ATTRIBUTE FRAMING AND GOAL FRAMING EFFECTS IN HEALTH DECISIONS

Abstract

Levin, Schneider and Gaeth (LSG, 1998) have distinguished among three types of framing – risky choice, attribute, and goal framing – to reconcile conflicting findings in the literature. In the research reported here, we focus on attribute and goal framing. LSG propose that positive frames should be more effective than negative frames in the context of attribute framing, and negative frames should be more effective than positive frames in the context of goal framing. We test this framework by manipulating frame valence (positive vs. negative) and frame type (attribute vs. goal) in a unified context with common procedures. We also argue that the nature of effects in a goal-framing context may depend on the extent to which the research topic has “intrinsic self-relevance” to the population. In the context of medical decision making, we operationalize low intrinsic self-relevance by using student subjects and high intrinsic self-relevance by using patients. As expected, we find complete support for the LSG framework under low intrinsic self-relevance, and modified support for the LSG framework under high intrinsic self-relevance. Overall, our research appears to confirm and extend the LSG framework.

Keywords: Framing, attribute framing, goal framing, health decisions, self-relevance, intrinsic self-relevance, medical decision making.