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Immunization Communication in *Mister Rogers' Neighborhood*: Inoculation Theory, Health Messaging, and Children's Entertainment Television

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Entertainment education research has shown that television programs can communicate important health information to viewers, for better (e.g., Murrar & Brauer, 2017) or for worse (e.g., Serrone et al., 2018; Thomas et al., 2018)—and can even influence viewers who are in the health profession (e.g., Hoffman et al., 2018). Much of this research focuses on media effects (e.g., behavioral intention of viewers, post-viewing; attitudinal change, post-viewing). Less is known about the rhetorical strategies employed in such health entertainment messaging. This essay offers a rhetorical analysis of immunization messaging on the children's television program, *Mister Rogers' Neighborhood*. We use inoculation theory as the basis for our rhetorical analysis, which is an established means for guiding health communication messaging (Compton et al., 2016). We argue that, aptly, Fred Rogers' rhetorical framing mirrored that of the inoculation theory of resistance to influence, presenting "weak" challenges to his young viewers to help them to build resistance to stronger challenges encountered later.

Fred Rogers and *Mister Rogers' Neighborhood*

Mister Rogers' Neighborhood, a children's educational television program, ran for over 40 years. The show was predictable, with the same basic format guiding each episode. It was predictably slow, too, with easy music, slow pacing, and the gentle demeanor of Rogers. Sharapan (1977) describes the program this way:

The format of "Mister Rogers' Neighborhood" is a "visit," with dialogue from Fred Rogers, a caring and trusted adult, coupled with meaningful real-life oriented songs and a puppet drama which can be considered as a child development soap opera. A background music composition, television production, the Presbyterian ministry, and child development is combined to

create "Mister Rogers' Neighborhood" with the goal of helping children to grow in a healthy way. (pp. 131-132)

Core features of the Rogers' philosophy included the importance of feelings—"that emotions are natural and not to be denied" (Sharapan, 1977, p. 132)—and relationships—that "[viewers] may be comforted and reassured from knowing that others have experienced what they are experiencing" (Sharapan, 1977, p. 132). Spitz (2003) characterized his approach as one of "the utmost simplicity and yet the profoundest wisdom" (p. B16).

Rogers celebrated communication. He noted in the inaugural issue of *The Journal of Family Communication*: "By the communication we offer our children, as they experience anything, we can affect how they see the world, themselves, and others" (Rogers, 2001, p. 71). Sharapan (1977) explained that Rogers' "communication through television is one of real affect rather than acted script" (p. 133), and Klarén (2017) observed how Rogers "ground his television program in a dialogical communication ethos" (p. 61). Rogers, then, had multiple roles—as a communication practitioner, but also a communication theorist and rhetorical critic.

There has been a resurgence of interest in Fred Rogers and *Mister Rogers' Neighborhood* with the record-breaking success of 2018's documentary film, *Won't You Be My Neighbor?* (Neville et al., 2018). The documentary traces the development and impact of *Mister Rogers' Neighborhood*, including how Rogers addressed important, serious issues. Indeed, scholars, too, have touted Fred Rogers' approach to confronting difficult topics with young children (e.g., Poole, 2018). Scholars have also found a number of pro-social effects from watching *Mister Rogers' Neighborhood*. Coates et al. (1976), for example, found that watching *Mister Rogers' Neighborhood* led to a number of positive behaviors, including more verbal praise and affection.

This children's show, then, is more than simple television: It is a thoughtful, theoretically-informed example of both media and family communication, with careful attention to its child viewers and their families. *Mister Rogers' Neighborhood* approaches complicated and important topics, including such serious topics as death (Sharapan, 1977). Another common area of focus is health in general, and—the focus of this current study—immunizations in particular. But before exploring how Rogers addresses immunization, we first provide a contextual review of para-social interactionism in children's entertainment, followed by a theoretical primer on inoculation theory.

Para-Social Interactions in Children's Entertainment

Horton and Wohl (1956) were the first to conceptualize the term "para-social relationship" (PSR) as a seemingly real interpersonal relationship a viewer develops with an entertainment personality. A television entertainer or "personae" can be "counted on, planned for and integrated into the routines of daily life" (Horton & Wohl, 1956, p. 216). The transactional process by which a viewer engages with personae is known as a para-social interaction (PSI). PSR/PSIs have been found to evolve from our needs for companionship (Rosengren & Windal, 1972), tools for identification (Feilitzen & Linn, 1975), or our innate human instinct to connect (Rubin & Perse, 1987). These relationships often lack the behavioral components of dyadic relationships but share the emotional involvement. PSR/PSIs are symbolic; the encounters take place "solely through the consumption of media" (Giles, 2009b, pg. 9). PSR/PSIs in adolescent populations have been found to be intense (Cohen, 2003; Klimmt et al., 2006) such that adolescents report greater attention to and preoccupation with media figures and celebrities, relative to other age groups (Giles & Maltby, 2004; Gleason et al., 2017; Maltby et al., 2005). In these media experiences, audiences come to feel as though they know the characters as well as "friends or neighbors" (Hoffner, 1996, p. 340). Such relationships are important. They may play a role in helping adolescents address tasks such as "identity formation and the development of autonomy from parents" (Gleason et al., 2017, p. 1). Scholars contend that PSR/PSI engagement within educational entertainment programs may "initiate a process of behavioral change in certain audience members by influencing their thinking," (Papa et al., 2000, p. 2). Those with a high PSR/PSI may increase their willingness "to accept information from a media personality" (Hoffner, 1996, p. 41).

Giles (2009a) provides classifications of entertainment personae to help differentiate between types of personae involved in PSR/PSI. First-order personae include individuals who directly address the audience as themselves, such as talk show hosts and news reporters. Second-order personae involve media figures who are not portraying their real "self" but are instead entertainers or actors portraying a role, such as television and film characters. Third-order personae are characters in which it would be impossible to carry on a real-life relationship, such as an animated or anthropomorphized figure (e.g., Mickey Mouse or Scooby Doo).

Inoculation Theory of Resistance to Influence

Inoculation theory is not, in its origination or through most of its scholarship, a rhetorical model of analysis. Instead, it was developed

in the early 1960s as a social psychological theory to explain—and to empirically test—how some messages (inoculation treatment messages) can build resistance to future persuasive challenges (attack messages) in much the same way a body can build resistance to future viral challenges: pre-exposure to weakened versions of future challenges (Compton, 2013; McGuire, 1964). In a conventional inoculation message, a two-sided message is presented to those who already have the desirable attitude (or belief, etc.) in place—a message that raises and refutes counterattitudinal arguments, or arguments that oppose the existing, desirable attitude (Compton, 2013). This process motivates a process, or processes, of resistance—a strengthening of the existing, desirable position through the trials of having that existing position mildly attacked. Through much of its 50+ year history, inoculation theory has been tested in empirical studies, across a range of controversial, contested issues, and across a range of contexts (see Compton, 2013, for a narrative review; see Banas & Rains, 2010, for a meta-analysis). Much of the work has empirically tested inoculation in the contexts of politics (see Compton & Ivanov, 2013), health (see Compton et al., 2016), and commerce (see Ivanov & Parker, 2011).

Although most of the research in inoculation theory has been experimental, in the lab or in the field, some work has used inoculation theory as a guide for rhetorical analysis. Compton and colleagues have used this approach in analyses of such artifacts as an 18th-century religious pamphlet (Compton & Kaylor, 2013) and a doctor's address to medical students (Compton, 2018). In the health domain, Veil and Kent (2008) previously argued that rhetorical appeals in Tylenol's Responsible Dosing campaign, messages functioned as inoculation strategy for issue management against impending litigation.

This current analysis turns to using inoculation theory to guide a rhetorical analysis of inoculation messaging on an episode of *Mister Rogers' Neighborhood*. Building from inoculation theory and referencing Giles' classification system of para-social media relationships, we provide a rhetorical analysis of inoculation techniques utilized by first order personae in children's educational entertainment programming. In doing so, we examine the potential inoculative influence of familiar strangers in children's entertainment media.

Episode 1709: "Brave & Strong"

Episode 1709, "Brave & Strong" (Rogers & Walsh, 1996), was first broadcast on August 29, 1996. Viewers might have discerned, within just a few seconds, that this episode would be different. (Indeed, deviations of any kind from the typical *Mister Rogers' Neighborhood* format were

noticeable, as not much changed during the show's run, Poole, 2018.) Meyrowitz (1982) posits that para-proxemics, camera positioning, and shot sequencing can influence the degree of intimacy between the character and the viewer. Televised media content offers the "illusion of intimate contact which is magnified by the fact that the television viewer can stare at the communicator's face at length, something that would be considered rude in a dyadic context, hence discouraged" (Hellwig et al., 1992, p. 73).

To start this episode, instead of putting on his cardigan, then greeting his "television neighbors," Rogers paused to talk with viewers, beginning with an explanation for why he was not putting on his cardigan, as usual. After asking his viewers if they wondered why he did not put on his cardigan, as he usually does at the start of each show, Rogers explained that he wanted to talk about his upcoming immunization at the health clinic. Auer (1992) previously found when entertainment personalities "break the fourth wall" and engage in direct address with the audience, increased levels of para-social interactions are reported. By breaking the fourth wall, personae have removed the feeling that someone is looking into their world; they are instead perceived as speaking to audience members directly. Rogers rolls up his shirt sleeve to expose his upper arm, pointing to his arm and noting that this will be the location of his immunization. He also tells his viewers that the medicine he will receive is to help him remain in good health, which reflects the prophylactic nature of conventional immunizations. He then questions his viewers again, asking if they had also experienced immunizations in the past. Next, as he finally puts on his cardigan, he invites viewers to come with him to see him get his immunization, and he notes that he "like[s] to show you things like that" (Rogers & Walsh, 1996).

In some ways, this introductory framing—as gentle and easygoing as it was in tone and in content—might be functioning as a form of threat. It is important to clarify that, in inoculation theory, threat has a specific conceptualization (Compton & Ivanov, 2012). Threat, in inoculation, is a motivational force (Banas & Richards, 2017), recognition of the vulnerability of an existing position (McGuire, 1964). It is not an actual threat, or even a message property, but instead an effect—a reaction (Compton, 2013). It is likely that the mere mention of an immunization was enough to raise this vulnerability to an existing, desired state—the calmness of a child viewer watching *Mister Rogers' Neighborhood* interrupted by talk of shots. With this episode, within seconds of its opening, the topic turns directly and clearly to immunizations. It is important to clarify, though, that the threatening component in this scene was not Rogers but, instead, the inherent threat that arises by introducing the topic of immunization. Such concern could

be based on (a) the uncertainty and dread among those unfamiliar with the immunization process, (b) the anticipated physical pain resulting from a shot, (c) recollections of those with prior negative experiences, and (d) those familiar with others' prior negative experiences.

In the next scene, we see Rogers enter the City Center Health Clinic and greet the receptionist. He signs in, then asks permission to visit the children's waiting area in the doctor's office. For viewers, the production style and editing techniques matter. Meyrowitz (1982) argues that para-proxemics are used to influence the perceptions of and responses to entertainment personae and as a result this impacts the intensity of perceived interaction. While interpersonal respondents are not able to see the subjective thoughts in the others' minds, through visual enactments para-social interactions often provide insight into the personae's memories, thoughts and feelings, which transcend both the time and space of the interaction. Para-proxemics are used to create the viewing context for audience members. We next see several scenes of children playing, interacting with their parents and with one another. Rogers then goes to the regular waiting area and picks up a magazine, noting that there are lots of options when waiting—including reading, thinking, and looking around. Then we see scenes of adults and children in conversation, and adults reading quietly, and then Rogers is greeted by a nurse, Joyce Sadik, who leads Rogers to the examination room and shows him the new motorized chair that reclines, lifts, and lowers its occupants. At this point, Rogers introduces Sadik to the television viewers.

This part of the clinic visit narrative is not specific to immunizations. Instead, the aim seems to be to put the child viewers at ease. Perhaps this was a strategic way of alleviating some of the unavoidable threat after raising the issue of shots at the start of the episode.

Now in the examination room, Sadik takes Rogers' temperature and his pulse, then asks Rogers to prepare for his immunization by taking off his cardigan and rolling up his sleeve. Next, Dr. Forbes enters the room and greets Rogers, and Rogers introduces her to his viewers. Forbes clarifies that Rogers is there for an influenza immunization, and she inquires as to whether he has had problems with the injection before. Rogers notes that he has not had previous problems. They engage in some small talk, and then Forbes takes Rogers' blood pressure, forewarning him of the pressure the blood pressure device will cause, and Rogers affirms that there is a pressured feeling, while smiling at the camera. Rogers asks what taking blood pressure measures, and Forbes explains that it reflects the health of his heart. Forbes then checks Rogers' ears, nose, and throat, making positive affirmations as she does. Forbes is careful

to tell Rogers what she is about to do before she does it. Rogers then asks if the doctor can see what he is thinking—to observe his thoughts—when they look in his ears, nose, and throat, and Forbes assures him that doctors cannot see his thoughts, further clarifying that the only way a patient can communicate thoughts to a doctor is by saying them.

These basic patterns are repeated throughout the episode—a forewarning of what is to come, and refutation—or at least, a diminishment—of possible concerns. We also hear the Rogers-esque dialogic pattern, of questions and answers, or of potential counterarguments and of potential refutations. This format reflects an observation made by Spitz (2003) about Rogers' approaches in his show: "He knew that when children know what is coming, they can begin to mull it over beforehand and thereby feel stronger and less vulnerable" (p. B16). Consider, for example, the rather humorous concern Rogers expresses—that in looking in his ears, nose, and throat, the doctor is able to, in a sense, read Rogers' mind. The refutation—a simple "no" message from Forbes—has the added benefit of reinforcing sound health advice—the importance of telling one's concerns so that health professionals can better understand their patients.

Next—continuing this pattern of dialogue—Forbes asks Rogers if he has any questions about his impending immunization, and Rogers asks why the medicine needed to be injected with a needle, while other medicines can be taken orally. Forbes gives a simple explanation—that this immunization cannot be taken orally. Forbes also forewarns Rogers about some "little" pain that he can expect from the shot, but also quickly reassures Rogers that the pain does not last very long, and that different children react differently to the pain. Rogers responds that the pain from an injection, to him, is accurately described as a pinch. Forbes agrees, and then reiterates, in the form of a question, that the pain does not last very long, to which Rogers agrees.

This moment in the health clinic narrative most clearly follows an inoculation messaging pattern: counterarguments and refutations, or, to use terminology more apt for considering the gentle nature of Rogers' rhetoric, concerns and reassurances. The question of why a shot is needed is answered with a simple response. The idea that the shot will be a little painful could also be seen through an inoculation perspective: The shot will hurt (counterargument/concern), and the pain will be short-lived, more like a pinch (refutation/reassurance).

Before Forbes leaves the examination room, she lets Rogers know that Sadik is returning to give him his injection. Rogers and Forbes say their goodbyes, and Forbes leaves the examination room. Rogers rolls up his sleeve, and then he says complimentary things about Forbes and Sadik. Next, Sadik knocks on the door, and Rogers greets her. Sadik

washes her hands, and Rogers notes this process, and Sadik emphasizes that cleanliness is very important in the clinic. The camera shows Sadik preparing the vaccination, including drawing the immunization out into the syringe, and Rogers noting that she knows the precise amount of the medicine he will need. Sadik cleans off his arm with alcohol, and just before she does, she tells Rogers what she will do and forewarns him that it will feel cold. Just before injecting the shot, Sadik warns Rogers of the pinch feeling once again. Rogers receives his injection. Sadik noted that Rogers seemed genuinely relieved when he told her that he did not feel much pain from the shot (Sadik, personal communication, November 18, 2018). These interactions parallel in key ways Rogers' interactions with Forbes. Dialogue continues, with questions and answers (or counterarguments and refutations, or concerns and reassurances).

Sadik applies a cotton ball to the injection site, noting that sometimes, there is a little bleeding. She also tells Rogers that she is disposing of the needle safely, and Rogers clarifies, in the form of a question, that a new needle is used for every patient. Dialogue continues to teach.

Rogers and Sadik exchange goodbyes, and Rogers is again complimentary of Sadik. He notes how painless the experience was for him this time, but also acknowledges that sometimes the pain is a little more pronounced. Rogers rolls down his sleeve and puts his cardigan back on. We then see Rogers leaving the clinic, saying goodbye and thank you to Sadik.

We transition back to Rogers' television house, and Rogers talks about going to the doctor to get shots when he was a little boy. He gets a doll and toy medical kit out of a cupboard and tells viewers that, before he would visit the doctor when he was a child, he would pretend-play with his doll, Phil. He goes through the action of examining the doll with a stethoscope and otoscope. He also gives a pretend shot to Phil, in the same arm that Rogers had received his actual immunization. He explained that by engaging in make-believe, he was better able to preemptively work through his feelings about things that made him anxious, like visiting the doctor. He notes that this made him braver. Here, Rogers is modeling a unique form of inoculation—a preparation for challenges by preemptively playing through the challenges.

Afterwards, Mr. Rogers then puts the doll and medical kit away, before introducing the next scene, which takes place in the Land of Make Believe. In this puppetry play, we see a story of cereal falling from the sky, like snow, and getting deeper and deeper around Daniel Tiger's house in the clock. We learn that the only person who can take care of the problem is Daniel Tiger. The theme of this story is bravery. Research indicate that "individuals plan, and rehearse interaction with

others, and this imaginative activity may be an influential factor in the outcome of real social interaction" (Giles, 2009a, p. 287; see Caughey, 1984, and Honeycutt, 1993). This story seems to function as an allegory of sorts to the bravery Rogers reports in getting his immunization as a child—bolstered by the pre-pretend-play.

There are a number of more literal connections, too. At one point, Neighbor Aber brings an inflatable boat for Daniel Tiger, calling it "an injection protection inflatable boat" (Rogers & Walsh, 1996). Neighbor Aber inflates the boat around Daniel, reminiscent of Forbes using the inflatable device to take Rogers' blood pressure at the clinic. Indeed, Daniel Tiger, in the Land of Make Believe, and Rogers, in the actual clinic, both reference the tightening pressure. This mirroring was a common feature of Rogers' programs. As Spitz (2003) has observed, "[T]he program, mirroring children's actual lives, seamlessly flows among various worlds, making analogies, exploring connections, teaching, and inspiring" (p. B16). After returning from the Land of Make Believe, Rogers talks more about bravery, feeds his fish, and sings the same song about bravery that the characters sang in the Land of Make Believe. After he sings, he rolls up his sleeve to check the injection site, noting that there is no sign of the injection, and talks about how wonderful human bodies are. Rogers sings his closing song, "It's Such a Good Feeling." He ends with his final words, noting how special each viewer is, and encourages viewers to take care of themselves.

Conclusions

As suggested earlier, Rogers functions as more than a children's entertainer—he also models sound communication theorizing and rhetorical strategy. We might also consider Rogers to be a teacher. Scholars have turned to *Mister Rogers' Neighborhood* as an exemplar of pedagogy (e.g., Poole, 2018). In this episode, Rogers teaches the process of immunization, complete with potential challenges, and how to work through them. His approach was consistent with Spitz's characterization of Rogers as someone who "would explain in advance what was going to happen...to give children a chance to prepare themselves and to experience an empowering sense of anticipation and mastery" (p. B16). Sharapan (1977) concluded, in the early years of *Mister Rogers' Neighborhood*, that "television can be an extension of the health-related professions" (p. 136). This study argues that Rogers is inoculating (attitudinally) for worries about inoculation (medical), consistent with previous rhetorical analyses of other forms of inoculation rhetoric (Compton, 2018; Compton & Kaylor, 2013).

Rogers has actually addressed a number of health issues on his

show, and evidence suggests—at least anecdotally—the effectiveness of covering such topics on children’s understanding and health behaviors. Rogers himself points to one letter from a mother of a child, named David, with bone anomalies in his hand. David had found the x-ray process extremely difficult—and he had had many such procedures. “Until we saw the x-ray segment on your program,” his mother wrote to Rogers, “x-rays were always traumatic visits for us. We would hold David on our laps, and he would scream” (Rogers, 2001, p. 72). After seeing the segment, however, David’s behavior changed. He confidently attended his next visit. The mother also notes in her letter that in addition to watching the show, they also discussed the show with David, “and how to act and what to do” (Rogers, 2001, p. 72).

We could conclude that, because of the dialogic nature of Rogers through and within his program *Mister Rogers’ Neighborhood*, Rogers’ rhetoric is particularly well-suited to be viewed through an inoculation paradigm. Nabi (2007) notes that media effects research is striking not because of what we know but rather, “what we don’t know about media effects, specifically, the conditions under which certain effects [i.e., inoculation] are likely to occur, in whom, and the psychological processes underlying them” (p. 137). As Klarén (2017) put it: “Because it is grounded in dialogical practice, Rogers’ rhetoric calls for viewers to listen not only to his speech but to the inner responses to his prompts” (p. 70). Such, too, is a way of conceptualizing the inoculation process of building resiliency—this grappling with ideas that involves conversation with others (see Compton & Pfau, 2009), but also intrapersonal conversations with the self (e.g., internal counterarguing, Compton, 2013; McGuire, 1964). Inoculation, then, could be seen as both a reflection of dialogue and as dialogue in action, both interpersonally and intrapersonally. Rogers (2001) notes: “I have long believed that whatever is mentionable is manageable” (p. 72). This study argues that his approach worked with immunization, too, in a way that was mentionable and manageable, by paralleling some of the central tenets of inoculation theory.

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