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ORIGINAL ARTICLE

Governing for the Common Good

Jennifer Prah Ruger[1]

Abstract The proper object of global health governance (GHG) should be the common good, ensuring that all people have the opportunity to flourish. A well-organized global society that promotes the common good is to everyone's advantage. Enabling people to flourish includes enabling their ability to be healthy. Thus, we must assess health governance by its effectiveness in enhancing health capabilities. Current GHG fails to support human flourishing, diminishes health capabilities and thus does not serve the common good. The provincial globalism theory of health governance proposes a Global Health Constitution and an accompanying Global Institute of Health and Medicine that together propose to transform health governance. Multiple lines of empirical research suggest that these institutions would be effective, offering the most promising path to a healthier, more just world.

Keywords Cooperation · Global health governance · Health capability paradigm · Inequity aversion · Provincial globalism · Social motivation

Introduction

The proper object of global health governance (GHG) should be the common good, ensuring that all people have the opportunity to flourish. A well-organized global society that promotes the common good is to everyone's advantage. Enabling people to flourish includes enabling their ability to be healthy [16]. Thus, we must assess health governance by its effectiveness in enhancing health capabilities [14, 17].

This view contrasts sharply with current GHG, in which international rules and institutions favor powerful actors and disadvantage the vulnerable due to

✉ Jennifer Prah Ruger
jenpr@upenn.edu

[1] Department of Medical Ethics and Health Policy, Perelman School of Medicine, University of Pennsylvania, 3401 Market Street, Suite 320, Philadelphia, PA 19104, USA

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asymmetries in bargaining power, information, expertise and representation. These asymmetries taint the shape and practices of the World Health Organization (WHO) and other global organizations, even though these institutions purportedly embody norms of consensus, fairness, and equality. Current GHG results from a series of consent-based decisions in international relations, but such consent is hollow and morally invalid because poor and vulnerable actors, lacking bargaining power and influence, must accept the terms and conditions of more powerful parties. These conditions have not ameliorated persistent deprivation and destitution for people all over the world, in poor and rich countries alike.

Currently, the main GHG functions are security, commerce, preparedness and response, and human rights, reflecting powerful actors' interests. These "constitutional outlines" are the structure and substance of global public health, arising out of anarchy and chaos in international relations [7]. Such structures reflect the will of a select set of actors, not the general will of all. An important contribution to addressing health globally is the proposed Framework Convention on Global Health (FCGH) as set out in Larry Gostin's exciting new book, *Global Health Law* [8]. The FCGH is an international treaty, requiring state consent, based on the current system of international law. States, however, only agree to treaties that serve their own perceived interests. Like the problems of climate justice, states are unlikely to sign an international agreement that goes against these perceived interests or in which they could be net losers, better off without the treaty than with it. Remedying these problems and overcoming the need for actual direct consent, which GHG does not currently achieve, requires identifying what is ethically justifiable to all. These judgments motivate individuals to accept and adhere to rules and norms. Reforming current GHG requires an alternative constitutional framework, grounded in shared common interests and what is good for all.

Collective action and cooperation are essential to create conditions of flourishing and health capabilities. Recognizing that the common good involves the flourishing of all individuals is an important first step in this collaboration. The individual's capacity for well-being links inextricably to the effective functioning of society; an organized, functioning community that promotes the common good is basic to individual well-being. Despite GHG's current state, which would suggest otherwise, cooperation is not an anomaly, but a hard-wired characteristic of human beings and other species. Cooperation, working together for common benefit, evolved in humans because societies that did not cooperate did not survive [22].

Empirical evidence demonstrates that cooperation requires fairness [2]. Unfair situations generate negative responses. Inequalities in power, for example, inhibit trust and undermine cooperation, whereas constraints on power, such as monitoring and sanctions, facilitate trust. Averting inequities advances cooperation. Rules and codes of conduct provide principles to guide collaboration. A Global Health Constitution (GHC) and a Global Institute of Health and Medicine (GIHM) can foster such cooperation. These structures embody the interests of all, not a chosen few, and provide rules based on the common good. With no world government, voluntary compliance with these norms is the best hope for the global community's well-being. Good governance requires regularly evaluating whether international actors and institutions are promoting the common good; a GHC and GIHM provide

the means to do so. This line of reasoning offers promise for greater global health justice.

Seeking the Common Good

The common good forms the basis for political legitimacy in global health politics. If the common good shapes governance, then governance promotes the well-being of all individuals, and everyone benefits. The reasons for governance—promoting the common good—are justified and accepted. The common good contrasts with other goals of governance. Other objectives might include a neoliberal emphasis on free markets, utilitarian focus on the greatest good for the greatest number or maximal societal utility, welfare or happiness. Another objective is the good for the majority or the supermajority. These neoliberal, utilitarian and majority-based groundings rest on a summation of private individual and group preferences or utilities. Some might argue that these methods themselves constitute notions of the common good, but in fact they do not, when such objectives represent aggregations of private interests and fail to incorporate the "general will" [13]. The general will, the common good, should guide global health politics, rather than aggregated partial interests.

The Common Good as Human Flourishing and Health Capabilities

The common good unites individual and societal well-being. Individual well-being cannot be understood as separate from a well-organized society that promotes the common good. Enabling individuals to flourish, to do and be what they want to do and be, including having the opportunity to be healthy, is one such idea of the common good. Human flourishing and health capability on this view is the very foundation of the common good. It includes everyone, a radical inclusion that offers every person the opportunity to flourish. Such governance is acceptable to everyone since it applies to everyone and rests on a shared conception of the common good.

The theory of provincial globalism offers a strong candidate conception of the common good, articulating justice norms to govern global health. It offers a prospect for continuous well-being for all, requiring ongoing evaluation of global actors and their performance in promoting the shared health interests of all. Equal respect and inclusion requires that institutions be justifiable under global health principles that seek to make everyone better off, rather than serving the narrow self-interest of powerful actors. Institutions must offer terms of cooperation that reflect the fundamental impartial health capability interests of all people and thus are universally accepted.

Cooperation

There is no global government with the coercive powers of domestic governments, so voluntary compliance with global health justice and governance norms is the most likely route to more permanent well-being in the global community. But why would

actors cooperate? Why would they work together toward collective goals rather than continue to pursue national and self-interest? Even if actors did cooperate, why wouldn't they do so only in instrumental terms, viewing other actors as potential sources of costs or benefits as under a rational actor model of GHG? [17]

There is extensive evidence that helps answer these questions. Mechanisms for shared outcomes have fostered evolving cooperation among unrelated persons. There is abundant evidence of reciprocal altruism and mutual cooperation in humans [5, 10] and of social motivations for effective cooperation—attitudes, shared identities, common values, trust in the character and motivation of others, joint commitments, fair procedures, fair exercise of authority and decision-making, legitimacy, emotional connections—rather than narrow instrumental self-interest alone [23]. Humans are social beings and cannot be understood apart from our domestic and global context. Pro-social behavior by groups and individuals facilitates cooperation.

Scholarship on socially and morally motivated cooperation in communities, organizations and societies has a long history. Cooperation appeals to common identities, shared values, virtues, and a sense of obligation, because values are related to successful governance. People must willingly cooperate with public institutions if governance is to be effective, especially where behavior is outside authorities' abilities to incentivize or sanction with credible rewards and punishments. Scholars contrast two approaches to motivation, an instrumental approach in which government authorities apply rewards and punishments for desired and undesired behavior, and a social motivation approach, socializing people into groups and supporting social ties. Social motivations include identities, values and attitudes. People are motivated to cooperate based on their own internal aspirations to do so and their links to social groups [22]. Empirical cross-cultural studies in management, regulation, and governance demonstrate that social motivation is as effective, if not more so, than instrumental motivation, because the type of behavior that is increasingly required for collective activity is cooperation, rather than compliance alone [23]. Compliance requires significant resources to monitor populations and punish violators. In the health arena, moreover, the social goal is the production of a healthy society with healthy individuals. People must act voluntarily to promote the health of their communities, their families and themselves, cooperation that legalistic rewards and punishments do not effectively motivate.

Inequity Aversion

Just as pro-social behavior by groups and individuals facilitates cooperation, anti-social behavior—unfairness, inequities, a lack of trust, selfish attitudes and behaviors and short-term self-interest maximization—undermines it. Experiment after experiment has found negative reactions to unequal outcomes like excessive over-compensation or under-compensation in games that violate proportionality in effort and gain and treat joint contributions to a particular undertaking inequitably [2, 6]. Negative reactions include emotional responses (e.g., anger and moral disgust),

rejection of outcomes and refusal to participate in cooperation, as shown in ultimatum game and impunity game experiments in many countries [9, 24]. Humans have evolved with a sense of justice and fairness, which facilitates cooperation, social reciprocity, conflict resolution, and shared endeavors. Research suggests that aversion to inequity is widespread in cooperative species under many conditions (including refusing immediately advantageous outcomes) and that it has evolutionary benefits. Humans experience both "first-order inequity aversion" (rejecting unfavorable unequal outcomes so as not to be taken advantage of) and "second-order inequity aversion" (rejecting unequal favorable outcomes) [2]. Indeed, demonstrating second-order inequity aversion can aid in obviating first-order inequity aversion, by developing a cooperative reputation and equalizing outcomes [19]. "The pressure for increased cooperation combined with advanced cognitive abilities and emotional control allowed humans to evolve a complete sense of fairness" [2].

A central feature of the human sense of fairness is the moral norm of impartiality. Outcomes are judged against an ideal, a standard, which applies to all individuals, not a partial or chosen few. While humans differ by culture and circumstance, their common humanity provides the basis for a core set of standards and ideals. Neither the current GHG scheme overall nor its major actors are impartial. Its "constitutional outlines" favor wealthy and influential actors, and it fails as a system of cooperation seeking to equalize outcomes for all. In this rational actor model, individuals and actors with power receive overcompensation, and there is little trust in their motivations. The system lacks legitimacy and fair exercise of authority and decision-making. People do not trust the WHO, which has lost legitimacy and credibility, because it is not an impartial institution but serves the interests of powerful leaders. People have lost faith in the 30-plus international health and human rights treaties and conventions, which fail to govern effectively in health. GHG needs impartial institutions that engender trust and legitimacy, embedding shared values and agreed-upon policies and practices. Only this kind of institution can inspire acceptance and adherence.

The Global Health Constitution that follows is one effort to put forth a common code of conduct for global health, supported by a Global Institute of Health and Medicine and the objective scientific information it will provide. The global health theory called provincial globalism [16] and the health capability paradigm ground these institutions.

A Constitutional and Scientific Approach to Securing the Common Good

Provincial globalism envisions a Global Health Constitution providing guiding principles and objectives and assigning roles and responsibilities to achieve health governance goals. Constitutions need not be legally enforceable (e.g., by court proceedings and legal judgments), but they articulate shared principles and common ground—a shared understanding of the common good. In its underlying moral global health principles, the Global Health Constitution thus fleshes out the conception of the common good and integrates disparate international health norms

for the entire health field. The GHC would seek to solidify consensus on moral norms universally to enhance their implementation worldwide. We must start with a *genuine* consensus on a global health morality and then articulate a commitment—moral obligations and responsibilities—that all persons and institutions undertake.

More specifically, the GHC would set forth essential principles and concepts including equal respect, human flourishing, universality, prevention, proportionality, health equity, access, financing, organization, resources for health care and public health, and the social determinants of health. The GHC is discussed more extensively elsewhere [18].

Enhancing Human Flourishing and Health Capabilities

Current GHG does not support human flourishing. Health inequalities, deadly global contagions, and serious discrepancies between countries in care and access prevent billions of people worldwide from realizing their potential as human beings. These problems are obstacles to well-being. They prevent people from doing and being what they choose within their capabilities, and they prevent society from achieving the common good.

The GHC would identify health failures and assign responsibilities for addressing them. The GIHM would supply the reliable scientific information and analysis necessary to resolve these public health problems (the U.S. Institute of Medicine is a national-level example). Global public health requires thorough scientific and technical cooperation; authoritative scientific organizations must bring technical expertise to bear and provide reliable scientific information and analysis. Neither the WHO nor any organization serves this function. GHG needs an independent, non-governmental organization to provide knowledge and objective advice on global health and science policy.

The GIHM would include inputs from key stakeholders and scientists, and develop and maintain a network of technical and scientific experts across the globe. It would reject political influence and rely instead on genuine scientific consensus, from which it would derive impartial advice to address health governance needs and advance the common good. It would develop scientifically rigorous global health policy to serve as a road map for global health. The GIHM would offer strategic advice to a Global Health Council created to interpret and implement the Global Health Constitution.

It would put the necessary scientists and technical experts to work on the most pressing global health issues and thus remove many of today's most intransigent obstacles to human flourishing.

Fostering Cooperation

The GHC would establish cooperation and partnerships across the global health landscape. This globalized world has joined us all together in unprecedented ways, creating a similarly unprecedented level of interdependence; from this

interdependence arise new levels of shared responsibility for one another. The GHC would articulate elements of successful global collaboration and specific roles, responsibilities, and functions of global, national, subnational and individual actors, providing guiding principles for interaction between governmental and non-governmental actors and among different levels of government. It would create duties of cooperation and collaboration as obligations of states, non-state entities and individuals.

The GHC would provide for division of labor and functions, checks and balances among global health actors and a framework for integrating global health work. It would establish coherence, clarity, and legitimacy; and generate, separate and constrain powers. These principles and standards can become a reference for state and non-state actors as they incorporate GHG concepts and rules in their own policies and laws.

Most past and current international health instruments are ad hoc, incremental and disease- or subject-specific (e.g., AIDS or tobacco). But the world needs global health norms with universal scope. In a fragmented health landscape, a GHC can serve as a unifying, integrative instrument for state and non-state actors, encouraging all to abide by the same rules and requirements. It can also reduce waste in human and material resources; without controlling or restricting the types of new organizations that can form and for what purpose, the GHC can provide coordination and coherence.

Constitutional interpretation by, for example, a Global Health Council, would assess whether actors are meeting their obligations. To date, the different actors in the global health system have not known what their duties and obligations are. Holding them accountable for unspecified responsibilities is unreasonable and fruitless. Under a Global Health Constitution, obligations would be clear and evading them would no longer be an option.

Compliance, enforcement and accountability of actors discharging global health duties most likely will occur at the country level. Global actors would regulate the discharge of duties through monitoring and evaluation, incentives, checks and balances and moral suasion.

Correcting Inequities

Today's GHG has failed to address unconscionable health inequities and gross imbalances in decision-making power. These conditions make the responsibility to act ever more urgent.

The GHC process can eliminate the undue influence of powerful countries, corporations and Non Governmental Organizations (NGOs) in its creation, implementation and enforcement, by delineating relations among multiple actors. These actors would include states, individuals, multi-lateral groups, NGOs, and private-sector players. A GHC, unlike a treaty [8], brings all parties, including the most vulnerable, into the GHG realm. Informed by authoritative standards, the GHC would identify all pertinent actors and their duties and obligations and specify responsibilities for an equitable sharing of global health burdens.

The GHC, working with the GIHM, would reject political influence and rely instead on genuine scientific consensus, from which it would derive impartial advice to address health governance needs and advance the common good. GIHM study committee appointments would go through a rigorous vetting process to protect against any financial, professional or personal conflicts of interest, thus guarding against undue influence and protecting the interests of those who today are voiceless.

Indeed, equity will be a central focus of the GIHM, unlike the current Millennium Development Goals (MDG) [15]. As an independent entity separated from politics, the GIHM would be able to give the objective scientific advice so desperately needed to implement more cost-effective global health policies and enhance global health equity. Its master plan will make explicit commitments about specific global health policies (e.g., universal health coverage at the national level) to eliminate inequities. Different countries will take varying paths to this objective, but the aim of health equity must be central to each.

These institutions and their shared mandate will tap deeply into the sense of fairness and justice that empirical research has confirmed in people around the world, across time and cultures. And because in their impartiality and reliability they inspire trust and confidence, they will motivate ownership among all actors and a commitment to the common good they embody.

Building Social Motivation in Global Health

Research demonstrates that social motivation is built in five key areas: procedural justice, motive-based trust, values, attitudes and identity [23]. Attitudes are internal inclinations, beliefs and feelings. Empirical studies suggest attitudes shape people's behavior, their willingness to cooperate, as much as if not more than narrow self-interest alone. In global and domestic health, people need to have positive feelings and beliefs about promoting their own health and the health of others and the institutions and groups tasked with these responsibilities. If this motivation is intrinsic, fulfilling and rewarded, it will influence behavior even absent external incentives or punishment, reducing the need for external motivation measures [4]. Commitment and positive emotion associated with a group, institution or organization to which one belongs and its activities increases one's motivation toward certain types of behaviors. When one derives enjoyment or meaning from working with others in one's community, country or beyond, then such internal motivations can foster health promotion and disease prevention behaviors. Positive attitudes toward an institution such as a GHC motivate people to act for the principles and goals of that institution and feel personally fulfilled when it succeeds.

Values, especially ethics, are another key feature of social motivation and behavior. Research on social motivation and cooperation has identified two sets of values that are particularly important: legitimacy and moral values. Legitimacy in this literature is defined as "the property that a rule or an authority has when others feel obligated to voluntarily defer to that rule or authority. … [A] legitimate authority is one that is regarded by people as entitled to have its decision and rules

accepted and followed by others" [21]. A legitimate institution instills in people a sense that it, rather than their own narrow self-interest, is entitled to determine right behavior. A GHC could have this kind of standing. Existing groups, organizations and institutions in global health lack legitimacy; they exercise their authority for the gain of particular individuals, groups and nations, and people do not feel obligated to obey their decisions or directives. A GHC, by contrast, would serve to benefit all. Its authority would flow from this universal commitment. Such legitimacy necessarily precedes cooperation and compliance. One approach to motivating people to cooperate with the GHC would be to tap into their ethical values about legitimacy and the obligation to cooperate. The GHC also must embed fair procedures, which would further enhance its legitimacy.

Research has also demonstrated that people are more likely to cooperate with organizations whose moral values are consistent with their own, a concept known as moral value congruence [1]. People feel obligated to act in accordance with their own values and are motivated to support institutions with similar moral principles. Motivating people to cooperate thus involves institutionalizing their values. Such values are self-regulatory. In the international context we have individuals' values and the values of nation-states. As noted above, inequity aversion is a moral value that humans share. A compelling GHC would clearly articulate moral standards for global health. People will bring their conduct in line with a GHC's code of conduct if this code is consistent with their own values. Current GHG violates people's moral values about health and about justice. Global citizens just can't accept a system in which so many organizations spend so much money and yet so many people are left deeply deprived and destitute. The 2014 Ebola epidemic is a case in point: while the initial outbreak might have been difficult to predict, policies consistent with a provincial globalism/shared health governance perspective could have prevented much of the suffering and loss of life that followed. The reaction to the epidemic was widespread skepticism about GHG institutions and effectiveness.

But why embrace the conception of global health set out in the GHC and its underlying provincial globalism and health capability paradigm? The first reason is that the GHC's moral principles agree with what empirical research shows is important to people and to nation-states—health and social guarantees of population health protection and promotion. These commitments to individual and population health are widespread across cultures and through history. These ideas have strong empirical validity and reliability. Furthermore, this conception reflects a positionally objective perspective [20].

It also provides a fertile ideal of health equity that can ground the construction and effectuation of global health justice and governance theories. This third reason relates to John Rawls' reflective equilibrium methodology; any candidate conception must demonstrate that it supports plausible decisions and policies [12]. Are the policies this conception supports reasonable? The provisions of provincial globalism and shared health governance are more comprehensive, socially rational and compelling than current arrangements, because today's GHG is more about promoting narrow, short-term self- and national interests than considered principles to undergird sound policies. The competing theoretical approaches, whether social contractarian, utilitarian, brute luck egalitarian, neoliberal, or others, fail to address

many of the difficult dilemmas that global health presents. Provincial globalism supports reasonable proposals, which would move our world a very long way towards a more just global society.

Finally, motive-based trust fosters cooperation. Research demonstrates that people are more likely to cooperate with trustworthy institutions and people, whose motivations are benign and concerned with the well-being of others [11]. Genuine trust depends on a person or institution's character and competence. Societal institutions and authorities are supposed to act as agents of society at large; failing to do so undermines trust and confidence. This loss of trust afflicts global health, whose institutions often demonstrably fail to help the people they are meant to serve. Nor do people believe that group decision making about global health policies and practices reflects norms of justice, resulting in an erosion of confidence in and willingness to cooperate with such institutions. People want to be treated fairly based on justice principles, not just instrumental concerns of material gains and losses, even if the latter produces outcomes more favorable to themselves. Social motivations lead to benefits for all because they rest on the connections and commonalities we all share.

Greater Coherence and Clarity in Global Health

As organizing principles, these new institutions specify an explicit, coherent system to reduce inefficiencies, especially duplication and waste, in a global minimalist approach involving comprehensive national obligations and normative guidance of individuals. Since the GIHM will do much of the work in analyzing and formulating policy and the Global Health Constitution delineates responsibility for implementation, with a Global Health Council to oversee global health strategy, international organizations—multilateral institutions or non-governmental organizations—will be free from manipulation by powerful states and from distortion by their own bureaucratic interests. And as one scholar notes about ethics in GHG, "We have sound reason to accept that ethical argument can impact productively" [3]. The provincial globalism framework, with a constitution, an unimpeachable scientific body and a Global Health Council, can construct an alternative global health enterprise and promote the common good.

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