

**INCREASING THE EFFECTIVENESS OF A COMMUNICATION TO
DESTIGMATIZE MENTAL ILLNESS USING A STORYTELLING FORM AND AN
INFLUENCER?**

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Abstract: The aim of this research is twofold: (1) to examine the persuasive effect of communication based on a debunking strategy, using different forms and sources of communication, and (2) to understand the cognitive mechanism involved by examining more specifically the mental transportation induced. An experiment, in the context of schizophrenia, will be carried out in 2022. We hypothesize that destigmatization communication with a narrative form (vs. scientific form) and having an influencer (vs. scientific expert) as the source of the message will increase the mental transportation of the targeted individuals and, through this, will improve the persuasive effectiveness of the communication (including perceived trust). The ambition is thus to enable better acceptance of the mental disease and its earlier detection by potential patients, in order to increase their intention to find out more, to talk about the pathology and to go for consultation at the first signs.

Keywords: Persuasive communication, Debunking, Narrative form, Source of the message, Transportation.

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1. Introduction and Objectives

"Schizophrenia is a psychiatric illness characterized by a set of highly variable symptoms: the most impressive are delusions and hallucinations, but the most disabling are social withdrawal and cognitive difficulties. Today, appropriate taking charge, combining pharmacological and psychosocial treatment, can achieve lasting remission in one-third of patients."¹. A rapid management of this mental illness is essential for better treatment of those affected. The PositiveMinders Association (formerly named International Schizophrenia Days Association - JdS-I-) seeks to "tell the story of the disease and make it less dramatic"². Its campaigns have begun to change the way patients, their families and society view schizophrenia, but there is still work to be done in relation to this first objective of debunking the illness and demystifying the patients. Another major challenge is to encourage potential patients (especially among young people) and/or their families to approach a specialist in this pathology as soon as possible so that a diagnosis can be made and treatment prescribed if necessary.

However, de-stigmatization or debunking is complex to carry out because it is likely to cause a "backfire effect", i.e. to be not only ineffective but also counter-productive by leading to the reinforcement of "bad information". However, Lewandowsky et al (2020) are rather reassuring because this effect, shown in the first research, has not been confirmed by more recent experiments. They conclude that demystification is superior, and that its effects ultimately outweigh those of increased familiarity and reinforcement. The "backfire effect" is therefore not systematic and seems to be rather less present than the positive effects of demystification based on a correct articulation of the debunking message (Lewandowsky et al., 2020).

In order to build an effective debunking campaign, an interesting avenue lies in the form to be given to the message. Indeed, in the field of advertising communication, and later in scientific communication, particularly in the health field, a stream of research has developed around the narrative process (storytelling) used in communication to increase its persuasiveness. This narrative form, which "describes the cause-and-effect relationships between events that take place over a particular time period that impact particular characters"³, seems to be more effective than other message structures, in particular because of its ability to trigger transportation, a sort of mental journey that is favorable to the persuasion process (Green & Brock, 2000; 2002; Escalas, 2004).

Research has also long been concerned with the source of communication and its effect on the perceived credibility or trust in the message, and more broadly its impact on persuasive effectiveness. Research has concluded the importance of perceived trust in the source, based on perceptions of expertise and credibility (e.g. Biswas, Biswas, and Das 2006). Nowadays, the expert, who is likely to deliver health messages, whether he is a doctor or a researcher, therefore scientific experts, seems to convince the general public less and less. On the

1 <https://www.inserm.fr/information-en-sante/dossiers-information/schizophrenie>

2 <https://schizinfo.com/>

3 It should be noted that the "narrative form message" must therefore include the three conditions necessary to develop a narrative format: « causality (cause-and-effect relationships between events); temporality (a particular time period); character (particular characters impacted by the events) » (Dahlstrom, 2014).

contrary, with the rise of social networks, non-experts (bloggers, influencers, ...) seem to be more heard and followed by certain populations. This trend is therefore likely to call into question the credibility of the expert source and the trust in the messages it disseminates, and thus their persuasive nature. It is therefore necessary to examine this factor empirically and to see how it is likely to interact with the form taken by the debunking message.

The first objective of this research is therefore to evaluate the persuasive effect of a narrative form (vs. scientific) and of a non-expert source, an influencer, (vs. an expert) for a campaign to destigmatize schizophrenia among young people, some of whom are potentially affected. The second objective is to examine whether the persuasive effect can be explained by the mental transportation induced by the narrative form. In a first part, the conceptual framework of the research will be introduced. The narrative form and the mental transportation it induces will be presented. Then, the source of communication and its consequences will be detailed. In a second part, the research model and the experimental approach envisaged in the course of 2022 will be presented. Finally, remaining research questions will be presented in the discussion.

2. Conceptual framework

Form of the message: narrative versus scientific and mental transportation

Research has been developed around the narrative process, which can increase the persuasive effect of the message. The narrative form consists in putting forward a character (or several) describing the relationships between events and their impact on him/her, through a story set in a specific period. This narrative format has been shown to increase engagement and understanding, facilitate recall, stimulate emotional responses, increase empathy, or increase perceived trust (Caulfield et al., 2019; Dahlstrom, 2014). From the perspective of destigmatization, although to our knowledge it has received little scrutiny and empirical evidence in this framework, the narrative form seems particularly relevant as Delgado (1989) points out, "*Stories, parables, chronicles, and narratives are powerful means for destroying mindset -the bundle of presuppositions, received wisdoms, and shared understandings*". The narrative construction of persuasive messages therefore seems to be a promising way forward, in particular because it allows us to trigger a mental transportation (a sort of mental journey provoked by the narrative), which is favorable to the persuasion process (Green & Brock, 2000; 2002; Escalas, 2004). Yet, this transportation is likely to increase the control beliefs of mentally transported individuals, particularly the beliefs of control over oneself and over the events of one's own life (Isberner et al., 2019). Mentally transported individuals are also more likely to engage in peripheral processing of the message, thus more superficial than central processing (Escalas, 2007) and thus develop fewer negative cognitive responses but more affective responses (Green, Chatham & Sestir, 2012), with more favorable evaluations of the protagonists featured in the narrative (Green & Brock, 2000).

The source of communication and its relevance in a debunking strategy

In persuasive communication, source is a key issue when delivering a persuasive message for prevention or promotion purposes in the health context (Zollo et al, 2017; Hancher-Rauch et al, 2019; Paynter et al, 2019). This is also the case in strategies for debunking misinformation or misinformation. For example, Lewandowsky et al (2020) in their debunking manual state, "*Successful communication depends on the credibility of the communicator,*" relying on the fact that "*Information from sources that are perceived to be credible typically creates stronger beliefs and is more persuasive.*" They conclude that

"Sources with high credibility on both dimensions (e.g., health professionals or trusted health organizations) may be ideal choices. ". Today, however, with the rise of social networks, non-experts (bloggers, influencers, ...) seem to be more heard and followed by certain populations. In marketing, for example, it has been observed that consumers increasingly trust "strangers" to make their purchasing and consumption decisions. For example, "Twitter reports that nearly 40% of users of the microblogging site say they made a purchase directly after a tweet from an influencer and according to Influencer Marketing Hub, in 2016, 62% of online and offline purchases were influenced by publications"⁴. Finally, a study by Influence4you indicates that "92% of consumers trust an influencer more than an advertisement or a celebrity"⁵. An identical trend can be seen in the field of health, leading Broca and Koster (2011) to say that: "The Internet not only allows much easier access to a very large amount of medical data and information, but it also offers renewed possibilities for the construction of what several researchers have called a 'lay/profane expertise' ". Similarly, Damay, Benjamin and Duez (2019) warn that "Neither the public authority nor the experts from the so-called 'hard' sciences are any longer perceived as the holders of the ultimate knowledge, the one that is blindly followed " and that "The omnipotence of classical expertise is being questioned, including by the valorization of 'ordinary' knowledge". This leads them to conclude that "Citizens are increasingly challenging the 'arguments of authority' ". This vision is in line with the one evoked by others on the Internet: "In this health universe, in any case, it is better to start from a principle: health professionals are not the influencers of health. Even if we recognize, of course, some exceptions"⁶. This tendency is therefore likely to call into question the credibility of the expert source and the trust in the messages it disseminates, and therefore their persuasive character. An influencer, although not an expert, or even because he or she is not an expert, could therefore prove to be a more effective source of communication to destigmatize and convince.

3. Research Model

It therefore seems interesting to examine the impact of the use of different forms and sources of persuasive messages in the context of mental health, and more specifically schizophrenia, with the aim of destigmatizing the illness and its protagonists (undiagnosed patients, diagnosed patients, patients' families) but also of persuasion. The objective is indeed to encourage the quickest possible contact with a schizophrenia specialist or an organization (association for example) likely to help the young person concerned and/or his relatives to (re)understand and accept the disease. Our dependent variable will thus be the intention, on the part of the target, to go and get information, to talk about it with his relatives, to go and consult.

We therefore postulate that the narrative form of the message coupled with an "influencer" source will trigger greater mental transportation (H1), allowing for greater perceived trust in the message (H2), improving recognition and acceptance of the disease (H3) and thus the intention to seek information, talk about it and go for a consultation (H4). Figure 1 shows the research model.

4 <https://www.conversationnel.fr/content-marketing/marketing-influence-facteurs-succes>

5 <https://www.conversationnel.fr/content-marketing/marketing-influence-facteurs-succes>

6 <https://www.m-soigner.com/grand-angle/soci%C3%A9t%C3%A9-et-id%C3%A9es/480-qui-sont-les-influenceurs-en-sante.html>

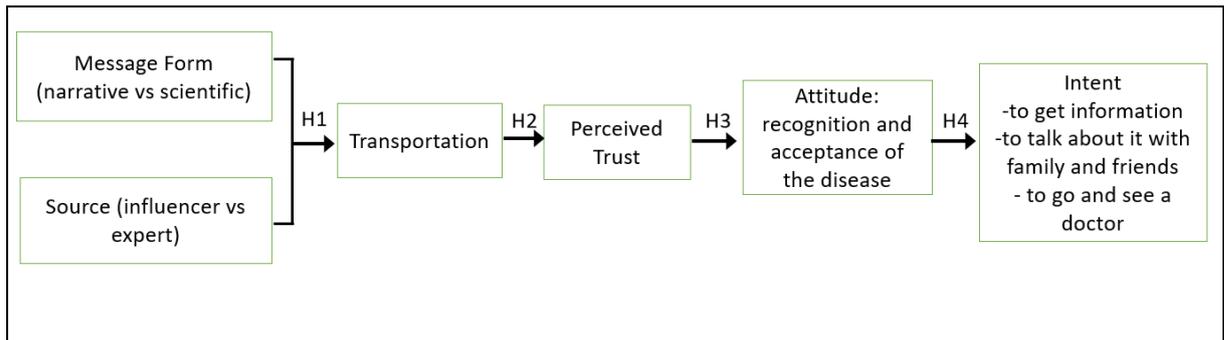


Figure 1. The conceptual model tested in study

4. Study method

Field of application of the research and methodological choices.

An effective communication campaign, in social marketing as in traditional marketing, must have a precise target (e.g., Witte and Allen, 2000). The targets of a communication aiming at destigmatizing schizophrenia are many: the general public, the entourage of schizophrenics but also the caregivers. But above all, and as a priority, schizophrenics themselves, especially those who have not yet been diagnosed, because the primary objective is to bring them directly (through their own awareness) or indirectly (through those around them, relatives, caregivers or careers) to accept a diagnosis, care, treatment and follow-up. Indeed, "*stigmatization affects people who are ill, their families and caregivers (...). The Mental Health Barometer, a survey conducted in 2009 by the FondaMental Foundation and Ipsos among the French population, revealed that schizophrenia is the pathology with the lowest "social acceptance" rate among the various psychiatric disorders*"⁷. Therefore, the first people to be targeted are young people who may suffer from this disease. The sample will be composed of young people, and, in order to target more precisely the undiagnosed schizophrenics, we will ask some filter questions. These will be far enough from schizophrenia not to put off the respondents but precise enough to target them. The PositiveMinders association will help us in this step.

Choice of stimuli and analyses

We are currently working on the stimuli that will be produced in the form of a podcast, a format that corresponds well to the target and to the structure of our stimuli. Indeed, from the perspective of a debunking approach, we will heed the advice given by Lewandowsky et al. (2020, pp. 12-13), adopting the recommended structuring for a debunking message. Thus, it is essential to "*provide detailed rebuttals*" and "*clearly explain (1) why it is now clear that the information is false, and (2) what is true instead.*" Only then can misinformation perhaps be "peeled back" and the lingering influence effect countered. This structuring is detailed in Appendix 1 and illustrated in Appendix 2. We will therefore apply it but integrate it into a narrative form respecting the codes inherent to this process. A pre-test will be conducted prior to the study to validate the experimental conditions.⁸

We wish to carry out an experiment to test the persuasive effect of the communication, via a complete factorial design that will combine the form (2: narrative vs. scientific, for the control group) x the source of the message (2: influencer vs. scientific expert). The control group consists of the group confronted with the message with a scientific form and a scientific

⁷ <https://www.fondation-fondamental.org/la-stigmatisation-de-la-schizophrenie-constitue-un-obstacle-au-retablissement>

⁸ We obtained funding via a call for projects from the Health & Society federative research structure of Grenoble Alpes University (SFR SASO UGA, France) to finance the design of the stimuli and the data collection.

expert as source. In fact, this is the classic, standard message. According to our hypotheses, the message that should work best will be the one proposing a narrative form of the message with the "influencer" source. Even if the other messages may appear to be flawed (influencer source and scientific form, scientific expert source and narrative form), they allow us to cross-reference the elements and obtain a complete factorial design. We will interview 200 respondents (see Table 1).

	Narrative Form	Scientific Form
“Scientific expert” Source	50 respondents	50 respondents
“Influencer” Source	50 respondents	50 respondents

Table 1. Number of respondents per cell

We would like to submit our stimuli with an online Qualtrics questionnaire, with the help of the PositiveMinders Association with whom we are already in contact. Concerning the scales, we will use scales already existing in the marketing and social marketing literature. Moreover, concerning the analyses that we will carry out, the approach of Zhao, Lynch and Chen (2010) will be retained in this research to test the mediating effects present in the model. The hypotheses will be tested via Hayes' macro Process (Hayes, 2017). The model has three serial mediating variables. This is an important sequence that will require rigorous statistical analysis, that is why the model will be tested piecewise using the macro and following model 6.

5. Discussion

The aim of this study will be to ascertain the persuasive superiority effect of a narrative form of debunking associated with a non-expert but trustworthy source towards a communication of destigmatization of schizophrenia and schizophrenics, with the objective of making young people suffering from schizophrenia accept to talk about it and to go for a consultation more quickly. It also aims to verify whether this persuasive superiority (including perceived confidence) is achieved through greater mental transportation of individuals. The results of this study can be extended more broadly to the prevention of mental illnesses. However, research questions remain. Shouldn't this first study be followed by other studies, playing on other strategies that we could couple to the debunking strategy? For example, could the appeal to fear, widely used in preventive communication (e.g., Witte, 1992), be associated, in an original way, with a debunking strategy? In the same perspective, it could be judicious to compare different narrative forms (story, humorous or parodic narrative, dramatic narrative, etc.), as well as different sources (e.g., scientific expert vs. technical expert; influencer vs. celebrity) and characters of different status (the patient, the parent, the best friend, etc.), in an idea of identification by similarity. What is (are) the most promising avenue(s)? Finally, another possible extension of this study would be to replicate our experiment but by changing the context in order to verify the robustness and replicability of our results. For example, would it be relevant to focus on destigmatizing people with physical handicaps? It will not be a question of detection but of working on the demystification of the handicap in order to allow a better acceptance by the person himself, by his/her entourage and the society as a whole.

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Appendix 1: Detail of the debunking structure given by Lewandowsky et al. (2020, pp. 12-13)

FACT: State the truth first

If it's easy to do in a few clear words, state what is true first. This allows you to frame the message—you lead with your talking points, not someone else's.

The best corrections are as prominent (in the headlines, not buried in questions) as the misinformation.

Do not rely on a simple retraction (“this claim is not true”).

Providing a factual alternative, that is an alternative that fills a causal “gap” in explaining what happened if the misinformation is corrected, is an effective method of debunking. Having a causal alternative facilitates “switching out” the inaccurate information in an individual’s initial understanding and replaces it with a new version of what happened.

The alternative should not be more complex and should have the same explanatory relevance as the original misinformation^{1, 80, 81}.

There may, however, be circumstances in which the facts are so nuanced that they escape pithy summary. In those cases, it may be better to lead with an explanation of why the myth is false before explaining the facts.

FALLACY: Explain why misinformation is wrong

Juxtapose the correction with the mistaken information. Ensure the rebuttal is clearly and saliently paired with the misinformation. It should be virtually impossible for the individual to ignore, overlook, or not notice the corrective element, even when skimming^{27, 88, 89}.

Rather than only stating that the misinformation is false, it is beneficial to provide details as to why. Explain (1) why the mistaken information was thought to be correct in the first place and (2) why it is now clear it is wrong and (3) why the alternative is correct^{81, 90, 91}. It is important for people to see the inconsistency in order to resolve it^{71, 83}.

Such detailed corrections promote sustained belief change over time and protect against belief regression (i.e., a return to pre-correction beliefs^{2, 52, 92}).

If possible, explain why the misinformation is wrong not only by providing a factual alternative but by pointing out logical or argumentative fallacies underlying the misinformation. A practical advantage of uncovering fallacies⁶⁶ is that they are not domain specific, and people can therefore benefit from the debunking in other content domains as well. Once you know that climate misinformation relies on cherry-picking⁷⁹ or incoherence⁹³, you may detect similar bad argumentation among anti-vaccination activists.

FACT: State the truth again

Restate the fact again, so the fact is the last thing people process.

Even with detailed refutations, the effects will wear off over time^{3, 52}, so be prepared to debunk repeatedly!

Appendix 2 – Example of debunking/refutation according to Lewandowsky et al (2020)

Example of a Refutation

FACT
Scientists observe human fingerprints all over our climate
The warming effect from greenhouse gases like carbon dioxide has been confirmed by many lines of evidence. Aircraft and satellites measure less heat escaping to space at the exact wavelengths that carbon dioxide absorbs energy. The upper atmosphere cools while the lower atmosphere warms—a distinct pattern of greenhouse warming.

- Lead with the fact if it's clear, pithy, and sticky—make it simple, concrete, and plausible.
- Provide a factual alternative that fills a causal "gap", explaining what happened if the misinformation is corrected.
- Do not rely on a simple retraction ("this claim is not true").

MYTH
A common climate myth is that climate has always changed naturally in the past, therefore modern climate change must be natural also.

- Warn that a myth is coming.
- Repeat the misinformation, only once, directly prior to the correction.

FALLACY
This argument commits the single cause fallacy, falsely assuming that because natural factors have caused climate change in the past, then they must always be the cause of climate change.
This logic is the same as seeing a murdered body and concluding that people have died of natural causes in the past, so the murder victim must have also died of natural causes.

- Explain how the myth misleads.
- Point out logical or argumentative fallacies underlying the misinformation.

FACT
Just as a detective finds clues in a crime scene, scientists have found many clues in climate measurements confirming humans are causing global warming. Human-caused global warming is a measured fact.

- Finish by reinforcing the fact.
- Repeat the fact multiple times if possible.