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## HIV/AIDS Prevention and Media Campaigns: Limited Information

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Review

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3 **Abstract:** In this study we start by recalling some hypotheses on how the media construct an event. Then we  
4 focus especially on a linguistic process, the presence of some particular adverbs, that we identified in French  
5 daily news media informing about the prevalence and incidence of HIV/AIDS. We claim that this linguistic  
6 process is part of the construction of the event and we experimentally test its reception effects. We show that this  
7 “adverbial marking” influences one’s risk perception, the preventive intentions, the perceived seriousness of the  
8 epidemiological situation, and attitudes towards fighting the epidemic. The final discussion addresses the  
9 persuasiveness and efficacy of preventive mass media campaigns.  
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22 HIV/AIDS appeared by surprise in the 1980s and it continues to be a serious health  
23 problem, remaining the number one killer in some parts of the world. But in the recent past  
24 HIV/AIDS has been trivialized in Western countries and particularly in France and gradually  
25 perceived as an another disease, losing its epidemic status and falling out of public discussion  
26 and fear as an object of social perception. For a long time perceived as a singular disease and  
27 generalized threat, HIV infection has progressively evolved toward the status of a chronic  
28 disease and thus “acceptable risk”. This “AIDS normalization process” grew during last  
29 decades and seems to be matched today with a relaxation of preventive behaviours (Setbon,  
30 2000; Beltzer, Lagarde, Wu-Zhou, & Gremy, 2005).  
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45 Faced with this problem, mass media can be (again) one element of broader health  
46 promotion programmes, in particular because they offer the widest possible exposure, the best  
47 opportunity for reaching the concerned target within a short timeframe, and they are  
48 awareness-creating tools (Winnett & Wallack, 1996; Rice & Atkin, 2002; Salmon & Atkin,  
49 2003). Indeed, mass media are a leading source of information about important health issues  
50 and therefore are targeted by those who aim to influence perceptions and behaviours.  
51 Concerning HIV/AIDS, experimental research has focused on how best to compose media  
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3 messages and evaluate their efficacy (Sherr, 1987; Bertrand, O'Reilly, Denison, Anhang, &  
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6 Sweat, 2006; Myrhe & Flora, 2000; Palmgreen, Noar, & Zimmerman, 2007).  
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11 However, beside this positive and optimistic view as regards the role of mass media in  
12 health promotion programmes, there is also a critical view regarding how the media portray  
13 the hazards in general - that mass media reports about hazards are generally biased and not  
14 strictly driven by pure healthy considerations (Clarke, 1992; Singer & Endreny, 1993;  
15 Sandman, 1997; Kitzinger, 1999). Moreover, regardless of the theoretical perspectives and  
16 methodological tools used, critical studies on media information have all concluded that the  
17 "construction of information" (and thus "construction of reality") and its influence on  
18 individuals are sound and convincing propositions (Veron, 1981; Adoni & Mane, 1984;  
19 Fielding, 1997).  
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34 Drawing its inspiration from this critical perspective, this study focuses on the media  
35 treatment of AIDS. First, certain propositions from studies on mass media are presented.  
36 These are used as criteria for analysing some singular journalistic statements extracted from  
37 the data collected in the French dailies. They reasonably encompass the "constructed" part in  
38 the media discourse on AIDS. Second, the potential effects of this journalistic phrasing on the  
39 perception of risks and on the opinions of the management of the epidemiological situation  
40 are experimentally investigated.  
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### 53 **Reality and the Media: The Human and Social Sciences' point of view**

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57 The critical view on mass media is based on the following set of general assumptions.  
58 The first one is based on the "agenda setting" and "framing" concepts and claims that the  
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3 mass media draw the public's attention to some questions and contribute to imbue those  
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5 questions with a sense of urgency. They direct the public's preferences and define which  
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7 problems are important and how events must be understood, telling what to think about and  
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9 how to think about it (McCombs & Shaw, 1972; Combs & Slovic, 1979; Iyengar & Kinder,  
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11 1987; Mazur, 2006; Weaver, 2007). The second one refers to the research about the  
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13 (important) role of the media in the shaping of people's risk perception and claims that the  
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15 mass media tend to exaggerate some risks and ignore others, sacrificing objectivity for  
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17 sensationalism, hazards with associated deaths or injuries being longer and more prominently  
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19 featured than other hazard stories (Johnson & Covello, 1987; Kristiansen, 1983; Karpowicz-  
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21 Lazreg & Mullet, 1993; Af Wåhlberg & Sjöberg, 2000). The third one, referring to the  
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23 Lippmann's "pseudo environment" idea (1922) claims that the mass media stage the world  
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25 into representations which are considered by the public as "The real" (McCombs & Gilbert,  
26  
27 1986; Kinder & Sears, 1985) and to some extent matches with the main tenet of the Bandura's  
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29 Social Learning Theory (1977) according to which the picture the people are given by the  
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31 media distorts their worldview and makes them unrealistically worried.  
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42 There is also a large consensus in the human and social sciences that language is an  
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44 essential aspect of the social construction of reality. The structural power of language is  
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46 asserted by Berger and Luckmann in their "constructionist theory": "The common  
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48 objectifications of everyday life are maintained primarily by linguistic signification" (1967,  
49  
50 p.67) and also asserted by some social psychologists, supporting the thesis that language is  
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52 not simply an inert vehicle for communication but also a means for the control of the world  
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54 around us and its social orders (Blakar, 1979). This notion is also shared by researchers on  
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56 mass media who highlight the inevitability of constructing meaning through the use of  
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58 language, considering that factual reality must necessarily be put into words and this phrasing  
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3 is a potential way of anchoring the construction of reality in media information (Manning,  
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5 2001; Sandstrom, Martin, & Fine, 2006; Charaudeau, 2005).  
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11 Opposed to what they consider as an “objectivist” conception of language, some  
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13 authors propose that a linguistic description of reality cannot be neutral, language being a  
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15 subjective mediating form which constructs and directs those descriptions. For example,  
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17 Koren (2004) mentions the idea of “unreachable objectivity” and defines it as “the one which  
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19 consists in claiming or presupposing that the journalist could do without the nature of  
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21 language, without its fundamentally indirect and subjective nature as intermediary, and could  
22  
23 deliberately choose the objectivistic option of a neutral, ontological and transparent wording”  
24  
25 (p. 210). More relevant for our study considering the media treatment of HIV/AIDS and its  
26  
27 effects in reception is the idea, widely shared among the researchers, that by a selective use of  
28  
29 language, the journalist can trivialise an event or render it important, define an issue as an  
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31 urgent problem or reduce it to a routine one (Chyi & McCombs, 2004; Entman, 2004;  
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33 Sandstrom, 2005).  
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### 41 **AIDS: A Media Constructed Reality**

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46 Indisputably, in all the western countries, the mass media have been an important  
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48 source of information about HIV/AIDS<sup>1</sup>. Numerous studies devoted to this media coverage  
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50 confirm that media participated in the elaboration of a representation of the disease, and thus  
51  
52 influenced public opinions and attitudes towards the disease and HIV infected people (Nelkin,  
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54 1991; Hertog & Fan, 1995; Wellings, 1988; Berridge, 1992; Kitzinger, 1998). As regards the  
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56 French press, it seems that the media treatment of HIV/AIDS was directed by traditional  
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<sup>1</sup> In an October 2003 survey by the Kaiser Family Foundation, 72% of the U.S. public said that most of the information they get about HIV/AIDS comes from the media, including television, newspaper and radio.

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3 journalistic criteria and was also biased towards the dramatic and sensationalistic aspects  
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5 (Herzlich & Pierret, 1988, 1999; Masseran, 1990).  
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10         Apprehending AIDS as an event constructed through the media means that it is in  
11 media discourse and through media discourse that a fact is transformed into its representation.  
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13 Traditionally, studies concerning linguistics aspects questioned above all the use of  
14  
15 metaphors, demonstrating that in Western press these have been widely used to make sense of  
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17 HIV/AIDS during its construction as a new disease in the public consciousness (Sontag, 1989;  
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19 Pepper, 1989; Lupton, 1994; Aroni, 1992; Manning, 2001; Herzlich et al., 1988, 1999). Our  
20  
21 study is to some extent also concerned by linguistic aspects, focusing on some particular  
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23 linguistic forms frequently identified in journalistic statements, namely some adverbs, and  
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25 questioning their status.  
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34         Let's consider the following statements: "AIDS has already killed 300 patients", "In  
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36 December only, 91 deaths were reported", "Since its emergence, the virus has infected more  
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38 than 60 million people worldwide, killing more than a third", "In Europe, their number has  
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40 again increased by 60% from the first to the second half-year", "The infection is spreading at  
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42 the rate of more than 14000 new cases per day"<sup>2</sup>. The figures quoted are indeed raw data and  
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44 are likely to be associated to scientificity in a collective subjective way of thinking, according  
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46 to a certain representation of objectivity and the way in which it is revealed through discourse.  
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48 But it should not hide the fact that these information items have been worked upon and  
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50 constructed; hence we argue that information is a construct and thereby constructs the reality  
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52 referred to in the message. It is from this perspective that these particular statements are  
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<sup>2</sup> This study only focused on some of the numerous statements collected in a study devoted to the media treatment of AIDS in the French press (Coppola & Camus, 2006).

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3 investigated, considering them as efficient formatting of reality but also as an insidious and  
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5 subtle construction of a properly mediatised world endowed with ideological characteristics.  
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10 The study examined if such statements did not quantify the number of people  
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12 deceased, ill and/or infected in such a way that this number is seen as having exceeded an  
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14 acceptable and tolerable threshold, precisely because of the presence of adverbs such as  
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16 “already”, “only” and/or “again”? They seem to put the indicated quantity into relief. It was  
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18 then assessed if such statements are likely to influence the readers’ judgment and appreciation  
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20 of the epidemiological situation referred to in the message. For instance, according to  
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22 Charaudeau (1992), the use of the adverb “already” shows that “the moment the event occurs  
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24 is deemed premature compared to its expected occurrence” and signals that “a certain  
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26 reference point, considered as a maximum not to be exceeded, has been overshoot” (p.483).  
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28 This manner of phrasing the epidemiological fact could be seen as a way of influencing its  
29  
30 “visibility”, its “salient character” and its “character as event”, in other words as a means of  
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32 affecting the way the fact is perceived as regards its importance and seriousness.  
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## 41 Method

### 42 43 44 45 46 *Independent Variables*

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50 Given that a first objective of this experimental study was to assess the impact of this  
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52 particular phrasing on perceptions and judgments, we elaborated a text presented as an  
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54 epidemiological information message regarding HIV/AIDS in which we manipulated *the*  
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56 *adverbial marking*. Concretely, one version was characterized by the presence of adverbs in  
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58 some statements (“*high marking*” condition) and another version not (“*low marking*”  
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3 *condition*). A second objective was to compare the effects of this phrasing (i.e. adverbial  
4 marking factor) according to whether the disease to which the experimental message referred  
5 was known or not. One version referred to a sexually transmitted infection whose existence  
6 the participants knew of, namely HIV/AIDS (“*known disease*” *condition*) and a second one  
7 referred to a sexually transmitted infection whose existence the participants did not know,  
8 namely Paramyxoviridae infection<sup>3</sup> (“*unknown disease*” *condition*).  
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20 For example: “The *HIV* contaminates in France 6000 new persons per year (...) 3500  
21 *HIV* infections have been registered from January to June” (low marking/known disease  
22 condition) versus “The *HIV* contaminates in France up to 6000 new persons per year (...)  
23 Already 3500 *HIV* infections have been registered just for the period of January to June”  
24 (high marking/ known disease condition) versus “The *Paramyxoviridae* contaminates in  
25 France 6000 new persons per year (...) 3500 *Paramyxoviridae* infections have been registered  
26 from January to June” (low marking/unknown disease condition) versus “The  
27 *Paramyxoviridae* contaminates in France up to 6000 new persons per year (...) Already 3500  
28 *Paramyxoviridae* infections have been registered just for the period of January to June” (high  
29 marking/ unknown disease condition).  
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#### 46 *Dependent Variables*

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50 *The self risk perception.* Participants indicated whether they considered that, in  
51 comparison with other persons of same age, status and sexual orientation, the risk to be  
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<sup>3</sup> In fact it was a fictitious disease whose the so called origin was the “Paramyxoviridae virus”. We controlled that the participants declared they did not know it.

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3 personally infected in the future was 1 “*more weaker*” - 2 “*weaker*” - 3 “*the same*” - 4  
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5 “*higher*” - 5 “*more higher*”<sup>4</sup>.  
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10 *The preventive intentions.* Participants were asked to indicate on a scale from 1 “*not at*  
11 *all*” to 7 “*absolutely*” to what extent they were willing to use a condom during the next sexual  
12 intercourse and to what extent they were willing to undertake a screening test over the next  
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22 *The perceived seriousness of the (epidemiological) situation.* Participants were asked  
23 to rate seven societal problems on a scale from 1 “*the most important problem*” to 7 “*the least*  
24 *important problem the public powers have to solve*”. Besides HIV/Paramyxoviridae infection,  
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43 *The attitude on how to fight the epidemic.* Participants were asked to indicate their  
44 agreement on a scale from 1 “*totally agree*” to 7 “*totally disagree*”, considering three  
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<sup>4</sup> To some extent, this “self risk perception” measure refers to “comparative optimism”. Thus when we will present the results, we will talk about “comparative optimism”.

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3 opinions: “It is unfair to blame a person infecting his/her partner not knowing he/she is  
4 carrying the virus”, “Anybody infected by the virus has the right to keep his serologic status  
5 secret”, “Only the person concerned by the screening test should have access to the result”.  
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### 10 11 12 *Participants*

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17 Ninety nine subjects were involved in this study, randomly assigned to the four  
18 experimental conditions defined before. They were all male students from 18 to 22 years old  
19 and all sexually active, ninety subjects declaring more than four sexual relations during the  
20 last six months. As regards these sexual relations, 35,4% systematically used a condom,  
21 50,5% occasionally and 14,1% never. None has undergone a HIV test over the last 12 months  
22 and none knows someone suffering from HIV/AIDS.  
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### 34 **Results**

#### 35 36 37 38 *The self risk perception*

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Table 1 near here
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60 An ANOVA revealed that the comparative optimism (see Table 1) expressed by the  
participants who received the version characterized by the presence of adverbs (i.e. “adverbial  
high marking” condition) was significantly weaker ( $M = 2.86$  versus  $2.27$ ,  $F(1, 97) = 10.06$ ,  $p$   
 $<.01$ ], with a more detailed analysis showing however that the difference only approached  
significance in the “known disease” condition (Gr.3 versus Gr.1,  $F(1, 95) = 2.92$ ,  $p = .09$  /  
Gr.4 versus Gr.2,  $F(1, 95) = 8.39$ ,  $p <.01$ ). The comparative optimism was also significantly

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3 weaker in the “unknown disease” condition ( $M = 2.83$  versus  $2.30$ ,  $F(1, 97) = 8.04$ ,  $p < .01$ ),  
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5 with a more detailed analysis showing however that this difference did not approach  
6  
7 significance in the “adverbial low marking” condition (Gr.2 versus Gr.1,  $F(1, 95) = 2.11$ ,  $p =$   
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9  $.13$  / Gr.4 versus Gr.3,  $F(1, 95) = 7.19$ ,  $p < .01$ ). No significant interaction effect appeared  
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11 ( $F < 1$ ).  
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### 16 17 *The preventive intentions*

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27 Regarding the preventive intentions (see Table 2), the same ANOVA revealed that the  
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29 participants’ intention to use a condom during the next sexual intercourse was significantly  
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31 more important in the “adverbial high marking” condition ( $M = 4.98$  versus  $4.23$ ,  $F(1, 97) =$   
32  
33  $9.06$ ,  $p < .01$ ), whatever their knowledge of the disease (Gr.3 versus Gr.1,  $F(1, 95) = 3.85$ ,  $p$   
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35  $< .06$  / Gr.4 versus Gr.2,  $F(1, 95) = 5.51$ ,  $p < .03$ ). This intention was also significantly stronger  
36  
37 in the “unknown disease” condition ( $M = 4.91$  versus  $4.30$ ,  $F(1, 97) = 5.87$ ,  $p < .02$ ), a more  
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39 detailed analysis showing however that this difference did not reach significance in the  
40  
41 “adverbial low marking” condition (Gr.2 versus Gr.1,  $F(1, 95) = 2.38$ ,  $p = .12$  / Gr.4 versus  
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43 Gr.3,  $F(1, 95) = 3.85$ ,  $p < .06$ ). No significant interaction effect appeared ( $F < 1$ ). Regardless of  
44  
45 the experimental conditions, the intention to practice a screening test was rather weak but the  
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47 statistical analysis showed that this reluctance for the test was significantly less important in  
48  
49 the “adverbial high marking” condition ( $M = 3.55$  versus  $2.79$ ,  $F(1, 97) = 11.61$ ,  $p < .001$ ),  
50  
51 whatever the knowledge of the disease (Gr.3 versus Gr.1,  $F(1, 95) = 7.88$ ,  $p < .01$  / Gr.4 versus  
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53 Gr.2,  $F(1, 95) = 3.89$ ,  $p < .06$ ). On the other hand, this particular intention did not differ  
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3 significantly between the “known disease” and “unknown disease” conditions ( $M = 3.24$   
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5 versus 3.12,  $F < 1$ ).  
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10 *The perceived seriousness of the (epidemiological) situation*  
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The statistical analysis revealed that when they compared the disease with other societal problems (see Table 3, 1<sup>st</sup> ranking), the subjects significantly assigned a greater importance to it as a problem to solve by the public powers in the “adverbial high marking” condition ( $M = 3.63$  versus 4.71,  $F(1, 97) = 34.24$ ,  $p < .0001$ ), whatever the knowledge of the disease (Gr.3 versus Gr.1,  $F(1, 95) = 15.60$ ,  $p < .001$  / Gr.4 versus Gr.2,  $F(1, 95) = 18.74$ ,  $p < .0001$ ). On the other hand, this judgment did not differ significantly between the participants informed about the HIV/AIDS (i.e. known disease) and the participants informed about Paramyxoviridae (i.e. unknown disease) ( $M = 4.31$  versus 4.02,  $F(1, 97) = 2.07$ ,  $p = .15$ ). The same pattern of results appeared when the disease is compared with other public health problems (see Table 3, 2<sup>nd</sup> ranking), the statistical analysis showing that the judgment of importance was significantly greater in the “adverbial high marking” condition ( $M = 1.61$  versus 1.98,  $F(1, 97) = 7.02$ ,  $p < .001$ ). However a more detailed analysis revealed that this difference did not reach significance in the “unknown disease” condition (Gr.3 versus Gr.1,  $F(1, 95) = 6.83$ ,  $p < .02$  / Gr.4 versus Gr.2,  $F(1, 95) = 1.38$ ). Again the “disease knowledge” factor did not yield a significant effect on this judgement ( $M = 1.88$  versus 1.70,  $F(1, 97) = 1.67$ ).

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3 *The attitude as regards the way to fight against the epidemic*  
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Table 4.1 near here
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Whatever the coercive opinion considered, agreement with it was more important in the “adverbial high marking” condition (see Table 4.1). The ANOVA revealed that in this condition, participants supported significantly the compulsory test measure ( $M = 3.35$  versus  $3.98$ ,  $F(1, 97) = 7.93$ ,  $p < .01$ ), especially when it was a matter of unknown disease (Gr.4 versus Gr.2,  $F(1, 95) = 5.95$ ,  $p < .02$  / Gr.3 versus Gr.1,  $F(1, 95) = 2.26$ ,  $p = .13$ ) ; the identification / registration measure ( $M = 3.65$  versus  $4.48$ ,  $F(1, 97) = 13.43$ ,  $p < .001$ ), whatever the knowledge of the disease (Gr.3 versus Gr.1,  $F(1, 95) = 4.16$ ,  $p < .05$  / Gr.4 versus Gr.2,  $F(1, 95) = 9.67$ ,  $p < .01$ ) ; the customs check measure ( $M = 3.92$  versus  $4.37$ ,  $F(1, 97) = 5.95$ ,  $p < .02$ ), with a more detailed analysis showing however that the difference was significant only in the “unknown disease” condition (Gr.4 versus Gr.2,  $F(1, 95) = 6.08$ ,  $p < .02$  / Gr.3 versus Gr.1,  $F < 1$ ). As regards the “disease knowledge” factor, the same ANOVA showed that it only produced a marginally significant effect in the “adverbial high marking” condition as regard the customs check measure (Gr.4 versus Gr.3,  $F(1, 95) = 3.31$ ,  $p = .07$ ). Although the effect of the “adverbial marking” factor was descriptively greater in the “unknown disease” than in the “known disease” condition, no significant interaction effect appeared ( $F < 1$ ).

Table 4.2 near here
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Regarding the tolerant opinions (see Table 4.2), their agreement was weaker in the “adverbial high marking” condition. The statistical analysis revealed that the difference was

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3 significant as regards the right for the person to keep his/her seropositivity secret ( $M = 5.08$   
4 versus 3.86,  $F(1, 97) = 25.82, p < .0001$ ), whatever the knowledge of the disease (Gr.3 versus  
5 Gr.1,  $F(1, 95) = 13.45, p < .001$  / Gr.4 versus Gr.2,  $F(1, 95) = 11.91, p < .001$ ) ; the right for  
6 the person who realize a screening test to be the unique recipient of the results ( $M = 5.19$   
7 versus 3.81,  $F(1, 97) = 32.03, p < .0001$ ), whatever the knowledge of the disease (Gr.3 versus  
8 Gr.1,  $F(1, 95) = 14.35, p < .001$  / Gr.4 versus Gr.2,  $F(1, 95) = 17.09, p < .0001$ ). As regards the  
9 opinion according to which “it is unfair to blame a person for infecting the partner when not  
10 knowing her seropositivity”, the difference was only marginal in the “unknown disease”  
11 condition (Gr.4 versus Gr.2,  $F(1, 95) = 3.30, p = .07$ ). The same analysis did not reveal a  
12 significant effect of the “disease knowledge” factor for any of these tolerant opinions ( $F < 1$ ),  
13 nor an interaction effect ( $F < 1$ ).  
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32 Table 4.3 near here  
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36 The ANOVA revealed that participants who received the version characterized by an  
37 adverbial high marking envisaged a manner to fight against the epidemic which was  
38 significantly more coercive ( $M = 3.38$  versus 4.16,  $F(1, 97) = 19.61, p < .0001$ ), whatever their  
39 knowledge of the disease (Gr.3 versus Gr.1,  $F(1, 95) = 6.99, p < .01$  / Gr.4 versus Gr.2,  $F(1,$   
40  $95) = 12.71, p < .001$ ). On the other hand, the “disease knowledge” factor had no effect and no  
41 interaction effect appeared ( $F < 1$ ).  
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### 53 Discussion 54 55 56 57

58 First, this experiment shows that the introduction of some linguistic adverbs in an  
59 epidemiological information message regarding a sexually transmitted infection, strengthens  
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3 the subjects' self risk perception, reinforces their preventive intentions, in this case, the  
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5 intention to use a condom and to realize a screening test, and lastly enhances their perception  
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7 as regards the seriousness and gravity of the problem. Second it also shows that the effect of  
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9 this linguistic manipulation on these perceptions and intentions is approximately the same,  
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11 whether the subjects know the disease or not.  
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17 We will refer to the "informative" and/or "descriptive" dimension of these particular  
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19 linguistic forms (i.e. adverbs). Indeed, to talk about the "information value" of these adverbs  
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21 amounts to saying that, due to their linguistic meaning, they contribute to represent the reality,  
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23 giving to the depicted situation a certain image in which the notions of "excessiveness",  
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25 "unpredictability", "inexpectability", "exceptionality" and "uncontrollability" are salient. In  
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27 other words, such a phrasing/wording of the prevalence and the incidence of the disease  
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29 reinforces the perceived "danger" and "uncontrollability" of the situation.  
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36 It is worth recalling that for the linguist Charaudeau (1992), the use of the adverb  
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38 "already" shows that "the moment the event occurs is deemed premature compared to its  
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40 expected occurrence" and signals that "a certain reference point, considered as a maximum  
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42 not to be exceeded, has been overshoot". Similarly, according to the researchers on "Risk  
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44 perception" (Slovic, 1987; Slovic, Fischhoff, & Liechtenstein, 1982), these notions are  
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46 precisely some of the dimensions a subject uses to judge the riskiness of a given situation or  
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48 activity and to decide how much risk he is willing to accept (i.e. risk tolerance). Maybe our  
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50 participants mobilized these particular semantic categories while they processed the message.  
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57 This study has evident implications for the designers of mass media public health  
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59 campaigns oriented toward the prevention of sexually transmitted diseases, as it shows that a  
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3 simple linguistic manipulation is enough to increase the intention to adopt preventive  
4 behaviour. But to some extent, its efficacy is limited. Indeed, if this discursive strategy acts  
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6 favourably on prevention, it also reinforces the support for coercive measures when it  
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8 concerns the way of fighting against the extent of the disease. It also illustrates the unwanted  
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10 consequences a mass media campaign can sometimes produce, in this case discriminatory  
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12 reactions. Numerous authors have pointed out that designers of HIV/AIDS preventive  
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14 campaigns have to manage a paradox: how to involve people in the adoption of healthy  
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16 behaviours not while provoking discriminatory reactions (Berrenger, Rosnik, & Kravcisin,  
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18 1991; Ménard, 1996; Peretti-Watel, Obadia, Arwidson, & Moatti, 2008).  
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27 Referring to the “Second-order victim-blaming” process (Dressel, Carter, &  
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29 Balachandran, 1995), we may wonder if some negative affects did not mediate the effect on  
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31 the attitude. Maybe our participants have considered that the epidemiological situation  
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33 described in the message is due to the lack of responsibility of certain people, newly infected,  
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35 in spite of numerous and large preventive campaigns organized until now, and therefore  
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37 judged them badly (i.e. depreciation and blame), judging that “all has been done to prevent  
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39 them” or “to give them the means to avoid the disease”. So we can hypothesize that the  
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41 “adverbial high marking” version has reinforced these judgments and feelings. However, this  
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43 “attribution of blame” process implies that subjects are convinced that the health related topic  
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45 has been largely covered by mass media campaigns and so people are sufficiently aware of  
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47 the problem. In other words, it depends on the perception the subjects have about the (past)  
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49 mass mediatization of the disease. So did this process work in our study when the  
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51 communication was about an “unknown disease”? Let us recall that increased support for  
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53 coercive policy, by reinforcing the adverbial marking of the message, was also obtained when  
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55 this one referred to a disease whose existence was unknown to the participants. So we can  
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3 think that in the “unknown disease” condition, participants did not consider that this particular  
4 disease had been the object of wide media coverage and then we can hypothesize that the  
5 underlying process is different. Future research should address this question.  
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12 The efficacy of the discursive strategy manipulated in this study has to be questioned  
13 for another reason. Indeed, we have to question its “real” efficacy, that is, its capacity to  
14 convert these preventive intentions into effective behaviours. We will refer now to a main  
15 tenet of the Elaboration Likelihood Model according to which the message’s degree of  
16 cognitive elaboration determines how strongly the new attitude is triggered: the more  
17 important the cognitive elaboration, the more persistent, resistant and predictive of  
18 conforming behaviour is the resulting attitude (Petty & Cacioppo, 1986; Petty, Haugtvedt, &  
19 Smith, 1995; Petty, 1995). But we have some good reasons to think that the cognitive  
20 elaboration of the message content was weaker in the “adverbial high marking” condition.  
21 These reasons are theoretical and relative to the pragmatics and the “intentionalist paradigm”  
22 of the communication (Grice, 1975; Sperber & Wilson, 1986; Krauss & Chiu, 1997). Indeed,  
23 the adverbs which we have manipulated in this study have also an “argumentative function”,  
24 that is, they confer to the statements some measure of “argumentative force” or  
25 “argumentative orientation” as it is defined in the theory of argumentation in the language:  
26 “The presence of some morphemes (*nearly* for instance) in some sentences gives an intrinsic  
27 argumentative orientation to these sentences, predisposing them to be used in some types of  
28 conclusions rather than others” (Ducrot, 1980, p.27), and “The statement’s argumentative  
29 force or orientation can be defined as the type of conclusions suggested to the recipient, the  
30 conclusions that the statement offers as one of the discursive aims” (Anscombe & Ducrot,  
31 1983, p.149). So basing our argument on these considerations, we can hypothesize that the  
32 presence in the message of these linguistic markers has also generated inferences centred on  
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3 the “speaker’s meaning” and that these were matched with a less “systematic information  
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5 processing” of the informative content. Here let us recall that stronger preventive intentions  
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7 were obtained in the “adverbial high marking” condition. So we can wonder to what extent  
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9 can a change towards more preventive intentions, yielded by this discursive strategy, lead to  
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11 effective and lasting behaviour?  
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18 So are the mass media a useful tool or an obstacle for those who aim to change  
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20 behaviour towards more precaution and security? First it depends on the type of change that  
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22 such a media discourse is able to produce. Public health campaigns designers ideally seek to  
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24 provoke significant long term effects and so they have to be certain that messages they  
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26 compose are highly processed, a required condition to reinforce the attitude-behaviour link.  
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28 For this, they have to develop ingenious and subtle strategies to facilitate the cognitive  
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30 elaboration of the message, the key to success. The strategy we tested here enhanced  
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32 preventive intentions. However, although we did not measure the cognitive elaboration of the  
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34 message, we hypothesized that this strategy could impact it negatively. Generally speaking,  
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36 we may wonder to what extent, mass media messages, due to their characteristics and the  
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38 criteria which direct their construction, are likely to be highly processed? Second it depends  
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40 precisely on the objectives that journalists assign to the message. As we have told before,  
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42 there is a large consensus among the mass media researchers according to which journalists  
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44 are primarily concerned with their audience so that mass media information is primarily  
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46 driven by criteria which have much to do with drama and sensational. The recent studies on  
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48 the media treatment of emerging diseases such as SARS, mad cow disease or aviary flu have  
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50 shown how the information continued to be directed by these criteria (Washer, 2004; Wallis  
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52 & Nerlich, 2005; Dudo, Dahlstrom, & Brossard, 2007). We may wonder to what extent  
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54 messages, based on such criteria, trigger predominantly affective, stereotyped and automatic  
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3 reactions instead of rational reactions. In her book entitled “*AIDS and its metaphors*”, Susan  
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5 Sontag (1989) wrote “The most honest attitude which we can have towards the disease  
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7 consists in purifying it of the metaphor”. We will add that the mass media actor must act  
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9 honestly towards his/her audience. May this be the case for present and future emerging  
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11 diseases.  
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Table 1

Mean ( $M$ ) and standard deviation ( $SD$ ) regarding the comparative optimism in function of the adverbial marking and the knowledge of the disease\*

<i>Low</i> marking		<i>High</i> marking	
<i>Known</i> disease (Hiv/Aids)	<i>Unknown</i> disease (Paramyxoviridae)	<i>Known</i> disease (Hiv/Aids)	<i>Unknown</i> disease (Paramyxoviridae)
Group 1 (n = 24)	Group 2 (n = 24)	Group 3 (n = 25)	Group 4 (n = 26)
$M = 2.08$	$M = 2.46$	$M = 2.52$	$M = 3.19$
$SD = 0.93$	$SD = 0.88$	$SD = 0.82$	$SD = 0.94$

\* The higher the mean is, the weaker the comparative optimism is.

Table 2

Mean ( $M$ ) and standard deviation ( $SD$ ) regarding the preventive intentions in function of the adverbial marking and the knowledge of the disease\*

	<i>Low</i> marking		<i>High</i> marking	
	<i>Known</i> disease (Hiv/Aids)	<i>Unknown</i> disease (Paramyxoviridae)	<i>Known</i> disease (Hiv/Aids)	<i>Unknown</i> disease (Paramyxoviridae)
Use of condom	$M = 3.96$ $SD = 1.04$	$M = 4.50$ $SD = 1.32$	$M = 4.64$ $SD = 1.15$	$M = 5.31$ $SD = 1.42$
Screening test	$M = 2.67$ $SD = 0.96$	$M = 2.92$ $SD = 1.10$	$M = 3.56$ $SD = 1.19$	$M = 3.54$ $SD = 1.17$

\* The higher the mean is, the stronger the intention to use a condom and to realize a screening test is.

Table 3

Mean ( $M$ ) and standard deviation ( $SD$ ) regarding the perceived seriousness in function of the adverbial marking and the knowledge of the disease\*

	<i>Low</i> marking		<i>High</i> marking	
	<i>Known</i> disease (Hiv/Aids)	<i>Unknown</i> disease (Paramyxoviridae)	<i>Known</i> disease (Hiv/Aids)	<i>Unknown</i> disease (Paramyxoviridae)
First ranking	$M = 4.83$ $SD = 0.82$	$M = 4.58$ $SD = 1.06$	$M = 3.80$ $SD = 0.96$	$M = 3.46$ $SD = 1.42$
Second ranking	$M = 1.96$ $SD = 0.81$	$M = 2.0$ $SD = 0.72$	$M = 1.44$ $SD = 0.65$	$M = 1.77$ $SD = 0.59$

\* The lower the mean is, the higher the priority given to the disease as a problem to solve by the public powers is.

Table 4.1

Mean ( $M$ ) and standard deviation ( $SD$ ) regarding the approbation of coercive opinions in function of the adverbial marking and the knowledge of the disease\*

	<i>Low</i> marking		<i>High</i> marking	
	<i>Known</i> disease (Hiv/Aids)	<i>Unknown</i> disease (Paramyxoviridae)	<i>Known</i> disease (Hiv/Aids)	<i>Unknown</i> disease (Paramyxoviridae)
Compulsory test	$M = 3.96$ $SD = 1.12$	$M = 4.0$ $SD = 0.98$	$M = 3.48$ $SD = 1.19$	$M = 3.23$ $SD = 1.14$
Identification of infected people	$M = 4.50$ $SD = 1.32$	$M = 4.46$ $SD = 1.10$	$M = 3.84$ $SD = 0.94$	$M = 3.46$ $SD = 1.14$
Customs check	$M = 4.42$ $SD = 0.83$	$M = 4.33$ $SD = 0.97$	$M = 4.16$ $SD = 0.80$	$M = 3.69$ $SD = 1.10$

\* The lower the mean is, the higher the approbation of the opinion is.

Table 4.2

Mean ( $M$ ) and standard deviation ( $SD$ ) regarding the approbation of tolerant opinions in function of the adverbial marking and the knowledge of the disease\*

	<i>Low</i> marking		<i>High</i> marking	
	<i>Known</i> disease (HIV/AIDS)	<i>Unknown</i> disease (Paramyxoviridae)	<i>Known</i> disease (HIV/AIDS)	<i>Unknown</i> disease (Paramyxoviridae)
Do not blame the person for infecting the partner	$M = 4.21$ $SD = 1.06$	$M = 4.0$ $SD = 0.66$	$M = 4.28$ $SD = 0.46$	$M = 4.38$ $SD = 0.70$
To keep secret the seropositivity	$M = 3.92$ $SD = 1.44$	$M = 3.81$ $SD = 1.35$	$M = 5.12$ $SD = 0.66$	$M = 5.04$ $SD = 0.99$
Results of the test only for the concerned person	$M = 3.79$ $SD = 1.25$	$M = 3.83$ $SD = 1.52$	$M = 5.12$ $SD = 0.66$	$M = 5.27$ $SD = 1.31$

\* The lower the mean is, the higher the approbation of the opinion is.

Tableau 4.3

Mean ( $M$ ) and standard deviation ( $SD$ ) regarding the general attitude as regards the fight against the epidemic in function of the adverbial marking and the knowledge of the disease\*

<i>Low</i> marking		<i>High</i> marking	
<i>Known</i> disease (Hiv/Aids)	<i>Unknown</i> disease (Paramyxoviridae)	<i>Known</i> disease (Hiv/Aids)	<i>Unknown</i> disease (Paramyxoviridae)
$M = 4.16$ $SD = 1.04$	$M = 4.17$ $SD = 0.96$	$M = 3.49$ $SD = 0.57$	$M = 3.28$ $SD = 0.89$

\* The lower the mean is, the more coercive the general attitude is (after inversion of the polarity of scales for tolerant items)