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When the facts are just not enough: Credibly communicating about risk is riskier when emotions run high and time is short

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ABSTRACT

When discussing risk with people, commonly subject matter experts believe that conveying the facts will be enough to allow people to assess a risk and respond rationally to that risk. Because of this expectation, experts often become exasperated by the seemingly illogical way people assess personal risk and choose to manage that risk. In crisis situations when the risk information is less defined and choices must be made within impossible time constraints, the thought processes may be even more susceptible to faulty heuristics. Understanding the perception of risk is essential to understanding why the public becomes more or less upset by events. This article explores the psychological underpinnings of risk assessment within emotionally laden events and the risk communication practices that may facilitate subject matter experts to provide the facts in a manner so they can be more certain those facts are being heard. Source credibility is foundational to risk communication practices. The public meeting is one example in which these best practices can be exercised. Risks are risky because risk perceptions differ and the psychosocial environment in which risk is discussed complicates making risk decisions. Experts who want to influence the actions of the public related to a threat or risk should understand that decisions often involve emotional as well as logical components. The media and other social entities will also influence the risk context. The Center for Disease Control and Prevention's crisis and emergency-risk communication (CERC) principles are intended to increase credibility and recognize emotional components of an event. During a risk event, CERC works to calm emotions and increase trust which can help people apply the expertise being offered by response officials.

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Introduction

Entertaining "mind teasers" often ask us to choose between two choices that seem impossible to separate. For example, a group of sales people in a class on successful sales techniques are asked: Do you want to be right or do you want to be rich? Most would answer both. The nuance of that question is really, "Do you want to arm twist those around you to admit that you are right about a subject of contention or do you want to engage in respectful discussion that engenders goodwill and the possibility of a win-win outcome?

When communicating about risks, the mind teaser question might be "Do you want to tell people the facts or do you want to be heard?" Often subject matter experts believe that conveying the facts will be enough to allow people to assess a risk and respond rationally to that risk. Too often experts become exasperated by the seemingly illogical way people assess personal risk and choose to manage that risk. In crisis situations when the risk information is less defined and choices must be made within impossible time constraints, the thought processes may be even more susceptible to faulty heuristics.

Life inherently involves risk. Individuals, communities, and society engage in behaviors that come with risk. To make an informed decision about the cost/benefit of risks, individuals need information about those risks. However, little consistency exists in the way risks are communicated and even less cohesiveness exists in the research (Morgan et al., 2002), in part, because risk communication is a multidimensional, multidisciplinary, and complex process. Risk communication was first widely used for discussions of environmental health risks and has increasingly been used in promoting personal health beliefs (Fischhoff et al., 1981; Reynolds and Seeger, 2005; Trettin and Mushan, 2000).

Nonetheless, risk communication is widely conducted and meant to help individuals, groups, organizations, and societies interpret risk. Increasingly, public health has employed elements of risk communication for individuals (e.g., HIV prevention) and communities (e.g., environmental exposures). The hallmarks of successful risk communication are empowerment, honest and empathetic exchange, and adapting to cultural and demographic requirements (e.g., language, education, and communication styles) (Fischhoff, 1995; Nelkin, 1989; Ulmer et al., 2007).

Theories of risk communication have focused on heuristic processing of risk, risk perception, and mental models (Quinn et al., 2008). Covello et al. (2001) contended that four organizing models exist for risk communication: the risk perception model which focused on how risks are perceived; the mental noise model which explained the degree to which stress interferes with risk perception; the negative-dominance model which suggested people attune to negatives more than positives; and the trust determination model which emphasized the role and importance of trust in communication.

This article explores the psychological underpinnings of risk assessment within emotionally laden events and the risk communication practices that may facilitate subject matter experts to both provide the facts and be more certain those facts are being heard. Source credibility is foundational to risk communication practices. The public meeting is one example in which these best practices can be exercised.

The psychology of emergency-risk communication

The way people absorb and take in information they receive during an emergency may be different from nonemergency situations (Brashers, 2001; Clarke, 2003); therefore, the potential for miscommunication increases. The way people take in information, process it, and act on it can change when under the threat of illness or death. Importantly, people will simplify complex information, attempt to force new information into previous constructs, and cling to current beliefs (Brashers, 2001; Hill, 2003; Novac, 2001). These realities make the expert's attempt to persuade others to take protective actions or to refrain from taking needless actions more complicated. After all, the context for persuasive communication involves the credibility of the expert providing advice, the audience's frame of mind, and the proof provided by the speaker's words and actions.

Benjamin et al. (2003) insisted that crisis response experts have an obligation to "really speak" to the public and explain issues based on audience needs. However, multiple recent situations exposed how often this does not occur leading to miscommunication and mistrust of messages. For example, during the anthrax incident, mixed messages, an unwillingness to admit what was not known, and arrogance about sharing information lessened the credibility of those responding (Benjamin et al., 2003; Chess et al., 2004). In Taiwan during the SARS outbreak people broke quarantine mandates, in part, because they did not trust the government (Benjamin et al., 2003). During Hurricane Katrina, some populations were slow to evacuate because of government mistrust and unclear action messages (Eisenmen et al., 2007).

Emotions and risk assessment

"Affective responses occur rapidly and automatically. . . [and] reliance on such feelings can be characterized as 'the affect heuristic'" (Slovic et al., 2005, p. S35). If people feel unfavorable toward an activity they will judge it as having high risk and low benefit. Public perceptions of risk are based, in part, on emotions and that is why expert evaluations of risk and the general public's risk perceptions may be different. Consider, if people feel dread, this feeling influences their risk perceptions of the activity's "voluntariness, controllability, lethality, and fairness" (Slovic et al., p. S36). The affect heuristic as it relates to risk perceptions and decision making, therefore, is important to consider in emotion-driven communication. For example, if the public feels dread about the possibility they have been exposed to radiation, they may perceive the risk of death as higher than if they had no concern about radiation's affect. Coping efforts may be problem-directed (e.g., information seeking) or emotion regulating (e.g., inhibition and denial) (Glanz et al., 2002). Health promotive behaviors require problem-directed self-regulation (Bandura, 1997, 2005; Bandura et al., 2003). Self-regulation includes self-monitoring of behaviors, social and cognitive conditions, and adoption of positive influences. These will