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HOW A THREAT TO WOMEN'S HEALTHCARE IN THE U.S. COULD LEAD TO A
LIBERAL SHIFT

by

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Dedication

To my sister Katelyn and her journey into motherhood.

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I am greatly indebted to the endless support of my parents Suzie and Ron, my sister Katelyn and her husband Brice, and my mentor Dr. Amanda Johnston.

ABSTRACT

HOW A THREAT TO WOMEN’S HEALTHCARE IN THE U.S. COULD LEAD TO A LIBERAL SHIFT

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Literature on traditional ideas of threat, such as terrorism, primarily shows increased support for political conservatism (Jost et al., 2003; 2007), while little research exists on how broader conceptualizations of threat may increase support for liberalism. The current research aims to extend findings from Eadeh and Chang (2020), exploring how threat may influence support for liberal ideology. Two between-subjects experiments were conducted focusing on healthcare threats at the group and individual level. The preliminary study (Experiment 1) explored perceptions of threat to women’s healthcare and found healthcare threats to be perceived as similarly threatening to terrorism. Using a pretest-posttest design, the primary study (Experiment 2) explored possible shifts in political attitudes after exposure to healthcare threats. Results show an increase in liberal healthcare beliefs after exposure to the “individual” healthcare threat, but not the “group” healthcare threat. Moral foundations of care/harm (Haidt & Graham, 2007) were also

explored in addition to the importance and relevance of women's healthcare. Implications for future research on threat and political ideology are discussed.

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CHAPTER I: INTRODUCTION

Threat can be defined as person or thing likely to cause damage or danger (Oxford English Dictionary, 2023). While extant literature on physical threats (e.g., terrorism) generally shows increased endorsement of political conservatism (Jost et al., 2003; 2007), little research exists on how broader conceptualizations of threat may increase support for political liberalism. However, growing literature has started to consider a variety of threats potentially related to liberals and political leftists, such as democracy and tolerance (Kahn et al., 2021) and the environment and healthcare (Eadeh & Chang, 2020). Healthcare has become a topic of concern in the U.S., with research showing numerous implications for women’s health in terms of low satisfaction rates, lack of accessibility, unaffordable costs, and notably holding the highest level of maternal mortality in comparison to other developed nations (Gunja et al., 2019). Research surrounding threat, specifically healthcare, is critical for not only promoting policy change, but for improving and sustaining the overall health of individuals in the U.S. The goal of the current research is to extend findings from research on threat and liberalism by Eadeh and Chang (2020) by exploring the threat of healthcare of women at the group and individual level.

The Issue with “Issue Ownership”: A Social Identity Perspective

Eadeh and Chang (2020) are one of the first to make the claim that certain threats increase support for liberalism. Researchers’ explanation for a liberal shift includes concepts of “issue ownership” (Petricock, 1996) and “affordances” (Gibson, 1977). Issue ownership claims that conservative parties (i.e., Republicans) are objectively seen as better handling issues such as terrorism (Newport, 2014), while liberal parties (i.e., Democrats) are objectively seen as better handling issues involving healthcare and the

environment (Saad, 2007). The theory of affordances is then used to explain what each party can offer in terms of solutions to such issues, for example, conservative use of strict border security in minimizing terrorism threats (Oliphant & Cerda, 2022).

While the public may perceive Republicans or Democrats as better handling issues in domains each party “owns”, social identity theory (Tajfel & Turner, 1986) would suggest that ingroup bias and outgroup derogation may play a role in willingness to support outgroup policies. From this perspective, individuals who identify as more conservative or Republican may be unlikely to shift their political preferences toward liberalism due to biased attitudes in favor of their political ingroup. For example, research by Gilliland and colleagues (2023) shows that individuals will rely on (automatic) ingroup favoritism and (controlled) outgroup denigration when faced with political decision making of political candidates. Devine (2015) also finds that psychological attachment to partisan ingroup is significantly higher among both liberals and conservatives (compared to moderates) and that these feelings are highly susceptible to environmental stimuli that increase the salience of ideology such as a hypothetical election. Therefore, salience of healthcare threats that increase the attraction for liberal ideology may not be due to ownership and affordances, as liberals and conservatives may be blinded by ingroup favoritism when making political decisions. In considering the limitations pertaining to a fundamental relationship between issue ownership, affordances, and political decision making, and the many implications of social identity theory, it is important to explore other underlying psychological factors possibly increasing support for liberalism when primed with a threat to healthcare.

Moral Foundations & Basic Personal Values

One explanation for the psychological underpinning of political ideologies and beliefs is Moral Foundations Theory (Haidt & Graham, 2007). Researchers draw on the importance of five moral foundations including care/harm, fairness/reciprocity, ingroup/loyalty, authority/respect, and purity/sanctity. For the purposes of the current research, the focus will be the foundation of care/harm, which emphasizes the moral need to provide care and prevent harm for others in society (Haidt & Graham, 2007). This foundation is highly represented across both conservative and liberal ideologies (Graham et al., 2009), therefore salience of poor healthcare (i.e., something that provides care to others) may trigger the need to seek resolution for all, regardless of identified political ideology. Although conservatives score slightly lower on foundations of care, both ideologies score nearly identical on willingness (e.g., how much money they would accept) to violate this foundation (Graham et al., 2009). This may indicate that making poor healthcare salient to individuals will generate a desire to seek viable solutions to avoid violating morals. However, because moral foundations of care/harm are not fundamentally liberal or conservative, that is, having this foundation alone may not prompt a liberal or conservative shift for healthcare, we can explore related ideas of basic personal values (Shwartz, 1994) that are liberal in nature, such as universalism.

Basic personal values motivate political values, and the basic personal value of universalism (i.e., the protection of welfare of *all* people) underlies liberal political values (Shwartz, 2010). If conservatives and liberals generally have high moral levels of care/harm, and because this foundation may be similar in nature to universalism (e.g., protection/prevention of welfare/harm), then we might consider the potential attraction toward such values that underly liberal ideology (Shwartz, 1994), specifically for healthcare beliefs. In order to solve moral concerns of care and to prevent harm in issues

related to healthcare, political decision making may be reinforced through basic personal values due to the generation of nonconscious motivations in political choice (Schwartz, 1994). Because basic personal values such as universalism are less vulnerable to situational variation compared to political values (e.g., blind patriotism; Schwartz, 2010), exposure to poor healthcare may generate a (possibly nonconscious) motivation toward liberal ideology regardless of partisanship. Moreover, because universalism is less susceptible to situational variation, having this basic personal value, or perhaps the more general foundation of care/harm, may override feelings of ingroup favoritism for political identities when there is a threat to healthcare.

Personal Meaning in Political Preference

Some individuals may be more motivated than others to explicitly endorse liberal policies, and this can be a result of personal meaning of political attitudes (e.g., healthcare), which has shown to regulate policy support (Krosnick, 1988). Because individual perceptions can reinforce political decisions, it is important to consider how personal meaning of threats may also influence motivations toward policy endorsement. Recent research shows that individuals' policy preferences can be dictated by the relevance, closeness, and concreteness of certain collective threats (Kahn et al., 2021). While examining threats of democracy, tolerance and security, research by Kahn and colleagues (2021) indicates that conservatives and liberals differ in the threats they emphasize as well as the mental construal and perceived psychological difference of threats. However, one threat that was not included was a threat to healthcare, emphasizing the need for more research on this topic, as healthcare may be equally relevant to both conservatives and liberals. Understanding individual perceptions and personal meaning of threats may guide researchers in predicting who is likely to have the greatest shift, if any, toward liberalism when exposed to healthcare threats.

To further understand personal meaning in political attitudes we can examine studies surrounding gender identity. Eagly and colleagues (2004) find that women collectively endorse more socially compassionate policies. This may suggest that women, more than men, will be more motivated toward liberal ideology due to both the endorsement of communal policies and the personal relevance of the current manipulation (i.e., threat to women's healthcare in the U.S). However, not only women should feel motivated toward communal policies that impact women, and we can further explore the underlying mechanisms of basic personal values (Shwartz, 1994). The basic personal value of benevolence, which emphasizes the protection of welfare of individuals whom one is in frequent personal contact, is associated with support for liberal ideology (Schwartz, 2010). People who perceive healthcare as personally relevant or important, and those who identify with or feel close to the women in their life (e.g., friends, mothers, sisters), may be more inclined to shift towards liberal policies of benevolence that protect the welfare of women.

Overview

From a social psychological perspective, it is important to understand how social identity, morality and values, and personal meaning (e.g., importance/relevance) can stand as potential influences in political attitudes and behaviors, especially when it comes to the health of individuals in the U.S. Threat, as a psychological concept, has historically shown to increase support for conservative ideology, with the majority of this research examining terrorism threats (Jost et al., 2003; 2007). However, threats come in many shapes and sizes, and this research aims to examine the equivalency of different types of threats and the implications for ideological beliefs. Before conducting the primary experiment, I conducted a preliminary study to pretest different threat manipulations, comparing threats of healthcare and terrorism. Results from the preliminary study

allowed the use of healthcare as a construct that is equally threatening to terrorism for the primary experiment that examined whether exposure to healthcare threats would increase support for liberal ideology.

CHAPTER II: PRELIMINARY STUDY

The purpose of this study was to determine if threats to healthcare (e.g., poor quality/access) and the judicial system (e.g., erroneous convictions) are deemed equally threatening to other threats in literature, such as terrorism. Expanding on the preliminary study from Eadeh and Chang (2020), threats at both the group and individual level were included, where the individual condition involves healthcare threats to an individual woman, while the group condition involves healthcare threats to women in the U.S. Because the threat of healthcare became the focus of the primary experiment, results regarding the judicial system threats are outside the scope of the current research and will not be discussed further. The preliminary study had two primary hypotheses:

H1: Individuals will perceive each threat condition (healthcare group, healthcare individual, international terrorism, domestic terrorism) as more threatening than the control condition.

H2: Individuals will perceive threats to healthcare at the group and individual level as equally threatening to domestic and international terrorism (i.e., null effect).

Methodology

Participants

Participants were recruited from a convenience sample of students at the University of Houston-Clear Lake using SONA through the Research Participant Pool. A total of 106 participants completed the study, and after manipulation checks and the decision to remove the judicial system manipulations, the study included 62 participants. Of these, 43 identified as cisgender women, 13 as cisgender men, 1 as non-binary, and 1 did not answer. For the race/ethnicity of participants, 23 self-identified as Latin American/Latinx/Hispanic, 12 as White/Caucasian/European, 11 as multiracial, 5 as

Asian/American/Pacific Islander, 4 as Black/African/African American, 3 as South Asian, 2 as Arab/Arab American/Middle Eastern, and 2 did not answer. Participant ages ranged from 18-48 years with a mean age of 24.5 years ($SD=5.8$). Political affiliation included 28 Democrats, 8 Republicans, 2 Independent, 2 Libertarian, 21 identified as none, and 1 identified as other.

Measures and Procedure

After providing informed consent, participants were randomly assigned to one of five conditions using a between-subjects design: healthcare (group), healthcare (individual), terrorism (domestic), terrorism (international), and a control. Participants in the healthcare “group” condition read real statistics about women in the U.S. receiving poor quality healthcare, participants in the healthcare “individual” condition read a true story about a woman who personally experienced a lack of access to healthcare, the terrorism conditions read about the prevalence of White supremacy (domestic) and ISIS (international) in the U.S., and the control condition read about the impact of caffeine on college students (see Appendix A). After reviewing their assigned information, participants completed a threat inventory adapted from Eadeh and Chang (2020) consisting of 10 questions such as, “I feel threatened after reading the information” and “I believe the information I read described a threat to society at-large,” (see Appendix B). Participants rated the items on a 7-point Likert-type scale (1= *Strongly Disagree* to 7 = *Strongly Agree*). Three items such as, “I did NOT feel threatened by the information,” were reverse coded during analysis. Cronbach’s alpha was used to determine reliability of the threat inventory and the measure had good internal reliability ($\alpha = .727$). Total scores were averaged to reflect an overall perceived threat score where higher scores indicate greater perceived threat. Finally, participants provided demographic information and were presented with a short debriefing statement.

Results

A one-way ANOVA revealed a significant difference in perceived threat across the five conditions, $F(4, 57) = 6.14, p < .001$. Significant differences occurred between the control ($M = 3.18, SD = 1.10$) and each threat condition: healthcare “individual” ($p < .001$), healthcare “group” ($p = .009$), domestic terrorism ($p = .004$), international terrorism ($p = .003$). A post hoc Tukey analysis revealed there were no significant differences between the four threat primes, all $ps > .9$., meaning all healthcare and terrorism conditions were perceived as similarly threatening. The average perceived threat across all experimental conditions: healthcare “group” ($M = 4.71, SD = .9$), domestic terrorism ($M = 4.77, SD = 1.36$), healthcare “individual” ($M = 4.91, SD = .72$) and international terrorism ($M = 4.78, SD = 1.14$). Notably, the healthcare “individual” condition descriptively received the greatest level of perceived threat.

CHAPTER III: PRIMARY EXPERIMENT

While vast research has explored the implications of threat, specifically terrorism, on conservative shifts, the purpose of the current study is to investigate how other threats, in this case healthcare, may increase support for liberalism (i.e., liberal shift). This research is a continuation of previous research on threats and liberalism (Eadeh & Chang, 2020), while addressing some of the limitations within that research. Specifically, Eadeh and Chang (2020) included only threats to individuals and did not include a pretest of political attitudes prior to the threat manipulation. The current experiment adds perceptions of threat to the group and incorporates a pretest-posttest design to examine an actual shift in political attitudes.

H1: Exposure to a healthcare threat at the group and individual level, relative to a control, will increase support for liberalism.

H2: Higher care/harm foundation scores will be associated with greater personal meaning (i.e, importance/relevance) to women's healthcare, and liberal attitudes.

Methodology

Participants

Participants included 110 individuals recruited from Amazon Mechanical Turk (MTurk). Participants were paid \$1.50 for completing the experiment. After accounting for attention checks, manipulation checks, answering yes to falsifying or fabricating their answers, and straight lining, 82 participants included 46 cisgender women, 31 cisgender men, 2 transgender women, and 3 identified as other but did not specify their gender. The majority of the sample identified as White with 50 participants self-identifying as White/Caucasian/European, 11 as Black/African/African American, 10 as Biracial/Multiracial, 6 as Asian/Asian American/Pacific Islander, 1 as Arab/Arab

American/Middle Eastern, and 1 identified as other but did not specify. Ages ranged from 25-76 years with an average age of 42.3 years ($SD=12.9$). Political affiliation included 52 Democrats, 15 Republicans, 11 Independent, 3 Libertarian, and 1 identified as none.

Measures

Political Attitudes. In order to analyze a possible shift in political attitudes, participants filled out a pre and posttest political attitudes questionnaire, adapted from Eadeh and Chang (2020), consisting of 18 healthcare statements varying in pro-liberal language such as, “I believe that we should aggressively expand health care coverage for the poorest Americans” and pro-conservative language such as, “Government-run healthcare systems are inefficient and costly to tax-payers.” The measure also included 18 statements pertaining to general conservative values, such as, “A strong military is the most important ingredient to keeping America safe,” and liberal values such as, “We should outlaw capital punishment,” (see Appendix C). Participants rated all 36 items on a 7-point Likert-type scale (1 = *Strongly Disagree* to 7 = *Strongly Agree*). Questions pertaining to conservative ideology were reverse coded, therefore higher average scores indicated more liberal attitudes and lower scores indicated more conservative attitudes. Cronbach’s alpha was used to determine reliability of the overall political attitude items ($\alpha= .936$), as well as healthcare attitude items ($\alpha= .888$).

Moral Foundations Questionnaire. Participants completed 12 questions from the Moral Foundations Questionnaire (Graham et al., 2008) prior to the threat manipulations to measure their baseline commitment to care/harm. For efficiency and because care/harm is the primary moral foundation hypothesized to be associated with a liberal shift, only questions related to this moral were included. Participants answered 6 items (e.g., Whether or not someone suffered emotionally) using a 6-point Likert type scale (1= *not at all relevant* to 6= *extremely relevant*) and an additional 6 items (e.g., Compassion

for those who are suffering is the most crucial virtue) using a 6-point Likert type scale (1= *strongly disagree* to 6= *strongly agree*). Cronbach's alpha was used to determine reliability of Moral Foundations Questionnaire ($\alpha = .752$).

Personal Meaning. Participants responded to 4 questions regarding their personal meaning (i.e., relevance/importance) towards women's healthcare such as, "How much could the issue of women's healthcare impact individuals you feel close to?" (see Appendix D). Participants answered using a 5-point Likert type scale (1= *not at all relevant/important* to 7= *extremely relevant/important*)/(1= *not at all* to 7= *a great deal*). Cronbach's alpha was used to determine the reliability of Personal Meaning ($\alpha = .892$).

Neutral Measure. The Empathy and Systemizing Quotient (Baron-Cohen, 2006) was included as a measure in the experiment to provide adequate time between answering the political attitudes questionnaire before and after the manipulation. Participants answered 30 items such as, "I like to do things on the spur of the moment" and, "I am fascinated by how machines work" using a 4-point Likert type scale (1= *strongly disagree* to 4= *strongly agree*).

Procedure

After providing informed consent, participants were randomly assigned to one of three conditions using a between-subjects design: healthcare (group), healthcare (individual), or a control. Before being exposed to their condition, participants completed the political attitudes measure for the first time, and the abbreviated Moral Foundations Questionnaire. After completing these measures, each condition was exposed to their summary of the same information used in the preliminary study (see Appendix A). After reading their assigned excerpts, participants completed the neutral measure, then the political attitudes measure for a second time. They then responded to the questions about their personal meaning towards women's healthcare followed by demographics and final

check questions. The final check questions included a manipulation check of a true/false question regarding the information they read, a page to fill in a summary of the excerpt, and an attention check task of “please select *strongly disagree*.” Finally, participants received a message of thanks and a brief debriefing statement with relevant contact information.

Results

Political attitudes were averaged for pre and posttest items, then computed by subtracting pretest scores from posttest scores, creating a mean difference in scores for political attitudes. Higher scores indicate more liberal attitudes, and lower scores indicate more conservative attitudes. Importantly, no significant differences occurred for pretest scores on political attitudes, thus any differences found in posttest attitudes is due to the manipulation. Using a one-way ANOVA, results indicated no significant differences in overall changes in political attitudes across the three conditions, $F(2, 79) = 1.02, p = .366$. However, when focusing on the 18-item healthcare focused questions, a one-way ANOVA revealed a significant effect, $F(2, 79) = 3.85, p = .025$. A post hoc Tukey analysis indicated a significant difference between the healthcare “individual” condition ($M = .11, SD = .28$) and control condition ($M = -.10, SD = .30$), $t(79) = 2.78, p = .019$. Moreover, there were no significant differences between the healthcare “group” condition ($M = .002, SD = .25$) and the control, $p = .35$. These results support the hypothesis that a threat to individual healthcare increases support for liberal ideology, specifically in terms of liberal healthcare attitudes.

For hypothesis two, it is important to note that there was a significant positive correlation between care/harm scores and importance/relevance scores, $r(82) = .260, p = .018$. In addition, there was a significant positive correlation between care/harm scores and general political attitudes in the posttest, $r(82) = .429, p < .001$. The correlations are

consistent with previous research indicating liberals score higher than conservatives on foundations of care/harm (Haidt & Graham, 2007).

CHAPTER IV: DISCUSSION

To test the hypothesis that a threat to healthcare increases support for liberal ideology, a preliminary study was conducted to determine if healthcare threats are perceived as similarly threatening to other threats in literature, specifically terrorism. Results from the preliminary study suggest that a threat to women's healthcare in the U.S., at both the group and individual level, are equally threatening to domestic and international terrorism. Importantly, the healthcare "individual" threat descriptively received the highest level of perceived threat, which may provide additional meaning to the significant findings in the primary experiment. Results from the primary experiment support the hypothesis that threats, specifically a threat to healthcare, can lead to a liberal shift. Specifically, healthcare threats at the individual level increased support for liberal healthcare attitudes. If healthcare threats are deemed most threatening when primed with an individual experience, people may be especially inclined to seek universalistic (i.e., liberal) solutions (Shwartz, 2010), whereas with threats to large groups of people (e.g., women), seeking solutions may seem elusive and hinder the likelihood for changes in attitudes. Although the shifts in liberal attitudes were rather minor, significant findings of perceived threat in the preliminary study are especially notable, as comparing threats of terrorism and healthcare may seem unreasonable in some eyes. These results establish the importance of having quality access to healthcare and emphasize the need for more research to determine varying ramifications of healthcare threats. Furthermore, the results from the primary study demonstrate findings of a liberal shift in response to threat, exemplifying threat as a variable that is not limited to support for conservative ideology.

In addition, there was a significant positive correlation between care/harm scores and importance/relevance scores. Moreover, care/harm scores were significantly

positively correlated with general political attitudes for posttest scores, indicating individuals with stronger liberal attitudes have a greater moral inclination toward care/harm. Therefore, if higher care/harm scores are related to greater importance/relevance to women's healthcare, where there are also stronger liberal attitudes (e.g., benevolence, universalism), future research should be interested in how the moral foundation of care/harm alone may be influencing perceptions of healthcare threats, as certain levels of this foundation may indicate stronger liberal healthcare attitudes. While the results regarding moral foundations of care/harm may be unclear regarding the causality of a liberal shift, as well as the lack of evidence supporting theories of affordances and issue ownership, it is important for future researchers to continue exploring variables potentially increasing the attraction toward liberal ideology when exposed to threats.

Limitations

A primary limitation of the current research is related to the participant sample used for the preliminary study and primary experiment. The preliminary study used a convenience sample of university students, where ages ranged from 18-48, with an average age of 24 years. The primary experiment recruited participants from Amazon Mechanical Turk, where ages ranged from 25-76 and an average age of 42 years. When testing for perceived threats to healthcare, it is important to consider how age may influence meaning and subjectivity toward healthcare issues. Younger individuals, especially women, may view healthcare in terms of reproductive health, and the healthcare manipulation did focus on the health experiences of women or a single woman. An older population may view healthcare access and affordability in terms of overall health issues that come with age, where Medicare may eventually become available. This may suggest that a younger sample would perceive healthcare as a greater

threat and perhaps have greater inclination toward liberal ideology. Because an older sample was used for the primary experiment, it is unclear how the older sample may have collectively perceived the healthcare threats, or how a younger sample would score on the political attitudes measure. In addition, the sample used in the main study consisted mainly of Democrats, where Republicans, Libertarians and Independents were less represented. This may suggest when testing for shifts in political attitudes, less room was available for a shift toward liberal attitudes, as Democrats reported already strong liberal attitudes in the pretest. Further limitations may exist in the time between the pretest and posttest political attitudes questionnaire. As the pretest and posttest were administered in the same sitting, participants may have recalled their previous responses to items in the pretest, influencing their posttest responses. Although explored in the literature, variables that were not measured include the basic personal values of universalism and benevolence. These variables may have given light to possible relationships between changes in political attitudes and/or care/harm scores.

Future Directions

As the issue of women's healthcare in the U.S. is prevailing, and oftentimes a controversial topic, it is important to explore the implications of perceived threat and variables increasing support for liberalism. More research on threat and liberalism is needed to address the current limitations and fill gaps in literature on when conceptualizations of threat may cause conservative versus liberal support. In addition to the variables explored in the current study, researchers may strive to control for political identity to examine a greater sample of Republicans who may be (un)motivated to endorse liberal healthcare attitudes, and whether these motivations are influenced by other moral foundations in addition to care/harm. Along with healthcare, future research may be inclined to explore other threats in political domains such as the environment

(Eadeh & Chang, 2020), democracy and tolerance (Kahn et al., 2021) and the judicial system (e.g., erroneous convictions). Furthermore, threats that increase the support for liberalism may have incompatible motivators when compared with conservatism, such as conservative motivation to reduce uncertainty or the resistance to change (Jost et al., 2003). For example, liberals may be incompatibly motivated against conservative resistance to change, and instead require societal progression. Therefore, a threat to societal progression may increase motivations for liberal ideology. Exploring the general motivations for liberal ideology from a social psychological perspective may give meaning to threats that increase the endorsement of political liberalism. Understanding if and when people will lean towards liberal versus conservative ideology may help lay the groundwork for political change that is needed to protect, sustain, and improve the lives of individuals.

REFERENCES

- Baron-Cohen, S. (2006). *Empathy/Systemizing Quotient - Child* [Database record]. APA PsycTests. <https://doi.org/10.1037/t00385-000>
- Devine, C. J. (2015). Ideological social identity: Psychological attachment to ideological in-groups as a political phenomenon and a behavioral influence. *Political Behavior*, 37(3), 509–535. <https://doi.org/10.1007/s11109-014-9280-6>
- Eadeh, F. R., & Chang, K. K. (2020). Can threat increase support for liberalism? New insights into the relationship between threat and political attitudes. *Social Psychological and Personality Science*, 11(1), 88–96. <https://doi.org/10.1177/1948550618815919>
- Eagly, A. H., Diekmann, A. B., Johannesen-Schmidt, M. C., & Koenig, A. G. (2004). Gender gaps in sociopolitical attitudes: A social psychological analysis. *Journal of Personality and Social Psychology*, 87, 796–816.
- Gilliland, D., Warner, B. R., Villamil, A., & Jennings, F. J. (2023). Intergroup bias in political decision making. *Communication Studies*, 74(5), 428-446. <https://doi.org/10.1080/10510974.2023.2222282>
- Graham, J., Haidt, J., & Nosek, B. (2008). *Questionnaires* | *Moral Foundations Theory*. <https://moralfoundations.org/questionnaires/>

- Graham, J., Haidt, J., & Nosek, B. A. (2009). Liberals and conservatives rely on different sets of moral foundations. *Journal of Personality and Social Psychology*, *96*(5), 1029–1046. <https://doi.org/10.1037/a0015141>
- Gunja, M. Z., Tikkanen, R., Seervai, S., & Collins, S. R. (2019). What Is Status of Women’s Health? U.S. vs. 10 Other Countries. *Commonwealthfund.org*. <https://doi.org/10.26099/WY8A-7W13>
- Haidt, J., & Graham, J. (2007). When morality opposes justice: Conservatives have moral intuitions that liberals may not recognize. *Social Justice Research*, *20*(1), 98–116. <https://doi.org/10.1007/s11211-007-0034-z>
- Jost, J. T., Glaser, J., Kruglanski, A. W., & Sulloway, F. J. (2003). Political conservatism as motivated social cognition. *Psychological Bulletin*, *129*, 339–375. <https://doi.org/10.1037/0033-2909.129.3.339>
- Jost, J. T., Napier, J. L., Thorisdottir, H., Gosling, S. D., Palfai, T. P., & Ostafin, B. (2007). Are needs to manage uncertainty and threat associated with political conservatism or ideological extremity? *Personality & Social Psychology Bulletin*, *33*(7), 989–1007. <https://doi.org/10.1177/0146167207301028>
- Kahn, D. T., Björklund, F., & Hirschberger, G. (2021). Why are our political rivals so blind to the problems facing society? Evidence that political leftists and rightists in Israel mentally construe collective threats differently. *Peace and Conflict: Journal of Peace Psychology*, *27*(3), 426–435. <https://doi.org/10.1037/pac0000567.supp>

- Krosnick, J. A. (1988). The role of attitude importance in social evaluation: A study of policy preferences, presidential candidate evaluations, and voting behavior. *Journal of Personality and Social Psychology*, 55(2), 196–210.
<https://doi.org/10.1037/0022-3514.55.2.196>
- Newport, F. (2014, September 11). Republicans expand edge as better party against terrorism. Gallup website. Retrieved from news.gallup.com/poll/175727/republicans-expand-edge-better-party-against-terrorism.aspx
- Oliphant, J. B., & Cerda, A. (2022, September 8). Republicans and Democrats have different top priorities for U.S. immigration policy. *Pew Research Center*.
<https://www.pewresearch.org/short-reads/2022/09/08/republicans-and-democrats-have-different-top-priorities-for-u-s-immigration-policy/>
- Petrocik. (1996). Issue ownership in presidential elections, with a 1980 case study. *American Journal of Political Science*, 40(3), 825–850.
<https://doi.org/10.2307/2111797>
- Saad, L. (2007). Democratic party winning on issues, December 7. Retrieved from <http://news.gallup.com/poll/103102/democratic-party-winning-issues.aspx>
- Tajfel, H., & Turner, J. C. (1986). The Social Identity Theory of Intergroup Behavior. In: Worchel, S. and Austin, W.G., Eds., *Psychology of Intergroup Relation*, Hall Publishers, Chicago, 7-24.

Threat. Def 2. (2023). In Oxford English dictionary. Retrieved from

<https://en.oxforddictionaries.com/definition/threat>

APPENDIX A:
MANIPULATIONS

Healthcare Conditions

(Group)

American women have long struggled to receive proper and affordable healthcare. A recent study found that women in the US hold the highest rates of maternal mortality compared to 10 other wealthy nations. Women in the US also experience greater levels of chronic illness, have difficulties affording healthcare, are most likely to skip medical visits because of cost and report the lowest levels of satisfaction with their care than women in other developed countries. Because women often take charge in maintaining the health of their families on top of their own, the ongoing lack of access to affordable healthcare is something to be addressed as it is essential for the well-being of American families. Ignoring this issue may not only increase the healthcare disparities that US women experience, but also increase the risk of preventable hospitalizations and premature death for many Americans.

Source: Munira Z. Gunja et al., What Is the Status of Women’s Health and Health Care in the U.S. Compared to Ten Other Countries? (Commonwealth Fund, Dec. 2018).
<https://doi.org/10.26099/wy8a-7w13>

(Individual)

“When I had health insurance two years ago, an ultrasound showed an abnormality. I lost my insurance and haven't been back. While I am sure it is not cancerous, I don't know. As I told my grown son, would I rather tell myself that I am fine and be happy, or go back for another ultrasound, see that it's grown and have no way to treat it? I will die both ways, just will be ignorantly happy by just ignoring it. It is inexcusable that a working woman with two small children may face a death sentence, because she can't afford to be treated, because her choice is a home and support for her kids, and there is no money left after that. If I didn't work, I would have healthcare of some sort or Medicaid. The government punishes responsible taxpayers.” – Maureen, Daphne, AL

https://www.komen.org/uploadedFiles/Content/GetInvolved/Legislation/Public_Policy/Personal_Health_Care_Stories.pdf

Terrorism Conditions

(International)

The rise of the Islamic State has led to the murder of over 1200 lives outside of Iraq and Syria. In recent decades, ISIS has inspired many terrorist attacks in the US, including the San Bernardino shooting, where a couple pledged allegiance to the leader of ISIS before murdering 14 and injuring 22 at a Department of Public Health Christmas party. Social

media currently plays a crucial role in increasing radicalization. The Program of Extremism has identified at least 300 U.S individuals who sympathize with ISIS spreading propaganda on social media sites and interacting with like-minded individuals. Since March 2014, 246 individuals in the US have been arrested and charged with ISIS related incidence. The vast majority being US citizens, with 28% accused of plotting domestic terrorist attacks. It is evident that the U.S. is home to a small but active group of individuals infatuated with the terrorism ensued by ISIS ideology.

<https://extremism.gwu.edu/isis-america>

(Domestic)

The United States has experienced a dramatic rise in violent white supremacist attacks following the 2016 presidential election. Research by the Center for Strategic and International Studies found the number of violent attacks by white nationalist groups quadrupled in the U.S. between 2016 and 2017. According to the FBI, there were 7,175 hate crime incidents in 2017 with 58 percent of the hate crimes being motivated by race, ethnicity, or ancestry. The Anti-Defamation League reports that white supremacy groups have stepped up their propaganda efforts, gaining the support of many individuals via internet and social media and inspiring many to commit violent acts in the US. White supremacist groups have been targeting young and vulnerable populations online through streaming and gaming sites as well as online chat rooms. The increase in white supremacist rhetoric is of great concern with many plotting attacks against government, racial, religious, and political groups in the United States.

<https://www.factcheck.org/2019/03/the-facts-on-white-nationalism/>

Control Condition

Caffeine has shown to have a number of negative side effects including insomnia, anxiety, fatigue, digestive issues, high blood pressure and more. However, many young adults choose to ignore these adverse effects and continue to consume large amounts of caffeine as a daily routine. A research study shows that 92% of college students consume caffeine in some form, with coffee being the main source of intake. Students report many reasons for caffeine use that include the need to feel awake, to enjoy the taste, for social involvement, to improve concentration, enhance physical energy, improve their mood or alleviate stress (Mahoney et al., 2018). Overall, the majority of college students, especially women, consume caffeine substantially more than the general population ages 19-30, but less than individuals aged 31-50.

Mahoney CR, Giles GE, Marriott BP, Judelson DA, Glickman EL, Geiselman PJ, Lieberman HR. Intake of caffeine from all sources and reasons for use by college students. *Clin Nutr.* 2019 Apr;38(2):668-675. doi: 10.1016/j.clnu.2018.04.004. Epub 2018 Apr 10. PMID: 29680166.
healthline.com/nutrition/caffeine-side-effects

APPENDIX B:
THREAT INVENTORY

1. I feel threatened after reading this article.
2. I am alarmed by the information I read in the previous article.
3. I feel unsafe after reading the assigned article.
4. I believe the article I read described a threat to society at-large.
5. I did **not** feel threatened by the article I read.
6. I am **not** alarmed by the assigned article.
7. I believe the information I read is **not** threatening to society.
8. I believe Americans are concerned about the information described in the article.
9. I feel personally alarmed after reading the assigned article.
10. This article made me feel a great deal of concern for fellow Americans.
11. I think what happened in my assigned article could happen to me.
12. This article discusses a threat that is potentially relevant to my own life.
13. This article discusses a threat that is potentially relevant to my friends and/or people I know.
14. This kind of threat could never be relevant to me.

(Eadeh & Chang, 2020)

APPENDIX C:

POLITICAL ATTITUDES

Hawkish Attitudes (6)

The best way to ensure peace is through military strength.
A strong military is the most important ingredient to keeping America safe.
Diplomatic solutions to terrorism are almost always preferable to the use of military force.
Military force is not an effective way to combat terrorism.
I am strongly in favor of going to war against enemies of the United States.
Military spending is far too high in our country.

Social Liberal Attitudes (6)

I am happy that same-sex marriage is now legalized.
Permits should be required for gun ownership.
We should outlaw capital punishment.
Taxes on the rich are too low.
We should invest greater time and resources into renewable energy sources (e.g., wind and solar power).
Carbon dioxide and other greenhouse gasses should be aggressively regulated by the EPA, and violators of the law should be severely punished.

Social Conservative (6)

I strongly support prayer in public schools.
Immigrants today are a burden on our country because they take our jobs, housing and health care.
The U.S. government already spends too much giving money to the poor.
There should be less gun control in this country, not more
Individuals and businesses should not be forced to service people that could potentially conflict with their own religious principles.
Minorities who can't get ahead in this country are mostly responsible for their own condition.

Healthcare Items (18)

I would support aggressive regulation of health insurance companies.
I believe that we should aggressively expand health care coverage for the poorest Americans.
I would support regulation of privatized health insurance companies.
Making healthcare attainable should be a priority for the government.
Government does not have the obligation to provide healthcare for everybody.
I would support more careful monitoring of health insurance companies.

It should be illegal for health insurance companies to refuse care to patients that have demonstrated need.

Health insurance companies should be required to pay for all life-saving care.

The government should have a minimal role in the healthcare industry.

The government has a responsibility to provide healthcare for low-income individuals.

People ought to be responsible for their own healthcare costs and needs.

Government-run healthcare systems are inefficient and costly to tax-payers.

Health insurers that illegally deny coverage to patients with need should lose their licenses to operate as insurers.

I would pay more in taxes if it went towards better quality healthcare.

Quality healthcare is not something everyone can have equal access to.

If an individual cannot afford a healthcare visit, it is the individual's fault for not obtaining health insurance.

Cost transparency from healthcare companies is the most effective way to fix the affordability of healthcare.

Capping the cost of prescription drugs like insulin should only be available for people with Medicaid.

Adapted from Eadeh and Chang (2020)

APPENDIX D:

PERSONAL MEANING

1. How personally relevant is the issue of women's healthcare to *you*? (not at all-very relevant)
2. How important is the issue of women's healthcare to *you*? (not important-very important)
3. How much could the issue of women's healthcare impact individuals you feel close to? (not at all-very much so)
4. How much could the issue of women's healthcare impact *you*? (not at all-very much so)