

The Wrong Story Wins Again

A false story about vaccinations remains resistant to the truth.

Stories are the software of the brain. They tell us which facts to let in and which to ignore. Changing the stories that people rely on to make up their minds is a tricky business, but if you're working to change the world for the better, it's the business you're in.

In the field of public health, there's one story that's proving to be particularly difficult to change: the "vaccines cause autism" story. It doesn't matter that the story is false and has been aggressively debunked by the CDC. Within just the last week, no less an "authority" than Donald Trump chimed in, tweeting about a possible connection and breathing new life into this discredited narrative.



Parents who are refusing vaccinations for their children will not be swayed by facts alone the stories they have heard from close friends or co-workers are just too scary to ignore. In theory, the only way to change their minds would be by introducing a more powerful story one strong enough to dislodge the existing software and open a pathway for new and more accurate

information.

Last month, the American Academy of Pediatrics published the results of a <u>study</u> that attempted to do just that. Entitled, "Effective Messages in Vaccine Promotion: A Randomized Trial," this nationwide study tested different kinds of messages designed to reduce misperceptions and increase vaccination rates for measles,

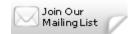
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Step Up Your Storytelling

Our spring session starts Thursday.



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free-range thinking is written by Andy Goodman and edited by Celia Hoffman. To read back issues, download free publications, and to learn more about our work, please visit www.thegoodmancenter.com.

To reach Andy directly, please call (323) 464-3956 or send an email to andy@thegoodmancenter.com.

mumps and rubella (MMR). One of the messages was a true story - a nightmarish tale about a mother whose baby boy, not yet old enough to be vaccinated, nearly lost his life:

When Megan Campbell brought her infant son in to see his pediatrician, she worried his fever might not be routine. After being reassured it was just a virus, she took him home only to end up at the children's hospital two days later, his fever even higher and his arms, face, and chest covered in a rash that was quickly spreading.

Though no one in the hospital had been tested for measles in 17 years, the next day, an infectious disease specialist confirmed, her son had contracted the highly contagious respiratory disease. After 3 grueling days spent fearing for his life as she watched him waste away, Megan finally saw signs of improvement as he started to take in liquids without an IV.

Megan was able to take her son home but spent the next week waking at all hours to give him fever reducing medications, ready to head back to the hospital if he showed any signs of lethargy or non-responsiveness.

At the end of the story Megan learns that her son had gotten the measles from a family of children whose parents had chosen not to vaccinate. The frightening account seems like it would encourage parents to do all that is in their power to both prevent this from happening to their child and minimize risk to other children - or so you might think. According to the study, parents who were already skeptical about vaccinations reported that reading this story not only decreased their intent to vaccinate their children but also "increased beliefs in the likelihood of serious side effects from MMR."

What went wrong? One reason why the story failed to appeal to skeptical parents may have been the source. The Megan Campbell story came from the CDC's website, but it was not identified as such in the study. For the parents who read it, the source was unknown. In contrast, if those same parents heard negative stories about vaccinations from friends, relatives, or co-workers - i.e., trusted sources - they would be much more likely to believe those stories.

Another important factor may be what the researchers behind the study call the "danger-priming effect". The Megan Campbell story was intended to make parents fearful - fearful of foregoing vaccinations. But the danger-priming effect essentially means that fear begets more fear. In this case, the story inadvertently reinforced anxieties parents already had about MMR vaccinations and pushed them even farther in the wrong direction.

The search for messages that can counter misinformation about vaccinations continues, but that isn't the most important take-away from this study. For all of us working for positive social change, it's a reminder that a powerful story isn't always enough to change minds. The tellers of our stories matter, and we must continue to work diligently to understand the stories in our audiences' minds if we hope to change them for the better.

Special thanks to Amanda Roth at the California Department of Public Health for alerting us to this study.





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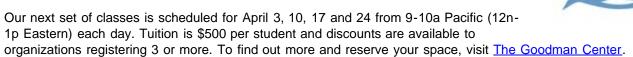
The Goodman Center 444 North Larchmont Blvd., Suite 102 Los Angeles, CA 90004 323.464.3956

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Storytelling: Tapping the Power of Narrative is a four-hour webinar designed to help you tell more compelling stories about your organization's work. Each class runs one hour and over four weeks we will cover:

- The fundamental structure of good stories
- The 7 qualities that make stories memorable
- The 9 most common mistakes in storytelling and how to avoid them
- The 6 kinds of stories you must tell, and how to tell them for advocacy, development, recruitment and more



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