Perceived Message Influence and Hispanic Women: The Disappearance of Self-Other Perceptual Bias

Ye Sun[1], Jakob D. Jensen[1], Lisa M. Guntzviller[2], and Miao Liu[1]

Abstract

The third-person effect (TPE) hypothesis states that people typically perceive the media messages to have greater influence on others than on themselves. Though this self-other perceptual bias has been shown to be robust across a variety of message contexts, past research has typically utilized Caucasian college student samples. The current study addresses this shortcoming in the literature by examining whether the TPE hypothesis holds for low-income, low-education, Spanish-speaking female adults with regard to the perceived effects of health news coverage. Our findings showed that most participants chose "equal to others" when estimating health news effects on themselves instead of "less than others" or "more than others." Results from ordinal logistic regression showed that the propensity toward TPE was related to optimistic bias and certain indicators of acculturation. Our findings suggest the need for future TPE research in Hispanic populations and further efforts to investigate TPE from an intercultural perspective.

Keywords

third-person effect, Hispanic population, perceived health news effects, acculturation, ordinal logistic regression

[1]University of Utah, Salt Lake City, USA
[2]Utah State University, Logan, USA

Corresponding Author:
Ye Sun, Department of Communication, University of Utah, 255 S. Central Campus Dr., Salt Lake City, UT 84112, USA.
Email: ye.sun@utah.edu

Past research in social psychology has largely depicted a picture of human beings going about their lives with myriad biases, such as "naïve realism" (Ross & Ward, 1996) and "introspection illusion" (Pronin, 2009). In media effects research, a similar sketch of "biased" individuals is provided in the third-person effect (TPE) hypothesis, which states that individuals have a prevailing tendency to think of others as more influenced by media messages than themselves (Davison, 1983). When people express concerns about baneful media effects and support media censorship, it is about others who need to be protected; they themselves, on the other hand, are almost always "immune" to media influence.

The perceptual tendency to estimate greater influence on others than on oneself is an empirically robust phenomenon across a wide range of message contexts. The majority of TPE research, however, has been conducted with samples comprised mostly or wholly of educated Caucasians (i.e., college students in the United States). Whether TPE extrapolates to other populations, such as those with lower education and/or from other ethnic minority groups, is largely unknown. This study is an effort to fill this gap by extending TPE research to an increasingly important but understudied population in the United States: low-income, Spanish-speaking adults. Specifically, the goal of this study is twofold. First, we examine whether this population also exhibits the self-other perceptual bias, particularly in the context of health news coverage, given the booming interest in health literacy and health outcomes among the low-income Hispanic populations. Second, we investigate whether and how some cultural, educational, and psychological variables may explain the underlying tendency toward this perceptual bias.

TPE and Health News Coverage

First proposed by Davison (1983), TPE describes individuals' perceptual tendency that media messages affect other people more than themselves (the perceptual hypothesis), and such perceptual bias could lead people to take actions (e.g., asking the government to ban pornography; the behavioral hypothesis). The perceptual hypothesis, or the third-person perception (TPP), has been examined and substantiated in a wide array of message contexts. A meta-analysis on this perceptual bias (Sun, Pan, & Shen, 2008) yields an average effect size of $d = .646$ based on 372 effect sizes.

As a perceptual bias or fallacy, TPP is partly motivated by the inherent need to defend and/or enhance one's ego in explicit or implicit contexts of social comparison (Perloff, 2009). An important boundary condition for TPP is the perceived desirability of media messages under consideration (Gunther & Storey, 2003). TPP is most pronounced for messages with clearly undesirable

influences (such as pornography, Gunther, 1995), as vulnerability to such messages poses the greatest threat to self-image. For relatively neutral messages, such as reality TV shows (Sun, Shen, & Pan, 2008), TPP still persists, though of a smaller magnitude compared with clearly negative messages (Sun, Pan, & Shen, 2008).

For prosocial messages, there is a reverse tendency of viewing oneself as *more* influenced than others, also dubbed "first-person perception" (FPP; Hoorens & Ruiter, 1996). Evidence of FPP in the realm of positive messages is growing, but not yet conclusive (Perloff, 2009). FPP was observed in some studies (e.g., Meirick, 2005), whereas not in others (e.g., Chapin, 2000). The meta-analysis (Sun, Pan, & Shen, 2008) showed the self-other perceptual gap for desirable messages to be in the expected direction of FPP but not statistically significant. It is possible that whereas individuals are motivated to enhance self-image by acknowledging sensitivity to positive messages, they also resist the idea of being susceptible to media influences.

This tension may also underlie perceptions about the effects of health news coverage. Whereas health topics largely fall under the umbrella of positive messages, the idea of being influenced by news as a genre of media message does not seem to be welcomed. Empirical studies have shown strong TPP regarding news about a variety of topics, including presidential elections and environmental issues (Jensen & Hurley, 2005; Salwen, 1998). Limited research has looked at perceptions about news coverage on health. In two studies on perceived effects of news coverage of public health risks, Wei, Lo, and Lu (2008, 2010) found clear patterns of TPP among college students in Taiwan. For messages that are informational in nature and intended to produce beneficial effects for the society, TPP may still emerge, possibly due to the negative connotations associated with being victims to such public health risks.

TPE and Spanish-Speaking Populations

Hispanics in the United States remain an understudied population in media effects and social psychology research. As suggested earlier, the extant TPE research is markedly "White": Samples used in TPE studies are predominantly Caucasians, with only a few glimpses into Asian populations in recent research (e.g., Chia, 2007; Jiang & Chia, 2009). Despite TPE being "one of the most popular theories" in communication research (Bryant & Miron, 2004) and the deluge of TPE research in recent years, the number of studies on Hispanic or primarily Spanish-speaking populations remains—surprisingly or not—zilch. A first examination of the TPE hypothesis among Spanish-speaking population is long overdue.

The first question we try to address in this study, therefore, is whether there is a perceptual bias regarding the effects of health news coverage among the Hispanic population. TPE research using Asian samples with collectivistic cultures such as South Koreans and Singaporeans has shown a significant TPP (e.g., Gunther & Hwa, 1996). The size of TPP becomes smaller, however, with increasing orientation toward collectivism (Lee & Tamborini, 2005). As the Hispanic culture is more collectivistic, where group cooperation is valued and standing out of the group is avoided (Hofstede, 1980; Oyserman, Coon, & Kemmelmeier, 2002), it is possible that Hispanic propensity for the self-serving bias is not as strong as that in the more individualistic cultures. Given the lack of previous research on this topic, we pose the following research question:

> **Research Question 1 (RQ1):** How do Spanish speakers living in the United States perceive the effect of health news on themselves compared with the effect on others?

Possible Correlates of the TPP

TPP is partly a product of psychological needs such as ego-defense and self-enhancement. Such psychological needs could be amenable to sociocultural factors and individual differences. The second goal of our study is to explore the potential effects of such factors on the Spanish-speaking adults' tendency toward TPP. Specifically, we examine acculturation, education, and optimistic bias as possible correlates of TPP.

Acculturation

Different from the few TPE studies on Asian samples whose participants were inhabitants in their native countries, our study focuses on the Hispanic population living in the United States most of whom were not born in the United States, with Spanish being their native language. Living simultaneously with native and host cultures involves negotiating and navigating through different cultural realities and constantly (re-)constructing systems of meaning for various aspects of social life and personal identity (Chirkov, 2009). This process leads to alterations in cultural beliefs, values, and/or practices. For example, as Hispanics living in the United States acculturate, collectivistic orientation toward a tight family lessens (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987) and linguistic preference also varies (American FactFinder, 2011).

Generally speaking, acculturation is "a sociocultural process in which members of one cultural group adopt the beliefs and behaviors of another group" (Lopez-Class, Castro, & Ramirez, 2011, p. 1556). Acculturation has been studied in relation to a variety of cognitive and behavioral outcomes in public health research on Hispanic populations (see the reviews by Thomson & Hoffman-Goetz, 2009). Varying degrees and facets of acculturation are related to a host of health conditions among Hispanic populations (Amaro & de la Torre, 2002). As TPP has been shown to be a culturally sensitive phenomenon (Lee & Tamborini, 2005), this perceptual tendency could also be subject to myriad forces of cultural adaptation.

Research on acculturation has received criticisms for the lack of conceptual clarity and empirical precision in recent reviews (e.g., Hunt, Schneider, & Comer, 2004; Lopez-Class et al., 2011; Thomson & Hoffman-Goetz, 2009). While this study was not designed to address the specific conceptual or empirical issues that have been raised, our empirical approach reflects three points of convergence from these discussions. First, acculturation is a multifaceted process wherein individuals have different "acculturative trajectories" (Lopez-Class et al., 2011), encompassing a multitude of dimensions, such as language use, upholding central cultural beliefs, and social interaction patterns (Trimble, 2003). Second, unidimensional measures of acculturation that pit one culture against the other are insufficient, as they ignore the possibility that individuals could "carry two pieces of cultural luggage at the same time" (Cabassa, 2003, p. 134). Third, there is a call for contextualization in acculturation research. More contextual factors should be incorporated in studying processes and outcomes of cultural adaptation.

Based on these points, we use three sets of indicators of acculturation to explore the question of whether and how acculturation may be related to TPP. First, we included the Short Acculturation Scale for Hispanics (SASH) created by Marin et al. (1987) as it taps three dimensions of acculturation (language use, media use, and social relations) that seem to bear relevance to perceptions of news media effects regarding self versus others. Second, to see the possibility that entrenchment in *both* cultures is at work in the acculturation process (while SASH scales imply a zero-sum relationship), we also included separate measures of linguistic proficiency for Spanish and English, respectively. Third, we adopted "Foreign Language Anxiety in medical Office Scale" (FLAMOS; Guntzviller, Jensen, King, & Davis, 2011) as a proxy measure of acculturation in health care settings, which captures affective and structural barriers posed by the lack of English in the specific context of health care access and use.

Research Question 2a (RQ2a): How may different indicators of acculturation be related to the self-other perceptual gap regarding the effect of health news among the Spanish-speaking population?

Education

As Hunt et al. (2004) point out, attention to acculturation in the research on minority ethnic groups should not lead to a downplay of the impact of socio-economic factors such as poverty or the lack of education. Education has been approached in TPP research as a precursor to the need for self-enhancement. Those who perceive themselves as superior in education (thereby more capable to fend off unwanted influences) should display a larger TPP. Some existing evidence suggests such a relationship between education and TPP, with education being defined via formal indicators (i.e., levels of education) or subjective perceptions of knowledge (i.e., Lasorsa, 1989; Peiser & Peter, 2000). As our sample was primarily low-income, low-education population, we examine the role of education via the following research question:

Research Question 2b (RQ2b): Is there a relationship between the level of education and the self-other perceptual gap regarding the effect of health news among the Spanish-speaking population?

Optimistic Bias

Optimistic bias, or unrealistic optimism, describes an individual's tendency to perceive himself or herself as the "luckier" one to whom desirable events are more likely to descend and undesirable events are less likely to occur (Weinstein, 1980). As both optimistic bias and TPP exemplify individuals' self-serving bias, a theoretical connection between the two has been suggested in previous literature (Gunther, 1995; Lee & Tamborini, 2005). Construing strong media influences as undesirable life events, those with greater tendency for optimistic bias may also be more likely to deny such media influence on themselves, thus displaying a larger TPP. Empirical evidence regarding the relationship between the two constructs has been inconsistent. Studies have shown positive, negative, or no relationships between the two (Chapin, 2000; Li, 2008; Salwen & Dupagne, 2003). We investigate this relationship via the following question:

Research Question 2c (RQ2c): Is there a relationship between optimistic bias and the self-other perceptual gap regarding the effect of health news among the Spanish-speaking population?

Method

Participants and Procedure

One hundred low-income, Spanish-speaking adults were recruited to complete a survey. Due to the significant gender imbalance (83 females and 17 males), only female participants were retained in this analysis. Two participants with reported age of 71 were regarded as outliers (beyond the 3 standard deviations above the mean) and removed from the data. The retained sample consisted of 81 female participants with ages ranging from 19 to 63 ($M = 33.83$, $SD = 10.05$). Participants mainly reported Mexico as their country of origin ($n = 73$) and were mostly native Spanish speakers ($n = 69$). Thirty-seven participants did not speak English, 9 spoke "some" or "a little," and 17 reported that they had spoken English for 3 years or more ($M = 12.29$, $SD = 7.22$). Fourteen participants reported being U.S. citizens, 4 naturalized citizens, 4 legal immigrants, 22 permanent residents, 22 undocumented immigrants, and 15 did not report their citizenship status. The completed education level of participants ranged from no formal education ($n = 2$), between Grades 1 to 6 ($n = 27$), Grades 7 and 8 ($n = 10$), Grades 9 to 11 ($n = 16$), and a high school graduate or higher ($n = 25$).

Participants were recruited by two bilingual employees of a university extension program from a midwestern county and were compensated US$25 in cash for participating. The extension program only serves adults at or below 200% of the poverty line so all participants met this criteria. Low-literacy participants were given the option of having the consent form and the survey read to them.

Measures

All measures that were previously available only in English were translated into Spanish by a professional translation service that was certified in both medical and legal Spanish translation. Measures were then back-translated into English to ensure accurate translation.

TPP. TPP was measured by a self-other comparison item, "Compared to people my age, I am affected by news stories about health . . ." with response options being *less than others, equal to others*, and *more than others*. If a significant majority of participants chose *less than others* as an answer to this question, it would be evidence of TPP. If most participants chose *more than others*, then a FPP would be concluded.

These response options were selected after discussions with the professional translator. Initially, the scales were 5 points ranging from *less than others* to *more than others*, which is more typically used in TPE literature. However, the translator felt that the scale would make more sense in Spanish if it were categorical and included "equal to others." To optimize the cultural sensitivity and hence the scale's empirical authenticity, we chose to use this ordinal scale with three response categories.

Optimistic bias. Optimistic bias was estimated by asking participants to compare themselves with others in terms of five health-related occurrences, also on an ordinal scale consisting three categories (*less than, equal to*, and *more than* others). An exploratory factor analysis (EFA) on the polychoric correlation matrix (Stata 12) showed a clear two-factor structure. Three items captured self-other comparison in terms of desirable health behaviors, including "follow doctor's advice," "eat healthy," and "go to the doctor for routine checkups" (with factor loadings of .59, .85, and .75, respectively, Eigenvalue = 1.74). The other two items were about undesirable health consequences and risks (i.e., "likely to get sick" and "have health problems," with factor loadings of .54 and .55, Eigenvalue = .73). To assess the internal coherence for ordinal data, an *ordinal alpha* based on the polychoric correlation matrix, recommended over Cronbach's alpha (Gadermann, Guhn, & Bruno, 2012), was obtained for the desirable-events subscale (ordinal α = .79). The two items on undesirable events had a polychoric correlation of .54. Two subscales of optimistic bias, on desirable and undesirable events, were respectively constructed.

Comfort speaking/reading English and Spanish. Four items created for this study assessed participant comfort in speaking and reading English and Spanish. All four items were measured on a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*). The two items measuring comfort reading and speaking Spanish were averaged to create a variable called *Comfort–Spanish* and demonstrated good internal reliability (Cronbach's α = .86). The two items assessing comfort reading and speaking English were averaged and named *Comfort–English* and demonstrated good internal reliability (Cronbach's α = .90).

SASH. The SASH was created by Marin et al. (1987) to measure three dimensions of acculturation: language use, media, and ethnic social relations. Language use was measured with five items, such as "In general, in what language(s) do you think?" and media was measured with three items (e.g., "In general, in what language(s) are the television programs that you watch?"). These two dimensions were measured with a 5-point scale (1 =

only Spanish, 5 = *only English*). The ethnic social relations dimension was measured with four items (e.g., "Your closest male and female friends are:") on a 5-point scale (1 = *only Latinos*, 5 = *only Americans*). Language use and media demonstrated good internal reliability (Cronbach's α = .91 and .80, respectively). Ethnic social relations demonstrated adequate internal reliability (Cronbach's α = .74).

FLAMOS. FLAMOS, developed and validated by Guntzviller et al. (2011), consisted of eight statements about communication anxiety in English-speaking health care settings (1 = *strongly disagree*, 5 = *strongly agree*). These items loaded on one factor and had high internal reliability (Cronbach's α = .93).

Results

TPP (RQ1)

RQ1 asked whether the primarily Spanish-speaking participants would display TPP regarding the perceived effects of health news coverage. Contrary to prior evidence that demonstrates robust effects of perceptual bias, most of our participants (45.6%) selected the "equal to others" option (see Table 1). There was no evidence for TPP or FPP. Distributions of responses to the optimistic bias questions were also displayed in Table 1.

Correlates of TPP (RQ2a-RQ2c)

RQ2a to RQ2c queried whether the self-other perceptual bias would vary by acculturation, education, or optimistic bias. As we used three ordered categories (*more than, equal to, less than*) to represent the underlying continuous construct of perceived self-other discrepancy, ordinal logistic regression was the appropriate statistical model. The highest category of the dependent variable was "TPP" (i.e., self as influenced *less than others*) and lowest category being "FPP" (i.e., self influenced *more than others*). Participants' level of education, the two subscales of optimistic bias (on desirable and undesirable events), comfort with speaking and reading English and Spanish, the three SASH scales, and FLAMOS were entered as predictors.

Different from binary logistic regression that estimates the probability of one event, ordinal regression models the cumulative probability of an event and the preceding ones. The logit coefficient represents the ordered log-odds estimate of being in a higher category of the dependent variable with one-unit increase in the predictor (all other variables held constant). One important assumption of the ordinal logistic regression is "parallel lines" (also labeled

Table 1. Response Distributions for Comparison Questions.

Compared with people my age . . .	% less than others	% equal to others	% more than others	*n*	$\chi^2(2)$
TPP					
I am affected by news stories about health	30.9	45.6	23.5	68	5.15†
Optimistic bias: Desirable Events					
I follow my doctor's advice	19.7	50.7	29.6	71	10.68**
I go to the doctor for routine checkups	21.7	56.5	21.7	69	16.70***
I eat healthy	12.3	54.8	32.9	73	19.75***
Optimistic bias: Undesirable Events					
I have health problems	47.1	42.9	10.0	70	17.34***
I am likely to get sick	43.8	46.6	9.6	73	18.60***

Note. Goodness of fit χ^2 tests for all six comparison questions. TPP = third-person perception.
†*p* < .10. **p* < .01. ***p* < .001.

as the "proportional odds" assumption, Wolfe & Gould, 1998), stating that the relationship between a predictor and the response variable is the same across all categories of the response variable. The test of parallel lines was significant ($\chi^2 = 21.98$, *df* = 10, *p* < .05), suggesting that this assumption did not hold for our entire model. We therefore proceeded with "gologit2" (the "generalized ordered logit 2," Stata 12), which allows for estimating "partial proportional odds" models (Williams, 2006). This method generates different logit coefficients across categories of the response variable for variables that do not meet the parallel-lines assumption.

The first step of gologit2 was to test the parallel-lines assumption for *each* of the predictors via its "autofit" function. The parallel-lines assumption was violated by only one predictor: the Desirable-Events subscale of optimistic bias (*p* < .001). The model was then reestimated by relaxing the parallelism constraint on this variable. Results for the final model were presented in Table 2. The left panel of Table 2 displayed the logits and corresponding odds ratios for the predictors whose effect was constant across the categories of the dependent variable (i.e., parallel-lines assumption met). On the right side were differential cumulative logits at different cutoff points for the desirable-events subscale of optimistic bias. The likelihood-ratio test showed the model to be a significant improvement from the null model with no explanatory variables ($\chi^2 = 31.09$, *df* = 11, *p* < .001). The McFadden's pseudo R^2 for the model was .24.

Table 2. Generalized Ordered Logit Estimates for Partial Proportional Odds Model (*N* = 61).

Variables	Log-odds ratios constant across cutoff points		Log-odds ratios at different cutoff points			
			(TPP, Equivalence) vs. FPP		TPP vs. (Equivalence, FPP)	
	Logit (*SE*)	OR (*SE*)	Logit (*SE*)	OR (*SE*)	Logit (*SE*)	OR (*SE*)
Demographics						
8th-12th grade (vs. < 8th grade)	−0.62 (0.75)	0.53 (0.40)				
12th grade and higher (vs. < 8th grade)	1.03 (0.88)	2.81 (2.46)				
Optimistic bias						
Desirable Events			−3.16*** (0.87)	0.04 (0.03)	0.60 (0.74)	1.82 (1.35)
Undesirable Events	0.20 (0.56)	1.23 (0.69)				
Acculturation						
Comfort–Spanish	−0.86* (0.37)	0.42 (0.16)				
Comfort–English	0.27 (0.27)	1.31 (0.35)				
SASH–Language	−1.11 (0.72)	0.33 (0.24)				
SASH–Media	0.55 (0.59)	1.74 (1.03)				
SASH–Social	−1.60* (0.75)	0.20 (0.15)				
FLAMOS	−0.72* (0.30)	0.49 (0.15)				
Pseudo *R*^{2}	.24					

Note. Dependent Variable: TPP (1 = FPP, "more than others"; 2 = Equivalence, "equal to others"; 3 = TPP, "less than others"). TPP = third-person perception; FPP = first-person perception; SASH = Short Acculturation Scale for Hispanics; FLAMOS = Foreign Language Anxiety in Medical Office Scale.
*p < .05. ***p < .001.

Participants' level of education was not related to the tendency toward TPP (RQ2b). For optimistic bias (RQ2c), the undesirable-events subscale did not have any significant bearing on TPP. The role of desirable-events subscale varied across the TPP categories: A significant negative effect on the probability of moving from the FPP category to the higher combined category of self-other equivalence and TPP, but no effect on the probability of moving from the combined category of FPP and self-other equivalence to the higher category of TPP. In other words, when a participant regarded himself or herself as outperforming others in desirable health behaviors, they were significantly more likely to exhibit FPP regarding health news effects.

Among the various indicators of acculturation (RQ2a), three variables turned out to be significant negative predictors of TPP. First, a one-unit increase in comfort with speaking and reading Spanish led to a 58% decrease

in the odds (i.e., a .86 decrease in the logit) of being in a higher category on the TPP scale. Increased acculturation in social relationships (i.e., spending time with more non-Hispanics than Hispanics) also reduced the tendency toward TPP: With one-unit increase in the social-relationship subscale of SASH, the odds of being in a higher category were 80% less (i.e., a 1.60 decrease in the log-odds). FLAMOS had a similar effect, with one-unit increment in FLAMOS corresponding to a .72 decrease in the logit or 51% decrease in the odds of exhibiting TPP. The other acculturation indicators had no significant relationship with TPP.

Discussion

The current study seeks to examine perceptions about the effect of health news among low-income, Spanish-speaking adults who are predominantly of Mexican heritage. Though previous research has shown the self-other perceptual bias to be a robust phenomenon, in our study the majority of participants indicated "equal to others" when asked about the effect of health news coverage on themselves compared with that on others. The typical pattern of self-other perceptual bias did not occur for our Spanish-speaking participants; in fact, the less participants were acculturated to the United States, the less likely they were to demonstrate the TPP. As ours was the only study to date that examined TPE on a Hispanic population, whether the observed absence of self-other perceptual bias was unique to this population or a function of study characteristics could not be adequately assessed. Other types of message contexts and comparison others should be examined in future inquiries on the Hispanic population to see whether the self-other perceptions vary with those parameters.

Treating the three categories "more than," "equal to," and "less than" others as reflecting an underlying continuum of the self-other perceptual tendency ranging from FPP to TPP, we used ordinal regression to glean some preliminary evidence on what factors might contribute to one's tendency toward FPP or TPP. Our results showed comfort with speaking and reading Spanish and FLAMOS were negative predictors of TPP. In other words, as one is more ingrained in their native culture (indicated by language proficiency) or more anxious about speaking in health care settings in the host culture, they have less propensity toward TPP regarding the effects of health news coverage. These findings were consistent with those suggested by previous research that TPP was culturally sensitive and its magnitude varied with cultural orientations (Lee & Tamborini, 2005). The finding that acculturation in social relationships was negatively related to TPP was unexpected.

One explanation could be that the social-relationship subscale of SASH may have captured an aspect not intended by the scale but relevant to TPP, that is, the reference group implicitly used in making the self-other comparative judgment. To be more specific, if one's social circle was mostly comprised of Mexican friends (thus smaller value on the SASH–Social subscale), participants might be more likely to engage in downward social comparison and thus display TPP. When one's friends were mostly Americans (whom one presumably would like to assimilate to), an upward social comparison could be at work resulting in the opposite pattern.

This study also contributes to the acculturation research with findings from a sample consisting primarily of low-income immigrants. One major critique of acculturation research is that the assumption of "cultural contact" was seldom warranted. Only 3 out of the 69 articles in Hunt et al.'s (2004) review involved *foreign-born* Hispanics who, by definition, actually experienced new contact with the host culture. As almost 90% of our participants were born outside the United States with Spanish being their native language, and they primarily belonged to the low-income, low-education socioeconomic category, our findings related to various acculturation variables should be a useful addition to the acculturation research.

Contradicting previous findings in TPE research, levels of education were not related to the tendency for TPP in our study. This may be due to the overall low level of education for our sample, which could not compare with a college student sample typically used in TPE research. Optimistic bias in terms of desirable events was positively associated with the propensity toward FPP. When an individual believed that he or she excelled others in desirable health practices, he or she was more likely to interpret the effect of health news in a positive light and thus believe that he himself or she herself was more influenced.

To conclude, the majority of our low-income, Spanish-speaking female participants chose "equal to others" when they compared the effect of health news coverage on others versus on themselves. Optimistic bias and certain acculturation indicators were found to relate to the tendency toward TPP. Given that Hispanic population had never been studied in TPE research before, we hope our findings, though preliminary, will motivate more future research efforts along this line and shed more light on a cultural-based understanding of this perceptual phenomenon.

Declaration of Conflicting Interests

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Author Biographies

Ye Sun (PhD, University of Wisconsin–Madison) is an assistant professor in the Department of Communication at the University of Utah. Her research addresses various questions about media effects, especially in the contexts of public health and environmental activism.

Jakob D. Jensen (PhD, University of Illinois at Urbana-Champaign) is currently an associate professor in the Department of Communication at the University of Utah as well as a member of the Cancer Control and Population Science (CC&PS) core at the

Huntsman Cancer Institute. His research examines barriers to performing health behaviors as well as the development and evaluation of message strategies to counter those barriers.

Lisa M. Guntzviller (PhD, Purdue University) is an assistant professor at Utah State University in the Department of Languages, Philosophy, and Communication Studies. Her research examines everyday communication that impacts health and well-being, particularly in low-income, Spanish-speaking families.

Miao Liu is currently a PhD candidate in the Department of Communication at the University of Utah. Her research examines information seeking and sharing behaviors in various health contexts.