From bad to worse:

Avoidance coping with stress increases conspiracy beliefs

Short title: *Avoidance coping increases conspiracy beliefs*

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Abstract:

Introduction: The present research empirically examines how different types of coping strategies are associated with belief in conspiracy theories. Conspiracy beliefs have been linked to the frustration of basic needs and seem to increase during major world events that evoke stress. Thus, we hypothesized that they may serve as a psychological response to maladaptive coping strategies. **Methods**: This hypothesis was tested among British participants and conceptually replicated across three studies. Cross-sectionally, we examined coping strategies (i.e., self-sufficient, social-support, avoidance, and religious) and belief in a specific conspiracy theory (Study 1, $n = 199$) and belief in general notions of conspiracy (Study 2, $n = 411$). In Study 3 ($n = 398$), we experimentally primed different coping styles via a mnemonic recollection procedure and measured belief in notions of conspiracy.

Results: Avoidance coping (recognized as being maladaptive and leading to at least temporary disengagement and abandonment of goal-related behaviors) positively predicted belief in conspiracy theories (Studies 1 and 2). In Study 3, priming avoidance coping (vs. self-sufficient coping or no coping strategy) significantly increased belief in conspiracy theories.

Conclusion: These findings suggest that using maladaptive coping strategies (either dispositional or situationally induced) may foster conspiracy beliefs.

Keywords: coping strategies, avoidance coping, religious coping, conspiracy beliefs

Introduction

Belief in Conspiracy Theories

Since March 2020 when the World Health Organization declared the spread of COVID-19 a global pandemic, stress levels everywhere have mounted (e.g., APA, 2020; Jia et al., 2020). One type of response to this crisis was quickly observable via social media—that conspiracy beliefs were on the rise (Kowalski et al., 2020; Rocha, 2020). Significant world events often lead people to adopt conspiracy explanations (van Prooijen & Douglas, 2017), such as the death of Princess Diana in the UK in 1997 (Griffin, 2020), the 9/11 attacks in the USA in 2001 (Bell, 2018), and the fire at the Notre Dame cathedral in France in 2019 (Manavis, 2019). Thus, it seems that significant world events that are likely to evoke stress are commonly—at least among some individuals—related to the adoption of explanations that involve secret plots by powerful and malevolent groups (van Prooijen & Douglas, 2017).

Indeed, previous research has linked conspiracy beliefs to different types of psychological threats, including perceived stress (Swami et al., 2016), general and attachment anxiety (Green & Douglas, 2018; Grzesiak-Feldman, 2013), lack of control (Kofta et al., 2020; Whitson & Galinsky, 2008), uncertainty (Marchlewska et al., 2018; van Prooijen & Jostmann, 2013; Whitson et al., 2015), powerlessness (Abalakina-Paap et al., 1999; Jolley & Douglas, 2014), feelings of relative deprivation (Bilewicz et al., 2013), and threats to one's feelings of self-worth (Cichocka, Marchlewska & Golec de Zavala, 2016), in-group image (Cichocka, Marchlewska, Golec de Zavala & Olechowski, 2016; Cisłak et al., 2020; Marchlewska et al., 2019) or social system (Jolley et al., 2018). The most common explanation for this phenomenon is that conspiracy beliefs are adopted in part as an attempt to satisfy unmet psychological needs, including the need to feel safe, secure, and in control (e.g., Douglas et al., 2017).

Finding enemies who can be blamed for threatening events or one's disadvantaged position may—at least temporarily—help alleviate psychological distress by shifting one's attention from the stressor to particular people who ought to be punished for their alleged wrongdoings (Douglas et al., 2017). In line with this logic, van Prooijen (2020) proposed a theoretical model in which existential threat (e.g., terrorist attacks) leads to sense-making processes, which in turn may lead to endorsement of conspiracy theories. In another recently proposed—and empirically tested—model, Jutzi and colleagues (2020) classified endorsement of COVID-19 conspiracy theories as a distal defensive strategy aimed at alleviating the stress brought about by the current pandemic. Taken together, these theoretical developments suggest that—for some people—endorsement of conspiracy theories is a type of stress-avoiding coping response. Surprisingly, however, no empirical research to date has directly investigated the relationship between people's predisposed stress coping strategies and their endorsement of conspiracy theories. The current research aims to fill this gap in the literature.

Coping with Stress

Coping is generally considered adaptive when it leads to a greater likelihood of making progress and attainting desired goals, such as overcoming a stressful situation. Carver and colleagues (1989) distinguished between approach coping strategies that actively deal with the stressor or related emotion, and avoidance coping strategies that allow a person to avoid thinking about the stressful situation and to avoid experiencing uncomfortable feelings. Approach coping responses are perceived as adaptive because they are more likely to facilitate goal attainment and the experience of positive affect. Two underlying coping styles that make these positive outcomes more likely have been shown in the literature. These are problem-focused coping style (e.g., accepting the reality of a stressful event and actively dealing with it) and use of social support (e.g., instrumental and emotional social support; see

Fortune et al., 2002; Stowell et al., 2001). In contrast to approach coping, avoidance coping responses are recognised as being maladaptive because they lead to disengagement and abandonment of goal-related behaviours (Mackay et al., 2011). Previous research demonstrated that approach-oriented coping was negatively related to depression and functional disability (Greenglass et al., 2006). In contrast, avoidance-oriented coping (e.g., cognitive avoidance, seeking alternative rewards, and emotional discharge) was positively related to powerlessness, depression, addictions, and lower well-being (Billings & Moos, 1984; Haley et al., 1987; Sagone & De Caroli, 2014).

Stowell and colleagues (2001) differentiated an additional factor which did not fully match either approach or avoidance type of coping—namely, religious coping. Although religious coping could be used for many different reasons (see also Carver et al., 1989), it was previously linked to negative outcomes, such as heightened anxiety reactivity (Pang et al., 2013) and prolonged recovery for negative emotions (Ano & Vasconcelles, 2005; Bjorck & Thurman, 2007).

Coping Strategies and Conspiracy Theory Endorsement

We propose that conspiracy theories might be associated with self-defeating or maladaptive ways of coping with stressors (i.e., events, experiences or environmental stimuli that cause a feeling of strain and pressure; Lazarus, 1993). As reviewed above, many scholars have concluded that conspiracy theories offer a means to decrease the threat of a related stressor (e.g., COVID-19, Jutzi et al., 2020). That is, the adoption of conspiracy theories could be considered as a stress coping response in itself. What we also noted, however, is that no research to date has directly investigated the relationship between specific coping strategies and belief in conspiracy theories. Considering that conspiracy theories tend to deflect from the realities of a particular stressful event, we expect that people who have a tendency to adopt

avoidance (vs. approach) coping strategies will find conspiracy theories appealing, as they offer an easy way to avoid the stressor at hand.

Several studies do provide some indirect evidence for this hypothesis. For example, Callaghan and Irwin (2003) demonstrated that paranormal beliefs (which are strongly positively related to conspiracy beliefs; see Lobato et al., 2014), were positively associated with avoidance coping. Conspiracy and paranormal beliefs have much in common as they are linked to similar information processing and reasoning biases, such as magical thinking or a threat related to external agents (Barron et al., 2018; Bentall, 2000). Thus, the present research examined how different coping styles (those less vs. more adaptive) would predict conspiracy beliefs. Given the preliminary evidence linking conspiracy beliefs to poorer psychological adjustment (e.g., Abalakina-Paap et al., 1999; Jolley et al., 2018; Jolley & Douglas, 2014), we expect conspiracy beliefs to be associated with maladaptive, avoidance coping. We did not expect the same to be found for approach coping—both self-sufficient and use of social support—however, we explored the possibility that they might be associated with decreased belief in conspiracy theories.

Finally, past research has linked conspiracy beliefs to higher anxiety (Green & Douglas, 2018; Grzesiak-Feldman, 2013;) and religiosity (Alper et al., 2020; Jasinskaja-Lahti & Jetten, 2019). Further, it has been argued that conspiracy theories are quasi-religious representations (*quasi* because they lack the institutional features of religion), in that their contents, forms, and functions are akin to beliefs in institutionalized religions (Franks et al., 2013). Franks and colleagues (2013) suggested that conspiracy theories, like religion, provide another means for people to interpret sudden and threatening events, thereby defusing some of the anxiety brought about by the event. Therefore, we also predicted that religious forms of coping would also be positively related to belief in conspiracy theories.

Overview

The aim of our research was to examine the role of adaptive versus maladaptive coping strategies in the adoption of conspiracy theories, whilst controlling for demographic variables. We conducted three studies (two correlational and one experimental) among British participants. In Studies 1 and 2, we measured coping strategies and belief in conspiracy theories. We relied on the COPE inventory (Carver et al., 1989), which captures four factors reflecting approach (i.e., 1. self-sufficient and 2. socially-supported coping scales), 3. avoidance, and 4. religious coping. We predicted that avoidance and religious (but not approach) coping styles would be positively related to conspiracy beliefs. In Study 3, we manipulated coping strategies with the use of a mnemonic task. This allowed us to experimentally test whether different coping strategies can affect levels of conspiracy beliefs.[1]

Study 1

In Study 1, we explored the relationships between different coping strategies and belief in a particular conspiracy theory. Specifically, the conspiracy theory was regarding the UK governments Investigatory Powers Act 2016 (also known as the Snooper's Charter). The aim of this act was to ensure that security services and police in the UK have powers that are fit for the digital age (e.g., to protect the UK against terrorist attacks). Many British people, however, were threatened by this situation and believed in a conspiracy theory that the government was using terrorism and national security matters just as excuses to spy on law-abiding citizens by extending the reach of state surveillance (Travis, 2016). The UK is often viewed as an excessively surveilled society (Bentham, 2019). However, the Investigatory Powers Act is supposed to be in place to thwart terrorists and criminals, rather than to nefariously exert total control over the general population. It is these conspiracy notions that we aim to tap into. Unless it is proven that the UK Government has used this act in nefarious

[1] It should be noted that the current studies were conducted before the Covid-19 pandemic.

ways (i.e., the conspiracy theory turns out to be true), these are conspiracy theories and observing their psychological correlates is important. We predicted that people who tend to adopt avoidance coping strategies when dealing with life's problems will most likely find the Snooper's Charter conspiracy theory appealing. We also assumed that religious coping might also positively predict belief in this conspiracy theory. Demographic covariates are included.

Method

Participants and Procedure

We aimed to recruit enough participants to detect an average effect size (r = .21) for social psychology with the power of .80 (Vazire, 2015). Gpower analysis suggested we should recruit at least 173 participants. Three hundred and seven participants were recruited via Facebook (n = 91) or in the foyer of a university library (n = 216)[2]. They were asked to complete measures of coping strategies and belief in conspiracy theories in a random order, and demographic measures always appeared in the same order at the end of the questionnaire.[3] We excluded participants who were not British (n = 55) or did not complete the main variables of interest (n = 53). The remaining participants (N = 199; 111 women, 85 men, 2 other, M_{age} = 24.45 years, SD = 9.30, range = 18–70 years) were included in the final analyses.[4]

Measures

Conspiracy Beliefs. We created four statements regarding the UK governments Investigatory Powers Act 2016, each reflecting common definitional components of a conspiracy theory (i.e., a secret plot by powerful actors which attempt to violate people's

[2] Controlling for method of data collection did not affect the pattern of results (see Table S5 in Supplements for details).
[3] This data set was part of a wider study. Among other variables, the study included a manipulation of control. Controlling for the effect of the manipulation did not affect the pattern of the results (please see Table S6 in Supplements for details). For all these studies we report all relevant measures, manipulations and exclusions (see Supplements for remaining measures and analyses).
[4] One participant did not report their age or gender.

rights, Douglas et al., 2019)[5]: "The 'Snooper's Charter' is not directed against terrorists or criminals, but ordinary British citizens," "The UK government extends the reach of state surveillance in order to manipulate British citizens," "The UK government extends the reach of state surveillance to gain absolute power over innocent people," and "The UK government hides the real reasons for extending the reach of state surveillance," (α = .88). Participants responded on a scale from 1 = *strongly disagree* to 7 = s*trongly agree*.

Coping Strategies. We used the COPE inventory (Carver et al., 1989), which is comprised of 15 four-item scales exploring adaptative and maladaptive coping strategies. Participants were asked to answer what they do and feel when they experience stressful events. Exploratory and confirmatory factor analyses were performed to determine the factor structure of the 15 sub-factor coping strategies (see Table S1, S2, and S3 in the Supplements for further details on these analyses). The most reasonable fit came in the form of four factors: ***self-sufficient coping*** (measuring planning, e.g., "I try to come up with a strategy about what to do", active coping, e.g., "I take direct action to get around the problem", positive reframing, e.g., "I look for something good in what is happening", suppression of other activities, e.g., "I try hard to prevent other things from interfering with my efforts at dealing with this", and restraint e.g., "I make sure not to make matters worse by acting too soon"; α = .87), ***social-support*** (measuring use of instrumental social support, e.g., "I talk to someone to find out more about the situation", emotional social support, "I talk to someone about how I feel,", and venting of emotions, e.g., "I let my feelings out"; α = .91), ***avoidance coping*** (measuring denial, e.g., "I act as though it didn't happen", behavioral disengagement, e.g., "I just give up trying to reach my goal", mental disengagement, "I go to the movies or watch TV, to think about it less", humour, e.g., "I make fun of the situation", and substance use, e.g., "I try to lose myself for a while by drinking or taking drugs"; α = .84); ***religious coping*** (e.g.,

[5] The Investigatory Powers Act 2016 was made salient prior to participants responding to the statements.

"I put my trust in God"; α = .95) was its own factor. Items were scored on a four-point scale, where higher scores indicated a higher disposition toward the coping strategy (1 = *I usually do not do this at all* and 4 = *I usually do this a lot*).

Covariates. Finally, participants were asked to provide demographic details. In addition to age and gender, participants were asked to rate their education level (1 = *none of the above*, 2 = *degree*, 3 = *masters*, 4 = *PhD*) and political conservatism on a single item measure (1 = *extremely left-wing* and 7 = *extremely right-wing*)[6].

After participants completed the questionnaire, they were debriefed, and thanked for their time.

Results

All means, standard deviations and zero-order correlations can be found in Table 1. Belief in conspiracy theories significantly positively correlated with avoidance coping ($p <$ .001) and religious coping ($p = .005$), and significantly negatively correlated with social-support coping ($p = .038$) and political conservatism ($p = .011$).

[6] Previous research has shown that political orientation has a curvilinear relationship with belief in conspiracy theories (e.g., van Prooijen et al., 2015). Therefore, we also computed a quadratic term for our political ideology items so that we could test for these effects in our regression analyses. See Table S7 in Supplements for further details.

Table 1

Means, Standard Deviations, and Zero-Order Correlations

Measure	*M*	*SD*	1	2	3	4	5	6
1. Conspiracy beliefs	3.98	1.25	-	-.06	-.15*	.26***	.20**	-.18*
2. Self-sufficient coping	2.59	0.41		-	.25***	-.12	.09	.13
3. Social-support	2.51	0.70			-	-.12	.02	-.01
4. Avoidance coping	1.93	0.44				-	.18**	-.06
5. Religious coping	1.33	0.73					-	.01
6. Conservatism	3.50	1.30						-

Note. *N* per correlation ranged from 198 to 199.

$* p < .05$. $** p < .01$. $*** p < .001$.

To test which coping style(s) predicts belief in conspiracy theories, we included self-sufficient coping, social-support, avoidance coping and religious coping as predictors in a multiple regression analysis. We also included age, gender, education and political conservatism as covariates. As there were some missing data in our covariates, we performed the pairwise deletion method. Findings of the final model are presented in Table 2.[7] The overall regression model was significant, $F(8, 186) = 4.033$, $p < .001$, and accounted for 15% of variance in belief in conspiracy theories. In line with our hypotheses, both avoidance coping and religious coping significantly positively predicted belief in conspiracy theories. Although correlation analysis showed a significant negative relationship between social-support coping (a type of approach coping) and conspiracy beliefs, this effect was no longer significant when we accounted for the overlap between different coping styles.

Of the covariates, only political conservatism significantly negatively predicted belief in conspiracy theories. The main pattern of results for self-sufficient coping, social-support,

[7] Unless otherwise stated, there no multicollinearity problems in our regression models.

avoidance coping, and religious coping the same when covariates are not included (β = -.02, *p* = .758, β = -.12, *p* = .091, β = .21, *p* = .003, β = .17, *p* = .019, respectively).

Table 2

Predictors of Conspiracy Beliefs

Variable	Conspiracy beliefs			
	B	95% CI	β	*p*
Self-sufficient coping	0.03	[-0.41, 0.47]	.01	.896
Social-support	-0.24	[-0.52, 0.04]	-.14	.086
Avoidance coping	0.57	[0.17, 0.96]	.20	.005
Religious coping	0.28	[0.04, 0.52]	.16	.021
Age	-0.01	[-0.03, 0.01]	-.05	.549
Gender (Male = 0, Female = 1)	0.10	[-0.30, 0.49]	.04	.628
Education	-0.28	[-0.65, 0.08]	-.11	.126
Conservatism	-0.17	[-0.30, -0.04]	-.18	.013
R^2		.15		
F		$F(8, 186) = 4.033$*		

∗ $p < .001$.

Study 2

In Study 1 the 'Snoopers Charter' conspiracy theory beliefs may have been confounded by the fact that the UK is already perceived by many to be a surveillance state (Bentham, 2019). Therefore, in Study 2 we aimed to conceptually replicate the results obtained in Study 1 with a different operationalization of conspiracy beliefs. Specifically, instead of focusing on one specific conspiracy theory, we broadened our hypothesis to a more general context and measured individual differences in generic conspiracist ideation (i.e., a

belief system which consists of a small number of generic assumptions about the typicality of conspiratorial activity in the world; Brotherton et al., 2013). In such a way, we wanted to check the relationships between different types of coping strategies and a general tendency to engage with conspiracist explanations for different events. We predicted that—in line with the previous study—avoidance and religious coping will positively predict belief in general notions of conspiracy. Demographic covariates were included.

Method

Participants and Procedure

In Study 2, we were able to increase sample size to detect even relatively small (r = .14; see Fritz & MacKinnon, 2007) effect sizes. Based on Gpower analyses, we aimed to recruit at least 395 participants. Four hundred and thirty-two participants were recruited via the crowdsourcing platform Prolific. As in Study 1, participants were asked to complete measures of coping strategies and belief in conspiracy theories in random order, and demographic measures always appeared in the same order at the end of the questionnaire. We excluded participants who were not British (n = 3) or did not complete main variables of interest or did not report their nationality (n = 18). The remaining participants (N = 411; 307 women, 104 men, M_{age} = 35.7 years, SD = 10.6, range = 18–71 years) were included in the final analyses.

Measures

Conspiracy Beliefs. We used Brotherton and colleagues' (2013) Generic Conspiracist Beliefs scale (GCB). There were 15 statements, such as "Certain significant events have been the result of the activity of a small group who secretly manipulate world events" (α = .94). Participants responded on a scale from 1 = *definitely not true* to 5 = *definitely true*.

Coping Strategies. As in Study 1, we used the COPE inventory (Carver et al., 1989). The same four-factor structure identifying self-sufficient coping (α = .92), social-support (α

=.91), avoidance coping (α = .85), and religious coping (α = .95) as in Study 1 was deemed the most reasonable fit in Study 2 (see Table S1, S2, and S4 in Supplements for further details).

Covariates. In addition to age and gender, participants were asked to indicate their political orientation with respect to social and economic issues, each on a single item measure (1 = *extremely liberal* and 11 = *extremely conservative*).[8]

After participants completed the questionnaire, they were debriefed, thanked and paid for their time.

Results

All means, standard deviations and zero-order correlations can be found in Table 3. Belief in conspiracy theories was significantly positively correlated with avoidance coping ($p < .001$) only. This time, we did not observe a significant relationship between religious coping and conspiracy beliefs ($p = .338$).

Table 3

Means, Standard Deviations, and Zero-Order Correlations

Measure	*M*	*SD*	1	2	3	4	5	6	7
1. Conspiracy beliefs	2.77	0.88	-	.03	.02	.23***	.05	.07	-.09
2. Self-sufficient coping	2.58	0.50		-	.26***	.02	.19***	.09	.08
3. Social-support	2.43	0.69			-	.14**	.11*	-.08	-.09
4. Avoidance coping	1.79	0.42				-	.01	-.13*	-.16***
5. Religious coping	1.36	0.76					-	.21***	.13*
6. Social Conservatism	4.61	2.34						-	.74***
7. Economic Conservatism	4.99	3.31							-

∗ $p < .05$. ∗∗ $p < .01$. ∗∗∗ $p < .001$.

[8] See Table S9 in Supplements for analyses including the quadratic term of these political ideology items.

To test which coping style(s) predicts belief in conspiracy theories, we included self-sufficient coping, social-support, avoidance coping and religious coping as predictors in a multiple regression analysis. We also included age, gender, and social and economic conservatism as covariates. Findings of the final model are presented in Table 4. The overall regression model was significant, $F(8, 402) = 6.221$, $p < .001$, and accounted for 11% of variance in belief in conspiracy theories. In line with our hypotheses, and replicating Study 1, avoidance coping significantly positively predicted belief in conspiracy theories. Thus, withdrawal and seeking to avoid problems and stressors in life seems to be linked to engaging with conspiracist explanations for major events. In Study 2, we did not find significant relationship between religious coping and conspiracy beliefs.

Of the covariates, social conservatism significantly positively, and economic conservatism significantly negatively, predicted conspiracy beliefs. The main pattern of results for self-sufficient coping, social-support, avoidance coping, and religious coping the same when covariates are not included ($\beta = .03$, $p = .583$, $\beta = -.02$, $p = .686$, $\beta = .23$, $p < .001$, $\beta = .04$, $p = .398$, respectively).

Table 4

Predictors of Conspiracy Beliefs

Variable	Conspiracy beliefs			
	B	95% CI	β	*p*
1. Self-sufficient coping	0.09	[-0.08, 0.27]	.05	.295
2. Social-support	-0.06	[-0.20, 0.07]	-.05	.388
3. Avoidance coping	0.45	[0.25, 0.65]	.22	< .001
4. Religious coping	0.02	[-0.09, 0.13]	.02	.693
5. Age	-0.01	[-0.02, 0.01]	-.08	.105
6. Gender (Male = 0, Female = 1)	0.12	[-0.08, 0.32]	.06	.241
7. Social Conservatism	0.11	[0.06, 0.16]	.30	< .001
8. Economic Conservatism	-0.10	[-0.16. -0.05]	-.27	< .001
R^2	.11			
F	$F(8, 402) = 6.221$*			

∗ $p < .001$.

Study 3

In Study 3, we focused on avoidance coping which was a robust predictor of conspiracy beliefs in correlational Studies 1 and 2. This time, however, we employed an experimental design to test whether avoidance coping affects conspiracy beliefs. We manipulated coping strategies with the mnemonic task procedure, previously used in a research on personal control (e.g., Cichocka et al., 2018; Study 2, 3; Whitson & Galinsky, 2008; Study 4). Whitson and Galinsky demonstrated that stressor manipulations increase conspiracy beliefs. Therefore, in all conditions, participants were asked to recall a stressful situation in which they employed a particular coping style. This allowed us to test the effects of approach and avoidance coping styles under the same stressful context. We expected that

inducing a form of avoidance coping (i.e., denial) versus approach coping (i.e., acceptance) versus neutral condition (i.e., no coping strategy induced) would result in an increase in conspiracy beliefs.

Methods

Participants and Procedure

We aimed to power the experiment to detect average effect sizes for social psychology of $d = .43$ for each comparison (Vazire, 2015). Because we have two comparisons, we estimated our sample size with GPower assuming power of .90 for differences between two independent means (two-tailed), which results in a total power of .81 (.90 x .90). This analysis yielded at least 115 participants per condition. We aimed to over-recruit to allow for exclusions. Four hundred and seventy-three participants were recruited via Prolific. We excluded participants who were not British ($n = 4$), did not report their nationality ($n = 2$), and did not provide the description required in the experimental manipulation or complete main variables of interest ($n = 69$). The remaining participants ($N = 398$; 255 women, 141 men, 2 other, $M_{age} = 35.1$ years, $SD = 11.84$, range = 18–73 years) were included in the final analyses. The design of the study was experimental. We manipulated avoidance and approach coping and included a neutral condition. The dependent variable was the tendency to believe in conspiracy theories.

Participants were then randomly assigned to one of three experimental conditions. In each condition, participants were asked to recall a stressful situation. The conditions differed by the coping style we asked the participants to bring to mind that they employed during this stressful situation.

Participants in the avoidance coping condition were asked to recall a stressful situation in which they denied that it had happened (i.e., *to cope with this situation you decided to pretend that it did not really happen, acted as though it did not happen and in general refused*

to believe that it was real). Participants in the self-sufficient coping condition were asked to recall a stressful situation in which they accepted that it had happened (i.e., *to cope with this situation you decided to accept that it happened, engaged with what was happening and in general came to terms that it was real*). In the neutral condition, participants were simply asked to recall a stressful situation with no emphasis on how they coped with it. In each condition, participants were asked to take a few moments to replay this recollection in their minds. To strengthen the manipulation, participants were asked to report how vivid and clear (one item each) their recollections were, each on a seven-point scale (1 = *not at all* and 7 = *very much*). We also asked participants to describe their recollections in a textbox that was provided.

Measures

Conspiracy Beliefs. As in Study 2, we used the Generic Conspiracist Beliefs scale (Brotherton et al., 2013; α = .94).[9]

Covariates. In addition to age and gender, participants were asked to rate their education level (1 = *no formal education*, 2 = *primary level education*, 3 = *secondary level education*, 4 = *college or university education [Bachelor's degree],* 5 = *college or university education [Graduates degree]*) and their social and economic conservatism, each on a single item measure (1 = *extremely liberal* and 11 = *extremely conservative*).[10]

After participants completed the questionnaire, they were debriefed, thanked and paid for their time.

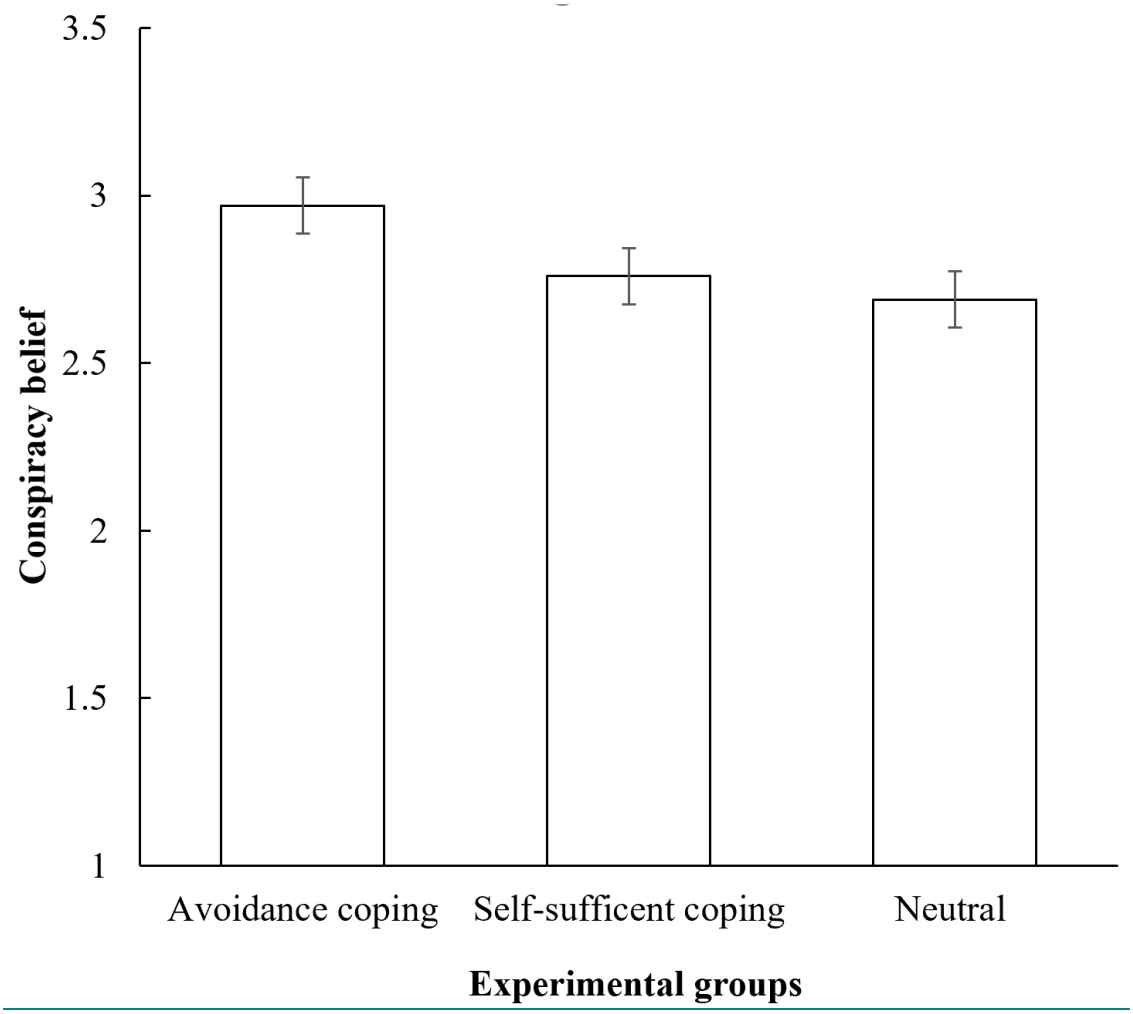
Results

Means and standard deviations for conspiracy beliefs in the avoidance (*n* = 134) and self-sufficient coping (*n* = 137) and neutral (*n* = 127) conditions can be found in Figure 1.

[9] We also explored two measures of conspiracy beliefs *after* our main conspiracy beliefs DV. Please see Supplements for further details on these analyses.
[10] See Supplements for analyses including the quadratic term of the political ideology items.

Figure 1

Mean Conspiracy Beliefs for Particpants in the Avoidance Coping (M = 2.97, SD = 0.81), Self-Sufficent Coping (M = 2.76, SD = 0.85), and Neutral (M = 2.69, SD = 0.83) Conditions



Note. Error bars represent standard errors.

A one-way ANCOVA was conducted to compare the effects of avoidance coping, self-sufficient coping, and a neutral condition on conspiracy belief whilst controlling for age, gender, education, and social and economic conservatism. Levene's test and normality checks were carried out and the assumptions were met. The main effect of group (i.e., experimental condition) was significant, $F(2, 388) = 4.177$, $p = .016$. Post hoc tests showed there was a

significant difference between avoidance coping and the neutral condition ($p = .006$) and avoidance coping and self-sufficient coping ($p = .032$), but not between self-sufficient coping and the neutral condition ($p = .517$). Comparing the estimated marginal means showed that the highest conspiracy beliefs were found in the avoidance coping condition compared to self-sufficient coping and the neutral condition, respectively.

Of the covariates, social conservatism ($p < .001$) significantly positively, and economic conservatism ($p = .002$) and education ($p = .009$) significantly negatively, predicted belief in conspiracy theories. The main pattern of results remained the same when covariates were excluded (please refer to Supplements for these analyses).

General Discussion

The aim of this research was to examine the link between different types coping strategies and conspiracy beliefs. Across three studies (two correlational and one experimental), we hypothesized and found that avoidance coping, which is a maladaptive form of dealing with stress, was a significant predictor of belief in conspiracy theories. We obtained these results both in the case of a context specific conspiracy theory (i.e., the UK governments Investigatory Powers Act 2016) and generic conspiracy assumptions which refer to many different aspects of life (e.g., the spread of viruses or terrorism acts). On the other hand, approach coping styles (namely use of social support) showed mixed relationships with belief in conspiracy theories across both correlational studies (Studies 1 and 2): use of social support was associated with decreased belief in conspiracy theories in Study 1 but showed no association in Study 2. Self-sufficient coping was not associated with conspiracy belief in both of these studies. Finally, religious coping also showed mixed correlational results; being positively associated with belief in conspiracy theories in Study 1 but showing no association in Study 2.

Theoretical Implications

Our findings corroborate and extend previous research on the role of psychological threats in conspiracy beliefs. Previous research has shown that high levels of stress are linked to the endorsement of conspiracy theories (Swami et al., 2016). Our results suggest that this may be the case especially among those individuals who either have dispositional tendencies to use maladaptive forms of coping with stress or are situationally reminded of situations in which they used such coping strategies, namely avoidance coping strategies.

Using a strategy that makes people avoid thinking about the stressful situation (by temporarily focusing on a different stimulus) further seems to lead not only to decreased psychological well-being (Billings & Moos, 1984; Haley et al., 1987), but also searching for "hidden enemies" who can be blamed for the psychological discomfort evoked by the stressor. Van Prooijen (2020) also suggests that stress from an existential threat and subsequent conspiracy belief may have a cyclical relationship, with conspiracy theories possibly leading to increased stress beyond the initial existential crisis. Therefore, future studies might investigate whether this process is further linked to abandonment of goal-related behaviors and disengagement, just as avoidance coping is (Mackay et al., 2011), or whether it would even lead to revenge-seeking behaviors in a long term.

Future research would also do well to compare the effects of inducing different types of avoidance coping strategies (e.g., behavioral and mental disengagement) on conspiracy beliefs. In the experimental Study 3, we focused on a denial coping mechanism which disturbs and prevents effective coping but is usually used at the beginning of a stressful situation. It is possible that the effects of mental and behavioral disengagement strategies on conspiracy beliefs would be even stronger as they are highly ineffective in reducing distress strategies and are usually used over a longer-term period (Carver et al., 1989).

Of the approach coping styles which we explored, self-sufficient coping was consistently not associated with belief in conspiracy theories (Studies 1 and 2). On the one hand, Study 1 showed that use of social support was negatively correlated with belief in the Snooper's Charter conspiracy theory but only marginally associated with this belief in subsequent regression analyses. In Study 2, however, when measuring belief in general notions of conspiracy, no such relationship was found. This inconsistency could be due to the fact that the sample of Study 1 was made up predominantly of students (mean age was 24), whereas the sample of Study 2 was not (mean age was 37). This suggests that use of social support may be negatively associated with belief in conspiracy theories in younger (vs. older) adults. Alternatively, it could be an artifact of the different conspiracy belief measures that were employed in each study (specific versus general conspiracy beliefs). Future research could examine these possible explanations, whilst controlling for different measures of conspiracy beliefs.

Our predictions regarding religious coping were only partially confirmed. Religious coping was a significant predictor of conspiracy beliefs in Study 1, but not in Study 2. Religious coping may be used for many different reasons (Carver et al., 1989) and also in many different ways (Stowell et al., 2001). In some cases, it is focused on taking part in religious rituals and believing in a just benevolent God who will solve every problem; in others God may be perceived as a supportive partner in coping (Pargament et al., 1990). Thus, the link between religious coping and the endorsement of conspiracy theories seems complex and requires further investigation. Moreover, our studies were conducted on British participants and although there is no reason to believe that these processes should look differently in non-British samples, this issue should be further explored.

In terms of methodology, future research could employ nationally representative samples of participants and avoid convenience sampling as in the present research. Another

limitation of the current research is that our conclusions are all based on self-report measures. Finally, the link between avoidance coping and conspiracy beliefs could be further explored by examining potential mediators. For example, previous research showed that the tendency to adopt avoidance coping strategy is linked to anxiety (e.g., Weiner & Carton, 2012) which was also previously linked to conspiracy beliefs (Green & Douglas, 2018; Grzesiak-Feldman, 2013). Thus, a potential avenue for future research would be to check whether inducing maladaptive coping strategies may lead to conspiracy beliefs due to increased levels of anxiety. Future studies would also do good to better explore cognitive processes that may link avoidance coping to conspiracy beliefs. In fact, just as avoiding coping is related to switching attention from the stressor to the less relevant stimuli, conspiracy believers may switch their thoughts from the official explanations to alternative, usually less reliable, ones (Marchlewska et al., 2018). These similarities and the mechanisms responsible for the relationship between avoidance coping and conspiracy beliefs require further empirical investigation.

Practical Implications

Previous research has demonstrated many negative consequences that come with being exposed to, or believing in, conspiracy theories (e.g., vaccine hesitancy, Jolley & Douglas, 2017; climate change inaction, Jolley & Douglas, 2014; see Douglas, 2021, also for a review). This body of research speaks to the importance of discovering psychological factors that make belief in conspiracy theories more likely, in order to better inform future studies that might attempt to reduce these harmful beliefs.

The current findings demonstrate again that belief in conspiracy theories is associated with maladaptive psychological factors (i.e., maladaptive coping with stress). We argue that these findings may also provide another clue in how to make conspiracy theories seem less appealing. Specifically, improving people's ability to cope with stress might inadvertently reduce the appeal of conspiracy theories—without necessarily needing to counter the theories

directly. Indeed, Douglas and colleagues (2015) have previously argued for such an approach. They distinguished between reactive (e.g., cognitive infiltration, counterinformation) and proactive (e.g., addressing underlying needs) approaches, and noted that the latter was under-researched but might prove fruitful. As a direct example of this approach, interventions from clinical psychology that have reduced avoidance coping over time (e.g., Sikkema et al., 2013) could be adapted and tested to see if they are also able to attenuate conspiracy beliefs. Further, other research has shown that with extensive training enhancing resilience, people used more problem-focused, and used less avoidant, coping strategies (Steinhardt & Dolbier, 2008). This suggests that, as well as trying to reduce avoidant coping to diminish the appeal of conspiracy theories, future research might also attempt improve people's adaptive coping, which appears to lead to lower maladaptive coping in the process. This might also reduce the appeal of conspiracy theories.

Conclusion

The current findings are consistent with past theorizing suggesting that conspiracy beliefs constitute maladaptive ways of managing psychological distress (Douglas et al., 2017). Indeed, conspiracy theories are characterized by features that make them unlikely to offer psychological support—they offer little clarity, represent the public as dependent on powerful others, and present others as antisocial and unsupportive. Thus, even though they are likely to be activated as a defense towards different psychological threats, ironically, they may lead to further distress and make things worse than they already were. An important task for future research will be to see whether improving ways to deal with psychological distress can lead to a reduction in conspiracy beliefs.

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Supplementary Analyses

Prior to the main analyses for Studies 1 and 2, the Carver and colleagues' (1989) 60-item measure of coping strategies was subjected to an EFA (Muthén & Muthén, 2012). We used maximum likelihood estimation, with GEOMIN rotation (the default MPlus settings, Muthén & Muthén, 2012). One- to seven-factor models were explored (see Table S1 for a summary of the results). Each of the explored factor structures were comparable across both studies.[11] For both studies, neither the one-factor, two-factor, and three-factor model showed good fit. The five-factor, six-factor, and seven-factor showed acceptable fit, however, they were not comparable to factor structures found in previous research (see Litman, 2016, for a review). The fit for the four-factor model was acceptable and comparable to factor structures found in previous research. Therefore, we accepted the four-factor structure for both studies for further analyses.[12]

[11] Study 1 items were more prone to inadequately loading onto factors. However, they tended to the follow the same pattern of relationships as in Study 2.
[12] The data is available should you wish to look into each factor structure in detail.

Table S1

Goodness-of-Fit for One to Seven Factors from Exploratory Factor Analysis (EFA) in Mplus 7 (*Studies 1 and 2*)

	Goodness-of-fit							
	Study 1				Study 2			
No. of Factors	χ^2	CFI	RMSEA	SRMR	χ^2	CFI	RMSEA	SRMR
One	(1710) = 6555.49 $p < 0.001$	0.22	0.12	0.14	(1710) = 12674.58 $p < 0.001$	0.28	0.13	0.15
Two	(1651) = 5354.24 $p < 0.001$	0.41	0.11	0.13	(1651) = 10093.16 $p < 0.001$	0.45	0.11	0.12
Three	(1593) = 4382.77 $p < 0.001$	0.55	0.09	0.09	(1593) = 8295.46 $p < 0.001$	0.56	0.10	0.09
Four	(1536) = 3366.49 $p < 0.001$	0.71	0.08	0.08	(1536) = 6455.16 $p < 0.001$	0.68	0.09	0.07
Five	(1480) = 2961.26 $p < 0.001$	0.81	0.06	0.06	(1480) = 4620.40 $p < 0.001$	0.80	0.07	0.05
Six	(1425) = 2349.09 $p < 0.001$	0.85	0.06	0.05	(1425) = 3464.93 $p < 0.001$	0.87	0.06	0.04
Seven	(1371) = 2119.79 $p < 0.001$	0.88	0.05	0.04	(1371) = 2915.64 $p < 0.001$	0.90	0.05	0.04

Note. Degrees of freedom are in the parenthesis.

Three items (number 17, 22, and 49; Table S2) consistently failed to adequately load onto any of the factors. We computed the factors excluding these three items and

again with these items included (alongside their corresponding subfactors) to test whether there would be a marked difference in the main pattern of results. Table S2 and S3 show that there were no marked differences. As the pattern of results were no different, we decided to retain all 60 items in our higher order factors for the main analyses. The first factor corresponded to self-sufficient coping and was composed from items one to 24 (Study 1, $\alpha = .87$, $M = 2.59$, $SD = 0.40$; Study 2, $\alpha = .92$, $M = 2.58$, $SD = 0.50$). The second factor corresponded to social-support as a means of coping, and was composed of items 25 to 36 (Study 1, $\alpha = .91$, $M = 2.51$, $SD = 0.71$; Study 2, $\alpha = .91$, $M = 2.43$, $SD = 0.69$). The third factor corresponded to avoidance coping, and was composed of items 37 to 56 (Study 1, $\alpha = .84$, $M = 1.92$, $SD = 0.44$; Study 2, $\alpha = .85$, $M = 1.79$, $SD = 0.42$). The fourth factor corresponded to religious coping as a means of coping and was composed of items 57 to 60 (Study 1, $\alpha = .95$, $M = 1.33$, $SD = 0.73$; Study 2, $\alpha = .95$, $M = 1.36$, $SD = 0.76$).

Table S2

GEOMIN Factor Loadings for the Three Phases of Exploratory Factor Analysis.

	Study 1				Study 2			
Item/Sub-factor \ Factor	1	2	3	4	1	2	3	4
1. I make a plan of action. (Planning)	**.56**	.14	-.01	.08	**.61**	.17	-.16	-.02
2. I try to come up with a strategy about what to do. (Planning)	**.57**	.20	-.12	-.05	**.76**	.12	-.15	.01
3. I think about how I might best handle the problem. (Planning)	**.67**	-.02	-.07	.01	**.75**	.09	-.10	.02
4. I think hard about what steps to take. (Planning)	**.55**	.20	-.04	-.10	**.66**	.14	-.12	.05
5. I concentrate my efforts on doing something about it. (Active)	**.52**	.16	-.04	-.04	**.61**	.20	-.12	-.02
6. I take additional action to try to get rid of the problem. (Active)	**.50**	.09	.08	-.03	**.70**	.12	-.07	-.01

7. I take direct action to get around the problem. (Active)	**.63**	.01	-.13	.06	**.74**	.10	-.08	-.04
8. I do what has to be done, one step at a time. (Active)	**.61**	.11	.02	.07	**.67**	.01	-.11	-.03
9. I get used to the idea that it happened. (Accept)	**.42**	-.08	.14	.04	**.54**	-.08	.22	-.03
10. I accept that this has happened and that it can't be changed. (Accept)	**.40**	-.08	.04	.08	**.47**	-.10	.19	.03
11. I accept the reality of the fact that it happened. (Accept)	**.47**	-.08	-.01	-.05	**.68**	-.10	-.03	-.01
12. I learn to live with it. (Accept)	**.35**	-.13	.13	-.01	**.53**	-.11	.29	-.03
13. I try to grow as a person as a result of the experience. (Growth)	**.41**	.07	.09	.11	**.47**	.08	.04	.07
14. I try to see it in a different light, to make it seem more positive. (Growth)	**.42**	.15	.02	.01	**.63**	.01	.11	.03
15. I look for something good in what is happening. (Growth)	**.63**	-.07	.01	.05	**.61**	.06	.13	.03
16. I learn something from the experience. (Growth)	**.58**	.09	.12	-.03	**.66**	.09	.09	-.01

17. I keep myself from getting distracted by other thoughts or activities. (Suppress)	.27	.02	-.06	.12	.21	.17	.14	-.01
18. I focus on dealing with this problem, and if necessary let other things slide a little. (Suppress)	**.45**	.03	-.03	.05	**.53**	.09	.12	.05
19. I try hard to prevent other things from interfering with my efforts at dealing with this. (Suppress)	**.50**	-.08	.07	-.05	**.57**	-.01	.07	.05
20. I put aside other activities in order to concentrate on this. (Suppress)	**.38**	.11	.07	.03	**.49**	.11	.11	.10
21. I restrain myself from doing anything too quickly. (Restraint)	.10	-.06	-.09	.02	**.34**	-.07	.10	.07
22. I hold off doing anything about it until the situation permits. (Restraint)	.01	-.01	.13	.04	.25	-.10	.28	.09
23. I make sure not to make matters worse by acting too soon. (Restraint)	**.30**	-.04	-.14	.15	**.53**	-.05	.06	.07
24. I force myself to wait for the right time to do something. (Restraint)	**.30**	.04	.02	.27	**.53**	-.01	.13	.15

25. I discuss my feelings with someone. (Emotional)	.05	**.84**	-.01	-.05	.04	**.84**	-.05	.02
26. I try to get emotional support from friends or relatives. (Emotional)	.04	**.81**	.02	.03	.04	**.83**	.02	-.02
27. I get sympathy and understanding from someone. (Emotional)	.03	**.74**	.03	.01	.08	**.73**	.01	.05
28. I talk to someone about how I feel. (Emotional)	.01	**.87**	-.07	.02	.07	**.88**	-.01	-.06
29. I try to get advice from someone about what to do. (Instrumental)	.18	**.64**	-.01	.06	.08	**.73**	-.07	-.02
30. I talk to someone to find out more about the situation. (Instrumental)	.28	**.70**	.03	.02	.30	**.66**	-.02	-.02
31. I talk to someone who could do something concrete about the problem. (Instrumental)	.30	**.51**	-.04	.09	.38	**.55**	-.06	.02
32. I ask people who have had similar experiences what they did. (Instrumental)	.21	**.53**	.02	-.01	.34	**.57**	-.01	-.02
33. I get upset and let my emotions out. (Venting)	-.14	**.59**	-.03	-.07	-.37	**.58**	.10	.01
34. I get upset, and am really aware of it. (Venting)	-.25	**.45**	.10	.04	-.26	**.48**	.21	.02

35. I let my feelings out. (Venting)	-.13	**.70**	-.10	-.11	-.16	**.71**	.13	.01
36. I feel a lot of emotional distress and I find myself expressing those feelings a lot. (Venting)	-.23	**.62**	.09	.01	-.17	**.58**	.22	.05
37. I say to myself "this isn't real." (Denial)	-.01	-.11	.01	.18	.07	.03	**.43**	.07
38. I refuse to believe that it has happened. (Denial)	-.19	.07	**.37**	.20	-.06	.11	**.62**	-.03
39. I pretend that it hasn't really happened. (Denial)	-.24	.06	**.30**	.09	.01	.06	**.63**	-.01
40. I act as though it hasn't even happened. (Denial)	-.11	-.11	**.37**	.13	-.02	-.07	**.56**	.06
41. I admit to myself that I can't deal with it, and quit trying. (Behavioural disengagement)	-.33	.09	.12	.15	-.21	.05	**.49**	.07
42. I just give up trying to reach my goal. (Behavioural disengagement)	-.38	-.02	.29	.09	-.30	.05	**.57**	.01
43. I give up the attempt to get what I want. (Behavioural disengagement)	-.27	-.07	.28	.16	-.18	.13	**.57**	.08
44. I reduce the amount of effort I'm putting into solving the problem. (Behavioural disengagement)	-.14	-.11	**.39**	.21	-.07	.05	**.60**	.02
45. I laugh about the situation. (Humour)	.26	-.18	.23	.07	.38	-.11	**.40**	.03

46. I make jokes about it. (Humour)	.28	-.12	.20	-.04	.40	-.14	**.47**	-.07
47. I kid around about it. (Humour)	.17	-.13	**.32**	-.01	.30	-.17	**.58**	-.02
48. I make fun of the situation (Humour)	.14	-.12	**.30**	-.01	.39	-.14	**.52**	-.02
49. I turn to work or other substitute activities to take my mind off things. (Mental disengagement)	.21	-.12	-.15	.11	.19	-.02	.08	.00
50. I daydream about things other than this. (Mental disengagement)	-.14	-.09	.23	.01	.04	-.01	**.51**	.01
51. I sleep more than usual. (Mental disengagement)	-.18	.18	.15	.09	-.10	.13	**.32**	-.01
52. I go to movies or watch TV, to think about it less. (Mental disengagement)	-.20	.10	.12	.13	.00	.12	**.42**	-.03
53. I use alcohol or drugs to make myself feel better. (Substance)	.05	.02	**.92**	-.12	-.06	.06	**.36**	-.17
54. I try to lose myself for a while by drinking alcohol or taking drugs. (Substance)	-.03	.02	**.96**	-.05	-.03	.07	**.48**	-.12
55. I drink alcohol or take drugs, in order to think about it less. (Substance)	.02	-.01	**.93**	-.01	-.01	.07	**.43**	-.16

56. I use alcohol or drugs to help me get through it. (Substance)	-.01	.02	**.92**	-.01	.02	.07	**.48**	-.10
57. I put my trust in God (Religion)	.04	-.01	-.06	**.97**	.02	-.02	.01	**.93**
58. I seek God's help. (I put my trust in God (Religion)	.04	.01	.01	**.95**	-.01	.00	-.06	**.97**
59. I try to find comfort in my religion. (I put my trust in God (Religion)	-.06	.01	.01	**.90**	-.03	.01	-.03	**.89**
60. I pray more than usual. (I put my trust in God (Religion)	-.01	.01	.01	**.83**	.04	.04	.06	**.86**

Note. Factor loadings above .30 are in bold. Items are not ordered by strength of relationship. Items are kept next to their other subfactor items. Planning = planning, Active = active coping, Accept = acceptance, Growth = positive reinterpretation and growth, Suppress = suppression of competing activities, Restrain = restraint, Emotional = use of emotional social support, Instrumental = use of instrumental social support, Venting = focus on and venting of emotions, Denial = denial, Behavioural disengagement = behavioural disengagement, Humour = humour, Mental disengagement = mental disengagement, Substance = substance use, and Religion = religious coping.

Table S4

Predictors of Conspiracy Beliefs (Study 2)

Table S3

Predictors of Conspiracy Beliefs (Study 1)

	Conspiracy beliefs							
	Model 1 (57 coping items)				Model 2 (60 coping items)			
Variable	*B*	95% CI	β	*p*	*B*	95% CI	β	*p*
1. Self-sufficient	0.01	[-0.43, 0.41]	.01	.962	0.03	[-0.41, 0.47]	.01	.896
2. Social-support	-0.24	[-0.52, 0.04]	-.14	.090	-0.24	[-0.52, 0.04]	-.14	.086
3. Avoidance coping	0.52	[0.14, 0.90]	.20	.007	0.57	[0.17, 0.96]	.20	.005
4. Religious coping	0.29	[0.05, 0.53]	.17	.018	0.28	[0.04, 0.52]	.16	.021
5. Age	-0.01	[-0.03, 0.02]	-.05	.552	-0.01	[-0.03, 0.01]	-.05	.549
6. Gender (Male = 0, Female = 1)	0.10	[-0.30, 0.49]	.04	.634	0.10	[-0.30, 0.49]	.04	.628
7. Education	-0.28	[-0.64, 0.09]	-.11	.135	-0.28	[-0.65, 0.08]	-.11	.126
8. Conservatism	-0.16	[-0.30, -0.04]	-.17	.013	-0.17	[-0.30, -.04]	-.18	.013
R^2		.15				.15		
F		$F(8, 186) = 3.982$*				$F(8, 186) = 4.033$*		

∗ $p < .001$.

Table S5

Results of Main Regression with Method of Data Collection Included (Study 1)

	Conspiracy beliefs							
	Model 1 (57 coping items)				Model 2 (60 coping items)			
Variable	*B*	95% CI	β	*p*	*B*	95% CI	β	*p*
1. Self-sufficient	0.10	[-0.07, 0.27]	.09	.247	0.09	[-0.08, 0.27]	.05	.295
2. Social-support	-0.07	[-0.20, 0.07]	-.05	.324	-0.06	[-0.20, 0.07]	-.05	.388
3. Avoidance coping	0.43	[0.24, 0.63]	.21	< .001	0.45	[0.25, 0.65]	.22	< .001
4. Religious coping	0.02	[-0.09, 0.13]	.02	.699	0.02	[-0.09, 0.13]	.02	.693
5. Age	-0.01	[-0.02, 0.01]	-.08	.109	-0.01	[-0.02, 0.01]	-.08	.105
6. Gender (Male = 0, Female = 1)	0.12	[-0.08, 0.32]	.06	.225	0.12	[-0.08, 0.32]	.06	.241
7. Social Conservatism	0.11	[0.06, 0.17]	.30	< .001	0.11	[0.06, 0.16]	.30	< .001
8. Economic Conservatism	-0.10	[-0.16. -0.05]	-.27	< .001	-0.10	[-0.16. -0.05]	-.27	< .001
R^2		.11				.11		
F		$F(8, 402) = 6.166$*				$F(8, 402) = 6.221$*		

* $p < .001$.

Variable	*B*	95% CI	β	*p*
1. Self-sufficient coping	0.05	[-0.38, 0.49]	.02	.809
2. Social-support	-0.24	[-0.51, 0.04]	-.13	.091
3. Avoidant coping	0.53	[0.14, 0.93]	.19	.009
4. Religious coping	0.28	[0.04, 0.51]	.16	.023
5. Age	-0.01	[-0.04, 0.01]	-.11	.213
6. Gender (Male = 0, Female = 1)	0.09	[-0.30, 0.48]	.04	.635
7. Education	-0.24	[-0.61, 0.13]	-.010	.196
8. Conservatism	-0.17	[-0.30, -0.04]	-.18	.012
9. Data collection (Social media = 0, Library foyer = 1)	-0.41	[-0.88, 0.06]	-.14	.085
R^2		.16		
F		$F(9, 185) = 3.956$*		

∗ $p < .001$.

Table S6

Results of Main Regression with Experimental Condition Included (Study 1)

	Conspiracy beliefs			
	Model 1			
Variable	*B*	95% CI	β	*p*
1. Self-sufficient coping	0.05	[-0.39, 0.49]	.02	.817
2. Social-support	-0.25	[-0.53, 0.03]	-.14	.077
3. Avoidant coping	0.55	[0.15, 0.95]	.19	.007
4. Religious coping	0.28	[0.04, 0.51]	.16	.023
5. Age	-0.01	[-0.03, 0.02]	-.06	.460
6. Gender (Male = 0, Female = 1)	0.09	[-0.30, 0.48]	.04	.642
7. Education	-0.31	[-0.68, 0.06]	-.12	.096
8. Conservatism	-0.18	[-0.31, -0.04]	-.18	.010
9. Control (High = 0, Low = 1)	-0.21	[-0.13, 0.55]	.09	.218
R^2		.16		
F		$F(9, 185) = 3.765$*		

* $p < .001$.

Table S7

Results of Main Regression with Consveratism² Included (Study 1)

	Conspiracy beliefs			
	Model 1			
Variable	*B*	95% CI	β	*p*
1. Self-sufficient coping	0.06	[-0.39, 0.51]	.02	.791
2. Social-support	-0.24	[-0.52, 0.03]	-.14	.084
3. Avoidant coping	0.57	[0.18, 0.97]	.20	.005
4. Religious coping	0.27	[0.03, 0.51]	.16	.026
5. Age	-0.01	[-0.03, 0.01]	-.05	.508
6. Gender (Male = 0, Female = 1)	0.11	[-0.28, 0.51]	.05	.570
7. Education	-0.29	[-0.66, 0.07]	-.12	.116
8. Conservatism	-0.16	[-0.30, -0.03]	-.17	.018
9. Conservatism²	-0.03	[-0.12, 0.06]	-.05	.446
R^2	.15			
F	$F(9, 185) = 3.635$*			

* $p < .001$.

Table S8

Results of Main Regression with Covariates Excluded (Study 1)

	Conspiracy beliefs			
	Model 1			
Variable	*B*	95% CI	β	*p*
1. Self-sufficient coping	-0.06	[-0.50, 0.36]	-.02	.758
2. Social-support	-0.21	[-0.46, 0.03]	-.12	.091
3. Avoidant coping	0.61	[0.22, 1.01]	.21	.003
4. Religious coping	0.28	[0.05, 0.52]	.17	.019
R^2		.11		
F		$F(4, 194) = 5.825$*		

∗ $p < .001$.

Table S9

Results of Main Regression with Social and Economic Consveratism² Included (Study 2)

	Conspiracy beliefs			
	Model 1			
Variable	*B*	95% CI	β	*p*
1. Self-sufficient coping	0.06	[-0.12, 0.24]	.04	.499
2. Social-support	-0.06	[-0.19, 0.08]	-.04	.402
3. Avoidant coping	0.45	[0.25, 0.66]	.22	< .001
4. Religious coping	0.02	[-0.09, 0.13]	.02	.737
5. Age	-0.01	[-0.02, 0.01]	-.08	.096
6. Gender (Male = 0, Female = 1)	0.13	[-0.07, 0.33]	.06	.218
7. Social Conservatism	0.12	[0.06, 0.18]	.32	< .001
8. Economic Conservatism	-0.11	[-0.17, -0.05]	-.29	< .001
9. Social Conservatism²	-0.01	[-0.02, 0.02]	-.03	.692
10. Economic Conservatism²	0.02	[-0.01, 0.04]	.13	.065
R^2		.12		
F		$F(10, 400) = 5.546$*		

Note. $N = 411$.

* $p < .001$.

Table S10

Results of Main Regression with Covariates Excluded (Study 2)

	Conspiracy beliefs			
	Model 1			
Variable	*B*	95% CI	β	*p*
5. Self-sufficient coping	0.05	[-0.13, 0.22]	.03	.583
6. Social-support	-0.03	[-0.15, 0.10]	-.02	.686
7. Avoidant coping	0.49	[0.28, 0.69]	.23	< .001
8. Religious coping	0.05	[-0.06, 0.16]	.04	.398
R^2	.06			
F	$F(4, 406) = 5.960$*			

∗ $p < .001$.

In Study 3, we explored two measures of conspiracy beliefs *after* our main conspiracy belief DV. These measures provided participants with two vignettes describing unexpected (Vignette 1; presidential plane crash) and strange (Vignette 2; 'Snoopers charter' foul play) situations and were asked how likely it is that there was a conspiracy behind each scenario (1 = *definitely no*, 7 = *definitely yes)*

A one-way ANCOVA was conducted to compare the effects of avoidance coping, self-sufficient coping, and a neutral condition on conspiracy belief (**vignette 1**) whilst controlling for age, gender, education, and social and economic conservatism. Levene's test and normality checks were carried out and the assumptions were met. The main effect of group (i.e., experimental condition) was not significant, $F(2, 388) = 0.025$, $p = .975$. Post hoc tests showed there was not a significant difference between avoidance coping and the neutral condition ($p = .836$), avoidance coping and self-sufficient coping ($p = .977$), and self-sufficient coping and the neutral condition ($p = .857$). Of the covariates, gender ($p = .018$) and social conservatism ($p = .003$) significantly positively, and economic conservatism marginally ($p = .071$) and age ($p = .042$) significantly negatively, predicted belief in conspiracy theories (**vignette 1**).

We checked for an indirect effect of X1 and X2 on conspiracy belief regarding Vignette 1 via general conspiracy belief, whilst controlling for all other variables, using Model 4 of PROCESS (Hayes, 2013) with 10,000 bootstrapped samples. The indirect effect was significant with a bootstrap 95% bias-corrected confidence interval of -.32 to -.05.

A one-way ANCOVA was conducted to compare the effects of avoidance coping, self-sufficient coping, and a neutral condition on conspiracy belief (**vignette 2**) whilst controlling for age, gender, education, and social and economic conservatism. Levene's test and normality checks were carried out and the assumptions were met. The main effect of group (i.e., experimental condition) was not significant, $F(2, 388) = 0.025$, $p = .975$. Post hoc tests showed there was not a significant difference between avoidance coping and the neutral condition ($p = .836$), avoidance coping and self-sufficient coping ($p = .977$), and self-sufficient coping and the neutral condition ($p = .857$). Of the covariates, social conservatism ($p = .004$) significantly positively, and economic conservatism ($p < .001$) significantly negatively, predicted belief in conspiracy theories (**vignette 2**).

We checked for an indirect effect of X1 and X2 on conspiracy belief regarding Vignette 2 via general conspiracy belief, whilst controlling for all other variables, using Model 4 of PROCESS (Hayes, 2013) with 10,000 bootstrapped samples. The indirect effect was significant with a bootstrap 95% bias-corrected confidence interval of -.30 to -.05.

Study 3 results with social and economic Consveratism^2 included. A one-way ANCOVA was conducted to compare the effects of avoidance coping, self-sufficient coping, and a neutral condition on conspiracy belief whilst controlling for age, gender, education, social and economic conservatism, and social and economic consveratism^2. Levene's test and normality checks were carried out and the assumptions were met. The main effect of group (i.e., experimental condition) was significant, $F(2, 386) = 3.773$, $p = .024$. Post hoc tests showed there was a significant difference between avoidance coping and the neutral condition ($p = .007$) and a marginal difference between avoidance coping and self-sufficient coping ($p = .060$), but not between self-sufficient coping and the neutral condition ($p = .383$). Comparing the estimated marginal means showed that the highest conspiracy belief was found in the avoidance coping condition compared to self-sufficient coping and the neutral condition, respectively.

Of the covariates, social conservatism ($p < .001$) significantly positively, and economic conservatism ($p < .001$) and education ($p = .008$) significantly negatively, predicted belief in conspiracy theories. Social conservatism^2 significantly negatively ($p = .036$), and economic conservatism^2 significantly positively ($p = .002$), predicted belief in conspiracy theories.

Study 3 results with covariates excluded. A one-way ANCOVA was conducted to compare the effects of avoidance coping, self-sufficient coping, and a neutral condition on conspiracy belief. Levene's test and normality checks were carried out and the assumptions were met. The main effect of group (i.e., experimental condition) was significant, $F(2, 395) = 4.024$, $p = .019$. Post hoc tests showed there was a significant difference between avoidance coping and the neutral condition ($p = .007$) and a marginal difference between avoidance coping and self-sufficient coping ($p = .037$), but not between self-sufficient coping and the neutral condition ($p = .519$).