



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

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ABSTRACT

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

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Contents

Introduction	207
The psychology of emergency-risk communication	207
Emotions and risk assessment	207
Emotions and decision-making	208
Media's influence on risk perceptions	208
Uncertainty Reduction Theory	208
The role of source credibility in risk communication	208
The Information Age	209
Victims and Protectors	209
Lack of Risk Understanding and Confidence in Science	209
Public trust or mistrust	209
Empathy and caring	209
Competence and expertise	210
Honesty and openness	210
Commitment and dedication	210
Accountability	210
Perceptions of fairness differ	210
Risk perceptions differ	210
Risk communication practices that enhance trust	210

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Applying CERC in a public meeting	211
Quality listening	211
When emotions erupt	211
Don't lecture! Let the audience discover the answer	212
Questions to help people persuade themselves.	212
How to de-escalate the conflict?	212
Don't say "but"—say "yes, and."	212
Conclusion	213
Conflict of interest disclosure statement	213
References	213

Introduction

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

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

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

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

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

This article explores the psychological underpinnings of risk assessment within emotionally laden events and the risk communication practices that may facilitate subject matter experts to both provide the facts and be more certain those facts are being heard.

Source credibility is foundational to risk communication practices. The public meeting is one example in which these best practices can be exercised.

The psychology of emergency-risk communication

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

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

Emotions and risk assessment

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

influence the decision making process and whether individuals look to solve the problem or avoid and deny the problem.

Emotions and decision-making

Zaltman pointed out that “decision making [involves] driven, unconscious forces that include ever-changing memories, metaphors, images, sensations, and stories which all interact with one another in complex ways to shape decisions and behavior” (Zaltman, 2003, pp. 14–15). Hill (2003) suggested that decision making is much more instantaneous than previously thought because human brains didn't evolve with logic and rational thought first. In fact, scientists are finding that people's brains are hard wired to engage in sensory-emotive logic. Therefore, messages created with the belief that people are linear thinkers who make logical decisions may fall short of their expectation because emotion and sense come first (Hill). The old way of thinking is that individuals go through steps in decision making from cognitive, affective, and then behavioral; however, scientific results based on tracing brain's circuitry show that long before people learn the logical basis of a message they've been sold on a largely unconscious emotive level (Hill). Brehm et al. (2005) noted that this peripheral route to persuasion often involves simple-minded heuristics and people may be influenced by irrelevant factors.

Fischhoff et al. (1981) first distinguished categories of risks according to their level of acceptability or lack of acceptability by the public. Less acceptable risks included risks that were: imposed, controlled by others, had little or no benefit, were unfairly distributed, manmade, catastrophic, generated by an untrusted source, and exotic. Conversely, risks that were voluntary, under a person's control, fairly distributed, from nature, statistical, generated by a trusted source, and familiar were perceived as more acceptable. Importantly, risks that involved children were not as well tolerated as risks exclusive to adults (Fischhoff et al., 2003). Risk communication strategies have since used this foundational research for risk messaging approaches, including in public health crises (Covello et al., 2001; Reynolds et al., 2002; Sandman and Lanard, 2004; Seeger et al., 2003).

An inherent challenge in risk communication is its tendency to use scientific evidence as the basis for risk comparisons for a public less well steeped in scientific methods (Angell, 1997; Sandman and Lanard, 2004; Seeger et al., 2003). Often the risk messaging falls short (Glik, 2007). This is explained, in part, by Jean Piaget's theory of learning. The theory involves the concept that the human mind “constructs” its knowledge (Solso, 2001). When humans are presented with new stimuli or pieces of information, what is learned or stored is not just the “true” reflection of what comes from the environment, as if written on a blank slate. Rather, learning takes place through the process of adaptation. One interprets new information in ways that fit with what one already knows, sometimes distorting it as a result. For example, Angell, in discussing the clash between medical evidence and law during the breast implant case, made the point that science researchers have believed that their methods would help others support their conclusions. However, science can be rejected by the public in favor of what some call “common sense psychology”—or the choice to believe what fits in one's construct as sensible with little or no effort to critically analyze the data presented. Therefore, scientific evidence, alone, may not trump all other arguments related to risk perception.

Media's influence on risk perceptions

De Becker (2002) offered that this is especially true when people are anxious or fearful and it is exacerbated by media's coverage. Symbols and images portrayed through the media can overwhelm and totally negate scientific fact. Loaded words in newscasts (e.g., possible link, news alert, breaking news, deadly, officials admit) keep the public fearful. The very media, especially TV and Internet, that professionals use to communicate scientific understanding of risk to

the public may actually be undermining their ability to do so (Coombs, 2007; Ball-Rokeach, 2001).

Uncertainty Reduction Theory

Drawing on Heider's work in the 1950s, Berger and Calabrese (1975) first proposed the uncertainty reduction theory through a series of axioms. The theory helped describe dyadic information-seeking exchanges, including verbal and nonverbal communication. It suggested that people may be active (speaker only), passive (listener only), or interactive (both speaker and listener) in that exchange, which is meant to help an individual predict the behavior of others and themselves. Axioms applicable to risk communication that involved uncertainty include the following: as nonverbal affiliative expressiveness increases, uncertainty will decrease; high levels of uncertainty cause increases in information-seeking behavior; shared communication networks reduce uncertainty; and similarities between individuals reduce uncertainty (Berger and Gudykunst, 1991). Einsiedel and Thorne (1999) characterized uncertainty as manifesting in two ways, individual (e.g., from personal skills and past experiences) and social-structural (e.g., access to technology and laws) and suggested that uncertainty situations typically involve both. Within the information environment, Einsiedel and Thorne described the media's affect on the “public understanding of scientific uncertainty. . . [through its] social representation process, [media] agenda-setting. . . , and their reliance on particular sources of information” (p. 52). Stocking (1999) offered that media contribute to public misunderstanding of science in their coverage by giving “equal weight to majority and fringe scientists. . . , [by giving] equal weight to scientists and nonscientists,” (p. 29), and by neglecting to provide context. However, the gravest influence of media on uncertainty according to Stocking's review of the literature was that media make science appear to be *more* certain than scientists believe it is.

People want to reduce uncertainty and may do so through a process that is not wholly beneficial to their ultimate well-being. The potential for the public to be influenced by irrelevant news or faulty analysis is great when uncertainty is at its highest. Therefore, the persuasive expert will need to bring not only the facts to the discussion but also their credibility as a trusted source for offering guidance, particularly during a crisis when uncertainty is high.

The role of source credibility in risk communication

Trusting the source of the information is imperative in a crisis. Public suspicions of scientific experts and government are increasing for a variety of reasons (Peters et al., 1997; Seeger et al., 2003), including access to more sources of conflicting information, a reduction in the use of scientific reasoning in decision making, and political infighting. However, trust and credibility are essential elements of persuasive communication (Brehm et al., 2005). Confidence in government, traditional social institutions, and industry has severely eroded in the last 30 years (Peters et al.). Peters et al. argued that “perceptions of commitment to a goal are . . . based on perceptions of objectivity, fairness, and information accuracy” (p. 43).

Their research showed that the more respondents knew about efforts to openly share accurate information, the more they trusted the government or industry as the source. Quinn et al. (2005) noted that “social trust in institutions may be especially important during unfamiliar events” (p. 208). Quinn et al. further determined that inconsistent messages and faulty information contributed to mistrust. Peters et al. concluded that because most institutions and government enjoy a negative stereotype with the public, it was important for them to defy negative stereotypes (e.g., providing fair and balanced information in a timely way) to increase credibility and trust.

Source credibility or reputation is the perception—good, bad, or indifferent—held by interested persons or groups about the organization's characteristics, achievements, and behaviors (Guerin, 2003).

Reputation is a value judgment. Reputation is a little like DNA. One's identity is expressed by the accumulation of individual events strung together. Like the DNA's double helix, the good and the bad are inextricably connected and activities that enhance or protect the organization's reputation can't be separated. An organization's reputation depends on the continuous and dynamic spiraling of two functions: identity enhancement and reputational risk mitigation or response.

Identity enhancement involves steps to measure, preserve, and grow reputational capital or opportunities. Identity risk mitigation and response involves monitoring for and assessing possible reputational threats to forestall them, or detecting and responding to them early if they do occur. It's about managing both threats and opportunities. Risk, including reputational risk, may arise from new initiatives or from inaction. Even strong reputations must be actively managed for the long term based on both performance criteria and effective communication.

Because of shifting cultural norms and technological changes, reputational risk management is more critical than ever. The changing reputational and credibility environment is being influenced by the following: an explosion of information access, an emergence of a victim culture, a decline in the understanding and reputation of science, and an increase of advocacy groups.

The Information Age

With new information technologies has come a shift in the balance of power related to "voice." Before widespread electronic and digital information channels, an organization had greater control in defining itself to the public through public relations and advertising.

Today, the definition of an organization is based much more on what others are saying about it in multiple electronic formats, including the Internet. Before the information age, the media served as a filter for information (McCombs and Shaw, 1976). Today, any individual has the power to define the organization in an electronic setting and that information can move across the world overnight. Traditional media have been increasingly overcome by new media, including bloggers in reputational influence. Information no longer flows in a hierarchical fashion, but moves, instead, in elaborate and constantly changing horizontal networks. This is a distinct and growing challenge for organizations that do not have processes in place to create and approve documents for release in "real time." Organizations that are not nimble in sharing information lose their place in the dialogue and may be usurped by others who do not have the public's best interest in mind.

Victims and Protectors

Victims groups have been formed around almost any problem one can imagine. To be engaged in victim support and protection is seen as noble work. The media support these concepts. Any organization who is perceived to have created victims or to be indifferent to them and their needs risks its reputation related to social performance (Norris, 2001).

Organizations must be vigilant in anticipating the emergence of victims and aware of frameworks that exist related to its response to victims. Blaming and punishing organizations is part of the cultural norm as it relates to victims.

Lack of Risk Understanding and Confidence in Science

How an individual perceives risk is based, in part, on emotion and self-talk. The individual presented with a risk asks: "Do I put up with this?" The answer depends on awareness (Did you let me know about the problem?), choice (Did I choose to take this risk?), nature (Is the risk natural or manmade?), dread (Do I fear this risk?), equity (Does

everyone share equally in the risk), scientific view (What do trusted experts think?), media (Is this a news maker?), and advocacy groups (Are advocacy groups focusing on this?).

If knowledge of science and the use of the scientific method of understanding the world is not understood or appreciated by the general public, people may fail to appreciate the role of science in their lives and, therefore, mistrust or reject that science. Science can be rejected by an individual in favor of what fits in one's belief system as sensible with little or no effort to critically analyze the data presented.

Public trust or mistrust

Expect the public to immediately judge the content of an official crisis event message in the following way: "Was it timely? Can I trust this source? and Are they being honest?" Research shows that there are four basic elements to establishing trust and credibility: expressing empathy and caring, showing competence and expertise, remaining honest and open, and being committed (Peters et al., 1997). According to research, being perceived as empathetic and caring provides greater opportunity for your message to be received and acted upon (Sandman and Lanard, 2004). In a crisis, the message should acknowledge the fear, uncertainty, or frustration being experienced.

Public opinion has indicated that people believe professionals are far more worried about liability than protecting the public from real threats (Quinn et al., 2005; Taylor-Clark et al., 2005). Crises almost always include ethical issues because some actions potentially could adversely affect others. Ethical responsibility involves acting with regard to humane treatment and accepting challenges internally and externally about the ethics of decisions (Oliner, 2003; Ripley, 2008). An ethical response to events is essential to the long-term positive outcomes. Trust is needed first before someone will: feel able to rely upon a person; take reasoned risks; and, willingly cooperate and achieve a goal (Ohmer and Beck, 2006).

Research shows that there are five basic elements to establishing trust and credibility through communication (Izard, 2002; Peters et al., 1997; Reynolds, 2006). They must be truly present in the message. All messages, written or spoken, can incorporate these elements and should, especially when attempting to communicate during an emergency. The following are key elements to building trust:

- Empathy and caring
- Competence and expertise
- Honesty and openness
- Commitment
- Accountability

Empathy and caring

Covello et al. (2001), Reynolds et al. (2002), Sandman and Lanard (2004), and Quinn et al. (2005) emphasized the importance of relational empathy in crisis response. Cohn (1990), Quinn et al. (2005), Quinn et al. (2008), and Reynolds (2004) emphasized the importance of *expressed* empathy as a communication tool for leaders responding to a crisis. "Being perceived as empathetic and caring provides greater opportunity for [the leader's] message to be received and acted upon" (Reynolds, 2004, p. 21). Quinn et al. (2005), through interviews with postal workers, determined that "having professionals demonstrate empathy, concern, and caring throughout the crisis, including acknowledging fear, anger, and other emotions of postal workers, is absolutely necessary" (p. 214). Reynolds and Seeger (2005) explained that officials may refrain from expressing empathy or caring out of fear they will appear unprofessional but "these efforts to maintain professionalism are often perceived by the public to be cold and uncaring" (p. 241).

Competence and expertise

Obviously, education, position title, or organizational roles and missions are quick ways to indicate expertise. Previous experience and demonstrated abilities in the current situation enhance the perception of competence. Another useful means is to have established a relationship with your audiences in advance of the crisis. If that is not possible, have a third party, who has the confidence of the audience, express his or her confidence in you or your organization.

Honesty and openness

This does not mean releasing information prematurely, but it does mean facing the realities of the situation and responding accordingly. It means not being paternalistic in your communication but, instead, participatory—giving people choices and enough information to make appropriate decisions. Be realistic about your communication systems and procedures and, if they do not permit you to comment on something or reveal information, don't pretend you don't have the information; tell the public why the information isn't available for release at the time (e.g., verifying information, notifying partner organizations, not your information to release).

Commitment and dedication

State up front what your organization's objective is in the crisis response, and commit to reaching that objective. Show dedication by sharing in the sacrifices and discomforts of the recovery process. Resolution and follow-up should be committed to from the start and carried through to the end.

Accountability

For most people that literally means "keeping the books open." If government or non-profit money is being spent in the response to a crisis, sooner or later the public and media will demand to know to whom that money or resources were distributed. A savvy official would anticipate the questions and have the mechanisms in place to be as transparent as possible, perhaps keeping an accounting on an Internet site related to the disaster and updating it weekly or monthly as appropriate.

Accountability also means being accountable for the decisions you make and the outcomes that arise from those decisions. The public and interested stakeholders will expect organizations to keep their promises—stated and implied. If the public perceived promises as not being kept, the organization loses trust and credibility.

Perceptions of fairness differ

"Organizations that fail to develop credible, trusting relationships prior to a crisis will have an exceptionally difficult time doing so after a crisis occurs" (Reynolds and Seeger, 2005, p. 43). Planners must consider differences in perceptions of fairness by diverse groups and should conduct assessments to determine alternate channels and messages needed to engage these groups (Eisenman et al., 2004; Rippl, 2002). Goldstein (2005) noted that there is a foundation for a cultural interest in the "social psychological theoretical base for trust in risk management" (p. 152) because research describes cultural differences. For example, studies in Hong Kong, China, measured differences in perceptions of risks for 25 threats compared with Western nations. A major determinant of differences was trust (Goldstein).

More recently, during the 2001 anthrax attack, postal workers perceived their exposure management by public health officials as inferior to that provided to members and staff of the U.S. Congress. Quinn et al. (2005) used a qualitative case study design to understand how the perceptions of the postal workers were formed. Public health

officials discovered that initial information they had about the risk for postal workers was wrong. When public health officials understood this and made shifts in treatment protocols, the postal workers perceived the mixed messages as mistrustful and stated their belief that race and occupation made a difference in their care. "Many participants reported that contradictions between verbal reassurances and actual behavior made them angry" (Quinn et al., 2005, p. 211). The researchers related that when postal workers perceived that the public health officials were not empathetic or caring, the effect was "devastating to the success of the communication efforts" (p. 214). However, Shore (2003) noted that a serious challenge to building trust is the "public's craving for consistency and consensus, particularly in times of crisis" (p. 14).

Risk perceptions differ

The perception of risk is vitally important in understanding why the public becomes more or less upset by events. Not all risks are created equally. A wide body of research exists on issues surrounding risk communication (Clarke and Chess, 2006; Sandman and Lanard, 2004; Seeger et al., 2008). The following emphasizes that some risks are more accepted than others.

- *Voluntary versus involuntary*: Voluntary risks are more readily accepted than imposed risks.
- *Personally controlled versus controlled by others*: Risks controlled by the individual or community are more readily accepted than risks outside the individual's or community's control.
- *Familiar versus exotic*: Familiar risks are more readily accepted than unfamiliar risks. Risks perceived as relatively unknown are perceived to be greater than risks that are well understood.
- *Natural origin versus manmade*: Risks generated by nature are better tolerated than risks generated by man or institution. Risks caused by human action are less well tolerated than risks generated by nature.
- *Reversible versus permanent*: Reversible risk is better tolerated than risk perceived to be irreversible.
- *Statistical versus anecdotal*: Statistical risks for populations are better tolerated than risks represented by individuals. An anecdote presented to a person or community, i.e., "one in a million," can be more damaging than a statistical risk of one in 10,000 presented as a number.
- *Endemic versus epidemic (catastrophic)*: Illnesses, injuries, and deaths spread over time at a predictable rate are better tolerated than illnesses, injuries, and deaths grouped by time and location (e.g., U.S. car crash deaths versus airplane crashes).
- *Fairly distributed versus unfairly distributed*: Risks that do not single out a group, population, or individual are better tolerated than risks that are perceived to be targeted.
- *Generated by trusted institution versus mistrusted institution*: Risks generated by a trusted institution are better tolerated than risks that are generated by a mistrusted institution. Risks generated by a mistrusted institution will be perceived as greater than risks generated by a trusted institution.
- *Adults versus children*: Risks that affect adults are better tolerated than risks that affect children.
- *Understood benefit versus questionable benefit*: Risks with well-understood potential benefit and the reduction of well-understood harm are better tolerated than risks with little or no perceived benefit or reduction of harm.

Risk communication practices that enhance trust

To respond to communication failures during public health emergencies including the introduction of West Nile in the United States and the anthrax incident of 2001, CDC developed and adopted the integrative model of crisis and emergency risk communication (CERC) (Reynolds et al., 2002). Seeger et al. (2008) noted that CDC, after these

failures, believed that risk communication alone could not provide the necessary communication approach for major public health crises. As noted by Seeger and Reynolds (2008), society today faces “threats that are dynamic, global, and becoming increasingly prominent. . . . A successful component of successful management [of these threats] is a more sophisticated, dynamic, and comprehensive approach to communication (p. 18). The CERC model emphasized a participatory approach to communication and considered the social, psychological, and physical nature of the crisis context and proposed how to reduce harm to individuals and communities through effective credibility and risk communication (Reynolds et al., 2002).

CERC offers the following six guiding principles for institutions or groups with official crisis response roles (Reynolds et al., 2002; Reynolds, 2004, 2006):

1. **Be first.** If the information is yours to provide by organizational authority—do so as soon as possible. If you can’t—then explain how you are working to get it and when, if you can, provide it.
2. **Be right.** Give facts in increments. Tell people what you know when you know it, tell them what you don’t know, and tell them if you will know relevant information later.
3. **Be credible.** Tell the truth. Do not withhold to avoid embarrassment or the possible “panic” that seldom happens. Uncertainty is worse than not knowing—rumors are more damaging than hard truths.
4. **Express empathy.** Acknowledge in words what people are feeling—it builds trust.
5. **Promote action.** Give people relevant things to do. It calms anxiety and helps restore order.
6. **Show respect.** Explain and empower decision making even when troublesome decisions must be communicated.

Crisis messages from officials are judged based on the receiver’s perception of the trustworthiness of the communicating official or institution, by the speed of the communication (which implies competence), and the relevance of the message to the individual (Vanderford et al., 2007). Also, messages are more or less relevant as they do or do not answer important questions about actions to take to empower the receiver and reduce uncertainty (Wray and Jupka, 2004). Research indicated that all messages which are empathetic (takes the emotional perspective of the audience), appear honest and open, and come from a trusted source are most effective in a crisis (Longstaff and Yang, 2008; Reynolds et al., 2002; Seeger, 2006).

When the public is confronted with a threat or risk and officials make a recommendation, the public will consider that recommendation in a social context (Leavitt, 2003). They ask: What is the benefit of this action? What is the cost of this action? What will others important to me think about this action? Can I carry out this action? These are important questions. Of course, the response officials should work to reduce costs, increase gains, and ensure people have the ability to carry out the recommendation. Response officials may also want to engage community opinion leaders to support the recommendation, especially if there is uncertainty or controversy associated with the recommendation.

Applying CERC in a public meeting

When risks are uncertain, because science has not reached an answer or a consensus answer, controversies will arise. Add the need to make decisions under the enormous time pressure of a crisis, and the uncertainty may seem unbearable to both response officials and the public. When science cannot lead to a clear path, decision-makers must make choices about what is and is not acceptable. In non-pressure environments, the public may turn to the courts to settle differences about the amount of acceptable or perceived risk. However, in a crisis as in the emergency room where imperfect decisions must be made in minutes, not months, the fallout can be incredibly harsh. This is true especially after the crisis is resolved and the decisions are reviewed with

the omniscient power of hindsight. Nonetheless, response officials must make a genuine effort to empower the public. One way to engage the public is to hold a citizen’s forum or townhall meeting.

Involving stakeholders and building consensus is the most powerful way to advance compliance with public safety requirements before and during an emergency (Schoch-Spana et al., 2007). Anything less will invite civil unrest and greater mistrust of the institutions or government responding to the crisis. These public forums can soothe tempers and help the community to work toward a mutually agreeable solution to the common problem. If done incorrectly or insensitively, the meeting may heighten discontent and division.

Community leaders and institutions (e.g., schools, employers, community organizations, churches/religious institutions, and major employers) can be valuable partners in gaining support for public health actions, distributing information, or countering rumors surrounding an emergency event. These partners may be familiar, trusted, and influential with your target audience, and may be more likely than media alone to motivate the public to take recommended actions. Also, the partners can reach groups of people in a familiar setting.

Don’t leave it to the media to negotiate public controversies during an emergency response effort. Instead, consider engaging a neutral party comfortable with the culture of the community to help convene a citizen’s forum or concerned stakeholder’s meeting depending on the crisis. Conduct a needs assessment to determine the stakeholders in this issue. Representatives from all elements of the community must be considered, not just those from a vocal advocacy group. During the citizen’s forum, one may empower group decisionmaking with the following steps:

- Identify the options and discuss the pros and cons of each alternative.
- Analyze the costs and benefits, weaknesses and strengths of each.
- Present all known scientific or technical information about the alternatives.
- Choose the “must” versus “want” criteria for the decision.
- Be able to express why one alternative was chosen over the others (e.g., the highest number of people will be helped with a minimum disruption to self-reliance and community sovereignty).
- Reach a clear, justifiable decision.

Quality listening

Asking questions shows that you care. The first step in solving problems is to know what’s really going on. Questions can do that. Good listeners are perceived as more intelligent. Listening actively reduces mistakes—like believing you understand what is being asked of you, only to discover later that you are mistaken.

- Listen for intent (feeling).
- Listen for content (facts).
- Listen for who is speaking.
 - Is this person qualified to give expert opinions on this subject?
 - Does this person have underlying motives?
 - Does this person have prejudices or beliefs that will compromise objectivity?

When emotions erupt

Communication experts and psychologists agree that anger is a defensive response to pain or the threat of pain (Izard, 2002; Quinn et al., 2005). Experts identify three basic circumstances where anger is likely to arise:

- When people have been hurt.
- When they feel threatened by risks not of their own making.
- When they believe that their fundamental beliefs are being challenged.

The intensity of that anger can be confounded by related factors. For example, when people feel weak in the face of others who are more

powerful, their anger is increased (Seeger, 2006). When people feel that they have not been treated fairly or with respect, their anger multiplies. If they have been manipulated, trivialized, ignored—or worse still, lied to—anger and a sense of unfairness will build. However, don't forget that displays of anger may be a form of manipulation by another party, especially in public, to bully others into accepting their demands. Of course, more than one anger-causing element can be involved in a single situation.

Don't make the error of defining anger as either rational or irrational. That's judgmental, counterproductive, and truly in the eye of the beholder. It's dangerous to label others as irrational because you may then feel justified in dismissing them, which will only heighten their sense of injustice.

Don't lecture! Let the audience discover the answer

No one willingly accepts a lecture, and seldom have lectures changed anyone's mind or behavior. Lecturing is easy—the lecturer gets to vent his or her emotions and doesn't have to take others' points of view into account. That which makes it easy also makes it ineffective. A lecture does not engage the audience. Telling is easy, asking is tougher. Asking questions is a deliberate action. It forces the process to slow down and forces everyone to stop and think before replying.

Instead of attempting to persuade an individual or community group to take an action, allow them to persuade themselves through a self-discovery process. *The key is to not give the solution, but help your audience to discover its own solution.*

How do you help an audience discover its own answers? By asking the right questions. Using feedback as your tool, you can ask the audience questions that will create awareness about the situation in such a way as to empower them to make a difficult choice. As many therapists will attest, a person who comes up with his own answer and says something in his own voice will take ownership of that idea. It's better for you to ask a leading question than to make an interpretation. The right questions can help an audience to make the necessary connections. This strengthens the audience's tendency to claim ownership for the insight (Sturmer et al., 2005).

For example, if a severe communicable disease outbreak were to occur, a challenge for officials in emergency response and public health is the possibility that civil rights may need to be temporarily suspended to control the spread of disease. An extreme case would be the need to quarantine individuals or communities. It makes sense that a population that understands the need to quarantine will be more likely to uphold the curfews or quarantine requirements.

Questions to help people persuade themselves

- Start with broad, open-ended questions.
Example: What challenges have (you or your community) faced that required consensus building to solve the problem? How did it go? What did you learn from those experiences? Were there difficult choices to make?
- Then, ask questions to discover the explicit wants, needs, and desires of your audience.
Example: What is most important to (you or your community) when faced with a problem to solve? Consensus building? Putting the greater good for the greater number first? Avoiding conflict? That the solution is fair and equitably distributed? Ensuring that everyone has a voice and is heard? That reasonable alternatives are fully explored?
- Follow with questions that are more specific to the situation now being faced by the audience.
Example: What are the ramifications to (you, your family, your community, the nation) when faced with this current problem? What consequences are you hoping to avoid? What do you see as

the worst outcome for (you or your community)? What courses of action do you believe could mitigate this outcome?

- Then, ask questions that encourage audience members to state the benefits they would like to see result from a course of action.
Example: What benefits would (you or your community) expect if this disease did not spread further? Since you've brought up quarantine, what benefits would (you or your community) expect if you accepted quarantine as a course of action to reduce spread of disease?
- Once the audience sees and expresses the benefits, it will be much easier to demonstrate how your strategy can solve the problem.
Example: "From what I understand, you are looking for a way to protect (yourself, family, community) from more illness or death? If I can go ahead and explain how quarantine will meet those needs, are you open to implementing it? If you think quarantine would work in this effort, how do you see the quarantine being explained to the entire community and implemented?"

Allowing people to persuade themselves is not an easy process. Done poorly, it can seem condescending or manipulative. It takes practice and a great deal of empathy. However, it's worth the effort, because it is truly the most effective way to gain acceptance in thought and behavior.

How to de-escalate the conflict?

Start by trying to agree on issues that may not be core to the conflict—not the hot button issue that no one is willing to concede. Agree whenever you can. It is hard to attack someone who agrees with you. You don't have to concede a thing. Find the elements that bring some agreement among both groups. Set up guidelines for interaction and make an effort to "humanize" each side for the other.

- At all times, seek common principles on which to base a common dialogue.
- Remain open to reason and allow yourself to consider that you might be wrong.
- Strive for fairness in the process, especially where a real or perceived inequity has occurred.
- Work to get input from *all* stakeholders.
- Leave the community or population better off than how you found it.
- Decision makers in the community should have access to open and complete scientific information.

Try to get as many "yeses" as you can. If someone says, "Your proposal is totally unrealistic," try this response: "Are you saying that you don't see how my proposal can (respect citizens' rights and stop the spread of disease)?" When person says "yes," this transforms the relationship. Each question you offer that allows a "yes" answer from the other side further reduces the tension.

Don't say "but"—say "yes, and."

Typically, people express their differences by prefacing their responses with, "but." The other group will be more receptive if you first acknowledge their views with a "yes" and then preface your view with an "and." Example: "Yes, we want to protect people's rights and we want to keep them alive to enjoy those rights."

However, don't convene a stakeholder or public meeting without preparation and practice. You can undo good community will by blowing this meeting. Remember, people who come to a public meeting are not a cross section of the community. They are usually the most angry or frightened (Reynolds et al., 2002). Here are the basic concepts for a successful meeting.

- **Let people talk.** Don't let your experts lecture. The more people talk, the more successful they'll judge the meeting. Suggesting

some reasonable ground rules is important to ensure some orderliness and to ensure that those with minority views have the opportunity to be heard. A spiral of silence can occur if equal time is not offered to dissenting views among those attending.

- **Ask questions.** Wait for their questions before you offer solutions. You may be surprised to find out that what you think are the issues are, in fact, not their issues. The key is not to offer solutions to problems rather help the audience discover solutions.
- **Every person's input is met with respect.** At least they're willing to offer ideas. Never do anything to discourage participation.
- **Tell the truth.** Admit when you don't know something. And always follow up to get people the information they are seeking quickly. (Remember, after the crisis subsides, the media and public will inevitably ask, "What did you know and when did you know it?")
- **Don't lose your temper.** People show up angry usually if they have been hurt (even emotionally), feel threatened by risks out of their control, feel they are not respected, or have had their fundamental beliefs challenged. Set aside your own anger or defensiveness. Instead strive to understand. Often the anger being expressed by others is a result of their overwhelming sense of helplessness in the situation.

Despite all the risks you face as a leader in holding a public meeting, it should be done. You work for the people. So, keep your goals for the meeting in balance. It's not your job to have every person who is willing to shut off their TV and drive to the school gymnasium to leave that meeting happy. Sometimes your goal should be to listen, simply listen. And never promise what you can't deliver, no matter how easy it would be to do so in the moment.

Remember, no one willingly accepts a lecture, and seldom have lectures changed anyone's mind or behavior. Lecturing is easy—the lecturer gets to vent his or her emotions and doesn't have to take others' points of view into account. A lecture does not engage the audience. If I'm upset, I want to be heard. Limit opening remarks from you and your experts to 5 minutes. The audience isn't hearing you. They are thinking about what they want to say to you. Let them say it. Telling is easy, asking is tougher. Asking questions is a deliberate action. It forces the process to slow down and forces everyone to stop and think before replying. Instead of attempting to persuade an individual or community group to take an action, allow them to persuade themselves through a self-discovery process.

In some non-crisis situations poster sessions as part of the meeting may be helpful. However, they do not achieve the same purpose as a meeting that allows the public to be heard in a group setting. Diffusing the group into smaller groups may make it easier on the people conducting the meeting but it does not allow for the level of accountability members in the community typically desire. Don't confuse providing data and answering technical questions in small groups with the cathartic affect and satisfaction for members of the public that comes from having response officials publically acknowledging the public's interests and responding to them openly. Public engagement must be approached with empathy and a true desire to make officials available to the public. The more the public perceives the intent of the meeting is truly to hear from them, the more satisfied they are with the meeting.

Conclusion

Risks are risky because risk perceptions differ and the psychosocial environment in which risk is discussed complicates making risk decisions. Experts who want to influence the actions of the public related to a threat or risk should understand that decisions often involve emotional as well as logical components. The media and other social entities will influence the risk context. CERC principles are intended to increase credibility and recognize emotional components of an event. During a risk event, CERC works to calm emotions and

increase trust which can help people apply the expertise being offered by response officials.

Conflict of interest disclosure statement

The author declares that they have no conflicts of interest.

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