



iii.

# CHALLENGE 2. PERSUASION

HOW TO DEAL WITH MISINFORMATION AND DISINFORMATION  
DURING PUBLIC HEALTH EMERGENCIES

PROF. SARA RUBINELLI, PhD  
UNIVERSITY OF LUCERNE & SWISS PARAPLEGIC RESEARCH

# THE FOCUS

file.

To understand why lots of disinformation is persuasive

- 1) Persuasion (rational and unreasonable)
- 2) How persuasion works
- 3) Strategies of persuasion



# PERSUASION: DEFINITION (I)

file.

**Communication aimed at influencing a person's attitudes and behaviors toward some event, idea, object or other persons, by using written, spoken or visual messages**



## PERSUASION: DEFINITION (II)

“**The intentional effort at influencing another’s mental state through communication in a circumstance in which the persuadee has some measure of freedom”.**  
**(O’Keefe 2015)**



# IMPORTANT CLARIFICATION

file.

**Within the concept of persuasion, to differentiate among:**

**RATIONAL PERSUASION**

**UNREASONABLE PERSUASION**

**MANIPULATION**

**Conceptual basis**

grounded in **persuasion research** and **argumentation theory**

# RATIONAL PERSUASION

Communication that aims at influencing beliefs and behavior **by giving reasons for or against** points of view, advice, suggestions and so forth

For instance:

- One should wash hands frequently (*advice*), because in this way he/she helps preventing the spread (*reason*)
- One should not smoke (*advice*), because smoking kills (*reason*)



# RATIONAL PERSUASION

file.  
The reasons  
found in the  
file.

The reasons given can be 'good' or bad'. They can be (at least):

- true because they correspond to reality
- true because of scientific evidence
- true but not sufficient enough to support a conclusion
- true reasons but not in a causal relationship
- unsupported (without a basis to check whether they are good or bad, very often the case of personal opinion)
- false

# RATIONAL PERSUASION

found in the  
file.

– **True reasons because they correspond to reality (in this case an agreed definition)**

COVID-19 IS A PANDEMIC BECAUSE IT IS  
AN “INFECTIOUS DISEASE WHERE WE SEE SIGNIFICANT  
AND ONGOING PERSON-TO-PERSON SPREAD IN MULTIPLE  
COUNTRIES AROUND THE WORLD AT THE SAME TIME”.



# RATIONAL PERSUASION

found in the  
file.

## – True reasons because of scientific evidence



Abdi A, Jalilian M, Sarbarzeh PA, Vlaisavljevic Z. Diabetes and COVID-19: A systematic review on the current evidences [published online ahead of print, 2020 Jul 22]. *Diabetes Res Clin Pract.* 2020; 166:108347. doi:10.1016/j.diabres.2020.108347

# RATIONAL PERSUASION

found in the  
file.

## – True but not sufficient enough to support a conclusion

Coronavirus 'no longer clinically exists in Italy', top doctor says

A study conducted at a hospital in Milan found that the number of viruses present in people who tested positive has decreased.

Professor Alberto Zangrillo, head of intensive care at Italy's San Raffaele Hospital in Lombardy, told state television that the new coronavirus "clinically no longer exists."

His proof:

Clementi N, Ferrarese R, Tonelli M, et al. Lower nasopharyngeal viral load during the latest phase of COVID-19 pandemic in a Northern Italy University Hospital [published online ahead of print, 2020 Jun 29]. *Clin Chem Lab Med*. 2020;/j/cclm.ahead-of-print/cclm-2020-0815/cclm-2020-0815.xml.  
doi:10.1515/cclm-2020-0815

**"we compared the reverse transcription polymerase chain reaction (RT-PCR) amplification profile of 100 nasopharyngeal swabs consecutively collected in April, during the peak of SARS-CoV-2 epidemic, to that of 100 swabs collected using the same procedure in May"**

# RATIONAL PERSUASION

found in the  
file.

– **Unsupported reason (claims without any proof)**



Viruses cannot travel on radio waves/mobile networks.  
COVID-19 is spreading in many countries that do not have 5G mobile networks.  
COVID-19 is spread through respiratory droplets when an infected person coughs, sneezes or speaks.  
People can also be infected by touching a contaminated surface and then their eyes, mouth or nose.

**FACT:**  
5G mobile networks  
DO NOT spread COVID-19

A diagram on a blue background. On the left, there is a 5G signal icon consisting of four vertical bars of increasing height (yellow, orange, red, dark red) and a white circle with '5G' inside. A large red 'X' is superimposed over the signal. A white arrow points from the signal towards three yellow, spherical virus particles with spikes on the right.

World Health Organization #Coronavirus #COVID19

1 April 2020

# RATIONAL PERSUASION

found in the  
file.

– **False reason (Garlic does not protect from COVID-19)**



# UNREASONABLE PERSUASION

When the reasons are:

- True but not sufficient enough to support a conclusion
- True reasons but not in a causal relationship
- Unsupported (without a basis to check whether they are good or bad)
- False

We speak about **UNREASONABLE PERSUASION**

When unreasonable persuasion is intentionally done to get profit, we speak about **MANIPULATION...**

# DEFINITION

found in the  
file.

**Manipulation**, by definition, refers to 'the act of intentionally deceiving one's addressees by persuading them of something that is foremost in one's own interest' (van Eemeren 2005)

**Manipulation is based on unreasonable persuasion...**

---

found in the  
file.

## **WHY IS UNREASONABLE PERSUASION SO PERSUASIVE?**

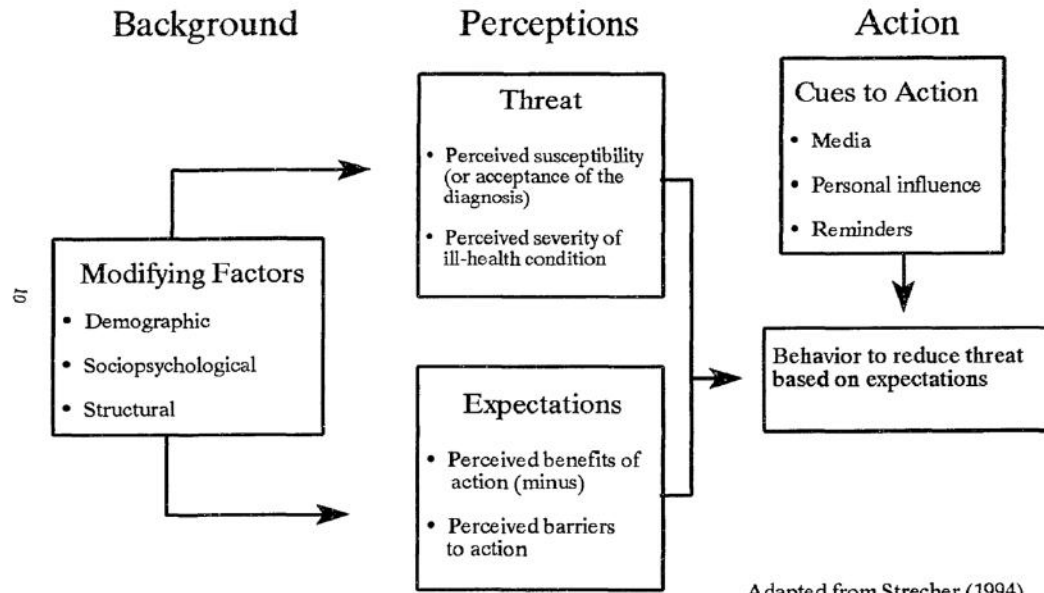
Disinformation convinces many people...



# HOW PERSUASION WORKS: THE HEALTH-BELIEF-MODEL

found in the  
file.

Figure 1: The Health Belief Model





# EXPLANATION OF MAIN COMPONENTS:

found in the  
file.

**Demographic variables:** age, gender, ethnicity, socioeconomic status, and education etc.

**Psychological variables:** personality, social class, and factors that make a person more or less sensitive to peer and reference group pressure etc.

**Structural variables:** knowledge about a given health condition, about medicine, health sciences and public health, previous or family-friends experience with the disease

**Perceived susceptibility:** an individual's assessment of his or her personal risk of contracting a condition

**Perceived severity:** Perceived severity is concerned not just with medical consequences, but also with the potential effects of an illness on an individual's job, family life, and social relations

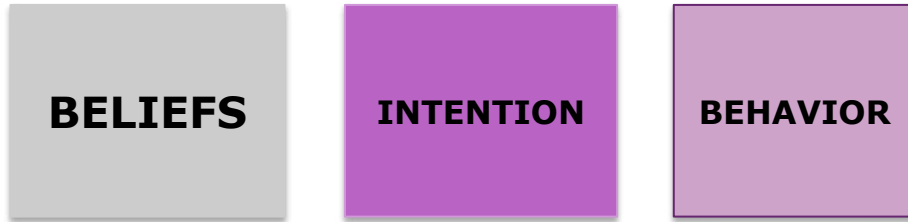
**Perceived benefits:** something good for one's own life and health

**Perceived barriers:** something painful, inconvenient, unpleasant

**Cues to action:** triggers for prompting a specific health behavior. Internal cues (e.g. symptoms and pain), external cues (e.g. free masks), 'influencers'

# EXPLANATION OF MAIN COMPONENTS:

Demographic, psychological, structural variables, as well as perceived barriers and facilitators impact on beliefs, attitude and behavior



*A person has a group of close friends who all believe in a doctor claiming that COVID 19 is just a flu. He also believes that Governments are against the interest of people. He develops a bad intention towards wearing a mask, and does not wear it.*

*A persons who trusts his Government, although he does not like wearing a mask, still develops a favorable intention and wears it when needed.*

# SOME ADDITIONAL MAIN COGNITIVE FACTORS

## THE ELABORATION LIKELIHOOD MODEL (ELM)

Under different conditions, receivers will vary in the degree to which they are likely to engage in elaboration of information relevant to the persuasive issue

- Sometimes receivers will engage in extensive issue-relevant thinking
  - They will carefully scrutinize the arguments it contains
- Sometimes receivers will not undertake so much issue-relevant thinking



# THE ELABORATION LIKELIHOOD MODEL (ELM)

---

found in the  
file

## The **central route**

- Persuasion through the central route is achieved through the receiver's thoughtful examination of issue-relevant considerations

## The **peripheral route**

- Receivers rely on various peripheral cues (such as communicator credibility) as guides to attitude and belief, rather than engaging in extensive issue-relevant thinking

Factors affecting elaboration motivation:

- **Personal relevance**
- **Need for cognition**
- **Distraction**
- **Prior knowledge**

# WHICH ONE IS MORE PERSUASIVE? IT DEPENDS...

found in the  
file.



## FRANCE

'No, cocaine does not protect against COVID-19,' said the country's Ministry of Solidarity and Health. 'It's an addictive drug that causes serious adverse and harmful effects.'

# IMPLICATIONS:

---

found in the  
file

## Limiting institutional communication to providing evidence-based recommendations is likely not to be effective

- People will likely not adopt the recommendations...
  - If these recommendations are **not in line with existing beliefs** (e.g. they are saying that COVID-19 is a serious health condition but Mr. White and his friends believe it is like a flu and don't feel at risk because they do not know anyone who died from it)
  - If they do not trust the institutions that are issuing them or if their family and friends think that the recommendations are ridiculous (**psychological factors** influencing perceived severity and perceived susceptibility)
  - If the **barriers** to adopt the preventive behavior are too high (e.g. masks are expensive or difficult to find; masks are uncomfortable)
- What could help: cues to action (e.g. distribution of free masks)

# THE SOCIAL MARKETING APPROACH:

## TAILORING PERSUASIVE MESSAGES BY:

- A rigorous **description of the target market**: focused on factors such as demographics, geographics, knowledge, related behaviors, psychographics (including beliefs and attitude)
- An in-depth **identification of competitors, barriers and facilitators** (what demotivates the audience to follow your recommendations versus what would help them)
- A clear **identification of the objective of institutional communication**

# OBJECTIVES OF INSTITUTIONAL COMMUNICATION

iii.

**Knowledge:** To provide evidence-based information

- e.g. about what COVID-19 is and its origin

**Beliefs:** To create new beliefs, to modify or correct existing beliefs

- e.g. by showing that what a certain influencer says is wrong

**Attitude:** To influence people's attitude

- e.g. by modifying false beliefs about the danger of wearing masks, people might develop a positive attitude towards wearing them

**Action:** To prompt action → This is often done in combination with other strategies

- e.g. by reinforcing self-efficacy and informing that masks are available + face masks are provided for free



# THE SOCIAL MARKETING APPROACH:

A <sup>found in the</sup>very basic example:

**A group does not wear the mask because  
they think it kills people**

It is important to identify *what exactly this belief is, where it comes from, which sources they use, why they believe in these source and so forth...*

Communication, to be persuasive, has to address all the most relevant points

# SOME STRATEGIES OF COMMUNICATION

---

found in the  
file.

1. Explanations
2. Testimonials
3. Clear examples and analogies
4. To emphasize the ethos of the 'speaker' or the 'source'
5. To show that something is not based on any evidence
6. To deconstruct unreasonable persuasion by showing step-by-step why it is bad information

**ALL THIS PRESUPPOSES THAT INSTITUTIONS TAKE A LEVEL OF RESPONSIBILITY  
IN SHOWING THAT SOMETHING IS 'BAD' INFORMATION...**

# FOR A GENERAL OVERVIEW ON HOW TO TARGET BEHAVIOR TO PLAN PERSUASIVE COMMUNICATION

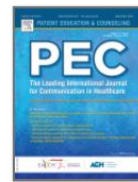
found in the  
file.



## Patient Education and Counseling

Available online 5 September 2020

In Press, Journal Pre-proof [?](#)



## The bases of targeting behavior in health promotion and disease prevention

Sara Rubinelli <sup>a, b</sup>  , Nicola Diviani <sup>a, b</sup>

# GOOD PRACTICE

found in the  
file.



EN English

[Home](#) > [Live, work, travel in the EU](#) > [Health](#) > [Coronavirus response](#) > [Fighting disinformation](#) >

## Identifying conspiracy theories

### PAGE CONTENTS

**What are conspiracy theories?**

**Why do they flourish?**

**Is this a conspiracy theory?**

**Check before sharing**

**Conspiracy theories: What about my own beliefs?**

**Conspiracy theories can be dangerous**

**Conspiracy theories: The link to antisemitism**

**Prebunking and debunking conspiracy theories**

**How to talk to somebody who firmly believes in conspiracy theories**

**Conspiracy theories: The link to COVID-19**

**Concrete counter actions against conspiracy theories**

**How can journalists report on conspiracy theories?**


**Documents**

# TAKE HOME MESSAGES:

- 
- found in the  
file.
- Institutional communication has to be **persuasive**
  - Disinformation often plays on **unreasonable persuasion**
  - Human behavior is determined **by several different factors** (ranging from demographic, psychological and structural factors)
  - **Audience analysis** is needed to identify determinants of behavior in specific groups

found in the  
file.

**COVID-19 Does Not Exist: The Global Elite's Campaign of  
Terror Against Humanity**



By Robert J.  
Burrows

If you ask a Doctor or a Scientist to  
show you Scientifically Verified  
Proof that it does exist, they can't!

**TLB** **THE LIBERTY  
BEACON**

# SOME READINGS

- file:aldini, R. B., Eisenberg, N., Green, B. L., Rhoads, K. v. L., and Bator, R. (1997). Undermining the undermining effect of reward on sustained interest. In press, *Journal of Applied Social Psychology*.
- Corbett, E. P. J. (1990). *Classical rhetoric for the modern student*. Third edition. Oxford University Press.
- Degen, C. (1987). *Communicator's guide to marketing*. Sheffield.
- Fiske, S. T. & Taylor, S. E. (1991). *Social cognition*. New York: McGraw Hill.
- Hovland, C. I., Janis I. L., & Kelley, H. H. *Communication and persuasion: Psychological studies of opinion change*.
- Kahneman, D., & Tversky, A. (1979). Prospect Theory: An analysis of decision under risk. *Econometrica* 47, 263-291.
- Kahneman, D., & Tversky, A. (1982). The psychology of preferences. *Scientific American*, 246, 160-173.
- Kahneman, D., & Tversky, A. (1984). Choice, values, and frames. *American Psychologist*, 39, 341-350.
- Lee, R.N., & Kotler, P. (2020). *Social marketing. Behavior change for social good*. Sage
- Mulholland, J. (1994). *Handbook of persuasive tactics: A practical language guide*. Routledge.
- Lundgren, R.E., & McMakin, A. H. (2018). *Risk communication. A handbook for communicating environmental, health and safety risks*. Wiley.
- O'Keefe, D. (2015). *Persuasion. Theory and practice*. Sage.
- Perloff, R.M. (2017). *The dynamics of persuasion. Communication and attitudes in the twenty first -century*. Routledge.
- Petty, R. E. & Cacioppo, J. T. (1986). *Communication and persuasion: Central and peripheral routes to attitude change*. New York: Springer-Verlag.
- Petty, R. E. & Cacioppo, J. T. (1981). *Attitudes and persuasion: Classic and contemporary approaches*. Dubuque, Iowa: Brown.
- Rubinelli, S., & Diviani, N. (2020). The bases of targeting behavior in health promotion and disease prevention. *Patient Education and Counseling* (<https://doi.org/10.1016/j.pec.2020.08.043>).