2019

What's in a name: Obamacare v. the Affordable Care Act in the 2016 election

Connor De Haan

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What's in a name: Obamacare v. the Affordable Care Act in the 2016 election

Abstract
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Degree Type
Open Access Senior Honors Thesis

Department
English Language and Literature

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Keywords
Pragmatics, sociolinguistics, critical discourse analysis

Subject Categories
Linguistics

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WHAT'S IN A NAME: OBAMACARE V. THE AFFORDABLE CARE ACT IN THE
2016 ELECTION

By
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A Senior Thesis Submitted to the
Eastern Michigan University
Honors College
In Partial Fulfillment of the Requirements for Graduation
With Honors in Linguistics

Approved at Ypsilanti, Michigan, on this date 19 January 2019

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Abstract

While Obamacare and Affordable Care Act refer to the same essential policy, the social implications of each term varies greatly. In this work I present these terms as naming strategies, a class of referentially synonymous terms differing only in their form and social/political meaning. Specifically, I conduct a qualitative and quantitative analysis of the distribution of Obamacare and Affordable Care Act in the 2016 presidential debates and platforms. Considering the form, history and connotations of each term, I explain the motivations behind their distributional differences. I find that Obamacare is the more frequent term overall, likely due to it's short and memorable nature. In debates, Republicans unanimously opt for Obamacare, in large part because it relates the legislation back to one of their political opponents, thus extending the negative attitude associated with Obama to the legislation. Affordable Care Act was the preferred term of Democrats, in part in an effort to resist the anti-Obama connotations of Obamacare and in part to preserve the official name of the Democratic policy. Obamacare was also used more frequently by journalists and moderators, likely motivated by the term's higher general frequency and therefore name recognition. Attitudes about the legislation varied by speaker group, with Republicans always attributing negative evaluativity to the legislation, while moderators typically index it neutrally and Democrats positively. There were exceptions to these general trends, which upon investigation were found to be largely motivated by contextual incentives.
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**Introduction**

It is a fact of language that speakers regularly communicate more than what is found in the literal meaning of their utterances. Since Grice’s Logic and Conversation (1967/1975), pragmaticians have been intrigued by the various ways implicit communication can be achieved. In this paper, I will investigate non-literal meaning found in political discourses, focusing on a phenomenon that has thus far received relatively little attention in sociopragmatics: *naming strategies*. For certain individuals or objects of political discussion, there are multiple terms or phrases speakers can use to refer to the same essential thing, each option referred to as a *naming strategy*. Though their literal meanings remain synonymous, naming strategies vary in the implicit social and ideological information they communicate.

For instance, speakers may refer to the same group of individuals as, *undocumented immigrants, illegal aliens,* or simply *illegals*. While these expressions can all be used to refer to the same set of individuals, the preference of one term over other alternatives signals relevant social information concerning the speaker’s attitudes and beliefs toward these individuals. For the listener, where one stands on the issue of immigration will influence their reaction to these terms. If a speaker were to hold more negative attitudes about immigrants, they may take no issue with the framing certain immigrants as *illegal aliens*, but find the framing of *undocumented immigrants* to be too soft or misleading (and vice versa). How naming strategies get interpreted depend on several factors — who is the speaker, who is the listener, what do they believe, what is the speaker-listener relationship, and what existing associations exist with each term considering their form and their social, political and historical contexts. Discourse about
immigrants show just one example of this; there are plenty of these cases across political domains.

How political issues are framed can have a profound effect on how the public perceives them. A 2016 poll concerning attitudes toward healthcare proposals found significant differences of opinion based simply on how proposals were framed. It was found that 81% of Democrats view a Medicare-for-All proposal favorably, compared to 55% of Democrats who favor the framing of socialized medicine (Kaiser Family Foundation Health Tracking). Because these policies essentially refer to the same proposal, differences in public evaluativity can likely be attributed to attitudinal differences about the naming strategies. Though this is one naming strategy found in healthcare discourse, the remainder of this paper will focus primarily on a separate but related issue: the terms Obamacare and Affordable Care Act.

The Patient Protection and Affordable Care Act was the largest comprehensive overhaul of the American healthcare system since the advent of Medicare and Medicaid (Oberlander 2010). Passed in 2010 by a majority Democratic House and Senate, the legislation quickly became a target for conservatives like Mitt Romney and Ted Cruz, who framed the bill as Obamacare. The issue remained at the center of debate in 2012, with Republicans overwhelming adopting the Obamacare naming strategy. (Hopper 2015)

This project aims to explain the distributional differences in the use of Obamacare and Affordable Care Act during the 2016 election. I will in part draw on findings from sociopragmatics (Grice 1975; Davis & Potts 2010; Acton & Potts 2014;
Acton 2018), critical discourse analysis (Van Dijk 2006; Ayoola 2008; Ononye 2015, 2017) and political communication (Hopper 2015, 2017), as I see the disciplines as necessarily related. In addition to bringing previous research together I have also conducted analysis of my own, employing both qualitative and quantitative methods.

After considering previous research, I will present additional corpus analysis to better establish the profile of each naming strategy and further characterize the context surrounding the terms. These findings will be used to help explain distributional differences found in the 2016 debates and platforms. Investigating the form, meaning and connotations of each term, I will explain how subtle differences in word choice across political actors (candidates, parties, moderators/journalists), examined in the light of pragmatic and discourse analytical theory, offer us valuable information about the speakers’ varying goals, attitudes and intentions.

**Previous Research**

In this work, I will be drawing on multiple theoretical and methodological perspectives as necessary, with some overlap. To help examine non-entailed meaning conveyed by naming strategies, Gricean (1975) pragmatics will prove to be important. Because we are looking at language variation and the social implications of such, this work is inherently sociolinguistic. Perspectives from Critical Discourse Analysis also are relevant for examining the role of ideology in naming strategies. Moreover, CDA emphasizes the need for an interdisciplinary and intertextual approach to discourse; taking linguistic, social, political, socio-cognitive and material factors all into consideration. From political communication I will be drawing on Jennifer Hopper’s
work, which examines the history and development of *Obamacare* as a term and its trajectory into mainstream politics.

**Sociopragmatics**

To understand the relationship between what speakers say and what they mean to communicate has long been a key issue for pragmatics. Grice (1975) explains that much of the meaning conveyed in discourse comes not just from the words we use, but also from the differences between words we use and other words or expressions we might have used instead. An essential principle to Gricean pragmatics is that speakers regularly communicate more information than is what’s found in the literal meaning of their words, by way of implicature. Doing this allows social actors to communicate aspects of our social, emotional, political, and epistemic being without addressing some of these issues directly. Complementarily, listeners read into utterances beyond their literal meaning. That is, just as speakers have expectations of how certain discourse strategies will be interpreted, listeners also have expectations of what information discourse strategies can signal.

There are many linguistic phenomena that are pragmatic in nature and also signal important social information. Issues of this nature are well-documented in the literature (Brown & Levinson 1987; Beltrama & Casasanto 2017; Burnett 2017). Acton and Potts (2014) show that political actors can use linguistic variation in an attempt to “foster a sense of shared perspective” and further organize group relations. Specifically, they analyze Sarah Palin’s efforts to do so, citing her frequent use of demonstratives, along with her use of the first-person plural ‘we’, and phonological adjustments like ‘g-dropping’ in a sentence like, “I’m fightin’ for you”. Findings from this work suggest that
features with similar social functions are likely to co-occur. Therefore, insofar as they have a related social function, we might expect naming strategies to be one of these co-occurring features.

Some forms of linguistic variation are reliable indicators of one’s political beliefs and identity. For instance, researchers looking at phonetic variation in US politics have found ideological trends based on how politicians pronounce the second vowel in Iraq -- with Republicans overwhelming using /æ/ and Democrats /a:/, even when controlling for regional dialects (Hall-Lew, Coppock and Starr, 2010). This paper aims to further investigate distributions that index political identity, though mainly in way of lexical rather than phonological variation.

We will also be exploring (neo-)Gricean principles of weighing alternatives and agent rationality (AR), to better understand why different speakers prefer different naming strategies. AR suggests that, all things equal, speakers regularly attempt to optimize the mix of costs and benefits of any given utterance. If a speaker utters an expression $x$ which may appear to have a less optimal mix of costs and benefits than some alternative $y$, listeners may try to deduce what would lead the speaker to say $x$ instead of $y$. Assuming the speaker is being approximately rational (and that both options are indeed available to the speaker), there must be some reason why they believe that $x$ is actually preferable to $y$ in the context (Acton 2018, accepted). Optimizing costs and benefits like such is a process we often see demonstrated in language use (Horn 2004) and social behavior more generally (Fiske & Taylor 1991).

In dealing with naming strategies, we have a case where political actors must decide between multiple coreferential utterances that vary only in their form and social
meaning. Speakers have an incentive to identify the goal of their speech act (to inform, persuade, disconcert, etc.), their audience’s expectations, the available lexical options, and then decide which means offers the best mix of costs and benefits for the given context.

**Critical Discourse Analysis**

To analyze ideological tendencies, we will be drawing from Van Dijk’s research on ideology and discourse (1998, 2006). Because a goal of this analysis is to discover the relationship between linguistic tendencies and ideological ones, CDA offers us valuable insight on the structure of ideology. This framework defines ideologies as belief system which functions to organize a social group’s identity, actions, aims, norms, values, and relations with other groups.

A central principle assumed in CDA work is that ideologies are not wholly cohesive. That is, as there is diversity issue-for-issue among those who would identify themselves as, for instance, 'liberal' or 'conservative'. For this reason, we will not be using ideology to refer to broad, uniform belief systems (isms), but rather to refer to general individual attitudes in specific domains of discourse. Doing so limits the scope of generalizations such that we’re not positing the beliefs of individuals beyond what we have evidence for. Specifically we will be looking for linguistic variation that seems to be motivated by differences in social and policy attitudes.

Critical discourse analysts have made the case that studying discourse is the arguably best way to analyze the structure of belief systems -- ideologies. Van Dijk (2006) notes, “Since people acquire, express and reproduce their ideologies largely by text or talk, a discourse analytical study of ideology is most relevant.” As the primary
mediator of ideological exchange, we should expect to see variation in ideology manifest in the form of linguistic variation. We already find variation in discourse features such as politeness and back-channeling that can signal important social information, and we use these features to deduce aspects of a speaker's identity/beliefs. Likewise, we should expect to find discourse features that signal differences in ideological tendencies, this paper focusing mainly on naming and lexical variation.

In choosing to use one variant over others, discourse agents are able to establish themselves as being on certain sides of a conflict. For political actors and others in power, doing this is important as they're able to frame different issues and therefore influence the attitudes of their supporters. When an advantageous frame already exists, political actors can use the framing to appeal to certain bases, using the language already familiar to them.

Ayoola (2008) has previously analyzed the prevalence of variation in media reporting of issues in the Niger-Delta (ND) region, with a particular focus on discourse strategies employed by different newspapers. Ononye and Osunbade (2015) look specifically at naming strategies surrounding reporting of ND conflicts. For example, depending on the goal of the news organization, the same event could be described as a battle, engagement, operation, etc. Ononye (2017) expands the research to other lexico-stylistic features including paradigmatic choices (synonymous, antonymous, hyponymous, colloquial tokens) as well as syntagmatic factors (collocation, lexical fields, pleonasm, and use of metaphor).

Some of these methods will be very relevant in our analysis, particularly in terms of naming strategies and collocation frequencies. Looking at media discourse patterns on
the issue of *Obamacare* versus *Affordable Care Act* is crucial for understanding the context/profile of the two naming strategies. Doing so can inform us on how the language of political actors relates to, and may be influenced by, the language of news media.

More generally, CDA offers us insight on the relationship between discourse and ideologies as systems of belief shared by speaker groups. Situating naming strategies in the context of CDA allows us to better understand their role in in the acquisition, reproduction and refutation of various ideologies.

**Political Communication**

Though the theoretic background of this research is primarily from sociopragmatics and CDA, perspective from political communication is also essential to the analysis. Jennifer Hopper has investigated the political life and development of *Obamacare* as a term including its origin, distribution of who is using the term in which media outlet, and connotations by outlet/speaker group. This work shows how political actors, especially presidents, behave in competitions to frame policy debates over healthcare and other legislation, with the aim of promoting public attitudes which coincide with their policy goals.

Framing contests of these sorts are not new in American politics. Different administrations throughout history have made efforts to frame issues using key naming strategies. Take, for instance, LBJ’s series of economic reforms being named the *War on Poverty*, or FDR’s labelling of his foreign policy opponents as *isolationist*. Hopper (2017) presents numerous examples of this from across the political spectrum. Similar to these cases, we will be analyzing Republican-led efforts to frame the Patient Protection & Affordable Care Act as *Obamacare*. 
Hopper finds that while media are quick to respond to presidential framing efforts, it's unclear how effective these measures are at changing the attitudes of the public. The debate over reframing issues is not particularly new: consider Lakoff's "thinking differently requires speaking differently" (2004, xv). Still however, we must recognize a term like Reaganomics which evolved from a term once used solely by opponents, to later a ubiquitous term used by the right and left alike to describe Reagan's economic policies. (Hopper 2017; 21)

Hopper's research on the framing and re-framing of the term Obamacare provides vital information about the history and connotations of the term, which certainly influence the distribution of the term. More on Hopper's findings are included below, in the section titled Profile of Terms.

In this work I will build on the existing literature and demonstrate their necessary intertextuality. Political communications research can help inform the context for sociopragmatics, which can in turn further inform theories of political communication on how linguistic decisions are made. Critical discourse analysis helps us understand politics as a discourse-historical process, with webs of association that go beyond the individual. It shows us, for example, that naming strategies occur across time, space, and political context, and therefore their use has a deeper function than to simply persuade at the moment of utterance; they also situate one socially. CDA and sociopragmatics have some overlap in this way, though they typically address different sorts of issues. The structure of ideology is a broad and sticky question, but I believe consolidating these perspectives offers us the best chance at answering some of these tough questions.
Design & Methodology

The analysis I present is a qualitative and quantitative study concerning the distribution of Obamacare and Affordable Care Act as naming strategies. I will first develop a profile or characterization of each term, drawing from a mix of past findings as well as my own corpus analysis. I will present Hopper’s findings on the politico-historical context surrounding Obamacare. Then, using COCA to analyze the relative frequencies of the two terms, I will show distributional differences by year and genre of discourse, explaining why these differences might occur.

I will then analyze the distribution of these terms within differing contexts throughout the 2016 election season. I’ll be analyzing all Republican and Democratic debates that took place during the election season, including both interparty and intraparty debates. This will include 13 Republican primary debates, 10 Democratic primary debates, and 3 presidential debates. I will also look at Democratic and Republican party platforms for 2016, which are written after the intraparty debates take place once the party candidate is selected.

Debate transcripts used in this paper come from UCSB’s American Presidency Project (Wooley & Peters). Party platforms were found on each party’s respective website. After acquiring the debate transcripts and party platform texts I used CorpKit, a corpus toolkit (McDonald, 2015), to analyze frequency counts by speaker and/or party.

The qualitative analysis primarily will relate the quantitative findings to concepts found in the literature. I will highlight the general trends found by speaker group across the different genres of discourse, explaining contextual factors that motivate distributional differences. Then, using pragmatic and discourse analytic theory, I will
analyze tokens that seem to violate general trends, but that in reality may not be all that surprising. Namely, I will be looking at contextual considerations -- who is using which term; what is the context surrounding each term; how does the utterance relate to the connotations of the term; what do we know about the affiliations/allegiances of the speakers; how can we explain differences in distribution by context; and what are the cost and benefits of utterances that seem to violate ideological or other sociolinguistic trends.

**Evaluativity**

For every mention of the legislation in the debates and platforms, I've coded the evaluativity of each token as either positive, negative or neutral. Judgements for this were made considering a multitude of factors. If the goal of the utterance was in clear opposition to the bill, it was coded as negative. For example if one is talking about wanting to “repeal” or “dismantle” the ACA, it follows that they must oppose it as doing any of these would negate the bill. Negative evaluativity was also attributed if the speaker chose to highlight the negative aspects of the bill in the same statement. Contrariwise, talk of “defending” or “upholding” the ACA can similarly be considered positive. If a speaker is highlighting the positives of the bill, positive evaluativity was attributed. If a speaker uses one of the terms but does not couch it with any descriptors or contextual hints about the term's evaluativity, it was coded as neutral. To demonstrate these clearly, below are three examples I've coded:

1) Positive: “I believe that we’ve made great progress as a country with the Affordable Care Act.” (Hillary Clinton, candidate, 2nd Democratic Debate, 2015)

2) Negative: “I'll tell you Bret, I think that's a much more attractive vision for healthcare than the Washington-driven top-down Obamacare that is causing so
many millions of people to hurt.” (Ted Cruz, candidate, 7th Republican Debate, 2016)

3) Neutral: “All of you want to repeal and replace *Obamacare*, so let's talk about your specific plans to replace it.” (Wolf Blitzer, moderator, 10th Republican Debate, 2016)

**Profile of the Terms**

In this section, I will provide an overview of the history and profile of connotations for each of the two terms. This information will help explain the distribution of the terms in the 2016 election season.

**History/Context**

The connotative differences between the terms under investigation are not unknown to the public. In a segment featured on Jimmy Kimmel Live in 2013, Kimmel’s crew went around Hollywood asking individuals if they preferred *Obamacare* or the *Affordable Care Act*. I recognize this is a comedy segment, of course, and there were likely other responses directors chose to omit. Nonetheless, there were some interesting moments and quotes in it that could prove useful in understanding the different attitudes people have about the terms. Likely a goal of the segment, the trend being highlighted was that people seemed to view *Affordable Care Act* more positively than *Obamacare*, despite the two referring to the same thing.

Individual’s responses and justifications for their attitudes are perhaps the most illuminating. One person said his choice came down to Affordable Care Act containing the word *affordable*, saying confidently, “Well, the name says it all”. After being told the
policy provisions of the legislation, one respondent concluded that they were for the
Affordable Care Act. However, later in the interview when asked, they said they believe
Obamacare is socialist, but the Affordable Care Act is not.

Obamacare

Obamacare saw its first significant use in 2007 when Mitt Romney said to a
crowd, “The path of Europe is not the way to go. Socialized medicine, Hillarycare,
Obamacare, they don’t get it”. In its early stages the term was used mainly by
conservatives to criticize Obama’s healthcare reforms and for that reason carried negative
connotations. In the 2012 presidential race this framing became increasingly popular
among Republicans, including Romney, who was running in this election. After birthing
this term into the political lexicon, Romney was then attacked by primary opponents for
his own healthcare reforms in Massachusetts, which they called Romneycare. In an
attempt to link the two proposals, some even referred to the reforms as Obamneycare.

President Obama was aware of this framing and its connotations, saying in
August 2011, “I have no problem with people saying Obama cares. I do care. If the other
side wants to be the folks that don’t care? That’s fine with me”. The following year,
Obama’s team launched a campaign to reframe the term and reverse its negative
connotations. This included selling merchandise saying things like “I love (<3)
Obamacare”, “Obama Cares”, and even tweeting out “Happy Birthday to Obamacare!”
on March 23rd, the day the bill was signed into law (Hopper, 2015).

It’s still unclear, however, whether the Obama team’s efforts were successful in
changing the negative evaluativity built into the term. The President’s efforts were at
least successful in enabling more journalists to use the term. Following the campaign, the
distribution of *Obamacare* was with *Obamacare* being increasingly used by news media to talk neutrally about the healthcare reform, whereas previous uses of *Obamacare* in publications where overwhelmingly negative. This happened regardless of a news organization’s political leanings (Hopper 2015).

The objectivity of this term has been a point of contention, especially for those in news media. Prior to Obama’s campaign, it was not uncommon for news organizations to suggest *Obamacare* was a misleading or pejorative term by putting quotation marks around the term or contextualizing the term with a phrase like “what some call *Obamacare*”. Both of these strategies function to distance the speaker from the term. Alternatively, speakers can just use one of the terms and not comment on the objectivity of the term. Below are contrasting examples.

4) Up next, the Supreme Court takes on Obamacare; again. (ABC News, 2014)

5) The president repeated a swipe at the GOP ticket's promise to repeal his health care law, replacing what Republicans call "Obamacare" [...]. (CBS News, 2012)

The distribution of this differed along ideological lines. The New York Times, which Hopper characterizes as a left-leaning newspaper, used Obamacare with quotes/context significantly more than the New York Post, which she characterizes as a right-leaning tabloid newspaper. This trend leveled out a bit following Obama’s campaign to take back the term, with more New York Times authors not contextualizing or using quotations.

Journalists were not the only group affected by this campaign. In the ACA’s early stages, Democrats would only use *Obamacare* in quotation marks, so as to imply that it’s not an objective term. Following the Obama team’s campaign, a small number of
Democrats, though still fewer than Republicans, began opting to use the term denotatively to refer to the legislation. That is, once Obama gave the okay to use the term neutrally, some Democrats stopped using quotative constructions to refer to the ACA. Despite these changes in distribution, Hopper (2015) notes that it remains unclear if this campaign was successful in reframing the term as having positive connotations for the public.

Polling Data

A 2013 poll from CNBC found differences in public opinion between *Obamacare* and *Affordable Care Act* -- though the terms are referentially synonymous. The poll found that 46% of respondents opposed Obamacare, 29% of respondents said they support Obamacare. Furthermore, 37% opposed the *Affordable Care Act*, 22% said that they support. These results suggest Obamacare is the more divisive of the two terms. Though the overall attitude toward the bill was more negative than positive, this was further exacerbated when framed as *Obamacare*.

The same poll found that 30% of respondents answered "Don't know enough to say/not sure" when asked if they support the *Affordable Care Act*, compared to only 12% when asked about Obamacare. This suggests epistemic differences between the two terms. That is, as a function of Obamacare being the more popular term, more people are unaware that *Affordable Care Act* refers to the same bill and are therefore less clear as to their opinion of it under that name. This shows that naming strategies go further than just attitudes and opinions. For further evidence of this we can look to a 2017 survey, which found 17% of respondents thought *Obamacare* and *Affordable Care Act* referred to two separate policies; 18% more were unsure whether they were the same or different --
meaning more than one-third of respondents weren’t aware that the two terms are co-referential. (Morning Consult 2013)

Understanding public attitudes toward these terms is important as they contribute to the profile and utility of the two terms. Whether political actors are aware of these numbers or not, this is the political landscape onto which they are projecting their language. Though both *Obamacare* and *Affordable Care Act* have the same referent, individuals clearly evaluate the two differently, as seen by the differences in their polling.

**COCA Analysis**

To help better understand the context of these naming strategies, I’ve used the Corpus of Contemporary American English (COCA) to analyze how these terms have been popularly distributed. Doing this allows us to establish frequency trends over time and across genres of discourse.

Figure 1: Distribution of Terms by Genre (COCA)

<table>
<thead>
<tr>
<th>Genre</th>
<th>Obamacare</th>
<th>Affordable Care Act</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spoken</td>
<td>84.0%</td>
<td>16.0%</td>
<td>3717</td>
</tr>
<tr>
<td>Written</td>
<td>60.0%</td>
<td>40.0%</td>
<td>2730</td>
</tr>
<tr>
<td>Magazine</td>
<td>71.7%</td>
<td>28.3%</td>
<td>1136</td>
</tr>
<tr>
<td>Newspaper</td>
<td>53.7%</td>
<td>46.3%</td>
<td>1475</td>
</tr>
<tr>
<td>Academic</td>
<td>26.1%</td>
<td>73.9%</td>
<td>119</td>
</tr>
<tr>
<td>Totals</td>
<td>73.8%</td>
<td>26.2%</td>
<td>6447</td>
</tr>
</tbody>
</table>

Figure 1 illustrates the different distributions of these naming strategies based on genre. We find that in total *Obamacare* is the more frequent term by a significant margin
of roughly 48 percentage points—accounting for 73.8% of all tokens of the two terms in the corpus. There is, however, variation based on the context in which the legislation is referred to. Relative to all uses in total, *Obamacare* was even more frequent in spoken news with 84.0% of all spoken tokens of the two terms. These instances consisted of television programs from Fox, CNN, MSNBC, ABC, NBC, CBS, PBS, NPR and The Independent. Hopper (2015) notes this trend is in part due to news reporters discussing opposition to the bill, and thus often quoting Republican politicians who tend to use *Obamacare*.

Compared to spoken news, written sources used the naming strategies at a more balanced rate- 60% *Obamacare* and 40% *Affordable Care Act*. This is in part explained by 57.6% of all *Obamacare* tokens occurring in spoken news. Within written sources, we see much variation by genre. When the legislation was referenced in an academic source, the percent of distribution flips, 74.0% using *Affordable Care Act* and 26.0% using *Obamacare*. This could best be explained by the value placed on objectivity and formality in academic writing, as using the name closer to the original source may be deemed as more objective.

Newspaper sources provided the most even distribution of terms, with 53.7% using *Obamacare* and 46.3% using *Affordable Care Act*. This might be the case for a few reasons. First, being that written sources are more premeditated than spoken ones, journalists are more accountable for the language they use to describe an event, and as such more often opt to use the name closer to the original source, like in academic sources. However, like spoken news, newspapers often still report what politicians say and thus Republican quotes are also included in this.
The distribution of naming strategies in magazine pieces was similar to that of the total distribution, with 71.7 using *Obamacare* and 28.3 using *Affordable Care Act*. Although like the others a magazine article is a written medium, they tend to be less formal/objective than newspapers and more often reflective of opinions on contentious topics (Biagi 2013). In so far as these opinions are reflective of popular trends and topics, we might not be surprised to find a higher rate of use of *Obamacare* in this medium relative to newspapers and academic works.

<table>
<thead>
<tr>
<th>Year</th>
<th>Obamacare</th>
<th>Affordable Care Act</th>
<th>Tokens per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>93.3%</td>
<td>6.7%</td>
<td>15</td>
</tr>
<tr>
<td>2010</td>
<td>84.2%</td>
<td>15.9%</td>
<td>82</td>
</tr>
<tr>
<td>2011</td>
<td>79.1%</td>
<td>20.9%</td>
<td>215</td>
</tr>
<tr>
<td>2012</td>
<td>67.3%</td>
<td>32.7%</td>
<td>541</td>
</tr>
<tr>
<td>2013</td>
<td>79.7%</td>
<td>20.3%</td>
<td>1578</td>
</tr>
<tr>
<td>2014</td>
<td>71.0%</td>
<td>28.0%</td>
<td>811</td>
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<tr>
<td>2015</td>
<td>62.1%</td>
<td>37.9%</td>
<td>404</td>
</tr>
<tr>
<td>2016</td>
<td>68.4%</td>
<td>31.6%</td>
<td>528</td>
</tr>
<tr>
<td>2017</td>
<td>74.6%</td>
<td>25.4%</td>
<td>2273</td>
</tr>
<tr>
<td>Totals</td>
<td>73.8%</td>
<td>26.2%</td>
<td>6447</td>
</tr>
</tbody>
</table>

In figure 2, we can see the trajectory of use for these naming strategies, including when they were most talked about. Much of these trends in total usage can be attributed to political causes. For instance, in 2013 the government shutdown after a funding-gap caused in part by conservative opposition to the ACA. As such, we’d expect to see more total tokens during this year.
Interestingly, from 2012 onward, more total tokens co-occurred with a stronger preference for *Obamacare*. For reasons similar to those stated above, it’s likely that this is due to Republicans leading the dialogue on the ACA, namely in opposition to the legislation. When Republicans aren’t pushing the discussion forward, like in the 2013 government shutdown or during 2017 post-Trump Republican repeal/replace efforts, the numbers even out more. These numbers help demonstrate how changing political context over time can affect the distribution of naming strategies.

**Collocations**

Continuing my COCA analysis, I also looked at the most frequent collocations for each term. Doing so and knowing the most common environments for an expression to occur in can help characterize the connotations of each term. Figure 3 shows the most common verbs occurring 1 or 2 positions before the expression was used.

![Figure 3: Distribution of Collocates by Token](image-url)
Because it's the more frequent term, *Obamacare* had more collocates in general and as such the frequency counts are less interesting than the comparison of most common collocates. For both terms, the most common preceding verbs were *repeal* and *replace*. This is likely explained by Republicans routinely talking about repealing and replacing the bill, with the two terms often co-occurring. This trend was found in both the COCA results and in Republican intraparty debates.

There is some political verbiage that we would expect to find in the context of legislative discussion which likely have little connotative value. For example we should expect a word like *vote* to appear regardless of attitude toward the legislation, and we see this with *Obamacare*. There are some verbs, however, that either suggest a positive evaluation/support for the bill or a negative evaluation/dissatisfaction with the bill. While tokens like *pass* and *sign* are also common in these contexts, they are still positive in relation to the bill, and as such will be coded positive.

For *Obamacare*, there were eight (8) collocates which negatively refer to the legislation. These were *defund*, *rid*, *fight*, *oppose*, *push* and *overturn*, in addition to the aforementioned *repeal* and *replace*. *Fight* and *push* may seem ambiguous initially, but further corpus investigation suggests these terms were used primarily by opponents of the bill, in talking about *fighting Obamacare* and how Democrats *pushed Obamacare* through. Two (2) frequent collocates were coded as positive: *fix* and *pass*. Though to *fix* something presupposes it is broken, the verb still refers to a positive act not found in a word like *defund*. 
For Affordable Care Act, there were five (5) examples of negative collocates: \textit{repeal, replace, defund, undermine, and gut}. There were also six (6) examples of positive collocates: \textit{pass, sign, defend, uphold, implement and improve}. \textit{Improve} may be the least likely to carry positive evaluativity because \textit{to improve} something is to recognize its flaws. However, like \textit{fix}, \textit{improve} still refers to positive action taken in relation to the bill.

Corpus findings suggest that, in general, Obamacare is found in more negatively indexed VPs than Affordable Care Act. Though Obamacare only has one more commonly negative collocates than Affordable Care Act does, the latter has three (3) positive collocates compared to the former’s one. Moreover negative collocates generally ranked higher for Obamacare than Affordable Care Act. Both naming strategies were found in neutrally indexed VPs three (3) times.

\textbf{Costs & Benefits}

Now, after considering the history and attitudes surrounding each term, we will look at how these factors translate into costs and benefits for different speakers in different contexts. This will help us better understand why distributional differences occur in both debates and platforms.

\textbf{Affordable Care Act}

First and perhaps most obvious is that Affordable Care Act contains the \textit{affordable}. This is a word that would generally be evaluated positive -- most all people would agree that it would be better for healthcare to be \textit{affordable} than not. This, however is only useful if it aligns with the goals of the speaker. For one who supports the bill, using Affordable Care Act may be more helpful in making the case that the ACA has made healthcare more affordable. Contrariwise, if one’s goal is to oppose the bill by
citing things like increased premium costs, it’s unlikely one would want to include 
affordable in naming the bill.

Moreover, Affordable Care Act is closer to the original name of the legislation than Obamacare. Again, this translates into costs and benefits depending on the goals of the speaker. If the individual values using the closest option to the original name, Affordable Care Act is the obvious choice. If the original name was established by an opposing group, however, one may resist the initial framing and posit their own — Obamacare. Affordable Care Act can also be used to imply an objectivity not achieved by Obamacare. We can see this below in (x), Healthcare.gov’s glossary definition of the ACA. The quotation marks around only one of the terms suggests it to be the most casual and least objective.

• Affordable Care Act: The comprehensive health care reform law enacted in March 2010 (sometimes known as ACA, PPACA, or "Obamacare")

The relative length of the term Affordable Care Act is also a cost insofar as it flouts Grice’s Maxim of Manner. Unless speaking to an audience which values prolixity, using this term runs the social risk of appearing too formal or pretentious, and also costs the speaker in the form of effort.

Affordable Care Act is also both morphologically and phonetically clunkier than it’s alternative. The term consists of 6 syllables and 4 morphemes (or 7 and 5 if you include the almost always present definite article), compared to the 3 syllables and 2 morphemes found in Obamacare. This makes the term more marked than it’s alternative, as speakers typically save effort by using the the more concise term for a referent if one is available (Grice’s Maxim of Manner); e.g. fridge for refrigerator, car for automobile, etc.
Therefore to use *Affordable Care Act* is to flout this maxim and instead prioritize the benefits it offers for one’s goals.

To determine the markedness of these variants, we will consider a slightly modified (Acton, accepted) version of Levinson’s markedness definition below (Levinson, 2000: 137):

- Marked forms, in comparison to corresponding unmarked forms, are more morphologically complex and less lexicalized, more prolix or periphrastic, less frequent or usual, and less [consistent with context-specific social norms]

*Obamacare*

One function of this naming strategy is that it relates the legislation to President Obama. Creating this relationship between the ACA and Obama has potential to be costly or beneficial depending on the audience. If the audience already has a negative view of Obama, then to posit a connection between him and the ACA implicitly transfers this attitude over to the legislation. Obama’s framing campaign and subsequent embracing of the term may have made possible an audience with a favorable view of Obama to hear the term and transfer their positive associations to the legislation as well. Still, for this interpretation listeners would have to override the negative discourse history surrounding the term, which likely carries more weight than a positive association with the President.

Considering *Obamacare* is the more frequent and more (phonetically and morphologically) concise than *Affordable Care Act*, we can say this term is less marked in form and general distribution. This means that if one’s goals are in opposition to the ACA, using this term is the obvious choice as it both conserves energy and implies a negative evaluativity.
Because of the *Obamacare*'s established association with anti-Obama sentiment, Democrats using the less marked term run the risk of adopting the rhetoric of the opposition and/or being perceived as anti-Obama. Because of this, Democrats may be incentivized to use *Affordable Care Act* instead to avoid *Obamacare*'s negative connotations, even if the former term is morphologically/phonetically clunkier and less frequent in use.

**Analysis**

As pragmatic and variationist perspectives tell us, when individuals diverge on a variant it usually happens for a reason. In this section I will first present my findings from analyzing the terms' distribution in party platforms and debates (both intra- and interparty), highlighting trends. I will then look at tokens which fall outside general trends, analyzing speakers' potential motivations for going counter to those trends.

**Quantitative**

**Platforms**

In total, Republicans referred to the legislation 3.5 times more [7;2] than Democrats. This could be expected, as Democrats passed the bill and therefore the likely policy stance for them is to defend against Republican-led repeal efforts. Democrats opt to only use *Affordable Care Act*, and never use *Obamacare* once in their party platform. Republicans, on the other hand, refer to the legislation using both names, using *Obamacare* 5 times and *Affordable Care Act* twice.

**Debates**

Figure 3: Total Tokens for All Debates; By Speaker
<table>
<thead>
<tr>
<th>Speaker</th>
<th>Party/Affiliation</th>
<th>Obamacare</th>
<th>Affordable Care Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bush</td>
<td>Republican</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Carson</td>
<td>Republican</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Christie</td>
<td>Republican</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cruz</td>
<td>Republican</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Fiorina</td>
<td>Republican</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Huckabee</td>
<td>Republican</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Kasich</td>
<td>Republican</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Rubio</td>
<td>Republican</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Trump</td>
<td>Republican</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Walker</td>
<td>Republican</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Party/ Affiliation</th>
<th>Rep. Total</th>
<th>ObamaCare</th>
<th>Affordable Care Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinton</td>
<td>103</td>
<td>6</td>
<td>43</td>
</tr>
<tr>
<td>Sanders</td>
<td>6</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>O'Malley</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Party/ Affiliation</th>
<th>Dem. Total</th>
<th>ObamaCare</th>
<th>Affordable Care Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baier</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bartiromo</td>
<td>2</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Bash</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blitzer</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cavuto</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooper</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cordes</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maddow</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitchell</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raddatz</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wallace</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In analyzing the distribution of these terms by speaker, we find a striking contrast between parties. Across all debates, both intraparty and interparty, *Obamacare* was used 109 times by candidates, 94% of tokens (103) coming from Republicans and 6% (6) coming from Hillary Clinton, a Democrat (these exceptions will be discussed below). The distribution of *Affordable Care Act* among candidates was even more uniform with 62 usages, 100% of which came from Democrats. In every instance of a Republican referring to the ACA they used *Obamacare*, while Democrats routinely opted for *Affordable Care Act* instead -- over 90% of the time -- with 6 exceptions from Clinton.

In total, the legislation was mentioned 27 times by moderators. Among moderator use we find a strong preference for *Obamacare*, using the term 93% of the time, and *Affordable Care Act* 7% of the time; just twice. When *Obamacare* was used by moderators, 60% of the time it was used in a Republican intraparty debate, 24% from Democratic intraparty debates, and 20% from the interparty debates. Of the two times moderators used *Affordable Care Act*, each occurred once in each intraparty debate. In the interparty debates however, moderators only used *Obamacare*.

Though in general they do converge on the more popular term, moderators did not converge on the evaluativity of the term. When referencing the law using either token, all but two uses were accompanied by a neutral evaluativity. The two exceptions, shown below, preface a question by stating positive fact about the legislation, a discursive act I coded as positive.
6) “[T]oday there are millions of Americans who gained health insurance from Obamacare and now they rely on it” (Bret Baier, 7th Republican Debate)

7) “Secretary Clinton, the Department of Health and Human Services says more than 17 million Americans who were not insured now have health coverage because of Obamacare” (Martha Raddatz, 3rd Democratic Debate)

Evaluativity of the bill among candidates tended to correspond with general party policy goals. When Republican candidates use *Obamacare*, it was coded as negative 100% of the time. Being the only Democratic candidate to use *Obamacare*, Clinton’s 6 tokens were all coded positive. This shows that even when Democrats adopt the Republican framing, they do not compromise their attitudes about the legislation under discussion.

*Affordable Care Act* saw a more diverse spread of evaluativity among Democratic candidates. Of Clinton’s 43 tokens, 39 were coded positive and 4 as neutral. Martin O’Malley used the term 4 times; 3 positive, 1 neutral. Breaking from general party trends, Sanders says *Affordable Care Act* 15 times; 3 coded positive, 10 neutral, and 2 negative.

General trends suggest that political parties use distinct naming strategies for discussing the ACA, with the exception of Clinton’s 6 *Obamacare* tokens. Democrats regularly evaluate the legislation positively, Republicans negatively and moderators neutrally. There are a few exceptions to this including the Clinton tokens; motivations behind which will be discussed in the following section.

Qualitative Platforms
Party platforms can be characterized as a statement of ideology, where parties give their positions on a multitude of issues. Because they are written documents, platforms are inherently more premeditated and controlled than debates. They are also more controlled because they are one single statement, as opposed to a back-and-forth dialogue with another interlocutor. Moreover, party platforms are written by a committee, in which there are multiple contributors to make sure the language is correct and what they feel reflects the attitudes and goals of the party. Though speakers are prepped for debates, they are still ultimately the one accountable for their utterances. Debates disperse this accountability amongst those on the committee.

Across all debates and the party’s platform, Republicans used Affordable Care Act just twice, both in their party platform. I will analyze motivations for these tokens below.

8) The Department of Health and Human Services has ignored the enacted text of the Affordable Care Act to do whatever it wants in healthcare. (Republican Platform, p. 28)

Republican motivations for using Affordable Care Act here are fairly straightforward. This sentence appears in a subsection titled Regulation: The Quiet Tyranny, in which the authors take issue with multiple different government agencies and departments. Given this context and that the token comes after referring to the HHS, this token is likely a function of formality. Furthermore, the token is part a larger noun phrase “the enacted text of ________”. This framing should further motivate one to use the literal name of the legislation, as the enacted text was not named Obamacare.
9) Any honest agenda for improving healthcare must start with repeal of the dishonestly named Affordable Care Act of 2010: Obamacare. (Republican Platform, p. 36)

I find this token to be particularly interesting because it shows a direct awareness of the naming strategy. It seems the only motivation to use Affordable Care Act in this context is to discredit the authenticity of the name. This is a strategy similar to what Hopper illustrated with news organizations contextualizing “Obamacare” using quotation marks. Following this token, Republicans posit their own naming strategy, similar to journalists saying “‘Obamacare’, also known as the Affordable Care Act”.

Debates

The only 6 Obamacare tokens used by Democrats all came from Hillary Clinton, five times in the intraparty debates and once in the interparty debates. 4 of 6 of these instances came in the form of a very similar construction, which I will address all at once. In these uses, she compared Obamacare to the healthcare reform she attempted to pass in the 90’s, referred to by some as Hillarycare.

10) "Before it was called Obamacare it was called Hillarycare" (Dem debates 6 & 7)
11) "Before there was something called Obamacare there was something called Hillarycare" (Dem debates 9 & 10)

We ought to consider the costs and benefits of Clinton making such a decision. In terms of historical context, it’s important to note that Clinton served as Obama’s Secretary of State until 2013, so their professional relationship is no surprise to the public. Despite this, the major function of using this construction is to facilitate
comparisons of her and Obama, and especially their healthcare proposals. This could be an especially useful strategy for the intraparty debates due to Obama’s approval ratings at the time being so high among Democrats - hovering around 85% over the course of these debates (Gallup).

It is worth noting that all of these tokens come from intraparty debates, in which the audience is more likely to support both President Obama and the ACA. Because of this, it’s no surprise that she didn’t use this construction in an interparty debate, as the Republican candidate could easily extend the negative evaularitivy packaged with Obamacare to Hillarycare. Still, using Obamacare at all runs the risk of transferring this negative evaluativity to her own plan for swing voters who are not solidly in support of the bill and have negative associations with the term Obamacare.

12) The Republicans just voted last week to repeal The Affordable Care Act and thank goodness President Obama vetoed it and saved Obamacare for the American people. (Dem debate 4)

Here we have a few things going on. First, we find both Affordable Care Act and Obamacare being used in the same sentence. One reason Obamacare could occur here is because Affordable Care Act was used previously in sentence, thus one runs the risk of sounding redundant using the term again. Moreover, the pronoun it precedes the second mention of the legislation, referring to Republican’s measure to repeal Obamacare.

At the moment of utterance here, Clinton has a few pragmatic options with varying costs and benefits. First, she could risk being redundant and use Affordable Care Act again, though because of the term’s formal clunkiness this is unlikely. She could also use the pronoun it to conserve the most energy, though doing this would make the
sentence more difficult to parse for listeners as there would be two pronoun *its* with separate referents. The last option, and the one Clinton chose, is to use *Obamacare* in an effort to conserve resources, both in terms of her own production and the processing of listeners.

In this case we have also find a naming strategy in the same sentence as a term that distances Republicans: *the Republicans* (Acton, 2014). We also find a PP for *the American people*, which seems to only have social significance in this utterance, likely in an effort to cast the legislation is a good light. These findings are in line with pragmatic theory suggesting markers of social belief are likely to cluster.

The final token of *Obamacare* from Clinton came from the second presidential debate:

13) Obviously, Medicare, which is a single-payer system, which takes care of our elderly and does a great job doing it, by the way, and then all of the people who were employed, but people who were working but didn't have the money to afford insurance and didn't have anybody, an employer or anybody else, to help them.

That was the slot that *the Obamacare approach* was to take. (Presidential Debate 2)

This is Clinton's most careful *Obamacare* token. It is also her only usage of the naming strategy in an interparty presidential debate, a factor that likely contributes to her carefulness. The use of the term in this case differs from other instances, with *Obamacare* functioning as an adjectival modifier for a particular approach to healthcare reform. In doing this Clinton is able to abstract from the specific details of the ACA, and instead refer to it as a *type* of approach.
One function of this strategy could be to signal to voters that she recognizes that the legislation may not be perfect, but that she still supports the general idea. This could be due to her addressing a more ideologically diverse group and being forced to use the term more hesitantly than in the intraparty debates, where the majority of the crowd is likely to support the legislation. Considering the polling numbers on the ACA, she may be adjusting her language to appeal to a crowd who has mixed feelings about the bill.

Clinton could be adopting the rhetoric of the opposition in an attempt to appeal to undecided voters who, given general frequencies, are more likely to use *Obamacare*. We've said previously that this can come with costs, particularly in intraparty debates where *Affordable Care Act* was the heavily favored term among Democrats. However in an interparty debate where the crowd's attitudes are more mixed, it may be beneficial to use the term that's less marked in general distribution.

*Evaluativity*

Sanders is the only Democratic candidate to use *Affordable Care Act* with negative evaluativity, and from a policy standpoint, this makes sense. Sanders supports a single-payer system which would effectively override the ACA, thus his position is that there are flaws with the current system, which he has explicitly stated.

14) *We will not under this proposal have a situation that we have right now with the Affordable Care Act, where you have states like South Carolina and many other Republican states that, because of their right wing political ideology, are denying millions of people the expansion of Medicaid.* (2nd Democratic debate)

Being the only candidate to use *Affordable Care Act* negatively comes with both costs and benefits. It is costly because it makes Sanders an easy target for other
Democrats. This is evident in that 7 of 10 neutral tokens used were Sanders mentioning that he was on the committee that wrote the Affordable Care Act. We can see this in a token from the 7th Democratic intraparty debate:

15) Secretary Clinton has been going around the country saying Bernie Sanders wants to dismantle the Affordable Care Act

However, similar to Clinton using Obamacare, Sanders violating party trends functions to make him stand out from other Democrats. This is useful if trying to appeal to an audience who typically vote for Democrats but also are dissatisfied with the ACA thus value this opinion over maintaining party loyalty.

**Discussion**

Overall, Obamacare was the most common naming strategy used to refer to the Patient Protection and Affordable Care Act, likely due to its brief and memorable nature. Obamacare does, however, appear to carry more negative connotations than Affordable Care Act. Considering this and the policy goals of each party, it shouldn’t be a huge surprise that Democrats almost uniformly resist the framing of Obamacare and instead opt to use Affordable Care Act.

As far as exceptions to general trends, two uses of Affordable Care Act were found used by Republicans. One case included the quotative framing “the dishonestly named Affordable Care Act” which, like other quotative framings, brings into question the objectivity of the name. The other exception, “the enacted text of the Affordable Care Act”, occurs in a formal environment in which Obamacare would stand out as particularly rhetorical. Moreover, both of these were found in party platforms, which
we’ve previously established as being more formal and controlled than debate speech, in which there were no tokens for Affordable Care Act. This is consistent with the findings in COCA, where the frequency of Affordable Care Act relative to Obamacare was far higher in written genres than in spoken genres.

Hillary Clinton was the only Democrat to break from party trends with 6 uses of Obamacare, 4 of which were found in nearly identical constructions. The framing of “before it was called Obamacare it was called Hillarycare” seems to have a specific function in intraparty debate -- to transfer the positive attitudes Democrats have about Obama and his healthcare legislation to herself and her own policy goals. The only other Obamacare token from Clinton in an intraparty debate occurs in a sentence in which she has already used Affordable Care Act, and in which using a pronoun would be difficult for listeners to parse as it could refer to two referents. The only time Clinton uses Obamacare in a debate with Trump was as a modifier, and was an abstraction away from embracing the bill (“the Obamacare approach”). This could in part be motivated by her need to appeal to undecided voters more likely to use the less marked Obamacare.

The evaluativity of each term varied based on who was using it. Republican usage of Obamacare was always accompanied by a negative evaluativity. Clinton was the only Democrat to use Obamacare, and all 6 of her uses were accompanied by a positive evaluativity, possibly motivated by her need to both stand out from other Democrats as well as align herself with President Obama. Sanders was the only Democrat to not regularly evaluate Affordable Care Act positively and also the only Democrat to index the term negatively, doing so twice. These actions are likely motivated by policy goals which are distinct from Clinton’s, as well a political need to distinguish himself from other
candidates. For moderators, *Obamacare* was almost always coded as neutral with a couple exceptions, one in each intraparty debate. This is likely due to the public expectation of moderators to remain neutral.

**Concluding Remarks**

**Further Research**

Moving forward, I plan to expand upon this research in a number of ways. Given the diversity of political domains (immigration, foreign policy, crime, trade, etc.), there are still many naming strategies left to be analyzed. The previously mentioned *immigrant/alien* distinction is just one, I suspect we will find language of this sort throughout most domains of political discourse. Knowing that *Obamacare* and *Affordable Care Act* pattern so starkly along party lines, it raises the question of how often naming strategies are distributed this dually.

Moreover, to enhance the analysis and profile of terms I plan to expand the *genres* of discourse to include events like speeches, rallies, interviews, social media activity, etc. Because these genres all have different contextual considerations, we might find relevant differences that could help better inform the analysis of terms -- in the way differences in spoken v. written genres as a whole demonstrate an element of formality as a part of *Affordable Care Act*’s profile.

I would also like to look at third party usage of naming strategies in the future. Doing so, along with looking at more political domains and genres, will better show how party language patterns are constituted relative to one another.
In terms of research methods, one adjustment that could prove useful would be to use independent coders for evaluativity judgements, then testing interrater reliability. Alternatively, this could potentially be achieved by using an AI system as well. Either way having tightly defined metrics for measuring evaluativity could enhance the quality of those findings.

A central goal moving forward will be to create a formal model able to predict which naming strategy a speaker $x$ will use in any number of contexts. Doing this involves identifying all potentially motivating variables, many of which I’ve laid out in this work. We know that party affiliation and genre of discourse both significantly influence the distribution of these terms, so those may be high level predictors. However, the relative weight of other variables remains unknown and would require further analysis.

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Zooming out, the prevalence of framing and naming strategies may offer us deeper insights on the nature of political discourse at current. In discussing politics with a fellow classmate I was told that, in their view, “People are just getting more and more entrenched in their own beliefs”. This notion that America is polarized seems to be common sentiment at the moment. A 2016 Gallup poll shows that over the past 25 years, when polled interannually, Americans have regularly seen the country as more ‘divided’ than ‘united’ on ‘the most important values’, with the only exception being from 2001-2003, following the 9/11 attacks. From 2013 to 2016 these numbers further polarized, with those answering ‘divided’ increasing from 69% to 77%, and ‘united’ from 29% to 21%. So while this may not be a new trend, it is true that Americans perceive political values to
be more polarized than in past years. One goal of researching the relationship between language and ideological trends is to break down these popular sentiments and to quantify what a concept like “political division” might look like linguistically.

More generally, the study of pragmatics and linguistic variation can be used as a means to identify and analyze broader social dynamics, which is useful information even outside the scope of sociopragmatics. Naming strategies specifically can help us aid in understanding social variables like group relations, attitudes, and goals. To have a better understanding of these matters is beneficial for both linguistics and society as a whole.


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