

Working Paper #1

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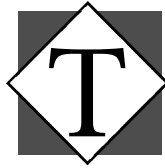
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Cultural Cataracts: Identifying and Correcting Misperceptions in the Media

"People live with a lot of wrong perceptions, ideas, and notions, and when they invest their life in them it is dangerous."

Thich Nhat Hanh (1999)



This paper is written for practitioners of the social norms approach to provide information on identifying and correcting patterns of how the media fosters misperceptions of health norms. Since the health communications literature provides extensive coverage of media basics, this article focuses instead on the utilization of these media skills within the social norms framework. Misperceptions of youth fostered by the media provide the case example for this working paper.

The paper is divided into the following sections: 1) Cultural Cataracts: How the media fosters misperceptions, 2) Corrective Lens Surgery: Detecting and correcting common patterns of how the media fosters misperceptions, 3) Media Misperception Detection and Correction Guide, and 4) References

Cultural Cataracts: How the Media Fosters Misperceptions

Misperceptions, Media and Social Norms.

The significant influence of the media in fostering misperceptions of health norms has been discussed by Perkins (1997). Widely held views of behavioral norms are some of the strongest predictors of future health behavior because what people perceive to be most typical (or normative) is what they tend to expect and emulate in their personal behavior (Berkowitz, 1997).

When the focus and framing of media attention is on health through accurate portrayal of cultural norms, it encourages greater health. Conversely, when public attention (especially concerning youth) is directed at the extreme, atypical behaviors of individuals, it fosters misperceptions and associated harm. As a result of the unprecedented behavioral changes resulting from social norms interventions, the correction of misperceptions has emerged as the single most preventable environmental risk factor to be addressed by health promotion specialists in over a decade of research (Berkowitz, 2001; Perkins, 1998).

Because of the vast influence of media on our culture, tools are needed for social norms practitioners to better detect and correct misperceptions of health norms in the media. Those who are successful at directing the public's perception of what is "normal" are also those who will largely determine future health and safety trends.

Cultural Cataracts. The widespread inaccuracy of how we view young people affects us all, for it has distorted our ability to view our future leaders for who they really are (Males, 1999; Rothstein, 2001). At the level of media we have allowed our common lens on the world to narrow and harden in ways that serve to filter out all of the beautiful, pervasive, varying hues of youth and family cultures. Instead of seeing a true picture of today's kids as the healthy, vibrant hope of tomorrow, and perhaps the greatest generation to be alive (Howe & Strauss, 2000), we are left only to perceive distorted shadows of negativity, and pre-defined polarized

The Report on Social Norms will issue seven working papers each year. These working papers will focus on a particular aspect of theory, research, methodology, or application of the social norms approach. The goal is to help advance the field of social norms by providing a lively forum for best practices, controversial issues, and creative applications. Each working paper is a "work in progress" rather than a final statement and is offered to stimulate thought and discussion.

Working Paper 1 by Jeff Linkenbach examines the role of the media in fostering misperceptions. It provides guidelines for identifying and deconstructing negative media reports and offers positive suggestions for how media can be used to promote health. In addition, it expands the traditional scope of social norms to look at the insidious cultural and political effects of media fostered misperceptions. It is an important resource that can be used to educate professionals, students, staff, and key stakeholders in your community.

We are extremely interested in your comments, reactions, and thoughts on each working paper. You can send them to Alan Berkowitz, the editor of *The Report on Social Norms*, or to Jeff Linkenbach, the author of this working paper.

Thank you!

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extremes of a generation at risk (Astroth, 1995). We have in essence formed “cultural cataracts,” which are introduced and defined here as:

1. A societal condition characterized by distorted, negative views of a sub-population, caused by a sensationalized, hyper-focus on rare or extreme behaviors of a small percentage of members, which are inaccurately seen as group norms.
2. A dark and narrow view of youth, college students or other sub-groups as presented in the media or by health experts, which typically results in the criminalization of health issues and increased policies of control.

This pattern is so entrenched that the adult cultural (media) lens continues to maintain its collective dark tilt on the world and arrive at the conclusion that corrupt youth and their morally inadequate families are the problem with today’s society, despite data which suggest a completely different view. Research demonstrates that even when adults are confronted with what is presented as “true news stories” about positive teenage behavioral trends, they consistently omit or over-look the positive data and instead focus on the few negative trends by finding ways to re-interpret the facts and numbers in order to reach a conclusion about kids being “not good enough” (Bostrom, 2000).

The message we are sending kids is, “I’m O.K. you’re at risk” exclaims youth advocate and scholar Kirk Astroth. “That is just the beginning of the problem,” he explains. Unfortunately “the term ‘youth at risk’ has become the lens through which all young people are viewed so that adolescence itself is seen today as some awful, incurable disease (Astroth, 1995).” James Alan Fox of Northeastern University’s College of Criminal Justice, goes to the extreme of defining teenagers as “temporary sociopaths,” who are impulsive and immature (Fox, 1996).

This inaccurate, negative image of young people is dangerous because the way that we view people also determines how we treat them. It is impera-

tive that we correct our faulty views of our youngest citizens so that policies and actions do not result in furthering misperceptions and encouraging harm.

For example, the reputed statistical truth behind the often-stated sound bite that “teens think they’re invincible” is more myth than reality (Adler, 1993). A study which reviewed over 100 research studies, found that adults harbor more delusions of invulnerability than do teens (Quadrel, et. al. 1993). Other leading authorities on adolescent behavior arrive at the same conclusions (National Research Council, 1993). Thus, the real news about the risk and life-taking behaviors of our young people is that they mostly reflect the norms (standard behaviors) of the adults who surround them.

Partner with the Problem or the Solution?

Many health communications experts remain unaware that by promoting a continual awareness of problems and consequences they may have become co-conspirators with the very harm that they seek to mitigate. Rather than measuring a reduction in the numbers of “youth at risk,” they may instead be fostering societal conditions of “youth who live in risky environments” by exacerbating misperceptions of social norms.

Ironically, the harm-focused solution appears to have become more problematic than the original health risk it sought to diminish. Instead of using media to foster cultural conditions that nurture and support young people, the view that young people need more awareness of the prevalence of harm has become the problem. Focusing on risk supports exaggerated misperceptions of risk. This serves to increase the actual prevalence of such risk, which in turn spawns calls for renewed focus on risk, and the cycle feeds upon itself. The result is a cycle of institutional insanity, where we keep doing what we have always done, while expecting different results.

The litmus for evaluating which media approach should be utilized is

simple and pragmatic—examine the data and use what works. Evidence that the social norms approach has demonstrated results at campus, community and statewide levels (Linkenbach & Perkins, 2001) suggests that a similar approach to national-level media is warranted.

A Note of Caution—Think Globally, Act Locally. While conducting workshops across the nation a question that always arises is “How can we (on

campus or in our community) be expected to overcome the larger cultural forces and negative messages that surround us?” In essence, how can our local social norms efforts be expected to overcome the tsunami of negativity as presented in the larger media culture, where it appears to be spring break year-round and where the media magnifies problems

and communicates the myth that “everybody is doing it?”

This question, frequently asked with an accompanying feeling of dread or despair, contains an underlying faulty assumption that any local efforts are futile until the larger cultural issues that surround them are addressed. While the point that we must change the larger media in order to be effective at the local level is important, it also represents a widely held myth.

The ever-expanding body of evidence on the effectiveness of social norms clearly demonstrates unprecedented reductions in harmful (risk-taking) behaviors and increased protective behaviors without attending to these macro-level media influences. That is to say, concentrated, localized efforts do result in significant changes in behaviors and attitudes—even without attending to the larger backdrop of media negativity at the national level (Berkowitz, 2001; Perkins, 1998). Efforts of the Montana Social Norms Project demonstrate that macro-level social norms influences can also work to produce large-scale behavioral change (Linkenbach & Perkins, 2001).

“It is imperative that we correct our faulty views of our youngest citizens so that policies and actions do not result in furthering misperceptions and encouraging harm.”

A Cultural Vision With Focused Resources. Since social norms campaigns work in both micro and macro-levels of media, the issue for practitioners becomes one of aligning goals with resources. If the objective is to achieve local community impact, then do a local media campaign. Don't take the long way home by attempting a macro-campaign when a more direct route is available.

The most common denominator indicative of campaign success or failure is controlling to ensure that adequate exposure of the social norms message reaches the intended target population. This factor has certainly been the key lesson learned in our Montana campaigns and explains the main difference between campaigns that have shown measurable changes in behavior and ones which did not yield such results (Linkenbach & Perkins, 2001).

However, it is important for us to visualize how much more effective our local campaigns will be when they are couched within a supportive (or at least non-competitive) cultural media environment. Indeed, we should all strive to realize this vision of health communications, where media reflects clear, consistent, pervasive messages supportive of low-risk lifestyles. These messages should accurately depict protective measures as the norm.

Corrective Lens Surgery: Detecting and Correcting 15 Common Patterns of Media- fostered Misperceptions

A tremendous amount of work remains to minimize those media influences that are counterproductive toward promoting accurate perceptions of the environment. Provided below are common patterns for detecting and correcting misperceptions of health norms in the media. Some of these influences are direct and obvious, while others are more indirect or subtle. A commonality is that they all contribute to exacerbating risks in the social environment by promoting misperceptions of the context of health behavior. Perhaps the greatest impact is not from any one of these particular patterns, but rather from their synergistic

effects that result in a sort of cultural tsunami of inaccurate views of the social environment.

The medical profession identifies physician-caused harm as iatrogenic effects. To the extent that these media influences promote misperceptions of health norms that are clearly associated with higher risk for harm they, too, should be viewed as iatrogenic in nature, and deserve the same "Do No Harm" ethical attention by health professionals to eradicate their toxic effects. The fifteen guidelines identified below are a modest step in this direction.

Error #1: Health Terrorism is defined as, "the use of force or threats for the intended purpose of improved well-being (Linkenbach, 1998)." This highly traditional approach is often employed by health educators with the belief that healthier behaviors result from increased knowledge of risks and harm. The goal of health terrorism is to "scare the health" into the target population by using fear-based strategies or graphic images. Contrary to the intention of those employing health terrorism such strategies actually support and exaggerate misperceptions of the prevalence of harm by providing a barrage of negative cues from the environment.

Correction #1: Health (Norms) Promotion is the antidote to health terrorism. Generally speaking, if the goal is to increase health and decrease risks, then images of good health and lowered risk should be utilized. Data from social norms interventions demonstrate that messages and images that portray health as the norm and the expected behavior result in increased health protections and lowered risk (Haines, 1996). Health (norms) promotion generates feelings of trust and an awareness that the public is capable of handling the truth.

Error #2: Myth-Making is the creation of unproven, false collective beliefs about the risk-taking behaviors of a sub-population that grow into widely held beliefs by the general population. Once introduced to the media these myths become clichés that are recycled and supported by expert opinion as if they were true. Myths are usually politically embedded to support an agenda of

increasingly strict policy solutions by agencies reporting on the so-called epidemic or "crisis du jour." The topics of the myths periodically change with available funding and are often oppressive in nature--targeting those groups with the least ability to mobilize against the onslaught. A classic example revolves around the "Myth of the American Youth Crisis," which inaccurately portrays youth as being more involved with harmful behaviors than the adult culture (Males, 1996).

Correction #2: Media Warning Labels are tools that put the brakes on the momentum of myth-making media influences. The misperception-effect, which can result from reporting on harm-focused media coverage, can be minimized by informing the viewer of the true behavioral context and the potential side effects of misinterpretation. Much in the same way that certain products, such as tobacco, alcohol or pharmaceuticals, must inform consumers of potential adverse consequences, the media warning label can be placed at the beginning or end of the media coverage to assist the media consumer in maintaining an accurate perspective on health as the predominant norm.

The best example of this tool in practice is seen on the HECNews list serve at the Higher Education Center for Alcohol and Other Drug Prevention (HEC) web site (www.edc.org/hec/) which includes the following warning with each posting:

"HECNews is a conduit for all press coverage related to alcohol, other drugs and violence at U.S. colleges and universities. Negative news coverage of these issues is pervasive and may serve to reinforce exaggerated misperceptions of actual substance abuse norms. Our awareness of this news coverage should strengthen our resolve not only to address AOD problems on campus, but also to advocate for news coverage that draws attention to the responsible majority of college students."

Error #3: Problem Profiling is the disproportionate association of a sub-population with negative attributes or problem behaviors. Historically, profiling has been primarily common for

issues of race, but also occurs with other groups, such as youth and college students. Disproportionate media coverage that focuses on negative incidents serves to promote misperceptions and fear of the profiled group by the general public. Significant damage to the profiled group results because the problem profile tends to become the dominant way that members of the group are viewed by the general public. The negative profile functions as a cultural scapegoat where media attention disproportionately places blame for societal ills onto a group so that what is defined as society's ailment is synonymous with characteristics of the group (Males, 1996).

Correction #3: *Hero Celebration* is the media counter-balance to problem profiling. It is the practice of running media stories which accurately portray members of a group with positive qualities that are predominantly characteristic of the group as a whole. "Heroes" are celebrated by featuring stories about ordinary people and events that appear extra-ordinary. Comments are made in the story about how the behaviors of the heroes actually typify other members of the group and serve to reinforce the prevalence of health norms.

Error #4: "*If It Bleeds, It Leads*" is the classic media cliché that depicts how stories about extreme behaviors dominate media headlines in order to sell the media to the public. In our fast-paced information age where the public will often skim headlines and introductory paragraphs, the bold print headlines set the tone and convey the primary message. Misperceptions are fostered by readers who obtain only negatively-biased information that focuses on problems or downward health trends. A classic example is a headline that states, "Health Officials Say State Having Meth Epidemic," when the actual use of the substance rose from 1 to 2 percent in the general population (*The Missoulian*, 2001). When the actual context is provided it is often buried far into the article, typically after other alarming facts or stories. The harm is done because the reader is left with the main message that problems are epidemic and getting worse.

Correction #4: *Health Headlines* put a truth tourniquet on the "If It Bleeds It Leads" flow of reporting on health and safety issues. This approach (pioneered by Michael Haines) generates news that focuses on positive trends and health norms instead of focusing on sensationalized gore and extreme stories. It is focused on the solutions rather than problems, and on assets rather than liabilities. Often the exact same data report can produce overwhelmingly positive health headlines by merely focusing on the predominant trends or findings. Examples based on national trend data might state, "Schools Remain Safest Place for Kids in Society," or "Overwhelming Majority of Young Adults Prevent Impaired Driving." Local reporters and writers are usually relieved to have opportunities to detail positive news about their communities.

Error #5: *Skewed Extremes* constitute the practice of inaccurately presenting extreme harmful behaviors, causing them to appear as though they were representative of common, mainstream (normative) behaviors. Media professionals are trained in developing stories based on the unusual, where "Dog Bites Man" is not news at all, but a story about "Man Bites Dog" gets printed. Statistically, it represents a focus on the extreme tails (10%) of the bell curve while presenting them as the middle (90 percent) average. A common occurrence for this skewing is due to confusing the seriousness of an event (i.e. a youth impaired driving tragedy) with the prevalence in which the event occurs.

Correction #5: *The Main Frame* is a way of insuring that the reader or viewer grasps the true context in which behaviors occur. The most obvious correction is to create news frames which feature mainstream behavior, that 90 percent of the bell curve. Even coverage on extreme and serious events can be covered without exaggerating the context in which the behavior occurs. This approach, known as the Social Norms Sandwich, packages media coverage of tragic stories in Context-Event-Context format. That is, the "meat" of the crisis story can be surrounded by the "buns" of the social norms context to insure that

the viewer understands that the crisis was outside the norm of what is typical (Linkenbach, 2000). It makes sense for college and health administrators to have mainframe sound bites ready so they can address the seriousness of a crisis without blowing it out of proportion.

Error #6: *Deficit Focus* is the process of highlighting attention toward extreme behaviors outside of the norm by focusing on individuals who are void (deficient) of health or protection. Overemphasis on the extreme behaviors of the few at the level of media distorts the accurate behavioral context. It is the classic view where the glass is seen as

" Reversing the Ratio is a technique that shifts the spotlight of attention from the problem behaviors of the few to the assets of the majority (Wallack, 2000)."

half empty. The ratio of resource allocation and negative media typically parallels programs that operate from a deficit focus (i.e. 90 percent of funding or media coverage focused on 10 percent of problem population). In addition to supporting misperceptions, a deficit focus promotes discouragement among the public with a "never enough" atmosphere, along with statements that more resources could "fill" the void.

Correction #6: *Reversing the Ratio* is a technique that shifts the spotlight of attention from the problem behaviors of the few to the assets of the majority (Wallack, 2000). It is the classic view of the glass seen as half full. Press releases from major studies can be reframed to create accurate perceptions of the social setting. Often the exact study that produces a deficit-focused article can also be used to reveal completely opposite headlines. For example, a study which focuses on the fact that "25 percent of youth use tobacco" can be reframed to mention that "75 percent of youth (like their parents) are tobacco free, and this positive

healthy majority is our greatest asset for addressing those outside the norm.” Michael Haines, the director of the National Social Norms Resource Center, was among the pioneers of this viewpoint. The ratio of resources can also be reversed so that program and media attention is commensurate with the ratio of positive behaviors. Positive press releases and featured stories that focus on community health generate community competence and enhance resiliency.

Error #7: *The Great Oz* (of media) supports misperceptions by misleading the media public into assuming that stories are representative of the reality of what is occurring in society. A mysterious reverence is often held by the public about how news is generated, with the erroneous belief that the (Great Oz) media only prints balanced, factually researched stories. The assumption that stories are objectively researched, rather than provided by “cut and paste” news making, results in misleading the public into trusting that news releases reflect social reality. In an environment of racing to meet print deadlines, stories are often printed nearly verbatim that have been spoon-fed to the media by agencies with harm-oriented agendas.

Correction #7: *Behind the Curtain* is the process of respecting the media public through (misperception) media literacy. A truthful revealing of the news-making process empowers the public with a proper perspective of how a story was generated. Such industry practices will not quickly change so, until they do, social norms practitioners must become aware of how to minimize misperceptions in the current environment. First, we can advocate for the media to begin printing truthful disclaimers about what percentage of the story was researched versus “cut & paste” and who provided the press release. Second, social norms practitioners must operate in the current environment by creating positive stories that spread hope and truth to counter those of despair and misperceptions.

Error #8: *Off-Balanced Reporting* is the disproportionate coverage of harmful, non-normative media, which results in an overall environment of negative media coverage. Numerous studies

and books detail how this negatively skewed reporting affects public perception of certain groups such as youth or people of different races (Dorfman & Schiraldi, 2001). A continual focus on negative stories about sub-groups promotes misperceptions by presenting the public with a false picture that contains a higher frequency of severe crimes, harm, or negative health trends than is actually the case. For example, one analysis revealed that nearly seven out of 10 California news stories (68 percent) on violence involved youth, whereas youth made up only 14.1 percent of total violent crime arrests (Dorfman & Schiraldi, 2001). Overall, the report found that the news presents the public with a false picture of a higher frequency and severity of youth crimes than is actually the case. In fact, among the 9,678 network and local TV stories analyzed, researchers found only nine instances of teens being praised for their involvement in community service or humanitarian work.

Correction #8: *Setting the Record Straight* is a process of media advocacy that provides balanced, accurate stories and news coverage. Proactive news-making ensures that stories reporting on health issues make reference to actual context, data and trends, so that the viewer understands the reality of the situation. For example, from the same media analysis of violent crime in California mentioned above, the record could be set straight by mentioning that violent stories made up 25 percent of all youth coverage, when only three young people in 100 actually perpetrate, or become victims of violence (Dorfman & Schiraldi, 2001)—a sober reminder about how to interpret the content of the story. A content analysis of local media coverage can develop a “report card” on the track record of balanced coverage.

Error #9: *Step Aside Mortals* is a process of disengaging ordinary people from solving community-based social problems by communicating expert exaggerations of harm over the overwhelmingly common health experiences of citizens. Misperceptions are solidified by institutionalizing community solutions, which seek to increase problem

awareness. Media-supported solutions typically advocate for an increasingly autocratic atmosphere and create policy voids to be filled by the programs or policies of the cited experts. As social capital decreases, the misperception environment flourishes because the public begins to trust expert exaggeration of the problem over the reality of their own experiences.

Correction #9: *“We the People”* is a process of using the media to reflect the attitudes and behaviors of “Most of Us” ordinary citizens whose everyday health practices and attitudes are most typical (“Most of Us” is the campaign name of the Montana Social Norms Project). The credibility of average citizens is amplified as people come to trust that their own experiences with health are more representative of what is really going on around them than they had previously perceived, or more in alignment with reality than the harmfully myopic views of the so-called experts. A democratic process is supported which trusts that solutions already reside in the community, and stresses that what is most needed is a proper view of the overwhelmingly healthy environment.

Error #10: *“The Mantra”* is a professionalized, techno-speak language which communicates a basic message to the public that “the problem” is so big that average citizens can’t be expected to understand or solve it. Community members become confused and overwhelmed by the mantra, so they disengage from tangible ways that could become part of the solution of correcting misperceptions. Different organizations have their own agency-specific mantras, but the generalized formula cites expert opinions about what it will take to make a difference by using concepts and phrases connected by filler words (connote here as “rata”), so that a typical

“Proactive news-making ensures that stories reporting on health issues make reference to actual context, data and trends, so that the viewer understands the reality of the situation.”

prevention mantra sounds something like, “*THE rata rata PROBLEM rata, CRISIS rata rata COMPLEX rata, rata WIDESPREAD rata rata LONG TERM rata, NO SILVER BULLETS rata rata COMPREHENSIVE, rata rata MULTI-FACITED rata STRICTER POLICIES, rata rata INCREASED RESOURCES rata rata!*”

The Mantra is often based on an institutional insanity which touts that doing more of the same things that have always been done in the past will somehow produce different results in the future. For example, tough love policies evolved into three strikes, which hardened into zero tolerance—all of which basically produce zero results (Skiba, 2000).

Correction #10: “*The Data*” is the hallmark sound bite for the social norms approach to prevention. As opposed to aligning with any particular agenda, the social norms media solution is a pragmatic focus on “what works.” The data generates an understanding of the process that promoting mainstream positive behaviors generates more of the same.

Nothing has served to build momentum for support for correcting misperceptions of health norms better than outcome data demonstrating 18-21 percent reductions in heavy alcohol use by college students in less than a two-year period of time. The combination of significant outcomes (data), produced from refreshingly, positive social norms messages, continues to enlist community advocates who work to shift attention from problem-focused agendas. Simply stated, the most powerful counter to the drone of non-researched ideologies is successful data which continues to breed more success.

Error #11: *Junk Science* is the process of conducting opinion “push polls” for the purpose of generating media based on concerns or fear. This process is one that is borrowed from the political environment where biased, non-validated surveys are posed to a population in order to generate the perception of support for a particular political policy initiative. The results are then “pushed” into the media through a press release as if they were based on a sound scientific process. Generating concern or

fear for an issue pre-empts a reactive solution. When a credible governmental or research agency uses junk science, the misperception effect can be even more detrimental. Additionally, as the public starts to equate all research with being junk science, they tend to mistrust credible scientific data.

Correction #11: *Scientific Rigor* is the foundation of the social norms approach to prevention and is the basis for all strategic interventions. Adhering to the rigor of sound social science methods promotes confidence in campaign messages and in outcomes. Data based on rigorous science serves to generate news stories. Replication of successful studies builds on-going support for future campaigns.

Error #12: *Shock Photos* are photo and film images which focus on extreme events and crises and leave the viewer with a distorted view of the true social context. Fear-based emotional reactions are often more easily remembered than those depicting typical norms and strengthen the viewers’ over-exaggeration of problems. Even when the content of an article is overwhelmingly positive and reflects accurate social norms, the accompanying photo is negative and inconsistent. For example, the content of a story may stress how the majority of college students are engaged in preventing impaired driving, but the associated image may be that of a crash scene complete with ambulance and hugging survivors. Repeated exposure to negative images not only desensitizes a target audience to the seriousness of the health issue but serves to normalize the occurrence of such behaviors.

Correction #12: *The Picture of Health* is the practice of showing photos and film clips that are consistent with promoting majority health norms. The cliché that says “a picture is worth a thousand words” really applies when it comes to promoting accurate understanding of the prevalence of health norms. Media stories on health norms should utilize images that are consistent with those norms. Even when the story is covering the seriousness of a tragic event, an image-reference shows that it only affects the minority of the population. One technique is to use a graph or

photo depicting the prevalence of the issue (i.e. 20 percent) in relation to normal (i.e. 80 percent) behavior. The point is that the image alone should leave the viewer with the proper impression of that which is normative and that which is outside the range of typical behavior.

Error #13: *Septic Semantics* consist of the use of toxic words and phrases that inaccurately distort the true context of a predominantly healthy social environment. Misleading phrases and word associations like college binge drinking, or the epidemic of youth violence get recycled and create false images which distort accurate perceptions of the normative environment (Perkins, DeJong & Linkenbach, in-press). Language is incredibly powerful, because it is through our choice of words that we communicate our view of the world.

Septic semantics reflect the widespread nature of misperceptions in our culture. A classic example is the use of the phrase, “We must change social norms,” when referring to a non-normative behavior. In most cases, an overwhelmingly dominant, positive social norm already exists, but it needs to be strengthened so that the extreme behaviors of smoking or impaired driving can be diminished.

Another common example is the confusion between the seriousness of a problem and the prevalence in which it occurs. Certain health issues such as impaired driving or sexual assault are incredibly serious threats, even if they are rare occurrences from a norms perspective.

Correction #13: *Verbal Victories* incorporate the use of words and phrases that accurately portray the true context of an overwhelmingly healthy social environment. If our view of the social scene continually focuses on the reality of normative behavior, it will be reflected in our choice of language. We need to use phrases which characterize a competent youth—most of whom are already healthy, or trusting in community. Verbal victories result whenever the reader or viewer accurately comprehends the prevalence of healthy norms.

Error #14: *Film Phlegm* is the distortion of the prevalence and acceptability of health risks as seen in the enter-

tainment industry though television and motion pictures. Modeling health-compromising behaviors such as smoking or the non-use of seatbelts can serve to distort the prevalence and acceptability of such behaviors. For example, research demonstrates how violence in music, cartoons or movies serves to normalize such behaviors. From a social norms perspective, the promotion of healthy, lowered-risk lifestyles in the entertainment industry is an important component of communicating an accurate picture of an overall healthier culture. However, because part of the purpose of the entertainment industry is to provide an escape from the routine and normalcy of life, so the parallels with misperceptions may not be as obvious as appear on the surface.

Correction #14: *A Movie Marvel* is an infusion of healthy normative messages and images into the film, television and music industries. Role models are created when popular actors, characters or musicians uphold healthy attitudes or behaviors practiced by the majority of a group. Images of low-risk alcohol use, or wearing bicycle helmets help to normalize desired behaviors. Contrary to a common belief that representatives of the entertainment industry do not welcome inclusion of such content or agendas into their art, many are quite open to becoming partners in health by utilizing the power of their mediums to promote social health. The entertainment industry is a significant pillar of our culture and must be embraced as an ally.

Error #15: *BADvertising* is the marketing of non-normative, health-risk behaviors. This marketing occurs by commercial advertisers who are seeking to increase product sales by normalizing their product. For example, certain sporting events (car racing, women's tennis, or rodeo) are often sponsored by the tobacco industry, which seeks to create the perception that use of their product is a normal part of life.

Social marketers such as health and prevention specialists also serve to normalize the use and associated harm of tobacco use by designing images which model (brand) the very behaviors they seek to "counter-market." As far as misperceptions are concerned, the intent, or

Media Misperceptions Detection and Correction Guide

Media Misperception Detection	Iatrogenic Effects (harmful side effects)	Misperception Correction (social norms tool)	Healthful Effects (healthful benefits)
Health Terrorism	Generates concern, fear and reactive policies based on overgeneralizations.	Health (Norms) Promotion	Fosters trust, community competence based on accurate views.
Myth Making	Compounding misinformation and partial truths foster 'crises du jour.'	Media Warning Labels	Contextual disclaimer warns reader of potential overgeneralization & misperception.
Problem Profiling	Negative attributes disproportionately attached to sub-groups create cultural scapegoats.	Hero Celebrating	Positive qualities accurately characterize group norms and recognize heroes.
"If It Bleeds, It Leads"	Bold titles and lead stories focused on problems of the few mislead viewer about context.	Health Headlines	Bold titles and lead stories focused on health norms accurately inform viewer.
Skewed Extremes	Data and stories representing extreme behaviors portrayed as if representing mainstream norms.	The Main Frame	Data and stories correctly framed or "sandwiched" within accurate context of majority (norms).
Deficit Focus	Focus on behavior outside of norm creates negative inaccurate views (Glass_empty).	Reverse the Ratio	Asset-focus on protective norms empowers through positive majority expectations (Glass_full).
The Great Oz (of media)	Public deceived by assumption that negative media reflects objective research and reporting.	Behind the Curtain	Media literacy promotes public understanding that "cur & paste news" skews actual context.
Off-Balance Reporting	Disproportionate media coverage leads to overexaggeration of risk and harm.	Setting the Record Straight	Proportionate media coverage leads to factual understanding by public.
"Step Aside Mortals"	Passive public acceptance of exaggeration and professionalization of the problem by expert opinion.	"We the People"	Ordinary citizens actively involved in dispelling truth and counteracting distorted, toxic views of "experts."
"The Mantra"	Public disengaged and overwhelmed by statements that problem is too big to actually solve.	"The Data"	Public engaged and empowered through understanding achievable results.
Junk Science	Public mislead by results of "push polls" designed to generate concern and policy support.	Scientific Rigor	Scientific rigor establishes credibility of data-driven process supporting norms.
Shock Photos	Emotionally-laden photo images and film clips of extreme incidents distort view of accurate norms.	The Picture of Health	Images and graphs provided to reflect healthy norms and inform viewer of true social context.
Septic Semantics	Language is used which inaccurately distorts prevalence of non-normative health problems.	Verbal Victories	Proper phrases and words used to be consistent and accurately portray health norms.
Film Phlegm	Entertainment industry models false norms.	Movie Marvels	Film and TV programs promote healthy norms.
BADvertising	Product marketing and health counter-advertising result in branding false norms.	Social Norms Marketing	Marketing campaigns promote and brand healthy norms.

funding source of the marketer (whether they be pro- or anti-harm), is indistinguishable as long as both advertising outcomes result in increased misperceptions of the prevalence of the harmful behavior. Essentially, BADvertising is characterized by support of misperceptions of health norms.

Correction #15: *Social Norms*

Marketing is the use of general marketing strategies to promote awareness of normal (health) behavior to a particular target population. The result of rigorous social marketing campaigns is a shift in misperceptions of health norms and a measured shift in attitudes or behaviors.

Conclusion

The tools presented in this paper can assist social norms practitioners in their efforts to detect and correct misperceptions of health norms in the media. The challenge is great, because many professionals are not aware that focusing continually on problems and consequences can backfire and produce iatrogenic effects. Any media that results in supporting misperceptions of health norms is essentially an example of where the solution has become a greater problem than what it originally intended to solve. To the extent that we can be more alert to these distortions and produce media that promotes health, we will contribute to the solution and not to the problem.

Finally, we must reach across models of health communication and develop new guidelines for presenting health issues. Much additional research, writing and reflection will occur beyond this initial working paper. We will continue to strive for a vision of health communications where all media reflects clear, consistent, pervasive messages supportive of low-risk lifestyles that accurately depict protective measures as the norm.

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