Combining message framing and social distance to promote pro-social health behaviors

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Abstract
This research examines the interplay between message framing (gains vs. losses) and social distance (proximal vs. distal) on intention to adopt two pro-social health behaviors. Experiment 1 revealed that a gain-framed message (benefits of blood donation), associated with the testimonial of a distal person (someone older than the respondent), and loss-framed message (lack of benefits from not giving blood), associated with the testimonial of a proximal person (someone of similar age as the respondent), are the most effective combinations for promoting blood donation. Experiment 2 replicated these results with organ donation and indicated that consumers’ comparative optimism moderates these effects.

Keywords: message framing, social distance, construal levels, health communication

Combiner le cadrage du message et la distance sociale pour promouvoir des comportements pro-sociaux

Résumé
Cette recherche examine l’effet de l’interaction entre le cadrage du message (gains vs. pertes) et la distance sociale (proximale vs. distale) sur l’intention d’adopter deux comportements pro-sociaux liés à la santé. La première expérimentation montre qu’un message de gains (les bénéfices du don du sang), associé au témoignage d’une personne distale (une personne plus âgée que le répondant) ainsi qu’un message de pertes (la perte des bénéfices du don du sang), associé au témoignage d’une personne proximale (une personne du même âge que le répondant), sont les combinaisons les plus efficaces pour promouvoir le don du sang. La seconde expérimentation met en exergue des résultats similaires pour le don d’organes et souligne le rôle modérateur de l’optimisme comparatif du répondant.

Mots clés : cadrage du message, distance sociale, niveaux de représentation
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Considering the amount of energy and money that is spent by governments, associations and firms to persuade individuals to encourage pro-social health behaviors (e.g., donate money, become a volunteer, sign a petition), it is not surprising that researchers from social and human sciences have started to focus attention and research on their antecedents. Because of its potential impact on communication effectiveness, the message framing (Tversky and Kahneman 1981) is particularly relevant. This technique, well-known by both marketing researchers and practitioners, consists of evoking either the positive consequences (or gains) associated with engaging in a particular behavior (e.g., *Use of sunscreen reduces the risk of having skin cancer*) or the negative consequences (or losses) associated with failing to engage in the same behavior (e.g., *Not using sunscreen increases the risk of skin cancer*). However, from an empirical point of view, results of message framing studies are mixed regarding the most effective frame to adopt. Some research concludes that messages evoking gains are more efficient (Lee and Aaker 2004; Levin and Gaeth 1988; Rothman et al. 1993; Updegraff et al. 2011), while other shows that messages stressing losses are more influential (Keller et al. 2003; Meyerowitz and Chaiken 1987). These findings have lead researchers to identify individual (e.g., Meyers-Levy and Maheswaran 2004) or contextual (e.g., Shiv et al. 1997) variables likely to moderate the effects of message framing.

Based on prior research on construal level theory (Liberman and Trope 1998), we propose that the influence of message framing differs according to the social distance perceived by consumers between themselves and the individuals used in the message to which they are exposed (e.g., the testimony of a person in a specific health domain). In particular, we show that a loss-framed message is more persuasive when paired with a socially proximal person. Indeed, a loss-framed message incites consumers to implement concrete actions to avoid the undesirable consequences presented in the message (Taylor 1991). These actions would fit the lower construal level induced by a proximal social distance (Liviatan et al. 2008). Conversely, a gain-framed message encourages the adoption of a higher construal level (i.e., the benefits of a specific behavior) which matches the construal induced by a distal social distance (Liviatan et al. 2008). Importantly, we examine a boundary condition of this match-based effect and we propose that comparative optimism, the tendency to believe that negative events are more likely to occur to others than oneself (Smits and Hoorens 2005), moderates the interplay between message framing and social distance. Theoretically speaking, this research sheds light on the mixed results regarding message framing and adds to the
growing literature on construal level theory and social distance (Baskin et al. 2014; Ein-Garn and Levontin 2013; Kim et al. 2008; Kim et al. 2014; Zhao and Xie 2011). Practically speaking, it will help in the design of pro-social health behaviors campaigns.

In the following sections, we review the literature on message framing, social distance, and comparative optimism, and we present the rational for our predictions. We then discuss two experiments in which we examined message framing and social distance by manipulating them in health advertisements in the context of blood donation (Experiment 1) and organ donation (Experiment 2). Finally, we conclude with a general discussion that emphasizes the main contributions and limitations of the present research as well as directions for further research.

1. Theoretical framework

1.1. Message Framing and Health Behaviors

In the present research, we consider the wording of a health message using the framing effect concept from Tversky and Kahneman’s (1981) prospect theory. The fundamental aspect of this theory is that people respond differently to the same problem depending on whether it is positively or negatively framed. Studies that examine the framing effect compare the effect of a message that depicts the positive consequences (or “gains”) associated with engaging in a given behavior with a message that depicts negative consequences (or “losses”) associated with failing to engage in that same behavior. When the description of an event or an object is presented in terms of gains or losses, this leads to different consumer responses.

Since the pioneering work of Tversky and Kahneman (1981), message framing has been studied in several different contexts, such as in the description of a product’s attributes (Levin and Gaeth 1988), cause-related marketing (Grau and Folse 2007), and the formulation of preventive messages such as in Meyerowitz and Chaiken (1987): “You can gain (vs. lose) several potential health benefits by spending (vs. failing to spend) only 5 minutes each month doing a breast self-examination”. It is precisely in this health-message context that most message framing studies have been conducted (Gallagher et al. 2011; Lee and Aaker 2004; Rothman et al. 1993). Results of message framing studies are mixed and show no consensus. Indeed, some works conclude that messages evoking gains are more efficient (Lee and Aaker 2004; Levin and Gaeth 1988; Rothman et al. 1993; Updegraff et al. 2011), while other works show that messages stressing losses are more influential (Keller et al. 2003; Meyerowitz and Chaiken 1987). These mixed results draw our attention to the presence of moderating
variables. In the present research, we propose to examine the interaction between message framing and the construal level of the health message using a common operationalization of construal level: social distance.

### 1.2. Construal Levels and Social Distance

Different theories in psychology suggest that the same action can be interpreted in accordance with various levels of representation. As specified by Liberman and Trope (1998), high-level construals are abstract and general, focusing on the primary and superordinate characteristics of an action. In contrast, low-level construals are more concrete and specific, focusing on the secondary and subordinate features of an action. According to construal level theory (CLT), psychological distance changes the level at which an action is mentally construed (and vice versa). In particular, individuals’ representations of psychologically distant actions primarily consist of high-level construals. As psychological distance decreases, low-level construals are formed. Construal level theory was utilized initially to address the temporal perspective (Liberman and Trope 1998), but recently it has been applied to other dimensions of psychological distance, such as social distance. Liviatan et al. (2008) show that the actions of dissimilar others, compared with the actions of similar others, are mentally represented at higher levels (i.e., with superordinate and central features, rather than with subordinate and secondary features). Bar-Anan et al. (2006) obtained similar findings using another operationalization of social distance, namely, in-group versus out-group belongingness. This influence of social distance on individuals’ construals has been applied successfully in various marketing contexts. For example, Zhao and Xie (2011) found that in the case of a temporally distant purchase, a recommendation issued by out-group consumers is more persuasive than a recommendation issued by in-group consumers. In the persuasion literature, Nenkov (2012) showed that consumers who are in the predecisional (vs. postdecisional) phase of decision making are more likely to be persuaded by messages targeting a distant (vs. close) other.

Further, Ein-Gar and Levontin (2013) demonstrated that people were more willing to donate to a single-identified human victim (vs. an organization) when they were socially close (vs. distant) to the donation target. More relevant to this research, Nan (2007) found that the effectiveness of message framing depends on whether individuals were making judgments for socially distant (e.g., others, out-group) versus proximal (e.g., selves, in-group) entities: gain-framed messages were more persuasive when the participants were asked to make judgments about hepatitis C tests from the perspective of an average undergraduate student (distal condition) rather than from the perspective of their best friend (proximal condition). In the
context of promoting environmental protection behaviors, White et al. (2011) obtained similar findings using temporal distance. As gain-framed messages focus on attaining a desirable outcome (a high-level construal), they were more effective when matched with a mindset that stimulates abstract thinking (long-term implications and “why” recycling); conversely, as loss-framed messages emphasize the costs associated with not choosing a particular option (a low-level construal), they were more persuasive when paired with a mindset that engages concrete thinking (short-term implications and “how” recycling). Based on the aforementioned findings (Nan 2007; White et al. 2011), we hypothesize a match-based effect between message framing and social distance, such that a loss-framed (vs. gain-framed) message elicits a higher intention to adopt a pro-social health behavior emphasized in the message when it is associated with a socially proximal (vs. distal) other. We build on these prior studies and extend them in several ways. Firstly, White et al. (2011) focused on temporal distance but we examine the role of social distance, another form of psychological distance (Trope and Liberman 2003; 2010). Secondly, compared to Nan (2007), this research is interested in the direct manipulation of social distance within the message: first, by manipulating the testimonial source of a blood donation (the same age range of the target vs. older) and second, by manipulating the potential beneficiary of an organ donation (the respondent vs. someone else). Based on the aforementioned results, we proposed the following hypothesis:

**H1:** Message framing and social distance interact, such that a loss-framed (vs. gain-framed) message elicits a higher intention to adopt the health behavior emphasized in the advertisement when it is associated with a socially proximal (vs. distal) entity.

In addition, we examine a boundary condition and propose that comparative optimism moderates the interaction between message framing and social distance.

### 1.3. **Moderating Role of Comparative Optimism**

Different consumer segments are likely to respond differently to health-related messages. Comparative optimism, or CO, refers to the tendency to believe that negative events are more likely to occur to others than to oneself (Smits and Hoorens 2005). Indeed, several studies in the health domain show that people believe that others will experience more negative health events than they themselves will, referring to a self-positivity bias (Raghubir and Menon 1998, 2001). One such study is Weinstein (1980), where students reported they were less
likely than their peers to suffer a heart attack before the age of forty. Other research reveals that CO is present in a wide range of health domains, including attempting a suicide, getting a sexual transmitted disease or having a drinking problem (Brown and Morley 2007; Hoorens 1996; Klein and Weinstein 1997; Raghubir and Menon 1998, 2001). One major problem is that underestimating one’s own health may result in fewer preventive and detecting behaviors. This may be detrimental for that individual and society at large, because of a false sense of security that may undermine the governments and associations communication efforts. Indeed, relying on individual’s perceived risk literature (Rogers 1975, 1983; Witte 1998) it seems adequate to think that generally speaking, people with a high comparative optimism regarding health situations may be less sensitive to pro-social health messages.

Comparative optimism can be measured directly or indirectly (Klein and Helweg-Larsen 2002 Weinstein and Klein 1996). When CO is assessed directly, respondents make a single judgment of their likelihood of experiencing a future event relative to “an average other” similar in gender and age (Kruger and Burrus 2004; Weinstein 1980). With the indirect method, respondents makes two separate estimates, one for their likelihood and another one for “an average other” and the difference between the two ratings is used as a measure of CO (Raghubir and Menon 1998). Literature on CO suggests that the indirect method produces less optimistic bias that the direct method (Klein and Helweg-Larsen 2002 but that optimistic bias is present for both men and women (Weinstein 1980).

In this research, we propose that the match-based effect between message framing and social distance may be contingent on an individual’s comparative optimism. Our objective is to point up that the beneficial effect resulting from the fit between message framing (gains vs. losses) and social distance (proximal vs. distal) is contingent on individuals’ CO (low vs. high). Some research highlights that probabilities (low vs. high) activate different levels of construals: improbable events are represented at a higher-level compared to probable events which are construed at a lower-level (Bar-Anan et al. 2006; Wakslak et al. 2006; Wakslak and Trope 2009). Thus, individuals who estimate that their perception of health risk is lower than the perceived risk of an average other (high comparative optimism) are likely to have an abstract, a high-level construal of the health situation and of the persons in need. For them, a pro-social health message constructed with the combination of a gain-framed message that uses a socially distant other would be more impactful as it also elicits a high-construal level. On the other hand, people that have a high perception of a health risk (low CO) may have a low-level construal of the same situation and think in terms of themselves or a similar other when exposed to the same health situation. In this case, the loss-framed message that embeds
a proximal social distance should be more efficient. More formally, we formulated the following hypothesis:

**H2:** Comparative optimism moderates the interaction between message framing and social distance such that:

**H2a:** When comparative optimism is low, a loss-framed (vs. gain-framed) message leads to a higher (vs. lower) intention to adopt the health behavior emphasized in the advertisement when it is associated with a socially proximal entity; however, message framing has reduced or no effect when it is associated with a socially distal entity.

**H2b:** When comparative optimism is high, a gain-framed (vs. loss-framed) message leads to a higher (vs. lower) intention to adopt the health behavior emphasized in the advertisement when it is associated with a socially distal entity; however, message framing has reduced or no effect when it is associated with a socially proximal entity.

2. Effect of message framing and social distance on intention to give blood

2.1. Procedure and Participants

A total of 99 French undergraduate students participated in a 2 (message framing: gains vs. losses) × 2 (social distance: proximal vs. distal) between-subjects experiment (\(M_{age} = 20.60; SD_{age} = 2.38; 43.4\% \text{ male}\)). Participants volunteered to participate in this online experiment and were randomly assigned to one of the four conditions created by the manipulations of message framing and social distance. All messages were equal in the length and contained the same arguments. In the gain-framed condition, the message stated the positive consequences of giving blood (e.g., *Giving blood does save lives*), while in the loss-framed condition, the message mentioned the negatives consequences of not giving blood (e.g., *Not giving does not save lives*). The social distance was manipulated by presenting a testimonial from someone who had received blood; this testimonial came from either someone who fit the age range of the participant (proximal source) or someone who did not (distal source). The stimuli resulting from our experimental manipulations were declined across gender: male participants were randomly assigned to one of the four messages created by the manipulation of message framing and social distance, and the message depicted the testimonial as coming from a man. A corresponding process was followed for female participants.

Immediately after reading the message, participants completed an online questionnaire that assessed their intention to give blood (*I intend to give blood*) from a scale of 1 (strongly
disagree) to 5 (strongly agree). The manipulation of message framing was pretested with 72 French students \((M_{age} = 18.81; SD_{age} = 1.05; 54.2 \% \text{ male})\), who provided their answer on an item (The message states) from a scale of 1 (what we have to win giving blood) to 5 (what we have to lose not giving blood). Results revealed that the message framing manipulation was successful \((t (70) = 4.479; p = .000; M_{losses} = 4.67; M_{gains} = 2.33)\). The manipulation of social distance was pretested with 45 French students \((M_{age} = 22.47; SD_{age} = 3.90; 33.3 \% \text{ male})\), who completed the Inclusion of Others in the Self (IOS) scale developed by Aron et al. (1992). Results revealed that the social distance manipulation was successful; in particular, the perceived distance was shorter if the source was proximal rather than distal \((t (43) = 7.827; p = .000; M_{proximal\, source} = 4.08; M_{distal\, source} = 2.13)\).

2.2. Results

The means for participants’ ratings of intention were subject to a 2 × 2 ANOVA. The message framing \((F (1,95) = 0.398, p = \text{NS}; M_{gains} = 3.93; M_{losses} = 3.77)\) and social distance \((F (1,95) = 1.237, p = \text{NS}; M_{proximal} = 4.00; M_{distal} = 3.71)\) did not have a significant main effect on intention to give blood. More importantly, the predicted interaction between message framing and social distance was significant \((F (1,95) = 18.332, p < .001)\). We analyzed the simple main effect of message framing within each of the two conditions of social distance. When social distance was proximal (i.e., the testimonial was by someone who fit the age range of the participant), message framing had a significant effect on intention to give blood \((t (48) = 2.815, p < 0.005)\). Participants who read the loss-framed message reported greater intention to give their blood than participants who read the gain-framed message \((M_{losses} = 4.36; M_{gains} = 3.61)\). When social distance was distal (i.e., the testimonial was by someone who did not fit the age range of the participant), message framing had a significant effect on intention to give blood \((t (49) = -3.255, p < .005)\). In this condition, participants who read the gain-framed message reported greater intention to give their blood than participants who read the loss-framed message \((M_{gains} = 4.26; M_{losses} = 3.25)\). Thus, Hypothesis 1 was supported.

3. The moderating role of comparative optimism on intention to donate organs

In Experiment 2, we tested the moderating role of CO on the pattern of results demonstrated in Experiment 1. To increase the generalizability of our results, we selected organ donation as the public health behavior emphasized in this experiment.

3.1. Procedure and Participants
One hundred and seventy seven participants \((M_{\text{age}} = 29.40; \text{SD}_{\text{age}} = 10.57; 43.5\% \text{ male})\) took part in a 2 (message framing: gains vs. losses) \(\times\) 2 (social distance: proximal vs. distal) between-subjects design with two levels of CO (high vs. low) used as a measured independent variable. Participants were randomly assigned to one of the four experimental conditions resulting from the manipulations of message framing and social distance. The participants first answered some questions measuring their CO. An indirect procedure was selected to measure this individual tendency. A list of five negative situations related to health was presented: 1) being infected with a sexually transmitted disease; 2) being in a situation requiring organ donation; 3) suffering from cancer; 4) being a victim of a traffic accident; and 5) suffering from a heart attack. Participants had to evaluate the probability of “someday being personally affected by any of these situations” as well as the probability that “a person their age may someday be personally affected by any of these situations” on a scale ranging from 0% (no chance) to 100% (100% chance). The order of presentation of the two lists of five questions was counterbalanced, and participants performed a distraction task (reading and commenting on a funny comic strip about candy and children’s health) between the first and second sets of questions. Subsequently, all participants were randomly exposed to one of the four experimental conditions.

Similar to those in Experiment 1, the manipulation of message framing either highlighted a gained-framed (“We all gain by donating organs”) or a loss-framed (“We all lose by not donating organs”) message. Unlike in Experiment 1, social distance was not manipulated by the testimony of a person more or less socially distant, but rather by changing the tagline on the flyer. In the proximal condition, the message reads, “You may need an organ donation someday”, while in the distal condition, it reads, “Someone may need an organ donation someday”. Indeed, inciting participants to imagine a situation about themselves versus another person is a well-established operationalization of social distance (Hamilton and Thompson 2007; Trope et al. 2007; Zhao and Xie 2011). As in Experiment 1, the success of the social-distance manipulation was assessed in a pretest conducted on 88 French undergraduate students \((M_{\text{age}} = 22.05; \text{SD}_{\text{age}} = 2.40; 42.0\% \text{ male})\), during which Aron et al. (1992) IOS Scale was administrated. Analysis demonstrated that the perception of social distance between the participants and the target person featured in the stimulus was lower in the proximal condition than in the distal condition \((t(86) = 6.009; p = .000; M_{\text{Proximal source}} = 4.50; M_{\text{Distal source}} = 2.71)\). We measured intention to donate organs \((I \text{ intend to donate my organs})\) on a scale of 1 (strongly disagree) to 5 (strongly agree). Participants also completed manipulation checks using a semantic differential scale, both for message framing (“To what extent did the
advertisement focus on 1 = what we would gain if we donate organs to 5 = what we would lose if we don’t donate organs”) and social distance (“To what extent did the advertisement state that 1 = you might need to receive organs to 5 = someone might need to receive organs”).

3.2. Intention to Donate Organs

For the five health situations, we calculated participants’ comparative optimism score by subtracting their ratings of another person’s probability of being affected by these situations from their ratings of their own probability. Higher scores indicated greater comparative optimism (i.e., participants thought they were less likely than similar others to have health problems), and lower scores reflected lesser comparative optimism (i.e., participants believed they were more likely than similar others to have health problems). A global CO index was obtained by averaging the CO scores for each situation (with a range from –100 to +100). The sample was split into two groups of similar size (Nlow comparative optimism = 87; Nhigh comparative optimism = 90). A 2 (message framing: gains vs. losses) × 2 (social distance: proximal vs. distal) × 2 (CO: low vs. high) ANOVA demonstrated a three-way interaction (F (1,176) = 3.79; p = .053) on intention to donate organs, showing that the effect of gain-framed and loss-framed messages under proximal and distal social distances was different for participants with high versus low levels of CO. For participants with a low CO (i.e., participants who thought they were more likely than similar others to have health problems), a 2 (message framing: gains vs. losses) × 2 (social distance: proximal vs. distal) ANOVA performed on intention to donate organs revealed no significant main effect, but the predicted two-way interaction between message framing and social distance was found (F (1,89) = 3.98; p < .05). Specifically, in the proximal condition (i.e., You may need an organ donation), participants exposed to the loss-framed message reported significantly greater intentions to donate their organs than those exposed to the gain-framed message (F (1,33) = 4.66; p < .05; Mlosses = 4.13; Mgains = 3.50). However, message framing had no effect on intention to donate in the distal condition (i.e, Someone may need an organ donation; F (1,55) = 0.85; p = NS; Mlosses = 3.71; Mgains = 4.00).

For participants with a high CO (i.e., participants who thought they were less likely than similar others to have health problems) results of a 2 (message framing: gains vs. losses) × 2 (social distance: proximal vs. distal) ANOVA revealed a significant main effect of message framing (F (1,86) = 4.48; p < .05). Participants that read the gain-framed message reported greater intentions to give their organs than those who read the loss-framed message (Mgains = 4.05; Mlosses = 3.49). More importantly, we observed the significant predicted two-way
interaction between message framing and social distance ($F (1,86) = 18.34; p = .000$). In the distal condition, intention to donate organs was significantly higher when the participants read a gain-framed message than when they read a loss-framed message ($F (1,27) = 16.31; p = .000; M_{gains} = 4.40; M_{losses} = 2.69$). Message framing had no effect on intention to donate organs in the proximal condition ($F (1,58) = 3.46; p = NS; M_{losses} = 4.29; M_{gains} = 3.71$). These results provide support for Hypothesis 2.

4. General discussion

4.1. Contributions

Findings from our two studies offer theoretical implications that shed light on specific conditions in which the message framing of a pro-social health communications may be effective in influencing people’s responses. Results highlight the moderating role of construal level (low vs. high) that was manipulated through social distance (proximal vs. distal). Unlike some previous studies (e.g., Nan 2007; Pennington and Roese 2003), the first experiment found that message framing has a different simple main effect for both modalities of social distance.

This research adds to the Construal Level Theory literature (Liberman and Trope 1998), a theory described as “one of the most successful and generative theories in social psychology, with wide influence on consumer research” (William et al. 2014, p. 1123). It specifically enriches the existing social distance literature. This form of psychological distance has already given rise to some studies in marketing contexts, such as peer recommendations (Zhao and Xie 2011), humanitarian causes (Ein-Garn and Levontin 2013), and gift-giving (Baskin et al. 2014). These studies have shown that consumers react differently to a marketing stimulus depending on the level of representation induced by the social distance they perceived between themselves and the individuals presented in the stimulus. Our research extends the scope of these findings to pro-social health communications. Finally, to the best of our knowledge, this study is the first to consider consumers’ comparative optimism as a moderator of the interplay between message framing and social distance. This individual variable is considered to be of major interest in public health studies (e.g., Brown and Morley 2007; Hoorens 1996).

From a practical standpoint, this research has implications for health practitioners, policy makers and associations and contributes to the identification of a set of rules under which message framing improves persuasion. Given the increasing number of organ transplants
performed annually in the United States and all over the world, and the need to satisfy a chronic demand for blood donations, it is important to identify efficient ways of promoting donation behaviors. The interplay between message framing and social distance contributes toward achieving this goal. First, the results show that health communication that seeks to increase intention to give blood or organs can be both loss- and gain-framed, if the social distance represented in the message is adapted (i.e., proximal for a loss-framed message and distal for a gain-framed message). Additionally, this research provides examples of successful operationalizations of social distance, using either pictures (Experiment 1) or text (Experiment 2). Finally, this research highlights that an individual’s comparative optimism – the tendency to believe that negative events are more likely to occur to others than to oneself (Smits and Hoorens 2005) – is an interesting trait variable that strengthens the results presented above.

4.2. Limitations and Avenues for Future Research

Although the findings generalize across two different pro-social health behaviors in the laboratory, the external validity would be enhanced if these could be validated with field studies. An important limitation that remains to be explored is the underlying process responsible for the results obtained in this research. One possible explanation that needs to be explored may be in the literature investigating the congruency – or “fit” – between message framing and the construal level induced by a psychological distance. In particular, White et al. (2011) show that the fit between message framing and the construal level induced by temporal distance (“gains or long-term” and “losses or short-term”) facilitates the processing of information, and consequently, increases the intention to adopt the behavior suggested by the message.

The current research investigated the moderating role of comparative optimism (Smits and Hoorens 2005). One’s self-view, defined as whether an individual responds to a message from a “me” perspective, compared with an “us” or “others” perspective (Kareklas et al. 2012; Spassova and Lee 2013), may also moderate the relationship between message framing and social distance. In their research, Spassova and Lee (2013) showed that the two distinct self-views identified in the literature were associated with different levels of construal. More specifically, individuals with an independent self-view (i.e., those who respond to a message from a “me” perspective) are more likely to process a message at high-level construals, as opposed to individuals with an interdependent self-view (i.e., those who respond to a message from an “us” or “others” perspective), who are more likely to process a message at low-level
construals. In addition, according to Kareklas et al. (2012), individuals with independent self-views are more sensitive to promotion-focused messages that present the attainment of positive outcomes, whereas those with interdependent self-views are more sensitive to prevention-focused messages that highlight the avoidance of negative outcomes.
References


