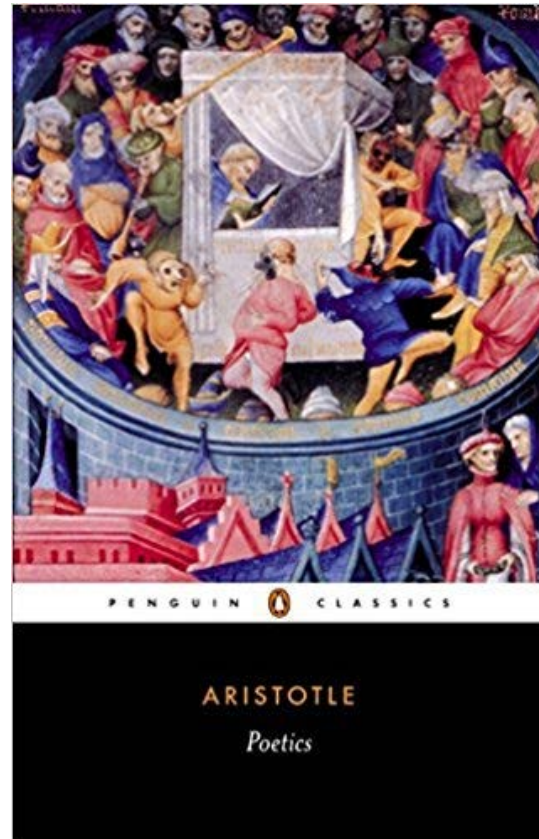


Telling the tale: The role of narrative persuasion in helping people respond to crises

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This research was supported by the First-Year Innovation and Research Experience (FIRE) program at the University of Maryland.

Humans are
natural story
tellers



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The Narrative Paradigm: In the Beginning

Walter R. Fisher

First published: December 1985 [Full publication history](#)

DOI: [10.1111/j.1460-2466.1985.tb02974.x](https://doi.org/10.1111/j.1460-2466.1985.tb02974.x) [View/save citation](#)

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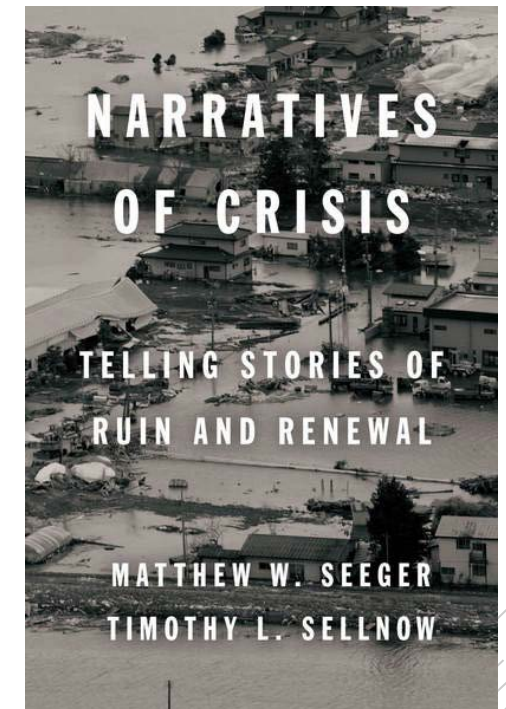
ISSN: 0091-3367 (Print) 1557-7805 (Online) Journal homepage: <http://www.tandfonline.com/loi/tjao20>



Impact of Narratives on Persuasion in Health Communication: A Meta-Analysis

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To cite this article: Fuyuan Shen, Vivian C. Sheer & Ruobing Li (2015) Impact of Narratives on Persuasion in Health Communication: A Meta-Analysis, Journal of Advertising, 44:2, 105-113, DOI: [10.1080/00913367.2015.1018467](https://doi.org/10.1080/00913367.2015.1018467)



Impacts of narratives

- **Positive impacts:**

- **Detection and prevention behaviors** (e.g., Nan, Futerfas, & Ma, 2017; Shen, Sheer, & Li, 2015)
- **Higher risk and efficacy perceptions** (e.g., Prati, Pietrtoni, & Zani, 2012)
- **Reinforce or weaken attitudes** (e.g., de Graaf, Hoeken, Sanders, & Beentjes, 2012)

- **Mixed findings:**

- First vs. third person structure
- Modality
- Personality
- Health consequence type
- Behavioral intention type
- Level of transportation

How narratives function in crises

- **Blame narratives** identify crisis responsibility (e.g., Boudes & Laroche, 2009; Seeger & Sellnow, 2016; Venette, Sellnow, & Lang, 2003; Yang, Kang, & Johnson, 2010)
- **Renewal narratives** focus on learning, restoration, and renewal (Seeger & Sellnow, 2016)
- **Victim narratives** personify the harm caused by crises (Seeger & Sellnow, 2016)
- **Hero narratives** focus on protagonists who achieve crisis victories (Seeger & Sellnow, 2016)
- **Memorial narratives** celebrate human resilience (Seeger & Sellnow, 2016)

Our RQs

How does narrative type affect publics'...

- **RQ1:** emotions
- **RQ2:** information credibility
- **RQ3:** government responsibility attribution
- **RQ4:** protective action-taking
- **RQ5:** self-efficacy
- **RQ6:** crisis information seeking and sharing

Method

- Online, nationally representative panel survey of **1,050 participants**
- **Procedure:** introduction, one of 5 narrative types or a control condition, call to action
- **Manipulations checks:** information credibility and narrative transportation
- **Dependent Measures:**
 - responsibility attribution (of government), information seeking/sharing, likelihood of taking recommended actions, efficacy, and emotions
- **Measures for future analyses:**
 - literacy, trust in government, and prior IDT history



Sample Stimuli

Introduction

(All participants)

Imagine the United States is experiencing an infectious disease outbreak, which has been widespread. Your local community has not been directly affected by the disease, but your community has been at risk, and the disease has been somewhat unpredictable and hard to control. The infectious disease has had severe effects, and the mortality rate is rising for those infected. Imagine you have encountered the following news story written by a local journalist about the outbreak situation in a community near yours.

Control

(These participants did not receive any extra text)

Call to Action

(For all participants)

In response to what you have heard about this infectious disease scenario, you are also given the following information:

“The public is asked to be prepared and get educated on this infectious disease. Vaccines are available and recommended for all over the age of 6 months. Children and older adults may be especially vulnerable to this disease. Contact your local healthcare provider or pharmacy to receive the vaccine. As this disease is highly contagious, practice good hygiene behaviors, such as hand-washing and avoiding the spread of germs. Avoid contact with others who are sick. If you or a loved one is experiencing symptoms, such as fever, chills, or rash, contact your local healthcare provider.”

Results

Effects of narratives vs. control group

- **RQ1:** emotions (n.s.)
- **RQ2: information credibility**
 - $F = 3.24, p < .01$
- **RQ3: government responsibility attribution**
 - $F = 13.49, p < .001$
- **RQ4:** protective action-taking (n.s.)
- **RQ5:** self-efficacy (n.s.)
- **RQ6:** crisis information seeking and sharing (n.s.)

Results

Information credibility

- Participants exposed to blame narrative ($M = 4.65$, $SD = 1.32$) perceived the IDT information as less credible than those in the control group with no narrative ($M = 5.18$, $SD = 1.38$) ($p < .01$)
- **Blame narrative leads to less information credibility** than no-narrative approach

Results

Government responsibility attribution

- Participants exposed to blame narrative ($M = 4.14, SD = 1.27$) attributed more IDT responsibility to the government than those exposed to any of the following ($p < .001$):
 - Renewal narrative ($M = 5.11, SD = 1.30$)
 - Victim narrative ($M = 4.92, SD = 1.45$)
 - Hero narrative ($M = 5.14, SD = 1.27$)
 - Memorial narrative ($M = 5.01, SD = 1.26$)
 - Control (no narrative) ($M = 5.05, SD = 1.38$)
- **Blame narrative triggers the most government responsibility attribution**

Results

Effects of narrative types:

- **RQ1: emotions: *sadness***
 - $F = 2.90, p < .05$
- **RQ2: *information credibility***
 - $F = 2.94, p < .05$
- **RQ3: *government responsibility attribution***
 - $F = 16.50, p < .001$
- **RQ4: protective action-taking (n.s.)**
- **RQ5: self-efficacy (n.s.)**
- **RQ6: crisis information seeking and sharing (n.s.)**

Results

Sadness

- Participants exposed to victim narrative ($M = 5.20, SD = 1.55$) felt more sadness than those exposed to heroic narrative ($M = 4.65, SD = 1.65$) ($p < .05$)
- **Victim narrative induces more sadness** than heroic narrative

Results

Information credibility

- Participants exposed to renewal narrative ($M = 5.10, SD = 1.33$) perceived the IDT information as more credible than those exposed to blame narrative ($M = 4.65, SD = 1.32$) ($p < .05$)
- **Renewal narrative leads to more information credibility** than blame narrative

Results

Government responsibility attribution

- Participants exposed to blame narrative ($M = 4.14$, $SD = 1.27$) attributed more responsibility to the government than those exposed to other narrative types ($p < .001$):
 - Renewal narrative ($M = 5.11$, $SD = 1.30$)
 - Victim narrative ($M = 4.92$, $SD = 1.45$)
 - Hero narrative ($M = 5.14$, $SD = 1.27$)
 - Memorial narrative ($M = 5.01$, $SD = 1.26$)
- **Blame narrative triggers the most government responsibility attribution**

Discussion & Conclusion

- **Blame narratives were significantly greater in attributions of government responsibility** (than other narratives/control); **led to less information credibility** (than no narrative)
 - Trust in government at historic lows
 - Government may be an easier target in a time of increasing distrust
 - Renewal narratives led to greater credibility
- **Victim narratives led to more felt sadness than heroic narratives**
 - No impact on information seeking/sharing or action taking
- **No significant effects of narratives on:**
 - Efficacy
 - Protective action-taking intentions
 - Information seeking/sharing intentions

Discussion

- **Narrative effects more prominent at affective & cognitive levels; no detected effect on behavioral intentions**
 - Difficult to enact behavior change during public health crises
 - May need to receive multiple narrative messages to take action (including from friends & family)
 - May need to “see” and “hear” crisis to take action (e.g., other narrative modalities; other crisis types)
 - May need more cues to action (e.g., others in social networks becoming ill)

Discussion

- **Narrative effects on behavior may be mediated by other factors**
 - Efficacy
 - Literacy
 - Trust in government
 - Prior IDT history

Conclusion

- Beginning stages of understanding how crisis narratives impact publics' emotions, thoughts, and potentially behaviors
- We need more research on how to most effectively “tell the tale” of crises

