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## Bridging the Culture Chasm: Ensuring that Consumers are Healthy, Wealthy and Wise

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# Bridging the Culture Chasm: Ensuring That Consumers Are Healthy, Wealthy, and Wise

Donnel A. Briley and Jennifer L. Aaker

*This article pulls together streams of culture-related research found in information-processing and behavioral decision theory literature, and it complements them with a focus on motivations and goals. The authors propose a framework that suggests that (1) the treatment of culture is useful when it incorporates subcultures, including those defined by nationality, ethnicity, religious affiliation, and neighborhood or local surroundings; (2) goals are determined by both cultural background and situational forces; and (3) through its impact on goals, culture influences the inputs used to make a decision, the types of options preferred, and the timing of decisions. The authors highlight the implications of the framework for two policy domains: health and finances. They suggest that consumers' goal orientations can provide a useful segmentation dimension, and they 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 of culture in individual decision making can inform policies aimed at improving the quality of consumers' decisions and, ultimately, consumer welfare.*

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

To address these questions, we focus on two policy domains in which good decisions are fundamental to well-being (though suboptimal choices are often made): health-related decisions (preventing illness and promoting well-being) and finance-related decisions (savings and spending). We selected these domains 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, in general, this work encourages free-market policies and cautions against interventions that might hinder them. However, there are limitations to this perspective. For example, insight into understanding or improving individual decision making is

often unclear. Furthermore, 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 cases in which policy does not seem to work hand in hand with consumer interests, we hope to direct policy makers toward possible corrective actions by (1) identifying conditions in which the behavioral tendencies of some consumers may harm rather than help them and (2) suggesting some ways that such behavioral tendencies can be countered.

Second, we focus on these two domains because decisions about both health and finance show substantial cultural or subcultural 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 country's population, but they account for 84% of new HIV infections in youths between the ages of 13 and 19; Native Americans are 2.3 times more likely than whites to have diabetes; and 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 because the U.S. 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 subgroups in the United States, points toward policy remedies to improve the health of the laggards, and identifies some tactics that can be used by marketers and policy makers to address the aforementioned problems. These tactics are related to the types of (1) marketing communications and (2) choice alternatives that are likely to be most effective for certain target consumer

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*Donnel A. Briley* is Associate Professor of Marketing, School of Business, University of Sydney (e-mail: d.briley@econ.usyd.edu.au). *Jennifer L. Aaker* is General Atlantic Professor of Marketing, Graduate School of Business, Stanford University (e-mail: aaker@gsb.stanford.edu). The authors contributed equally to the article. The first author was a visiting scholar in the Graduate School of Business at Stanford University during completion of this research. The authors thank Pankaj Aggrawal, Tim Bütthe, Leilei Gao, Loraine Lau, Cassie Mogilner, and, particularly, John Lynch for comments, as well as the participants at the Duke Conference on Public Policy 2005.

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groups. As an example of marketing communications, we identify certain target groups that would be more persuaded by a health appeal that focuses on the potential benefits gained by adopting better eating habits (e.g., feel better) than by a health appeal that focuses on problems to be avoided (e.g., keep off extra weight). 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 the realms of both health and finances.

We organize this article as follows: We define culture, offering a conceptualization that recognizes not only geographic differences but also more subtle distinctions, and then we review how culture affects the types of goals people pursue. Next, we discuss the relationship between goal pursuits and decisions, weaving into the discussion implications for improving the quality of consumer decision making and policy remedies. Finally, we conclude by outlining the assumptions underlying current policy work that this goal-based perspective challenges and by highlighting both advantages and disadvantages associated with the particular goal orientations discussed.

## 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—the knowledge, beliefs, art, morals, customs, language, and habits acquired by man as a member of society (Tylor [1871] 1958)—or as the shared perceptions of the social environment (Triandis 1972). Such shared perceptions result in the automatic processing of information, specifying what is worth noticing (and providing labels through language to assist in this specification) and how it is to be evaluated. For example, what are desirable behaviors for members of cultures, and what are important goals and principles in life (Goodenough 1980)? In this light, culture acts as a “lens” through which people view the world, coloring not just their responses to phenomena encountered but their interpretation of these events as well (McCracken 1986). Although the culture concept is often used as a tool to understand differences across countries (e.g., Japan versus the United States), important distinctions in the composition of a person’s cultural lens occurs because of several factors that are unrelated to national affiliation. Thus, culture can be defined both within and across geographic boundaries, a conceptualization that we adopt in this 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 countries (Gudykunst and Ting-Toomey 1988). This research spurred another stream in the 1990s, in which researchers became increasingly focused on the types of individual differences, construals, and behaviors that underlie broad patterns of country variability (for a review, see Maheswaran and Shavitt 2000). Self-construal is one such important individual difference variable (Markus and Kitayama 1991). Self-construal refers to a person’s chronic view of self as being fundamentally independent (i.e., the

individual is defined in terms of the traits that make him or her unique from others) or interdependent (i.e., the individual views him- or herself as closely intertwined and linked with others). Empirical work shows how self-construal functions as an individualized framework, giving shape to people’s 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 a motivational (e.g., self-affirmation of self or group identity) lens.

Our conceptual review departs from prior research treatments on culture in three ways. First, prior work conceptualized culture as possessing a “have or do not have” quality. However, because many people have multiple cultural influences, our work focuses on factors that affect the degree to which a person might be multienculturated and when aspects of a person’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 (for a review, see Morris, Menon, and Ames 2001), a perspective that is rooted in social cognitive principles and theory (Wyer and Srull 1989). This approach captures the often-shifting attitudes and behaviors of multiethnic people (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 not only focus on culture as defined by nationality but also draw on research on subcultures within countries. Culture encompasses several factors beyond a person’s birthplace or citizenship, including religious affiliation, ethnicity, and even the nature of a person’s immediate surroundings. Each of these factors presents an element of commonality that not only can bond people but also, and more important, 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 predominantly Hindu India). In addition to recognizing attitudinal and behavioral differences between people in Beijing and in 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).

Third, the research portfolio reflects an equal interest in documenting basic culture effects and discussing the psychological processes underlying them, with particular emphasis on applying theoretical frames and findings from the regulatory focus literature. 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 desires to seek pleasure and to avoid pain. These basic motives underlie the choices people make, regardless of 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 situ-

ation, a person can anticipate either (1) pleasure that might be derived (which is associated with the pursuit of desirable end states) or (2) 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 whom are obese (World Health Organization 2005). 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 (Crawford 2004). As a way to encourage a reduction in obesity rates, marketers or policy makers 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 might focus on avoiding the undesirable end state of being overweight (e.g., emphasizing how dangerous it can be to carry extra weight). For example, Kraft promotes a “Sensible Solution” program, which focuses on achieving desirable end states by emphasizing “better-for-you” products and the benefits of eating well (<http://www.kraftfoods.com/kf/HealthyLiving/SensibleSolutions/>). In contrast, the documentary film *Super Size Me* emphasizes undesirable end states by discussing the health problems that can result from eating fast food (e.g., high blood pressure, weight gain).

Of equal importance, a particular end state can be pursued using either a promotion- or a prevention-focused strategy (Higgins 1997, 1998). Promotion-focused strategies are approach oriented, offering means through which a person can move toward a goal. Conversely, prevention-focused strategies are avoidance oriented, offering means through which a person can avoid missing a goal. Again, consider the marketer or policy maker who wants to encourage good health. A promotion-focused strategy to reach this end state includes undertaking various activities (e.g., running each morning, eating fresh fruits and vegetables), whereas a prevention-focused strategy to reach this end state involves avoiding certain activities or habits (e.g., eliminating fast food from one’s diet, refraining from eating late at night). For example, Kraft’s Meal & Fitness Plan emphasizes both promotion strategies (e.g., walk 25 minutes, do ten sit-ups each day) and prevention strategies (e.g., avoid empty caloric foods) as ways to reach the desirable end state of being healthy.

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

### **Chronic Influences**

People’s tendencies to focus on promotion- versus prevention-oriented goals vary systematically across cultural domains. For example, the way the self is defined in relation to others, an important aspect of a person’s worldview (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 believed to both reflect and underlie distinct psychological goals. The primary goal of the independent self is to distinguish oneself from others in a positive manner; the emphasis is on achievement and autonomy. In contrast, the primary goal of the interdependent self 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). Tendencies to adopt distinct self-regulatory goals emerge in the service of these discrete goals of the self. Promotion goals help advance the independent self’s need to distinguish itself from others in a positive manner, whereas prevention goals support the interdependent self’s need to maintain good relationships and harmony with others (Kitayama et al. 2004; for a review, see Markus and Kitayama 2004). As a result of these distinct motivational tendencies, cultures in which the independent self is fostered tend to be guided by promotion goals and strategies, and cultures in which the interdependent self is fostered tend to be guided by prevention goals and strategies (Lee, Aaker, and Gardner 2000).

A way these cultural patterns in goal orientations come about and are propagated is through child-rearing practices, which can differ substantially across sociocultural domains. In cultural settings in which 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. Conversely, in settings in which 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, or you may end up bankrupt), whereas 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. Compared with Asian parents, American parents tend to place a stronger emphasis on rewards than on punishments (Miller 1994).

Furthermore, religious philosophies provide important guidelines that indicate the nature of the world and rules for how to interact with it. For example, Taoist principles encourage people to conform to the underlying pattern of the universe. To be in accord with the Tao (meaning the “way”), people should do nothing, thus bringing themselves into perfect harmony with their surroundings. Conversely, 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 toward the goals that dominate everyday decisions.

However, although these general cultural tendencies in self-regulatory strategies exist, they can be and, indeed, often are reversed. Because two ways of viewing the self

(independent and interdependent) coexist within every individual regardless of his or her 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**

Although people are predisposed to gravitate toward certain goal types, situational factors are critically important and powerful, temporarily swaying people away from their regular type of response or culturally normative way of thinking. For example, when people believe 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) than to those with a promotion-oriented (e.g., feel more energetic) theme. The opposite pattern occurs when people 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 (Liberman 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 that remind a person of his or her 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).

Notably, although situational factors of this type have short-term effects on goal pursuit, repeated exposure to certain situations often induces more enduring shifts. The frequent pursuit of a certain goal increases its accessibility (Chen, Fitzsimons, and Andersen 2006; Wyer and Srull 1989) and the duration over which the goal guides behavior (Lombardi, Higgins, and Bargh 1987). Consequently, the goal in question is likely to be used more often. Furthermore, when a goal becomes active, it might be applied to decisions that are unrelated to its original purpose (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 induce these enduring goal shifts. One such situation might be that which is threatening. Suppose that an individual lives in an environment in which violence is prevalent. The goal of avoiding danger and keeping safe is likely to be salient much of the time. Indeed, such a goal may be in effect even in situations in which physical danger is not an issue (e.g., in work domains). Thus, this enduring goal can color interpretation of environments and shift actions. Note also that a person might feel threatened at a psychological rather than a physical level. Under certain conditions, people who are subject to negative stereotypes may feel threatened by the prospect that these stereotypes will be applied to them, thus producing feelings of anxiety (Steele 1997). We need empirical

exploration to understand whether a physical or psychological form of recurrent threat can prompt an enduring prevention orientation.

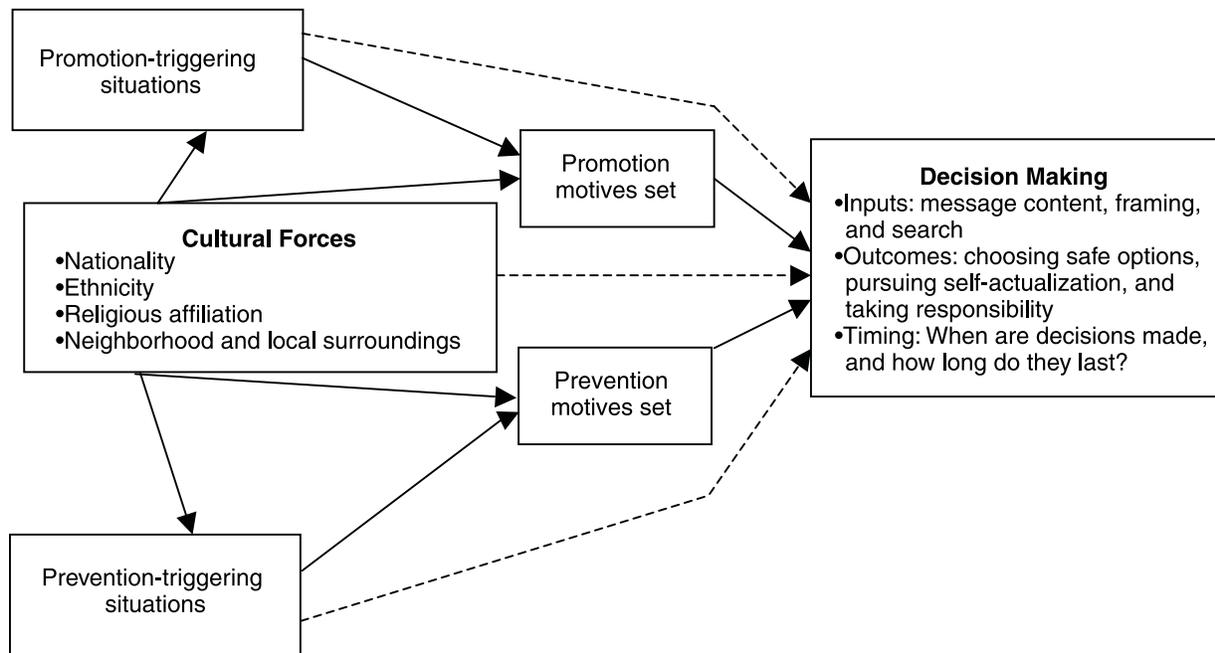
Several other features of a person’s surroundings can also prompt the development of enduring prevention-focused or promotion-focused goal proclivities. For example, people vary in the degree to which they perceive opportunities in their own futures, a perception that can shift goal pursuits. If accomplishment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

In summary, both enduring dispositional leanings and temporary situational forces influence the goal orientation of a consumer in a particular decision situation. Importantly, cultural forces engender dispositional leanings but can also be evoked on the basis of factors that are present in a particular situation. These factors can further support or impede a person’s desire or ability to reach for achievement rather than to avert failure. Next, we turn to a framework developed from the aforementioned literature on culture and goals we reviewed previously (see Figure 1), and then we carve out some specific topics of research potential in the domain of policy.

## **Consumers’ Goals and Decisions**

People’s desires to consume are derived from promotion- or prevention-oriented roots, and 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 on them (for possible paths of influence, see Figure 1). A decision maker’s cultural background (nationality, ethnicity, religion, immediate surroundings) can affect decisions by predisposing him or her toward either promotion or prevention goal types, but the particular situation he or she encounters can also shift motives, sometimes overriding chronic goal orientations.

At least three aspects of the consumer decision process are affected by the goal type pursued in a given decision: the decision inputs used, the types of outcomes preferred, and the timing of decisions. First, we consider fundamental differences in the way people process decision inputs, discussing differential weighting of distinct types of messages and approaches to evaluating available alternatives. Second, we review the effects of goals on the types of outcomes people choose when making decisions, focusing on the degree to which (1) the option chosen is perceived as “safe” and (2) self-actualization versus responsibility desires guide the decision. Third, we explore implications of motivational modes for temporal issues, namely, the timing of decisions and the duration over which consumers abide by them after

**Figure 1. Framework Overview**

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

the decisions have been made. We integrate implications for consumer welfare and public policy into the discussions.

### Decision Inputs: Message Content, Framing, and Search

Goals can influence both the type of information a person finds compelling and the amount of information he or she seeks to support decisions. Understanding these regularities illuminates how policy makers might tailor information to change behavior of cultural groups that differ in their promotion and prevention orientations.

#### Message Content and Framing

Consumers' choices are only as good as the information they use as inputs. A way to categorize such information is to distinguish it by its message content or, specifically, by whether the content fits with promotion or prevention goals. Promotion-oriented content suggests ways that a product or service helps consumers attain their aspirations, whereas prevention-oriented content suggests ways that the target good helps them avoid harm and fulfill obligations. Persuasive messages typically fit readily into these categories because messages intended to sway or inform consumers often do so by drawing on motivational principles. For example, the Nike slogan "Just do it" is a quintessential promotion-oriented call to action, prompting consumers to believe 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 promotion-focused people, promotion-oriented information is valued more than prevention-oriented information; for prevention-focused people, the opposite pattern occurs (based on principles of "fit"; Higgins 2002, 2006). Relatedly, the extent to which consumers believe that they are acting on behalf of an important in-group affects their preference for information types. Aaker and Lee (2001) show that people who view themselves as a part of a team associate more importance with an appeal that is framed in terms of avoiding a loss (prevention) than achieving a win (promotion). Those who view themselves as independent individuals associate more importance with the winning scenario than with 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 preferences for appeals that reflect promotion or prevention goals.<sup>1</sup> 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 people with

<sup>1</sup>Notably, these patterns appear to be most pronounced when messages are processed automatically. However, 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 loom large in some situations but wane in others (see also Wang and Lee 2006; Weber, Ames, and Blais 2005).

dominant interdependent selves may be relatively more receptive to policy messages that emphasize decreased consumption of unhealthful foods.

One factor influencing information weighting involves the way that 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 2006).

Thus, considerable evidence suggests that information that is compatible with the decision maker's mind-set is most influential. Why do these compatibility effects occur? Although multiple mechanisms have been put forth (Avnet and Higgins 2006), an explanation for these effects is the increase in "value from fit." That is, when people make decisions that are compatible with strategies that sustain their orientation, they feel 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, thus amplifying people's natural reactions to the message (Higgins 2006). 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 his or her existing goal orientation (Higgins et al. 2003). By extension, we expect that health messages promoting, for example, cancer screening or saving for retirement would be more effective in inducing compliance if they were framed in a manner consistent with a cultural group's chronic tendencies.

### **Extent of Information Search**

Although several 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 complete a thorough review of alternatives also may be affected by goal focus. Prevention strategies involve the pursuit of minimal goals, which reflect necessities, or the least that a person can tolerate. Conversely, promotion strategies, which push people to fulfill their aspirations, are associated with maximal goals, or the most for which a person can hope (Brendl and Higgins 1996). When collecting information about available alternatives that are relevant to a decision, promotion-focused people should lean toward the maximal goal of ensuring that the best option is selected. However, prevention-focused people should lean toward a minimal goal (e.g., not picking a bad option). An 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 people to have a more persistent and explorative outlook than prevention-orientated people (Friedman and Förster 2001; Roney, Higgins, and Shah 1995).

### **Implications: Fitting Messages with Goals and Ensuring Adequate Search**

The insights into ways that consumers seek and use informational inputs suggest some potentially useful policy strategies and tools. Consumer audiences can be segmented on the basis of their chronic leaning toward either a promotion or a prevention stance, and communications can be tailored to these groups. However, importantly, consumers' states of mind 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 youths, who suffer a 16% obesity rate (Centers for Disease Control and Prevention 2005). Appeals that focus on both the promotion and the prevention goal types merit consideration in the development of these programs. For example, communication campaigns advocating after-school sports programs might focus on the extra energy yielded (promotion message) or potential health problems averted (prevention message) if a child participates in the program. Because 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. For example, youth groups could be segmented on the basis of ethnic backgrounds. To illustrate, given the emphasis on the extended family in Hispanic communities (Penaloza 2004), Hispanic youths 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, in general, Hispanic youths in the inner city might 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 people who become victims of predatory "payday-lending" businesses, which give cash (at typical annual interest rates of more than 400%) in return for a postdated check. Borrowers take these loans and become trapped into extending them, often because they have inadequate information about available alternatives and their rights (Bertrand, Mullainathan, and Shafir 2006). According to the Center for Responsible Lending (2005), the average borrower extends the loan eight times and pays \$800 to borrow \$325. 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 prevention-focused mentality, which may stunt exploration for problem resolution, policy makers could help would-be borrowers by making information about alternatives easily accessible. They could begin by targeting the most vulnerable, at either the cultural or the subcultural level. For example, on a per-capita basis, black neighborhoods have three times as many payday-lending

outlets as white neighborhoods, even after income is controlled for (Bailey 2005). Active-duty military personnel, who constituted 20% of payday-loan borrowers in 2004, are three times more likely than civilians to take out these loans (Tanik 2005). Next, policy makers could bring relevant information to the hands of these targeted people (rather than having them seek it out) by providing flyers in the neighborhoods where these businesses operate and where the targeted people live.

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

Goals can influence systematically the types of outcomes people choose when making decisions. We focus on two dimensions: the degree to which the option chosen is perceived as safe and the degree to which self-actualization versus responsibility desires guide the decision.

#### ***Choosing “Safe” Options in Medical Decisions***

The goals underlying and guiding consumers' decisions have direct effects on the types of choices they make. In particular, several findings suggest that compared with a promotion focus, a prevention focus instills a stronger tendency to uphold decision alternatives that are 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 tends to be of greater concern to prevention-focused people than to promotion-focused people (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 with 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 subsequent regrets. From this perspective, people 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 orientation than with a promotion orientation. In such cases, people are more likely to choose a “compromise” alternative (Simonson 1989), which has moderate values on two or more attributes, than alternatives that are strong on one attribute but weak on another.

Consider the situation in which an older man is diagnosed with prostate cancer and must choose between three treatment options that are described in terms of two important attributes: the probability of eliminating the cancer and the 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), which in this case is radiation.

The tendency to avoid big losses by seeking moderation extends to situations in which the outcomes themselves are uncertain. For example, a person might be faced with a choice between an alternative that offers a fifty-fifty chance for a large gain versus a large loss and another that offers a fifty-fifty chance for a moderate gain versus a 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 may opt for low-risk, prevention-oriented alternatives, even when other options could better serve their needs. Options perceived as low-risk are often overpriced because firms realize that certain quarters of society value these safe alternatives highly. When 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 in which an available option is viewed as a default. Much research spanning from the medical choice domain (Johnson and Goldstein 2003) to savings decisions (Madrian and Shea 2001) shows that default alternatives are considered attractive options because selecting them often involves less anxiety than other alternatives (see also Bertrand, Mullainathan, and Shafir 2006; Lynch and Zauberman 2006). Furthermore, less effort may be involved in the decision because consumers assume that the default option is the norm and thus do not feel the need to scrutinize its advantages and disadvantages. Our theorizing suggests that people with a prevention (versus promotion) orientation should be particularly likely to choose the default option because of the high premium they place on familiarity and stability (Lieberman et al. 1999; Pham and Higgins 2005). To the degree that a preference for defaults may be harming the prevention-focused consumer, healthwise or financially, campaigns encouraging the reconsideration of default options would be beneficial (Botti and Iyengar 2006).

#### ***Pursuit of Self-Actualization and Responsibility in Financial Decision Making***

Another dimension describing the types of outcomes consumers choose is related to the pursuit of self-actualization versus responsibility. The tendency to reach for ideals and to fulfill desires causes a hedonic predisposition, such that people are absorbed by their own aspirations. For example, aesthetic and sensory concerns become relatively important to promotion-focused consumers (Higgins 2002), but prevention-focused consumers, whose feet are more firmly planted on the ground, tend to be oriented toward meeting

responsibilities. Notably, 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 an obligation desire might encourage spending, possibly excessively. Self-actualizers, who want to feel good about themselves, are likely to lean toward saving less than people who have the objective of meeting obligations. Thus, at a given income level, savings rates are likely to be lower for promotion-oriented people than for prevention-oriented people.

Cross-national spending patterns offer some support for this proposition. For example, Americans, who tend to adopt a promotion focus (Lee, Aaker, and Gardner 2000), “hate to save” (Gross 2004). In October 2004, households in the United States saved only .2% of their income, despite tax advantages conferred by 401(k) plans, individual retirement accounts, and other savings vehicles. The numbers suggest a savings crisis. Indeed, the U.S. national savings rate is only 13.6% of gross domestic product, making Americans appear especially imprudent relative to Japanese, who currently have a national savings rate of 25%. Furthermore, consumers in the United States saved less than half as much as consumers in Korea in 2002, according to the Organisation for Economic Co-operation and Development (2005) 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 (approximately \$7,000 per household; Mapother 2004).

Indeed, a preliminary analysis suggests that this line of inquiry could be fruitful. Because people who feel independent tend to seek promotion- versus prevention-oriented goals (Lee, Aaker, and Gardner 2000), we used independence as a proxy of a culture’s predominant promotion versus prevention orientation. Then, for 18 countries we examined the relationship between national savings rates in 2004 and the independence levels of each country (the independence levels were generated by a meta-analysis of studies that used individualism-related constructs; Oyserman, Coon, and Kimmelmeier 2002). We included long-term gross national product growth (1994–2004) 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 are a causal culprit merits consideration. Specifically, promotion-oriented people, who lean toward self-actualizing desires, may 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 people. Thus, an examination of self-actualization 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 may 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 telephone calls after a consumer’s budget level has been reached each month; ABC News Online 2005). This measure has limitations

because it can be readily applied in some spending domains (e.g., toll telephone calls) but not in others (e.g., department store purchases). Our analysis suggests a different approach with broad applicability; in particular, shifting consumers away from a promotion-focused frame of mind 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 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 because the desire to self-actualize is stronger at some times than at others.

### ***Implications: Consumer “Satisficing”***

The insights into the types of options that consumers may choose on the basis of their goals suggest several implications. Perhaps the most interesting involves the concept of consumer satisficing. That is, in general, consumer decisions can be improved by ensuring that people thoughtfully consider the full array of options available to them. 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 their search or deliberation before they consider pivotal information or by shifting their preference away from explorative solutions (Edwards and Smith 1996). Satisficing is more likely when a person is motivated to satisfy minimal goals, a tendency associated with the prevention focus (Brendl and Higgins 1996). Note that a consumer’s regulatory focus appears to have little influence on the effort put into a task. Prevention-focused people process information as deeply as promotion-focused people (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 to seek to attain something more), prevention-focused people may not continue searching for additional information or alternatives after they identify an acceptable alternative (Crowe and Higgins 1997; Liberman et al. 2001). By many criteria, such curtailed search may be harmful to consumers because all the information may not be scoured, and thus the best alternative may not be found.<sup>2</sup>

The opportunity to obtain optimum satisfaction may be lower when people satisfice. The less explorative stance is likely to inhibit people from trying new, emerging technologies and approaches. For example, new innovations for health treatment and prevention constantly enter the public domain, including more effective drugs, better treatment procedures, new detection technologies, and improved

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

information about how to live a healthful lifestyle. People who lean toward the satisficing approach may be slow to embrace these innovations, instead opting for the familiar, safe options.

However, note that satisficing, which equates to a general conservative bias, may be functional in other situations. For example, satisficing may be beneficial insofar as curtailed search saves time, an important benefit for unimportant decisions. What promises to be most helpful is insight into (1) when satisficing is harmful versus beneficial in decision making and (2) how consumers 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 mind-set. This can be done in several ways, including making consumers think about themselves as distinct individuals (versus part of a group) or prompting them to think about aspirations for the future (versus 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 reconsider them as time passes. Next, we discuss differences in temporal perspectives (i.e., whether people's purviews are short or long term). This distinction is linked to motivational states and is consistent with underlying differences in people's conceptions of time, that is, what the passing of time means and how its passing affects activities in daily life (for related discussions, see Lynch and Zauberman 2006).

#### When Are Decisions Made?

Sometimes, consumers focus on short-term goals (e.g., avoiding foods with high fat or sugar for a week), and other times they focus on longer-term goals (e.g., losing 15 pounds before a high school reunion in six months). Because 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 run, 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 people make decisions about the distant future, whereas prevention goals become increasingly important in the short run (Pennington and Roese 2003). This is because actual or psychological distance appears to offer a cushion of resources (Trope and Liberman 2000), allowing people greater opportunities to take risks and make mistakes by providing room for correction. Thus, at a distance, people are better equipped to pursue maximal goals, a luxury that does not exist as an event becomes closer in time (Zauberman and Lynch 2005).

Cultural differences in people's conceptions of time—that is, what the passing of time means, and how its passing affects decision making—align with goal (promotion versus prevention) and outlook (short term versus long term) distinctions (Chen, Ng, and Rao 2005). Indeed, the different ways that time is defined and conceived of across cultural contexts may be an important factor that contributes to cultural differences in goal and outlook orientations. To illus-

trate, Graham (1981) distinguishes between linear and traditional views of time.<sup>3</sup> The linear-separable view refers to the Anglo perception that time is linear. That is, there is a past, present, and future, which are separated 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; when it is gone, it cannot be recovered. Thus, people should make the best of their moments, a perspective similarly adopted by promotion-focused people.

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 that stretches from the past to the 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, and seasons. Held by members of more traditional societies (Latin America, Mexico), this perception suggests that the past is just like the future; all is circular. Furthermore, because 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 because activities are procedure driven rather than time driven. Shared by members of societies in which there is little written history and an emphasis on ritual (e.g., Native American societies), this perception suggests that things are done when the “time is right.” When 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. Because time does not have value (because a person 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 short-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 different times (Chen, Ng, and Rao 2005; Levine 1997) and therefore could require different persuasive efforts or tactics when encouraged to make important health decisions. Consider efforts to discourage smoking. People who follow a traditional model of time may feel less urgency to make a decision to quit (than those who follow a linear time model) because the opportunity to make such decisions will come again. Policy makers may need to go beyond standard

<sup>3</sup>Notably, views of time are transmitted through language, reinforcing the beliefs of cultural groups. For example, although 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 perceptions of time, such that controllability and linearity is not recognized. For example, whereas the English clock “runs,” the Spanish clock “walks.” A person is not late for an appointment, but “it got late on him.”

antismoking initiatives (e.g., approving the over-the-counter sales of smoking cessation aids, such as Nicorette; communicating the need to quit; Crossley 2004) to address these people effectively. For example, efforts targeted at this relatively resistant group could include stronger and more frequent advertising messages that emphasize the need to quit immediately.

### ***How Long Do Decisions Last?***

The goal-based approach we adopt in this article suggests variation in how lasting decisions are and, thus, in tendencies to reevaluate decisions over time. In the case in which a quick decision is forced (and, thus, prevention concerns may loom), a person may be more likely to reevaluate the decision, particularly if aspirational goals are not satiated. Consider a person who is given only one week to invest retirement funds in an individual retirement account, a situation that often arises when joining employee-operated plans. With prevention-focused concerns salient, the person may choose 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 person may reflect on that decision and, in the spirit of more maximal goals, shift funds toward a stock portfolio when the opportunity presents itself again. Such a dynamic should be less likely if the deadline given to the person is farther in the distant future, such that he or she has more time to reflect on the important investment decision before making it.

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

### ***Implications: Reactive Versus Proactive Decision Making***

An 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 people focus. Specifically, prevention-focused people should be less sensitive to their ideal, desired state and more attuned to their actual, current condition than promotion-focused people (Lieberman 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. Conversely, prevention-focused people 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 prevention-focused consumers toward taking more active measures would be beneficial.

To flesh out implications of this idea, consider the decision of whether to undertake early disease testing (note that the National Cancer Institute estimates that as many as 8.4 million people in the United States are living with cancer or

have been cured of the disease thanks largely to advances in early detection technologies). Despite nearly universal calls for greater preventative testing, many consumers do not engage in such behavior (Kahn and Luce 2006). If many of these people are prevention focused, a campaign encouraging preventative testing (e.g., prostate-specific antigen tests, mammograms, Pap smears) may be most effective if it describes those tests as behaviors that people *should* do rather than what they *ideally* would do (Higgins 1997).<sup>4</sup> Policy makers might also consider the time it takes to deliver results. To the degree that people who are reserved are less interested in 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 (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 (2005) estimates that 60% of deaths due to cancer could be averted through fairly straightforward lifestyle alterations (e.g., increasing exercise, altering diets by eating less red meat and more fruits and vegetables). Recent information quantifies the benefits of diet change: Breast cancer patients who followed a low-fat diet (versus control group patients who did not change 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 2006) but also because the new advocated behaviors often represent a radical departure from normative behaviors in the United States. The work reviewed to date suggests that the adoption of such change may be even more difficult for prevention-oriented people than for promotion-oriented people (Lieberman et al. 1999). That is, people with a reserved, reactive disposition might be less likely to stop engaging in problematic behaviors (e.g., smoking) and to take up healthful behaviors (e.g., regular exercise). Therefore, marketers using campaigns of this kind might need to identify consumer groups that are likely to have very low proactivity, with the understanding that these groups may be swayed only by messages that are structured to provide value from "fit" with their chronic goals and, thus, may require some extra effort.

## **Conclusion**

Our understanding of consumers' choices in the policy realm has relied largely on economics literature and, to a

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<sup>4</sup>Notably, the theory underlying regulatory focus can also lead to the opposite prediction. That is, given prevention-oriented people's focus on being responsible and avoiding negative outcomes, they may be more vigilant than promotion-oriented people regarding early disease detection measures (Crowe and Higgins 1997). If this 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 competing predictions, particularly in light of increasing work that suggests that a significant shift toward (1) prevention behaviors on the part of people and (2) research investments in preventative care on the part of organizations needs to be made (Rieff 2005).

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

Our conceptualization also challenges certain assumptions underlying current policy work. For example, it has been pointed out that poor people often make suboptimal health-related choices (e.g., less-than-ideal eating habits, infrequent disease testing) compared with people at the middle and upper end of the wealth spectrum. Although this pattern has been attributed to poor people's lack of concern about their health, our analysis suggests that there are different motivations. That is, both rich and poor people may 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 poor people that do not reflect normative or ideal decisions. Consequently, policy measures instituted to change those behavioral patterns may not be effective unless the measures recognize and accommodate the chronic goals and self-regulation strategies that are guiding behavior. Poor people, who 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 a lack of motivation or ability to pursue good decision information. For example, whereas chronically poor financial decisions of some quarters of society have been attributed to lower levels of education and financial knowledge (Nelson 2002; cf. Bertrand, Mullainathan, and Shafir 2006), our analysis suggests that differences in underlying motivations to complete comprehensive searches have an important role in causing this problem.

Our analysis does not suggest that one goal focus dominates another; instead, it identifies choice situations in which a particular goal focus 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 may make them more subject to overspending. Using this information, policy makers can identify the underlying issues that drive poor consumer decisions and develop ways to improve these decisions, potentially by shifting consumers' goals in the desirable direction. Shifts of this kind can be accomplished by emphasizing positive versus negative decision information, redirecting consumers' outlook between the short and the long term, and prompting consumers 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").

Furthermore, although dispositional leanings affect the goals people tend to pursue, the influence of these leanings might be substantially weakened by encouraging thoughtful deliberation (Briley and Aaker 2006). Thus, when goals do not 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, thus 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, although people who live 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, although some nationalities (e.g., Asians) and some subcultures in the United States (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 only one of the useful factors.

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