

UNDERSTANDING HEALTH CARE REFORM IN  
COMMENTS SECTIONS OF ONLINE NEWS SITES

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## ABSTRACT

Laura Heisner Marshall: Understanding Health Care Reform in Comments Sections of  
Online News Sites  
(Under the direction of Maria Leonora Comello)

Since the idea of a universal national healthcare system was first introduced in the United States in the 1920s, the messages propagated by its opponents and supporters have been fraught with emotional images and inflammatory rhetoric. In the recent past, opponents have accused supporters of proposing the creation of “death panels” and advocating the intrusion of emotionless bureaucrats into physician-patient privacy. Clinicians who supported government health care programs were characterized as “insurgents” and insurers as evil, profit-hungry entities unconcerned with their members’ health.

The Affordable Care Act (ACA) passed the United States Congress in 2009. It was intended to create a national infrastructure providing insurance coverage for individuals who could not otherwise afford or obtain health care without considerable personal expense. It is a complex law, constituting nearly a thousand pages, and its provisions were implemented gradually after its passage. The very complexity of the ACA likely contributes to continued misunderstanding of its tenets as much as its politics do. This research analyzes stories about one Supreme Court ruling affecting the ACA in early 2016 (*King v. Burwell*) as published in two openly-partisan online news outlets and the comments posted in response to those stories. Using Grounded Theory (GT), analysis

examines social interactions among commenters and their influence upon affect messages about the law, as well as how messages within the text of the stories themselves are accepted and reified—or rejected—by the audiences on those websites. The principal finding of this study, the grounded theory that emerged, is that the social processes involved in this conversations proceed from group identifying via “othering” language, through information-seeking and exchange, to proposing solutions which are either hopeful or pessimistic. The content of the conversations between partisan websites has more in common than previous studies have indicated about politically-divided audiences and offers potential tools for professional communicators.

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## LIST OF CONVENTIONS/ABBREVIATIONS

Conventions used in this research:

**#[number], date, time:** for example #18, January 5, 2017; indicates the number of the comment in order of its appearance in all comments responding to a story, and the date and time at which it was posted.

**ACA:** Affordable Care Act

**GOP:** Grand Old Party, used frequently as a reference to the Republican Party in the United States.

**HMO:** Health Maintenance Organization, one of several models of health insurance available in the United States

**IP:** Initial Poster, the first user in a conversation

**Obamacare:** Nickname for the Affordable Care Act first used by its detractors, later by supporters as well.

**PPO:** Preferred Provider Organization, another model of American health insurance

**RS[1]:** Response [sequential number] by order in which the user ID first appears in a conversation

**SCOTUS:** Abbreviation for Supreme Court of the United States

**“shouting”:** Use of all capital letters in electronic communication.

**userID:** the moniker a given commenter uses to identify themselves on a site. In some cases a userID appears to be a given name, i.e. John Smith. For that reason, all userIDs are anonymized in this study.

## INTRODUCTION

Since the idea of a universal, government-funded national healthcare system was first introduced in the United States in the early 20<sup>th</sup> century, the messages propagated by its opponents and supporters have been fraught with emotional images and inflammatory rhetoric. In the recent past, opponents have accused supporters of proposing the creation of “death panels” and advocating the intrusion of emotionless bureaucrats into physician-patient privacy. Clinicians who supported government health care programs were characterized as “insurgents” and insurers as evil, profit-hungry entities unconcerned with the health care of their members. These characterizations—the extreme terminology and emotion-laden language—are not new.

One of the oldest characterizations of universal health care programs still in use is the term “socialized medicine.” That phrase emerged in the 1920s, and has been used by opponents to evoke images of government control of private medical decisions. At the time, it derived from negative opinions of socialist Germany’s national healthcare system, a government-funded and -administered program proposed by some in the United States as a potential model for an American solution to rising health care costs.

Nearly 90 years later, the Affordable Care Act (ACA) passed the United States Congress in 2009. It was intended to create a national infrastructure providing insurance coverage for individuals who could not otherwise afford or obtain health care without considerable personal expense. It is a complex law, constituting nearly a thousand pages, and its provisions were implemented gradually after its passage. The very complexity of

the ACA likely contributes to continued misunderstanding of its tenets as much as its politics do (Meirick, 2013).

I focus here upon online communication about the ACA in politically partisan media outlets and in the comments posted to those stories by its supporters and opponents. This dissertation qualitatively analyzes the language used in partisan online news media to evaluate its significance in the arguments of the leaders of social groups debating the issue. The larger goal of this research is to improve the effectiveness of communication about health care policy to enhance the accuracy of audience understanding of what has become a divisive issue.

The decision to use online-only news sites was reached after considerable research into the potential partisanship of online websites of local newspapers as compared to readership of openly partisan online-only news outlets. Because of the nature of online media, especially the ease of tailoring information to an individual's worldview, I determined that the purposes of my dissertation would be best served by analyzing web-based outlets to more narrowly focus the comparison. Websites that provide only online access to their publications also tend to focus more on national or international readership defined by viewpoints or subject preference than by local issues, and are therefore more likely to present a politically-charged issue with a partisan viewpoint that appeals directly to a subject-focused audience.

*Breitbart.com*, an openly conservative website, is associated with *Fox News*, and the *Huffington Post*'s coverage tends to espouse politically liberal social views. Both of these websites are publicly accessible, with no requirement for registration prior to viewing their stories. Participation in comment sections is facilitated through commonly-

available and much-used Internet connections with other social media, such as Facebook and Twitter. Demographic data on the two websites obtained from Alexa, a web analytics tool, also show their audiences fitting previously-established (Pew Charitable Trusts, Doherty & Weisel, 2015) profiles of conservative and liberal audiences respectively; *Breitbart's* audience is more likely to be older, less well-educated, and less ethnically diverse than that of the *Huffington Post*.

### **Problem Statement**

Health care reform and proposals to implement a national health care program in the United States have emerged and been quashed since the early 20<sup>th</sup> century. Presidents Roosevelt, Truman, Nixon and Clinton have faced enormous political opposition and personal defeat in attempting to make changes to the nation's health care system. Over time, the messages used to frustrate such efforts have shown remarkable staying power. Certain specific concepts show persistence in historical messages within the public debate over health care reform. For example, unbylined 1920s news reports show opponents of a national health care system opposed to "socialized medicine," calling it a "vexatious and persistent evil" (New York Times editorial, Nov. 1928) while supporters exhorted the importance of "social responsibility" in caring for those who could not afford to pay (New York Times Editorial, Jan. 1929).

These concepts appear often in public and academic discussions of health care over the past century; they echo in today's arguments over whether physicians, hospitals, and drug companies should remain independent practitioners of "market-based" for-profit medicine or become part of a government-run health care program. That persistence over the course of a century provoked the main research goal of this project: to more closely

examine arguments and the extent to which they are used in online news media, a key source of information for most Americans, for and against health care reform in the United States. Which are the most likely to be used again by their readers? How do they use them? Do social processes reify or reinforce the repetition of those messages among politically partisan audiences? These questions have been under-examined in research to date.

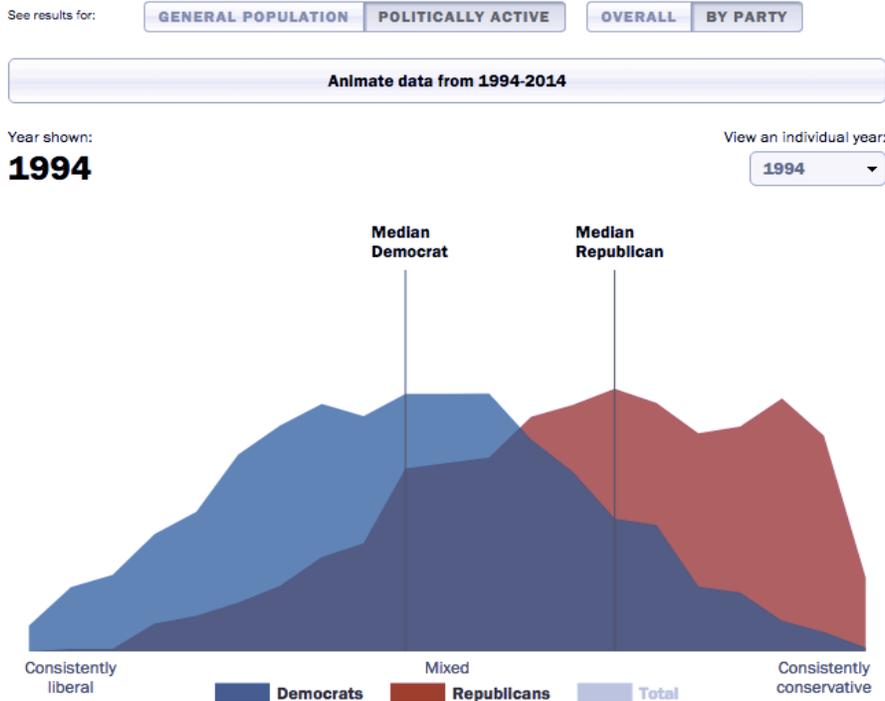
For the purposes of this paper, the phrase “health care reform” will be used to refer to a systemic, government-driven change (generally, for purposes of this discussion, within the United States) from a market-based private payer system to a government-supported public health care system. The term is also used in professional and public discussions to refer to individual elements of an overall systemic change, for instance restructuring of risk reimbursement for insurers or rebalancing an individual plan’s out of pocket costs with employer-funded health care.

To break down those concepts, Himmelstein (2014) defines payment strategies, funding, and insurance models that move from strictly market-based and privately-paid to taxpayer-funded and government-run. An inherent difficulty in communicating about health care reform is this very complexity. Even in countries that have adopted government-funded or –administered systems, payment structures differ for providers and for funding of facilities such as hospitals and laboratories. In the United States, the ACA works within an existing market-based structure that provides profitability for manufacturers and many providers of healthcare goods and services. Government payment of some insurance costs and government-run infrastructure exist in the U.S. only in programs such as Medicare, Medicaid, and state and locally-funded health clinics.

## **Significance of the project**

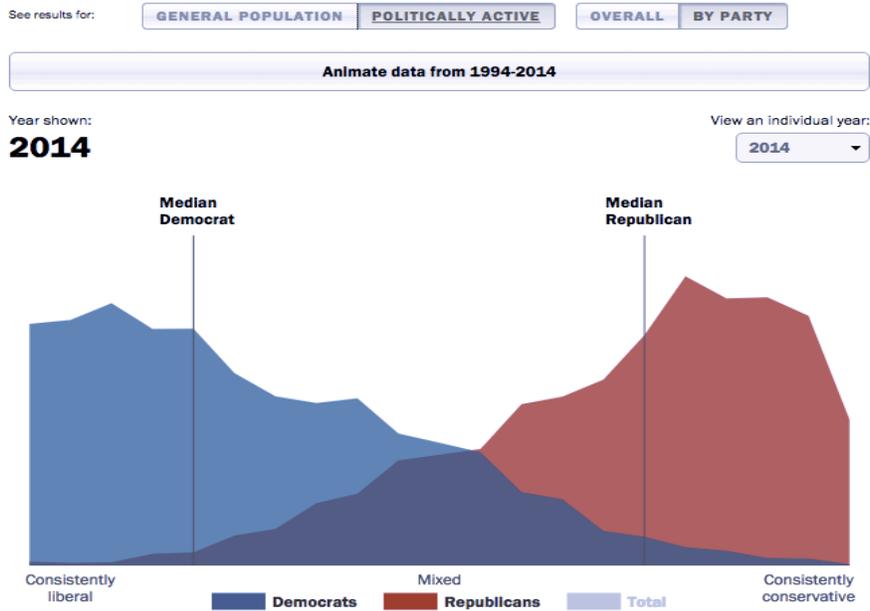
This effort to analyze communication about a complex policy issue is important for several reasons. From the standpoint of health care policymaking, opponents and supporters of the ACA acknowledge that the current status of health care policy in the United States is likely to change. At this writing, a new healthcare law has been proposed in the U.S. Congress. Even the ACA has already changed since its implementation: It has been successfully challenged in court (*Nat'l Fed'n of Indep. Bus. v. Sebelius*, 2012) and its funding undercut in Congress (Livingston, 2015). A second key issue is that the merits of universal health care versus a market-based system have become key arguments in many political platforms and sway some voters. The aging U.S. population is a key factor in the importance of this analysis: older Americans will require more health care services, which will likely require more out-of-pocket costs in a market-based health care economy (Favreault, Gleckman, & Johnson, 2015), and that economic impact will be keenly felt by the societies burdened with the costs of care. A fourth practical factor that makes this research important; the costs of health care for everyone in the United States continue to rise, consuming a greater portion of personal, individual budgets and the Federal budget every year (Pollitz & Cox, 2014).

More generally, the study makes a contribution because it has potential to enhance understanding of debate surrounding other contentious issues. In a larger sense, the United States has become an increasingly polarized society, more so than “at any point in the last two decades,” according to the Pew Research Center (Dimock, Doherty, Kiley, & Oates, 2014). Figures 1 and 2 from the Pew study show the difference in political polarization among Americans who are active in local and national politics.



Surveys conducted 1994, 1999, 2004, 2011 and 2014.

Figure 5 Pew Center for People and the Press, Political Partisanship among active voters, 1994



Surveys conducted 1994, 1999, 2004, 2011 and 2014.

Figure 4 Pew Center for People and the Press, Political partisanship among active voters, 2014

Health care, and who pays for it, is one of many debates that spark animated—sometimes anguished—conversations among the politically passionate and across the dinner table. My research aims to illuminate the effect of social processes upon the language used in communication about a complex, politicized issue. This focus is critical in an era when 36% of online news consumers seek information on websites or phone applications and the two topics that most stimulate response are community and health (Mitchell, Gottfried, Shearer, & Lu, 2017).

From a methodological standpoint, the research makes a contribution by being one of the few qualitative examinations of public communication about the ACA, and perhaps the only approach primarily guided by grounded theory. Previous studies (Brodie, Hamel, Deane, & Cho, 2013; Gollust, Barry, Niederdeppe, Baum, & Fowler, 2014) have quantitatively evaluated content of news stories about the ACA. Some studies have linked political partisanship to support for health care reform specifically or social welfare programs generally (Hindman, 2012; Meirick, 2013; Richardson & Yilmazer, 2014), but few scholars have qualitatively analyzed how these messages and specific frames are used utilized among writers and users of news websites that are openly affiliated with a given political party. No grounded theory research has been performed to uncover the underlying social mechanisms that determine the weight these messages carry within the groups controlling the conversations about reform. The strength of grounded theory research is its ability to discover and form theory that may not have been readily apparent upon first examination of data—to let the data inform the emerging theory, and perhaps find new information about the learning and communication

processes. By providing this new perspective, this study will complement existing work on the issue.

The conceptual framework of the dissertation, which I explain in Chapter 2, has at its core grounded theory but also incorporates symbolic interactionism, social networks, message framing and generative criticism.

## **CHAPTER 1: BACKGROUND**

### **National health care reform**

The health care reform communication I research here relates specifically to the Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act (ACA) or, colloquially, “Obamacare.” That law passed Congress in 2010 after rancorous debate within the Capitol, Senate and House and among media pundits and their audiences. The ACA was not the first attempt at a large-scale reconfiguring of the American health care landscape, but it was the first to potentially benefit as large a group as it has and the first successful effort since health care reform conversations began in the 1920s. The two exceptions were Medicare and Medicaid, which covered only specific demographic groups as part of President Lyndon Johnson’s Great Society program in the 1960s (Califano, 1999).

Attempts to refashion the way healthcare is paid for and delivered in the United States have long been contentious and political. Contentious because of conflicting interests between those operating in the profitable market-based economy of American health care and those who see health as a societal issue; political because changes to the existing infrastructure require changes in local and federal laws and regulations enforced by local and federal agencies. Recent research has found that perception, support and understanding of the Affordable Care Act have tended to be influenced by political party identification (Bergan & Risner, 2012; Frakes, 2012; Haeder & Weimer, 2015).

Health care reform efforts in general can trace their roots to nineteenth-century Germany and Otto von Bismarck. The German chancellor formulated a national health care program as the country's business leaders debated whether to establish funds to defray healthcare costs for their employees. These "sickness funds" emerged as German labor unions grew in number and strength. The country established a national health insurance program in 1883. The carefully planned management of "sickness funds" incorporated labor and business representatives in nonprofit, self-governing bodies (Altenstetter, 2003).

Perhaps health care reform's roots in a country later implicated in the start of two world wars influenced discussions about national health care reform in the United States. The phrase "socialized medicine," still used today by opponents of the Affordable Care Act and an earlier program proposed during the Clinton Presidency, showed up early in the American debate. Medical journals and newspaper articles from the 1920s and 1930s include essays and opinion pieces on "Drastic Centralization" proposed by a group of reform-minded physicians favoring a national health program versus a tenacious grip on "the Individual Relation of Physician and Patient" (By, 1932) held by American medical societies. The editors of the journal *California and Western Medicine* decried "A New Drift to 'Socialized Medicine'" and cited North Carolina Senator Josiah Bailey reminding Americans to "remember that the basis of American life is local self-government, not federal control" (*Cal. West Med.*, 1929).

These historical articles illustrate how messages used in public conversations today share language and strategy with the content used nearly a hundred years ago. Current and early opponents of radical change in the nation's health care system argue

that national health care programs infringe upon the rights of state governments, interfere with the private relationship between a doctor and his or her patient, and diminish individual need to take responsibility for one's own health. Supporters, conversely, stated then and do now that social justice requires public funding of health care for the socioeconomically disadvantaged and that economic need should not trump access to care.

Some history of early efforts to support communities in need of care gives us an understanding of where societal norms and expectations have successfully brought about change in health care policy—if after a time. In particular, early campaigns intended to influence public support for new policy, such as introducing immunization to hesitant populations in the 1700s, focused on social relationships within specific communities, and used moral frames and messages to inspire followers.

### **Historical health care reform efforts and the importance of social networks**

#### **Cotton Mather, physicians, and moral opposition to vaccines**

The Reverend Cotton Mather learned of a new medical technology—immunization—to fight a scourge that took thousands of lives in the 18<sup>th</sup> century and asked physicians in Boston to meet with him to discuss it. Despite his local influence as a church leader, other physicians refused his request and fought his campaign to inoculate Bostonians against smallpox. Their messages argued that the vaccine would spread disease and was an affront to religion. It would be “simply immoral to interfere with the working of divine providence” (Brown, 1988, p. 2248).

Mather countered their messages with his own religious reference: the 6<sup>th</sup> Commandment, “Thou shalt not kill.” Mather insisted Scripture was on his side, as well,

applied to an instance wherein one could prevent a death but chose not to do so. Inherent in his argument was a social justice theme that men and women could, and should prevent death in case God did not.

Social justice notwithstanding, the physicians of colonial Boston were not swayed by Mather's scriptural citations. In addition to citing Mather's lack of professional qualifications, doctors in Boston used racial arguments to dispute the possibility that a vaccine could be effective. The discovery of inoculation against smallpox is believed to have originated in Africa, where a "Levantine" physician performed the experiments that showed its efficacy. That foreign origin was used by American opponents of the smallpox vaccine as illustration of the lack of science behind its use. How could an African and a Levantine—today we might say a Muslim—have the education or erudition needed to scientifically prove such a thing?

By that time, African-Americans suffered disproportionately from smallpox, particularly in the Southern U.S. where slavery prevented them from accessing medical care and created conditions that encouraged its spread.. In Philadelphia in the mid-1800s, the black community coalesced around a campaign to immunize its citizens against the disease (DeLancey, 2010). Philadelphia's African-Americans were considered "elite" by the standards of the time, and worked to educate their community through newspapers, church bulletins and meetings. Those who could not read print material were read to in church meetings. An understanding of science and medicine was encouraged as a quality that showed worthiness of citizenship.

### **Citizenship and “Fitness for Freedom.”**

In the 1820s and 1830s, slaves who escaped the South and found their way to Philadelphia were often captured and returned. Any civil rights black citizens had won in that Northern city began to diminish. As the South defended slavery, racism was endemic and popular “knowledge” held that Africans were inherently inferior to whites, with “racially determined deficiencies of body and mind” (DeLancey, 2010, p. 298).

To defend themselves and demonstrate the intellectual and physical equality of African-Americans, leaders of the black religious community mobilized parishioners in an effort to demonstrate their appropriateness for citizenship. A campaign to encourage vaccination against smallpox centered on the message “fitness for freedom,” a communication frame that was used by newspapers within the African-American community and propagated from the pulpits of local churches. As later communication researchers found and as this research determines, this campaign—appealing to a sense of community responsibility and group identity—used a message within a social network that augmented the impact of the communications campaign. At the time, African-American communities were often overlooked (or pointedly ignored) during vaccination campaigns even as Philadelphia’s black social networks emphasized the importance of being seen as “fit” or healthy by other communities within the city.

Sadly, race, socioeconomic status and gender are still among the personal traits used to discriminate against underserved groups in the provision of and access to healthcare. The emotional impact of using discriminatory language to socially isolate or “other” a given group illustrates the importance of clear narrative and simple messages in communicating a difficult issue, concepts since studied by health scholars and

consciously used in contemporary public health campaigns to, for instance, promote vaccine use (Nyhan, Reifler, Richey, & Freed, 2014) and discourage tanning bed use to fight skin cancer (Lemal & den Bulck, 2010).

Eighteenth and nineteenth-century messages promoting health as a key component of social justice and citizenship often focused on morality, group identity and social norms to emphasize social support as an appropriate government activity. Presented as altruistic, giving supporters the feeling of contributing to their communities, such emotional appeals may be more likely to succeed than messages that are descriptive and intended to appeal to reason. Scholars of media effects have shown that framing a message to appeal to “values” such as morality or goodness is generally more effective than a media campaign that attempts to sway audiences with factual data and dispassionate arguments.

Religion also creates and reifies social networks that can be used to present a message that motivates an audience to act. Cotton Mather cited the Bible as justification for smallpox vaccination—“Thou shalt not kill,” in his communications, also meant preventing death, and the African-American church community in Philadelphia leveraged its efforts to inoculate members with a message about the greater good of protecting an entire class of people and preventing or ameliorating the social injustice of slavery and denial of citizenship to black Americans.

In contemporary discourse, social justice and values focus on message of societal responsibility rather than personal responsibility or individual citizenship. These messages exhort audiences to help those less fortunate than themselves by appeals to humanitarian impulses disconnected from religious association. It has not been well-used

in recent health policy debates, as researchers have pointed out: In the 1993-94 effort to pass significant health reform, communications experts for President and Hillary Clinton decided that the most important messages their health care effort could use would be “health security” and personal impact (Winter, 2005, p. 462). The messages used by opponents of the Clinton health care plan, by contrast, used simple, clear, emotional messages about privacy and “big government” in a campaign that included television commercials featuring “Harry and Louise,” a middle-aged couple worrying about the affordability of their own care.

News stories have used emotional messages in stories about the reform of American health policy since universal health care was first proposed in the 1930s. Physicians fought to keep their independence, equating a national health plan with socialism; unions fought at first against reform, then in favor of it, to preserve the rights of protected workers. The language of competition has been used in political speech and can contribute to lessened source credibility. Capella and Jamieson (1997) found that a win/lose frame contributes to voters’ cynicism because it prompts them to perceive the politicians represented in the media as self-interested rather than concerned with the groups and individuals who would benefit from the outcome of the debate. In strategic frames, politicians are portrayed as “winning” or “losing” based on polls and attendance at their campaign events. That political cynicism is, ironically, evidenced by recent American polls that show Congress’ disapproval ratings at historic highs and voter turnout increasingly low.

Several paradigm changes in public health and social justice have shaken the status of the U.S. health care system and shifted perceptions of what is appropriate in

terms of publicly-provided care generally and public health messages specifically. These events illustrate the framing of advocates for each side of the debate using themes of social justice, personal and civic responsibility to argue their positions.

### **Current situation**

**Efforts to communicate about health care policy have been affected by simplification of messages in mainstream media.** The intertwining of healthcare with local and national government in a capitalist model creates an intrinsic and unavoidable conflict between government programs and priorities and those of business leaders in a for-profit industry. In a representative governmental system such as a republic or democracy, “the people” may influence policy but for-profit industries may directly influence politicians. Complex issues can be oversimplified in public communication with brief sound bites and 140-character Tweets. Specific groups focus on specific tenets of policy in crafting language intended to influence their stakeholders to support their positions. Shapiro and Jacobs (2010) studied the manipulation of specific “publics” by political interest groups during the debate over the ACA and found that “...shifts in public attitudes stemmed, at least in part, from carefully crafted presentations that misled or alarmed the public”(p. 9). Studying the partisan use of the phrase “death panel” in news coverage of the 2009 ACA debate, Meirick references the intentional nature of misleading news and media frames used by the conservative *Fox News* and radio personality Rush Limbaugh: “...party-serving misperceptions serve their directional processing goals”(Meirick, 2013, p.40).

Winter found that the Clinton health care plan—which was nearly identical to the Affordable Care Act in its administrative structure—sparked communication efforts that

included disparaging messages about women in general and the bill's putative sponsor, Hillary Clinton, in particular (Winter, 2005, p. 460). "All sides of the debate focused on crafting and disseminating appeals to the public, which meant that the public was awash in communications campaigns relating to health care reform" which included gendered messages, inherent in relationship of historically male physicians to women, who tend to seek healthcare more than men.

**The partisan nature of the health care reform debate.** In their book on political communication in news media, *Spiral of Cynicism* (1997), Cappella and Jamieson also evaluated news coverage of the health care plan proposed by the Clinton administration. The authors found a correlation between strategic presentation of Clinton-era health care reform and a cynical reaction on the part of news viewers and readers. Their definition of "strategic" coverage includes presentation of a story within a win/lose frame, using the language of "wars, games, and competition" (Cappella & Jamieson, 1997, p. 33) rather than explication of the details of an issue.

Studying surveys about public attitudes toward the ACA and its chief sponsor, President Barack Obama, Tesler (2012) found alignment between racial attitudes and health care opinions among white voters. The correlation was stronger than partisanship or existing ideology about health care, but not necessarily connected with the President's race as much as with perceptions of recipients of social program benefits. Other researchers have found a difference of awareness of health disparities between conservative and liberal voters and opposing viewpoints about the causes of those disparities—societal effects versus personal responsibility (Gollust & Lynch, 2011; Gollust & Cappella, 2014).

To sum up, in the literature evaluated for this analysis, several predominant messages emerged around the 2009 campaign to pass the Affordable Care Act and among previous efforts to pass health care reform: social justice(L. J. Skitka & Tetlock, 1993), in which the key moral value is presented as society's responsibility to care for its members; personal responsibility(Nelson & Garst, 2005), in which an individual is depicted as being to blame for his or her own illness or poor health; physician-patient privacy as a key issue, with government-funded healthcare impinging on that relationship (Jacobson & Jazowski, 2011); and the idea of choice, in which government is seen as interfering with personal decision-making around health care issues. In many, if not most, cases, the frames are presented in opposition to each other or as dichotomous choices.

## CHAPTER 2: CONCEPTUAL FRAMEWORK

A key sociological theory with which grounded theory is often connected by researchers and scholars is symbolic interactionism. I employ that concept among the premises that inform my research here because of its emphasis on the non-static nature of communication. Two pioneers of grounded theory, Corbin and Strauss (1990), wrote of symbolic interactionism that it helps researchers "...determine how the actors respond to changing conditions and to the consequences of their actions.." Symbolic interactionism and GT seek to analyze both the message itself and the actor conveying that message, and account for the changing nature of a symbol or theme as social processes unfold. This research seeks to determine how social interaction online affects the "staying power" of a given message about a policy issue that also has a personal impact on most living human beings.

### **Symbolic interactionism**

In *The Presentation of Self in Everyday Life* (Goffman, 1959), sociologist Erving Goffman wrote of the common human tendency for individuals to present themselves to others in ways that they believe will please their audiences and, perhaps, influence those others to act in ways that benefit themselves. While his work focused on social

interactions, he also addressed the content of those actions—and words—in ways that presage the theoretical concept of framing: “...an idealized impression is offered by accentuating certain facts and concealing others” (Goffman, 1959, p. 43).

Goffman’s work predates Blumer’s construct of symbolic interactionism (Blumer, 1969) in which he examines the ways we communicate with each other through the use of common ideas. Blumer suggested that media effects studies often ignored the interaction among audience members and process of what he called “collective definition.”

Studies seeking to ascertain the effects of mass media are easily led to overlook the state of sensitivity of the “audience,” and particularly the process of collective definition that is so powerful in shaping and sustaining this state of sensitivity. (Blumer, 1969, p. 188)

The work of Blumer and his predecessor, Goffman, led to the complementary constructs we now refer to as social networks and framing . Several fields of scholarly study are devoted to social network analysis or SNA; it is not my intention here to delve deeply into SNA, but I refer to the work of Harrison White (1976) and those who follow his model of social ties and the influence they can have upon an individual within a network.

### **Social network theory**

Social networks influence our beliefs and the ways we perceive the world (Escobar & Roman, 2011; Southwell, 2013; Summers et al., 2006). Someone who does not make it their business, as a journalist would, to stay informed about a complicated issue like health policy may also be less likely to be exposed to or able to decode complex, higher-level information, and more likely to prefer simple sound bites they can

easily share with their friends (via Facebook or Twitter, for example). Their social ties may be fewer, and more likely to encompass a narrower network representing people of a very similar status and knowledge base.

Our social networks consist of strong ties and weak, close friends and distant acquaintances, all of whom can influence how we interpret what we see and hear in media messages.

...two people may have roughly an equal chance to see a particular story on the morning television news and yet, over the course of a day, may end up with very different knowledge, beliefs, and behaviors relative to the topic of that story because of the influence of others around them. (Southwell, 2013, p. 5)

The effects of social networks upon individuals within groups have been documented by sociologists (Smith & Christakis, 2008), computer scientists (Boyd & Ellison, 2007), and economists (Davern, 1997) as well as health care and communication researchers. Social networks can affect the impact of external influences, i.e., exposure to messages in mainstream or social media (Siegel, 2013). Particularly in regard to complicated messages about our physical and mental health, we look to those we trust--friends, family, and people we consider experts--to help us understand information. For health care reform, most-trusted sources include our physicians and family members (Fox, 2011).

Our friends and family can also reify misinformation and strengthen our information gaps, leading to a lack of “cognitive flexibility” (Granovetter, 1983, p. 205). Much like the digital divide often discussed in technology circles, the knowledge gap hypothesis (Donohue, Tichenor, & Olien, 1975; Hindman, 2012; Slater, Hayes, Reineke, Long, & Bettinghaus, 2009) postulates that a gap can, in effect, widen itself as messages

are repeated within a smaller, less informed social network and misinformation cemented more firmly in the minds of those who receive it. The stronger influence of our stronger social ties ensures that the points of view we already hold will be reinforced, especially if we do not often venture outside our closer social ties to understand new information. Complex ideas are likely to be discarded in favor of more easily-grasped messages, as Lippman pointed out nearly a century ago in *The Phantom Public*: “If the voter cannot grasp the problems of the day because he has not the time, the interest, or the knowledge...He will simply be more bewildered, more bored, and more ready to follow along.” (Lippmann, 1927, p. 27).

The impact of social networks upon health and the habits that affect our personal health (for good and ill) is well established in the literature (Christakis, 2004; Rounds & Israel, 1985; Shye, Mullooly, Freeborn, & Pope, 1995; Vassilev et al., 2011) and public health campaigns rely upon the power of social norms to affect individual health behavior (Dorfman, Wallack, & Woodruff, 2005; Noar, 2006; Wakefield, Loken, & Hornik, 2010). Social norms are often communicated via the members of networks, encoded in behaviors that reinforce compliance with a given group’s status quo. With the advent of social media, sharing norms via posts to friends or followers is likely to result in frequent repetition of messages that enforce norms and discourage non-normative behavior. We email friends news stories that support our beliefs (Southwell, 2013) or augment our fears. We post and retweet Facebook memes or Twitter messages that repeat messages in which we believe. The nature of sharing via social media is brief and frequent as messages bounce within and among network members and recur in our newsfeeds.

Because of the partisanship of many media outlets, especially Internet-based outlets, it is more possible than ever to apply pre-screening to the information we process in order to reinforce our individual frames. Michael Slater writes about “reinforcing spirals” (2007), the theoretical construct that firm opinions and beliefs are reinforced by our media choices, which then reinforce those beliefs, and with Google news pages and unashamedly partisan news outlets like *Fox News* and the *Huffington Post* it is increasingly easy to ensure that we see only the news that already matches our existing beliefs. In a way, we choose our frames—and the media we see—thus guaranteeing frequency of encounters with a news frame that agrees with our own individual frames.

### **Framing in media studies and sociology**

For the purposes of this analysis, I incorporate the constructs used in communication and media research (Entman, 1993; Lakoff, 2010; Scheufele & Tewksbury, 2007) and sociology (Goffman, 1974; Goffman, 1959) into a general definition of framing as both the media’s presentation and interpretation of an idea or issue and the individual interpretation and re-use of that frame. Lakoff (2010) takes a generous attitude toward the use of frames as being inherent in human communication, whether within ourselves or with those in our communities. “All of our knowledge makes use of frames, and every word is defined through the frames it neurally activates.” (p. 71)

As Lakoff also points out, frames are especially relevant to studies of political issues because politics is so closely related to an individual’s ideology. My research examines messages in the contexts of shared frames, the communicator's shaping of a message to resonate with these shared frames, and individual frames that may affect audience interpretation.

I am primarily concerned with investigating the intersection and exchange of information that occurs when media frames meet individual interpretations of media messages, sometimes referred to as “schemata” (Benford & Snow, 2000; Chong & Druckman, 2007; Goffman, 1974; Goffman, 1956). All of us use our own personal experiences and existing communication “infrastructure” to understand the messages we see or hear in media communication. When we then communicate with people within our social networks, how do the different frames interact? “Simply put, even if the effects of media frames are consequential, they are not the only sources of influence on the audience. Other sources may mask, amplify, or catalyze framing effects.” (Cappella & Jamieson, 1997, p. 49.)

Individual or audience frames versus media frames are key components of Scheufele’s (Scheufele, 1999; Scheufele & Tewksbury, 2007) work which also relate directly to this analysis. The idea of an individual frame as proposed by Scheufele could be used interchangeably with the “schemata” originally proposed by Erving Goffman (Goffman, 1974; 1956), who considered an individual’s internal understanding of external images and messages a key component of information processing.

Dorfman, Wallack and Woodruff (2005) group stories about public health issues into “portrait” and “landscape” frames. Portrait frames present “great drama and emotion” in engaging audiences with individual stories to illustrate larger issues. A landscape story, on the other hand, “pulls back the lens to take a broader view.” (p. 328) Like thematic frames, landscape frames include discussion of policies, sociological factors, and the larger societal context in presenting information to news audiences. As Dorfman and colleagues point out, smaller news staffs with less subject matter expertise

are likely to find portraits easier to produce since they require less research and time. The increasing corporatization of news outlets with its consequent emphasis on profitability also contributes to a portrait emphasis over “landscape” presentation of health stories because quicker news production is paramount in a news environment that prioritizes quantity and quickness over quality.

In the same study, Dorfman and colleagues cite the work of Lakoff in examining three conceptual levels of framing of public health issues and social programs: values, issues, and details (Dorfman et al., 2005, p. 324). Values frames evoke moral constructs of fairness, equality, and responsibility; issues frames present the general frameworks of health, environment, schools and other social or political programs. Detail frames might address the strategic or tactical aspects of implementing a given program or focus on a specific provision or tenet of a proposal, as with the provision of the ACA that allows young adults to remain covered by their parents’ insurance policies until the age of 26. This study supports evidence showing that both supporters and opponents use moral versus detail frames in their arguments about the ACA.

Historically, public and political debates about public health and social programs have tended to focus on certain consistent frames: values, personal responsibility, and social justice (Conover & Feldman, 1984; Domke, Shah, & Wackman, 1998; L. J. Skitka & Tetlock, 1993). Conservative news stories and online posts express points of view supporting the value of personal responsibility, or an individual’s duty to care for him or herself and family, and the issue of reducing the role of government in private medical decisions. Messages presented in more liberal discussions emphasize the value frames of society’s role of caring for its less fortunate citizens and the the idea of a “greater good”

or moral imperative. Detail frames about the ACA—the specific provisions and who they benefit—have been lacking in the studies conducted to date of media coverage of its implementation.

In sum, although there is current debate about the scope of framing research, scholars tend to agree that framing involves emphasizing certain aspects of an issue over others in order to influence an audience to favor certain interpretations over others. The issue of framing itself can be viewed in multiple ways, and this section has summarized the key distinctions that have been drawn. In order to understand how frames are used and interpreted, it is necessary to study the social groups that shape our interactions, which I will address in another section of this paper.

This research analyzes the way news stories about the ACA, and the comments users post to them, repeat or represent given messages and how those messages are influenced by the social interaction and processes that occur in online news comments (Pew People and the Press: Views of Health Care, March 2010; Druckman, Peterson, & Slothuus, 2013; Gollust & Lynch, 2011). Very recent research has shown that a majority of Americans read comments sections on news websites, and more than half have participated in or posted to comments themselves (Stroud, Van Duyn, Alizor & Lang, 2016). The authors of that study found that comment participants seek information in their use of the sites. A particularly relevant question the authors asked showed that comments users would appreciate hearing more from subject matter experts within the conversations posted there.

### Percentage Wanting Experts to Respond to Comments by News Site

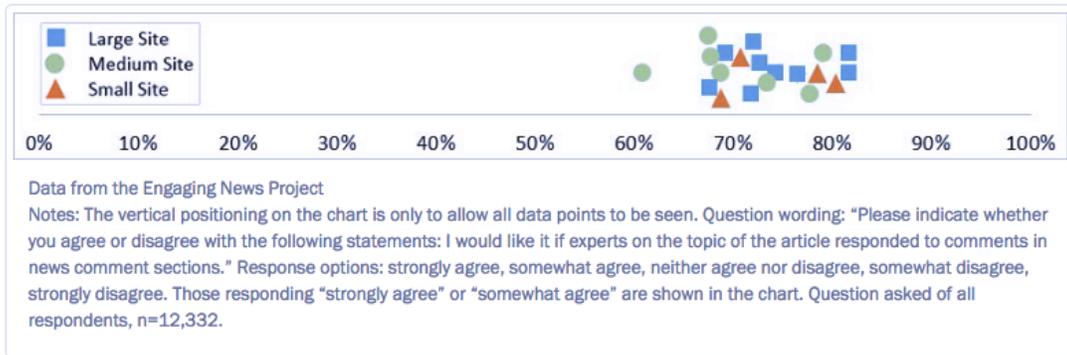


Figure 6 Stroud, Van Duyn, Alizor & Lang, (2016), Comment Section Survey Across 20 News Sites

### **CHAPTER 3: PURPOSE OF THIS STUDY**

As established earlier in this paper, the language used to discuss politically divisive issues like party affiliation and policy preference merits study and has been evaluated extensively by scholars in myriad academic disciplines. Other researchers have shown that the presentation and interpretation by audiences of messages relating to social programs, health care, and public health in mainstream media and in social interaction can sway public opinion. At the same time, political and personal values and existing social networks combine to affect the influence of those messages and their framing.

This study analyzes the significance assigned by audiences to certain evocative phrases and verbal imagery and the context in which they are presented. Grounded theory is applied here in order to provide a more detailed, granular analysis than previous quantitative content analyses. By evaluating partisan stories posted in online news outlets intended to appeal specifically to one side or the other of the issue, and comparing the frames in those stories with the messages picked up by readers and repeated in story comments on those same websites, I intend to illustrate the parts played by social interaction and support in reinforcing the use of specific frames around health care reform.

Referencing the literature on political influence on attitudes toward social programs and health disparities, as well as previous research quantifying content of stories about the Affordable Care Act, my work will place into context the words and phrases used by professional writers and by their readers to frame their arguments about health care reform.

### **Research Questions**

This analysis was informed by the following questions:

RQ 1. Which messages are used most to convey messages about health care reform on partisan online news sites?

RQ 2. Do those messages differ by political inclination?

RQ 3. To what extent do readers reify messages presented in stories in their comments and online conversations about health care reform?

RQ 4. When comments and replies comprise extended conversations, what factors lead to positive and negative resolutions, i.e. when do the social processes end in agreement/greater understanding versus lack of consensus?

Four years after the Affordable Care Act became law, political scholars noted the continued misunderstanding of its provisions and the contribution of that misunderstanding to attitudes toward the law. “Awareness and knowledge of the ACA’s benefits appears to be key to unraveling the mystery of disapproval of health reform in the abstract and support for its specific provisions.” (Jacobs, 2014, p. 636). That lack of knowledge and awareness has shown itself in informal interviews by comedians, in which individuals voice support for the provisions of the Affordable Care Act—and even for the law itself when that name is used—but disdain for “Obamacare” or health care reform in general (*Jimmy Kimmel Show*, 2013).

Content analysis in media and communication studies has tended to focus on quantitative measurement, but a recent meta-analysis of framing studies in

communication journals shows that tendency shifting, with 46% of 131 media framing studies in 15 respected peer-reviewed journals conducting qualitatively, nearly all with inductive methodology (Matthes, 2009). Qualitative research has been used in the realms of sociology and nursing studies to attempt to find meaning within the social interaction between people and how context affects the use of symbols and the importance of use of certain phrases and words. The nature of online news stories that invite comments from readers is interactive and social, rather than the static representation of interaction implied in dissemination of a single message from an elite media representative to a passive audience. Much as we form our personal identities through interaction with others—as Nichter proposed in studying how race and smoking interrelate (2003)—the social interactions we have online are “based on shared meanings that emerge from collective experiences” (p. 139) and qualitative analysis has an historical precedent in the study of social and sociological constructs of language.

## CHAPTER 4: METHODS

### **Overall approach: Grounded theory analysis of web content**

**Background on Grounded Theory and rationale for using it.** This study uses grounded theory (GT) and its method of open, axial and selective coding as well as its interpretive analysis of social processes, to examine comments posted to stories in online-only news websites. Grounded theory, as originally founded by Barney Glaser and Anselm Strauss (Glaser & Strauss, 1965), evolved from analysis of communication between nurses and their terminally ill hospital patients. As a result of their qualitative analysis of these conversations, Glaser and Strauss theorized that the concept of social value mattered in the treatment of those patients by hospital staff. Older patients, closer to the end of the average human lifespan, were “valued” by nursing staff at lower levels than younger terminal patients and that internal estimation of value was reflected in the messages and social constructs nurses used to communicate with and about them.

The process as Glaser and Strauss devised it involved interview and observation of nurses in their work environment but, in the final analysis, the team read and coded the written notes and interview transcriptions they had gathered—textual, verbal data. More recent grounded theory research, particularly in the computer science and user-interface

fields, analyzes computer-mediated communication (CMC) and texts, including a study of Wikipedia users' concepts of community (Pentzold, 2011), email interviews with autistic people (P. Benford & Standen, 2011), and a proposed design framework for overall analysis of CMC (Abbasi & Chen, 2008). This analysis adds to that body of work by examining online conversations in established communities of readers of partisan news websites. Glaser himself proposed the use of grounded theory for documents and other information in defining what a researcher could analyze.

“‘All is data’ is a well known Glaser dictum. What does it mean? It means exactly what is going on in the research scene is the data, whatever the source, whether interview, observations, documents, in whatever combination” (Glaser, 2002). This study analyzes written online “conversations” between reporters and their readers to find which messages appear to have the greatest impact for each and whether that impact is similar in nature.

Glaser considered grounded theory a study of social processes intended to form theory, an inductive process, rather than a deductive study of data in order to verify existing theory. Corbin and Strauss similarly describe GT as process-focused rather than meant to measure data. Grounded theory attempts to find reason and explanation rather than just description. “The procedures of grounded theory are designed to develop a well-integrated set of concepts that provide a thorough theoretical explanation of social phenomena under study. A grounded theory should explain as well as describe” (Corbin & Strauss, 1990, p. 5).

**Constant comparison is integral to the analysis.** In grounded theory work, each study or analysis constitutes an ongoing research effort that requires recoding, memoing,

revising and rewriting later as more data are discovered. The concept of a continuing process is central to grounded theory; in GT, the method of data analysis is iterative, using category development (Draucker, Martsof, Ross, & Rusk, 2007), open and axial (or selective) coding, and the constant comparative method (Glaser, 1965), and ends only when the gathered data become “saturated;” when no new concepts or categories emerge from the data.

Grounded theory analyzes verbal and visual content to form theory. It is an inductive or abductive qualitative research method that allows the data to inform the research, coding categories and determining relationships among them in order to decontextualize and recontextualize communication exchanged during social processes. GT seeks to form rather than verify theory. The “grounding” of grounded theory refers to the idea that the outcome (theory) is grounded in the data being analyzed, rather than data being used to verify or confirm an existing theory as much quantitative research does. A GT researcher categorizes the data she is analyzing and codes it as themes emerge, groups those categories into concepts about processes evidenced by the data, and forms a theory based upon those concepts.

### **Generative criticism**

This analysis is also informed by generative criticism as described by Foss (2004). Generative criticism is a method of rhetorical analysis that questions data openly, beginning with an encounter with a “curious artifact” (p. 411) that stimulates a researcher’s interest. That artifact can be visual or verbal, an idea, concept or argument that provokes “a sense of uneasiness, intrigue, or amazement; or seems unusual in some way.” (Foss, 2004, p. 412). As a longtime healthcare communicator, I found intriguing

the misconceptions around healthcare reform and the misunderstanding in many Americans of what, specifically, the Affordable Care Act would do. That these inaccurate perceptions of the law persisted throughout its Congressional debate and into its implementation roused questions in me and drove my desire to examine how mainstream audiences understood the law itself as well as the issues around how healthcare is provided via the American system of fee-for-service medicine and for-profit insurance companies.

Generative criticism uses methodology similar to the grounded theory method: beginning the process with a broad inquiry rather than with specific questions or hypotheses and continuing through broad-brush coding, examination of frequency and intensity of initial codes, and interpretation of initial codes to an explanatory schema. The method includes a form of constant comparison, returning to the data after coding to question initial concepts and develop the schema. Foss suggests a format for writing the results that I adopt here, using as subheadings the conceptual components of the schema whether those components have been used by previous scholars or are new to the analysis. In this dissertation, I use components as subheadings that explain the categories refined by constant comparison and revisitation of the data.

Generative criticism also helped clarify the artifacts analyzed for this study, establishing as units of analysis the words and phrases used in messaging about the Affordable Care Act as well as the social processes involved in commenters' conversations and the complexity inherent in the topic itself, health care reform in an individualistic, free-market-based economy. Artifacts can be viewed within generative criticism as particles, waves, and fields. Borrowing from the scientific discipline of

physics, an artifact can be viewed as a particle—a single, isolated unit of analysis: a word or phrase uninfluenced or affected by processes or environment. As a wave, an artifact changes or adopts new meaning during its progress through time and space. In this analysis, artifacts may change as they move through conversations and the thought processes of individuals or groups. Viewed as fields, units of analysis may be seen as occupying a “place in a larger system or network” (Foss, 2004, p. 422) such as the construct of political party or the understanding of a complex issue such as health care policy.

In this analysis the Affordable Care Act could itself be viewed as a particle—the individual law, defined by its legally established provisions and effects upon uninsured Americans. A clearly defined construct, as I have done here in equating the ACA with health care reform in the United States, would be a static and unchanging artifact. The ACA could also be viewed and analyzed as a wave, in that attitudes toward it and the status of different tenets of the law have changed over time. And, finally, health care reform generally and the public debate over the ACA could be studied as a field in which are placed the other two definitions of the law as an artifact; a particle (the law as a static entity) within the influence of a wave (understanding of the law and attitudes toward it changing over time) within a field (health care reform).

In addition, while this research does not constitute conversation analysis (CA) *per se*, as defined by the work of Sacks and developed by Schegloff and Jefferson, it does incorporate some of the theoretical constructs of CA. Conversation analysis as a rhetorical discipline begins with examination of the data, rather than “a series of pre-established and theory-led questions or issues to be explored” (Wetherell, Taylor &

Yates, 2001, p. 52). CA also examines phrases, clauses and words for their utility in conversations, and evaluates patterns that emerge in social interaction.

Quantitative analysis was used to prioritize analysis of data within the comments posted to each of *Breitbart's* and *Huffington Post's* stories as defined earlier by the “King v. Burwell” tag. The order in which stories and their comments were coded was prioritized by comment count and the ratio of replies to comments. Two lists were generated; one that ranked the news stories from the site's authors by raw total of all comments posted to a given news story, and another that ranked the stories' comment counts by proportion of replies to original posts. The second method helped pinpoint “conversations” or comment threads in which a single post stimulates a within-group interaction similar to a conversation amongst individuals in the same physical location.

Four stories were then prioritized for further rereading and coding as a result and are shown in Table 1. Two stories with the largest comment totals generated a sample for analysis of 8,076 comments; 4,509 were posted to *Breitbart's* story, and 3,567 to *Huffington Post's*. The two stories with the highest proportion of replies to comments (81.0% and 77.8%) had fewer comments total (1707) but more conversations within the two comment sections respective to the total number of posts.

Table 1 Top four stories by comments and replies

Top two stories for each outlet: total comments and comments:replies		Comments	Replies
<i>Breitbart</i>	Break ObamaCare’s Back: Do Not Purchase Health Insurance	1482	1201
	<i>comments not in conversation thread</i>	281	N/A
	Supreme Court Upholds Obamacare Subsidies, 6-3 75.4%	4509	3402
	<i>comments not in conversation thread</i>	1107	N/A
<i>Huffington Post</i>	How ‘The Joy of Cooking’ Explains the Absurdity of the Obamacare Lawsuit	225	175
	<i>comments not in conversation thread</i>	50	N/A
	The Freakout from an Obamacare Ruling Could Be Unlike Anything We’ve Seen	3567	2492
	<i>comments not in conversation thread</i>	1075	N/A

Average ratio of comments:replies per outlet: *Huffington Post* 63.8%, *Breitbart* 70.5%

The two stories with the highest ratio of comments that were replies to previous posts were “Break Obamacare’s Back: Do Not Purchase Health Insurance” (<http://www.Breitbart.com/big-government/2015/06/08/break-obamacares-back-do-not-purchase-health-insurance>, June 8, 2015, retrieved Jan 30, 2017) and “How ‘The Joy of Cooking’ Explains the Absurdity of the Obamacare Lawsuit” ([http://www.huffingtonpost.com/2015/03/03/obamacare-lawsuit-explained\\_n\\_6793348.html](http://www.huffingtonpost.com/2015/03/03/obamacare-lawsuit-explained_n_6793348.html), March 3, 2015, retrieved Jan 30, 2017). Those stories were examined first, using the open and axial coding and further categorization required by GT.

### **Reflexivity**

Reflexivity in academic research has to do with consciousness on the part of the researcher(s) of how personal biases may influence interpretation, understanding,

analysis and even gathering of data. Qualitative researchers acknowledge the importance of reflexivity and being aware of one's own potential bias in interpreting data. One's personal experiences, professional background, individual schemata and level of self-awareness influence understanding of the world generally and of data being analyzed for research purposes (Mauthner & Doucet, 2003). In my own case, choosing to use grounded theory for this research project grew from a genuine personal curiosity about the political and policy issues of healthcare from a position within the system itself. First, as a communications practitioner, and then as an academic researcher I sought to understand the elements that make memorable given messages in public media spheres about complex social issues. In this case, the issue was one that continues to become interwoven with political policy and public debate; healthcare as a social program rather than a free-market good or service to be purchased by consumers.

At the same time, that experience and my own personal beliefs about healthcare and insurance meant I entered this research with foreknowledge that had the potential to affect the coding process. Having come from a journalism and public relations background, I knew that certain phrases and ideas would "stick" (Heath & Heath, 2007) with a broad, public audience, but why? The power of that simple message can be long-lived and affect millions, some messages are effective at targeting specific age groups and audiences: Khrushchev's shoe-pounding; "no new taxes!"; Alec Baldwin's lurking Donald Trump character on Saturday Night Live who became, Trump, briefly when a Dominican newspaper published a photo of the comedian, representing it as one of the American President (Kelley & Kelley, 2017).

At the time this data was being analyzed, the American presidential election was decided and new President Donald Trump inaugurated. The emergence of *Breitbart* as a deciding influence on the election, and heightened emotional debates on the website itself as well as within communities of friends and family had a noticeable personal effect as I was coding and rereading material. Having a deep knowledge of the Affordable Care Act and earlier efforts to fundamentally restructure the American health care system also affected initial coding processes, in that I found myself reacting to wrong information by mentally arguing with the commenter or the post. On those occasions, I made a point of memoing the occurrence and my thoughts, and when necessary acquiring physical distance by suspending the coding process temporarily to have a cup of tea or take a walk.

Another interesting self-observation during this research revealed either a preference for learning techniques acquired prior to the pervasive use of word-processing technology or a tactile effect on analysis and theory-forming. Surprisingly, to this author at least, hand-coding by examining hard paper copies of the text of both stories and comments was extremely important to analysis, particularly in finding associations between initial, open codes and axial code groups or categories. While the software used in this analysis was helpful in some degree, “letting the data speak” came more easily on a kitchen table surrounded by colorfully highlighted copies of text than staring at a flat screen and typing on a computer keyboard.

### **Sampling**

In order to delineate a current, manageable and consistent sample of stories and reader comments about the ACA, I downloaded a narrowly-defined set of data defined by

a specific “tag” used by the two websites targeted for this analysis. In order to “scrape” the comments, a technologically-proficient software coder was enlisted to construct an application programming interface or API to download the comments in a text format. Using a software system designed for qualitative coding, Atlas.ti, I began the process of constant comparative analysis. As initial reading and open coding progressed, I used both computerized and hand-coding methods to highlight specific quotes that illustrate the axial codes or themes that emerged.

Specifically, I chose to evaluate those stories tagged as referencing a U.S. Supreme Court decision handed down in June 2015 upholding a specific provision of the law. The decision, *King v. Burwell*, upheld the legality of subsidies provided to lower-income Americans who are ineligible for Medicaid but whose incomes leave them unable to afford health care insurance premiums. That ruling prompted much debate and discussion in mainstream and partisan news media and was seized upon by conservative and liberal media as illustrative of the parties’ attitudes toward social programs.

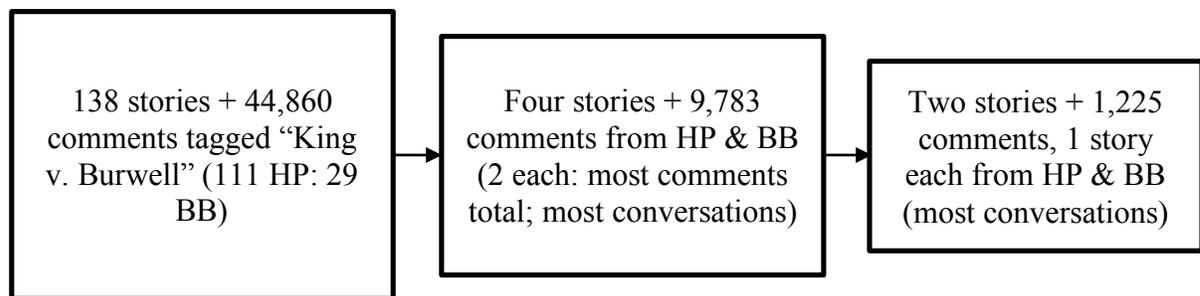


Figure 4 Data reduction process

The desires to narrow health disparities and support social programs are cited by Gollust and Capella (2014) as relevant to favoring social justice frames over narratives

that highlight the need for personal responsibility around health issues. This particular point in the history of the Affordable Care Act offered the clearest opportunity to target a specific sample of content in a consistent way, since both websites used a specific tag to identify their stories about the ruling (“King v. Burwell”) and, in much mainstream news coverage of the decision prior to and after the Court announced its ruling, the issue stirred up the emotional response frequently related to frames of personal responsibility and social justice. A total of 138 stories appeared on the two sites tagged with the name of the Supreme Court decision, and more than 60,000 comments were posted on the stories. One hundred and five stories were posted on the *Huffington Post* website; 29 on *Breitbart.com*. Because of the potential for violation of individual privacy, neither names nor user IDs are included in this study, and where necessary a userID number substitutes for an actual identification.

## CHAPTER 5: DATA ANALYSIS PROCEDURES

In the research I conducted for this analysis, the coding process began as the preparation for this research started. I examined stories written about healthcare reform on politically partisan blogs, websites, and social media sites. I read the content of the comments posted to those stories by readers of the online media outlets, scanning for common themes and messages and observing the uptake by readers of a particular frame or phrase presented in the website's own story. Constant comparative analysis meant repeatedly revisiting and rereading the 138 stories and more than 40,000 comments that appeared in stories on the websites *Breitbart* and *Huffington Post* that were tagged to the King v. Burwell Supreme Court decision, and recoding and rewriting initial findings in order to develop and strengthen to form the theory that emerged.

### **Initial coding**

Initial reading and machine-coding using an iMac computer with Microsoft Word, Atlas.ti, and Excel, included a word frequency search and initial read-through of all stories and the comments posted in response to the top four stories by total comment count by ratio of count of comments to count of replies. Open coding of the top four stories by comment and comment/reply ratio yielded 178 open codes across both outlets (Table 9). Using constant comparative analysis, I revisited the stories and reread the comments to determine which social processes were involved when, for instance, the “social justice and fairness” frame came into play, or when one commenter questioned the other side's argument.

## Open coding

Open coding, the second step of grounded theory, began with selection of the data to be analyzed for this study. Those stories and comments were downloaded via the API described in Methods, and downloaded from their URLs to individual text documents (one for each story, another for each story's comments) began in August 2015. The sample selected for this study included headlines and text content of *Breitbart's* and *Huffington Post's* entries about King v. Burwell (2015), the U.S. Supreme Court ruling that upheld Federal subsidies for families whose income was too high to meet the Medicaid poverty threshold but too low to be able to afford the insurance premiums available to ACA-qualified recipients.

After a first read-through of the stories and comments analyzed for this study, Atlas.ti was used to code line by line, highlighting and coding frequently-occurring phrases and social processes within the comments sections of each news story. Tables 2 and 3 show the most frequently-occurring initial codes for each of the stories that had the highest proportion of replies to comments, those being the stories most likely to involve conversations and thus social interaction within the comment threads. Scholars who study computer-mediated communication (CMC) such as online chat rooms and news site comment sections often use the term "thread" to refer to comments that generate responses and replies; in this analysis, those comment threads are also called conversations.

Simple software included in Atlas.ti provided some useful tools in the open and axial coding processes, generating a WordCloud that show which words and phrases predominate in the coded content (Figure 5). With a list of the initial open codes ranked

from most-frequently-used to least, a very low-technology association of related codes started on the author's kitchen table with piles of differently-colored post-it notes, highlighting pens, and a large open space. Simple as that method seems (and seemed at the time), it generated groupings that produced clear association of certain words or phrases with ideas shared by others. Distrust of government and fear in general frequently co-occurred and came from text describing the same uncertainties; one's personal property lost, loss of control, health and safety of family members were often expressed in these frequent categories.

After software-assisted coding and memoing, I hand-coded each story's comments and used a notebook to memo observations of the flow and frequency of codes within conversations. Hand-coding, interestingly, revealed insights that were not immediately apparent via coding software and reinforced the importance of using constant comparison to return to the data.

Open coding also revealed in vivo codes used by commenters to denote shared group concepts, such as "humanity," "liberal" and "conservative," and "hard-working" versus "lazy." As Charmaz describes in vivo codes, these terms "flag condensed but significant meanings" (Charmaz, 2014, p. 134) and often indicate implicit assumptions on the part of group members. Grounded theory coding generally involves the use of gerunds rather than nouns, and as axial coding progressed these social process descriptions also began to emerge.

Table 2 Top 10 open codes, frequencies and percentages from "Break Obamacare's Back"

	Code frequency	Percentage of total
fear of government	21	5%
distrust of government	19	4%
cost to consumer	18	4%
conspiracy theorizing	17	4%
offering hope or solution	17	4%
communism	14	3%
personal responsibility	14	3%
responding to article/author	14	3%
2nd person "othering"	13	3%
partisanship	13	3%

Table 3 Top 10 open codes, frequencies and percentages from "Joy of Cooking"

	Code frequency	Percent of total
personalization	38	8%
2nd person "othering"	37	8%
partisanship	23	5%
insulting other's intelligence	19	4%
cost to consumer	17	4%
sarcasm	14	3%
voice of authority	12	3%
group attack	11	2%
source credibility	11	2%
defense of ACA	9	2%

### **Axial coding**

The third step of coding in grounded theory involves grouping open codes by their relationships to similar concepts, or categories. When an initial code is repeated frequently in the data being analyzed, and other codes occur in proximity or under similar conditions, the researcher uses the constant comparative method to determine categories which define the common properties of groups of simpler codes. In short, axial coding

converts text into concepts upon which the theory itself is built. Some grounded theory researchers prefer to avoid the term or the more formal procedure of axial coding and instead use an analytic strategy that finds emergent categories (Charmaz, 2014, p. 148) but the principle is similar; finding theoretical categories by determining the relationships and patterns among initial codes using constant comparison. Some initial codes were refined or combined to become categories as axial coding progressed within this data, for example “othering,” as a category that included insulting other commenters or using partisan language to discredit another person’s arguments, and “offering solution or hope,” as a category that combined two earlier emergent axial codes.

Axial coding included both machine-guided and hand analysis, using software tools to group initial codes into categories and paper tools to revisit those categories. Paper tools included Post-It notes and highlighting pens, hand-writing open codes on individual notes and using a large flat surface to hand-group them by both language and meaning, by topic or social process (e.g. reference to costs, as a topic, or insulting another’s intelligence as a social process).

Six axial codes, also referred to as categories by some grounded theory scholars, emerged from analysis (Tables 4 and 5) and were generally shared across both *Breitbart* and the *Huffington Post*’s stories and comments. Examples of the axial categories determined through constant comparison and the initial related open codes grouped into them are provided in Table 6.

Table 4 Emergent categories in "Break Obamacare's Back"

Category	
Fear or distrust	125
Othering via insults or accusations	99
Social justice vs. personal responsibility	78
Offering solution	46
Offering hope	34

Table 5 Emergent categories in "Joy of Cooking"

Category	
Othering via insults or accusations	108
Offering solution	89
Social justice vs. personal responsibility	56
Establishing credibility	54
Fear or distrust	49
Offering hope	45

Table 6 Examples: axial categories and corresponding open codes

Axial category	Open code
Othering via insults or accusations	Insulting other's intelligence Accusing opponent of conspiracy Group attack Questioning religious beliefs
Offering solution or hope	Offering information or expertise Simplifying complex information Sharing personal story Empathizing
Voicing fear or distrust	Vilifying insurers Fear of socialism or communism Concern about quality of healthcare Fear of personal catastrophe (financial or health)

## CHAPTER 6: FINDINGS

A recent study by the Engaging News project found that three-quarters of online commenters want to “clarify factual questions and [ask] experts to respond to comments” (Stroud, Van Duyn, & Peacock, 2016). This analysis generated the theory that commenters on news websites seek to establish an identity by defining the group to which they belong—conservative or liberal—using othering language or second-person inclusive language, particularly “you” as the precursor to an epithet or as an invitation to sympathize. Once their membership in a group is clear, commenters seek and share information so as to find solutions, whether hopeful or pessimistic. At times those solutions appear extreme, involving civil disobedience bordering on violence; at other times they are helpful, proposing legal options and reinforcing a sense of community.

Social identity as a construct within computer-mediated conversations has been found to increase the likelihood of polarization, especially because of the lack of visual cues associated with face-to-face interaction. More recent research presents the question of identity in CMC as complex, in that usernames and other verbal cues can contribute to individual, personal identities made distinguishable by social interactions within the group (Wetherell, Taylor & Yates, 2001). Identity in this analysis is posited as more social than individual, established by second-person language used to other the out-group or to include another user/commenter within the in-group.

## **Analysis of themes and messages**

The research questions that informed this analysis asked: which frames are used to communicate about health care reform in the highly partisan environment of a political news website? Is partisan identification necessarily reflected in the frames and messages that are used? How much do readers reify the story's frames in their own comments, and when those comments evolve into length conversations, how do those conversations themselves end?

The first step of this analysis uses the individual comments as units of analysis. In the context of generative criticism, the units would be particles—individual, static entities used and perceived within waves (conversations) that exist and change in the larger field of partisan perceptions of the Affordable Care Act. To answer the research questions posed earlier, this analysis showed that frames used in the stories posted to online news sites are repeated and reinforced by the users who comment on those stories. Fearfulness, othering, and efforts to establish one's own superiority as a source of information showed up frequently in both stories and comments, but did not appreciably differ by partisanship of outlet. Offering help or a solution often followed a plaint or accusation; the difference between *Breitbart's* commenters and those on the *Huffington Post* had to do with whether solutions were extreme (sometimes violent) or hopeful. The moral value of social justice versus the personal value of individual responsibility was a frame frequently argued by commenters on both sites, and rarely appeared with only one-half of the couplet alone. Those who argued that personal responsibility was paramount—supporting oneself independent of society—seemed compelled to address or anticipate the counter-

argument, and commenters who espoused social justice often framed their arguments as “responsible” to society.

Frames and messages seemed less affected by political party or inclination than by personal experience, whether one of fear, financial success, parenting, or problem-solving. This may be the good news: there is not as much as we might expect separating those who disagree on a complex policy issue, when their discussions in a computer-mediated environment and asynchronous. Frames presented by the stories themselves, particularly those that use unusual analogies or emotional language, are often repeated in by writers of comments. In the sample for this study, the stories that received the most comments and generated the most conversations had headlines and story content that were echoed by users of the comment sections, occasionally verbatim.

Frequent open categories were not always shared across partisanship of media outlet. While Breitbartians might voice fear and distrust of government agencies and other political believers, they actually tended to use partisanship specifically as a way to other fellow commenters. More frequently, *Huffington Post* writers used “Republican” and GOP as insults than BB writers used “Democrat” or other party-associated words as an epithets.

Examination of open codes also revealed of absence of some codes where they might be expected: in particular, where many commenters on *Breitbart* voiced fear or distrust of government at general levels or in specific instances (not trusting the opposing party, for instance, or that a government entity would effectively administer healthcare), that concern was rarely voiced in comments on *Huffington Post*. Similarly, where commenters were supportive of the Affordable Care Act or defended it as imperfect but

adequate “until we get something better” (comment #39, March 3, 2015, “Joy of Cooking”) within liberal arguments, commenters who voiced conservative political views largely disparaged the law as an intrusion on privacy or suggestive of socialism. “That's because government involvement in health cares only increases the costs of health care. That's the nature of government bloat.” (comment #991, June 8, 2015, “Break Obamacare’s Back”).

One early association about *Huffington Post* commenters seemed worth noting. In many cases, writers there who commented on one of the outlet’s stories were more likely than those on *Breitbart* to use the second person to “other” a perceived opponent, as in “You conservatives” or “you wouldn’t understand.” Often that othering was a clear insult to the other’s intelligence, sometimes in the simplest terms. “You’re an imbecile. There is a fact for you.” (#220 “Joy of Cooking” 6/9/15 2:00am) It became clear as axial coding progressed that some more specific open codes fit within more general categories, as with “insulting other’s intelligence,” “individual attack” and “accusing opponent of hypocrisy.” Some early codes did not use gerunds, as is a frequent practice for grounded theory, but those also became clearly associated with the axial group used in this analysis. “Health care profits,” for instance, co-occurred only with other negative association vilifying insurers (which was another early code).

Another interesting early open coding pattern may relate to the discussion and findings of this analysis; that is, the frames of “personal responsibility” and “social justice” as described in the literature cited earlier did show up as oppositional...but rarely showed up alone. Almost without exception when a writer extolled the virtues of being a hardworking contributing member of society, that positive image was contrasted by a

negative portrayal of a “greedy on the dole personality type” (#180, “Break Obamacare’s Back, 6/8/15, 5:20pm). This juxtaposition so frequently showed up as a pair of contrasting images—often with a rationale for supporting one or the other—that it became clear early in the axial coding process this pairing was important to maintain.



Figure 5 WordCloud generated by Atlas.ti after initial open coding

**Othering, expressing fear or distrust, honoring personal responsibility, offering solutions and hope**

The first research question asked whether frames or messages within the news stories would be repeated by commenters, and whether the messages as presented within the media’s frames would consequently be framed by the discussions users similarly within the comment sections. To emphasize analysis of that social interaction and the impact of the discussion itself on persistence of messaging, as described in the Methods section earlier, those stories and comments that received the greatest response from readers were prioritized in coding for this study. The goal is to determine which themes and ideas predominate in news coverage and whether those messages also prevail in the minds of readers who are motivated to respond to the stories.

Table 7 Quotes that illustrate axial codes

	<i>Breitbart</i>	<i>Huffington Post</i>
<b>Othering</b>	<p>“You fall into a trap of using the liberal paradigms.”</p> <p>“A fraudulent law based on lies by the Democrats”</p>	<p>“Your ignorant hatred is stunning”</p> <p>“I know a whole lot more about Jesus Christ and his moral teachings than any of those crackpot, ignorant, fundamentalist extremists do”</p>
<b>Fear or distrust</b>	<p>“6 traitors voted against common sense and freedom today. Nothing new for the courts, the Congress, or the president...”</p>	<p>“Putting insurance companies in charge of healthcare is a mistake.”</p> <p>“...the greed and self-righteousness of the GOP.”</p>
<b>Personal responsibility vs. social justice</b>	<p>“What about the one third who are not working but are certainly able bodied and able to work? ...everybody should contribute something.”</p>	<p>“No one should have to die or suffer because of the stupidity of a few.”</p> <p>“It’s not like that Jesus guy went around healing people for free.”</p>
<b>Offering hope or solution</b>	<p>Advocating civil disobedience: “I’ll say it for you; armed revolution.”</p> <p>“defeat Obamacare by not signing up.”</p>	<p>“You forget, it can be CHANGED. There are SOLUTIONS.”</p> <p>“This is just a hiccup!”</p>

### **Othering: fear, distrust, credibility, group identity**

Commenters on both *Breitbart* and the *Huffington Post* use similar messages and social processes to present their arguments and bolster their positions on the Affordable Care Act. In particular, othering—by identifying one’s opponent as different, a member of a less-deserving group—often became a tool used to turn fearful language to aggressive. At the same time, the “peacemakers” among the groups offered solutions, ideas, comfort that a way would be found to address extant problems.

The concept of othering as used here presumes “otherness” to be pejorative, as it is reflected in sexism, racism, and other biases based on appearance or perceived social status. Readers of the websites studied for this research used othering of individuals and of the groups to which they were presumed to belong in order to undermine their arguments and delegitimize their efforts to express opinions of the Affordable Care Act specifically or of the issues presented by health care reform more generally. Individual othering often centered on accusations of lack of education, intelligence, or expertise, as well as deliberate falsification of information. One comment on the *Huffington Post*’s “Joy of Cooking” story charges another reader with laziness as well as prevarication: “Is that just low-effort thinking, or are you being deliberately dishonest?” (#46, March 3, 2015, 11:59pm). Laziness, or refusal to work, recur frequently and echo the frame of personal responsibility as opposed to social justice, as voiced on *Breitbart*’s “Break Obamacare’s Back.”

...that is what most people like you would do. Accept the treatment which they cannot afford and then declare bankruptcy so that the rest of us can pay for it. The world is full of leaches [sic] like you. (#105, June 8, 2015, 4:58pm)

The story on the *Huffington Post* about the King v. Burwell decision that received the most comments overall uses fear to frame the potential effects of a ruling against the law with its headline, “The Freakout From an Obamacare Ruling Could Be Unlike Anything We’ve Seen.” (Nolte, 2015). Its emotional language, including the words “panicked,” “shock,” “dismayed, angry or scared” and predictions of “dramatic and visible” impact upon lower-income Americans is repeated in the language used in responses to the story by its commenters.

While the story uses emotional language, it doesn’t direct blame—as its first commenter points out, referring to the author in third person: “Though interestingly he doesn’t come out and say who is responsible.” (#0, 3/20/15 12:03am) To commenters, the blame becomes quickly personal, connected with ignorance and political party. “Another moron who is glued to Fox.” (#17 3/20/15 12:16am) “You are like many here, putting words into other’s mouths and making assumptions that only exist between your ears.” (#470, 3/20/15 2:19am)

Othering expressed by commenters in all data analyzed for this study often targeted groups with which a given commenter was assumed to affiliate (political party, industry, socioeconomic group), accusing a reader of ignorance or lack of education as a member of a given group. As one *Huffington Post* comment posited, “It has occurred to me many times that back when I was teaching English, I could have predicted which students would grow up to be Republicans. They’d be the ones who were flunking reading comprehension.” (#37, March 3, 2015, 11:45pm). Oblique references to party show up in comments that also offer solutions to the perceived problem of the political status quo. Whether that status quo is perceived as having in office a Democratic

Administration or a Congress composed of Republicans, exhorting other readers to vote in the next election is offered as a solution to the present problem. One *Breitbart* user begins such a comment with an effort at group inclusiveness on the conservative website, saying “Glad I’m not the only holdout. Hopefully in 2016 we can get to work cleaning up this mess the left has created.” (#161, June 8, 2015, 5:13pm.)

### **Distrust of government, including political party**

Distrust of government is measured in scholarly and medical studies of vaccine refusal (Lee, Whetten, Omer, Pan, & Salmon, 2016; Lei et al., 2015) and third-party voting (Peterson & Wrighton, 1998) as well as popular media surveys (Gass, 2015). Studies of such disenchantment with elected representatives show attitudes toward existing leaders can see them as “corrupt, incompetent, insensitive, or all of the above.” (Peterson & Wrighton, p. 17) The reader comments analyzed for this study show similar attitudes toward existing political parties and power relationships, directed at specific individuals and at more undefined groups such as “think tanks” and “insurers.” Distrust of government has also been connected with support for the death penalty (Messner, Baumer, & Rosenfeld, 2006) and perception of capital punishment as victim support rather than an exercise in governmental power. That perception may connect to a more violent tone of anti-government remarks among commenters opposed to health care reform, in that its focus on the individual can also be perceived as an enactment of a form of ultimate “personal responsibility.”

Comments that openly voiced distrust of government in general were more prevalent on *Breitbart* than in the *Huffington Post* in this study. In the story “Supreme Court Upholds Obamacare Subsidies, 6-3,” the ruling keeping in place benefits for lower-

income households is announced and the first comment it generates calls the Justices who voted to maintain subsidies “traitors.” (#1, 6/25/15 2:23pm.) By the 6<sup>th</sup> post, writers have brought up a common frame in this analysis: the inherent injustice seen within a system that “pays for” services for those lowest on the socioeconomic scale but provides less for middle-income families. “We need to toss out every one of these Bums and Bumesses...tax subsidies means [sic] that you and I pay for the health insurance of the lazy, the malcontent and the thugs...” (#1574, 6/25/15, 3:40pm) This frame puts social justice at odds with personal responsibility and is repeated throughout the stories and comments studied here.

Initial open coding for this study found dozens of story and individual frames voicing fear of catastrophe or distrust of government, and initially those two messages were coded separately. As axial coding progressed, however, it became clear that comments and conversations about fear or distrust were inextricably intertwined as indicated by code co-occurrences of the two in Atlas.ti. For instance, one user commented near the end of comments made on the *Breitbart* “Break Obamacare’s Back” story:

With each passing day health care in America is morphing into one of the first systems on earth. Want to see a doctor? Too bad, its [sic] not up to you, no, you will only be allowed to see a Physician Assistant! Whats [sic] that? Well, they aren’t doctors! They don’t hold medical degrees, and their title is just part of an elaborate scam to dupe the people into thinking they are going to be healed! Tomorrow will be worse than today, and once Obamacare is in full force and effect your health care will be nonexistent. (#278, June 8, 2015, 5:52pm)

Distrust of government extended to those agencies and organizations conducting research to bolster the claims of supporters and opponents of the law. In this case, from

the *Huffington Post* “Cooking” story, One user (#109, March 4, 2015, 2:43am) refutes a claim made by another (Q#95, March 4, 2015, 1:58am) that the Supreme Court case in question is “about whether or not the president can change laws he doesn't like” by pointing out that “This case is about six words in the ACA that have been latched on by a think tank that found 4 people they thought would have ‘suffered harm standing.’ Never mind how many will suffer harm if SCOTUS agrees.” While fear and distrust voiced in comments by *Breitbart* readers was more frequently directed at the existing Administration of President Obama, distrust expressed in comments posted on *Huffington Post* often featured a less well-defined actor, generalized as “the right wing propaganda bubble” (#119, March 4, 2015, 4:32am) and “today’s GOP.” (#196, June 9, 2015, 12:43am).

Fear of specific events, either at the hands of government officials or as the result of policy changes such as repeal of the Affordable Care Act’s provisions to expand coverage for certain procedures, co-occurred with messages voicing government distrust particularly around changes in the existing (i.e. Affordable Care Act) legal and legislative structure. The commingling of the two is illustrated in an exchange among four readers of the *Huffington Post* “Joy of Cooking” story catastrophizing the potential loss of health coverage. IP starts the conversation with a comment, saying “...if they took away the exchanges, people can and will die. We CAN’T let that happen.” (#50, March 4, 2015, 12:17am). Three different users reply to IP’s post within an hour.

“No one should have to die be [sic] or suffer because of the stupidity of a few.” (#77)

“Then you agree with the Republicans. Why don’t you vote republican [sic] in the next election.” (#80)

“You don’t get it. They don’t care.” (#86)

On *Breitbart*, distrust and fear often coincide with comparisons to more pernicious forms of communism and socialism. Several conversations involved personal narratives of family experiences under restrictive governments, such as in the former Soviet Union. One brief conversation starts with a comment characterizing the “brazen lies Obama told” as evidence of a “scheme.”

The federal takeover, or collectivization, of our medical industry ...to give more power to the feds – just as Stalin’s ‘collectivization’ of agriculture in the U.S.S.R. was designed to give Stalin control over a segment of Soviet society. (#21, June 8, 2015, 4:25pm)

### **Moral framing and politics; personal responsibility and social justice**

Studies in peer-reviewed medical journals (Blendon, Benson, & Casey, 2016) have shown Americans split on whether government should provide healthcare to its citizens, and research into support for social programs such as the Affordable Care Act illustrates a pervasive division between audiences that support social justice (Ruger, 2004) and those that believe personal responsibility should take precedence (Wikler, 2002)—that each citizen is responsible for his or her own care, rather than society as a group being obligated to care for all. These opposing viewpoints often appear associated with political parties and beliefs; personal responsibility as a tenet of conservatism and social justice as a key belief of liberal voters. Those concepts are echoed in the research conducted for this study. A personal narrative on *Breitbart* emphasizes and illustrates the attitude toward independent self-sufficiency.

While our children were growing up we paid for every immunization out of pocket, every visit to the dentist 2x/year, and every vision exam and braces. Never once did we expect for someone else to pay for our children as their health and welfare was our responsibility. We were accountable, not our neighbor.

Often in comments supporting health care reform, posters accused opponents of callousness and disregard for humanity. The social justice frame was presented as caring for others; often the religiosity of opponents of the law was questioned: “I still don’t understand how anybody that calls itself a christian [sic] can be against people getting health insurance.” (#52, March 4, 2015, 4:36pm). Much of the moral argument for social justice as an obligation consistent with Christian beliefs included dire predictions—in catastrophic language—of the consequences of a court ruling against the subsidy provision.

“If the court rules the wrong way, thousands (perhaps tens of thousands) will die needlessly. And our dysfunctional government won't be able to do anything about it. Period. End of story.” (#2050 on 2015-03-20 at 21:03) In response: “What do you expect from the pro-life, Christian party?” (#2071 on 2015-03-20 at 21:11)

### **Offering solutions and support**

Helpfulness in the form of proposals to protest or amend the ACA were offered by commenters on both sites, though the character of the solutions differed. Commenters on the *Huffington Post* story attempted to assuage fears even as they accepted the perceived inevitability of the law’s implementation, in one case triggering a conversation by commenting “The federal exchange will license itself to the states for free or for a penny. Problem solved.” (#71, March 4, 2015-03-04, 12:45am). A more vehement comment, posted in response to the preceding comment, includes a desperate tone and the use of all capital letters—a habit frequently employed within online comments to emphasize content, often called “shouting” by users and readers. This user (#152, March

4, 2015, 4:42pm) comments “You forget, it can be CHANGED. If not, then the states will have to set up their own exchanges to benefit their citizens. There are SOLUTIONS.”

Supporters of the law voiced ambivalence even as they argued in its favor. A lengthy conversation analyzed in the next chapter begins with criticism of one of the law’s weaknesses; that not all uninsured citizens can access coverage even under the ACA. Halfway through an animated—albeit civil—discussion of the principles of insurance (risk pools, paying for coverage that goes unused), a user with a feminine name offers “solutions” to the Act’s flaws, including regulation of insurers and implementation of “Medicare for all.” Her comment ends with acknowledgement of the still “outrageous sums” some pay for care, but adds “I’m 100% supportive of ACA – we have to start somewhere and this is the best we can do for now – until we wake up and vote for representatives who care about the people instead of the big donor interests.” (#35, March 3, 2015, 11:43pm)

The positive tone of “it can be fixed” stands in contrast to the answers proposed by the law’s opponents. *Breitbart*’s “Break Obamacare’s Back” proposed civil disobedience, i.e. “breaking” the law by refusing to purchase insurance despite the ACA’s mandate to purchase health care plans or face financial penalty. A few commenters on this story pointed out the potential danger to families and to personal finances of risking high out of pocket costs for uninsured medical care, using an abbreviation common to users of text software that translates as “shaking my head.”

SMH... this is the most foolish, irresponsible piece I’ve ever seen on *Breitbart*... health insurance is there for a reason. i’m [sic] sure we can all think of people close to us who depended on it in bad situations... Easiest way to bankrupt yourself is to not have health insurance. (#317, June 8, 2015, 6:06pm)

More frequently, comments to the story advocating civil disobedience agreed with the idea or took it further, suggesting violent resistance or elimination of the law. One writer emphatically calls the law “Barry’s Kill Your Health Scheme” and adds it “needs to be de-funded, gutted and deep-sixed with a stake driven through it.” (#304, June 8, 2015, 6:01pm).

### **How do conversations in comments sections end?**

One of the research questions that informed this work was: how do discussions in online comments sections end? To return again to principles of rhetorical and generative criticism, the conversations in this instance are the units of analysis. Grounded theorists often ask “what’s going on here?” to remind themselves of the data-first element of such study, because its open-ended nature allows access to how social processes influence the messages we remember and not just the messages as presented, in this case, in media or others’ comments. This chapter and the next look at two individual stories, one from each outlet studied for this research. These two stories and the comments they generated were chosen because each had, for its outlet, the highest proportion of replies to individual comments. Each story sparked conversations among its readers more than any of the others in the 139-story sample used for this analysis.

### **Analysis of conversations on the “Joy of Cooking”**

The story examined in this chapter appeared on the *Huffington Post* website on March 3<sup>rd</sup>, 2015, the day before the U.S. Supreme Court was to begin hearing the case of *King v. Burwell* (Figure 6). The author, Jonathan Cohn, establishes an argument that the legal language being debated in the case—relating to the subsidy provision of the

Affordable Care Act—is a small element of a large, important issue and should not undermine the law itself. The image he uses to support that argument is a recipe; specifically, how to make pancakes.

The story’s headline is “How the ‘Joy of Cooking’ Explains the Absurdity Of The Obamacare Lawsuit” (Cohn, 2015) and it presents, in short sentences and one- or two-syllable words, a way to understand a Supreme Court argument as one would read a cooking recipe. The framing of the story helps readers relate to the issue through a common, everyday experience: making pancakes. The “pancake” and food analogies are carried throughout the comments generated by the story, and the concept that a change to a “single ingredient” should not change the entire law becomes a point of debate for some commenters who appear to be well-acquainted with the ACA and the Supreme Court.

Full text of the story is available in Appendix B.

POLITICS 03/03/2015 03:59 pm ET | Updated Mar 03, 2015

# How ‘The Joy Of Cooking’ Explains The Absurdity Of The Obamacare Lawsuit

By Jonathan Cohn



MARIE FIELDS VIA GETTY IMAGES

On Wednesday, the [Supreme Court](#) will consider a lawsuit that, if successful, would cause [millions of people](#) to lose health insurance — and millions more to pay higher premiums. The debate over the case’s merit has touched on everything from legislative history to obscure court doctrines about statutory interpretation. But you don’t need a legal text to understand why the challenge to Obamacare is so flimsy.

All you need is a recipe book: [The Joy of Cooking](#).

Page 795 of an older edition (the one that my in-laws own) has a recipe for pancakes. The ingredients include three tablespoons of butter and three tablespoons of sugar. The instructions call for mixing these ingredients with the others (eggs, milk and so on) to make a batter that will go on the griddle. If you want to make pancakes and lack either the butter or sugar — and, critically, if you read only that section of the recipe — you may think you are out of luck.

**TRENDING**

Was The National Enquirer The ‘Source’ For Devin Nunes’s Claim That Trump Was Surveilled?



To The Racist Guy Who Picked Up My Pencil During Class



20 Breathtaking Birth Photos That Highlight The Strength Of Doulas



So THAT’S Why Men Never Use The Second Button On Suits



Debbie Reynolds And Carrie Fisher Remembered At Public Memorial Service



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Figure 6 *Huffington Post* story March 3, 2015

## Othering and Group Identification to Support an Argument

Values-based political communication, as described by Nelson & Garst (2005), is used to establish political identity, as an individual associates himself or herself with a group so as to solidify a connection between their own personal or moral values and the identity of a social group, such as a political party. Othering defines the out-group and, by extension, places the one who “others” within the desirable social identity. One way

othering is voiced by commenters on this story is through second-person language, either by group or individual, as in “you people” or “you” prefacing accusations of low intelligence or moral failing. Within all stories analyzed for this study, some additional othering—or inclusiveness and establishment of group identity—occurs when users introduce their comments with the name or userID of the original poster.

The convention I use here to identify individual commenters (or “posters”) without violating personal privacy is to refer to the initial post and its author with “IP,” and each following individual commenter as “RS” followed by the number indicating how early they joined in the conversation, i.e. RS1, RS2, continuously.

Throughout the comment threads examined for this analysis, posts used common messages to exclude or include other individual commenters and their member groups (i.e. political parties, religions). Othering was most frequently expressed with insults or characterizations of those being excluded as less well-educated, less intelligent, or less honest; political affiliations were presented as influencing gullible voters on either side of the partisan divide. Democrats, or supporters of the ACA, characterized Republicans as uninformed about the mechanics of insurance programs in general or the law in particular. Opponents of the law used “hardworking” and “personal responsibility” messages to present arguments that social justice and public programs foster laziness.

Language was also used to other or to express inclusive group identity: “you” as both a singular and plural cue was used to identify opponents and supporters, as well as individual identification of a user to whom a given writer wanted to direct a post, either by name or by userID. Second-person language, or the use of “you” as a directed preface to derogatory terms such as “idiot” or “moron,” occurred often as a way to personalize

othering language and make clear that the writer was referring to a previous comment to which they were responding specifically.

**Othering leads to hope and solutions.** A conversation that begins with a post many observers of the health care debate in 2015 might consider emblematic of the ACA's opposition also illustrates the theory generated by my research—that an emotional message using othering language to establish group identity is followed by offered information and proposed solutions. That post begins with a full sentence in all capital letters. (In the world of computer-mediated communication, use of all caps is often considered “shouting.”) “BUT WE ARE NOT ALL GETTING AFFORDABLE HEALTHCARE!” (#12, March 3, 2015, 11:43pm). The writer explains that he is employed, cannot afford his insurance premiums, but has too high an income to qualify for the subsidies that would be terminated if *King v. Burwell* were to be upheld by the Supreme Court. IP uses a personal responsibility frame to present himself as “average, hardworking” and “trying to make a decent life” and uses othering to portray those who receive assistance as staying in “dead end minimum wage crap jobs”.

The IP (initial post) cites issues of personal responsibility and cost to decry mandatory purchase of health insurance and engages in othering of those of the lower end of the socio-economic scale. “It is always about the poor” the post reads. “I give up. This is pointless.” After a few short replies to the IP othering the user, accusing the him or her of “whining and complaining” (#16, March 3, 2015, 11:22pm) and writing a “screed” (#22, March 3, 2015, 11:31pm), the thread features several lengthy posts that cite specific provisions of the law, voice support for social justice and distrust of government

institutions—specifically partisan-led groups with financial interests in the health care industry—and finally turn hopeful.

Thirty-four minutes after IP shouts his entry, RS4, with an apparent female userID, brings forth an answer for the IP and the group. “a single payer system, like Medicare for all.” (#35, 3/3/15 at 11:43pm) This post attempts inclusion, using first person group language: “we might have a large part of this mess” and “we have to start somewhere and this is the best we can do.” The collective voices of the conversation resist the claims of IP and point out other reasons for increasing health care costs, citing “Big Pharma” (#32), “the industry” making “egregious profits” (#35), and a for-profit system that “is inherently unfair and harmful.” (#144). Yet, despite voicing othering and distrust, the group in the end counters the initial frame with a series of messages supporting the law, expressing hope and offering specific solutions to resolve cost concerns. “A family of five can qualify for tax credits,” offers one user (#61, 3/5/14 at 12:26am). “The Affordable Care Act IS generally slowing and lower the cost of insurance for everyone.” (#78, 3/4/15, 1:07am)

As a group, many users reply to the initial poster in this conversation to defend the law and insurers providing healthcare coverage. These users display knowledge of the ACA and insurance terminology.

RS12: I'm neither indigent nor unemployed and if it were not for the ACA I would not have health insurance unless I gave up my business to work for someone else because of a pre-existing condition.

RS13: [IP] you GD deadbeat, I bet you have been getting insurance through your work with the employer paying most of the insurance cost for years! I bet you wonder how I knew that! lol

RS14: The reality is that insurance companies are NOT making obscene profits. Health insurance is not a particularly lucrative business. It is all public

information. Non- profit and self insured "policies" are not significantly cheaper. The problem is that Health Care is expensive.

RS15: [IP]—Everyone who has job-based health insurance with employer contributions has always had a taxpayer subsidy because the employer contribution is tax-free to the employee. Everyone buying health insurance in the individual markets had to pay with after-tax dollars for coverage that was often crappy, temporary, and expensive. ACA makes good affordable coverage available for life regardless of increasing age and declining health, and ACA subsidies add some fairness and balance. Yes, America needs universal healthcare, but ACA is a big improvement.

That first post is cited and its userID replied to by name six times in the ensuing conversation, which begins March 3<sup>rd</sup>, 2015 at 11:09pm and ends June 9<sup>th</sup> at 2:08pm. As with the other lengthy conversations analyzed here, this conversation is active for the most part for approximately two days, is quiet for several months, and resumes briefly for one day in June when three additional comments are posted.

**Reconciling religion and politics.** Social justice has long been linked to or contrasted with societal emphasis on corporate and market priorities. As Dorfman et al. (2005) suggest, in emphasizing profit over protection of vulnerable populations, those who benefit from public health and publicly-funded programs often suffer when corporate revenues are prioritized by society. “Services for helping people and policies for protecting people are left unfunded as tax cuts are embraced and available funds disappear.” (Dorfman, Wallack, & Woodruff, 2005, p. 321) Similarly, social justice can present as a moral frame, focusing on common goals of most organized religions. Writing for a Christian communication journal, Fortner asserts one of the ethical imperatives for religious authorities is a “protective stance” toward members of a society who experience mental or physical infirmity (Fortner, 2010, p. 12).

What does a true Christian believe? One writer, responding to the “Joy of Cooking” story, uses all lower-case letters to imply disparagement of the term, writing it

as “christian.” Other users who participated in this comment thread supported opposing views of the religion, juxtaposing an economic argument similar to Weber’s Calvinist doctrine with a humanistic point of view. Several writers used the word “humanity” or “humanitarian” to illustrate their beliefs that Christianity dictates support of social justice goals as opposed to individualistic economic points of view.

A conversational thread that begins on March 3, 2015 just after midnight, starts with the comment mentioned in the previous paragraph: (#52) “I still don’t understand how anybody that calls itself a christian [sic] can be against people getting health insurance.” This conversation, as some others do within the comments generated by the “Joy of Cooking,” drops off in March after two days and resumes in June, on the 8<sup>th</sup> of the month 8:41pm.

Christianity’s definition is used here to “other” opponents and challenge their morality. “Christians against this are the biggest hypocrites of the 21<sup>st</sup> century.” (#110) Supporters of the subsidies for lower-income Americans frame conservative Christians as uninformed: “I know a whole lot more about Jesus Christ and his moral teachings than any of these crackpot, ignorant, fundamentalist extremists do and I haven’t been to church in many decades.” (#106). Commenters use sarcasm to accuse opponents of hypocrisy, saying “It’s not like that Jesus guy went around healing people for free.” (#89)

RS2: [IP], It's not like that Jesus guy went around healing people for free. Oh, wait I think I remember he did!

RS3: This case is not about health insurance. It is about whether or not the president can change laws he doesn't like....we wouldn't like it if the next repub president starts changing laws....

RS4: [RS1]You know I don't really care what they call themselves. I know a whole lot more about Jesus Christ and his moral teachings than any of these crackpot, ignorant, fundamentalist extremists do and I haven't been to church in

many decades. Words mean nothing, actions mean everything. Do to others what you would have them do to you! And, that's just for starters.

RS5: [RS3] Wrong. This case is about six words in the ACA that have been latched on by a think tank that found 4 people they thought would have "suffered harm standing." Never mind how many will suffer harm if SCOTUS agrees.

RS6: [RS3] No. It is about the reasonable interpretation of laws - what was the intent? A deaf, dumb and blind person could answer that question. Obama is NOT trying to change any law. As to the OC he is correct. Christians against this are the biggest hypocrites of the 21st century.

References to Christians and Christ continue into later comments in June (#183, June 8, 2015, 10:41pm) with a starkly partisan personal schemata, for one user, separating politics from religion. "You just have declare [sic] that you are a Republican apart from being or a Christian" [lack of period in original text]. Two posts follow, one after the other, using a similar moral frame; accusing opponents of the ACA of lacking "humanity" and being blinded "to the humanitarian benefit of insuring millions of fellow Americans. WWJD?" (#134, March 4, 2015, 5:54am). A lengthy post, directed specifically at a userID attached to an earlier entry, digs more deeply into constructs of social justice as reflected by previous scholars (Atkinson & Dougherty, 2006; Micheletti & Stolle, 2008; Salter, 2016), including income redistribution and "corporate welfare." "Start worrying about the billions given to the wealthy from the poor...start going after corporate welfare. Make yourself useful." (#138, March 4, 2015, 7:09am). Several hours later, after a lull in the conversation starting at 7:09am on March 3<sup>rd</sup>, a single sentence appears to defend the position of Christians who oppose the law with a reference to Christ. "Jesus said to take care of the poor and sick, he didn't say to force your neighbor to help." (#140, March 4, 2015, 1:13pm) The conversation is finally ended by a poster whose comments end another thread within the data from this story (#215) on June 9<sup>th</sup> about 2 in the afternoon.

Humanity and its protection also come up as ways to illustrate and voice fear of potential catastrophes, both personal and societal, by respondents posting to this thread. “Never mind how many will suffer,” one post (#109, March 4, 2015, 2:43am) asserts, while another blames “the hysterical GOP’s hatred of Obamacare” (#134, March 4, 2015, 5:54am) for the potential loss of healthcare for those who would lose subsidies. As in many cases in this analysis, distrust of government—and of organized political parties specifically or in general—also accompanies messages of fear and concern about loss. In comment #196, one user illustrates knowledge of previous social programs passed in earlier decades, including Medicaid, minimum wage laws, Social Security and Medicare before saying “show me what you spend money on and how you handle your money and I’ll know everything I need to know about your character. If there’s any question about the character of today’s GOP, I think it’s been answered in the last 6 years.” (June 9, 2015, 12:43am).

**A frightening personal story elicits derision, then hope.** The initial poster (IP) in this conversation within the story “Joy of Cooking” on *Huffington Post* remains in the conversation for nearly an hour, replying to two heated but reasoning replies. (See Appendix B for the full text of this conversation.) While that individual does not thereafter rejoin the conversation as it continues for 22 hours, messages continue to be directed specifically at the IP, using the name or userID in part or in whole (this user posts with a two-name ID). In most cases where messages are directed at the initial poster, the response uses one of two frames: individual othering, in the form of personal attacks, or attempts to reason with the IP’s key message that the individual cost of paying an insurance premium is unreasonable in view of its immediate benefit.

The initial poster (IP), using a feminine name, starts this conversation on March 3<sup>rd</sup>, 2015, at 10:19pm with a personal narrative about home and family, framing the ACA as an intrusion on a personal choice. The posts that begin this conversation use violent language to refer to the users' issues with the law; voices of desperation, anger, and fear narrate the IP's story about the cost of a health care plan purchased through the ACA's exchanges. IP begins by referring to the author of the news story to which she is responding as "This writer." In many conversations on the stories evaluated for this research, commenters responding to the original story (as opposed to each other) begin their posts with the author's name or a reference to the article. This writer uses a subtle form of othering in the choice of impersonal language ("this person")

IP writes that the ACA promised "in its very first section to make health care available to 'all Americans.'" This user goes on to assert that the law does not, in fact, make care available to all because it "forces" the purchase of insurance "whether or not we want it." The initial post goes on to detail specific amounts required for premiums, details of family members and physician visits. IP asserts "We do not qualify for subsidies. We could have gotten a credit, but only if we signed up for a silver tier plan." IP finishes the post decisively, offering as a solution to its flaws "figure out a way to get rid of it."

From 10:19pm on March 3<sup>rd</sup>, 2015, through 7:30pm the following day, posters reply primarily to the IP. Seventeen individual user IDs write 24 total posts; one writer posts three replies within minutes of each other to three different previous posts, including the original IP. The last post to this conversation is in response, again, to the IP. Two writers interact with subsequent posts, in side conversations of their own. One asks a

question that implies disbelief; another attempts inclusiveness with an earlier post by othering a third RS with which the poster disagrees, using the earlier writer's user ID to preface his remarks. "You won't get an answer. She'd rather whine." The posts ask questions or make statements to clarify specific points, and alternate between agreement and othering.

RS1 repudiates the language used by the IP using second-person othering; "No one is forcing you" and reframes the message of cost to include message of irresponsibility and risk. IP is presented as "foolish," misunderstanding the point of health care coverage. "Insurance is for those years that are unexpected." IP replies to RS1 by repeating the assertion that the ACA's tax penalty would cost as much as insurance premiums and thus forces a choice between "two evils." The message uses the same fearful language as the initial post, and another respondent (RS2) joins the conversation to reason with IP, saying the "intent of the ACA" is "to protect you from bankruptcy WHEN you have that \$100k hospital bill." The frame again juxtaposes the moral value of serving social justice with the individual value of assuming personal responsibility, suggesting family obligations are also socially justifiable. The initial poster responds to RS2 with an inclusive, less oppositional message and more conciliatory tone. "I understand that intent. And it would be IF you wind up having a \$100k hospital bill. All I see are good intentions, BAD BAD execution."

The fearful, catastrophic frame returns as a third respondent, RS3 (RS3 is also a frequent contributor to comment threads and conversations on this article) suggests the potential for crisis and a lack of responsibility inherent in refusing to purchase insurance, saying "call me back when one of your kids turns out to have cancer... Why should I have

to pay for your family getting sick just because you do not want to buy insurance?” Two minutes later RS3 posts again, with more extreme language and sarcasm. (It is as if the user wrote the first response, walked away from computer/smartphone, considered initial comment, and came back to emphasize with stronger language.) “Oh, poor you. ...No one is forcing you to live in the US. Please go to Somalia where you will not be required to buy insurance for ANYTHING at all.”

The fear and othering occur less frequently until, about an hour after IP started the conversation, the fourth new user to respond offers a solution, and a sympathetic but catastrophic example of the ultimate cost of being uninsured. “You buy homeowners insurance and pay literally thousands over the yrs [sic]...hoping your house never burns down. It is the same with health insurance. Yeah, you did not need it...please be thankful for that.” (#21, March 3, 2015, 11:28pm).

RS5: I favor allowing people to opt out....provided they agree to forgo taxpayer help or bankruptcy protection for medical reasons. But you are repeating things that most people repeat about insurance because they don't understand it. You buy homeowners insurance and pay literally thousands over the yrs...hoping your house never burns down. It is the same with health insurance. Yeah, you did not need it...please be thankful for that. There are families with kids with cancer who the insurance company spent millions....and that 5 grand for premiums for a family of 5 was a bargain.

RS6: [IP], would you feel better if you and your family had suffered a horrendous injury or disease last year, making your insurance premiums seem more worthwhile? Health insurance is not a savings account that you dip into and take out of and it all balances out at the end of the year.

RS7: And yet when uninsured people have needed health care for the past several decades, they got health care anyway even those freedumb loving conservatives too selfish to buy insurance.

RS8: [IP] - wow, based on that, why do you buy car insurance? You don't have an accident every year, so just sit tight, and hope that when you DO have a car accident, it doesn't wipe you out financially! Foolish and short-sighted is the only way to describe a philosophy like that - not to mention selfish, since if you don't have insurance you probably won't be able to pay your costs for the accident. The

ACA has many benefits - the subsidies are only part of the package - and the ACA could still use some tuning, but it beats what the Republicans want to do - nothing.

This comment generates a spate of similar posts from six other individual users, similarly warning the IP of the dire consequences of remaining uninsured while offering solutions, ideas, and ultimately support of either the ACA itself or another form of universal health coverage. “We really need to have a single payer system that establishes a reasonable rate for everyone, like Medicare does.” (#39, 3/3/15, 11:47pm) This burst of comments ends with a heated plea from a parent, and uses a personal responsibility frame that appeals to the IP’s mention of family. “As a parent, I have seen children do silly things that get bones broken, that need stitches or get illnesses that need extra attention. ...Responsible citizenship and responsible parenting is not always a bargain” (#47, 3/4/15, 12:03am)

The last post to this conversation is in response, again, to the IP. Two writers interact with subsequent posts, in side conversations of their own. One asks a question that implies disbelief; another attempts inclusiveness with an earlier post by othering a third RS with which the poster disagrees. The posts ask questions or make statements to clarify specific points, and alternate between agreement and othering.

**One conversation responding to “Joy of Cooking” does not include mention of social justice.** This thread still illustrates the theory generated by the whole of my research; that conversations begin by establishing group identity through othering, then end with solutions. Unusually for the conversations I analyzed, this thread lacks any posts contrasting social justice with personal responsibility, a dilemma much in evidence in comments posted on both *Breitbart* and *Huffington Post*. The thread does begin fearfully, which is not uncommon in initial posts that spark longer conversations; fearful language

seems to generate replies to posts, good and bad. This conversation starts on March 4<sup>th</sup> at 12:30am with a vague single sentence. “It’s scary that anyone would make this argument.” (#3, 3/3/26, 12:03am) With the word “argument,” the IP is apparently referencing the story’s frame that “one ingredient doesn’t change the recipe.”

Humor and sarcasm are used through this conversation to reconnect to the original story’s “cooking” frame and to discuss the specific language of the law. Wrapping the two ideas together, RS1 replies to IP: “Your pancakes are suffering from a lack of context. Yes, your legal degree is in the mail...but it’s only good at the food court.” (#4, 3/3/15, 10:12pm). The thread takes on the traits of live in-person conversation as the posters talk with each other, prefacing comments with specific userIDs to call each other out by “name.” RS4 ridicules those who agree with the language argument about the legal decision, saying it’s “silly” to take a single sentence out of context. This excerpt includes one commenter’s reference to Jonathan Gruber, an economist who contributed to the content of the ACA and later apologized for remarks caught on video in which he called American voters “stupid.” (DeReal, 2014)

RS4: The only thing that is silly is people like you who try talking a single sentence out of context from the entire document. Simple reading comprehension is important.

RS5:[RS4] you took my thoughts exactly. reading comprehension.

RS6: I love the Gruber cab service!

RS7: [RS4] - It has occurred to me many times that back when I was teaching English, I could have predicted which students would grow up to be Republicans. They'd be the ones who were flunking reading comprehension.

This conversation, more than any other posted to this story, uses humor, sarcasm and twists on the story’s cooking theme to tease out several proposed solutions, with minimal use of extreme othering language—little profanity, few direct insults.

Ultimately, the resolution of this conversation comes in the form of general optimism and offering up specific solutions, i.e. “The federal exchange will license itself to the states for free or a penny. Problem solved.” (#71, 3/4/15, 12:45am) “You forget, it can be CHANGED. ...There are SOLUTIONS.” (#152, 3/4/15, 4:45pm) and, reluctantly and after some reservations about the “tortured” language of the ACA. “I’d rather have this law than not.” (#181, 3/14/15, 6:28pm)

### **Analysis of conversations on “Break Obamacare’s Back” on *Breitbart.com***

The story examined in this chapter is titled “Break Obamacare’s Back” and appeared on the *Breitbart* website on June 8<sup>th</sup>, 2015, 17 days before the Supreme Court ruled on *King v. Burwell* (Figure 7). The author, John Nolte, advocates civil disobedience and frames his opposition to the Affordable Care Act as a moral issue, one of personal responsibility. Nolte uses emotional language in the story, calling the law an illegal, “immoral and illegitimate government program sold with serial-presidential (and media) lies” (Nolte, 2015). Using phrases that recur in user comments such as “able-bodied adults” and “greedy takers,” the story invokes the concept of personal responsibility as opposed to “taking” from those willing to work, and uses group identification to appeal to an audience of “we the taxpayers.” Disobeying the law by not purchasing insurance is depicted as an example of strength and defiance in the face of being “forced” to purchase health insurance.

The story is written in the first person, as a narrative of the author’s own experiences. It opens with an admission: “Running around uninsured for the first time in my adult life has not been easy.” Nolte describes the “constant, uneasy fear” that a health care emergency will occur that could result in personal financial crisis. Comparing

himself to a “vast majority of Americans,” the author explains that he had previously purchased a catastrophic health care plan (one that covers no preventive care, and only pays claims for emergency or otherwise expensive care) but now refuses to purchase insurance at all, because he wants to “break the back of Obamacare.” The story also rails briefly against insurance companies’ profits, but most of its wrath is directed at “greedy takers” who “need to work harder, second and third jobs, not steal from those of us who have.”

The full text of this story is available in Appendix B.

THE **OFFICIAL** BREITBART STORE

# BREAK OBAMACARE'S BACK: DO NOT PURCHASE HEALTH INSURANCE



by [JOHN NOLTE](#) | 8 Jun 2015 | **1,464**

Running around uninsured for the first time in my adult life has not been easy. The tax penalty isn't cheap (2.5% of your taxable income) and there is the constant uneasy fear of an expensive medical problem, a cancer or car accident, the kind that can bankrupt you.

**SIGN UP FOR OUR NEWSLETTER**

*email address* **SUBMIT**

Figure 7 *Breitbart* story, June 8, 2015

***Breitbart* conversations exhibit intense interaction, brevity and rapidity.**

While conversations in *Huffington Post* could last more than a day, the interaction between and among users of *Breitbart.com* tended to happen quickly and intensively in shorter periods of time. Some individual users posted nearly every minute for more than an hour, replying to every question or challenge from others involved in the group conversation.

*Breitbart* is a conservative media outlet and previous studies (Brewer & Gross, 2005) have confirmed the association of conservatism with issues and messages frames expressing the importance of personal responsibility. The comments and stories analyzed for this study confirmed the predominance of this message, and illustrated that the active users of the site are also familiar with investment strategies and alternative financing of health care. “Paying your own way” is a recurrent theme among the posts evaluated here, a message that appeared in the news story itself. These messages show evidence of commenter reification of story frames—in this case, of the personal responsibility category that emerged in axial coding for this analysis. On *Breitbart*, the responsibility frame is often associated with providing for family. For example, one respondent challenged the “affordability” of plans under the ACA, saying “my family is subsidizing your insurance. Do you call that fair?” [#1121]

As in the previous chapter, to simplify the discussion of the comments here while protecting the privacy of users, each conversation’s participants are referred to by comment number as assigned within the software interface by time of post, and users are identified by abbreviation as follows: initial poster (IP), respondent to IP (RS) in sequence, as RS1 is the first to respond, RS2 the second, etc.

**Telling a personal story: Credibility, hope, and cost.** One conversation begins and ends with the same user sharing personal experiences to defend the law, much as the author of the story had done (full text of this conversation can be seen in Appendix D). This commenter stays with the thread for two hours, continuing to respond to replies that are accusatory, aggressive and derisive in their othering. At the same time, many of the details in this thread's interaction demonstrate specific knowledge of health care likely gleaned either from personal experience as a consumer or as one who works in the health care system. Knowledge of options under different care agreements, specific medical centers and their nationwide ratings, and names of companies offering plans are shared and debated. "I was not a great fan of Obama Care, as a matter of fact I was not going to sign up for it. Especially as a Conservative [sic]," the initial poster states (comment #1058, posted June 8, 2015 at 11:57pm). "Then my Husband decided no, we are going to do it." The poster goes on to reveal that "it was a good thing I signed up, because it was only 2 months later that I got diagnosed with cancer."

I was not a great fan of the Obama Care, as a matter of fact I was not going to sign up for it. Especially as a Conservative I found this whole Law unconscionable.

Then my Husband decided no, we are going to do it. So I signed up, and despite what everyone claimed it was not that difficult to do. I paid my first premium, it was a Plantinum [sic] plan. The monthly total was only \$375.00, with my yearly out of pocket only being 2 grand. I could have gone with a bronze and only paid 244 bucks, but I would have had a copay of 6500 and a deductible of 6500. There was no way I could afford either if anything happened. At only 121 bucks more a month, with no copay and only 2000 in deductible it made more sense.

Oh and before anyone says, well I got a subsidy, NO I DID NOT. I got absolutely no help for my monthly premiums.

Well, it was a good thing I signed up, because it was only 2 months later that I got diagnosed with cancer. Then came a long host of other issues.

Having been selfemployed [sic] for over 21 years, I never had the money to get insurance, and even if I did, with pre existing conditions, I was told numerous times that no one would insure me.

Sure, you can take a chance to not insure yourself and hope for the best, or you can just sign up and be covered and know that if something happen you are going to be okay. There are so many good platinum plans out there with very little deductibles and/or copays. Sure the monthly premium may be a bit higher, but in the end, it will all be worth it.

Continuing the first post, this commenter describes a confusing series of financial questions their family had to answer, previous frustrations with an inability to get insurance, and finally resolution once the ACA passed. The post ends on a note of hope, saying “Surely the monthly premium may be a bit higher, but in the end, it will all be worth it.”

Two brief retorts from two different responders to this six-paragraph post include a sarcastic comment about making money “working from your computer!!!!” (#1092, June 9, 2015, 12:09am.) and three words, “You are lying.” (#1100) IP replies with more detail about the family plan finally purchased and specific details that illustrate a well-researched purchase or well-informed consumer. Again, a response—from another new RS (RS#2)—accuses IP of misinforming the group, and ends with a flippant “thanks for the entertainment.” (#1103, June 9, 2015, 12:14am).

RS12: I'm neither indigent nor unemployed and if it were not for the ACA I would not have health insurance unless I gave up my business to work for someone else because of a pre-existing condition.

RS13: [IP] you GD deadbeat, I bet you have been getting insurance through your work with the employer paying most of the insurance cost for years! I bet you wonder how I knew that! lol

RS14: The reality is that insurance companies are NOT making obscene profits. Health insurance is not a particularly lucrative business. It is all public information. Non- profit and self insured "policies" are not significantly cheaper. The problem is that Health Care is expensive.

RS15: [IP]—Everyone who has job-based health insurance with employer contributions has always had a taxpayer subsidy because the employer contribution is tax-free to the employee. Everyone buying health insurance in the individual markets had to pay with after-tax dollars for coverage that was often crappy, temporary, and expensive. ACA makes good affordable coverage available for life regardless of increasing age and declining health, and ACA subsidies add some fairness and balance. Yes, America needs universal healthcare, but ACA is a big improvement.

After her post reiterating the details of IP’s family plan, the IP finishes with “Sorry that you don’t believe me, but I have on [sic] reason to lie.” RS3 joins the comment thread to ask more specific questions about the coverage IP purchased, again indicating familiarity with the options available under the ACA: “Is that PPO or HMO? It seems awfully cheap. The exchange plans in CA are unaffordable.” (#1267, June 9, 2015, 2:05am.)

After three challenging posts and one questioning, IP takes a defensive stance and sounds both fearful and hopeful in turn. “I am not lying about this. ...It is extremely frustrating and tiresome...I am still in shock as to how much you have to pay. ...But what do I know. I really do hope that positive changes can and will be made to this.” (#1269, June 9, 2015, 2015, 2:12am.)

RS3 takes up the cause of arguing specific costs and kinds of plans, but not in defense of the law. In California (abbreviated CA), this writer argues, “My family, in order to retain PPO insurance...now must pay \$1,800 per month with a \$5,000 deductible. ...Is that affordable?” (#1121, June 9, 2015, 12:26am.) This poster juxtaposes social justice with personal responsibility and invokes the moral value of fairness. “So while it may be working for you, my family is subsidizing your insurance. Do you call that fair?” Where IP offered hope that the law could be changed, RS3 offers a starker

solution and othering of the sponsor of the ACA. “Of course, the solution would be to sell our house and move out of state to one that doesn’t have an Ocrapcare [sic] exchange...The law should be repealed IN ITS ENTIRETY” (#1121).

RS2 responds a second time to the thread with extreme language othering those who benefit from the law as “parasites,” triggering a series of seven single-sentence posts back and forth with a new writer, RS4, each insulting the other in turn: “morons,” says RS2 of those who purchased care through exchanges, and “aren’t you the most genius government union goon clerk typist in the whole pool.” (#1157, June 9, 2015, 12:42am.)

This exchange illustrates a concept first proposed by Bakhtin (1986); the “language of the market,” the phenomenon of social life influencing the use of language. With “moron,” “troll” and “inbreeding” volleyed between RS2 and RS4, this side conversation finally ends in a reference to RS3, who had posted earlier information-rich responses reflecting personal experience with care options. RS3 responds calmly, “I hope you aren’t referencing me when you imply someone is a moron. I’m telling you from having numerous discussions with those offering Covered CA insurance... Perhaps you’re the one who believes in unicorns and fairy dust and the babblings of a modern day snake oil salesman.” (#1253, June 9, 2015, 1:46am.)

RS3’s willingness to continue engaging—in the face of insults from other writers—may illustrate two principles mentioned in psychology and health behavior literature; the impact of self-efficacy on ability to defend oneself against bullying (Kim, Lee, & Kim, 2013) and the intersection of trait emotional intelligence (EI) with empathy and self-efficacy as it inversely relates to likelihood of victimization (Kokkinos & Kipritsi, 2012). The combination of confidence, empathy, and persistence may have been

an effective tool in this conversation, as other respondents appear to eventually abandon efforts to refute RS3's statements.

RS3 demonstrates knowledge of the subject matter and a willingness to continue a difficult conversation as the writer continues to explain and argue key points about the costliness of available healthcare and the writer's own knowledge of the subject. The writer responds ten more times to challenges of the data in his/her posts, which comprise several sentences each as opposed to the several-word challenges RS5 gives such as "Give me a zipcode and I'll show you a PPO." (#1256, June 9, 2015, 1:47am.) RS3 continues to counter RS5's disbelief that a less-expensive alternative does not exist than the one RS3 has been offered, apparently checking the online ACA marketplace, Healthcare.gov, as RS3 share details of PPO insurance, EPOs, and Covered CA. It becomes apparent the two know each other as, at one point, RS3 uses a first name not visible in the data gathered through this study, and says "I appreciate the offered assistance, but I went through this with more insurance people than I can count." (#1271, June 9, 2015, 2:15am.)

The writer cites personal experience and knowledge throughout multiple lengthy posts, and pleads for belief, asking his/her opponent as one point to "Trust me" (#1209, June 9, 2015, 1:13am). This writer shows great willingness to continue to engage – at one point with a 371-word narrative sharing a personal story of a family experience with emergency room care, the response to which is five words from RS3's by-now nemesis, RS5: "The PPO plans are PPOs." At this point in the conversation, a user who had posted two earlier posts that drew no replies from the group advises RS3 to stop trying to

convince his/her opponent to change opinions, saying “You are beating your head against a wall.” (#1296, June 9, 2015, 3:01am.)

The conversation stays on topic throughout, echoing the story’s message to “break the back” of the Affordable Care Act by not purchasing insurance. The debate ends finally, after the heated exchange between RS3 and RS5, with a comment from the user who started the thread. IP names his/her state, lists the choices available there from the exchange, and voices support for the low cost of coverage. “This is all I was charged. Believe me, after everything I had read, I could not believe that was all I had to pay. ...Premiums should be the same no matter what state one lives in.” (#1199, June 9, 2015, 1:01am)

This conversation shows the effectiveness of a persistent respondent to opponents and the potential effect of consistent messaging, as after the back-and-forth between two disagreeing users several other posters weigh in to support RS3’s arguments, one after the other. There is also a strong potential that the users who contributed only one or two comments toward the end of the conversation were “lurking,” watching the debate unfold, and consuming the information within it whether or not they participated in the discussion. The idea that “lurkers,” or more passive participants in computer-mediated social support (CMSS) groups, might also be information seekers has been an increasing focus of information science researchers and marketers (Mo & Coulson, 2010).

**Social justice, personal responsibility: who gets how much?** Perhaps no other conversation analyzed for this study characterizes the polarization of debate reflected in cultural attitudes toward social programs (Dorfman et al., 2005; Skitka & Mullen, 2002; Wear, 2011) as much as the thread that begins June 9<sup>th</sup> at 24 minutes after midnight.

Responding directly to the story and its directive to “Break Obamacare’s Back” by not purchasing health insurance, the IP writes a short response: “THANK YOU! I have made this same choice. I cannot stand these bullies!” (#1116, June 9, 2015, 12:24am.) While the initial poster does not comment again throughout the conversation, several others carry on a debate within a small group about whether purchasing insurance is advisable or necessary at all, and in a larger sense whether a given individual has a greater responsibility to him/herself or to society at large.

That argument—whether personal financial responsibility outweighs the value of a societal approach to providing healthcare—starts with the second post to the thread, the first reply to the IP’s message: “Good luck at the ER you moocher!” (#1118, June 9, 2015, 12:25am.) In this context, ER is most likely used as an abbreviation for Emergency Room. Perhaps not coincidentally, many of the users of both websites studied for this research appear aware of the federal law (Emergency Medical Treatment & Labor Act (EMTALA), 2012) that requires emergency departments in hospitals to care for those who present with life-threatening conditions regardless of insurance status. The participants in this conversation have an awareness of news coverage of a specific individual featured in news reports in May 2015 who had spurned insurance coverage under the ACA only to become ill and require expensive medical care he could not afford. Some of the respondents to this thread appear familiar with the story of Luis Lang and refer to it as an example of “failure to be responsible” (#1138, June 9, 2015, 12:34am). One of the follow-up stories written in local media outlets about this particular individual who opted out of coverage under the ACA captures this dilemma of balancing social justice with personal responsibility. St. Onge (2015) writes that when readers of

Lang's story donated to fund his healthcare, the intention behind those donations illustrated the "core of the argument" between liberals and conservatives over government funding of health care: "...we see a better side of ourselves – the side that understands that just because people mess up doesn't mean they should be left on their own. That's not an easy thing to do, especially when those we help don't realize their mistakes, or don't care." (St. Onge, 2015).

This conversation, like others analyzed here in response to *Breitbart's* stories, is short but animated, lasting from 12:25am (after midnight) on June 9<sup>th</sup> to a few minutes after 3am. A total of 66 posts are written to this thread, 23 of them by RS2, 23 by RS3. These two writers, as becomes apparent within the first few responses to the IP, take opposing points of view of the issue of healthcare financing; RS2 frequently works to establish credibility as an investor and financially savvy owner of "cash, stocks, bonds, mutual and index funds, rental properties, lots of land investments" (#1166, June 9, 2015, 12:45am) where RS3 frequently uses group identification to associate him/herself with a supportive culture. "We are the people who know that living in a society has costs and are willing to pay those costs without whining incessantly about it." (#1241, June 9, 2015, 1:34am.)

This conversation illustrates the use of othering to establish personal credibility and to discredit opponents. Both sides of the debate frame their messages as morally correct, and each accuses the other of lack of understanding or intelligence about financial models and human nature. RS3, presenting the social justice frame, offers to help RS2, saying "We're here to provide for you if you lose." (#1192, June 9, 2015, 12:56am). RS2's response continues the theme of personal responsibility equated with

intellectual reasoning: “You will never have to. Unlike you I am not financially illiterate.” To which RS3 answers “Anyone can lose. I’ve seen people fall HARD.” The attempt at empathy, if meant to bridge differences, fails with RS2’s “Not my problem.”

This conversation shows additional evidence of involved, if not participatory, users—“lurkers”—in a few isolated posts that illustrate that the less-frequently posting respondents have been observing the debate. After a six-message exchange between RS2 and RS3 that shows each responding to the other’s posts within two minutes, a new userID shows up with an extremely brief, even cryptic post “‘We’ ....Hahahaha!” (#1240) Another user posts just once in this volatile discussion, apparently offering advice to a user who posts 10 times in the thread: “you lost this one. Just back away quietly now.” (#1218, June 9, 2015, 1:23am.)

RS2: I have plenty of investments to pay for any needs I have, I just won't be paying for you or for the parasites on the democrat planation [sic] of entrenched poverty.

RS3: You don't pay the ACA taxes, except, I guess, the one for choosing to not have insurance.  
We will let you buy insurance if you ever get sick, though. You're welcome.

RS2: I don't pay that either because I don't get a refund and that's the only way the IRS can exact the tax. No one has to pay the tax and the only way the IRS can collect the tax is by taking it out of a refund. Net tax payers don't have refunds, moron.

RS3: We will just have to see about that.

RS4: “We”.... Hahahaha!

RS2: Go read the IRS code, it's all in there moron.

The dispute continues with exchanges of profanity and insults. “...people like you ...don't want to pay for their own needs.” (#1227, June 9, 2015, 1:28am) answered by

RS3 with softer responses reinforcing a social justice viewpoint, i.e. “There are costs to living in society. If you don’t want to pay those costs, we will pay them for you.” (#1229, June 9, 2015, 1:29am.)

As the conversation draws to an end, RS2 abandons earlier self-representations as a financially savvy investor to focus specifically on the quality of health care under “OCrappyCare” versus a free market. The other two frequent commenters on this thread, RS1 and RS3 elevate their own arguments from simpler language like “we think of others besides ourselves,” (#1147, June 9, 2015, 12:39am) to more complex phrases and ideas, such as advancing the cause of “socialized medicine” and advocating “single payer,” saying “The free market should never be involved in things like health care or public education.” (#1200, June 9, 2015, 1:02am.) A final put-down of RS2 comes with a reference to the lateness of the hour and an unsubtle comparison of the user to a small child: “...put down the drool cup and get some sleep.” (#1299, June 9, 2015, 1:04am.)

In many ways, this conversation’s opposing arguments and the messages used to express them echo a pugilistic match. There is an ongoing conversation, though antagonistic, that is driven by its participants’ needs to understand. The back-and-forth insults and responses appear to be intended to establish territory, or dominance, with othering a tool used to keep the opponent at bay. At the same time, staying in the “fight” requires effort and time; one must assume there is a reward for both fighters.

### **Setting a tone: Primacy of the message**

Money—whether personal funds, as in individual income, or social and government funding of social programs—is a key issue in the stories and comments analyzed for this study, the sample from which the data was selected being defined, in

part, by a U.S. Supreme Court decision on how funding of insurance benefits would be distributed under a health care payment program. The frames through which money is seen in these conversations—the codes and axial categories that contribute to this research—generally fall into two constructs: that individual income should first be spent by or on its earner, i.e. that individuals are responsible for their own care and then for the assistance of others; or that society and government are essential to supporting individuals and helping them thrive, conferring an obligation upon members of the group to contribute. In simpler terms, the personal responsibility versus social justice themes that have emerged here echo previous research into attitudes toward public health campaigns that contrast market justice and social justice frames (Dorfman et al., 2005)

The post that begins a conversation June 8<sup>th</sup> at 9:37pm presents the case for the ACA through a market lens. From the first sentence, this poster invokes trading, free exchange, and an inclusive group identity. “We’re moving more towards the way our trading partners do it.” (#788, June 8, 2015.) This IP shares a line chart hosted on a “graphic sociology” website that illustrates the correlation between health care spending and health outcomes for developed nations around the world, and the writer of the post uses clear, simple language to explain why. “It explains the disparity of costs. Check out the red line first, that’s us. Wow!” Even the interjections help soften the sharing of information, turning it from a weapon used to establish a superior argument to an inclusive, group-identifying experience. “Wow!” IP fills out the post with a reminder that “those other countries” experience fewer personal bankruptcies because of medical costs and closes with a social justice argument: “...the effects of bankruptcies, ripple throughout the whole community, like a plague.” (#788)

We're moving more towards the way our trading partners do it.

If you want to see an extraordinary chart to explain why, do a search for "healthcare by country national geographic".

<http://thesocietypages.org/gra...>

It explains the disparity of costs.

Check out the red line first, that's us. Wow!

Then check out life expectancy on the right side of the chart, which shows the relative efficiency of each system.

As you absorb the full magnitude of this chart, remember that Obama, the first time on the campaign trail, was bombarded with stories of pre-existing conditions, denied healthcare, terminated policies, exorbitant costs and bankruptcy.

Bankruptcies, because of healthcare [sic], don't happen in those other countries.

60% of personal bankruptcies in this country are tipped into bankruptcy, because of medical bills.

And the effects of bankruptcies, ripple throughout the whole community, like a plague.

A reader of *Breitbart*—even just the story to which this IP is responding—might expect to be confronted by naysayers of message of community and social support, and immediately that appears. Still, this othering uses no profanity, no insult to the individual's intelligence or group othering language. "copy paste gobbledygook" is posted by RS1, with a username that has shown up frequently in the data. RS1 is active throughout the threads on these *Breitbart* stories, and may be a frequent contributor to the site's comments sections. Most of the comments by this userID have been more vituperative, using simple insults ("moron") or group othering language ("they are just parasites").

This conversation, more than any other within the sample, maintains a somewhat respectful tone as the originator of the thread, the IP, began with more tentative language

supporting a marketplace of “trading partners” rather than an accusation or insult to a group or the author. The first reply by the IP—to the post “copy paste gobbledygook”—includes a polite introduction and a gentle direction.

IP: Please do me a favor and check out that chart first before responding. You owe it to yourself.

RS1: No other country has better HEALTH CARE OUTCOMES than the US.

IP: Unless you're wealthy, you're one major health crisis away from bankruptcy. Do you know people, even though they had insurance, who are deep in dept [sic] now because of cancer or a car accident?

RS1: Unless you are too inept to save and invest for your own needs you are one health care emergency away from being a parasite on the rest of society.

RS2: While medical costs may tip one into bankruptcy, the primary cause was (and remains) living outside ones means - which was the conclusion of every fact checker when this claim was first made. All providers provide payment plans, by law, so one need not pay in full - if one has \$10 a month, they will accept it and not charge interest. With all that being said, despite the issues within the system prior to the ACA, the U.S. Enjoys the best health outcomes and the ACA did nothing to alleviate the actual problem of the cost of care rising.

Gentle persistence characterizes this conversation, led by its IP, who stays and posts replies to his previous comments throughout the next day. The theme running consistently through the IP's posts is that economic support by society in the form of provision of healthcare benefits the group as a whole through prevention of both health and personal economic catastrophe. Examples include:

- “Unless you're wealthy, you're one major health crisis away from bankruptcy.” (#801, June 8, 2015, 9:44pm)
- “The people in 25 other countries live longer than we do.” (#841, June 8, 2015, 10:04pm)
- On an article on Britain's National Health System shared by an opposing writer: “We spend 26.8% more than they do but our life expectancy is 8 years LESS than them.” (#924, June 8, 2015, 10:49pm)

In this conversation, again the IP uses politeness to respond to RS1, thanking the poster for sharing links to stories about the NHS and a similar system in Sweden. Throughout 22 hours of conversation and 15 posts, this writer continues a generous but insistent tone, using little emotional language and continued group identification to include even his/her opponents in responses. The final comment posted to this thread, by the IP, maintains that approach, appearing to agree with an opponent who claims Americans “tend to be somewhat lazy and overeat” (#1458, June 9, 2015, 5:13pm) saying of the U.S. “...if you have the wealth you get the care. It’s a wealthcare system.” (#1467, June 9, 2015, 7:21pm)

You may be correct about the general attitude of Americans.

But in Canada, Blue Cross also operates there. In this country, if you have the wealth you get the care. It's a wealthcare system. But the poor are also included in statistics, so we don't live as long as the people in 25 other countries. That's one of the reasons why Canada's numbers are so much better than ours. They have a system that allows their poor to get affordable care too.

And health "insurance" companies don't actually provide health care. They take money in with one hand and give a portion of it out with the other hand. Just like Bankers. They have so much clout in Congress that they forced Obama to make many compromises.

Do you remember when the Clinton admin was touting universal healthcare. Hillary took tons of flack from the insurance industry and Republicans. They kicked her from one side of the country to the other. Then after a year, it was shot down. So Obama saw what happened during the Clinton admin, and tried a compromise. All because the need was there for a change, and he had heard so many horror stories.

Conversations on both ends of the political divide tended to end in one of two ways. The instigators who started conversations with deliberately provocative, challenging remarks would finally drop a last word to which none of the members of the ongoing conversation would respond; or, in the other case, the question that triggered the

ensuring conversation would be answered (if, sometimes, that answer was debated within a second conversation) and the conversation would end in quiet acquiescence.

**The grounded theory that emerges from this study** is that othering is used by online commenters to establish identity as part of a group, that group is then seen and used as a source of information, validation, or confirmation, and commenters find within the group and its resources solutions to their concerns and, sometimes, hope. The pattern repeatedly makes itself evident in the conversations analyzed here. Even in cases where the solution is dire, commenters find consensus in the group using references to common values or by othering outsiders.

One example is a brief conversation posted to the *Breitbart* story “Break Obamacare’s Back” that illustrates the processes of group identification, information seeking and sharing, and finding a solution:

[Initial post] I had insurance until Obamacare came along. Now its unaffordable. I am prepared to die if that's what it takes.

RP1: Give me liberty, or.....

RP2: That is an option. I have also thought the same thing. Get sick, kill self, problem solved.

RP3: You only have to pay out of pocket until the next open enrollment and then you can free ride on everyone else that stupid enough to waste their money on ObammyNoCare garbage plans.

RP2: Yea, and get crappy benefits and no doctor. Most doctors won't accept that trash.

RP3: All doctors accept cash. So do all hospitals.

RP2: That contradicts your prior post regarding getting Obamacare at the last minute though. You're not making sense.

(comment #853, posted June 8, 2015 at 10:09pm)

## CHAPTER 7: DISCUSSION

The theory that emerged from this research was generated through a conceptual framework that exists at the intersection of sociology, media studies and communication scholarship. Symbolic interactionism, framing, and social networks interact and augment each other, synergistically, as CMC and online communities expand and their influence on public debate increases. Individuals—especially in a society as founded upon individualism and moral values as the United States—perceive themselves according to the networks in which they interact and the groups with which they identify. At the same time, as members of communities, more socially active people influence discussion in the public sphere, and the symbols (or frames) they choose for their messages become more or less powerful according to the frequency of their use and the simplicity of the language used.

The intersection of these concepts reveals itself in the theory illustrated by my data: that online commenters establish their social identity as they enter conversations by defining and delineating the group(s) of which they consider themselves members, then seek and offer information in order to find solutions to problems they believe are caused by public policy. In this case, those perceived problems relate specifically to health care reform, and more specifically the Affordable Care Act's provision to assist lower-income families in purchasing health insurance. The historical case studies I refer to within this research illustrate the importance of social networks on acceptance and adoption of a message. Establishing an identity as a citizen, as an accepted member of an existing

group, helps a member of that group understand an issue and increases the likelihood that they will disseminate the same message to members of their own social groups.

Another important finding of my research is that, while the content of some comments differed by political party, the theory that emerged from the data held for both sides of the debate; identity was established—often by othering the perceived opponent of the poster’s point of view—as information was exchanged, and a solution reached that was either optimistic or predictive of dire consequences. Neither *Huffington Post* nor *Breitbart* commenters were obviously more hopeful or more likely to insult the other in an effort to establish membership in a group. This finding could help inform efforts to educate both liberals and conservatives. It could also indicate that the political polarization found by other studies, often based on self-reported survey questions, may be less extreme than believed.

Online comments sections have generated controversy and debate in recent years. In 2015 alone, seven popular media outlets stopped accepting reader comments online (Ellis, 2015), often because of the negative or abusive content of the comments. On some news websites, particularly those that allow anonymity for commenters, conversations amongst users can result in intimidation or worse for the authors of the stories, or for other users of the comments sections. Not all outlets have abandoned the model that allows readers to post responses to stories—and each other—online; some have embraced it, including *Breitbart.com*, which refers to itself as “...one of the most enthusiastically commented-upon sites anywhere on the internet.” (Bokhari, 2015)

Predictions about the future of comments sections on news websites range from the dire to self-congratulatory embrace; from certainty that anonymity breeds hate to

enthusiasm that involved readers are more likely to be involved citizens. One recent survey found that “the most common reason that people comment is to express an emotion or opinion.” (Stroud et al., 2016). Studies find anywhere from ten to 60 percent of readers post comments to websites, and researchers have also begun to analyze the use of comments sections by “lurkers” versus active participants as a potential form of information-seeking behavior (Bishop, 2007).

One very recent study found that “trolls,” those who post provocative or abusive comments online, are influenced by their own mood and by comments that precede or surround their own posts (Cheng, Bernstein, Danescu-Niculescu-Mizil, Leskovec, 2017). This analysis confirms that finding, in that the emotional character of individual comments reflects the tenor of the conversation within which they are posted. Abusive, othering language triggers similar responses, and likewise conversations that start with questions, queries, or non-judgmental statements of fact tend to result in threads with a similar non-abusive focus.

This analysis finds value in closely examining comments sections as potential tools and information sources for communicators. Because they allow in situ study of reader reaction to news stories, they provide an unfiltered retrospective dataset to show which messages and frames in stories have the greatest impact on readers; which are repeated, which are refuted, and how those messages relate to the internal schemata of audiences. Contrary to popular belief, a majority of Americans have commented on an online story, and even more read them (Wang, 2016). If comments can inform us as to which messages best “stick” in the minds of target audiences, we can use them as

measurement tools as well as communication vehicles for public education efforts around health and policy issues.

**Differences: value of hope, social justice vs. group identity and personal responsibility**

The results of this study reinforce previous findings, with much emotion evidenced in the sample analyzed, whether positive, hopeful emotion or negative, including insults and fear. Othering language is used frequently to establish the parameters of a social group, and that group then helps commenters identify themselves so as to comfortably seek information and solutions.

As with Tajfel and Turner's social identity theory (1979), these results illustrate the theory of optimal distinctiveness as proposed by Brewer (1991). Optimal distinctiveness is described as an individual's need to feel part of a group, yet distinct or individuated to a point. The relationship of individuation to group identity manifests itself in my research as commenters simultaneously differentiate themselves from their perceived opponents and identify with a group they consider similar to themselves. Optimal distinctiveness speaks to the human need to form and maintain interpersonal bonds, to establish identity by belonging and achievement, while still asserting a certain individualism. In the mediated social environment of online comments sections, that sense of belonging while standing out from the group must be established verbally and quickly if participants in the forum are to empower themselves to become involved in the conversation.

### **Structure of conversations: Ask, other, solution, hope**

This analysis finds that conversations in the comments sections of the two openly partisan news websites studied follow a distinct pattern that exemplifies the core category that emerged from the data: offering a solution or hope. Each conversation examined here starts with a statement or question that uses emotional language—fear, personal stories of loss, uncertainty—and provokes an emotional response balanced by attempts to reason or answer the original post. Commenters come to the site to find information or to challenge assumptions and to satisfy emotional needs as Stroud, et al state (2016, p. 99), debates ensue that involve moral dilemmas and othering, and when a resolution is reached it answers a question or offers readers a sense of hopefulness.

Most long conversations involve persistent, repetitive posters, users who establish a specific message or key point early in the conversation and return to respond to one or more other active participants in the thread(s). The conversations do not always obviously end; rarely does the last comment show a mind changed, or include an acknowledgement that an opponent has a valid point. But it is not unusual for additional participants to weigh in less often and reawaken the debate with particularly provocative posts or by supporting one participant or another with a link to corroborating data or a statistical reference.

The two sites differ in the tenor of the more contentious discussions. Simpler language, words of few syllables, and shorter sentences are more likely within *Breitbart* comments, reflecting the language used by its stories' authors. As well, in agreement with research that shows active participants on social media and online comments sections are likely to be more confident and goal-driven than more passive “lurkers” who rarely post

(Bishop, 2007), those who remain in longer conversations despite verbal antagonism also illustrate some depth of knowledge and certainty of their convictions. Conversations on general included more responses in shorter spaces of time on *Breitbart*, indicating constant activity for several hours rather than the more sporadic posting of HuffPo users over longer periods of time, almost a frantic race to counter arguments on the one hand and a leisurely discussion of differing points of view on the other.

In some cases within these conversations, the messages used and their supporting arguments, though antagonistic, seem to be driven by participants' information-seeking, a desire to cross a gap (Dervin, 1998). The back-and-forth insults and responses appear to be intended to establish territory, or dominance, with othering a tool used to keep the opponent at bay. At the same time, staying in the "fight" requires effort and time; one must assume there is a reward for both fighters. Beauchez, in a study of boxers in France, wrote about "disqualified otherness" (Beauchez, 2016, p. 1171) and a feeling of strangeness that provokes boxers to use physicality to make sense of their worlds. The same satisfaction or sense-making may be at play in these virtual "fights" online, in which users vie with adversaries and challenge their verbal abilities to a showdown.

**Lurking is used as an information-seeking process.** A widely accepted definition of the behavior of online "lurkers" includes "prolonged periods of receiving communications without posting" to an Internet discussion group (Nonnecke & Preece, 1999). Recent research has posited that there may in fact be levels of "lurking," or participating in an online discussion versus reading without posting (Bishop, 2007). Research has also shown that "lurkers" who use social media or any computer-mediated support site (CMSS) without active participation, and gather information from what they

read, may gain more from their perusal of a site than those who actively participate (Han, Hou, Kim, & Gustafson, 2014).

While it was not a specific focus of this study, I did find evidence of “lurking” in single posts, by infrequent users, after an exchange between or among more active users of the comments section. In some cases, there is specific time data that makes clear a lapse between a response to a specific post and its original posting information. In other words, one user posts a comment or response to which a single entry appears as an answer—minutes or even hours after the original comment, and often after a lengthy conversation has ensued. Lurkers here write short posts, sometimes heartfelt, to agree with a previous poster: “Exactly. I lost my health insurance. Sadly people do not give a f\*ck. [sic] They lack empathy and compassion for those of us who lost our health insurance when we need it as we have medical conditions that cost a lot of money.” (#469, March 20, 2015, 2:19pm)

Lurking may indicate information-seeking behavior. A reader of a news story who then chooses to read the comments posted to that story—often involving a deliberate decision to scroll down a long webpage or click a specific link to continue reading—seeks some form of reward or satisfaction. Further analysis of what comments section lurkers may gain is worthy of its own research.

“Lurkers” make themselves known here intermittently, or only as a lengthy conversation winds down, either to support a point of view or thank another user for sharing information and personal stories. Their desire to feel the safe environment of identifying with a group may be satisfied by seeing others write what they feel and refute what they do not believe. Despite beliefs that the content of comments sections is

dominated by fearful or aggressive language, as one study of commenters on a local news site put it, "...there is oftentimes a voice of reason in the comments, which can counteract more abusive responses." (Diakopoulos & Naaman, Mar 19, 2011).

## **Recommendations**

### **How is the theory generated by this research useful to strategic communicators formulating public campaign messages?**

Understanding the social groups and interactions that undergird the influence of messaging can--and should--inform the content of a given message and help communicators target the group most likely to embrace it. Those active users of online discussion spaces are more likely repeat a message they embrace within their social networks. As the influence of online media grows, the importance this knowledge cannot be understated: knowing what constitutes social identity matters. Incorporating those group identities into the symbols and frames used to convey a message strengthens the message itself (Comello, M. L. G., 2013). The tactics used by some of the commenters studied in this research might be extreme (violence, for instance, is not something I would recommend as a public policy communication strategy) but the theory holds.

One particularly useful finding of this research is the integrated nature of the social justice frame with language that appeals to personal responsibility. In long conversations and random comments coded for this study, the tension between the greater good and the onus of bearing one's own burdens appeared repeatedly. For those who emphasized the importance of "working hard" and "paying my own way," the moral imperative was to be responsible for one's self and immediate family, while for commenters on both *Breitbart* and *Huffington Post* who supported social programs there

was also an element of morality in their messages about Christianity and community support. There is some common ground in these arguments that could serve as instructive in communicating with general publics about policy issues, particularly as related to health issues.

Another common element of the longer conversations was the presence of at least one dogged, persistent commenter who responded consistently to challenges and questions. More than once, the value of repetition of a message coupled with source credibility (in these posts, implied through use of highly specific medical or policy terms, use of acronyms like SCOTUS for Supreme Court of the United States, etc.) to resolve an issue.

### **Limitations**

The most obvious limitation of this study is its focus on one event in the long-running debate about health care reform in the United States. That focus makes manageable the data gathered for this study, but as the health care reform debate in the U.S. has shifted even since this research was conducted, these results will not demonstrate how conversations may have changed over time. More longitudinal studies could explore whether the shifting opinions of the American public—toward greater agreement on the need for a healthcare system that provides coverage for more people at lower cost—followed or preceded similar discussions in online news outlets.

A second limitation is that while some of the concepts here are also used in political science theory much of the literature in the field itself was not fully explored. Basing a future study on a political communication framework might yield additional insights to those I found here. As health care and the way it is paid for become more and

more politicized, I believe the two fields intersect and studying them integratively would enrich the various connected fields of communication studies. Study of the social justice and personal responsibility frames evidenced in the data collected for this dissertation has come from both health communication and political communication scholars; joining forces with a researcher focused on political issues to merge the two disciplines could better-inform further research into health care reform and the public's attitudes toward it.

Future research could complement this analysis by quantitatively examining the use of specific frames and messages in social media outlets, where much of the debate and current discussion of political party and health care has ensued. Since the U.S. presidential election of 2016, repeal of the Affordable Care Act has been attempted and failed once; at this writing, in 2017, the Congress is reportedly considering additional action to repeal the law amidst a changing public attitude toward social programs that make healthcare more affordable and accessible to working low-income families and individuals. I would be interested in examining the debate since those efforts have been publicized. Informal, nonscientific and anecdotal evidence illustrates that attitudes are changing in the American public toward social programs that benefit the working poor.

In conclusion, this study uses an unusual method to explore a topic within two media outlets that are likely to continue to be timely in the U.S. Using grounded theory provided an opening to allow unexpected codes and categories to emerge, and the resulting theory contradicts what many political experts have said about American political discussion; that polarization has become so extreme we can no longer communicate across divisions or speak the same language. My findings show that the differences between parties conceal some fundamental sameness that could be used to

reconnect a divided country. Another important consideration of this research is that, because health care costs and political partisanship have become issues for other countries, including in the United Kingdom and European Union, this work could make a significant contribution to the efforts of professional communicators working to persuasively disseminate accurate information about complex policy issues.

## APPENDICES AND TABLES

Table 8 Initial codes

Joy of Cooking		BreakOBack	
othering via insults or accusations	108	Obamacare	215
offering solution	89	fear or distrust	125
Affordable Care Act	76	othering via insults or accusations	99
social justice vs. personal responsibility	56	social justice vs. personal responsibility	78
establishing credibility	54	offering solution	46
fear or distrust	49	<i>Breitbart</i>	39
offering hope	45	offering hope	34
2nd person "othering"	38	distrust of government	24
personalization	38	fear of government	21
partisanship	30	offering hope or solution	20
insulting other's intelligence	20	personal responsibility	19
Obamacare	19	cost to consumer	18
cost to consumer	18	conspiracy theorizing	17
voice of authority	17	group othering	17
offering hope or solution	15	sarcasm	15
sarcasm	15	communism	14
source credibility	13	responding to article/author	14
reference to story content	12	2nd person "othering"	13
social justice and fairness	12	establishing credibility	13
group attack	11	partisanship	13
HuffPo	11	insulting other's intelligence	12
questioning other side's argument	10	using violent imagery	12
social justice and cost to individual	10	hardworking	9
defense of ACA	9	immigration	9
fiscal costs	9	accusing opponent of conspiracy	7
illustrating expertise	9	racial or ethnic "othering"	7
personal responsibility	9	group attack	6
fear of health catastrophe	8	group inclusiveness	6
questioning religiosity of ACA	8	inclusiveness via 2nd person	6
opponents	8	personal narrative	6
GOP	7	shouting: use of all caps	6
offering information and expertise	7	accusing poster of lying	5
Republicans	7	family	5
distrust of government	6	offering information and expertise	5
fear of government	6	social justice and cost to individual	5
<i>Fox News</i>	6	socialist	5
inclusiveness via 2nd person	6	use of authority to establish credibility	5
use of authority to establish credibility	6		

citing text of ACA	5	using humor	5
resignation; accepting obligation	5	voice of authority	5
using outside source as expert	5	health care profits	4
vilifying insurers	5	invoking socialism	4
childishness	4	middle income	4
debating meaning of law	4	questioning quality of care	4
accusation of fantasizing	3	reference to story content	4
agreement as facilitation	3	accusing opponent of hypocrisy	3
condescension	3	advocating civil disobedience	3
corporate power	3	direct address to other user	3
direct aversive language	3	distrust of own party	3
direct quotation	3	doubting government	3
group othering	3	individual attack	3
income inequality	3	insulting opponent	3
oversimplifying	3	insulting other's intelligence/education	3
passively voiced fear	3	personalization	3
reference to facts	3	social justice and fairness	3
using humor	3	socialism	3
accusing opponent of oversimplifying	2	use of fear to motivate	3
accusing poster of lying	2	accusing beneficiaries of laziness	2
agreeing with poster	2	accusing other of ignorance	2
choice	2	accusing other of mental illness	2
correcting poster respectfully	2	catastrophizing	2
direct address to other user	2	citing text of ACA	2
hardworking	2	corporate power	2
identifying with poster	2	defending religious beliefs of opponents	2
insulting other's intelligence/education	2	destruction	2
personal story	2	distrust of doctors	2
protection	2	fiscal costs	2
simplifying complex message	2	forced	2
supporting poster	2	health care quality	2
using violent imagery	2	income redistribution	2
accept the inevitable	1	invoking Nazis	2
accusation of negative intent	1	mentioning family	2
accusing opponent of hypocrisy	1	racial dialect	2
arguing specifics of language	1	reasoning with opposing poster	2
asking for information	1	reference to facts	2
assigning responsibility	1	Socialists	2
blaming government	1	supporting ACA	2
business argument	1	threatening violence	2
case reference: Citizens United	1	using Spanish as racial code	2
case reference: intent	1	accusation government of lying	1
challenging commenter	1	accusation of negative intent	1
Christian	1	accusing beneficiaries of fraud	1

citing Constitution	1	accusing media of bias	1
citing Healthcare.gov	1	agreement as facilitation	1
death panels	1	apparent conflict amidst single poster's replies	1
defending insurers	1	awareness of partisan filter	1
defending religious beliefs of opponents	1	blaming government	1
demonizing insurers	1	blaming victim	1
diminishing issue's importance	1	childishness	1
disdain for government	1	code	1
establishing expertise	1	communist	1
family	1	comparing effect of law to assault	1
free market	1	demonizing insurers	1
hypocrisy	1	doubting own party	1
illustrating knowledge of individual	1	elitism	1
implied bias	1	empathizing with opponent	1
income redistribution	1	exhorting resistance to government	1
insurance as a bargain	1	fascist	1
law is coercive	1	fear of personal financial loss	1
messiness	1	feigning inclusiveness	1
pancakes	1	financial conflict of interest	1
racial dialect	1	<i>Fox News</i>	1
racial or ethnic "othering"	1	hypocrisy	1
referring to story content	1	implying elitism	1
right-wing conspiracy	1	income inequality	1
sharing	1	invoking humanity	1
socialized medicine	1	invoking patriotism	1
trust in government/system	1	losing competition	1
uninsured as freeloaders	1	loss of control	1
use of fear to motivate	1	othering President	1
using profanity to shock	1	pointing out hypocrisy	1
using sarcasm	1	questioning expert sources	1
voluntary vs. mandatory insurance	1	questioning other side's argument	1
wistfulness	1	questioning religiosity of ACA	1
		opponents	1
	114	redistribution	1
		RINO	1
		seeking solution	1
		simplifying complex message	1
		supporting poster	1
		using profanity to shock	1
		voicing concern about public health	1
		weakness	1
			123

## APPENDIX B

Full text of “Joy of Cooking” on Huffington Post, March 3, 2015

On Wednesday, the Supreme Court will consider a lawsuit that, if successful, would cause millions of people to lose health insurance — and millions more to pay higher premiums. The debate over the case’s merit has touched on everything from legislative history to obscure court doctrines about statutory interpretation. But you don’t need a legal text to understand why the challenge to Obamacare is so flimsy.

All you need is a recipe book: *The Joy of Cooking*.

Page 795 of an older edition (the one that my in-laws own) has a recipe for pancakes. The ingredients include three tablespoons of butter and three tablespoons of sugar. The instructions call for mixing these ingredients with the others (eggs, milk and so on) to make a batter that will go on the griddle. If you want to make pancakes and lack either the butter or sugar — and, critically, if you read only that section of the recipe — you may think you are out of luck.

But you’ll know better if you read the whole thing. That’s because, on the prior page, there’s a section on substitutions. According to the cookbook, if you don’t have butter then you can use oil, and if you don’t have sugar you can use either brown sugar or various combinations of honey, molasses, and syrup. The result might not be exactly the same. Real butter makes for moister pancakes, for example. But the differences will be modest. Once you’re done cooking, you’ll still have pancakes.

What does this have to do with *King v. Burwell*, the lawsuit the court will consider on Wednesday?

Everything. Obamacare offers tax credits, worth hundreds or even thousands of dollars a year, to people who purchase insurance through one of the law's so-called exchanges.

The passage of the Affordable Care Act describing the tax credits refers specifically, and exclusively, to exchanges “established by the state.” And in two-thirds of the states, the Department of Health and Human Services is running the exchanges because state officials will not. In those states, the lawsuit claims, the federal government has no legal authority to provide tax credits.

Or, to put it another way, millions of low- and middle-income people living in those states will have to give up the financial assistance Obamacare now provides for them. Most will end up uninsured, sometimes with tragic consequences.

But you shouldn't read one part of a law in isolation any more than you should read one part of a recipe — because, just like the Joy of Cooking, the Affordable Care Act allows for substitutions. Another passage in the law authorizes the federal government to “establish and operate such Exchange” within states that do not act on their own. The same section says that the HHS secretary should “take such actions as are necessary to implement such other requirements.”

To extend the pancake analogy, a state-operated exchange is like butter — and the federally run version is like the oil substitute. If the former is not available, the latter will work instead.

Wait. Isn't the law more ambiguous than that? Some would say so. But the Supreme Court has set clear rules for making sense of ambiguous legal text: Judges are supposed to let executive branch agencies, such as the Internal Revenue Service, use any

plausible interpretation. Legal aficionados will recognize this as the Chevron doctrine, named for a 1984 case involving the Chevron oil company. But it's basically the same as letting a chef improvise, rather than forcing him to abandon a dish because one step in the cooking instructions isn't clear.

If you follow a pancake recipe, you shouldn't end up with an unsweetened, crumbly lump of dough. And if you implement a law called the "Affordable Care Act," which promises in its very first section to make health care available to "all Americans," you shouldn't end up with a program that doesn't help people in a majority of states. These things would happen only if you deliberately misread a set of instructions — which, it so happens, is what the people who wrote this lawsuit want the justices of the Supreme Court to do.

## APPENDIX C

Full text of “Break Obamacare’s Back” on *Breitbart.com*, June 8, 2015

Running around uninsured for the first time in my adult life has not been easy. The tax penalty isn’t cheap (2.5% of your taxable income) and there is the constant uneasy fear of an expensive medical problem, a cancer or car accident, the kind that can bankrupt you

History has shown, though, that there is almost always a personal price to pay for social change through civil disobedience — a price I’m willing to pay to help break the back of ObamaCare, an immoral and illegitimate government program sold with serial presidential (and media) lies and enacted into law using one-party procedural tricks.

Like a vast majority of Americans, I was happy with our imperfect health care system prior to the passage of ObamaCare. In-between employer insurance opportunities, I had always purchased an affordable catastrophic plan with a high deductible. It was the best of both worlds — allowing me to pay out of pocket most of my care while enjoying the peace of mind that comes with an emergency insurance policy.

ObamaCare made these wonderful catastrophic policies illegal.

Actually, what ObamaCare did was make these catastrophic plans unaffordable.

ObamaCare’s insanely high deductibles really are catastrophic plans; just very expensive ones — in my case, close to three times the cost of my last catastrophic plan. Paying the tax penalty and my medical costs out of pocket is still cheaper than purchasing ObamaCare. When you are uninsured, an entirely different world opens up for you. Doctors charge less. Pharmacies charge less. Everyone charges less.

Under ObamaCare, I would have to pay close to \$400 for a monthly premium, and my \$6500 deductible would ensure I pay out of pocket for almost all of the same services I'm paying out-of-pocket for now. Because I would be "insured," I would also pay more for these services. My uninsured discount would no longer apply. On top of this, ObamaCare premium costs are expected to explode by double digits next year.

Even accounting for the tax penalty, my annual health care costs would more than double under ObamaCare. And I'm someone with more than one monthly prescription who visits the doctor regularly. I take my health seriously and oftentimes am tempted to break weak and purchase ObamaCare for fear of a catastrophic health event.

I won't, though, because I want to do my part to break the back of ObamaCare. I just can't live with the idea of doing anything that will benefit Obama's and the media's serial lies. And as an American, I surely can't abide being forced into doing anything. Giving in can get to be a habit, a dangerous habit.

Hopefully, the Supreme Court will do the right thing this month and end these illegal ObamaCare subsidies going to able-bodied adults. The idea that we the taxpayers are making insurance companies rich by paying for any part of someone else's over-priced health insurance premium is almost too maddening to comprehend.

The greedy takers enjoying these subsidies aren't eligible for disability, Social Security, or Medicaid. Like my wife and I did to make ends meet when necessary, these people need to work harder, second and third jobs, not steal from those of us who have.

Either way the Court rules, ObamaCare can still collapse under its own weight if enough people refuse to sign up. Even with its mandate, ObamaCare is already millions of people behind projected enrollment figures, which could finally break its back:

[A]s of now, HHS says that just 10.2 million signed up and paid premiums (which only met HHS's downwardly revised target). That means that the number of enrollees will have to double next year to meet CBO projections of 21 million.

Regardless of what the Supreme Court decides about the legality of federal exchange subsidies later this month, reaching 21 million will be a challenge. Especially because in the first two years, Obamacare may have already signed up the low-hanging fruit—those who had the greatest need for health insurance.

The number of enrollees isn't of arbitrary importance, either. Insurers require a broad enough pool of enrollees to manage their risk and keep premiums stable. ...

But if this doesn't work, and enrollment substantially lags in 2016, insurers could be spooked enough into stepping away from the exchanges, driving up rates even further and placing the program's sustainability in doubt.

A new Washington Post poll shows that ObamaCare is currently as unpopular as ever. Only 39% of Americans support the illegitimate program, while a full 54% oppose.

This is not surprising.

ObamaCare has been all pain, no gain (except for the lazy, able-bodied takers enjoying our subsidies). All the promises from Obama, Democrats, and the media were lies. Emergency room visits haven't decreased. Costs have exploded, not decreased. We did lose the insurance and doctors we liked. We did lose a lot of choices. Religious liberty is constantly under attack.

Worst of all, a terrible precedent has been set. For the first time in America, Americans are required by the federal government to purchase something for “their own good” — and not because we choose to do something like drive a car or live in a city. There is no opting out of ObamaCare, no way to escape it.

Except through risky civil disobedience.

## APPENDIX D

Conversation responding to “Break Obamacare’s Back” on *Breitbart.com*

Initial post (comment #1058, June 8, 2015, 11:57pm)

I was not a great fan of the Obama Care, as a matter of fact I was not going to sign up for it. Especially as a Conservative I found this whole Law unconscionable.

Then my Husband decided no, we are going to do it. So I signed up, and despite what everyone claimed it was not that difficult to do. I paid my first premium, it was a Platinum [sic] plan. The monthly total was only \$ 375.00, with my yearly out of pocket only being 2 grand. I could have gone with a bronze and only paid 244 bucks, but I would have had a copay of 6500 and a deductible of 6500. There was no way I could afford either if anything happened. At only 121 bucks more a month, with no copay and only 2000 in deductible it made more sense.

Oh and before anyone says, well I got a subsidy, NO I DID NOT. I got absolutely no help for my monthly premiums.

Well, it was a good thing I signed up, because it was only 2 months later that I got diagnosed with cancer. Then came a long host of other issues.

Having been selfemployed [sic] for over 21 years, I never had the money to get insurance, and even if I did, with pre existing conditions, I was told numerous times that no one would insure me.

Sure, you can take a chance to not insure yourself and hope for the best, or you can just sign up and be covered and know that if something happen you are going to be okay. There are so many good platinum plans out there with very little deductibles and/or copays. Sure the monthly premium may be a bit higher, but in the end, it will all be worth it.

RP1: I can show you how to make \$2,000.00 a hour working from your computer!!!!

RP2: You are lying.

IP: I have ever Health Net and live in Arizona. My monthly payment in 2014 for a platinum 80/20 plan was 375.17 and this year it is 437.35 for the same company and its a 90/10 plan.

I am not receiving any subsidies of any kind

RP3: You didn't buy a platinum plan for \$375 a month, but thanks for the entertainment.

IP: My premium payment with Health Net, here in Arizona, for 2014 was 375.17. It was a 80/20 plan.

this year my monthly payment is 437.35 for the same company, but it is now a 90/10 plan.

I am not receiving any subsidies of any kind.

Sorry that you don't believe me, but I have no on [sic] reason to lie.

RP4: Is that PPO or HMO? It seems awfully cheap. The exchange plans in CA are unaffordable. Platinum out here was over \$2,000 per month, albeit with a low (\$500) deductible. However, the insurance is not widely accepted if you're on the Covered CA exchanges (the only way to receive a subsidy), so it's money wasted. Our bronze plan through an insurer for full PPO (ACA compliant) is \$1800 per month with a \$5000 deductible, which is ridiculous. Before O'Care became law in 2010, we were paying around \$1000 per month with a \$2500 deductible, which was still too high.

IP: It is an HMO. Believe me, I know that a lot of people are calling me a liar and what have you. But I am not lying about this.

As cheap as it is compared to your plan, the hardest thing is to find Doctors, Hospitals and other clinics that will accept my Insurance. It is extremely frustrating and tiresome to call one after another, only to be turned down.

I still am in shock as to how much you have to pay, especially extra because of a pre existing condition. I have had one as well and I don't think they are allowed to penalize you for that. But what do I know.

I really do hope that positive changes can and will be made to this. You really cannot call it affordable after I see what so many have to pay.

RP5: \$2000 per month is almost 3X my mortgage.  
I call that Unaffordable Care.

RP4: I don't know where you live but in CA, a bronze plan was something like \$1,400 per month with a \$6,000 deductible with a very limited provider network. Most hospitals and doctors in this state won't accept it as their costs aren't being reimbursed so it's a waste of money. My family, in order to retain PPO insurance as a result of this law, now must pay \$1,800 per month with a \$5,000 deductible. One of my sons has a pre-existing condition and as a result, we pay an additional \$315 per month for him. That's over \$2,100 per month in health insurance premiums. Is that affordable?

So while it may be working for you, my family is subsidizing your insurance. Do you call that fair? Do you call it fair that I could send my youngest son to college, including room and board, for what we're paying in health insurance premiums per month? Of course, the solution would be to sell our house and move out of state to one that doesn't have an

Ocrapcare exchange, but my husband's a small businessman so it's a bit more complicated.

The law should be repealed IN ITS ENTIRETY and replaced with a law where people can buy health insurance across state lines to ensure there are no monopolies and so that competition will drive the costs down; health savings accounts; pools into which pre-existers can purchase high risk insurance; catastrophic insurance for young people, etc.

RP6: Insurance, by definition, is about the many subsidizing the few. That's how the game is played. That's how the business works.

RP3: Only because 1/2 or more pay nothing at all, they are just parasites.

RP4: My local medical center, one of the Top 100 in the US and which owns 7 other med centers in the state, now has an insurance person in the emergency room informing patients that they will NOT accept O'Care insurance. Yet, they are now forced to accept Medicaid recipients as one rule of the law states that the poor are no longer restricted to county hospitals, but may go to any hospital. For those with O'Care insurance, that is not the case. They are very restricted in their choice of provider or hospital. The administration promises the moon knowing full well it won't have to deliver as most won't accept the insurance.

RP7: All insurance is ACA insurance.

RP3: But not all insurance is ObamaCare exchange plans morons.

RP7: There's only one of me, and your post wasn't a correction to mine.

RP3: Ohhhhhh a typo, aren't you the most genius government union goon clerk typist in the whole pool.

RP7: You could have been including the person I was responding to. He/she is a moron.

RP3: Only progressive trolls are morons, it's from all the inbreeding.

RP7: RP4 sounds like an inbreeder, but doesn't sound progressive.

RP4: I hope you aren't referencing me when you imply someone is a moron. I'm telling you from having numerous discussions with those offering Covered CA insurance and from what I gleaned from hospital and doctor staff since we were forced off our original PPO plans. Perhaps you're the one who believes in unicorns and fairy dust and the babblings of a modern day snake oil salesman.

RP7: Give me a zipcode and I'll show you a PPO.

RP4: You don't need the zip code. The 3 southern-most counties in CA (family and individual plans) for Anthem and Blue Shield all lost their PPO plans in favor of Covered CA subsidized plans (whichever was affordable to the consumer) and those plans were categorized as EPO by both Anthem and BS in discussions I had with them via phone. We are now with a different company that provides us with full PPO insurance, though it comes at a price and is ACA compliant, as all plans must be now. But it is NOT an exchange plan and does NOT offer subsidies. Only exchange plans do and those are NOT widely accepted. It appears that in order to ensure the success of the exchanges out here, millions were forced onto them. The same in other states, I've heard.

RP7: I found PPOs in 90210.

RP5: Snake oil salesmen? You mean Obama, Pelosi, Reid? "Pass it before we find out what's in it". like a stool sample? That bunch?

RP4: It's ACA compliant insurance. But O'Care in CA is EPO ( a cross between a PPO and an HMO, not a full PPO). There is a class action lawsuit out here against both Anthem and Blue Shield (2 different companies in CA - Anthem purchased Blue Cross, but not Blue Shield), as both companies were caught lying to customers about the size of the provider network that will accept O'Care insurance. The actual provider network is quite limited.

RP7: All insurance is ACA insurance. The plan you're talking about has its own name. If insurance companies lie to customers, they should be sued.

RP3: There's a difference between ACA compliant and OCrappyCare exchange plans.

RP7: I know.

RP4: Do you? O'Care is NOT PPO insurance, at least not in CA.

RP7: In CA there are PPO insurance policies offered on the exchange.

RP4: Are you sure about that? Anthem and BS said that most doctors and hospitals would accept the insurance and printed their names in their handy dandy little booklets. Turns out that most providers in the booklets refused the insurance. That's why there's now a class action lawsuit against the 2 insurers.

Perhaps the platinum plan offers PPO policies, but I'm not sure that is the case. I asked about PPO insurance through Covered CA and they told me all plans on Covered CA were EPO (a cross between a PPO and an EPO). Most providers won't accept it as their costs are not being reimbursed and they'll tell you up front they won't accept the insurance.

I don't know what else to tell you other than the platinum plan has a very high monthly premium (the bronze is over \$1,400 per month) and a low deductible.

RP7: I just looked. Give me a zipcode and I'll find you one.

RP4: Randy, I appreciate the offered assistance, but I went through this with more insurance people than I can count. Private hospitals out here will not accept Covered CA (exchange plans). Only public hospitals will, but it varies as to what doctors who work out of those hospitals will accept the exchange plans or you'll pay out of pocket if you're in need of a specialist who does not accept the plans.

Do you know that Sloane Kettering and other major cancer hospitals will NOT accept O'Care insurance? While all insurance plans must now be O'Care compliant, exchange plans are not widely accepted. We are now paying through the nose for our insurance, when it was high before but much more manageable.

RP8: Not all insurance coverage is ACA

There are options for healthy individuals to have health care coverage without paying to the charities and funding the coverage of the sick and disabled.

[www.ushagent.com/allandukes](http://www.ushagent.com/allandukes).

If you reside in PA, MD, VA, WV, or NC click the link to check out available options.

RP4: We're talking about apples and oranges here. I don't care what it's called. While other insurance companies must be compliant with the ACA which is responsible for the soaring health insurance premiums and deductibles to cover those without insurance, CA's version of O'Care is called Covered CA and it is NOT widely accepted. Trust me, I know, as my family's insurance plans were cancelled (as were millions of policies in entire counties) and were foisted onto Covered CA, which has a very limited provider network. In order to ensure full PPO coverage, including doctors and hospitals of our choice, we were forced to purchase insurance from a 3rd insurance company and drop Anthem and Blue Shield entirely (some of us were on one or the other). The only one who remains on Anthem is my son with the pre-existing condition as his insurance is still full PPO and is widely accepted.

You can insist the sky is green if you choose; won't matter.

RP7: I would never insist that the sky is green. I only insist on truth.

RP4: I'm telling you the truth. Anthem and Blue Shield in CA cancelled all individual and family policies in most of the larger counties, ie, in SoCal that includes LA, Orange and San Diego Counties, the 3 largest. I've heard the same was done up north. All individuals and families who had insurance through those plans were instead transferred to Covered CA, the CA version of O'Care that offers subsidized insurance through the state exchange. It is NOT widely accepted despite the claims made by Anthem and Blue Shield and they are now being sued in a class action suit. As a result, we moved to a

different insurance company that still offers PPO insurance to individuals and families, which Anthem and Blue Shield no longer do in most counties in CA. Now do you get it?

NOTE: This does not affect employer mandated policies at this time as Bari has been pushing that mandate down the road so as not to collapse his precious healthcare plan before he leaves office. Must pass the blame onto his successor as in all things.

RP7: Covered CA is an exchange. It is not an insurance company. You have choices.

RP4: The choices on the exchange vary in price and size of the deductible, but are not considered PPO insurance. Again, I know. My son who still has Anthem PPO had to go to the emergency room a few months ago to have some stitches restitched within the 12 hour period allotted for that and he sat for 5 hours (from 9PM to 2AM) waiting to see a doctor. I picked him up at 2AM and he was sitting with a male nurse who had used surgical glue to seal the stitches. Five hours he waited for that. Meanwhile, when we first arrived, the insurance person at the desk told us that if we had O'Care insurance (that's what he called it), it would not be accepted. The emergency room was packed with more than 40 people; never saw it like that before. I was told almost all of them were Medicaid recipients. They had their cell phones and their cars were packing the very large lot outside. Most of these people were not from our area, if you understand my meaning. So now we're waiting longer periods of time and paying higher prices to subsidize those who are on expanded Medicaid.

I'm not here to quibble with you. I'm just telling you how it is in CA. I can also tell you that my friend's 10 y.o. son suffered a concussion in NJ as the result of being hit in the head by a young person throwing a baseball at practice without advance warning. The emergency room declared him OK, but he had to be watched as he had a concussion. She had to travel almost 1 1/2 hours to find a doctor who accepted the NJ version of subsidized O'Care insurance, which was her son's plan. She herself has full PPO and just had knee surgery. She developed an infection in the hospital and had a fever as a result. She was released early from the hospital because her doctor told her the insurance company wouldn't pay for the extra stay at that time and it was all in order to be O'Care compliant that this occurred as stated by the doctor even though she said my friend wasn't well.

RP7: The PPO plans are PPOs.

RP5: [poster uses User ID of RP4],  
You are beating your head against a wall trying to talk real-life to Randy. Clueless & speaking only in favor of Obamacare, can't recognize ANY faults with it.

RP6: ACA requires standards for health insurance so that people who think they're covered actually are covered. It's still private insurance.

RP7: I know.

RP5: And 70 year-olds must have that maternity coverage...

RP4: I understand that and if the poster above me were quoting a bronze plan in a state where costs are cheaper as the norm, I could understand. But I find it odd that this poster is quoting a platinum plan, which is astronomical where I live.

IP: I live in Arizona . There were only 3 companies to choose from. Two of them in the platinum cat a gory were too expensive. The one with the most choices was Health Net. For 2014 the monthly payment was 375.17.

AND I AM NOT RECEIVING ANY SUBSIDIES FROM M ANYBODY.

This is all I was charged. Believe me, after everything I had read, I could not believe that was all I had to pay. For 2015,m my premium went up to 437.35.

I find it really unfair how you in have to pay this much in n California. Premiums should be the same no matter what state one lives in.

## APPENDIX E

Conversation responding to “Joy of Cooking” on *Huffington Post*

Initial post (comment #5, March 3, 2015, 10:19pm)

This writer states, "a law called the “Affordable Care Act,” which promises in its very first section to make health care available to “all Americans,”” This law doesn't promise to make health care available to all Americans. It forces all Americans to have to pay for health insurance whether or not we want it. Last year we paid over \$5000 (over \$4?? a month) in health insurance premiums. There are 5 of us in the family. We made 4 trips to the Dr. Three well checks for my daughters and one visit for a sinus infection. That wouldn't have cost me \$5000 out of pocket if I had paid for it myself. I checked the Obamacare Market place. We do not qualify for subsidies. We could have gotten a credit (?), but only if we signed up for a silver tier plan. The lowest cost plan available to us thru the marketplace was still more than we are already paying. I don't like this law, have never supported this law and truly hope they can figure out a way to get rid of it.

RP1: No one is forcing you to purchase insurance, you could choose to pay the penalty and save money. However; as a family of five you are foolish not to have insurance. Sure, you may have paid less out of pocket for one year but that's not the point of insurance now is it? Insurance is protection for those years that are unexpected.

IP: RP1 - The penalty would have been just as bad as what we paid in premiums, if not this year than next. So if I have to pay, I might as well pay for the one that will cover something. You can say they are not "forcing" me, but when it's having to pick the lesser of two evils thrust upon me, I'd say that's close enough for me.

RP2: The purpose of insurance is to protect your retirement or your kid's inheritance if you have a catastrophic injury or illness. From a day-to-day business point of view, you are correct that insurance makes no sense. It was not the intent of the ACA to address day to day healthcare. It is to protect you from bankruptcy WHEN you have that \$100k hospital bill.

IP: RP2 - I understand that intent. And it would be IF you wind up having a \$100K hospital bill. All I see are good intentions, BAD, BAD execution.

RP3: Angie, call me back when one of your kids turns out to have cancer, you get in a terrible car accident, your husband breaks his neck falling down the stairs, etc. Why should I have to pay for your family getting sick just because you do not want to buy insurance?

RP3: IP Oh poor you. You have to insure your family. That must really suck to know your family is protected in case something terrible happens to them. It sounds to me that you believe that should one of your kids turn out to have Leukemia, you want me to pay

for it because, whaaaa whaa whaaaa, you are part of a society. Noone is forcing you to live in the US. Please go to Somalia where you will not be required to buy insurance for ANYTHING at all.

RP4: I favor allowing people to opt out....provided they agree to forgo taxpayer help or bankruptcy protection for medical reasons. But you are repeating things that most people repeat about insurance because they don't understand it. You buy homeowners insurance and pay literally thousands over the yrs...hoping your house never burns down. It is the same with health insurance. Yeah, you did not need it....please be thankful for that. There are families with kids with cancer who the insurance company spent millions....and that 5 grand for premiums for a family of 5 was a bargain.

RP5: IP, would you feel better if you and your family had suffered a horrendous injury or disease last year, making your insurance premiums seem more worthwhile? Health insurance is not a savings account that you dip into and take out of and it all balances out at the end of the year.

RP6: And yet when uninsured people have needed health care for the past several decades, they got health care anyway even those freedumb loving conservatives too selfish to buy insurance.

RP7: IP - wow, based on that , why do you buy car insurance? You don't have an accident every year, so just sit tight, and hope that when you DO have a car accident, it doesn't wipe you out financially! Foolish and short-sighted is the only way to describe a philosophy like that - not to mention selfish, since if you don't have insurance you probably won't be able to pay your costs for the accident. The ACA has many benefits - the subsidies are only part of the package - and the ACA could still use some tuning, but it beats what the Republicans want to do - nothing.

RP8: Your insurance premiums are not determined by ACA but by the insurance company/private market. I, too, have to pay privately for insurance and I pay more than your family of 5 just for me, and I'm healthy and didn't go to the dr. at all last year. We really need to have a single payer system that establishes a reasonable rate for everyone, like Medicare does. In the meantime, I'll support ACA until we get something better.

RP9: IP - Without insurance, the rest of us end up paying for an accident or major illness YOU have, either outright when you bail on the bill, or later, when you can't pay the bill and end up taking bankruptcy. Your state requires you to have auto insurance if you own a car, to keep other drivers from having to pay for an accident YOU cause. That's exactly why everyone who owns a body (all of us) needs to buy insurance so that the rest of us don't end up paying for the hospitalization YOU need to treat your accident or illness.

RP9: RP2 - Actually, until the ACA, all of us were paying for the uninsured to use the ER as primary care. The ACA isn't to protect people's retirement or inheritance. It's to protect the REST of us from having to pay for other people's serious accidents or serious medical

problems and hospitalizations. Because that is what we've all had to do every since Reagan's EMTALA.

RP9: RP4 - One of the hundreds of lies the right told about the ACA in the early days was that it would require everyone to have an RFID chip implanted under the skin as an identifier. I'm in favor of that for everyone who refused to buy insurance. Let's micro-chip them with a chip that reads, when scanned, "Do not treat." Then I'm okay with letting them opt out. It would mean we wouldn't end up paying for THEIR health care when they used the ER and bailed on the bill.

RP10: IP I know it sometimes is hard to pay for insurance when you don't get an instant reward or it doesn't seem in the present moment to be a bargain. But you have five children! As a parent, I have seen children do silly things that get bones broken, that need stitches or get illnesses that need extra attention. Even one overnight stay in the hospital to monitor something that might be but perhaps doesn't turn out to be a concussion could easily cost close to \$10K. I am hard working person with a good job and I pay more per month than you for my employer's insurance for myself and my family. But I don't complain because I know we are covered in case of something that happens. I know my kids will be cared for and I won't have to worry about how it will be paid for. I won't have to avoid doctor visits or follow-up treatment because I can't pay for it. Responsible citizenship and responsible parenting is not always a bargain and it should not be the first consideration when determining how much protection to provide for your children's health.

RP1: IP The penalty is no where near the cost of the insurance. And it's not a matter of IF it's a matter of WHEN!

RP11: Lets see a family of five, that is under 1,000 a year per person....for health insurance....are u kidding me...what do u want??? Lets see how you feel with an illness that requires 100,000+.....gezz

RP11: RP8 what kind of policy do you have???? 5,000 +per year for ONE person...do u have the Diamond coverage...

RP12: If you don't qualify for tax credits with a family of five you must be making a boatload of cash,what the hell are you whining about?

RP13: IP How could the penalty possibly be more than the insurance? Was your insurance less than \$300 a year? From Healthcare.gov: The fee for not having coverage in 2014 If you didn't have coverage in 2014, you'll pay the higher of these two amounts: 1% of your yearly household income. (Only the amount of income above the tax filing threshold, about \$10,000 for an individual, is used to calculate the penalty.) The maximum penalty is the national average premium for a bronze plan. \$95 per person for the year (\$47.50 per child under 18). The maximum penalty per family using this method is \$285.

RP14: RP13 You won't get an answer. She'd rather whine.

RP15: IP It is keeping insurance companies in place that is the problem. We don't need them. All those large deductibles and other expenses are gifts to the insurance companies. They load all these UP FRONT on a yearly basis, so you most likely will pay your bills, not the insurance companies. The idea was deductibles, copays etc were designed to keep people from abusing insurance, going to see the doctor from every little ache or pain. Now these features are used by insurance companies to delay your access to PAID health care. ACA left insurance companies in place but took away insurance companies ability to cancel you or deny paying claims based on "pre-existing" conditions. Now that they can not longer do that, the next best thing is to DELAY PAYING. Its a scam.

RP16: IP BS [IP], enough of the lies No way would the penalty ever be 5000 dollars I know that & am pretty sure you do too. As for your premium, I was paying 412.00 biweekly in 2010, & that was my part not counting my employers contribution. Where did you get the penalty would be as much as the premium? Let me guess? Fox? Rush? Hannity? I paid that premium for years, & never used it, but guess what? I had a mini stroke & a hospital bill of almost 74000 dollars. What would I have done without it. Insurance is one of those things you hope to never need, but to be there in cases just like mine

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