

Title: A New Paradigm for Studying Attribute-Framing Effects in Health-Related Decisions.

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Abstract: Aims & Scope. An Attribute-Framing Effect is found when the evaluation of a given attribute differs depending on whether that attribute is described in positive terms or in negative terms. In the present study we provided a different and perhaps more “general” operative definition of attribute-framing, where a given attribute is first described relative to an established reference point, and then the framing valence is inferred based on whether respondents viewed the distance from the reference point as a positive or as a negative outcome. We tested this so-called “general” attribute-framing effect in health-related decisions by comparing valence consistent shifts in evaluating one’s exposure to health risk factors as being below a higher standard of risk (i.e., a loss of risk) or above a lower standard of risk (i.e., a gain of risk). A secondary goal of the study was to generalize the earlier defined attribute-framing effect across prevention- and promotion-focused health-related decisions. We, thus, added a different experimental condition in which respondents rated one’s level of exposure to protective factors for health, instead of rating one’s level of exposure to health risk factors.

Research Design & Methods. Two experiments were conducted in which the framing valence factor was either manipulated between-subjects (N=240) or within-subjects (N=180). While in experiment 1 research participants were either exposed to the positive valence condition or to the negative valence condition, in the within-subjects design all participants received both framing valence conditions spaced two weeks apart and counterbalancing the presentation order. The prevention/promotion focus factor was manipulated between subjects in both the experiments. Participants either completed framing problems about preventing from relatively high blood cholesterol levels, or completed problems about attaining relatively high vitamin consumption levels. As a measure of attribute evaluation a summated rating with higher scores indicating a more negative evaluation was computed by adding up respondents’ judgments provided on the following five adjective scales—healthy-unhealthy; good-bad; safe-dangerous; not worried-worried; optimistic-pessimistic.

Results & Conclusions. Results supported the general hypothesis of the study, as we found a negative bias in evaluating the framed attribute in the negative valence condition, both in the between-subjects and in the within subjects experiment. Although the framing valence effect was smaller and not statistically significant in the prevention focused condition of the between-subjects experiment, we were able to generalize the negative valence consistent shift across prevention- and promotion-focused health decisions. In fact, there was a more negative bias both when the framed attribute was one’s blood cholesterol level (prevention focus) and when the framed attribute was one’s vitamin consumption level (prevention focus). Overall, these findings expanded on previous attribute framing research and supported the appropriateness of the new paradigm for studying rational and personal aspects of framing health-related

decisions.

Key words: