

Bridging the Culture Chasm:

Ensuring that Consumers are Healthy, Wealthy and Wise

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ABSTRACT

The paper pulls together streams of culture-related research found in information processing and behavioral decision theory literatures, and complements them with a focus on motivations and goals. We propose a framework that suggests that (a) the treatment of culture is useful when it incorporates subcultures, including those defined by nationality, ethnicity, religious affiliation, and neighborhood or local surroundings, (b) goals are determined by both cultural background and situational forces, and (c) via its impact on goals, culture influences the inputs utilized in a decision, the types of options preferred and the timing of decisions. Implications of the framework are highlighted for two policy domains, health and savings/spending. We suggest that consumers' goal orientations can provide a useful segmentation dimension, and carve out specific tendencies that appear to vary across cultural contexts (e.g., satisficing, goal shifting, reactivity). A deeper consideration of consumer goals and the role played by culture in individual decision making can inform policies seeking to improve the quality of consumers' decisions and ultimately consumer welfare.

Key words: international issues, health care issues, economic decisions, consumer goals, regulatory focus.

In the last two decades, research exploring how cultural backgrounds affect consumers' preferences and choices has flourished. The current paper takes inventory of this recent literature on culture and attempts to move the field forward, particularly as it applies to goals and policy decisions. That is, what types of goals guide individuals' behaviors and how are such goals influenced by culture? More centrally, what are policy implications for the types of goal-driven decisions made by individuals across cultures?

To address these questions, we focus on two policy domains where good decisions are fundamental to well-being (though suboptimal choices are often made): health decisions (regarding the prevention of illness as well as the promotion of well-being) and decisions related to saving versus spending. These domains were chosen for two reasons. First, much of the extant work in these domains has been inspired by literature coming from an economics-based perspective (e.g., Bloom, Canning and Graham 2003; Feinstein 2005). Hinging on assumptions of consumer rationality, this work generally encourages free market policies and cautions against interventions that might hinder them. Some, however, have pointed out limitations of this perspective, including its weak capacity to understand or improve individual decision making. Few implications are offered for how consumers (or sellers) can be encouraged to change their behaviors in a socially beneficial way. By focusing specifically on those cases where policy does not seem to work hand in hand with consumer interests, we hope to direct policy makers toward possible corrective actions by (a) identifying conditions where the behavioral tendencies of some consumers may be harming rather than helping them and (b) suggesting some ways in which such behavioral tendencies can be countered.

A second reason why we focus on these two domains is that both health decisions and decisions about saving versus spending show substantial cultural or sub-cultural

differences. For example, despite continued improvements in the overall health of Americans, those who are members of ethnic minorities are falling behind: Blacks and Hispanics represent 26% of the nation's population but account for 84% of new HIV infections in youth between ages 13 and 19; native Americans are 2.3 times more likely than White Americans to have diabetes; deaths from cardiovascular disease are 30% higher among Blacks than Whites (National Center for Chronic Disease Prevention and Health Promotion 2005). Efforts to improve the health-related decisions of these and other disadvantaged minority groups are vital, particularly since our national health care system has often treated them less well than others (American College of Physicians 2004).

Our work highlights some potential reasons underlying the differences in health levels of sub-groups in America, points toward policy remedies to improve that of the laggards, and identifies some tactics that can be used by marketers and policy makers to address the aforementioned problems. These tactics relate to the types of (a) marketing communications and (b) choice alternatives that are likely to be most effective for certain target consumer groups. As an example of marketing communications, we identify certain target groups who would be more persuaded by a health appeal focused on the potential benefits gained by adopting better eating habits (e.g., feel better) versus a health appeal focused on problems to be avoided (e.g., keep off extra weight). And as an example from the choice domain, we highlight conditions under which “safe” alternatives that reduce the possibility of regret (e.g., default selections) are particularly attractive in both the realm of health and savings/spending.

This paper is organized as follows. We first define culture, offering a conceptualization that recognizes not only geographic differences but also more subtle distinctions, and then review how culture affects the types of goals individuals pursue. Next,

we discuss the relationship between goal pursuits and decisions. Implications for improving the quality of consumer decision making and policy remedies are interwoven into the discussion. Finally, we conclude by outlining the assumptions underlying current policy work that are challenged with this goal-based perspective, and highlight both the advantages and disadvantages associated with the goal types reviewed in this work.

CONCEPTUAL BACKGROUND

What is Culture?

Although a plethora of definitions have been put forth to understand culture, it has often been referred to as the man-made part of the human environment (e.g., knowledge, beliefs, art, morals, customs, language and habits acquired by man as a member of society; Tylor 1871), or the shared perceptions of the social environment (Triandis 1972). Such shared perceptions results in the automatic processing of information, specifying what is worth noticing (and providing labels via language to assist in this specification) and how it is to be evaluated. For example, what are desirable behaviors for members of the cultures and what are important goals and principles in life (Goodenough 1980)? In this light, culture acts as a “lens” through which individuals view the world, coloring not just their responses to phenomena encountered but their interpretation of these events as well (McCracken 1986). Though the culture concept is often used as a tool to understand differences across countries (e.g., Japan vs. the U.S.), important distinctions in the composition of one’s cultural lens occurs due to a number of factors unrelated to national affiliation. Thus, culture can be defined within as well as across geographic boundaries, a conceptualization that we adopt in the current research.

Much of the preliminary work on culture in the 1970s and 1980s focused on the

distinction between individualism and collectivism, two broad dimensions used to understand variability across nations (Gudykunst and Ting-Toomey 1988). This research spurred another stream in the 1990s, where researchers became increasingly focused on the types of individual differences, construals and behaviors that underlie broad patterns of country variability (Maheswaran and Shavitt 2000 for a review). Self-construal was one such important individual difference variable (Markus and Kitayama 1991). Self-construal refers to one's chronic view of self as being fundamentally independent (where an individual is defined in terms of the traits that make him or her unique from others) or interdependent (where the individual sees herself as closely intertwined and linked with close others). Empirical work showed how self-construal functioned as an individualized framework, giving shape to individuals' cognitive structures and motivations. Therefore, researchers began examining the influence of culture on variables such as attitudes or behaviors as viewed through either a cognitive (e.g., accessibility of values and beliefs) or motivational (e.g., self-affirmation of one's self or group identity) lens.

Our conceptual review departs from past research treatments on culture in three regards. First, prior work has conceptualized culture as possessing a "have or do not have" quality. However, because many individuals have multiple cultural influences, our work will focus on factors that impact the degree to which one might be multi-enculturated and when aspects of one's culture might be activated. Thus, we draw on the emerging view that cultural influence can be better understood by examining its influence on cognitions (see Morris, Menon and Ames 2001 for a review) – a perspective rooted in social cognitive principles and theory (Wyer and Srull 1989). This approach is able to capture the often shifting attitudes and behaviors of multi-ethnic individuals (Benet-Martínez et al. 2002; Lau-Gesk 2003) and the important influence of situational forces on all people (Hassin, Uleman

and Bargh 2004; Hong et al. 2000).

Second, we focus not just on culture as defined by nationality; we draw on research on sub-cultures within countries. Culture encompasses a number of factors beyond one's birthplace or citizenship, including religious affiliation, ethnicity, and even the nature of one's immediate surroundings. Each of these factors not only presents an element of commonality that can bond individuals but, more importantly, can be instrumental in shaping the interpretive lens. Within-country groups defined by such factors often have shared beliefs and outlooks that are distinct from those of the broader national community in which they live (e.g., Muslims in the Catholic Philippines, Sikhs in predominately Hindu India). In addition to recognizing attitudinal and behavioral differences between people in Beijing and New York, our conceptualization picks up variance within a country (e.g., between those who live in Manhattan and others who live in West Virginia).

Finally, the research portfolio will reflect an equal interest in documenting basic culture effects and discussing the psychological processes underlying them, particularly as they relate to theoretical frames and findings from the regulatory focus literature. Of note, however, our objective is not a comprehensive review of the culture literature; instead, we use the model to suggest cultural implications for the domain of goals, the topic to which we turn next.

Culture and Goals

Broadly, people are guided by two fundamental goals – the desire to seek pleasure and to avoid pain. These basic motives underlie the choices people make, whether they face critical or everyday situations. Working toward these goals involves self-regulation, which encompasses both the *end-states* pursued and the *strategies* used to reach those end-states. That

is, when facing a decision situation, an individual can anticipate either (a) pleasure that might be derived (which is associated with the pursuit of desirable end-states) or (b) pain that might be encountered as a result (associated with the avoidance of undesirable end-states; Carver and Scheier 1981).

Consider how cultural differences in these end goals and strategies might affect cross-national and subcultural differences in obesity. Globally, there are more than 1 billion overweight adults, at least 300 million of them obese (World Health Organization 2005). In fact, in the United States, nearly two-thirds of the population is overweight and the cost of obesity-related health care and lost productivity is an estimated \$117 billion (Food and Drug Administration 2004). As a way to encourage a reduction in obesity rates, a marketer or policy-maker might create communications or programs that focus on achieving the desirable end-state of feeling healthy (e.g., emphasizing how good it is to feel fit). Alternatively, they may focus on avoiding the undesirable end-state of being overweight (e.g., emphasizing how dangerous it can be to carry extra weight). Indeed Kraft, as one example, promotes a “Sensible Solution” program, which focuses on achieving desirable end-states by highlighting “better-for-you” products and the benefits of eating well (<http://www.kraftfoods.com/kf/HealthyLiving/SensibleSolutions/>). In contrast, the documentary film “Supersize Me” emphasizes the health problems that can result from eating fast food (e.g., high blood pressure, weight gain) – i.e., undesirable end-states to be avoided.

Of equal importance, a particular end-state can be pursued using either a promotion- or prevention-focused strategy (Higgins 1997, 1998). Promotion-focused strategies are approach-oriented, offering means through which one can move toward a goal. On the other hand, prevention-focused strategies are avoidance-oriented, offering means through which one can avoid missing a goal. Consider again the marketer or policy maker who wants

to encourage good health. A promotion-focused strategy to reach the end-state includes activities undertaken (e.g., running each morning, eating fresh fruits and vegetables). Prevention-focused strategies to reach this end-state, in contrast, would involve *avoiding* certain activities or habits (e.g., eliminating fast food from one's diet, refraining from eating late at night). For example, Kraft promotes a Meal & Fitness Planner which highlights both promotion strategies (e.g., walk 25 minutes, do 10 reps of sit-ups each day) and prevention strategies (e.g., avoid empty caloric foods) as ways in which to reach the desirable end-state of being healthy.

Importantly, there are two types of cultural factors that will influence whether promotion-focused versus prevention-focused tactics may be more effective when considering policy. First are the chronic cultural differences in promotion versus prevention focus. Second are the situational variables that make these regulatory patterns temporarily accessible. We turn to these factors next.

Chronic Influences. Individuals' tendencies to focus on promotion- versus prevention-oriented goals vary systematically across cultural domains. For example, the way in which the self is defined in relation to others – an important aspect of one's world-view (Markus and Kitayama 1991) – can affect goal pursuit strategies (Lee, Aaker and Gardner 2000). Some cultural contexts (e.g., North America) tend to engender the belief that the self is an independent whole that is defined by the unique attributes of the individual. Other cultures (e.g., China) tend to foster the view that the self is interdependent with close others; thus, the self is defined by the network of relationships and connections.

These alternative ways of construing the self are thought to both reflect and underlie distinct psychological goals. The primary goal of the independent self is seen as distinguishing oneself from others in a positive manner; the emphasis is on achievement and

autonomy. The primary goal of the interdependent self, in contrast, is to maintain harmony with others in the social setting; the emphasis is on fulfilling social roles and maintaining connections with others (Heine and Lehman 1999). It is in the service of these discrete goals that tendencies to adopt these distinct self-regulatory goals emerge. Promotion goals help to advance the independent self's need to distinguish oneself from others in a positive manner, whereas prevention goals support the interdependent self's need to maintain good relations and harmony with others (Kitayama et al. 2004; see Markus and Kitayama 2004 for a review). As a result of these distinct motivational tendencies, cultures where the independent self is fostered tend to be guided by promotion goals and strategies, and cultures where the interdependent self is fostered tend to be guided by prevention goals and strategies (Lee et al. 2000).

One way in which these cultural patterns in goal orientations come about and are propagated is through child-rearing practices, which can differ substantially across socio-cultural domains. In cultural settings where security and protection are salient, parents are likely to encourage a focus on negative states and responsibilities, and to motivate desirable behaviors with prevention-oriented systems. But in settings where accomplishment and achievement are more important, parents are likely to encourage children to focus on positive, "ideal" states and to motivate desirable behaviors with promotion-oriented reward systems. For example, Asian parents often encourage children by pointing out the downside of poor decision-making (e.g., save money; otherwise you may end up with bankrupt); though American parents are more likely to encourage children by referencing positive outcomes (e.g., save money, and you can do what you want). Conventions for reinforcing proper behavior also follow cultural patterns. American as compared to Asian parents tend to place a stronger emphasis on rewards relative to punishments (Miller 1994).

Further, religious philosophies provide important guidelines indicating the nature of the world and rules for how to interact with it. Taoist principles, for example, encourage man to conform to the underlying pattern of the universe. To be in accord with the Tao (meaning “way”), one should do nothing, bringing the individual into perfect harmony with her surroundings. On the other hand, Judeo-Christian values encourage personal agency: Christian precepts often encourage assertion to shape the world in favorable ways. These and other socialization practices are used to mold behaviors, and thus engender chronic dispositions regarding the goals that dominate everyday decisions.

However, importantly, although these general cultural tendencies in self-regulatory strategies exist, they can and indeed quite often are reversed. Because two ways of viewing the self (independent and interdependent) co-exist within every individual regardless of culture, situational factors can alter social perception and behavior in ways that are consistent with the cultural findings.

Temporary and Enduring Effects of Situations on Accessible Goals. Though individuals are predisposed to gravitate toward certain goal types, situational factors are critically important and powerful, temporarily swaying individuals away from their regular type of response or culturally normative way of thinking. For example, when people feel that they are a part of a cohesive group (rather than alone and independent), they shift toward more prevention-oriented thinking and select “safer” options in a choice context (Briley and Wyer 2002). In addition, people placed in an interdependent or group-oriented situation (e.g., imagining themselves with their family) assign greater importance to persuasive messages with a prevention-oriented (e.g., avoid heart disease) versus promotion-oriented (e.g., feel more energetic) theme. The opposite pattern occurs when individuals are placed in independent situations (Aaker and Lee 2001). Such shifts in goal pursuit can be triggered by rather subtle

prompts, such as thinking about one's hopes for versus concerns about the future (Liberian et al. 1999), being addressed as an individual versus a member of a group (e.g., "you" versus "you and your team," Aaker and Lee 2001), viewing pictures reminding one of their national or ethnic group (e.g., for a Chinese person, a picture of the Great Wall, Briley and Wyer 2002), completing a task that encourages eagerness versus vigilance (Zhou and Pham 2004) or, for bilinguals, switching language environments (Briley, Morris and Simonson 2005).

Interestingly, though situational factors of this type have short term effects on goal pursuit, repeated exposure to certain situations often induces more enduring shifts. Accessing a certain goal frequently increases its accessibility (Wyer and Srull 1989; Chen, Fitzsimons and Andersen in press) and the duration over which the goal guides behavior (Lombardi, Higgins and Bargh 1987). As a consequence, the goal in question is likely to be used more often. Further, once active, a goal might be applied to decisions that are unrelated to the original purpose for which the goal was activated (Markman and Brendl 2000) – an effect that occurs because automatic cognitive "productions" often control actions (Anderson 1983).

A variety of recurrent situations are likely to provoke such enduring goal shifts. One factor might be feelings of threat. Suppose that an individual lives in an environment where violence is prevalent: The goal of avoiding danger and keeping oneself safe is likely to be salient much of the time. Indeed, such a goal may be in effect even in situations where physical danger is not an issue (e.g., in work domains), and therefore can color interpretation of environments and shift actions. Note also that one might feel threatened at a psychological rather than physical level. Under certain conditions, individuals who are subject to negative stereotypes may feel threatened by the prospect that these stereotypes will be applied to them, producing feelings of anxiety (Steele 1997). We need empirical

exploration of the question: can a physical or psychological form of recurrent threat prompt an enduring prevention orientation?

Several other features of one's surroundings can also prompt the development of enduring prevention-focused or promotion-focused goal proclivities. For example, people vary in the degree to which they perceive opportunities in their own futures – a perception that can shift goal pursuits. If accomplishment and advancement do not appear to be real possibilities for an individual, he or she may become less likely to think in such promotion-oriented terms. Rather, the individual might look to others in their environment to assess whether such opportunities exist. If successful examples are few and far between, the individual is likely to see the chance of personal success as low. One's stature in society could affect goal orientation as well: Those who feel that their status is low (based on their ethnic group, neighborhood, or religion for example) or are subject to unfair treatment often take on a defensive posture (Keltner, Gruenfeld and Anderson 2003) – one that serves to protect them from a hostile world.

In sum, multiple factors influence the goal orientation a consumer has in a particular decision situation: enduring dispositional leanings and temporary situational forces. Importantly, cultural forces engender the dispositional leanings but can also be evoked based on factors present in a particular situation. And these factors can further support or impede one's desire or ability to reach for achievement rather than averting failure. Next, we turn to one framework that falls from the literature on culture and goals reviewed above (see Figure), and then carve out some specific topics of research potential in the domain of policy decisions.

CONSUMERS' GOALS AND DECISIONS

Individuals' desires to consume derive from promotion- or prevention-oriented roots; all consumers are affected at least to some degree by both of these motivations. However, consumers' behaviors may differ systematically depending on which goal orientation is dominant and the situational forces that impinge (see the Figure for possible paths of influence). A decision maker's cultural background (nationality, ethnicity, religion, immediate surroundings) can affect decisions by predisposing her toward either promotion or prevention goal types. But, the particular situation she encounters can also shift motives, sometimes over-riding chronic goal orientations.

At least three aspects of the consumer decision process are affected by the goal type pursued in a given decision: decision inputs utilized, types of outcomes preferred, and the timing of decisions. First, we consider fundamental differences in the way individuals process decision inputs, and discuss the differential weighting of distinct types of messages and approaches to evaluating available alternatives. Then we review the effects of goals on the types of outcomes chosen when making decisions, focusing on the degree to which a) the option chosen is perceived as "safe" and b) self-actualization versus responsibility desires guide the decision. Finally, we explore implications of motivational modes for temporal issues: the timing of decisions and duration over which consumers stick with them once made. Integrated into the discussions are implications for consumer welfare and public policy.

Figure

Decision Inputs: Message Content, Framing, and Search

Goals can influence both the type of information one finds compelling and the amount of information one seeks to support decisions. Understanding these regularities

illuminates how policy makers might tailor information to change behavior of cultural groups differing in promotion and prevention orientation.

Message Content and Framing. Consumers' choices are only as good as the information they use as inputs. One way to categorize such information is to distinguish it by its message content, or specifically whether the content fits with promotion or prevention goals.

Promotion-oriented content suggests ways in which a product or service helps consumers attain their aspirations, whereas prevention-oriented content suggests ways in which the target good helps them to avoid harm and fulfill obligations. Persuasive messages typically fit readily into these categories, as those who wish to sway or inform consumers often do so via motivational principles. For example, the Nike slogan "Just do it" is a quintessential promotion-oriented call to action, prompting the consumer to feel that anything is possible. In contrast, consider Michelin's claim that "So much is riding on your tires," with a baby placed prominently in the center of these communications.

Which of these appeal types will be most effective? As a starting point, consumers tend to be most attentive to information that is consistent with their chronic goal orientations. For individuals with a promotion focus, promotion-oriented information is valued more than prevention-oriented information; for individuals in a prevention focus, the opposite pattern occurs (based on principles of "fit," Higgins 2002; 2005). Relatedly, the extent to which consumers feel that they are acting on behalf of an important in-group affects their preference for information types. Aaker and Lee (2001) show that individuals who view themselves as a part of a team associate more importance with an appeal that is framed in terms of avoiding losing (prevention) than achieving a win (promotion). Those who viewed themselves as independent individuals associated more importance with the "winning" than the "avoiding losing" scenario. Consumers' cultural backgrounds affect their

tendencies to view themselves as independent versus interdependent; thus there are direct effects of culture on preference for appeals that reflect promotion or prevention goals.¹ For example, people with dominant independent selves may be particularly attentive to health-oriented policy messages that promote gains in health through increased exercise, whereas those with dominant interdependent selves may be relatively more receptive to policy messages emphasizing decreased consumption of unhealthy foods.

One factor influencing information weighting involves the way in which the information is presented. In particular, information can be framed in terms of the gains available or the losses averted. For example, a basic tenet of regulatory focus theory is that promotion-focused information is best received in a gain frame, whereas prevention-focused information is best received in a loss frame (Higgins 1997; Zhou and Pham 2004). Note that this finding works against the standard economic theory of preferences, which assumes that the manner in which information is presented should not affect its value (unless the manner provides information in and of itself). Yet such effects, particularly in the domain of regulatory focus, have proved relatively consistent and robust (Higgins 2005).

Thus, considerable evidence suggests that information that is compatible with the decision maker's mindset is most influential. Why do these compatibility effects occur? Although multiple mechanisms have been put forth (Avnet and Higgins 2006), one explanation for these effects is derived by the increase in "value from fit." That is, when people made decisions compatible with strategies that sustain their orientation, they feel

¹ Interestingly, the above patterns appear to be most pronounced when messages are processed automatically. But adjustments to default, culturally-normative judgments occur when processing is thoughtful, because more personal, idiosyncratic knowledge is brought to bear on the decision (Briley and Aaker 2006). Such a moderating effect suggests that culture-based effects can loom in some situations, but wane in others (see also Wang and Lee 2006; Weber, Ames and Blais 2005).

right about what they are doing (Higgins 2002; Lee and Aaker 2004) – an experience that can lead to greater engagement in the actual decision and can lend greater confidence to the choice. In turn, subsequent evaluations are positively affected by the “it just feels right” experience. Research shows that value from fit intensifies engagement with a message, thereby amplifying one’s natural reaction to the message (Higgins 2005). This greater engagement due to fit has a striking impact on willingness to pay; indeed the same product is worth as much as 60% more to a consumer when the reason for buying is phrased in a way that fits the consumer’s existing goal orientation (Higgins et al. 2003). By extension, we would expect that health messages promoting, for example, cancer screening or saving for retirement would be more effective in inducing compliance if framed in a manner consistent with a cultural group’s chronic tendencies.

Extent of Information Search. Though a number of factors influence the effort and time spent searching for decision-relevant information (e.g., involvement levels, time pressure), the tendency to cut short the search process rather than completing a thorough review of alternatives also may be affected by one’s goal focus. Prevention strategies involve the pursuit of minimal goals, which reflect necessities or the least one can tolerate. But promotion strategies, which push people to fulfill their aspirations, are associated with maximal goals – the most one can hope for (Brendl and Higgins 1996). When collecting information about available alternatives relevant to a decision, individuals with a promotion focus should lean toward the maximal goal of ensuring that the best option is selected. However, individuals with a prevention focus should lean toward a minimal goal (e.g., not picking a bad option). One interesting implication of this phenomenon is that the latter predisposition might lead to a premature curtailment of search more often than the former. Such a prediction is consistent with the tendency of promotion-oriented individuals to have

a more persistent and explorative outlook than those with a prevention orientation (Friedman and Forster 2001; Roney, Higgins and Shah 1995).

Implications: Fitting Messages with Goals and Ensuring Adequate Search. The insights regarding ways in which consumers seek and use informational inputs suggest some potentially useful policy strategies and tools. To start, consumer audiences can be segmented based on their chronic leaning toward a promotion versus prevention stance, and communications can be tailored for these groups. However, importantly, the state of mind of consumers might shift this leaning and therefore must be considered as well. For example, there is a recent influx of social programs developed to encourage exercise among North American youth, who suffer a 16% obesity rate (Center for Disease Control and Prevention 2005). Appeals focused on both the promotion and prevention goal types merit consideration when developing these programs. For example, communication campaigns advocating an after-school sports program might focus on the extra energy yielded (promotion message) or potential health problems averted (prevention message) if a child participates in the program. Since these two message types are likely to be differentially effective across target populations, segmentation based on goal focus would clarify which message is likely to be most effective. Youth groups could be segmented based on ethnic backgrounds, for example. To illustrate, given the emphasis on the extended family in Hispanic communities (Penaloza 2004), Hispanic youth are likely to be more interdependent than those from some other ethnic groups. Therefore, Hispanics might be more receptive to a prevention message than others. However, a further refined segmentation scheme is likely to prove valuable. Although Hispanic youth in the inner city might generally adopt a prevention stance, those living in a safe suburban setting may do so to a lesser extent or not

at all. In such a case, consideration of both ethnic background and neighborhood would set the basis for a tailored, targeted social program.

An additional implication involves information search tendencies. In certain situations, consumers might cut short information search in ways that hurt their own welfare. Consider those who become victims of predatory “payday lending” businesses, which give cash (at typical interest rates of over 400%) in return for a post-dated check. Borrowers take these loans and become trapped into extending them, often because they have inadequate information regarding alternatives available to them and their rights (Bertrand, Mullainathan and Shafir this volume). Indeed, the average borrower extends the loan eight times and pays \$800 to borrow \$325, according to the Center for Responsible Lending (2005). Those who turn to these rapacious businesses are typically in financial dire straits - a pressure that could shift them toward a prevention focus and thus a bunker mentality.

To circumvent such a mentality, which may stunt exploration for problem resolution, policy makers could help would-be borrowers by making information about alternatives easily accessible. Start by targeting those most vulnerable, either based on a cultural or sub-cultural level. For example, on a per-capita basis, Black neighborhoods have three times as many payday lending outlets as White neighborhoods, even after controlling for income (Bailey 2005). Another example: active-duty military personnel, who comprised 20% of payday loan borrowers in 2004, are three times more likely than civilians to take out these loans (Tanik 2005). Next, bring relevant information to the hands of these target individuals (rather than having them seek it out) by providing flyers in the neighborhood locales where these businesses operate and where the targeted individuals live.

Outcomes: Choosing Safe Options and Pursuit of Self-Actualization and Responsibility

Goals can influence systematically the types of outcomes chosen when making decisions. We focus on two dimensions describing the types of outcomes chosen by consumers. The first relates to the degree to which the option chosen is perceived as safe; the second relates to the degree to which self-actualization versus responsibility desires guide the decision.

Choosing “Safe” Options in Medical Decisions. The goals underlying and guiding a consumer’s decision have a direct effect on the types of choices made. In particular, a number of findings suggest that compared with a promotion focus, a prevention focus instills a stronger tendency to stick with decision alternatives considered “safe.” This pattern is driven by differential weighting of negative information (Anderson 1974; Briley and Wyer 2002). That is, perceptions of a particular option are shaped by the weighting of the potential problems that might arise from choosing the option – and averting such problems tend to be of greater concern to those with a prevention rather than promotion focus (Higgins 1997). This general tendency affects choices among alternatives that differ as to the uncertainty of outcomes (Zhou and Pham 2004), the extremity of attribute values (Briley, Morris and Simonson 2000), and standing as the status quo (Lieberman et al. 1999) or default option (Madrian and Shea 2001).

Regret theories (Bell 1982; Loomes and Sugden 1982) shed additional light on the mechanisms underlying these choice tendencies. After a decision people are expected to compare the outcome of the alternative they chose to the possible outcomes they might have obtained by choosing another alternative. Anticipating this process and the associated emotions, they attempt to make choices that will minimize later regrets. From this perspective, individuals are more sensitive to potential regret – and to the negative consequences of decisions that might lead to such feelings – if they approach decisions with

a prevention rather than promotion orientation. In such cases, they are more likely to choose a “compromise” alternative (Simonson 1989), which has moderate values on two or more attributes, over those are strong on one attribute but weak on another.

Consider the situation where an older man is diagnosed with prostate cancer and must choose between three treatment options that are described on two important attributes: probability of eliminating the cancer and physical risk of the treatment itself. The treatment options are surgery, radiation therapy, and watchful waiting. The first and third alternatives have an appealing value on one attribute and an unappealing value on the other (e.g., surgery is the “gold standard” in terms of eliminating the cancer but is associated with considerable physical risks). In contrast, the second alternative has moderately appealing values on both attributes (e.g., radiation is moderately effective and is associated with only moderate physical risk). To the degree that this man is uncertain about which options he will be most happy with, he is likely to reduce his potential regret by choosing the moderate, “compromise” option (Simonson 1989) – in this case, radiation.

Our analysis would predict cross-cultural differences in treatment options selected due to cultural differences in chronic goals. The tendency to avoid big losses by seeking moderation extends to situations where the outcomes themselves are uncertain. For example, one might be faced with a choice between an alternative that offers a 50-50 chance for a large gain versus large loss, and another that offers a 50-50 chance for a moderate gain and moderate loss. In the same way that sensitivity to losses steers prevention-oriented consumers toward compromises, this tendency should cause them to favor the moderate gain/loss option in investment scenarios (Zhou and Pham 2004). Selection of low- versus high-risk options is a way to protect the self from the threat of regret – a threat that can damage self esteem (Josephs et al. 1992). Thus, because members of certain disadvantaged

groups are likely to have vulnerable self-esteem (Steele 1997), they might opt for low-risk, prevention-oriented alternatives – even when other options could better serve their needs. Options perceived as low-risk are often over-priced because firms realize that certain quarters of society value these safe alternatives highly. Where such low-risk options offer bad value, policy makers can institute educational programs to clarify the balance of potential risks and rewards.

Consider a different choice situation: one in which an available option is seen as a default. Much research spanning the medical choice domain (Johnson and Goldstein 2003) to savings decisions (Madrian and Shea 2001) shows that default alternatives are seen as attractive options since they often involve less anxiety than other alternatives (see also in this volume Bertrand, Mullainathan and Shafir; Lynch and Zauberman). Further, less effort may be involved in the decision since consumers assume the default option is the norm and thus do not feel the need to scrutinize its advantages and disadvantages. Our theorizing suggests that individuals with a prevention (versus promotion) orientation should be particularly likely to choose the default option because of a high premium placed on familiarity and stability (Lieberman et al. 1999; Pham and Higgins 2004). To the degree that a preference for defaults may be harming the prevention-focused consumer, health-wise or financially (e.g., the 401K or health insurance that an employee initially chooses may not be ideal for the long-run), campaigns encouraging the reconsideration of default options would be beneficial (Botti and Iyengar this volume).

Pursuit of Self-actualization and Responsibility in Saving and Spending. A second dimension describing the types of outcomes chosen by consumers relates to the pursuit of self-actualization versus responsibility. The tendency to reach for ideals and to fulfill desires causes a hedonic predisposition, where individuals are absorbed by their own aspirations.

Aesthetic and sensory concerns, for example, become relatively important to promotion-focused individuals (Higgins 2002). But, prevention-focused consumers, having their feet more firmly on the ground, tend to be oriented toward meeting responsibilities.

Interestingly, the promotion-oriented tendency to seek self-actualization, though helpful to consumers in some ways, might hurt them in other ways. In particular, a self-actualization rather than obligation desire might encourage spending, possibly excessively. Self-actualizers, who want to feel good about themselves, are likely to lean toward saving less than individuals who have the objective of meeting obligations. Thus at a given income level, savings rates are likely to be lower for people who are promotion- rather than prevention-oriented.

Cross-national spending patterns offer some support for this proposition. For example Americans, who tend to adopt a promotion focus (Lee et al. 2000), “hate to save” (New York Times, 2004). In October, the nations’ households saved just .2 percent of their income. And despite tax advantages conferred by 401(k)s, individual retirement accounts and other savings vehicles, most people refuse to stash much money in them. The numbers suggest a savings crisis. Indeed, the US national savings rate is only about 13.6% of gross domestic product – making Americans appear especially imprudent relative to Japanese, where national savings rates are currently 25%. Further, American consumers saved less than half as much as Koreans in 2002, according to OECD statistics. Thus, most Americans seem to be spending far too much on cars and big homes, often taking on debt to make these purchases. According to the Federal Reserve Board, consumer debt stands at \$1.98 trillion, with credit cards contributing \$735 billion – nearly \$7,000 per household (Mapother 2004).

Indeed, a preliminary analysis suggests that this line of inquiry could be fruitful. Because individuals who feel independent tend to seek promotion- versus prevention-oriented goals (Lee et al. 2000), we used independence as a proxy of a culture's predominant promotion versus prevention orientation. Then, we examined the relationship between savings rates in 2004 for 18 countries and the independence levels of each country (where the independence levels were generated by a meta-analysis of studies using individualism-related constructs; Oyserman, Coon and Kimmelmeier 2002). Long-run GNP growth (1994-2004) was included as a control variable. Indeed, independence levels and savings rates were marginally negatively correlated ($\rho = -.36$, $p = .10$). Although multiple explanations may be put forth to explain this relationship, the possibility that culturally dominant goals may be a causal culprit merits consideration. Specifically, promotion-oriented individuals, who lean toward self-actualizing desires, might be more likely to spend disposable income on hedonic goods (which fulfill aesthetic needs and result in elation-related emotions; Idson, Liberman and Higgins 2000) than prevention-oriented individuals. Thus, an examination of self-actualizing versus obligatory desires merits empirical attention in the policy domain.

If overspending is indeed driven by shoppers' desires to fulfill self-actualization needs, policy makers would have some novel tools available for reining in unnecessary consumer purchases. For example, the standard policy tool for controlling ill-advised spending is to put spending limits in place, e.g., barring additional toll phone calls after a consumer's budget level has been reached each month (ABC News Online 2005). This measure has limitations, as it can be readily applied in some spending domains (e.g., toll telephone calls) but not others (e.g., department store purchases). Our analysis suggests a different approach with broad applicability: shifting consumers away from a promotion-

focused mind frame could stimulate a general reduction in spending inclinations.

Overspenders may be narrowly focused on feeding their self-actualization needs, and obtaining the related emotional lift. Reminding them of their responsibilities (e.g., mentioning obligations to one's children and family) should shift their focus away from self-actualization. It might be particularly important to offer these reminders close to the time that purchases are made, as the desire to self-actualize is stronger at some times than others.

Implications: Consumer "Satisficing." The insights regarding the types of options that consumers may choose, based on the goals that they hold, suggests several implications. Perhaps the most interesting involves the concept of consumer satisficing. That is, consumer decisions generally can be improved by ensuring the full array of options available to consumers is considered thoughtfully. However, sometimes consumers shortcut this process with regard to the outcomes pursued – particularly if a safe or default option is in the alternative set. In other words, consumers often “satisfice” when making decisions, by ending search or deliberation before pivotal information is considered or shifting preference away from explorative solutions (Edwards and Smith 1996). Satisficing is more likely when one is motivated to satisfy minimal goals, a tendency associated with the prevention focus (Brendl and Higgins 1996). Note that consumers' regulatory focus appears to have little influence on the effort put into a task: Individuals with a prevention focus process information as deeply as those in a promotion focus (Pham and Avnet 2004). However, the pursuit of minimal goals (e.g., avoiding bad outcomes) is likely to lead to a more constricted search for and use of decision inputs, which may reduce decision quality. Because the objective is to attain a reasonable or satisfactory outcome (rather than seeking to attain something more), prevention focused individuals may not continue searching for additional information or alternatives once an acceptable alternative has been identified (Crowe and

Higgins 1997; Liberman et al. 2001). By many criteria, such curtailed search may be harmful to consumers since all of the information may not be scoured and thus the best alternative may not be found.²

The opportunity to obtain optimum satisfaction may be lower when one satisfices. The less explorative stance is likely to inhibit individuals from trying new, emerging technologies and approaches. For example, new innovations for health treatment and prevention are constantly entering the public domain, including more effective drugs, better treatment procedures, new detection technologies, and improved information as to how to live a healthy lifestyle. Those leaning toward the satisficing approach might be slow to embrace these innovations, sticking with familiar, safe options.

Of note though, satisficing, which equates to a general conservative bias, might be quite functional in other situations. For example, satisficing may be beneficial in that curtailed search saves time – an important benefit for unimportant decisions. What promises to be most helpful is insight into (a) when satisficing is harmful versus beneficial in decision making, and (b) how consumers might fluidly move in and out of satisficing modes - i.e., prescriptions for shifting decision behaviors. For example, the prevention focus (and a potential accompanied tendency to satisfice) might be attenuated by exposing consumers to situations that prompt a more promotion-oriented mindset. This can be done in a number of ways, including making them think about themselves as distinct individuals (vs.

²The economics literature prescribes that more search is not necessarily better; one should only search more if the costs of further search are outweighed by the benefits offered by a larger consideration set (Hauser and Wernerfelt 1990). However, at least for health decisions considered here and perhaps for major saving versus spending decisions, the benefits offered by considering better options could offer substantial marginal utility (e.g., longer life, better health, financial stability), which should make high levels of search desirable.

part of a group) or prompting them to think about aspirations for the future (vs. concerns and responsibilities).

Timing: When are Decisions Made and How Long do they Last?

In addition to making good decisions, consumers need to make them at appropriate times, and re-consider them as time passes. Next, we discuss differences in temporal perspectives – i.e., whether one’s purview is short or long term. This distinction is linked to motivational states and is consistent with underlying differences in individuals’ conceptions of time: what the passing of time means and how its passing affects activities in daily life (for related discussions, see also Lynch and Zauberman this volume).

When are Decisions Made. Consumers sometimes focus on short term goals (e.g., avoiding foods with high fat or sugar for a week); other times they focus on longer term goals (e.g., losing 15 pounds before a high school reunion in six months). Since different constraints are imposed when a decision maker pursues short versus long term goals (e.g., minimal necessities need to be met in the short term, whereas maximal ideals can be considered in the long run), the relative importance of self-regulatory goals tends to shift. Promotion goals often loom large when decisions are being made in far future, whereas prevention goals become increasingly important in the short term (Pennington and Roese 2003). Why? Actual or psychological distance appears to offer a cushion of resources (Trope and Liberman 2000), allowing the individual greater opportunities for taking risks and making mistakes by providing room for correction. Thus, at a distance individuals are better equipped to pursue maximal goals – a luxury that does not exist as an event nears in time (Zauberman and Lynch 2005).

Cultural differences in individuals' conceptions of time – what the passing of time means and how its passing affects decision making – align with goal (promotion vs. prevention) and outlook (short vs. long term) distinctions (Chen, Ng and Rao 2005). Indeed, the very different ways in which time is defined and conceived across cultural contexts might be an important factor contributing to cultural differences in goal and outlook orientations. To illustrate, Graham (1981) distinguishes between linear and traditional views of time.³ The linear-separable view refers to the Anglo perception that time is linear. That is, there is a past, present and future that are separable into discrete compartments, comparable to other discrete items such as money or consumer goods (leading to the analogy that time is money). Time is considered valuable – once it has gone by, it cannot be recovered. Thus, people should make the best of their moments, a perspective similarly adopted by those with a promotion focus.

In contrast, consider the traditional perception, which describes Latin American, Native American and other long-established societies and comprises the circular-traditional and procedural-traditional views. Both traditional perceptions eschew the notion that time is linear and valuable, a road stretching from past to future – and thus deemphasize a long term outlook and planned approach to life. The circular-traditional view indicates that the same events are repeated according to a circular system based on the moon, sun, seasons. Held by members of more traditional societies (Latin America, Mexico), this perception suggests that

³ Interestingly, views of time are transmitted through language, reinforcing the beliefs of cultural groups. For example, while the standard European language has three time tenses, the Hopi language has no tenses (Trudgill 1974). In contrast, Spanish-speaking people have a different way of expressing their perception of time where its controllability and linearity is not recognized. For example, while the “English clock runs, in Spanish it walks.” One is not late for an appointment, but “it got late on him.”

the past is just like the future; all is circular. Further, since time is not segmented, it is not necessary to do one thing at a time or to structure time through planning for the future.

The procedural-traditional model suggests that the amount of time spent on an activity is irrelevant as activities are procedure-driven rather than time-driven. This perception, shared by members of societies where there is little written history and an emphasis on ritual (e.g., native American societies), suggests that things are done when the “time is right.” Once an event begins, the stages toward its completion have no time dimension to them. Any attempt to alter an event to save time would be analogous to chopping off the 18th hole of a golf course to save time during the game. Since time does not have value (as one has little control over how it is spent), time and money are disjoint concepts. Consequently, this view of time is associated with a focus on the present; concerns about the future are largely futile and misplaced. In this light, traditional perceptions of time are consistent with a shorter term perspective, and may be correlated with the adoption of a chronic prevention focus.

Together, the temporal construal and time perception streams suggest important policy considerations. For example, consumers across cultural contexts may make decisions at very different times (Chen et al. 2005; Levine 1997) and, therefore, could require different persuasive effort or tactics when encouraged to make important health decisions. Consider efforts to discourage smoking. Individuals who follow a traditional model of time may feel less urgency to make a decision to quit (relative to those who follow a linear time model) since the opportunity to make those decisions will come again. Policy makers may need to go beyond standard anti-smoking initiatives (e.g., approving the OTC sales of smoking cessation aids such as Nicorette, communicating the need to quit; Crossley 2004) to effectively address these individuals. For example, efforts targeted at this relatively resistant

group could include stronger and more frequent advertising messages emphasizing the need to quit immediately.

How Long Do Decisions Last. The goal-based theorizing adopted in this paper suggests variation in how lasting decisions are, and thus the need to re-evaluate decisions over time. In the case where a quick decision is forced (and thus prevention concerns may loom), an individual may be more likely to re-evaluate the decision, particularly if aspirational goals are not satiated. Consider an individual who was given only one week to invest retirement funds in their IRA – a situation that often arises when joining employee-operated plans. With prevention-focused concerns salient, she may have chosen a safe option initially (e.g., Treasury notes). However, the temporary salience of such prevention focused concerns may wane over time. If so, this prevention-focused individual may reflect on that decision and shift funds toward a stock portfolio when the opportunity presents itself again – in the spirit of more maximal goals. Such a dynamic should be less likely if the deadline given to the individual was further in the distant future, such that she would have time to reflect on the important investment decision before making it.

Investment decisions made under tight deadlines, then, may not reflect consumers' underlying preferences for risk versus returns. Consumers might benefit from having opportunities to change these sorts of investment decisions, perhaps by being allowed to revisit decisions a short period after they are made. This sort of flexibility allows consumers to move out of (potentially overly conservative) selections that satisfy the prevention focus prompted by pressing deadlines. But, in addition, such flexibility might ease some of the pressure imposed by deadlines, and thus allow for a longer term perspective.

Implications: Reactive versus Proactive Decision Making. One implication of decision timing differences involves potential cultural variance in reactive versus proactive decision making.

This distinction can be traced to differences in the end-states on which individuals focus. Specifically, people with a prevention rather than promotion focus should be less sensitive to their ideal, desired state and more attuned to their actual, current condition (Liberman et al. 1999). The focus on desires and ideals is associated with proactive behavior in that it encourages action and movement to reach these states. On the other hand, individuals in a prevention focus tend to be more rooted by the realities of their current worlds, and thus more likely to take more reactive stances. To the degree that such reactive stances are ultimately harmful, efforts to motivate the consumer toward taking more active measures would be beneficial. And the current theorizing would suggest that those measures be focused on prevention-focused consumers, who may be particularly likely to take reactive stances.

To flesh out such an implication, consider the decision whether to undertake early disease testing. Despite near universal calls for greater preventative testing (e.g., indeed, the National Cancer Institute estimates that as many as 8.4 million Americans are living with cancer or have been cured of the disease thanks largely to advances in early detection technologies), many consumers do not engage in such behavior (Kahn and Luce this volume). If in fact many of these individuals are prevention-focused, a campaign encouraging preventative testing (e.g., PSA tests, mammograms, pap smears) may be most effective if it focuses on those tests as behaviors that one *ought* to do rather than what they *ideally* would do (Higgins 1997).⁴ Policy-makers might also consider the time it takes to

⁴ Interestingly, the theory underlying regulatory focus can also lead to the opposite prediction. That is, given the focus of prevention oriented individuals on being responsible and avoiding negative outcomes, such prevention oriented individuals may be in fact more vigilant than promotion-oriented individuals regarding early disease detection measures (Crowe and Higgins 1997). If that is the case, a focus on preventative-testing as a way to achieve an ideal state would be more effective. Empirical work is needed to tease apart these

deliver results. To the degree that individuals who are reserved are less interested about the future and more concerned about the “here-and-now,” waiting time for test results might be particularly unappealing and could be a deterrent to test taking. Therefore, developing disease tests that provide immediate results – rather than those that require a considerable delay – may increase the chances that prevention-focused consumers get tested, thereby potentially improving overall health rates (see also Kruglanski et al. 2000).

The tendency to be reactive versus proactive also has implications for consumers’ proclivity to make lifestyle changes which can also dramatically reduce cancer risk. The American Cancer Society estimates that 60 percent of deaths due to cancer can be averted through fairly straightforward lifestyle alterations (e.g., increasing exercise, altering diets by eating less red meat and more fruits and vegetables; American Cancer Society 2005). Recent information quantifies the benefits of diet change: Breast cancer patients following a low-fat diet (versus control group patients not changing their diet) cut their risk of recurrence by 24% (Mishra 2005). Admittedly, these sorts of changes are difficult not only because behaviors have become habitual (Verplanken and Wood 2005 this volume), but because the new advocated behaviors often represent a radical departure from normative behaviors in the United States. The work reviewed to date suggests that adopting such change may be even more difficult for prevention oriented individuals than promotion oriented individuals (Lieberman et al. 1999). That is, individuals with a reserved, reactive disposition might be less likely to stop engaging in problematic behaviors (e.g., smoking) and to take up healthy behaviors (e.g., regular exercise). Therefore, marketers using campaigns of this sort might need to identify consumer groups that are likely to have very low proactivity, with the

competing predictions, particularly in light of increasing work suggesting that a significant shift toward (a) prevention behaviors on the part of individuals and (b) research investments in preventative care on the part of organizations needs to be made (Rieff 2005).

understanding that these groups may be swayed only by messages structured to provide value from “fit” with their chronic goals and, further, may require some extra effort.

CONCLUSION

Our understanding of consumers’ choices in the policy realm has relied largely on economics literature, and to a lesser degree, psychological literature focused on information processing and behavioral decision theory approaches. Our hope is that this understanding can be improved by examining consumers’ motivations (Higgins 2002) – particularly those that are determined in large part by cultural forces, both enduring and situational in nature. We argue that cultural differences in goal focus have broad-based effects, impacting decision inputs utilized, types of options preferred and the timing of decisions. Our motivationally-based conceptualization helps to explain some observed patterns of choices, hopefully providing a richer understanding of differences across consumers, and also points to areas for future empirical work.

It also challenges certain assumptions underlying current policy work. For example, many have pointed out that poor individuals often make suboptimal health-related choices as compared to people at the middle and upper end of the wealth spectrum (e.g., less-than-ideal eating habits, infrequent disease testing). Though some attribute this pattern to lack of concern by the poor regarding their health, our analysis suggests that different motivations contribute. That is, both rich and poor might be similarly concerned about their health; but the chronic goals held and self-regulation strategies followed may differ across the groups, resulting in a set of behavioral patterns for the poor that do not reflect normative or ideal decisions. Consequently, policy measures instituted to change those behavioral patterns may not be effective, unless those measures recognize and accommodate the chronic goals and

self-regulation strategies that are guiding behavior. The poor, who might often have a prevention orientation, might benefit from communications and choices that match this stance.

Relatedly, another assumption we challenge is that poor decisions result from lack of motivation or ability to pursue good decision information. For example, whereas many have attributed the chronic poor financial decisions of some quarters of society to lower education levels and financial knowledge (Nelson 2002, cf. Bertrand et al. this volume), our analysis suggests that differences in underlying motivations to complete comprehensive searches may have an important role in causing this problem.

Our analysis does not suggest that one goal focus dominates another; instead, it identifies choice situations where a particular goal focus often tends to support good decisions. People who lean toward a promotion focus should be more proactive in pursuing preemptive remedies to potential problems they might encounter and more thorough in researching important decisions. However, their self-actualizing nature might make them more subject to overspending. Using this information, policy makers can identify the underlying issues driving poor consumer decisions and develop ways to improve these decisions, potentially by shifting consumers' goals in the desirable direction. Shifts of this sort can be accomplished by emphasizing positive versus negative decision information; redirecting the consumers' outlook between short and long term; or prompting the consumer to think generally about relevant hopes and aspirations or, alternatively, concerns and responsibilities. Consumers' own memories can be tapped to accomplish shifts in goal focus, for example, by prompting them to recall instances in their lives when a certain goal type was in force (e.g., "remember the protectiveness and responsibility you felt when your first child was born").

Further, it is important to note that though dispositional leanings affect the goals one tends to pursue, the influence of these leanings might be substantially weakened by encouraging thoughtful deliberation (Briley and Aaker 2006). Thus, when goals do not in fact work hand-in-hand with normative or good decisions for consumers, another strategy for policy-makers is to mute chronic goals. This can be done by encouraging consumers to engage in thoughtful deliberation, thereby potentially moving them away from their cultural “default” behaviors.

Caveats and Limitations

Although a motivational account based on the promotion-prevention distinction is (hopefully) useful, many important policy-relevant behaviors remain unexplained when viewed through this lens. For example, though individuals living in the inner city may lean toward a prevention focus, this group has a high tendency to engage in high-risk behaviors (Sikkema et al. 1996), suggesting that any prevention orientation may be domain specific. Relatedly, though some nationalities (e.g., Asians) and some American sub-cultures (e.g., Blacks) might lean toward the prevention end of the goal spectrum, they still vary substantially on many dimensions (e.g., surrounding cultural context). A complex array of factors is needed to explain cross-group behaviors – regulatory focus is but one of the useful factors.

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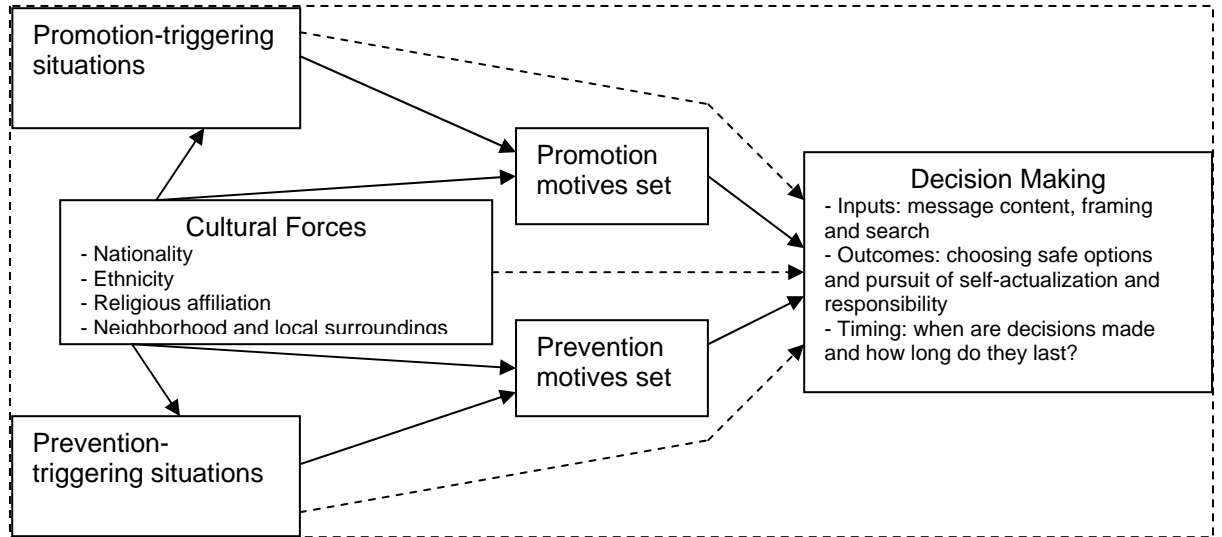
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FIGURE

Framework Overview



Note – Decision makers have both promotion and prevention motives, each of which might be relied upon chronically or triggered by a particular situation. These motives drive decision behaviors, though situations and cultural forces can have direct effects.