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ABSTRACT
We offer a framework for understanding public responses to social programs designed to alleviate disadvantages experienced by some sectors of the U.S. population. The framework is built on 2 key tropes of generalized exchange theory: mutuality and possessive individualism. Using the Affordable Care Act (ACA) as a public sector context, we show how marketing messages can be manipulated to affect consumer likelihood to participate in and support the public policy. Consistent with cognitive attitude models, we find that beliefs regarding individual and mutual benefits are significant, positive predictors of ACA attitudes. In contrast, when messages are framed with ideological economic tropes—possessive individualism or mutuality—ACA attitudes diverge. Priming possessive individualism negatively affects program attitudes relative to a mutuality prime or a no-prime control condition. We conclude with policy advice for those tasked with effective implementation of public sector programs.

KEYWORDS
Public policy; access; experimental; health care; insurance

Public policies intended to alleviate various forms of disadvantage experienced by some groups within U.S. society implicitly, and sometimes explicitly, involve some form of redistribution or sharing of societal resources. Although sharing risks and resources is a key means of securing well-being and maximizing the utility of goods in an economy (Lamberton & Rose, 2012), public policies involving the redistribution of resources to the disadvantaged are often controversial. Even the most well-established forms of risk sharing, such as public insurance programs, can generate considerable political disagreement (e.g., Medicaid), even when public acceptance of some programs has been won over time (e.g., Medicare). Most important at the present moment, the Affordable Care Act (ACA), also known as “Obamacare,” is one of the most controversial government-mandated resource circulation systems ever created. Although the diversity of factors affecting attitudes toward a program as complex as the ACA makes it
impossible to address all interesting questions in one article, we argue that it possible to explicate these public policies that require an implicit sharing of societal resources in theoretical terms so as to allow us to understand and perhaps reduce the degree of disagreement they engender. This is the overarching objective guiding our research.

In keeping with recent scholarship (Arnould & Rose, 2016), we argue that responses to social welfare programs are a function of structural differences in the mode of resource circulation implicit in the various forms of these programs. Any social welfare system that involves a sharing of public resources will be characterized by a blending in various proportions of two dominant tropes: (a) possessive individualism, which focuses on strongly held beliefs regarding the value of individualism; and (b) mutuality, which focuses on closely held beliefs regarding the imperative of group welfare (DeVincenzo & Scammon, 2015; Giesler, 2008). The degree to which each trope is prominent in the structuring and positioning of the program is, we argue, determinative of the perceived nature and function of that program and therefore a determinant of public response. It is important not to confuse the anthropological notion of an economic trope with microlevel psychological constructs (e.g., self-construal and other similar constructs related to an individual’s tendency toward independence or interdependence). The economic tropes under consideration here refer to structural characteristics of resource circulation systems and as such are macrolevel constructs, not microlevel ones (Sahlins, 1974). Thus, in the current work we build a bridge between a system-level theory and microlevel theories and phenomena, as suggested by Hitt, Beamish, Jackson, and Mathieu (2007).

To investigate this argument, we use theory in the tradition of antoutilitarian social science (e.g., Mauss, 2002) to explicitly characterize public sector social welfare programs in general, and the ACA in particular, in terms of the blending of two prominent system-level characteristics: possessive individualism (Macpherson, 1962) and mutuality (Arnould & Rose, 2016; Giesler, 2008). In this approach, we follow Papaoikonomou and Valor (2016), who examine how peer-to-peer systems built on a foundation of mutuality affect commitment. Social welfare programs such as the ACA can be considered hybrids and are characterized by elements of both mutuality and possessive individualism. With respect to mutuality and the ACA, risk is dispersed among all participants via government mandate, and some states have opted for government-operated health insurance exchanges. On the possessive individualism side, the benefits provided by the system are offered by private interests (i.e., insurance firms) and effectively represent mandatory market transactions. Thus, the ACA context is characterized by considerable ambiguity in terms of its structure and normative standards and may be particularly susceptible to propaganda targeted to consumers and intended to activate possessive individualism or mutuality mindsets. Furthermore, we
argue that consumer advocacy groups, as well as commercial, social, and political marketers, can position the ACA and other resource circulation systems as emphasizing individualism or mutuality through integrated communications efforts, including public relations and paid media. A hybrid program, which has structural elements of both possessive individualism and mutuality, can be framed in ways that make it more or less appealing to individual citizens in much the same way that work can be framed as more or less market oriented for workers. To the latter point, Hall and Keefe (2000) show that mutualistic work like social work can be imbued with market logic, the latter being more consistent with possessive individualism. Thus, marketing messaging can play a direct role in shaping consumer response to public policy and employee response to work, provided care is taken to keep messages and positioning consistent (Finnel, Reed, & Aquino, 2011).

Our work was motivated by the importance of updating research involving health insurance in general (Hong & Kim, 2000; Tennyson & Yang, 2009), the timeliness of research investigating the ACA in particular, the need to consider the impact of specific regulatory language and consumer motivations on program acceptance (Mason & Scammon, 2011), the importance of understanding how marketing can contribute to these public sector initiatives (Bendle & Cotte, 2016), and the unrecognized ubiquity of hybrid sharing systems (e.g., Arnould & Rose, 2016; Bardhi & Eckhardt, 2015; Lamberton & Rose, 2012). To test our predictions, we first collected survey data that allowed us to see the importance of consumers’ beliefs regarding personal and social benefits in determining acceptance of the ACA, particularly as contrasted with demographic factors often associated with attitudes toward social programs. We found that beliefs that the program offers either personal or social benefits can both lead to more positive ACA attitudes, as would be predicted by multiattribute attitude theory (Ajzen & Fishbein, 1980). Thus, it is clear that both mutuality appeals and individualist appeals have the potential to impact a public program positively, depending on how such benefits are valued. Therefore, we then extended our survey findings by conducting an experiment in which the ACA was framed in terms of either mutuality or possessive individualism tropes. In contrast to the positive relationships between personal and group benefits and ACA attitudes predicted by attitude theory and observed in Study 1, when the ACA was framed ideologically in terms of possessive individualism, we found that attitudes toward the policy were undermined. This result is important, as these effects held above and beyond the somewhat stubborn effects of political affiliation (i.e., liberal or conservative) and clearly show that priming macrolevel constructs can lead to judgments that are quite different from those predicted by microlevel cognitive attitude theories. Furthermore, these results are notable because they do not argue
that political communications need to match an individual’s ideology to affect consumers’ attitudes toward social programs, as has been observed in recent research (e.g., Kidwell, Farmer, & Hardesty, 2013). Thus, our contributions lie in addressing explicitly how variance in the positioning, in terms of system-level cues, of a normatively ambiguous, public–private hybrid public sector program affects the attitudes of citizen-consumers in ways not predicted by microlevel theories of persuasion.

**Personal and social benefits of social programs**

Prior work has shown that people value different types of benefits in various types of resource circulation systems in the private domain. For example, Lamberton and Rose (2012) report that attitudes toward participation in marketer-controlled exchange platforms such as Zipcar are largely driven by perceptions of personal gain in the form of financial benefits, convenience, control, and risk reduction. In other words, at the level of individual beliefs participation in such programs is dependent on economic consequences for the individual consumer. Furthermore, at the system level, these types of platforms are characterized largely by possessive individualism and simple market-based economic exchange models. Bhardi and Eckhardt (2012) draw a very similar conclusion using qualitative methods. Mutuality is largely absent from exchange platforms such as Zipcar. Avis recently acquired Zipcar, a development that could be viewed as further evidence of the largely economic character of such systems. In contrast, resource circulation systems such as toy libraries (Ozanne & Ballentine, 2010; Ozanne & Ozanne, 2011) are characterized by a high degree of mutuality. Ozanne and Ballentine (2010) identify four benefit segments among users of toy libraries, three of which clearly derived social benefits from their participation, but one of which was largely utilitarian in terms of benefits sought. Thus, consistent with multiattribute attitude theory, quantitative studies and prior qualitative research suggest that both types of perceived benefits, personal gain and group benefit, can drive attitudes toward and participation in resource circulation systems. Given that social welfare programs such as the ACA often involve a redistribution of societal wealth as a means of addressing disadvantage, we test whether the cognitive drivers of attitudes observed in prior research in a market context also apply to public sector program attitudes.

Hypothesis 1 (H1): Attitudes toward social welfare programs such as the ACA are positively related to the strength of beliefs that the program offers personal economic and risk reduction benefits.

Hypothesis 2 (H2): Attitudes toward social welfare programs such as the ACA are positively related to the strength of beliefs that the program is characterized by mutuality.
Resource circulation systems characterized by some degree of mutuality and the sharing of resources have long been subject to what has been called in prior literature the tragedy of the commons (Hardin, 1968). The tragic aspect of shared resources has traditionally reflected the failure of some users to contribute to the maintenance and replenishment of the resource when they have no formal ownership stake. More recently, the same arguments have been applied to government-supported programs such as welfare, Medicaid, and now the ACA (e.g., Herrick, 2016). Critics argue for a type of moral hazard in which welfare recipients are caricatured as moochers or takers, who accept resources without making contributions and who abuse, overuse, and perhaps even defraud such systems. This is similar to earlier research that has shown fears of unfairness affecting attitudes toward organ distribution and allocation, albeit in a different health care context (Cossé & Weisenberger, 2001). Individuals who hold such beliefs about the ACA should be more likely to disapprove of the insurance policy and less likely to participate (even though participation is mandated by law), which may be indicative of some degree of selfishness (Bendle & Cotte, 2016). Thus, we expect the following:

Hypothesis 3 (H3): Attitudes toward social welfare programs such as the ACA are inversely related to the strength of perceptions of moral hazards present in the program.

In summary, cognitive models of attitude and recent studies of motivation for participation in various types of resource circulation systems strongly suggest that both personal and social benefits can lead to positive attitudes toward participation in public sector programs. Even when programs are largely characterized by possessive individualism or mutuality, there are likely to be segments of consumers who value participation in those programs for reasons related to personal or group welfare. However, most people hold systems of beliefs that are drawn from multiple ideological sources (Bryan, Dweck, Ross, Kay, & Mislavsky, 2009). Priming macrolevel ideological concepts, such as mutuality or possessive individualism tropes, may activate very different knowledge structures, thereby affecting judgments differently than microlevel compositional attitude formation processes would suggest. We address this more provocative idea in the next section.

A comparison of economic tropes

Generalized exchange theory posits that all systems of resource circulation are relational (Arnould & Rose, 2016), but systems differ in the qualities and aims of the relations. Market exchange, the gift, and access-based exchange
are distinguishable by the degree to which they integrate the two economic tropes of mutuality and possessive individualism. Mutuality as an economic trope is characterized by reciprocity, the goal of maximizing collective welfare among exchange partners, a focus on long-term relationships, appeals to belonging, and social status values. Possessive individualism, in contrast, is characterized by competition, one-off transactions with less consideration of long-term relationships, the goal of maximizing individual welfare, and appeals to utility and economic value as a measure of exchange quality.

Giesler (2008), using the music industry as a research context, shows that resource circulation systems are characterized by a dramatic tension between these two economic tropes that can generate considerable conflict that in turn provokes evolution within that market. Although they do not use the terms mutuality or possessive individualism, Jackson and Smith (2014) similarly analyze adaptive evolution of the health care market as a function of changes in social norms and market access in cities such as Austin, Texas, that attract thousands of musicians who have difficulty obtaining affordable health insurance. Further unpacking this notion of negotiated movement among the economic tropes, Scaraboto (2015) explicates the collaborative consumption and production practices that lead to hybrid modes of exchange consistent with points on the mutuality–possessive individualism continuum.

Although we have argued that most people will to some extent value aspects of sharing systems that they perceive offer personal or mutual benefits and will generally wish to avoid moral hazard, recent work suggests convincingly that political ideology may attenuate or strengthen the salience of these factors across different segments of the population (Bryan et al., 2009). Conservative (and neoliberal) ideology in the United States, heavily imbued with free market philosophy (Friedman & Friedman, 1990; Smith, 1776/2005), valorizes individualism and competition among individuals as the most effective means of creating wealth and prosperity. Some go so far as to suggest individualism as a moral imperative (Rand, 1964). In contrast, liberal or progressive ideology in the United States is heavily influenced by socialist critiques of free market philosophy (Graeber, 2014; Keynes, 1936/2007; Macpherson, 1962).

Thus, the next practical question we pose is this: What effect, if any, would framing public sector programs like the ACA in terms of economic tropes, such as possessive individualism or mutuality, have on attitudes toward those systems? Two plausible conjectures can be drawn from relevant theory, one based on priming research and the other on congruency theory. For example, it is plausible that framing the ACA in terms of its mutual character consistent with strong social benefits would increase the program’s appeal to most consumers on an ideological level (Bryan et al., 2009). Priming concepts and goals has been shown to activate thoughts and knowledge structures consistent with the prime (Bargh & Chartrand, 1999; Chatterjee...
and Rose, 2012). Most Americans, ideologically speaking, consider health care to be a moral issue and believe that helping others obtain adequate health care is a moral imperative (Harris Poll, 2015). Furthermore, as Haidt (2012) has noted, empathy and concern for the welfare of others is neither a liberal nor conservative moral value. It is a human value and widely held by people across the political spectrum. Thus, priming people to think of the ACA in mutualist terms may activate ideological beliefs in the betterment of mankind and support for fellow citizens.

Conversely, priming individualism and self-sufficiency can reduce empathy and helping behavior. Vohs and colleagues have shown that self-sufficiency undermines both the desire to help others and the desire to accept help (Savani, Mead, Stillman, & Vohs, 2016; Vohs, Mean, & Goode, 2006). Inducing people to view the ACA from the lens of possessive individualism activates the goals of self-reliance and self-sufficiency, thereby reducing the desire to help others and undermining attitudes toward sharing resources with others. Thus, from a priming perspective attitudes toward resource circulation programs can be influenced positively or negatively depending on the ideological belief structure being activated. Thinking of the ACA with mutuality in mind should enhance attitudes toward the program, whereas thinking of the ACA in terms of possessive individualism should undermine attitudes.

However, the relationship between ideology and attitudes toward resource circulation systems may be more complicated than a priming explanation would predict. In another public policy context, that of green consumer behaviors such as recycling, Kidwell et al. (2013) demonstrate that matching appeals to the political ideology of consumers can lead to appeal-consistent attitude change. Similarly, priming possessive individualism in the context of the ACA may improve attitudes toward the system among conservatives and conservative-leaning Independents but not progressives. Conversely, making salient mutuality characteristics of the ACA may improve attitudes toward the system, particularly among liberals and progressive-leaning Independents but not among conservatives. Thus, this congruency hypothesis suggests that the effect of priming one economic trope or the other will depend on consumers’ preexisting political ideology.

Our research design allows a type of strong inference (Platt, 1964). If our data support only main effects of political ideology and economic trope on ACA attitudes, then the priming explanation would be supported. However, if an interaction is observed between economic trope and ideology, the congruence hypothesis would be supported. The patterns observed in the data are important practically as well as theoretically because recommendations for policy will depend on whether framing the public program in terms of mutuality alone leads to more favorable outcomes or whether the framing of the program must be made with the preexisting political ideologies of
target audiences in mind. We offer two competing hypotheses based on priming (Hypothesis 4a [H4a]) or congruency (Hypothesis 4b [H4b]).

H4a: Framing public welfare programs such as the ACA in terms of the mutuality trope enhances attitudes toward the system, whereas framing programs in terms of possessive individualism undermines program attitudes.

H4b: Attitudes toward public welfare programs such as the ACA are more positive when they are framed in terms of economic tropes that are congruent with consumers’ preferred political ideology than when the framing is incongruent. Specifically, (a) as consumers’ tendency toward political liberalism increases, so does the extent to which mutuality tropes enhance liking for public welfare programs; and conversely, (b) as consumers’ tendency toward political conservatism increases, so does the extent to which possessive individualism tropes enhance liking for public welfare programs.

In summary, we believe that differences in how these public welfare programs are framed in terms of economic tropes, the degree to which these frames correspond with consumers’ preexisting preferences for one trope or another (Kidwell et al., 2013), and the beliefs that consumers hold regarding the utility of the program (and any public resource distribution program) to help them reach goals related to economic and social rewards may explain the level of conflict that surrounds and hinders the implementation of some of these policies, such as the ACA. Evaluations of any social welfare program, including the ACA, can be influenced by consumers’ beliefs regarding program consequences for themselves and others and their evaluations of those consequences (Ajzen & Fishbein, 1980). In other words, program attitudes can be constructed analytically from component beliefs. Alternatively, program attitudes may be inferred holistically through activation of knowledge structures and attitudes closely associated with possessive individualism or mutuality. Next we address these expectations in two studies.

**Study 1: Beliefs underlying ACA attitudes**

In our first study we investigated the cognitive drivers of attitudes toward the ACA. Following the approach used in different contexts by Lamberton and Rose (2012), we decomposed attitudes associated with the ACA into facets in an attempt to understand which aspects of utility are significantly predictive. Lamberton and Rose studied commercial sharing systems (e.g., Zipcar) and observed that attitudes toward and participation in these access-based systems were largely driven by economic concerns such as cost and risk rather than altruism and factors related to mutuality, such as trust. We extend the boundaries of their work to public–private hybrid resource circulation
systems such as government-sponsored insurance programs (e.g., Obamacare, Medicare). Given the hybrid nature of the ACA we expected the drivers of attitudes toward this program to differ from those observed in prior work. In particular, we expected that mutuality would add significantly to the explanatory power provided by perceptions of personal economic and health rewards when attitude toward the ACA was regressed on these factors and others drawn from prior work, including perceptions of moral hazard. We also measured several individual differences in order to control for personal factors that may obscure relationships between these beliefs and ACA attitudes. In particular, we assessed consumers’ tendencies toward interpersonal trust and their inclination toward interdependent and dependent self-construals (Singelis, 1994). Trust as a trait was assessed because it may be related to attitudes toward any program’s administrators and participants. Likewise, attitudes toward the ACA may be influenced by the degree to which consumers construe their identities in terms of relationship to others (interdependence) or in terms of their characteristics and accomplishments as individuals. Those with interdependent self-construals may be more likely to find the mutuality character of the ACA attractive. Those with independent self-construals may be more likely to find attractive the opportunities for personal gain afforded by the ACA.

**Method and sample**

Using a Qualtrics-based survey instrument, we obtained 358 valid and complete questionnaires through Amazon Mechanical Turk (MTurk) in exchange for a small monetary payment. Respondents were required to be 18 or older and U.S. citizens or permanent residents. Two attention checks were included in the questionnaire to ensure data quality and instructed respondents to mark a preselected response option. Respondents who did not correctly answer both attention check measures were excluded from the sample. Republicans ($n = 48, 13.4\%)$ were underrepresented in the MTurk sample relative to the U.S. adult population at the time of data collection. Democrats ($n = 146, 40.7\%)$ and Independents ($n = 164, 45.8\%)$ were somewhat overrepresented. Overall, respondents were 60\% male, they averaged 34 years of age, and roughly half had earned a college degree. Respective demographics by political affiliation grouping (Democrat/Republican/Independent) were as follows: male gender, 53\%/64\%/64\%; college degree, 56\%/54\%/46\%; and average age, 33.5/35.8/33.2.

**Measures**

Measures were selected based in part on prior research addressing drivers of sharing propensity, primarily those used by Lamberton and Rose (2012),
and by consideration of conceptual definitions of the focal constructs. The measures were adapted to fit the ACA context, and indices were created to assess the focal theoretical constructs: attitude, mutuality, personal gain, and moral hazard. Attitude toward the ACA was assessed by eleven 7-point modified Likert scales (coefficient $\alpha = .98$). Beliefs regarding the ability of the ACA to satisfy personal health and financial goals were assessed using six 7-point modified semantic differential scales that included reduction of personal financial, health care, and coverage risks as well as perception of overall personal benefit ($\alpha = .92$). Mutuality is a function of trust in others, perceptions of fairness, and a desire to help others. We assessed beliefs regarding mutual benefits of the ACA using four 7-point modified semantic differential scales ($\alpha = .83$). Moral hazard reflects perceptions that participants will act as takers or moochers (i.e., free riders). We captured perceptions of ACA moral hazards with three 7-point modified semantic differential scales ($\alpha = .77$). We also included single-item, 7-point measures of perceived similarity between respondents and program participants and the degree to which respondents felt they could control their health insurance needs. These constructs, similarity and control, have been suggested in prior work (Lamberton & Rose, 2012) to be potential drivers of participation in private sector sharing systems. Given that the ACA program is an implicit sharing program and that these factors have not previously been tested in a public sector context, we felt it was important to test for possible effects of these measures on program attitudes. We also assessed three individual difference constructs using previously validated measures: interpersonal trust (11-item, 7-point modified Likert scale; $\alpha = .95$; Rotter, 1967) and independent self-construal and interdependent self-construal (both 12-item, 7-point modified Likert scales; $\alpha = .78$ and .85, respectively; Singelis, 1994).

We asked participants to answer questions on several demographic items that could be used as covariates in the data analyses, including age, gender, education, income, geographic region, and ethnicity. Finally, because party affiliation could be considered a reasonable surrogate for chronically active ideology we asked participants to which major political party, Republican or Democrat, they belonged. Additional options were provided for Independents and “other.” The latter two categories were combined in subsequent analyses.

**Results**

We first conducted a one-way analysis of variance (ANOVA) with political party affiliation as the independent variable and the 2-item measure of ACA attitude as the dependent variable, overall $F(2, 355) = 107.28, p < .001$. We were not surprised to find that Democrats reported more favorable attitudes toward the ACA
(M = 5.18) than Republicans (M = 3.22, p < .001) or Independents (M = 3.77, p = .001). Independents were also more favorably inclined toward the ACA than were Republicans (p = .016); however, neither group mean was above the theoretical midpoint of the scale. This familiar pattern of ACA attitudes (Harris Poll, 2015) lends credibily to our MTurk sample.

Our analysis strategy required a linear regression model with three blocks of predictors. First, in Model 1 we regressed ACA attitude on the set of demographic predictors, including age, gender, geographic location, education, income, and ethnicity. Next, in Model 2 we added three individual difference variables that could reasonably be expected to impact attitudes toward the ACA: interpersonal trust, independent self-construal, and interdependent self-construal. Finally, in Model 3 we added the focal independent variables: perceptions of personal gain, mutuality, and moral hazard. With this approach we were able to estimate the relationships of the key theoretical constructs in our model to ACA attitudes while controlling for the contributions of demograhics and plausibly relevant individual differences. Controlling for the influence of demographics and individual differences in our analysis allowed us to estimate the unique contributions of our key theoretical variables—mutuality, possessive individualism, and moral hazard—on program attitudes. Isolating the impact of our focal predictors was important because the goal was to show what these new theoretical variables add to our theoretical understanding above and beyond other types of variables, particularly demographics, that have been studied previously but add little insight into the mechanisms underlying observed program attitudes. The overall regression results are displayed in Table 1.

Although the overall model was significant, F(6, 351) = 2.56, p = .019, the demographic control variables in Block 1 were largely irrelevant, except for age. ACA attitudes declined significantly with increasing age (B = -.021, t = -2.69, p = .007). Overall, demographics explained less than 3% of the variance in attitudes. Next we estimated a model with the demographic variables and the individual differences in Block 2.

Model 2 was significant, F(3, 348) = 2.56, p = .019, and explained roughly 27% of the variance in ACA attitudes, a highly significant improvement over Model 1 (adjusted R² change = .245). General interpersonal trust was the primary contributor to the improved explanatory power (B = .647, t = 8.82, p < .001). Those who were more trusting of others reported more favorable ACA attitudes. Those whose self-identities were largely interdependently construed were marginally more likely to hold favorable ACA attitudes (B = .159, t = 1.85, p = .065). Independent self-construal was unrelated to ACA attitude (B = .061, t = 0.65, p = .516).

Finally, we estimated a model that added beliefs about the potential benefits and risks of the ACA to the blocks of demographic and trait predictors. Model 3 was also significant overall and greatly improved
explanatory power relative to Model 2 (adjusted $R^2 = .785$, $R^2$ change = .506), $F(3, 345) = 280.68, p < .001$. Beliefs regarding personal gain ($B = .444, t = 11.561, p < .001$) and mutuality ($B = .476, t = 11.562, p < .001$) were strongly, positively related to ACA attitudes, as predicted. In addition, perceptions of moral hazard inherent in the ACA system were inversely related to ACA attitudes ($B = –.082, t = –2.28, p = .023$), as expected. Thus, H1, H2, and H3 were supported. Neither perceived similarity between respondents and ACA program participants nor perceived control over health insurance needs was a significant predictor of program attitudes ($p > .25$).

As noted previously, Republicans were underrepresented in the MTurk sample, which increased the likelihood of sampling error. To test this possibility, we first ran all regressions separately by political affiliation grouping. The regressions by political grouping replicated the results concerning the

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<th>Table 1. Study 1 regression coefficients.</th>
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<tr>
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Note. The dependent variable is the Affordable Care Act Attitude Scale.
focal theoretical predictors for the aggregate sample in every respect but one. In the individual group regressions the influence of moral hazard on ACA program attitudes, the weakest of the effects observed in the overall aggregate sample, did not achieve conventional levels of significance ($p > .05$) for any of the groups. We attribute this lack of significance to the loss of power due to the much smaller sample sizes in the disaggregated sample regressions. The effects that were stronger in the aggregate analysis (i.e., age, interdependent self-construal, mutuality, and possessive individualism) remained significant even when the regressions were conducted by political group. Thus, the results suggested that the smaller sample of Republicans should not have significantly altered the inferences to be drawn from the regressions on the sample as a whole.

**Discussion**

As anticipated, beliefs related to personal benefits, mutuality, and moral hazard predicted attitudes toward the ACA. The finding that moral hazard, mutuality, and individual differences in interpersonal trust significantly predicted system attitudes contrasts with the observations of Lamberton and Rose (2012) and Bhardi and Eckhardt (2012), who find that many market-mediated access-based consumption systems such as Zipcar are more powerfully driven by personal economic considerations than by trust or mutuality. However, the ACA is more clearly a hybrid system by design, one that blends elements of private insurance offered through publicly supported insurance exchanges and supplemented by promises of government assistance for those unable to afford premiums for the required minimum health insurance coverage. Thus, our observations are consistent with Arnould and Rose’s (2016) and Giesler’s (2008) assertion that all resource circulation systems are hybrids characterized to varying degrees by the mutuality and possessive individualism tropes. The access-based consumption systems such as Zipcar are simply closer to the possessive individualism end of the general exchange continuum than the ACA program, despite both systems engaging profit-driven enterprises.

Study 1 was limited by a correlational design that did not support compelling causal inferences and perhaps by the MTurk sample. We believe that our data were reliable because we followed recommendations regarding how to improve data quality through attention checks (Buhrmester, Kwang, & Gosling, 2011; Rouse, 2014). However, the sample was skewed toward Democrats and Independents and underrepresented those claiming an affiliation with the Republican Party. Based on our individual group regressions, we do not believe that the skewed sample party affiliation significantly affected estimates of ACA approval by individual party affiliation, nor was it likely to have made regression estimates of the predictors of ACA attitude unreliable.
Thus, in Study 1 we demonstrated that attitudes can be composed of salient beliefs regarding the consequences of participation in a resource circulation system, the ACA in this context. This in itself is not surprising. However, Study 1 set the stage for our demonstration that ideological beliefs affect attitudes toward sharing programs such as the ACA in quite different ways. By priming ideological belief structures and therefore making ideology-consistent beliefs salient at the time of judgment, we are able to nudge attitudes in ways counter to what would be predicted by microlevel beliefs regarding personal benefits and costs of the program. In Study 2 we also remedied the sample limitation of Study 1 by ensuring a sample representative of U.S. political party affiliation. Furthermore, we moved beyond the party surrogate measure of political ideology in favor of a previously validated political ideology scale and manipulated economic tropes directly as a means of influencing attitudes toward the ACA.

**Study 2: Aligning political ideology with economic tropes**

The goal of Study 2 was to provide strong inferences regarding H4, in which we predicted that ACA attitudes could plausibly respond in one of two ways to a manipulation of the framing of the ACA in terms of either possessive individualism or mutuality economic tropes. Based on an ideological priming mechanism, H4a predicted that framing the ACA in terms of possessive individualism would undermine attitudes toward the program, whereas framing the ACA in terms of mutuality would generally enhance attitudes toward the program. Note that support for this prediction requires results quite different from those observed in Study 1, in which program-level beliefs were assessed and used to predict program attitudes. H4b suggested that ACA attitudes would be improved by matching appeals based on possessive individualism or mutuality to consumers’ preferred political ideological beliefs along a continuum from liberal to conservative relative to an incongruent condition. This strong-inference goal required an experimental design.

**Method**

A pretest was conducted prior to Study 2 in order to determine the effectiveness of the manipulation of ACA framing in terms of mutuality or individualism. A convenience sample of 74 MTurk workers was recruited to participate in the short survey testing the manipulations. All participants read a baseline paragraph about the ACA that was borrowed directly from the front page of the ACA’s website. Next, depending on experimental condition, participants read supplementary information that framed the ACA in terms of either possessive individualism or mutualist economic tropes or neither (control). These manipulations are provided in the Appendix.
Participants were randomly assigned to one of three conditions: mutuality framing, individualist framing, or a no-framing control. After reading the information containing the framing based on economic tropes, participants answered seven questions regarding the character of the ACA in terms of responsibility for the health and welfare of society at large or in terms of personal responsibility. The questions included items such as “The ACA recognizes that each individual is responsible for managing his or her own health risks” and “The ACA recognizes that Americans have a mutual responsibility to share their health care resources.” One-way ANOVAs were conducted on all seven items. The ANOVAs confirmed the expected effect of the manipulation ($p < .01$) for all seven items. Participants exposed to the mutuality frame were more likely to agree that Americans are mutually responsible for health care risks, whereas those exposed to the individualist framing were more likely to agree that health care and risk are an individual responsibility. Therefore, we concluded that the manipulation was effective and used the same framing in the main study.

In Study 2 we obtained a national sample of 520 valid respondents recruited by Qualtrics. Two attention checks were again used to eliminate respondents who were not attending to the required task. The sample was representative of U.S. political party affiliation as of August 2015: 31% Democrat, 42% Independent, and 27% Republican. Respondents were 51% female, averaged 49 years of age, and were 80% Caucasian. Hispanics at 9% and African Americans at 4% were unfortunately underrepresented in the sample. Participants read a brief introduction to the study and then were exposed to the paragraphs that comprised the manipulation: control (no framing), mutuality (mutual benefits framing), or possessive individualism (personal benefits framing). After completing the study research participants were debriefed, directed to the ACA website for additional information, thanked for their participation, and compensated.

We measured ACA attitudes using two 7-point semantic differential scales (bad/good, beneficial/harmful). The latter item was reverse coded before the two measures were averaged to create an ACA attitude index ($r = .85$). Because respondent age was a significant covariate in Study 1, we again used the age measure as a covariate in Study 2. Participants’ subjective knowledge of the ACA was also assessed as a likely covariate (5-point modified semantic differential scale anchored by understand extremely poorly and understand extremely well). In contrast to Study 1, we assessed participants’ political ideological beliefs directly using a scale first introduced to the marketing literature by Kidwell et al. (2013). Because the 7-item scale included a question about socialized health care, this item was dropped to avoid any artefactual covariance between the ideology measure and ACA attitude. The scale’s psychometric properties were not affected by the deletion, as a factor analysis of the six remaining items revealed a unidimensional latent structure and coefficient alpha remained acceptable ($\alpha = .72$).
Results

We first conducted an ANOVA with ACA attitude as the dependent variable and the economic trope manipulation (at three levels: mutuality, individualism, and control) and a measured factor, political ideology (conservative vs. liberal, with higher scores on the scale indicative of higher levels of conservativism) as predictor variables. The interaction of treatment and political ideology was also included in the estimated model.

The main effect of economic trope framing was significant, $F(2, 412) = 5.90, p = .008, \chi^2 = 0.32$. Means (standard errors) for the mutuality, control, and possessive individualism conditions were 4.35 (.16), 4.03 (.15), and 3.75 (.14), respectively. Both the mutuality and control conditions differed significantly from the possessive individualism condition: mutuality, $t(343) = –3.05, p = .002$; control, $t(348) = –2.16, p = .031$. However, attitudes in the mutuality and control conditions, although in the expected order, were not significantly different, $t (343) = –0.796, p = .427$.

Figure 1. Estimated marginal means of ACA attitudes by treatment condition.
Political ideology was also a significant predictor of ACA attitudes, as expected, $F(39, 412) = 8.13$, $p < .001$, $\chi^2 = 0.83$. Support for the ACA declined sharply as respondents’ conservatism increased. It is important to note that these main effects were not qualified by a significant interaction between political ideology and the manipulated economic trope, $F(66, 412) = 0.864$, $p = .764$, $\chi^2 = 0.122$.

**Discussion**

When the ACA was framed in terms of individualism only, ACA attitudes were significantly negatively impacted relative to the control or mutuality prime conditions. However, contrary to expectations, we cannot say with 95% confidence that the mutuality framing significantly increased attitudes toward the ACA relative to the baseline control condition. Although the mean difference between mutuality prime and control was larger than the difference between possessive individualism prime and control, the variance was higher as well. Possible explanations for this outcome are discussed later. Furthermore, the absence of an interaction of economic trope framing and political ideology is not consistent with a congruency theory framework, such as the one proposed and supported by Kidwell et al. (2013) in the context of

![Figure 2. Estimated marginal means of ACA attitudes by political ideology scores.](image-url)
sustainable consumer behaviors. Rather, the frame acted as a kind of prime that made thoughts related to ideology, either possessive individualism or mutuality, more salient to ACA attitudes relative to microlevel consideration of the personal consequences of program participation such as those examined in Study 1. Priming possessive individualism generally reduced the favorability of ACA attitudes. Thus, the priming explanation proffered in H4a received support, whereas the congruency explanation underlying H4b received no support from our data. We address the theoretical and practical implications of these results in the following section.

**General discussion**

Although we do not claim to account exhaustively for the multitude of potential drivers of attitudes toward complex social welfare programs, in this article we provide one new explanation for the highly polarized responses of the U.S. public toward the ACA. Using generalized exchange theory (Ekeh, 1974) as a guide, we propose that attitudes toward the ACA can be explained in terms of beliefs regarding two types of economic trope (or ideologies) that characterize any resource circulation to varying degrees. These economic tropes, possessive individualism and mutuality, represent two polls of a continuum of norms that govern practices by actors in any system of resource circulation, including public and private health insurance systems that distribute risk and benefits across a group of participating members.

In two field studies we tested hypotheses derived from multiattribute attitude theory (Study 1) and generalized exchange theory (Study 2). In Study 1 we showed that beliefs regarding both individual and mutual benefits are significant predictors of ACA attitudes, in addition to political party affiliation. We also showed that beliefs regarding moral hazards inherent in such resource circulation systems undermine ACA attitudes. The observation that ACA attitudes are driven by beliefs regarding both personal and group benefits supports the idea that participation in any resource circulation system can be driven by salient beliefs of both types (Arnould & Rose, 2016; Giesler, 2008; Habibi et al., 2016).

In Study 2, we showed for the first time that attitudes toward social welfare programs in general, and the ACA in particular, can be negatively influenced when the systems are framed in terms of ideology, in this case the possessive individualism economic trope. However, we note that the results for mutual-ity failed to achieve conventional significance levels relative to the no-framing control. Although the political ideology main effect that showed that increasing conservativism was associated with greater opposition to the ACA is not surprising, we also tested the congruency theory hypothesis suggested by Kidwell et al. (2013) in Study 2 by estimating a model with an interaction
term between our economic trope treatment and political ideology. We found no support for the congruency hypothesis. What explains this pattern of results?

The sustainable behavior context studied by Kidwell et al. (2013) certainly differs in some ways from the health insurance context of the current study. In particular, sustainable consumption is a widely accepted form of voluntary prosocial behavior today in the United States. In contrast, a public program such as the ACA that includes a requirement for participation is quite controversial. However, the current ACA program context is not unique among social programs in the United States. Participation in both Medicare and Social Security is mandated by law yet overwhelmingly supported. Instead, the controversy surrounding the ACA is a function of its intense politicization. The intensity of the politicization of the ACA program may make ideology more powerful in its impact on program attitudes. Additional research is needed to investigate whether a participation mandate and/or the degree of politicization affect support for the congruity hypothesis proposed by Kidwell et al.

Despite these complicating factors, our results suggest that even in the current highly politicized, ideologically polarized context of the ACA, economic tropes still carry sufficient weight to move attitudes toward controversial programs when successfully primed. As Bryan et al. (2009) and Haidt (2012) note, people internalize multiple ideological belief structures and value systems. One or more of these belief structures may be chronically accessible. For example, conservatives tend to see the world through an individualist lens, whereas liberals tend to view the world through mutual welfare terms. It is also worth noting that people have been exposed to a heavy weight of political messages regarding the ACA in local and national media before and after its passage into law. Given the well-known tendency of people to select media that reinforce their preferred ideologies, beliefs, and attitudes, their existing ideologies may not be challenged often by these messages. Even exposed to counterattitudinal messages, people can counter-argue. Thus, the problem of exposure to mixed messages may be less than the problem of breaking through the selective attention and negative cognitive response problem. The only aspect of this problem that policymakers can completely control in a society with substantial freedom of speech is the framing of the messages used to support the social program. In this regard, we believe that ACA administrators have fallen short, as the ACA’s own website contains mixed messages of possessive individualism and mutuality. When exposed to mixed messages, people are likely to focus on those aspects of the message that conform to their preexisting beliefs. Hence, conservatives would likely activate possessive individualism and be less likely to support the ACA than liberals, who would focus on the mutuality aspects of the message.
Our work shows that both conservatives and liberals can activate other ideological beliefs when exposed to a sufficiently strong prime. In Study 2 our possessive individualism prime was strong enough to activate beliefs regarding self-sufficiency and personal responsibility, leading to a tendency to dislike the ACA regardless of one's self-reported political ideology. It is important to note here that when possessive individualism was primed, attitudes toward the ACA were undermined even among political ideology groups such as liberals, who on average favor the ACA. Among conservatives, activating possessive individualism further reduced their preexisting negative attitudes. Thus, regardless of ideology, the way in which programs such as the ACA are framed (or positioned, to use marketing terminology) can have a significant influence on how Americans feel about them. When the ACA is described in individualist terms, attitudes toward the ACA tend to deteriorate. Thus, it behooves social policymakers and program administrators to ensure that the ideological content of program marketing and supporting communications clearly primes mutuality, not possessive individualism.

Conversely, we expected that when the program was framed in terms of mutuality, attitudes toward the ACA would improve. This expectation was reflected in the direction of the mean difference between the control and the mutuality prime but did not achieve conventional significance levels. Close scrutiny of the ACA website that formed the starting point for our manipulation of economic trope framing suggests a possible explanation for the weaker results observed for the mutuality frame. Referring to the Appendix, please note that in each condition research participants read an opening paragraph lifted directly from the ACA website that contained some information that suggested possessive individualism by referring to “put[ting] consumers back in charge of their health care” (Source: www.healthcare.gov). Participants in the mutuality and possessive individualism conditions then read an additional paragraph that contained the appropriate priming language. Unfortunately for our intended economic trope priming, but consistent with the current ACA website language, the first line of text to which all participants were exposed was as follows: “The Affordable Care Act helps you to manage your health and health risks.” This opening sentence in the mutuality treatment suggests self-sufficiency and personal control, two facets of possessive individualism. Although the remainder of the paragraph more cleanly communicates mutuality in the mutuality treatment condition, the manipulation may have been weakened by the inadvertent inclusion of a conflicting reference to individualism in the mutuality frame. Thus, an important follow-up to the current research would be to conduct additional experimental work in which mutuality is primed more powerfully. We would expect such studies to show that program acceptance is enhanced when mutuality content is made very salient.

In summary, what seems to matter is whether consumers are reminded of possessive individualism or mutuality. The pattern of means observed could
be seen as reflecting a simple priming mechanism. Priming individualism makes resource circulation systems, such as the ACA, less attractive by activating negative associations of government programs with fears of moral hazard (i.e., moochers), unwanted taxation, and so on. This calls to mind the moral consumption explicated by Loureiro et al. (2016) in that there are strong normative proscriptions against mooching behavior. Conversely, priming consumers with concepts of mutuality and benefits for society as a whole may activate related beliefs concerning social justice, empathy, public welfare, and so on, consistent with the theorizing of DeVincenzo and Scammon (2015) that mutuality is sociality and evocative of community. Indeed, Dellana and Glascoff (2001) show that nonprofit health care systems, heavily imbued with mutualistic notions, can actually lead to greater satisfaction than their for-profit counterparts.

Recent work by Haidt (2012) on politics and the foundations of morality suggests that liberals base their moral choices on a smaller set of moral foundations than conservatives. In particular, liberals are largely driven in their moral questions to seek answers in the care/harm moral foundation that emphasizes caring for others and doing no harm to others. Clearly this foundational value shares a lot with the economic trope of mutuality. Conservatives, in contrast, make moral judgments while drawing on a broader set of moral foundations, including respect for authority; tradition; sanctity; the avoidance of cheating, degradation, and subversion; personal responsibility; and self-sufficiency. Our research suggests that priming an ideology of individualism, as may be done inadvertently by the ACA’s website, can undermine program attitudes. To the extent that Haidt is correct in his theorizing about differences in moral foundations underlying judgments and behaviors made by liberals and conservatives, conservatives may see arguments derived from a larger set of moral foundations to be potentially valuable and persuasive and therefore useful for policymakers and not-for-profit marketers who desire to increase the attractiveness of their programs in a segment that might not normally be expected to find them attractive. Thus, there may be other effective ways to position resource circulation systems beyond the two we have examined. This is a potentially fruitful direction for future research for those interested in advancing consumer welfare, as we show next.

Although the first work of its kind to address the ability of policymakers and social marketers to move attitudes toward controversial government programs using economic tropes, this article suggests many additional opportunities for research. Although the economic trope of mutuality maps on quite well to Haidt’s (2012) caring moral foundation, possessive individualism has elements of several moral foundations in his typology, including fairness, liberty, and authority. In U.S. culture individualism is associated with maximizing personal welfare, a goal that suggests a hierarchical moralism in which authority and fair reward are functions of how much one is perceived to have accomplished
through work. Haidt refers to this as fairness based on proportionality, not equality. That is, this version of fairness is a type of morality that sees rewards as earned. Programs that redistribute resources, such as welfare programs supported by taxes or insurance programs supported by premiums and taxes, could be construed as being unfair in that recipients have not earned the rewards they are given under such programs. Thus, social marketers must pay careful attention to how the character and benefits of any program are described to the public. Thinking of these programs and all of the actors within the system in terms of possessive individualism and mutuality provides a starting point for considering how such programs could be marketed to key constituents. Currently the language used to introduce consumers to the ACA on the program website contains numerous references to personal responsibility and individual benefit. It is likely that this language primes thoughts related to possessive individualism and thereby undermines program acceptance.

The ACA may not survive in current form in the new federal administration and the new Congress. However, any replacement for this program will face the same obstacles to public acceptance if economic tropes of mutuality and possessive individualism are not given strong consideration when the new program is being marketed. As Haidt (2012) suggests, there may be moral foundations that are more complex than crude liberal versus conservative metrics that could be used effectively to reduce conflict. We have highlighted two such value-laden economic tropes. It behooves policymakers and social marketers to also consider a broader palette of value-based positioning tools when attempting to influence the American public.

Notes

1 In this case, we have limited our studies to the U.S. population. However, mutuality and possessive individualism as economic tropes or values are not unique to the United States.

Disclosure statement

No potential conflict of interest was reported by the authors.

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References


Appendix

Study 2 Manipulations

Control Condition
The Affordable Care Act (ACA) puts consumers back in charge of their health care. Under the law, a new “Patient’s Bill of Rights” gives the American people the stability and flexibility they need to make informed choices about their health.

Mutual Benefits Framing (the control paragraph plus the paragraph below)
The Affordable Care Act helps you to manage your health and health risks while at the same time helping other Americans manage theirs. By participating in the ACA, you are sharing risks and pooling financial resources, thereby helping all Americans maximize their health outcomes while minimizing their financial risk. If each citizen shares the cost and takes care of his or her fellow citizens by participating in the ACA, we can ensure a healthier nation. The bottom line is that we are jointly responsible for our health and health care, and the ACA helps all Americans reach their health care goals.

Individual Benefits Framing (the control paragraph plus the paragraph below)
The Affordable Care Act helps you to manage your individual health and health risks. By participating in the ACA, you are maximizing your own health outcomes while minimizing your financial risk. If each citizen makes personally optimal choices and takes care of his or her own health insurance and health, we can ensure a healthier nation. The bottom line is that you are responsible for your health and health care, and the ACA helps you reach your personal goals.