Public relations experts commonly advise advocates to communicate their messages through vivid case studies. Materials from issue advocates about health issues are filled with heart-breaking stories of individuals who suffer deadly diseases, disabling conditions, and are unable to access care. However, communications research science on the effects of this practice on public understanding of social issues shows that this technique may backfire on your public policy goals.

There are three primary reasons why this kind of storytelling doesn’t work to promote policy solutions to social problems:

"Not all examples are good examples" — distortion effects. People tend to generalize from the example you present, and overestimate the extent to which the specific situation portrayed occurs in the overall population.

"Can't see the forest for the trees" — episodic framing. Episodic frames focus on discrete events happening to specific people at particular place and times. Thematic presentations focus on trends, context, and broader societal forces. If we are trying to get people to understand social issues, we generally want them to think in a thematic way. The more vivid the examples, the more likely they are to draw the audience into episodic framing, completely missing structural and environmental causes and conditions.

The "Cosby Effect" — invigorating global stereotypes. Advocates must be extremely careful not to activate a global and negative stereotype when utilizing exemplary examples of individual successes. In other words, when people see a successful depiction counter to the prevailing stereotype (such as a successful, middle-class African-American family like the one shown in the popular 80’s television show about the Cosby family) it does not map onto their thinking about other members of the group. On the contrary, research shows that people are left wondering what’s wrong with those who do not live up to the example, and the existing stereotypes are actually reinforced.

The following story is currently being used as part of a national campaign to cover all children with health care, under the heading, “Children are dying in America because they do not have access to doctors and dentists.” While this young boy’s death is truly tragic, advocates must ask if this kind of story will actually help build public support for expanding health care coverage to children.

Thirteen-year-old Devante Johnson had advanced kidney cancer and could not afford to be without health care coverage. But last year, that is exactly what happened, when Devante spent four desperate months uninsured while his mother tried to renew his Medicaid coverage. For years, Devante and his two younger brothers were covered by Medicaid. Texas families who qualify for Medicaid or CHIP are required to renew their coverage every six months, and Devante's mother, Tamika, had tried to get a head start by sending in her paperwork two months before Medicaid was set to expire.
The application sat for six weeks until it was processed and then transferred to CHIP, because an employee believed their family no longer qualified for Medicaid. At that point the paperwork got lost in the system. Tamika grew more and more desperate as she watched her son get worse...For four months, Devante went without health insurance as employees unsuccessfully attempted to reinstate his coverage. As a result, he could no longer receive regular treatment and had to rely on clinical trials for care. Meanwhile, his tumors grew. Time was running out. It wasn't until a state representative intervened that Devante's coverage was immediately reinstated. Two days later, Devante was able to start a promising new treatment. But it was too late. Devante Johnson died on March 1, 2007.

There are three important questions advocates should ask before using a compelling story. Let’s look at this story in light of these questions.

1. **Is the case I’m choosing likely to result in a distortion of my broader policy goals?**

   In this case, the broader policy goal is for expansion of government programs to cover low-income, uninsured children. However, this is primarily a story about incompetent government employees and bungling government bureaucracies. We know from our research on how Americans think about government that these frames are highly accessible to the public, and once evoked, will not lead them to consider a positive role for government in the solution.

2. **Is the case likely to turn the discussion away from themes and systems to individual characteristics of particular people, or likely to set up a charity response?**

   This story, while tragic and compelling on an individual level, does not speak to the need for health care system reform and does not highlight the causes of uninsurance among children nor the systemic solutions (beyond fixing incompetent government). While this individual child’s circumstances are compelling and tragic, this story is likely to lead the reader to a charity solution, such as funding free cancer care for children.

3. **Is the case connected in any way to global stereotypes associated with the issue, and thus likely to backfire?**

   There is a potential for many stereotypes to be invoked by this story. For example, low-income, African-American single moms; inept government employees who can’t manage simple paperwork; and a cancer diagnosis as a death sentence no matter what kind of treatment is offered.

   There are many powerful stories of cause and effect, environmental conditions, and policy solutions that are often neglected in the focus on vivid case examples. Much of FrameWorks material is devoted to teaching about how to tell stories that will actually accomplish your goals and change how people think about your issue. This kind of storytelling is more difficult to do at first, but will ultimately result in the communications outcomes we seek.

   (For more information about the dangers of vivid case examples, please see FrameWorks E-Zine Number 33, “Vivid Examples: What They Mean and Why You Should Be Careful Using Them.” [http://www.frameworksinstitute.org/ezine33.html](http://www.frameworksinstitute.org/ezine33.html))

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