\beta_{\text{int.}}$ represents the regression coefficient for the interaction between attitude and the moderator.
CHAPTER 3
STUDY 2

Experiment 1 suggested that people’s confidence in their prior knowledge increases (rather than decreases) exposure and attention to pro-attitudinal material. The findings also suggested that the influence of confidence might be mediated with perceptions of the quality of the information. Consistent with this possibility, there was a tendency that participants, who trusted their attitude and knowledge about abortion, found the attitude-supporting text to be higher in quality than participants who doubted their prior attitude and knowledge about abortion. Experiment 2 was an attempt to replicate these findings.

Method

Participants

We recruited 86 (66 female and 20 male) undergraduate students at the University of Florida to participate in exchange for credit in an introductory psychology class. Participants signed up for the experiment at a designated web site on the Internet. The web site did not disclose any information about the purpose and content of the study.

Procedures and Measures

Experiment 2 was identical to Experiment 1 with four exceptions (see summary of procedure in Appendix B). First, the topic was euthanasia instead of abortion. Second, we omitted the measure of misspelling detection to obtain a measure of attention under less demanding conditions. Third, we obtained a measure of expectation of argument quality (for the measures used in this study, see Appendix C). In addition to a retrospective evaluation of argument quality, which was included in Study 1, we asked participants to
report their expectation of quality of the arguments in each of the texts, on a scale from 1 (low quality) to 7 (high quality), before reading the texts. We subtracted the expected quality of the text against euthanasia from the expected quality of the text in favor of euthanasia as a measure of differential quality expectation.

Finally, we included a measure of confidence in knowledge that is consistent or inconsistent with euthanasia. We specifically asked participants whether on a scale from 1 to 7, they had much better knowledge of the arguments opposed to euthanasia or much better knowledge of the arguments in favor of euthanasia. We wanted to generate an index of whether the participants had greater confidence in their knowledge about attitude-supporting arguments compared to attitude-conflicting arguments. For that purpose, we reversed scores for participants who opposed euthanasia, and excluded participants with neutral attitudes towards the issue. Thus, only participants with an attitude either in favor of or opposed to euthanasia received a score on the variable, and the scale ranged from 1, which implies having much better knowledge of the attitude-conflicting arguments, to 7, which implies having much better knowledge of the attitude-supporting arguments. Very few participants reported knowing more about attitude-conflicting arguments ($n = 11$), and because of the small size of this sub-sample only people that reported a knowledge bias in favor of attitude-supporting arguments ($n = 39$) were included in the analysis along with people that reported having unbiased knowledge ($n = 36$). Appendix D contains descriptive statistics and appendix E contains a summary of reliability of the measures used in Study 2.

**Results**

As in Study 1, we expected that participants with high confidence in their attitudes and knowledge about a given issue would select and attend to information that was consistent
with their prior attitudes. In contrast, people who doubt their attitudes and knowledge should engage in less approach and attention to pro- (rather than counter-) attitudinal information. To examine this possibility, we regressed selective exposure and attention measures on prior attitudes, an index of confidence or other moderator, and the interaction between prior attitudes and the moderator. A summary of these results appears in Appendix F (main effects) and Table 2 (interactions).

**Selective Exposure**

As in Study 1, the attitudes of participants in Study 2 correlated with their preference for pro-attitudinal information ($r = .59, p < .01$). This result yields further support for the hypothesis that people prefer attitude-congruent information rather than attitude-conflicting information (attitude $M = 4.36$, and information preference $M = 4.56$). Also similar to the results from Study 1, participants had greater preference for pro-attitudinal information when they trusted their prior knowledge than when they doubted this knowledge ($r$ between attitude and preference $= .73, p < .01$, vs. $ .48, p < .01$, for high and low knowledge confidence, respectively, and $r = .72, p < .01$, vs. $ .48, p < .01$, for high and low attitude confidence, respectively). Similarly, participants preferred pro- (rather than counter-) attitudinal information more when in the past they were frequently exposed to information about euthanasia than when they were not ($r = .68, p < .01$, vs. $ .45, p < .01$, for high and low prior exposure, respectively). The reason may be that participants who frequently communicated about euthanasia were more confident in their attitude and knowledge about the issue than participants who did not ($r$ between prior exposure and confidence in attitude and knowledge $= .40, p < .01$, and $ .50, p < .01$, respectively). In sum, the results further supported the hypothesis that people prefer
attitude-supporting information in general, but especially when they are confident about their attitude and attitude-relevant knowledge.

We hypothesized that highly confident participants may prefer pro-attitudinal information because they deem this information higher in quality. This possibility received support.

As in Study 1, we found that participants were more likely to expect and judge the text as higher in quality when it was consistent with their attitudes than when it was not ($r = .54, p < .01$, and $.49, p < .01$, respectively; difference in expected quality $M = 0.33$ and difference in perceived quality $M = 0.44$). Findings also indicated that participants with high confidence attributed higher quality to attitude supporting relative to attitude conflicting arguments than did participants with low confidence ($r$ between attitude and greater quality of pro-attitudinal information = $.61, p < .01$, vs. $.48, p < .01$, for people with high vs. low knowledge confidence, respectively, and $.68, p < .01$, vs. $.46, p < .01$, for people with high vs. low attitude confidence, respectively). Further, we reasoned that these quality perceptions could motivate the selection of pro-attitudinal materials.

Consistent with this possibility, participants were more likely to prefer information they judged or expected to be high rather than low in quality ($r$ between information preference and quality expectation = $.40, p < .01$, and $r$ between information preference and quality evaluation = $.27, p < .05$).

**Selective Attention**

Study 1 suggested that confidence increased attention to pro-attitudinal information relative to counter-attitudinal information. Study 2 replicated these findings with respect to knowledge confidence. When participants trusted their knowledge about euthanasia, they tended to take longer time to read information that agreed with their attitudes.
relative to information that opposed those attitudes \((r = .15, p > .10)\). In contrast, participants with low confidence in their knowledge about euthanasia took longer time to read counter-attitudinal information relative to pro-attitudinal information \((r = -.41, p < .01)\). This pattern was confirmed by a significant interaction between attitudes and knowledge confidence on reading time.\(^1\) The finding that highly confident participants paid relatively more attention to attitude-consistent information again supports the idea that they approached information they thought would be higher in quality.

Like in Study 1, we examined the association of attitudes and attention with argument quality. As we stated before, participants in Study 2 were more likely to expect and judge the text as higher in quality when it was more consistent with their attitudes than when it was less attitude-consistent \((r = .54, p < .01, \text{ and } .49, p < .01, \text{ respectively})\). Consistent with the effect of attitudes, people with low knowledge confidence took longer to read materials they expected and judged to be lower rather than higher in quality \((r = -.30, p < .05, \text{ and } -.37, p < .01, \text{ respectively})\). For highly confident people there was a reverse (i.e., positive), but not significant, relation of expectation with judgment of quality and reading time. These findings were thus consistent with the possibility that the effects of confidence are mediated by quality perceptions.

\(^1\) An examination of Tables 1 and 2 suggests that the influence of prior attitudes on attention was not identical across the two studies. That is, in Study 1, confident participants took significantly longer to read pro-attitudinal information, whereas less confident participants took significantly longer to read counter-attitudinal information. In contrast, in Study 2, participants who were low in confidence took significantly more time to read counter-attitudinal information, whereas the same association did not reach significance among high confidence participants. One observation, however, seems pertinent. Knowledge confidence was greater in Study 1 than in Study 2 \((M = 4.66 \text{ and } 4.00, \text{ respectively})\). As a result, the highly confident group in Study 2 is more moderate than the same group in Study 1, whereas the less confident group in Study 2 is more extreme than the same group in Study 1.
Table 2. Effects of Attitudes, Expected Quality, and Perceived Quality on Preference, Reading Times and Recall (Study 2)

<table>
<thead>
<tr>
<th>Moderators</th>
<th>Dependent measures</th>
<th>Preference</th>
<th>Reading time</th>
<th>Recall of arguments</th>
<th>Recall of facts</th>
</tr>
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<tr>
<td></td>
<td>Level of moderator and difference across levels</td>
<td>Level of moderator and difference across levels</td>
<td>Level of moderator and difference across levels</td>
<td>Level of moderator and difference across levels</td>
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</tr>
<tr>
<td></td>
<td>High</td>
<td>Low</td>
<td>Z</td>
<td>β_{int}</td>
<td>High</td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge confidence</td>
<td>.73**</td>
<td>.48**</td>
<td>1.79†</td>
<td>0.34</td>
<td>.15</td>
</tr>
<tr>
<td>Attitude confidence</td>
<td>.72**</td>
<td>.48**</td>
<td>1.58</td>
<td>0.58</td>
<td>-.19</td>
</tr>
<tr>
<td>Factual knowledge</td>
<td>.50**</td>
<td>.69**</td>
<td>-1.30</td>
<td>-1.63**</td>
<td>-.22</td>
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<tr>
<td>Prior exposure</td>
<td>.68**</td>
<td>.45**</td>
<td>1.54</td>
<td>-.01</td>
<td>-.33*</td>
</tr>
<tr>
<td>Involvement</td>
<td>.56**</td>
<td>.51**</td>
<td>0.31</td>
<td>0.14</td>
<td>-.26†</td>
</tr>
<tr>
<td>Biased knowledge</td>
<td>.72**</td>
<td>.61**</td>
<td>0.79</td>
<td>0.26</td>
<td>-.34*</td>
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<tr>
<td>Expected quality</td>
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<td></td>
</tr>
<tr>
<td>Knowledge confidence</td>
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<td>.25†</td>
<td>1.79†</td>
<td>0.45</td>
<td>.14</td>
</tr>
<tr>
<td>Attitude confidence</td>
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<td>.29*</td>
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<td>0.67†</td>
<td>-.02</td>
</tr>
<tr>
<td>Factual knowledge</td>
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<td>-0.20</td>
<td>0.23</td>
<td>-.20</td>
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<tr>
<td>Prior exposure</td>
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<tr>
<td>Involvement</td>
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<td>-.19</td>
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<tr>
<td>Biased knowledge</td>
<td>.56**</td>
<td>.25</td>
<td>1.50</td>
<td>0.12</td>
<td>-.08</td>
</tr>
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<td>Perceived quality</td>
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<tr>
<td>Knowledge confidence</td>
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<td>.11</td>
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<tr>
<td>Attitude confidence</td>
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<td>.21</td>
<td>0.62</td>
<td>0.26</td>
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<td>Factual knowledge</td>
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<td>.38*</td>
<td>-0.36</td>
<td>0.35</td>
<td>-.06</td>
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</table>

† p < .10, * p < .05, ** p < .01
Note: Z is the z-value of the difference between the correlations for the high and low levels of the moderator (see Rosenthal and Rosnow, 1991). β_{int}. represents the regression coefficient for the interaction between attitude and the moderator.
CHAPTER 4
META-ANALYSIS

The two studies suggested that people are more likely to prefer and attend to pro-attitudinal information relative to counter-attitudinal information when they have high confidence in their knowledge than when they do not. However, the statistical support for this finding was only moderate. For example, the interaction between attitudes and knowledge confidence on the exposure measure did not reach significance, although the pattern appeared consistent across the two studies. To clarify these patterns, we used a meta-analytic technique to combine the results from Study 1 and Study 2 following procedures developed by Rosenthal and Rosnow (1991). These analyses appear in Appendix F (main effects) and Table 3.

As can be seen from Table 3, participants had more marked preferences for pro-attitudinal information relative to counter-attitudinal information when they were confident in their attitudes and knowledge than when they were not. There was a similar effect on selective attention, which was most apparent in reading time and to a limited extent also evident in memory for arguments. In the case of selective exposure, participants’ preference for pro-attitudinal information appeared mediated by differential perceptions of argument quality. Participants were more likely to perceive pro-attitudinal information as higher in quality and these perceptions of quality oriented them toward pro-attitudinal information (see Appendix F).

1 Rosenthal and Rosnow (1991) recommend transforming the correlation coefficients to z-scores and then computing an average of the z-scores from the different studies before transforming the average z back to r.
Table 3. Effects of Attitudes and Perceived Quality on Preference, Reading Times and Recall (Meta-Analysis)

<table>
<thead>
<tr>
<th>Moderators</th>
<th>Preference Level</th>
<th>Preference Level</th>
<th>Reading time Level</th>
<th>Reading time Level</th>
<th>Recall of arguments Level</th>
<th>Recall of arguments Level</th>
<th>Recall of facts Level</th>
<th>Recall of facts Level</th>
</tr>
</thead>
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<td>High</td>
<td>Low</td>
<td>Z</td>
<td>High</td>
<td>Low</td>
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<tr>
<td>Attitude</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge confidence</td>
<td>.69**</td>
<td>.52**</td>
<td>1.80†</td>
<td>.24*</td>
<td>-.35**</td>
<td>4.16**</td>
<td>.23*</td>
<td>-.03</td>
</tr>
<tr>
<td>Attitude confidence</td>
<td>.69**</td>
<td>.48**</td>
<td>2.15*</td>
<td>-.05</td>
<td>-.10</td>
<td>0.33</td>
<td>.13</td>
<td>.07</td>
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<tr>
<td>Factual knowledge</td>
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<td>.61**</td>
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<td>-.09</td>
<td>-.06</td>
<td>-0.21</td>
<td>.12</td>
<td>.11</td>
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<tr>
<td>Prior exposure</td>
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<td>.45**</td>
<td>2.60**</td>
<td>-.04</td>
<td>-.08</td>
<td>0.24</td>
<td>.15</td>
<td>.08</td>
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<tr>
<td>Involvement</td>
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<td>.57**</td>
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<td>.03</td>
<td>-.16</td>
<td>1.25</td>
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<td>-.03</td>
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<tr>
<td>Perceived quality</td>
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<tr>
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<td>.13</td>
<td>2.31*</td>
<td>.19†</td>
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<td>3.34**</td>
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<td>-.02</td>
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<tr>
<td>Attitude confidence</td>
<td>.36**</td>
<td>.19*</td>
<td>1.25</td>
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<tr>
<td>Factual knowledge</td>
<td>.31**</td>
<td>.24*</td>
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<tr>
<td>Prior exposure</td>
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<td>Involvement</td>
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<td>1.10</td>
<td>.25*</td>
<td>-.03</td>
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</tbody>
</table>

† *p < .10, * *p < .05, ** *p < .01

Note: Z is the z-value of the difference between the correlations for the high and low levels of the moderator (see Rosenthal and Rosnow, 1991).
CHAPTER 5
DISCUSSION

The present studies join the majority of research on selective exposure in revealing a strong preference for attitude supporting relative to attitude opposing information. However, this thesis contributes to the literature in the identification of confidence in attitudes and knowledge as a moderator of selective exposure and attention to pro-attitudinal information. Across the two studies (see Table 3), participants who trusted their attitudes and knowledge preferred information that supported their attitudes to a greater extent than doubtful individuals. Also, across the two studies, participants who were low in knowledge confidence spent more time reading attitude conflicting relative to attitude supporting information. Clearly, people’s confidence in their attitudes and knowledge is an important moderator of these phenomena.

Selective Exposure and Attention

One important finding is that attitudes have different effects on people’s exposure and attention to pro-attitudinal information. Whereas attitudes and exposure to attitude-consistent information correlated positively, the correlation between attitudes and attention to attitude-consistent information had different direction depending on the level of knowledge confidence. Although not consistently, participants with high knowledge confidence paid more attention to attitude-consistent information, whereas those with low knowledge confidence paid more attention to attitude-inconsistent information. This negative correlation is consistent with the possibility that people pay more attention to opposing information because it is more difficult to process given their current
knowledge about the issue. An alternative explanation is that people who have low confidence in their knowledge have less clear expectations about the content of the attitude-inconsistent message and therefore engage in bottom-up or stimulus-driven information processing to a greater extent than confident individuals.

**Attitude and Knowledge Confidence**

Finding that only confidence in knowledge, and not confidence in attitude, moderated the effect of attitude on attention to information points to the necessity to treat these as different concepts. Because people may base their attitudes on faith and acceptance rather than knowledge (e.g., religion), it is likely that some people may have strong confidence in their attitude, but not feel that they have good knowledge of the issue. Similarly, people may have high knowledge about a controversial issue, but still not have decided on their personal attitude toward the issue. Thus, although attitude confidence and knowledge confidence were highly correlated in both studies ($r = .45$ and $.59$, respectively), compared to the correlations among the other moderators (in most cases $r$ was between $.15$ and $.35$), the constructs had distinct effects. It appears that individuals decide on their information-seeking strategies on the basis of their confidence in the information they already possess.

**Motivational and Cognitive Accounts of Selective Exposure and Attention**

We hypothesized that certainty that one’s attitudes and the knowledge basis for these attitudes are correct could influence preference for pro-attitudinal information. For instance, according to Festinger (1957) and Cannon (1964), individuals who doubt their attitudes experience greater threat when they confront counter-attitudinal information. In contrast, counter-attitudinal information is a lesser threat for individuals who trust their prior attitudes and knowledge. Consequently, people who doubt their attitudes and
knowledge are likely to engage in greater approach to pro-attitudinal information than people who do not fear the counter-attitudinal information. This possibility, however, received no support.

Alternatively, confidence may have cognitive, non-motivational effects on selective exposure. People who trust their own attitudes and knowledge about a topic are more likely to believe that pro-attitudinal information will be better in quality or more correct than counter-attitudinal information. As a result, they may prefer materials that agree with their point of view relative to materials that questions those views (for research on the influence of perceptions of information quality on exposure, see Simon, 1957, and Wilson, 1999). In contrast, relative to people who trust their attitudes and knowledge, people who doubt their prior attitudes and knowledge may evaluate pro-attitudinal materials less favorably and consequently manifest a weaker bias in favor of pro-attitudinal material. This hypothesis received strong support.

There is, however, another reason why people who are confident in their prior attitudes and knowledge may engage in greater pro-attitudinal processing than individuals who are not. For example, confident individuals may tend to engage in relatively automatic modes of processing, whereas individuals who doubt their prior attitudes and knowledge may attempt to compensate (control) for these automatic strategies. The reason is that individuals who doubt their prior attitudes and knowledge are more likely to question their information-seeking strategies in an attempt to increase confidence in their decisions. If this possibility is the case, individuals who are not confident in their prior attitudes and knowledge may reduce pro-attitudinal information seeking to the
extent that they have the ability and motivation to perform these controlled corrections.

Future research should examine this possibility.
APPENDIX A
PROCEDURE FLOWCHART

Random assignment to Condition 1 or Condition 2

Answering questions on:
1. Information preference
2. Attitude
3. Confidence in knowledge
4. Confidence in attitude
5. Involvement in issue
6. Expectation if argument quality

Answering questions on:
1. Evaluation of argument quality
2. Attitude
3. Confidence in knowledge
4. Confidence in attitude

Reading text 'In favor of ...':
- Recording of reading time
- Making note of misspellings

Test of:
1. Recognition of arguments
2. Recognition of facts

Accepting questions on:
Agreement with arguments

Condition 2

Reading text 'Opposed to ...':
- Recording of reading time
- Making note of misspellings

Answering questions on:
1. Evaluation of argument quality
2. Attitude
3. Confidence in knowledge
4. Confidence in attitude

Test of:
1. Recognition of arguments
2. Recognition of facts

Answering questions on:
Agreement with arguments

Condition 1

Condition 1

Condition 2

Condition 2

Answering questions on:
Prior exposure to information on issue

Test of knowledge of factual information

Study 1 (Abortion) only, Study 2 (Euthanasia) only
APPENDIX B
TEXTS

IN FAVOR OF ABORTION

01 Abortions are probably the most common surgical procedure worldwide. About 46 million are performed each year and 20 million of those abortions are done illegally. Because many countries still restrict or prohibit abortion, two out of every five abortions are conducted in risky conditions, which makes women vulnerable to serious injuries and even death. One-third of the world's women do not have access to legal or safe abortion, and these women die at the rate of 330 deaths per 100,000 abortion procedures. In contrast, the death rate from legal abortion averages 0.7 deaths per 100,000 procedures. Over 30% of women who have an unsafe abortion suffer serious complications, such as hemorrhaging, sepsis, or infertility. In contrast, in countries where abortion is legal and safe, the complication rate is about 1-3%, and most of the complications are minor and do not require hospitalization.

15 Outlawing abortion can lead to mandatory motherhood, a unique kind of slavery that victimizes one third of the world's women and children. Arguably, women should not be forced into this position with the modern forms of contraception available. However, since contraception is not 100% effective, legal abortions are a necessity to avoid paying a lifetime price for a mistake or an accident. Legal abortions also protect women who suffer from life-threatening illnesses and genetic diseases that can put them or their children at risk of dying. Even for healthy women, the risk of dying is 10 times greater at childbirth than as a result of an abortion. The risk of complications from an abortion is also 30 times less the risk of pregnancy and delivery.

26 Importantly, one-third of all legal abortions are conducted on women for whom the health and social consequences of unplanned childbearing are the greatest (teenagers and women over 35). A teen probably faces the most punishment from unplanned pregnancies. If a teen gives birth and keeps the baby, she will be much more likely than other young women to drop out of school, receive inadequate prenatal care, and develop health problems. Despite this fact, many states have enacted laws that restrict teenagers' access to abortion by inducing parental involvement in the abortion decision. Such laws of parental notification require medical personnel to notify a minor's parent(s) of her intention to obtain an abortion, and to obtain written permission from the parent(s) before performing the abortion. How can society trust a teenager with a child when it cannot trust her with a choice?
The outlawing of abortions can only contribute to the problem of unwanted children. Unwanted children are much more likely to have mental handicaps at birth, to dislike school and perform worse, to have a record of juvenile delinquency, to have an adult criminal record, and to be repeat offenders. They are also up to six times more likely to receive welfare between ages 16 and 21, twice less likely to resist frustration and stress, and nearly three times more likely to describe themselves as unhappy and unable to cope with their problems. Legal abortion allows women and men to plan their families and provide for wanted children adequately. The result is more confident, happier, healthier children, who will be more likely to lead fulfilling and constructive lives than their unwanted counterparts.

OPPOSED TO ABORTION

Over 38 million abortions have been performed in the United States since the Supreme Court legalized unrestricted abortion on January 22, 1973. In other words, approximately 1.5 million pre-born humans die each year because a mother makes a 'choice'. Most abortions are performed within the first trimester, yet even at this early stage, the unwanted entity growing inside the woman is clearly a human being. By the ninth week of pregnancy, the embryo has distinctive limbs, a definite face with distinguishable features such as nostrils, ears, and a mouth. The major internal organs such as the heart are well developed and the heartbeat of the child is discernable as early as six weeks after conception. Late-term abortions are, of course, even more disheartening.

Many women consider the option of abortion 'liberating,' yet it is not liberating to have to conform to the stereotypically male model of the world that accepts violence as a legitimate solution to conflict and rewards irresponsibility and detachment. It would be more liberating to work toward creating a society that accepted motherhood as a form of success, emphasizing the unique life-giving capacity of women, not a hindrance to success. It would also be more liberating for women to fight for social changes that allowed for more flexible school and work situations. For example, there should be more flexible job opportunities for mothers, because many of them who want to succeed in the work place often must discharge home and family obligations to fulfill the expectations associated with 'ascending the ladder' in their male normative jobs. It is sad when one considers the plight of mothers in a society where so many women choose to kill their own children rather than demand social changes.

Our society must deal with the fact that over 60% of American teenagers have had sexual intercourse by the time they finish high school and many teenage girls become pregnant. Disturbingly, women in their late twenties who gave birth as teenagers are less likely to have finished high school and to have received any further education. However, giving young girls the 'choice' to rid themselves of the consequences of their actions does not deal with the real issue at hand. We should be seeking effective methods to curb teenage pregnancy
rather than providing teens a 'choice' between two evils (an abortion versus a life of limited educational and job opportunities). For those young women who do choose to keep their children, there should be more high school and college programs that accommodate the responsibilities of motherhood.

Abortion is an unnecessary invasive procedure that is performed only on women. In fact, many women who have undergone an abortion describe both the experience and the feelings that accompany the surgery as comparable to rape. After an abortion, as after a rape, a woman often feels depressed, scared, lonely, and violated. But there is little support offered during this time of crisis because to most people, the crisis is over... the pregnancy has been terminated, and life can and should proceed as 'usual.' Life, however, does not proceed as usual, and some women regret their decision and spend the rest of their lives wondering who their child would have been and what they might have accomplished.

IN FAVOR OF EUTHANASIA
Euthanasia is often misrepresented as physician-assisted murder. This is a gross misconception. In fact there are three distinct kinds of euthanasia, none of which are against the will of the patient. When, at the request of the terminally ill person, death is hastened by withdrawing some form of life supporting means and the individual is permitted to die 'naturally' (e.g. turning off a respirator) the act is called 'passive euthanasia.' 'Active Euthanasia' on the other hand is when someone performs a direct action that causes death (e.g. injecting a controlled substance into a patient) at the patient's request. Finally, 'Physician-Assisted Suicide (or Voluntary Passive Euthanasia) is the term used when a physician supplies information and/or the means of committing suicide (e.g. a lethal dose of sleeping pills) in order for the dying person to take their own life.

At the present, programs such as those aimed at providing pre-natal care and infant care are in severe need of funding, as are many other programs that can save lives and significantly improve the long-term quality of life of the recipients. There is only so much money the government can provide to care for those who are sick, so if rationing must take place, it only makes sense that those who wish to live and have many potential years of life ahead should be the people receiving the most financial support. Thus it seems fundamentally unethical to fund the extremely expensive treatment of terminally ill people in order to extend their lives by a few weeks against their will.

When considering the sensitive issue of euthanasia, it is important to recollect that the first amendment emphasizes the separation of church from state when creating and enforcing laws. Many who argue against euthanasia and its legalization cite religious factors for their opposition. The religious argument most often presented argues that only a 'higher being' (i.e. God) has the authority to take away life. With the same token, it makes sense to say that this higher authority should be the only one with the power to give life. Yet doctors save lives every day and the same people arguing against physician-assisted euthanasia are not banning together against physician-assisted curing. So the religious argument is not necessarily logical, but more importantly, it alone should not be the deciding factor in this legal matter. Take into consideration the question of whether people with particular religious convictions (e.g. Christians, Jews, and Muslims) have the right to extend their theological beliefs to the entire population (which also includes
secularists, atheists, and agnostics who might wish to end their suffering by means of euthanasia). In short, government policies cannot be based on religious convictions.

Suicide is not illegal; thus anyone who wishes to take his or her own life has the legal right to do so. But consider for a moment the scenario of a person wishing to end their terminal suffering yet not possessing the physical means of doing so. Consider a person who is confined to a hospital setting where he/she is monitored on a continues basis or even an individual who's illness has limited his/her ability to move (e.g. someone with a physical disability) who cannot, despite the desire to do so, exercise his/her right to die. These individuals should be allowed to ask for assistance in such cases. In fact, we as a society should exhibit compassion for these people who are enduring intolerable pain and shame by giving them the dignity to make what few choices they are able to make for themselves in their limited physical condition. To disallow euthanasia is a form of discrimination against those who are disabled. The state cannot enforce medical care on unwilling individuals, yet this is exactly what is being done when people who wish to die (particularly those who are physically incapable of rejecting medical support such as a respirator) are kept alive by artificial means. If terminally ill patients make it explicitly clear that they wish to die, yet their physician or family members have the legal right to refuse the removal of the artificial means that is sustaining their life, then it is obvious that the state is forcing medical care upon an unwilling individual.

OPPOSED TO EUTHANASIA

Physician-assisted suicide is wrong for the same reason that killing is wrong. There is simply a moral imperative not to kill. It is considered immoral in virtually all cultures, religious and secular, to take the life of another human being. If we take the step to condone physician-assisted suicide it has the effect of devaluing human life across the board. The death of any human being should not be taken lightly in any case since it has the effect of cheapening the value of a human life in future cases. It is sometimes argued that this is a religious point and that morality cannot be legislated; this is simply not true, since virtually all laws regulate morality in some way whether it is stealing, cheating, or killing. That is, all laws are in some way based on a moral code that was first a part of religion before becoming a legal standard.

Furthermore, if physician-assisted suicide became a legitimate option, the sad reality is that it could lead to a decline in the standard of care for the terminally ill. Many patients in even the most intense pain still have a strong desire to live. Doctors may feel that a patient who chooses to live even in intense pain will decide to live no matter what, so what reason is there to try to reduce their pain? Since the patient will eventually die anyway and doctors may feel that the person could just decide to commit suicide to end their pain, why try to improve their condition? The existence of physician-assisted suicide removes the incentive for doctors to try to improve the lives of the terminally ill even if they want to live.

If the decision is left up to the individual who is sick, in many cases people who do not necessarily want to die may choose to do so. The terminally ill may be more depressed than they would be if they could look at their situation objectively. They may be under the effects of medication that may alter their decision-making process, or they may simply be misinformed about their condition. Patients who are in chronic pain and who are depressed at the prospect of a being in the hospital for a long period of time may choose death even though it is possible they may feel better in the future. This is especially a concern since medical science has improved at a rapid pace over the past few decades; a cure for a patient's condition may be discovered at any time, or a way in which they could live more comfortably. In any case, the terminally ill are often simply not in the right state of mind to make the decision rationally, and can often be easily swayed by the wishes of family members, insurance companies, or doctors themselves, which are
not always in the patient's best interests. Thus, the terminally ill are often simply not being in the proper state of mind to rationally decide for themselves whether or not to end their lives.

Legislation allowing euthanasia proposes to allow the state to become involved in deciding who can be killed and when - a dangerous prospect. Arguments for physician-assisted suicide often assume that the patient's will to die is always clear; unfortunately, this is most often not the case. Patients whose illnesses have so limited their ability to move that they cannot commit suicide on their own are in many cases unable to communicate their wishes clearly. Thus, it is up to the law to decide what 'counts' as the patient's consent to be killed. It becomes the will of the family, the lawyers, and those who make the law (the state) whose decision counts the most. History teaches us that when the state is allowed the power to decide whether its citizens live or die, this power is often abused. Hitler advocated killing 'undesirables' such as the disabled and the terminally ill. Allowing the legal killing of the terminally ill is clearly a step down a path which makes it much easier to justify the elimination of other 'undesirable' groups, and it is a step we must not take if we wish to avoid government abuse of human rights in the future.
APPENDIX C
QUESTIONNAIRES

STUDY 1, PART 1
How interested are you in reading the text 'In favor of abortion'?  
Not very interested 1 2 3 4 5 6 7 Very interested

How interested are you in reading the text 'Opposed to abortion'?
Not very interested 1 2 3 4 5 6 7 Very interested

What is your preference among the two alternatives to read?
Clearly 'In favor of abortion' 1 2 3 4 5 6 7 Clearly 'Opposed to abortion'

In this study you may choose which text you will read. Please select which text you will read now.
1 I will read 'In favor of abortion'
2 I will read 'Opposed to abortion'

Abortion is...
Never acceptable 1 2 3 4 5 6 7 Always acceptable

Abortion is...
Never egoistic 1 2 3 4 5 6 7 Always egoistic

Abortion is...
Never understandable 1 2 3 4 5 6 7 Always understandable

Abortion is...
Never immoral 1 2 3 4 5 6 7 Always immoral

Abortion is...
Never justifiable 1 2 3 4 5 6 7 Always justifiable

I am...
Opposed to abortion 1 2 3 4 5 6 7 In favor of abortion

How would you describe the span of your knowledge of abortion? 
Very narrow 1 2 3 4 5 6 7 Very wide

How would you describe the depth of your knowledge of abortion? 
Very shallow 1 2 3 4 5 6 7 Very deep

How would you describe the accuracy of your knowledge of abortion? 
Very imprecise 1 2 3 4 5 6 7 Very precise
How likely is it that something you believe to be true about abortion will turn out to be completely false?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something completely new about abortion?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something that will change your view on abortion?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How confident are you about your knowledge on abortion?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How confident are you about your attitude toward abortion?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How hard is it to make a decision about what opinion to have regarding abortion?
Very easy 1 2 3 4 5 6 7 Very difficult

How interested are you in the abortion issue?
Not very interested 1 2 3 4 5 6 7 Very interested

How interested are people you know in the abortion issue in general?
Not very interested 1 2 3 4 5 6 7 Very interested

How important is the abortion issue to you?
Not very important 1 2 3 4 5 6 7 Very important

How important is the abortion issue in general for people you know?
Not very important 1 2 3 4 5 6 7 Very important

To what extent is your attitude toward abortion a good characteristic of ‘who you are’?
Not very characteristic of ‘me’ 1 2 3 4 5 6 7 Very characteristic of ‘me’

In the US, what percentage of the population do you believe favor and oppose abortion?
1 10% in favor, 90% against
2 20% in favor, 80% against
3 30% in favor, 70% against
4 40% in favor, 60% against
5 50% in favor, 50% against
6 60% in favor, 40% against
7 70% in favor, 30% against
8 80% in favor, 20% against
9 90% in favor, 10% against

Among your fellow students taking introductory psychology at the University of Florida this semester, how many do you believe favor and oppose abortion?
1 10% in favor, 90% against
2 20% in favor, 80% against
3 30% in favor, 70% against
4 40% in favor, 60% against
5 50% in favor, 50% against
6 60% in favor, 40% against
7 70% in favor, 30% against
8 80% in favor, 20% against
9 90% in favor, 10% against

STUDY 1, PART 2A
Did you find it harder to use the controls of the keyboard and the mouse compared to flipping the pages of a book when reading?
No harder at all 1 2 3 4 5 6 7 Definitely harder

Was screen brightness a problem to you?
No problem at all 1 2 3 4 5 6 7 Definitely a problem

Was noise from the fan a problem to you?
No problem at all 1 2 3 4 5 6 7 Definitely a problem

How difficult was it for you to concentrate when reading this article?
Very difficult to concentrate 1 2 3 4 5 6 7 Very easy to concentrate

How new was the information in the article to you?
Not very new to me 1 2 3 4 5 6 7 Very new to me

How difficult was it to understand the information in the article?
Very difficult to understand 1 2 3 4 5 6 7 Very easy to understand

How plausible was the information in the article?
Not very plausible 1 2 3 4 5 6 7 Very plausible

How relevant was the information in the article to the issue of abortion?
Not very relevant 1 2 3 4 5 6 7 Very relevant

What do you think of the arguments in the article?
Very poor arguments 1 2 3 4 5 6 7 Very good arguments

How much did you like the article as a whole?
Not at all 1 2 3 4 5 6 7 Very much

Abortion is...
Never acceptable 1 2 3 4 5 6 7 Always acceptable

Abortion is...
Never egoistic 1 2 3 4 5 6 7 Always egoistic

Abortion is...
Never understandable 1 2 3 4 5 6 7 Always understandable

Abortion is...
Never immoral 1 2 3 4 5 6 7 Always immoral

Abortion is...
Never justifiable 1 2 3 4 5 6 7 Always justifiable

I am...
Opposed to abortion 1 2 3 4 5 6 7 In favor of abortion

How would you describe the span of your knowledge of abortion?
Very narrow 1 2 3 4 5 6 7 Very wide

How would you describe the depth of your knowledge of abortion?
Very shallow 1 2 3 4 5 6 7 Very deep

How would you describe the accuracy of your knowledge of abortion?
Very imprecise 1 2 3 4 5 6 7 Very precise

How likely is it that something you believe to be true about abortion will turn out to be completely false?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something completely new about abortion?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something that will change your view on abortion?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How confident are you about your knowledge on abortion?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How confident are you about your attitude toward abortion?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How hard is it to make a decision about what opinion to have regarding abortion?
Very easy 1 2 3 4 5 6 7 Very difficult

Prohibiting abortion only leads to women going through illegal abortions under risky conditions. 
1 No, this statement wasn't in the text 
2 Yes, this statement was in the text

The health and social consequences of unplanned childbearing are greatest for teenagers and women over 35. 
1 No, this statement wasn't in the text 
2 Yes, this statement was in the text

As women wanting to have an abortion will find a way to go through it anyway it really does not make sense to prohibit abortion. 
1 No, this statement wasn't in the text 
2 Yes, this statement was in the text

The argument that 'women should not be allowed to have an abortion given that contraceptives are available' makes no sense, as anti abortion activists want to outlaw contraceptives as well. 
1 No, this statement wasn't in the text 
2 Yes, this statement was in the text
Since society can trust a teenager with raising a child she should also be trusted with the choice of abortion.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Most anti abortion activists are men who do not want women to have a career for themselves and become independent.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Modern surgical methods have made abortion one of the safest kinds of operations a woman can have.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Most abortions are performed on teenagers who neither want nor are capable of raising a child.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Illegal abortions make women more vulnerable to serious injuries and death.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Children born to mothers who were denied having an abortion have been proven to be more neglected and less happy than other children.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Legal abortion results in more confident, happier, and healthier children, who will be more likely to lead fulfilling and constructive lives than their unwanted counterparts.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Since contraceptives are not 100% effective, the availability of contraceptives is not a good enough reason for prohibiting abortion.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Approximately, how many of the abortions carried out worldwide are done illegally?
1 10 million
2 20 million
3 30 million
4 40 million

What is the chance of suffering complications for women going through illegal/unsafe abortions?
1 15-20%
2 20-25%
3 25-30%
4 More than 30%
Some of the serious complications that are suffered by women going through illegal/unsafe abortions include...
1 Hemorrhaging, sepsis, and infertility
2 Amnesia, sepsis, and infertility
3 Blood poisoning, sepsis, and infertility
4 Blood poisoning, hemorrhaging, and infertility

How large is the risk of dying as a result of an abortion compared with the risk of dying during childbirth?
1 The risk of dying is 10 times greater as a result of an abortion
2 The risk of dying is 5 times greater as a result of an abortion
3 The risk of dying is 5 times greater during childbirth
4 The risk of dying is 10 times greater during childbirth

What kind of restraints does a law of parental notification put on a teenager seeking to get an abortion?
1 It requires medical personnel to notify a minor's parent(s) of her intention to obtain an abortion
2 It requires the teenager to obtain written permission from the parent(s) before performing the abortion
3 Both of the above
4 None of the above

Compared to wanted children, unwanted children are more likely to have the following problems:
1 Mental handicaps at birth, performing bad at school, having a criminal record
2 Having trouble making friends, not communicating well with their parents, behaving in a hostile manner
3 Having trouble making friends, psychomotoric deficiency, having a criminal record
4 Mental handicaps at birth, serious lack of concentration, behaving in a hostile manner

Prohibiting abortion only leads to women going through illegal abortions under risky conditions.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Having an abortion is expensive.
I disagree completely 1 2 3 4 5 6 7 I agree completely

The health and social consequences of unplanned childbearing are greatest for teenagers and women over 35.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Having an abortion involves high risk of complications.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Since society can trust a teenager with raising a child she should also be trusted with the choice of abortion.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Illegal abortions make women more vulnerable to serious injuries and death.
I disagree completely 1 2 3 4 5 6 7 I agree completely

After an abortion many women regret their decision.
I disagree completely 1 2 3 4 5 6 7 I agree completely
Legal abortion results in more confident, happier, and healthier children, who will be more likely to lead fulfilling and constructive lives than their unwanted counterparts.  
I disagree completely 1 2 3 4 5 6 7 I agree completely

Having an abortion is painful for the woman.  
I disagree completely 1 2 3 4 5 6 7 I agree completely

Since contraceptives are not 100% effective, the availability of contraceptives is not a good enough reason for prohibiting abortion.  
I disagree completely 1 2 3 4 5 6 7 I agree completely

STUDY 1, PART 2B
Did you find it harder to use the controls of the keyboard and the mouse compared to flipping the pages of a book when reading?  
No harder at all 1 2 3 4 5 6 7 Definitely harder

Was screen brightness a problem to you?  
No problem at all 1 2 3 4 5 6 7 Definitely a problem

Was noise from the fan a problem to you?  
No problem at all 1 2 3 4 5 6 7 Definitely a problem

How difficult was it for you to concentrate when reading this article?  
Very difficult to concentrate 1 2 3 4 5 6 7 Very easy to concentrate

How new was the information in the article to you?  
Not very new to me 1 2 3 4 5 6 7 Very new to me

How difficult was it to understand the information in the article?  
Very difficult to understand 1 2 3 4 5 6 7 Very easy to understand

How plausible was the information in the article?  
Not very plausible 1 2 3 4 5 6 7 Very plausible

How relevant was the information in the article to the issue of abortion?  
Not very relevant 1 2 3 4 5 6 7 Very relevant

What do you think of the arguments in the article?  
Very poor arguments 1 2 3 4 5 6 7 Very good arguments

How much did you like the article as a whole?  
Not at all 1 2 3 4 5 6 7 Very much

Abortion is...  
Never acceptable 1 2 3 4 5 6 7 Always acceptable

Abortion is...  
Never egoistic 1 2 3 4 5 6 7 Always egoistic

Abortion is...
Never understandable 1 2 3 4 5 6 7 Always understandable

Abortion is...
Never immoral 1 2 3 4 5 6 7 Always immoral

Abortion is...
Never justifiable 1 2 3 4 5 6 7 Always justifiable

I am...
Opposed to abortion 1 2 3 4 5 6 7 In favor of abortion

How would you describe the span of your knowledge of abortion?
Very narrow 1 2 3 4 5 6 7 Very wide

How would you describe the depth of your knowledge of abortion?
Very shallow 1 2 3 4 5 6 7 Very deep

How would you describe the accuracy of your knowledge of abortion?
Very imprecise 1 2 3 4 5 6 7 Very precise

How likely is it that something you believe to be true about abortion will turn out to be completely false?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something completely new about abortion?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something that will change your view on abortion?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How confident are you about your knowledge on abortion?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How confident are you about your attitude toward abortion?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How hard is it to make a decision about what opinion to have regarding abortion?
Very easy 1 2 3 4 5 6 7 Very difficult

The experience and feelings that accompany the surgery of abortion is comparable to those of rape.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Some women regret their decision of having an abortion and spend the rest of their lives wondering who their child would have been and what they might have accomplished.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

By turning to abortion women conform to a male model of the world that accepts violence as a legitimate solution to conflict and rewards irresponsibility and detachment.
Offering more high school and college programs that accommodate the responsibilities of motherhood is a better way to deal with the problem of teenage pregnancy than abortion is.

The pre-born child is as much alive as the newly-born child.

If we accept it is every mother's right to choose not to give birth to her unborn child, the next step is to accept every mother's right to choose not keeping a newly-born alive.

There is little support offered to a woman after an abortion because most other people think the crisis is over.

Giving young girls the 'choice' to rid themselves of the consequences of their actions does not deal with the issue of teenage pregnancy.

People may use contraceptives when having sex, and give babies up for adoption immediately after they have been born, so there shouldn't be any need for abortion.

Modern society is forcing women into having abortions as a result of idealizing the career woman.

People already made a choice when deciding to have sex, and should take the consequences following that choice.

Abortion has been proven to have a wide range of complications and side-effects, - among others is breast cancer.

Approximately, how many abortions have been performed in the United States since the Supreme Court legalized unrestricted abortion on January 22, 1973?

1. Less than 32 million
2. Over 32 million
3 Over 38 million
4 Over 48 million

By the ninth week of pregnancy, the embryo has acquired:
1 Auditory system, spinal cord, developed internal organs.
2 Distinct limbs, definite face with distinguishable features, a developed heart.
3 Spinal cord, a developed heart, developed internal organs.
4 Arms, legs, definite face with distinguishable features.

Ways that would allow women to be mothers as well as to have a life outside motherhood include:
1 Sharing the responsibilities of childcare with the father.
2 Flexible school, and flexible work situations.
3 Participating in single mothers community programs.
4 Receiving support from family members and religious groups.

Approximately, what percentage of American teenagers has had sexual intercourse by the time they finish high school?
1 60%
2 70%
3 75%
4 85%

Women in their late twenties who had children as teenagers:
1 are less likely to be married and to have a job.
2 are less likely to receive support from their family and more likely to have lost contact with their friends.
3 are more likely to be living with their parents and less likely to have a higher education.
4 are less likely to have finished high school or to have received any further education.

After an abortion, women can experience...
1 Anxiety, anger and self-pity.
2 Feelings of nervousness, longing and low self-esteem.
3 Feelings of abandonment, guilt and remorse.
4 Depression, feel scared, and feel lonely.

The experience and feelings that accompany the surgery of abortion is comparable to those of rape.
I disagree completely 1 2 3 4 5 6 7 I agree completely

An abortion is painful for the fetus.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Some women regret their decision of having an abortion and spend the rest of their lives wondering who their child would have been and what they might have accomplished.
I disagree completely 1 2 3 4 5 6 7 I agree completely

After an abortion many women experience a pattern of psychological problems known as Post-Abortion Syndrome (PAS).
I disagree completely 1 2 3 4 5 6 7 I agree completely
By turning to abortion women conform to a male model of the world that accepts violence as a legitimate solution to conflict and rewards irresponsibility and detachment.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Many women are forced into having abortions.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Offering more high school and college programs that accommodate the responsibilities of motherhood is a better way to deal with the problem of teenage pregnancy than abortion is.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Women who are denied abortions don't get the same opportunities to get education and have a career as other women.
I disagree completely 1 2 3 4 5 6 7 I agree completely

There is little support offered to a woman after an abortion because most other people think the crisis is over.
I disagree completely 1 2 3 4 5 6 7 I agree completely

The unwanted children of women who are denied abortion don't get the same social support and upbringing as other children.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Giving young girls the 'choice' to rid themselves of the consequences of their actions does not deal with the issue of teenage pregnancy.
I disagree completely 1 2 3 4 5 6 7 I agree completely

STUDY 1, PART 3
What is your gender?
1 female
2 male

How often do you read about abortion (in books, magazines, newspapers, on the Internet, etc.)?
1 never
2 less than once a year
3 once or twice every year
4 three to five times a year
5 six to eleven times a year
6 every month
7 every week or more often

How often are you exposed to formal presentations about abortion (live presentations like speeches, or recorded presentations on radio and television)?
1 never
2 less than once a year
3 once or twice every year
4 three to five times a year
5 six to eleven times a year
6 every month
7 every week or more often
How often do you listen to family, friends or other people speaking informally about abortion?
1 never
2 less than once a year
3 once or twice every year
4 three to five times a year
5 six to eleven times a year
6 every month
7 every week or more often

How often do you talk informally about abortion to family, friends or other people?
1 never
2 less than once a year
3 once or twice every year
4 three to five times a year
5 six to eleven times a year
6 every month
7 every week or more often

How much does an abortion normally cost?
1 400$
2 800$
3 1200$
4 1600$

Of all abortions carried out in the US, how many are obtained in the first three months of pregnancy?
1 69%
2 79%
3 89%
4 99%

Of all abortions carried out in the US, how many are obtained by teenagers?
1 21%
2 31%
3 41%
4 51%

Of women getting abortions in the US, how many are unmarried?
1 61%
2 71%
3 81%
4 91%

Of all abortions carried out in the US, how many are carried out for social rather than medical reasons?
1 63%
2 73%
3 83%
4 93%

How many of the pregnancies among American women are unintended?
What is the most common reason women give for having an abortion?
1 having a baby would interfere with her work, school or other responsibilities
2 they (or she) cannot afford a child
3 she does not want to be a single parent or she is having problems with her husband or partner
4 she or the fetus has a health problem

In the US the abortion rate is 25 abortions per year per 1000 women (age 15-44). What is the abortion rate for Catholic women in the US?
1 5 abortions per 1000 women
2 15 abortions per 1000 women
3 25 abortions per 1000 women
4 35 abortions per 1000 women

In the US, how much more likely is a woman who doesn't use contraceptives to have an abortion compared to one who does use contraceptives?
1 just as likely
2 twice as likely
3 four times more likely
4 seven times more likely

What is the name of the 1973 US Supreme Court decision that struck down state laws banning abortion and made it possible for women to get legal abortions without state interference?
1 Anderson v. Clyde
2 Hyde v. Dole
3 Roe v. Wade
4 Williams v. Jennings

STUDY 2, PART 1
How interested are you in reading the text 'In favor of euthanasia'?
Not very interested 1 2 3 4 5 6 7 Very interested

How interested are you in reading the text 'Opposed to euthanasia'?
Not very interested 1 2 3 4 5 6 7 Very interested

What is your preference among the two alternatives to read?
Clearly 'In favor of euthanasia' 1 2 3 4 5 6 7 Clearly 'Opposed to euthanasia'

In this study you may choose which text you will read. Please select which text you will read now.
1 I will read 'In favor of euthanasia'
2 I will read 'Opposed to euthanasia'

Euthanasia is...
Never acceptable 1 2 3 4 5 6 7 Always acceptable

Euthanasia is...
Never understandable 1 2 3 4 5 6 7 Always understandable

Euthanasia is...
Never immoral 1 2 3 4 5 6 7 Always immoral

Euthanasia is...
Never justifiable 1 2 3 4 5 6 7 Always justifiable

I am...
Opposed to euthanasia 1 2 3 4 5 6 7 In favor of euthanasia

How would you describe the span of your knowledge of euthanasia?
Very narrow 1 2 3 4 5 6 7 Very wide

How would you describe the depth of your knowledge of euthanasia?
Very shallow 1 2 3 4 5 6 7 Very deep

"How would you describe the accuracy of your knowledge of euthanasia?
Very imprecise 1 2 3 4 5 6 7 Very precise

How likely is it that something you believe to be true about euthanasia will turn out to be completely false?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something completely new about euthanasia?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something that will change your view on euthanasia?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How confident are you about your knowledge on euthanasia?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How confident are you about your attitude toward euthanasia?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How hard is it to make a decision about what opinion to have regarding euthanasia?
Very easy 1 2 3 4 5 6 7 Very difficult

To what degree do you have better knowledge of the arguments in favor of euthanasia than the arguments opposed to euthanasia?
I have much better knowledge of the arguments in favor of euthanasia 1 2 3 4 5 6 7 I have much better knowledge of the arguments opposed to euthanasia

How interested are you in the euthanasia issue?
Not very interested 1 2 3 4 5 6 7 Very interested

How interested are people you know in the euthanasia issue in general?
Not very interested 1 2 3 4 5 6 7 Very interested

How important is the euthanasia issue to you?
Not very important 1 2 3 4 5 6 7 Very important

How important is the euthanasia issue in general for people you know?
Not very important 1 2 3 4 5 6 7 Very important

To what extent is your attitude toward euthanasia a good characteristic of 'who you are'?
Not very characteristic of 'me' 1 2 3 4 5 6 7 Very characteristic of 'me'

To what degree do you expect the information given in the text 'In favor of euthanasia' to be new to you?
Not new to me at all 1 2 3 4 5 6 7 Very new to me

To what degree do you expect the information given in the text 'Opposed to euthanasia' to be new to you?
Not new to me at all 1 2 3 4 5 6 7 Very new to me

To what degree do you expect the information given in the text 'In favor of euthanasia' to be difficult for you to understand?
Very difficult to understand 1 2 3 4 5 6 7 Very easy to understand

To what degree do you expect the information given in the text 'Opposed to euthanasia' to be difficult for you to understand?
Very difficult to understand 1 2 3 4 5 6 7 Very easy to understand

To what degree do you expect the arguments given in the text 'In favor of euthanasia' to be poor or good?
Very poor arguments 1 2 3 4 5 6 7 Very good arguments

To what degree do you expect the arguments given in the text 'Opposed to euthanasia' to be poor or good?
Very poor arguments 1 2 3 4 5 6 7 Very good arguments

STUDY 2, PART 2A
How new was the information in the article to you?
Not very new to me 1 2 3 4 5 6 7 Very new to me

How difficult was it to understand the information in the article?
Very difficult to understand 1 2 3 4 5 6 7 Very easy to understand

What do you think of the arguments in the article?
Very poor arguments 1 2 3 4 5 6 7 Very good arguments

Euthanasia is...
Never acceptable 1 2 3 4 5 6 7 Always acceptable

Euthanasia is...
Never understandable 1 2 3 4 5 6 7 Always understandable

Euthanasia is...
Never immoral 1 2 3 4 5 6 7 Always immoral
Euthanasia is...
Never justifiable 1 2 3 4 5 6 7 Always justifiable

I am...
Opposed to euthanasia 1 2 3 4 5 6 7 In favor of euthanasia

How would you describe the span of your knowledge of euthanasia?
Very narrow 1 2 3 4 5 6 7 Very wide

How would you describe the depth of your knowledge of euthanasia?
Very shallow 1 2 3 4 5 6 7 Very deep

How would you describe the accuracy of your knowledge of euthanasia?
Very imprecise 1 2 3 4 5 6 7 Very precise

How likely is it that something you believe to be true about euthanasia will turn out to be completely false?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something completely new about euthanasia?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something that will change your view on euthanasia?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How confident are you about your knowledge on euthanasia?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How confident are you about your attitude toward euthanasia?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How hard is it to make a decision about what opinion to have regarding euthanasia?
Very easy 1 2 3 4 5 6 7 Very difficult

To what degree do you have better knowledge of the arguments in favor of euthanasia than the arguments opposed to euthanasia?
I have much better knowledge of the arguments in favor of euthanasia 1 2 3 4 5 6 7 I have much better knowledge of the arguments opposed to euthanasia

It seems fundamentally unethical to fund the extremely expensive treatment of terminally ill people in order to extend their lives by a few weeks against their will.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

The fact that euthanasia is illegal is just another example of the unwarranted power some religious groups have over government in this country.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text
In life people are trusted with making decisions of the most crucial importance for themselves and other people, so it just doesn't make sense to deprive people of their right to decide over their own life.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

It is important to recollect that the first amendment emphasizes the separation of church from state when creating and enforcing laws. Many who argue against euthanasia and its legalization cite religious factors for their opposition.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

The same people arguing against physician-assisted euthanasia are not banning together against physician-assisted curing.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

There is an obvious absurdity in the scenario where one patient is denied treatment based on his lack of financial resources, whereas another patient is denied to stop treatment based on someone else's religious belief.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Recognizing that individuals should not be heard when they are psychological unstable, still we should accept the fact that some perfectly sane people really do not want to live with extreme pain and degradation.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Suicide is not illegal; thus anyone who wishes to take his or her own life has the legal right to do so.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

To disallow euthanasia is a form of discrimination against those who are disabled.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

In most states criminals are executed when we believe beyond a reasonable doubt that they are guilty of committing the most heinous crimes. As a consequence, when we believe beyond a reasonable doubt that a person is sane and wants to end his/hers life he/she should be allowed to do so.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Not allowing terminally ill people to end their life is just an easy way out for doctors and relatives who would like to see the person live, but who don't have to suffer the pain of the patient.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text
The state cannot enforce medical care on unwilling individuals, yet this is exactly what is being done when people who wish to die are kept alive by artificial means.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

According to the text, Physician-Assisted Suicide is the term used...
1 when a physician hastens death by withdrawing some form of life supporting means and the individual is permitted to die naturally.
2 when a physician performs a direct action that causes death.
3 when a physician supplies information and/or the means of committing suicide in order for the dying person to take their own life.
4 All of the above

According to the text, lack of financial resources demands that we prioritize...
1 those we are most likely to be able to save.
2 those who have many potential years of life ahead.
3 those who can be saved for the least financial cost.
4 All of the above

According to the text, why shouldn't religion be allowed to influence the law?
1 Because the first amendment emphasizes the separation of church from state
2 Because then we would have to outlaw physician-assisted curing as well
3 Because no one religion represents the values of the entire population
4 Because religion can be ambiguous whereas law needs to be precise

According to the text, suicide is...
1 legal for all people.
2 legal for people who are able to commit suicide without help of other people.
3 illegal except when assisted by a registered physician.
4 illegal for all people.

According to the text, euthanasia is...
1 an obligation.
2 an act of compassion.
3 a sign of strength.
4 a crime.

According to the text, disallowing euthanasia is...
1 abuse of force.
2 complying to the wants of powerful minority groups.
3 restricting the constitutional rights of the individual.
4 discrimination.

It seems fundamentally unethical to fund the extremely expensive treatment of terminally ill people in order to extend their lives by a few weeks against their will.
I disagree completely 1 2 3 4 5 6 7 I agree completely

The fact that euthanasia is illegal is just another example of the unwarranted power some religious groups have over government in this country.
I disagree completely 1 2 3 4 5 6 7 I agree completely
In life people are trusted with making decisions of the most crucial importance for themselves and other people, so it just doesn't make sense to deprive people of their right to decide over their own life.

I disagree completely 1 2 3 4 5 6 7 I agree completely

It is important to recollect that the first amendment emphasizes the separation of church from state when creating and enforcing laws. Many who argue against euthanasia and its legalization cite religious factors for their opposition.

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I disagree completely 1 2 3 4 5 6 7 I agree completely

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I disagree completely 1 2 3 4 5 6 7 I agree completely

To disallow euthanasia is a form of discrimination against those who are disabled.

I disagree completely 1 2 3 4 5 6 7 I agree completely

In most states criminals are executed when we believe beyond a reasonable doubt that they are guilty of committing the most heinous crimes. As a consequence, when we believe beyond a reasonable doubt that a person is sane and wants to end his/hers life he/she should be allowed to do so.

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Not allowing terminally ill people to end their life is just an easy way out for doctors and relatives who would like to see the person live, but who don't have to suffer the pain of the patient.

I disagree completely 1 2 3 4 5 6 7 I agree completely

The state cannot enforce medical care on unwilling individuals, yet this is exactly what is being done when people who wish to die are kept alive by artificial means.

I disagree completely 1 2 3 4 5 6 7 I agree completely

STUDY 2, PART 2B
How new was the information in the article to you?

Not very new to me 1 2 3 4 5 6 7 Very new to me

How difficult was it to understand the information in the article?

Very difficult to understand 1 2 3 4 5 6 7 Very easy to understand
What do you think of the arguments in the article?
Very poor arguments 1 2 3 4 5 6 7 Very good arguments

Euthanasia is...
Never acceptable 1 2 3 4 5 6 7 Always acceptable

Euthanasia is...
Never understandable 1 2 3 4 5 6 7 Always understandable

Euthanasia is...
Never immoral 1 2 3 4 5 6 7 Always immoral

Euthanasia is...
Never justifiable 1 2 3 4 5 6 7 Always justifiable

I am...
Opposed to euthanasia 1 2 3 4 5 6 7 In favor of euthanasia

How would you describe the span of your knowledge of euthanasia?
Very narrow 1 2 3 4 5 6 7 Very wide

How would you describe the depth of your knowledge of euthanasia?
Very shallow 1 2 3 4 5 6 7 Very deep

How would you describe the accuracy of your knowledge of euthanasia?
Very imprecise 1 2 3 4 5 6 7 Very precise

How likely is it that something you believe to be true about euthanasia will turn out to be completely false?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something completely new about euthanasia?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How likely is it that you will learn something that will change your view on euthanasia?
Not likely at all 1 2 3 4 5 6 7 Extremely likely

How confident are you about your knowledge on euthanasia?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How confident are you about your attitude toward euthanasia?
Not confident at all 1 2 3 4 5 6 7 Extremely confident

How hard is it to make a decision about what opinion to have regarding euthanasia?
Very easy 1 2 3 4 5 6 7 Very difficult

To what degree do you have better knowledge of the arguments in favor of euthanasia than the arguments opposed to euthanasia?
I have much better knowledge of the arguments in favor of euthanasia 1 2 3 4 5 6 7 I have much better knowledge of the arguments opposed to euthanasia
If we take the step to condone physician-assisted suicide it has the effect of devaluing human life across the board.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

All laws are in some way based on a moral code that was first a part of religion before becoming a legal standard.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Legalizing euthanasia will give people an excuse to rid themselves of the constraint put on them by a care needing relative.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

People who are suffering really don't want to end their life; they just want to end their suffering.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

The existence of physician-assisted suicide removes the incentive for doctors to try to improve the lives of the terminally ill even if they want to live.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

If the decision is left up to the individual who is sick, in many cases people who do not necessarily want to die may choose to do so.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Politicians and insurance companies advocate euthanasia because they want to save money. They don't really care about the suffering of terminally ill people.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

People simply have no right to decide about the value of the life of other people.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

The terminally ill are often simply not being in the proper state of mind to rationally decide for themselves whether or not to end their lives.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Allowing the legal killing of the terminally ill is clearly a step down a path, which makes it much easier to justify the elimination of other 'undesirable' groups.
1 No, this statement wasn't in the text
2 Yes, this statement was in the text

Life is a gift so precious that no person should be able to decline it.
1 No, this statement wasn't in the text
Our society makes a great effort to stop suicide among psychologically distressed people, so it just makes no sense to endorse physician-assisted suicide among people that are terminally physically ill.

According to the text, it is considered immoral to take the life of another human being in...

According to the text,...

Which of the following possible negative effects of legalizing euthanasia is not proposed in the text?

According to the text, people who do not necessarily want to die may choose to do so because they are...

According to the text, patients who want to end their life are...

According to the text, when patients are unable to communicate their wishes clearly it is up to whom to decide what 'counts' as the patient's consent to be killed?

If we take the step to condone physician-assisted suicide it has the effect of devaluing human life across the board.

I disagree completely 1 2 3 4 5 6 7 I agree completely
All laws are in some way based on a moral code that was first a part of religion before becoming a legal standard.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Legalizing euthanasia will give people an excuse to rid themselves of the constraint put on them by a care needing relative.
I disagree completely 1 2 3 4 5 6 7 I agree completely

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I disagree completely 1 2 3 4 5 6 7 I agree completely

The existence of physician-assisted suicide removes the incentive for doctors to try to improve the lives of the terminally ill even if they want to live.
I disagree completely 1 2 3 4 5 6 7 I agree completely

If the decision is left up to the individual who is sick, in many cases people who do not necessarily want to die may choose to do so.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Politicians and insurance companies advocate euthanasia because they want to save money. They don't really care about the suffering of terminally ill people.
I disagree completely 1 2 3 4 5 6 7 I agree completely

People simply have no right to decide about the value of the life of other people.
I disagree completely 1 2 3 4 5 6 7 I agree completely

The terminally ill are often simply not being in the proper state of mind to rationally decide for themselves whether or not to end their lives.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Allowing the legal killing of the terminally ill is clearly a step down a path, which makes it much easier to justify the elimination of other 'undesirable' groups.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Life is a gift so precious that no person should be able to decline it.
I disagree completely 1 2 3 4 5 6 7 I agree completely

Our society makes a great effort to stop suicide among psychologically distressed people, so it just makes no sense to endorse physician-assisted suicide among people that are terminally physically ill.
I disagree completely 1 2 3 4 5 6 7 I agree completely

**STUDY 2, PART 3**

What is your gender?
1 female
2 male

How often do you read about euthanasia (in books, magazines, newspapers, on the Internet, etc.)?
1 never
2 less than once a year
3 once or twice every year
4 three to five times a year
5 six to eleven times a year
6 every month
7 every week or more often

How often are you exposed to formal presentations about euthanasia (live presentations like speeches, or recorded presentations on radio and television)?
1 never
2 less than once a year
3 once or twice every year
4 three to five times a year
5 six to eleven times a year
6 every month
7 every week or more often

How often do you listen to family, friends or other people speaking informally about euthanasia?
1 never
2 less than once a year
3 once or twice every year
4 three to five times a year
5 six to eleven times a year
6 every month
7 every week or more often

How often do you talk informally about euthanasia to family, friends or other people?
1 never
2 less than once a year
3 once or twice every year
4 three to five times a year
5 six to eleven times a year
6 every month
7 every week or more often

In September 1998 CBS broadcasted an active euthanasia act performed by a doctor injecting lethal drugs into one of his patients. The doctor, believed to have taken part in the death of 137 patients, was sentenced to prison by a Michigan court in April 1999. What is the name of that doctor?
1 Thomas Youk
2 David Satcher
3 Jack Kevorkian
4 Derek Humphry

Assisted suicide is legal in only one state. The Death With Dignity Act, legalizing assisted suicide for people diagnosed with a terminal illness, became law in October 1997 in what state?
1 Oregon
2 Nevada
3 California
4 Arizona

What demographic group has the highest suicide rate?
1 White women 70 years or older
2 White men 70 years or older  
3 White men between 15 and 35 years old  
4 Black men between 15 and 35 years old  

What is not a characteristic of persistent vegetative state?  
1 All movements are merely reflexive  
2 Unconsciousness  
3 Cycles of sleep and wake  
4 No hypothalamic and brainstem autonomic functions  

In USA in 1998, what was the ratio of suicides compared to the number of homicides?  
1 1.7 suicides per homicide  
2 1.3 suicides per homicide  
3 0.9 suicides per homicide  
4 0.5 suicides per homicide  

In the Wendland case in California, August 2001, the court ruled that Mrs. Wendland could not have food and fluid withdrawn from her hospitalized and disabled but conscious husband. What reason did the court give for its decision?  
1 Withdrawing food and fluid from patients is against the law in California  
2 Mrs. Wendland did not offer sufficient evidence that her husband wanted to end his life  
3 Being disabled is not considered a quality of life no longer acceptable to the individual (the definition of rational suicide)  
4 Mr. Wendland's medical condition and young age allows for the possibility that science may find a cure for his illness before he dies a natural death  

How many persons committed suicide in USA in 1998?  
1 10,000  
2 20,000  
3 30,000  
4 40,000  

Which of the following criteria is part of the definition of brain death (The Harvard Criteria) published by the American Medical Association?  
1 Unreceptivity  
2 No breathing for at least one hour  
3 No reflexes  
4 All of the above
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<th>Min</th>
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<td>&quot;What is your preference among the two alternatives to read?&quot;</td>
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<td>&quot;How often are you exposed to formal presentations about abortion (live presentations like speeches, or recorded presentations on radio and television)?&quot;</td>
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<td>&quot;How often do you listen to family, friends or other people speaking informally about abortion?&quot;</td>
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<td>&quot;How likely is it that you will learn something that will change your view on abortion?&quot;</td>
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<td>.24*</td>
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<td>Expected quality</td>
<td>.54**</td>
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Meta-analysis

| Recall of facts | .04      | ---              | .07              | -.08        | .04           | -.07             | ---               | -.15*          | -.07          | .15*         | -.02          | ---         | .02         |                     |                   |
| Recall of arguments | .12      | ---              | .10              | .00         | .02           | -.07             | ---               | -.08          | -.01          | .06          | .30**        | ---         | ---         |                     |                   |
| Reading time    | -.08     | ---              | -.08             | -.03        | -.01          | -.12             | ---               | .03           | -.03          | .01          | ---          | ---         | ---         |                     |                   |
| Preference      | .60**    | ---              | .29**            | .13         | .14†          | .01             | ---               | .12           | .00           | ---          | ---          | ---         | ---         |                     |                   |
| Attitude confidence | -.09     | ---              | .03              | .06         | .35**         | .52**            | ---               | .14†          | ---           | ---          | ---          | ---         | ---         |                     |                   |
| Factual knowledge | -.02     | ---              | -.06             | .14†        | .26**         | .23**            | ---               | ---           | ---           | ---          | ---          | ---         | ---         |                     |                   |
| Knowledge confidence | .08      | ---              | .02              | .17*        | .35**         | ---               | ---               | ---           | ---           | ---          | ---          | ---         | ---         |                     |                   |
| Prior exposure  | .16*     | ---              | .09              | .28**       |               | ---               | ---               | ---           | ---           | ---          | ---          | ---         | ---         |                     |                   |
| Involvement     | .16*     | ---              | .06              |             |               | ---               | ---               | ---           | ---           | ---          | ---          | ---         | ---         |                     |                   |
| Perceived quality | .51**    | ---              |                  |             |               | ---               | ---               | ---           | ---           | ---          | ---          | ---         | ---         |                     |                   |

† $p < .10$, * $p < .05$, ** $p < .01$, --- Not available.
REFERENCES


BIOGRAPHICAL SKETCH

Inge Brechan has an undergraduate degree from the University of Oslo, majoring in psychology, and a Master of Business and Economics degree from the Norwegian School of Management, majoring in marketing. Before coming to the University of Florida in August 2000, he worked seven years as a project manager and consultant in marketing research. Inge will receive his Master of Science degree, majoring in social psychology, in August 2002.