Summary

This dissertation contains a collection of studies that investigated news media coverage of public health crises, and especially, the role of emotion in such coverage. News media holds a crucial role in shaping the public response to crises – individuals’ perceptions of personal risk, their feelings of fear or worry, and their performance of precautionary behaviours. Public perceptions and behaviours, in turn, impact the success of efforts of mitigation, or containment, of such crises (Brug et al., 2009; Vaughan, 2011). Yet during past crises, news media were recurrently scolded for fear-mongering, dramatizing stories by sounding alarm, or sensationalizing (Andresen, 2006; Glik, 2007; Wagner-Egger et al., 2011).

Considering the media’s key role in crises and the widespread criticisms, surprisingly little definitive evidence on the veracity of such claims exists. The ultimate goal of this thesis was therefore to advance our understanding of whether news media coverage contributes to greater, potentially unwarranted, perceptions of risks and intensified fears, and, if yes, in what ways. In answering this question, I zoomed in on the role of emotion in health crisis coverage, which is a particular one: essential for the comprehension of risk and the motivation of protective behaviours, yet disputed among scholars and potentially fuelling harmful responses to the crisis. I employed a multidisciplinary and multi-methodological approach. The present dissertation project examined (1) the role of emotions from a theoretical perspective, (2) journalists as a key factor shaping news content, (3) news content itself, and (4) its effects on audiences’ emotional, cognitive, and behavioural response to a health crisis situation.

The Role of Emotion in Health Crisis News

Covering the news in an emotion-evoking or a sensational style is often at the core of the criticism against health crisis coverage (Dunwoody & Peters, 1992; Shuchman & Wilkes, 1997), viewed as fuelling the emotional impact of crisis events. Existing scientific evidence on the role of emotion in the perception of (health) risks and in journalism, however, is conflicting. Therefore, to enable an evidence-based discussion of the role of emotion in health crisis coverage, I conducted an interdisciplinary review of
empirical findings from three academic spheres: journalism, (health) risk communication, and media psychology (Chapter 2). The reviewed evidence demonstrated that emotion-evoking news elements (e.g., emotive imagery, language, exemplars) can – if used with care and moderation – fulfil important functions in health crisis news. Firstly, emotion-evoking elements may help attracting attention to epidemic risk once the novelty of the danger has worn off and public interest wanes, yet ongoing infections are actually still threatening public health. Secondly, though often argued that objective reporting precludes emotional elements, if journalists strive to report objectively and accurately on health crisis events, emotive elements are an integral component. Not only are emotions part and parcel of the reality journalists aim to accurately mirror, emotions are also essential for individuals’ accurate understanding of risks (Damasio, 1994; Slovic, Finucane, Peters, & MacGregor, 2004). Research shows that humans have difficulties understanding risk based on ‘cold facts’ alone, especially as the magnitude of a crisis gets more catastrophic (Fetherstonhaugh, Slovic, Johnson, & Friedrich, 1997). Thirdly, emotive news elements are useful if journalists are to assume a role of mobilizing public engagement. They can facilitate an involvement with distant suffering, a prerequisite for public actions like donations (Chouliaraki, 2006; 2008). Moreover, they stimulate self-protective health behaviours (e.g., Zebregs, van den Putte, Neijens, & de Graaf, 2014), an important factor in preventing disease spread and crisis escalation.

**Journalists’ View on Health Crisis Coverage**

A second core element of this dissertation project was to investigate how journalists understand their roles during a public health crisis (Chapter 3). If we aim to understand the use of emotion in crisis coverage it is essential to understand journalists’ view on their professional roles, most importantly, whether those include taking responsibility for the emotional impact of their work. Although journalists’ professional role perceptions have been well studied among journalists working in general news beats or covering political issues (e.g., Hanitzsch, 2011; Hanitzsch et al., 2011; Weaver & Wilhoit, 1996; Willnat et al., 2013), few studies have examined how general principles apply to the health crisis context (Burkhart, 1991; Krüger, 2005; Hooker, King & Leask, 2012), and what attitudes journalists hold towards the use of emotion in their reporting (Pantti, 2010; Richards & Rees, 2011).
It thus remained unknown how journalists view their responsibility toward the emotional impact emanating from health crisis coverage. To address this gap, 22 in-depth interviews with reporters experienced in health crisis reporting were conducted (Chapter 3). Findings indicated that the majority of journalists were sensitized to the delicate, emotion-laden nature of a health crisis event and expressed a sense of responsibility for the emotional impact of their work. Still, a fine line between ‘acting responsibly’ and ‘being responsible for the end result’ emerged. While having responsibility for not fanning fears through reporting, journalists were less willing to take responsibility for eventual public responses (e.g., if audiences are fearful anyhow, even though coverage is not dramatic). Further, I observed that journalists tended to adopt a role as mobilizers of health behaviours (e.g., enabling citizens to take precautionary measures) and mobilizers of social responsibility (e.g., preventing the stigmatization of affected parties) when reporting on health crisis events. During acute crisis stages, reporting seems to become more concrete and advisory, for example, by providing clear “how-to-act” messages. During crises journalists further tended to shift from a role as watchdogs of (health) authorities to one as co-operatives in crisis mitigation efforts. Lastly, specialist reporters appear to hold a particular function due to their medical expertise and experience with prior crises. Several interviewees described themselves as ‘sober voices’ within their news organizations that are less likely to get swayed by the panic often accompanying health crises.

The Content of Health Crisis News
A third key question this dissertation investigated was whether media coverage of past pandemics was indeed too emotional or sensationalist (Chapter 4). A rich body of content-analytic research on how mass media generally cover health crisis events exists (e.g., Hilton & Hunt, 2011; Shih, Wijaya, & Brossard, 2008; Krishnatray & Gadekar, 2014). However, despite the multitude of studies, especially regarding the important question as to whether the media tend to dramatize health crisis events, existing findings are sharply conflicting (e.g., Lewison, 2008; Vasterman & Ruigrok, 2013). In Chapter 4, I proposed that the reason for these conflicting findings might be that studies often investigate selected news characteristics that may contribute to dramatization, such as the use of certain words (e.g., “deadly”, or
“Black Death”; Hansen, 2009). Yet, risk research and health communication studies indicate that dramatization or fear-mongering happens through an interplay of factors: (1) the sheer amount of coverage can amplify risks and increase fear among the public (Kasperson et al., 1988; Mazur & Lee, 1993; Rubin, Potts, & Michie, 2010), (2) factual information can also evoke emotions, for example, if emphasizing the threat of a health risk without recommendations on how to reduce this risk (Maddux & Rogers, 1983; Witte, 1994), and (3) the tone of coverage (e.g., presence of emotive elements) adds to dramatization. I therefore investigated this interplay in the media coverage of a health crisis event by the example of the 2009 H1N1 (swine flu) pandemic. Aiming at uncovering more general patterns across countries and media forms (tv, print, online, etc.), I conducted a systematic review of existing content-analytic studies and integrated findings in light of the three core factors. The review uncovered a general pattern in news coverage, in which two of the characteristics were present: I found that the H1N1 pandemic received large media attention, and that information on the threat of the H1N1 virus was dominant in news coverage, outweighing information on preventive measures. However, whether coverage tonality was dramatic, or rather, was factual, remained nebulous due to conflicting findings and varying definitions among the reviewed studies. These findings indicate that a perception of dramatization may have developed through the sheer amount of news coverage as well as through an overemphasis on threat over precautionary measures. However, we cannot answer whether news coverage was overly dramatic in terms of the tone of coverage. In other words, there is no clear answer whether journalists embellish their stories and dramatize by using emotion-evoking elements such as explicit photographs.

The Effects of Health Crisis News
Journalists are often accused of aggravating the impact of epidemics through the use of emotional language, worst-case scenarios and vivid reporting, for example by referring to a virus as ‘killer virus’ or using fear-evoking imagery (Dunwoody & Peters, 1992; Shuchman & Wilkes, 1997). Scholars and health officials commonly claim that such emotion-evoking coverage heightens risk perception, fans fears and may cause irrational behaviors.
The veracity of such claims, however, remains unclear. Although prior studies provide some evidence that emotion-evoking formal news features may increase risk perceptions and negative emotions (e.g., Grabe, Lang, & Zhao, 2003; Zillmann, 2006), evidence on the effects of emotive health crisis news, particularly on the independent and combined effects of an emotion-laden form and actual risk characteristics (individual's vulnerability to risk, risk severity), is lacking. Chapter 5 presents the results of an online experiment conducted to tackle this research gap. The experiment compared reactions to different types of news coverage on an epidemic outbreak among 1324 participants, and also investigated the effects of perceiving coverage as sensationalist: Does such a perception lower risk perceptions and intentions to engage in risk-reducing behaviours? Results provide little evidence for strong effects of sensationalist reporting on public response. Risk perceptions, negative affect (e.g., fear), and behavioural intentions were primarily influenced by the actual risk characteristics, whereas the form of the news article affected only certain responses. More specifically, participants that read the article in an emotion-laden form judged the risk as more severe and expressed stronger empathy with victims than those who read the factual article. However, they did not report stronger negative affect, nor did they feel more personally vulnerable or expressed more intentions to engage in risk-reducing behaviours. With regards to the effects of perceiving coverage as sensationalist, results show that if the actual risk was high in severity but low in vulnerability – a deadly disease that spreads in a distant country – they perceived the article more sensationalist if the risk was reported in an emotional form. Perceived sensationalism, in turn, counteracted the impact of the news article on important responses such as risk perceptions, i.e., it reduced these. This dissertation thus indicates that risk perceptions are influenced more strongly by the actual risk characteristics than by the form or style of a news story. Moreover, I tentatively conclude that the public knows how to distinguish ‘fact’ from ‘fiction’ in epidemic coverage. Audiences perceive news reporting only to be sensationalist if their vulnerability is indeed low, and still, journalists cover the risk very dramatically.

**Conclusion**

This dissertation has provided four key insights that advance our understanding of whether and in what ways news media coverage makes a drama
out of a crisis by contributing to greater, and potentially unwarranted, perceptions of risks and intensified fears. Firstly, journalists were aware of the necessity of not fanning fears or dramatizing risk in hot crises and many professed to take on responsibility for the emotional impact of their work (Chapter 3). Secondly, to date there is little clear evidence showing that news content is as emotion-evoking or sensational in style, as media criticism suggests (Chapter 4). Thirdly, even if news coverage contains emotion-evoking formal features, these may not have the often-postulated negative impact, as the experiment found no evidence that an emotion-laden form increases perceptions of risk and intensifies fears (Chapter 5). Taken together there is thus little evidence that increased risk perceptions and fear are an intended consequence of health crisis coverage, caused by journalists’ deliberate use of stylistic elements to embellish their stories. However, a fourth key inside of this dissertation was that an “amplification of risk” (Kasperson et al., 1988) can still inadvertently occur as a by-product of factual reporting on epidemic risk through (a) the sheer amount of reporting on the issue and (b) a focus on risk information over measures of prevention (Chapter 4).

In conclusion, this dissertation suggests that news media indeed contribute to increased, potentially unjustified, fears and risk perceptions, yet this negative impact seems primarily an unintended consequence, or by-product, of news reporting. It is conceivable that most journalists only try to cover what is objectively known about health crises, and report on this in a predominantly sober and factual manner, not actually reverting to emotional reporting. Nevertheless, because the incident itself is emotional, and often paired with a rapidly increasing, or an immense volume of, coverage, it may trigger exaggerated fears and risk perceptions.