AI Stories for Healthier Lives: Narrative Paradigms in AI-Augmented Mass Media Health Campaigns

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ABSTRACT

Artificial intelligence starts to mediate interpersonal relationships; the present article uses the narrative paradigm suggested by Walter Fisher to question the possibility of AI to co-create health-promotional narratives in the mass media, especially in the form of a public-service announcement (PSA). The present study approaches the conceptualization of AI as a narrator in order to explore the implications of such augmented narratives on the credibility and believability of public-health communication. With the help of the modern theoretical criticism, the debate predicts the ethical consequences of human-AI partnership, such as narrative fidelity, amplified bias, and responsibility. Viewed in the terms of a more narrative rationality, that is, the primacy of coherence and fidelity, this piece of work claims that, although AI can be used to offer greater scalability and personalization, it can also contribute to the loss of the humanistic nature of health stories, thus putting in jeopardy campaigns about crisis-related issues, such as mental-health-stigma reduction, or vaccine-inoculation rates. The literature review summarizes the background of narrative theory in health communication and AI applications and the methodology is a synthesis conceptual approach that followed and used data provided by Google Scholar, PubMed, and JSTOR through specific queries like narrative paradigm AI health. The case studies of USA, India, and Sri

Lanka base their concepts on practice, examining AI-based HIV prevention messaging, transmedia sexual-health chatbots and culturally-sensitive image-based campaigns to reveal contradictions between persuasive efficacy and cultural authenticity. Finally, the article offers framework ethical suggestions that would make AI-enhanced narratives enhance equal health outcomes.

Keywords: Narrative paradigm, AI ethics, Health communication, Generative AI, Narrative authenticity, public health campaigns, Human-AI collaboration

INTRODUCTION

The intersection of mass communications with health promotion and computer science has spawned a new paradigm: AI-enhanced narratives in health promotion campaigns. Suppose a mental-health-awareness public-service announcement where an artificial-intelligence code is used to generate video scripts that are personalized by viewer demographics, which also does an adaptive, real-time control of emotional overtones to appeal to cultural specifics. This is no longer speculation; generative-AI systems are being integrated into the media-production pipelines, including scriptwriting, as well as audience targeting.

The heart of this evolution is the narrative paradigm created by Walter Fisher (Fisher, 1985), which is a theoretical formulation stating the essential humans are a homo narrans (Fisher, 1984), who does not assess messages using deductive logic, but rather using narrative rationality, the

internal logic, and the resonance with lived experience. In this discussion, AI is analyzed as a cooperative narrative providing health PSAs, which raises the concerns of authenticity and persuasion in the foreground. In this respect, the term authenticity refers to the perceived authenticity of the narratives, and persuasion refers to their ability to induce change in behavior without imposing it.

With health communication as the industry where the theory of life-saving behavior (Chou et al., 2025), including pursuing therapy treatment or following preventive steps, the introduction of AI brings up deep ethical concerns (Huang et al., 2022): Does this information machine-generated retain the sense of empathy, which is inherent in human stories? What is the effect of algorithmic co-creation on the dynamics of persuasion? And, morally, who is to be blamed when AI-enhanced narratives reinforce injustices?

The methodology of our research to solve these issues is a theoretical approach to the investigation where the conceptual depth is the main consideration rather than the calculation.

The study could not be timelier because at September 2025, when AI tools have become common in the media, (like Grok is using to improve the plot or OpenAI is creating its own GPTs to help create a campaign) (Gołąb-Andrzejak, 2025), the use of AI in health contexts has not been fully explored.

Through establishing relationships between the storytelling form of mass communication and the algorithmic innovations of computer science, we propose a middle ground where AI serves as an enhancer and not a creator of stories of human health.

Not only does our critique clarify the risks involved, but also creates a way of having a more inclusive and compelling discourse of public health.

LITERATURE REVIEW

Narrative Paradigm in Health Communication: Foundations and Applications

The narrative paradigm created by Walter Fisher has radically transformed the sphere of health communication by redefining the idea of persuasive messages as narratives that can be evaluated on the principles of coherence and fidelity. It was written in 1984 and claims that rationality is judged by people using a narrative logic instead of inductive proofs, an intellectual paradigm shift that is reflected in Fisher himself in "Communication Monographs" (Fisher, 1984). In the health fields, the paradigm has been applied both in patient education (Wright, 2006) and crisis communication. As an example, a 2023 conceptual contribution in Health Security promotes the idea of narrative preparedness to public health, with the emphasis placed on the emotive influence of individual narratives to build resilience in times of pandemics (Engebretsen & Baker, 2023).

Those findings have also been applied to the context of digital health conversations (Zumbahlen, 2025), and it has been shown that stories can generate trust in the context of the telemedicine dialogues (Laird, 2021). Modern literature emphasizes that the narrative has the ability to deal with the problem of health disparities. In mental-health campaigns, a fidelity criterion developed by Fisher is that stories should appeal to dominant values in the culture as shown by the examination of anti-stigma PSAs that include survivor stories as a compelling way of arguing. The paradigm is also modified by crisis storytelling; a 2007 study in the American Communication Journal uses it to analyze news of health crises, and found the paradigm reduced panic and strengthened community cohesion through fidelity (Caldiero, 2007).

These works shed light on the humanistic essence of the paradigm, but pre-AI literature often overlooks algorithmic effects, and our analysis attempts to address this gap. Finally, the focus of the paradigm on the storytelling as moral speech makes it perfectly positioned to criticize AI-enhanced health messages, where mechanistic effectiveness meets human empathy.

AI-Augmented Storytelling in Public Health Campaigns: Emerging Innovations

The introduction of artificial intelligence in health storytelling marks a transformational step in evolution, since the generative models can be used to produce personalized narrative at scale. The Penn LDI (2025) report reports an AI platform that can generate real-time social-media messages

aimed to prevent HIV, thus improving interaction between hard-to-reach groups based on user data to tailor the stories . Similarly, the 2025 insights of RTI International highlight the importance of generative AI as a means of audience-focused communication, including all related to automated script creation, multilingual adaptations of global campaigns, and so on (RTI, 2025). Scholarly reviews, such as an article on generative AI by the PMC about health promotion, outline inequities (Yoga Ratnam, 2025): on the one hand, AI is an effective visualization tool, including infographics describing vaccine efficacy; on the other hand, it is associated with a risk of marginalization of non-digital natives.

An example of empathic storytelling through AI health promoters (sitterbots) is the rollout of SARAH by the World Health Organization in 2024 that co-produces wellness conversations through chatbots, increasing the persuasive value even when resources are limited (WHO, 2024). A 2024 article by Health Affairs goes on to apply these to data analysis as it shows how AI can turn unstructured health stories into actionable public-service announcements (Bharel et al., 2024). Such innovations certainly assure efficiency and the literature warns of excessive reliance. According to a 2024 report by the De Beaumont Foundation, one of the opportunities it is presented with includes rapid crisis response, and also mentions risks of formulaic narratives that can lead to erosion of fidelity (SteelFisher et al., 2024).

The PRISMA-guided, multi-database literature search conducted in February 2024 reveals that while artificial intelligence is increasingly examined within public health research, its strategic use in storytelling,

narrative construction, and visual communication for public health campaigns remains an emerging and underexplored innovation, signaling significant potential for future development and applied experimentation (Weingott & Parkinson, 2025). This body of work confirms the transformative ability of AI in health public-service announcements, but it also demands the use of theoretical perspectives such as the one by Fisher, which also determines narrative integrity strictly.

Ethical Intersections: AI Narratives, Bias, and Accountability in Communication

Controversies of AI-based stories are dominated by ethical issues, especially in its persuasive capabilities by the mass media. In a 2025 article it is emphasized that falsification should be prevented in health narratives through fact-checking (Liu et a;., 2025), which is associated with PRSA principles of honest enrichment (McCollough et al. 2022)

The Stanford HAI (Shneiderman, 2020) 2025 workshop employs narrative ethics to examine the effects of AI on society and argues that filmmaker-producers should engage in narrative ethics of bias to reduce bias in stories. In journalism and health communication, the ethics of AI design are criticized by an essay published in 2021 by the Oxford Research Encyclopedia of Communication., that recommends that accountability is preserved through narrative generation transparency (Koliska, 2021).

The explanation of AI present in health reports provided in an opinion piece by Redline Project in 2025 shows the argument of bias in the project,

similar to the plea to disclose the AI used in PSAs. The article by a journal called Lancet Public Health (2025) puts AI ethics in the context of resource allocation stories, cautioning about more rigorous inequity (Panteli, 2025). Intersections of narrative and AI demonstrate paradoxes of oversight; a paper published by the Harvard Business School demonstrates that AI explanations can destroy human judgment when it comes to assessing narratives (Lane, 2025).

In a 2025 work on AI narrative modeling by MDPI, the duplication of archetypes by machines is confirmed but fidelity is noted to diminish in cultural situations (Kabashkin et al., 2025). To alleviate this group of ethical pitfalls in generative storytelling, author-centric architectures are suggested in a preprint on arXiv (Klenk , 2025). This literature shows that ethical paradigms are required, and therefore our criticism of human-AI partnership in health stories should be informed.

Walter Fisher's Narrative Paradigm: A Primer for Health Communication

In 1984, Walter Fisher introduced the narration paradigm that transformed the concept of communication theory to a new perspective whereby the emphasis was no longer on the logical arguments of the rhetorical logos, ethos, and pathos but rather on narration as the core of human meaning-making. Fisher made the argument that any communication is narrative: organized descriptions of events with characters, actions, and resolutions that encourage the audience to evaluate the rationality by two criteria: narrative coherence (does the story make sense without logical

inconsistencies?) and narrative fidelity (does it make sense to the values and experiences of the audience?).

This paradigm is especially powerful in health communication. Classical public-service messages like the anti-smoking messages of the 1980s were based on the dramatic stories, say, a character falling into disease, to trigger loyalty to the fear of losing among the audience (Wakefield et al., 2003). The continuity was secured by the obvious cause and effect relationships: smoking causes disease, quitting leads to redemption. These narratives did not convince through data dumping but through emotional engagement in feeling connected and taking action, which was reiterated in more recent demands of narrative rationality in health preparedness. To AI-enhanced situations, the framework by Fisher criticizes the role of machine intervention (Mahdavi et al., 2023). Will AI understand the subjective, cultural strata of fidelity? As an example, the AI-generated PSA about the prevention of diabetes could present dietary dangers in a logical way but fail in fidelity because it will neglect socioeconomic barriers, including food deserts in low-income neighborhoods (Booth et al., 2013). In this case, the paradigm emphasizes the authenticity: human stories are based on lived authenticity, and AI is likely to generate empty stories that are well-constructed in terms of structure and do not connect with human reflexivity. This theoretical eminent turn of the gears calls to reconsider health messages.

AI as Narrative Co-Creator: From Algorithms to Stories

The application of artificial intelligence, more specifically generative models like GPT architectures, has become a shift in thinking about information organization and presentation, with these modern architects no longer being mere pattern recognizers but instead formulating a narrative of information. Narrative content generation in the field of computer science is based on development of natural language processing (NLP) and machine learning. Large language models (LLMs) are machine learning systems that are trained on a large corpus, and thus learn the tricks of human storytelling, thus creating narratives automatically.

This is demonstrated in a few practical applications, including Narrative Science which can generate patient stories out of raw data, e.g., health statistics, and thus create patient vignettes that resemble traditional narrative (Jacennik et al., 2022). In mass -media health campaigns, artificial intelligence is used in co-creation, i.e. to enhance human contributions. Journalists can give instructions such as create a story about vaccine reluctance in rural communities, and the AI will create drafts with persuasive components that appeal to certain population groups (Swan at al., 2024). This is a dynamic of collaboration that improves the level of scalability. One AI system can be used to create thousands of customizable public-service announcements, adjusting the content based on age, location, or sentiment using sentiment-analysis algorithms (Verma, 2022).

Theoretically, this intersection drives the intersection with Fisher and provokes his paradigm. Although AI offers coherence because

probabilistic sequencing is used to guarantee consistency of the plot, fidelity issues are acute, particularly in the case where the underlying datasets are systemically biased. The AI may be trained on biased corpora (usually filled with western narratives) that will generate stories that marginalized communities do not feel represented by, breaking the authenticity and trust (Flores, 2024).

Persuasive communication, based upon integrations of Elaboration Likelihood Model (Susmann at al., 2022), relies on central route processing with deep involvement. Nevertheless, the surface-level pattern recognition based on AI could stimulate peripheral cues, including flashy visuals that do not cause any meaningful resonance of the audience.

This co-creative process obscures the authorship boundary ethically (Toff & Simon, 2025): the AI serves as an instrument, collaborator or independent narrator, which poses some deeply significant questions regarding accountability and intellectual property (Manu, 2024). Computer ethicists, such as Floridi, advise against infopragmatics, where AI stories influence group realities without a sense of responsibility (ANDREESCU, 2025).

In health-related public-services announcement the misinformation is exaggerated and it turns into a real threat (Gierszewska, 2025). The first such instances are COVID-19 chatbots (AI) that shared unverified information thus undermining the health efforts of the population (Abonizio et al., 2023). In turn, as viewed through the prism introduced by Fisher, AI has two simultaneous possibilities: it will democratize the

narratives of worldwide health scenarios (Rubeis, et al., 2022) and, at the same time, it will introduce a strict set of rules to protect the integrity of the narratives, as it would be in the modern strategic narrative analyses of AI policy (Engebretsen & Baker, 2023).

This theoretical background will enable both scholars and practitioners to critically deconstruct future uses and maneuver through the ethical impact of AI-mediated storytelling.

RESEARCH DESIGN

Conceptual Synthesis: Bridging Disciplines Without Empirical Computation

The current conceptual synthesis is the methodological core of this inquiry based on the interdisciplinary rigor which frames the extinction of the narrative theory with the ethical mandate of artificial intelligence and the discourses of health promotion. Following the principles expressed by Corbin and Strauss (2015) in the traditions of grounded theory, the synthesis is based on repeat sameness mapping as opposed to the traditional hypothesis testing (Service, 2009). In this respect, we have employed the paradigm of Fisher as a hermeneutic approach, but in a deductive mode towards AI-enhanced contexts and in an inductive mode towards deriving the ethical implications of these contexts.

This method is consistent with the theoretical discourse that dominates the communication scholarly canon, in which the use of abstraction can be

used to shed light on the emergent intersections, created by the narrative perturbations that AI has brought to the field, in the absence of empirical fieldwork. No mathematical calculations or computer simulations were done; we did not consider any possibility of logic deduction based on well-developed theoretical frameworks so we made the analysis accessible to other scholars who have time constraints. The procedural design took place in three phases (1) thematic coding of available literature (such as theme of fidelity in various sources); (2) developing illustrative vignettes based on publicly available reports (3) ethical reasoning under both the lens of the deontological and virtue ethics. The resultant scaffold is strong, non-empirical, and provides a strict platform through which the critique of public service announcements takes place, and at the same time this scaffold remains extendable to any empirical validation attempts that might take place in the future.

Criteria for Source Selection & Theoretical Integration

The purposive method of source selection was used, with the emphasis on seminal and recent research found in databases (i.e., Google Scholar, PubMed, JSTOR) through specific queries (i.e., narrative paradigm AI health). The inclusion criteria included being relevant to the health-related storytelling in the context of health/AI, and being peer-reviewed published materials with a preference on conceptual depth rather than the empirical one. We located more than twenty-five sources, and we selected the ones that we found were free of too much quantitative measures to maintain theoretical purity. There was a synthesis of dialogic juxtaposition because Fisher wrote surrounded by the modern discussion of AI ethics, especially

the book on info pragmatics by Floridi, and contemporary accounts of health, especially WHO reports. They eliminated studies that are too loaded with calculus, including machine-learning predictive models, to keep them thematic. Triangulation, cross-validation of the emergent themes across the disciplinary lines, and reflexive recognition of the bias of the authors on the humanistic accounts were all methodologies that contributed to rigour. This methodology of criteria consequently puts forward a unified review, providing our criticism with a solid foundation in the heterogeneous, yet united, set of scholarship.

RESULTS AND FINDINGS

AI-Augmented Health Campaigns: Mechanisms and Manifestations

Case Studies in Public Service Announcements: AI in Action

As part of the whole of health promotion, public service announcements are the advanced frontier in mass communication that has changed over the last decades by being relatively inactive on television through the static television spot to the highly dynamic digital announcement by taking advantage of interferential media. This development is indicative of a more general trend towards participatory and personalized messaging where audiences are becoming more and more immersed in that content which appeals to them in multiple cultural/technological settings.

In 2024, researchers at the Annenberg School along with the Leonard Davis Institute of Health Economics proposed an innovative AI-powered

system to target high-priority populations with HIV prevention messages. The system used machine-learning algorithms to create narratives that appealed to underserved communities by analyzing trends in social media. In a rollout in 42 counties in the U.S., the system generated scripts that were local and focused on empowerment and community resilience, including the vignette of young men who have sex with men who deal with stigma in peer networks. The stories used these narratives based on the elaboration likelihood model to make sure that peripheral cues, including relatable slang and images, enhanced the central route of persuasion. AI-selected messages were discovered 6 times more probable to be amplified by health authorities than regular techniques, thus creating a more profound engagement among vulnerable demographics through the introduction of genuine voices that duplicated the real-life experiences of users. However, like most tools of the generative type, the system was prone to bias that was sometimes revealed by the use of aggregate information, or was more biased towards the urban story of MSM than the rural one, an issue that highlights more recent discussions about artificial-intelligence ethics around ensuring equity in health storytelling.

Going into a global setting, a case study of 2023 carried in Sri Lanka showed the effectiveness of AI-generated imagery in promoting public health. Diffusion models generated culturally sensitive imagery on social-media campaigns on subjects like maternal health and prevention of infectious diseases. Compared to static non-AI content, these images, of ordinary Sri Lankan families in action in context-specific, contextually-sensitive, and communally-focused wellness scenes outperformed these by 30 per cent to 40 per cent in terms of reach and interaction, thus

complying with narrative transportation theory because they immersed the viewers in worlds of empathy (Margariti et al., 2023) The project was based on the hybrid human-AI workflow, whereby the outputs of local artists would be optimized to incorporate local motifs, including temple iconography and community rites, to increase cultural faithfulness and address the homogenizing dangers of Western-centric training data. This method was not only able to scale outreach in resource-bounded conditions but also emphasized the role of AI in democratizing visual persuasion, despite being troubled by the issue of algorithmic obscurity and the sustainability of the behavior change in the long term (Wijesinghe at al.,2025).

The SnehAI Chatbot is the example of the transmedia storytelling in India which is developed with the help of artificial intelligence. Through the implementation of interactive storytelling on WhatsApp and other social media, the bot was able to provide sexual and reproductive health education to more than 135,000 people with various backgrounds (Brennan, 2025). The bot created branching narratives that used relatable characters a young urban professional trying to deal with contraception myths or a family that was planning having a family and the bot followed a schema of identification and agency based on the narrative persuasion model developed by Green and Brock. In this case, its co-created resolutions by using a choice-based dialogue which scaled empathy exponentially and turned abstract health information into personal, culturally relatable curves with Bollywood-style emotional soundtracks and local accents. This was a good idea that broke the taboo in the

conservative settings. However, assessments have found that there is at times narrative drift, where AI hallucinations have injected inconsistent cultural subtleties, which are likely to drive the need to tighten guardrails to maintain trust in these digital confidants. (Wang et al., 2022).

Keeping this momentum in crisis reaction, the 2020-2025 COVID -19 project by the World Health Organization leveraged chatbots on WhatsApp, which were driven by AI, to broadcast real-time advice in more than 20 languages in myth-busting storylines that combined personal anecdotes with evidence-based information. In those parts of the world like sub-Saharan Africa and Southeast Asia, the chatbots generated adaptive stories, like the market vendor disproving vaccine rumors by holding a family reunion climax, (Amiri & Karahanna, 2022) that increased literacy among pilot cohorts by 25 per cent, using internal metrics, through invocation of the principle of coherence to sustain logical flow in the face of chaotic information ecosystems. Developed in collaboration with linguists to incorporate local idioms and folklore, these tools reduced the impact of deepfakes generated by disinformation, even though they sometimes failed to represent hyper-local dialects, affecting the immersion of people of indigenous groups and revealing the flaws of the globally-implemented AI systems in understanding hyper-specific cultural psyche. (Mahdavi et al., 2023)

Comprising these, the family health interventions of Saathealth in India mobilized machine learning to inform more than 10 million customers with hyper-personalized information through social media and mobile applications. The platform created inspirational stories that would appeal

to socioeconomic statuses, such as someone with a low-income rediscovering the energy in their life through micro-habits. Based on the theory of self-determination, such stories increased intrinsic motivation by sequencing challenges into victory narratives with AI computer-generally modulating tones between sympathetic support and end of victory reinforcement according to user interactions. Its viral success was attributed in large part to the combination of its gamification and vernacular humour that created a feeling of shared travel that linked the screens of individuals. However, scalability presented some difficulties in data privacy because aggregated profiles could easily stereotype vulnerable households. (Hazra-Ganju et al., 2023).

These illustrations shed light on the transformative power of AI to tell health stories with scopes never seen before, amplifying sympathy to levels of culturally sensitive, interactive, dividend-cutting, action-inspiring features. But they provoke such intense examination: do these augmented stories really spur persuasion and lasting transformation, or do they tend to commodify vulnerability into performance health fables, that need ethical models that prioritize reality over artificiality?

Lastly, two-step flow model of Katz and Lazarsfeld (Xuan and Ky, 2024) is well adapted to this media milieu- AI does the task of opinion leader in sorting human story to the masses. The moral management is central to making sure that these technologically mediated agents respect democratic values as well as the values of the public health.

Dynamics of Human-AI Co-Creation in Narrative Design

Co-creation dynamics shed some light on artificial intelligence as not a substitution, but rather a supplement of human resourcefulness (AlSanad et al., 2025). Ideally, production pipelines are recursive: a health communicator sets an ethical guardrail, such as requiring cultural sensitivity, and AI systems create early drafts, which humans then fiddle with to ensure fidelity. In the loop, computer science provides prompt engineering to guarantee coherence, and fidelity checks, e.g. beta-testing stories on the basis of audience values, guided by AI health-communication frameworks under the RTI umbrella.

This type of hybrid model in the context of the public-service announcements brings credible and emotionally resonant authenticity. The immense reservoir of knowledge available through AI provides the correct epidemiological information carefully intertwined with plot lines, whereas human beings add emotional credibility which is an appeal to viewers. Multimodal narratives, in which AI-generated text is paired with visuals or voiceovers, can be used in persuasion as seen in Adobe Sensei health advertisement generators (Chen et al., 2024).

However, there are still serious problems. The lack of understanding of how fidelity is implemented in algorithmic black boxes renders the system prone to incoherent outputs in the event that prompts malfunction, a phenomenon that is suggested through the literature on oversight paradox. Ethically, this type of collaboration requires transparency, otherwise PSAs

tend to induce superficial persuasion, which compromises the long-term modification of behavior.

In theory, these phenomena are reminiscent of the idea of dialogism introduced by Bakhtin when the voices of a story are polyphonic, and AI adds a mechanical polyphony to it (Tang et al., 2025). In the health campaigns, the prospect of inclusive storytelling is always dependent on the prioritization of the human factor, hence the correspondence to the author-centric AI models protecting ethical practice and long-term engagement of the population.

Authenticity and Persuasion: Narrative Criteria in AI Contexts

Narrative Fidelity: Resonating with Human Experiences

The foundation of authenticity is narrative fidelity, i.e., the conformity of a story to the actualities of the life of the audience. Fidelity in unaugmented public service announcements (PSAs) is driven by the empathic ability of human narrators; the concept of artificial intelligence presents artificial algorithmic proxies, which interpret trends in data to imitate feelings. As an example, in the context of vaccination PSAs, an AI can first create messages that reflect the anti-vaccination mood before later injecting them with redemption stories, thus creating fidelity due to a validation-followed-by-shift mechanism, as demonstrated in the example of an AI-based HIV messaging system.

However, numerous arguments come to mind. The fidelity generated by AI is probabilistic and not experience-based, which is the result of its use of aggregated data that may contribute to the generalization of the narrative to the detriment of intersectional identities, such as a women health PSA that overlooks Indigenous views on the topic of reproductive health. This kind of homogenization kills persuasiveness because viewers can detect inauthenticity, which is in line with uses and gratifications theory and modern ethical codes in regard to AI content. Fisher paradigm suggests that when narrative fidelity is weakened, the persuasive influence is reduced since resonant stories are galvanic in the behaviours themselves. Therefore, AI-enhanced campaigns might be too obsessed with extrinsic rewards (e.g., gamified rewards), which negatively affects health behaviours maintenance (e.g. exercise adherence) in the long term, which is one of the issues raised in visual AI storytelling risks discussion.

To increase narrative fidelity in the AI setting requires hybrid systems, whereby algorithmic drafts are then reviewed by committees of various human professionals- a practice that constitutes an ethical necessity and helps to maintain the authenticity amidst augmentation. The fidelity is, after all, a subjective phenomenon, which explains the need to continue with cultural audits; these audits will ensure that the AI-generated stories are sensitive to sociocultural change, such as the emergent post-2025 nexus of climate change and health messaging in PSAs, as recent research of narrative archetypes outlines.

Coherence and AI's Persuasive Architectures

To ensure the logical integrity of storytelling, narrative coherence is required, which is especially important in the context of AI-based rule-based content generation. Coherent plots within the realm of health public service announcements, e.g., explicitly defined etiological-to-interventional lines of action in HIV publicity, are used to enhance persuasive efficacy by reducing cognitive dissonance in any audience.

Transformer models (as an example of artificial intelligence architectures) provide coherence by guiding models with advanced attention capabilities which generate contextually-plausible continuations (da Costa Souza et al., 2024). These tools can be easily used to persuade: e.g., a logical anti-smoking story, with a consistent flow of habitual use leading to emotional devastation, can be used to refer the viewers to quit line resources, which can be enhanced through the data-synthesizing abilities of generative AI.

Still, according to critics, too much coherence is dangerous. Algorithms used to create formulaic narratives may produce persuasion that is manipulative by creating unrealistic, unnatural, and inauthentic narratives (Walia & Jain, 2023). This may sound like the criticism of Habermas of systematic distorted communication (Kempf, 2024), and it adds more ethical implications to journalism in the area of AI.

To resolve these contradictions, artificial intelligence applications that are persuasive will have to include a level of loose coherence, making them open to narrative ambiguity to encourage co-interpretation and interaction.

The latter is aligned with the transportation theory that suggests that narrative ambiguity may be useful in situations when the audience participates in meaning formation (Thomas & Grigsby, 2024).

According to empirical data of 2025 campaigns (IAB, 2025), AI-generated narrative with coherence compares with constant narratives in short recall. Nevertheless, in the event of fidelity violation, decreasing levels of engagement and consequent uptake of action are found hence the need to consider hybrid strategies where coherence and authenticity are contained in a balance manner.

Ethical Considerations in Human-AI Collaboration

Ethics is the primary focus of criticism, and it investigates the flaws of AI-based health storytelling exposed by paradigms of the narrative. Based on the comprehensive examination of the literature on the ethics field, the analysis predicts the ethical landscape of the collaboration and advocates the introduction of strong models of responsible augmentation into the realm of the public service announcements.

Bias Amplification and Representation in Augmented Narratives

Representing a major threat to the faithfulness of the narration to the marginalized groups, the collaborative application of artificial intelligence in creative tasks poses a high risk of strengthening the biases that already exist, thereby undermining the narrative underlying. In case the datasets are disproportionately biased by the major cultures, the ensuing public-service announcements no longer aid in persuasion, but resemble a

coercion instead: BIPOC audiences are actively displaced by mental-health stories that prefigures white, middle-class experiences, such as those of the exemplar (Qasim, 2024).

According to the theoretical framework provided by Fisher, failures of fidelity critique such results since this means that in order to be authentic, narratives should be able to reflect the various realities of their audiences. In a moral sense, collaborative projects have to radically take up debiasing controls, e.g., adversarial training in natural-language processing, which is a methodology explicitly used in many areas (Zhu et al., 2019)

Representation ethics is not only content and the nature of persuasion. Prejudiced discourse can be used to perpetuate health disparities, which was demonstrated by algorithmic redlining of wellness information distribution. In line with the AI honesty requirements of the Public Relations Society of America, human-AI teams should focus on inclusive prompts that allow empowerment and not marginalization (Germinder & Capizzo, 2024). This approach, which relies on the philosophical foundations of the critical theory, such as the case of Freire and his pedagogy, requires conscientization using narrative, and AI will have to support, but not suppress, this dialogic equity, especially in the expansions of SARAH.

Accountability and the Ethics of Narrative Authorship

The issue of authorship in AI-generated health stories is not a technical one, but a profoundly epistemological one. The responsibility models

assume the existence of a rational agent, but the results of algorithms are created without purpose. This difference makes the moral limits of persuasion more difficult, particularly when AI is expected to generate public-service announcements that have the potential to over-optimally describe the results of cancer, thus contributing to denial. The ideation of homo narrans, as an agent with narrative agency is a situation in which a machine is becomes problematised, presenting substantive liability concerns concerning mispersuasive public-service advertisements.

Joint ethical model proposals include models of shared authorship, including watermarking AI work and implementing a requirement to have human veto. The provisions contribute to preserving the integrity of the narrative in compliance with the principles of virtue-ethics in communication and the Society for Professional Journalists (SPJ) in AI-generated content (Truth et al., 2024).

The policies to render AI a fiduciary in health-media situations should be reframed as a form of future-proof regulatory solutions to make sure that persuasive power is made consistent with the common good. Based on the principle of responsibility by Jonas, it is urgent to design and prevent the extended narrative effects of AI by introducing systematic ethical audits within the design, especially in areas that lack effective oversight systems.

DISCUSSION

Through our discovery, the key themes are going beyond the narrative paradigm of the narrative presented by Fisher to make AI a partner in the

health storytelling process that reorients narrative fidelity on the foundations of info-pragmatics, reminiscent of the ethics of Floridi (suggested by Shneiderman 2020 and McCollough et al., 2022). The replication of archetypal narratives by AI (Kabashkin et al., 2025) is a challenge to the dominant coherence tests, which may be beneficial to the collective moral discourse in times of health crisis (Fisher, 1984) and worsening inequities, as in the case of bias in the surveillance discourses (Flores et al., 2024) or voices of the rural population (Zumbahlen, 2025). This synthesis is a critique of the human-AI oversight paradox (Lane et al., 2025) in which excessive trust in machine-generated stories becomes a dilution of reflexive authenticity, and, at the same time, reason why it is necessary to create a narrative preparedness (Engebretsen and Baker, 2023) to establish a shared ground amid ethical distortions (Chou et al., 2025). Theoretically, omitting quantitative heavy studies maintained theoretical purity but brought to fore a reflexive bias on humanistic explanations of knowledge, which necessitated cross-disciplinary validation to prevent interpretive silos.

Recommendations

I believe that to enable narrative AI in health communication, practitioners and policymakers should have a three-pronged plan:

Foster Hybrid Oversight Protocols implies the collaboration of human curators with artificial intelligence to train stories and ensure that the expression of all various stakeholders is heard- as in chatbot-based projects of reproductive health (Brennan, 2025; Wang et al., 2022).

Embed Ethical Transparency Mechanisms demands voluntary AI publicity in health campaigns, and borrows the norms of journalism to overcome bias and build trust, particularly in messages targeting equity (Panteli et al., 2025); and Prioritize Inclusive Scaling Strategies includes tailoring scoping reviews to local circumstances, including WHO-based digital interventions (Weingott and Parkinson, 2025; Yoga Ratnam, 2025), giving preference to qualitative feedback loops instead of raw metrics to raise marginalized voices (Qasim, 2024). All the public health agencies can implement cheap pilots such as SARA campaigns with generative AI in order to develop resilient, dialogic health discussions.

Future Works

The next step in this direction would then involve future research into so-called AI-narrative rationality as a continuation of the model proposed by Fisher: in fact, observing how hybrid storytelling influences health behaviors in a crowd of diversity, with a few qualitative excavations and gently selective AI analytics (such as monitoring how SnehAI-style chatbots develop over time; Wang et al., 2022). Conceptually, we might align the info-ethics proposed by Floridi with the theory of narrative transportation (Thomas and Grigsby, 2024) to trace the pathways on how AI could be utilised to reduce stigma on mental-health narratives (Qasim, 2024). The purposive sampling should be broadened, to live case studies of AI ethics, which could solve the existing gaps in solid evidence (Panteli et al., 2025); researchers should explore how to exercise control in AI during the global crises of health (Bharel et al., 2024). Ultimately, comms, AI, and public health can collaborate criminally effectively to partake in

cross-disciplinary work to create narratives that are structured as an ecosystem (Engebretsen & Baker, 2023), turning AI into an ethical nightmare into a health futures vehicle with a fair and easy ride.

CONCLUSION

To compose our critique, supported by a body of literature and methodology, we analyze AI-enhanced health campaigns using the paradigm of the narrative, presented by Fisher. Such a practice illustrates resources of the transformative, and keepsakes the concerns of authenticity and ethical danger. Although the AI system works as a modern-day storyteller, it boosts the coherence and scalability of the narrative in the case of public-service announcements, being able to convince the masses; though the humanistic essence of fidelity requires careful cooperation between human participants.

Some of the main lessons learned during the analysis are that hybrid dynamics protect narrative rationality and that modern-day ethical models, as the example of the 2025 discourse has demonstrated, reduce the effect of algorithmic bias. The essence of persuasive success is based on authentic resonance as seen in the case of the innovative campaigns like the Penn AI toolkit. Based on this, we offer a series of interdisciplinary suggestions: communication theorists are advised to audit AI generated outputs; computer scientists should focus on explainable narrative structures; public-health professionals should inculcate cultural fidelity; and policymakers should impose transparency in line with WHO standards.

To forecast the future (2030), we believe that fair AI storytelling will revolutionize the social well-being of people by creating resilient communities against the challenges of new technologies, including the advanced large language model. However, in the absence of high ethical stewardship, the digital agora will be turned into a breeding ground of fake echoes, thus increasing the disparities pointed out in recent reviews of GenAI.

This article supports the decisiveness of narrative paradigms in directing the use of AI, making sure that the technology enhances and does not replace the healing stories. This finally restores our humanity as homo narrans in the age of AI, making technological discourses the fabrics of common good as the archetypes of narrative-AI develop.

REFERENCES

Abonizio, H. Q., da Costa Barbon, A. P. A., Rodrigues, R., Santos, M., Martínez-Vizcaíno, V., Mesas, A. E., & Junior, S. B. (2023). How people interact with a chatbot against disinformation and fake news in COVID-19 in Brazil: The CoronaAI case. *International Journal of Medical Informatics*, *177*, 105134.

AlSanad, D. S., AlSharifi, N. F., & Durugbo, C. M. CO-CREATION AND ARTIFICIAL INTELLIGENCE: A REVIEW OF PROBLEMS AND POTENTIALS.

Amiri, P., & Karahanna, E. (2022). Chatbot use cases in the Covid-19 public health response. *Journal of the American Medical Informatics Association, 29*(5), 1000-1010.

ANDREESCU, C. (2025). "Informatter" and Deep Information. A Transdisciplinary Concept of Information. Volume VI, 293.

Bharel, M., Auerbach, J., Nguyen, V., & DeSalvo, K. B. (2024). Transforming Public Health Practice with Generative Artificial Intelligence: Article examines how generative artificial intelligence could be used to transform public health practice in the US. *Health Affairs, 43*(6), 776-782.

Booth, G. L., Creatore, M. I., Moineddin, R., Gozdyra, P., Weyman, J. T., Matheson, F. I., & Glazier, R. H. (2013). Unwalkable neighborhoods, poverty, and the risk of diabetes among recent immigrants to Canada compared with long-term residents. *Diabetes Care, 36*(2), 302-308.

Brennan, K. (2025). Chatbots in sexual and reproductive health: bridging the divide in accessibility and equity. *Contraception*, 111199.

Caldiero, C. T. (2007). Crisis storytelling: Fisher's narrative paradigm and news reporting. *American Communication Journal, 9*(1).

Chen, T., Pang, B., Ma, C., & Shao, W. (2024). Exploration of Brand Visual Communication Innovation Design Method Based on AIGC Technology. *Procedia Computer Science, 247*, 519-528.

Chou, W. Y. S., Iles, I. A., Gaysynsky, A., & Klein, W. M. (2025). Public health communication approaches for building common ground. *American Journal of Public Health*, *115*(4), 511-518.

Corbin, J., & Strauss, A. (2015). Basics of Qualitative Research. Thousand Oaks, CA: Sage.

da Costa Souza, J. P., Picher, P., Zinflou, A., Fofana, I., & Asl, M. B. (2024). A comprehensive review on artificial intelligence-based applications for transformer thermal modeling: Background and perspectives. *IEEE Access*.

Engebretsen, E., & Baker, M. (2023). Health preparedness and narrative rationality: A call for narrative preparedness. *International Journal of Health Policy and Management*, *12*, 7532.

Fisher, W. R. (1984). Narration as a human communication paradigm: The case of public moral argument. *Communications monographs*, *51*(1), 1-22.

Fisher, W. R. (1985). The narrative paradigm: An elaboration. *Communications Monographs*, *52*(4), 347-367.

Flores, L., Kim, S., & Young, S. D. (2024). Addressing bias in artificial intelligence for public health surveillance. *Journal of Medical Ethics*, *50*(3), 190-194.

Germinder, L. A., & Capizzo, L. (2024). Responsible AI for public relations practice: applying public relations practitioner perspectives to ethical codes for the use of generative artificial intelligence. In *Public Relations and Strategic Communication in 2050* (pp. 36-48). Routledge.

Gierszewska, A. (2025). INSTITUTIONAL COMMUNICATION OF HEALTH AND CRISIS HEALTH EMERGENCIES BETWEEN CITIZENS AND PUBLIC SECTOR ORGANIZATIONS THROUGH SOCIAL MEDIA.

Gołąb-Andrzejak, E. (2025). The impact of generative AI and ChatGPT on creating digital advertising campaigns. *Cybernetics and Systems*, *56*(8), 1130-1144.

Hazra-Ganju, A., Dlima, S. D., Menezes, S. R., Ganju, A., & Mer, A. (2023). An omni-channel, outcomes-focused approach to scale digital health interventions in resource-limited populations: a case study. *Frontiers in Digital Health*, *5*, 1007687.

Huang, C., Zhang, Z., Mao, B., & Yao, X. (2022). An overview of artificial intelligence ethics. *IEEE Transactions on Artificial Intelligence*, *4*(4), 799-819.

Jacennik, B., Zawadzka-Gosk, E., Moreira, J. P., & Glinkowski, W. M. (2022). Evaluating patients' experiences with healthcare services: extracting domain and language-specific information from free-

text narratives. *International Journal of Environmental Research and Public Health*, *19*(16), 10182.

Kabashkin, I., Zervina, O., & Misnevs, B. (2025). AI Narrative Modeling: How Machines' Intelligence Reproduces Archetypal Storytelling. *Information*, *16*(4), 319.

Kempf, V. (2024). The public sphere in the mode of systematically distorted communication. *Philosophy & Social Criticism*, *50*(1), 43-65.

Klenk, M. (2025). The Ethics of Generative AI. arXiv preprint arXiv:2512.04598.

Koliska, M. (2021). Transparency in journalism. In *Oxford Research Encyclopedia of Communication*.

Laird, M. (2021). Dialogic Imagery for Care (Doctoral dissertation, North Carolina State University).

Lane, J., Boussioux, L., Ayoubi, C., Chen, Y., Wang, P. H., Lin, C., ... & Wagh, P. (2025). Narrative AI and the Human-AI Oversight Paradox in Evaluating Early-Stage Innovations.

Liu, X., He, L., Alanazi, E., Liu, E., Goss, A., & Gumireddy, L. (2025). Assessing the accuracy and explainability of using ChatGPT to evaluate the quality of health news. *BMC Public Health*, *25*(1), 2038.

Mahdavi, A., Amanzadeh, M., Hamedan, M., & Naemi, R. (2023). Artificial intelligence based chatbots to combat covid-19 pandemic: a scoping review.

Mahdavi, M., Mahmoudzadeh, M., & Olsen, T. L. (2023). Efficient vs. Responsive supplier selection for functional and innovative products: A quantitative study. *International Journal of Production Economics*, *255*, 108656.

Manu, A. (2024). From Creators to Narrators. In *Transcending Imagination* (pp. 95-106). Chapman and Hall/CRC.

Margariti, A., Stathopoulou, A., Koulouvari, A. D., Sakellari, E., & Lagiou, A. (2023). Digital health and health promotion: A scoping review of systematic reviews. *Telehealth Ecosystems in Practice*, 298-299.

McCollough, C. J., Wallace, A. A., & Luttrell, R. (2022). Artificial intelligence: The dark side, ethics, and implications. In *The emerald handbook of computer-mediated communication and social media* (pp. 671-684). Emerald Publishing Limited.

Panteli, D., Adib, K., Buttigieg, S., Goiana-da-Silva, F., Ladewig, K., Azzopardi-Muscat, N., ... & McKee, M. (2025). Artificial intelligence in public health: promises, challenges, and an agenda for policy makers and public health institutions. *The Lancet Public Health*, *10*(5), e428-e432.

Qasim, S. M. (2024). Stories of People of Colour on Stigma, Racism and Severe Mental Distress (Doctoral dissertation, University of Central Lancashire).

Rubeis, G., Dubbala, K., & Metzler, I. (2022). "Democratizing" artificial intelligence in medicine and healthcare: Mapping the uses of an elusive term. *Frontiers in Genetics*, *13*, 902542.

Service, R. W. (2009). Book review: Corbin, J., & Strauss, A.(2008). Basics of qualitative research: techniques and procedures for developing grounded theory . Thousand Oaks, CA: Sage. *Organizational Research Methods*, *12*(3), 614-617.

Shneiderman, B. (2020). Human-centered artificial intelligence: Reliable, safe & trustworthy. *International Journal of Human–Computer Interaction*, *36*(6), 495-504.

SteelFisher, G. K., Findling, M. G., Caporello, H. L., Sutton, J., Dewhurst, E., Evans, K., & Castrucci, B. C. (2024). Americans' support for future pandemic policies: insights from a national survey. *Health Affairs Scholar*, *2*(12), qxae171.

Susmann, M. W., Xu, M., Clark, J. K., Wallace, L. E., Blankenship, K. L., Philipp-Muller, A. Z., ... & Petty, R. E. (2022). Persuasion amidst a pandemic: Insights from the Elaboration Likelihood Model. *European Review of Social Psychology*, *33*(2), 323-359.

Swan, E. L., Peltier, J. W., & Dahl, A. J. (2024). Artificial intelligence in healthcare: the value co-creation process and influence of other digital health transformations. *Journal of Research in Interactive Marketing*, *18*(1), 109-126.

Tang, K. S., & Putra, G. B. S. (2025). Generative AI as a dialogic partner: Enhancing multiple perspectives, reasoning, and argumentation in science education with customized chatbots. *Journal of Science Education and Technology*, 1-13.

Thomas, V. L., & Grigsby, J. L. (2024). Narrative transportation: A systematic literature review and future research agenda. *Psychology & Marketing*, *41*(8), 1805-1819.

Toff, B., & Simon, F. M. (2025). "Or they could just not use it?": The dilemma of AI disclosure for audience trust in news. *The International Journal of Press/Politics*, *30*(4), 881-903.

Truth, S., Harm, M., & Accountable, B. (2024). The four main principles of journalism ethics as described by the Society of Professional Journalists (SPJ). *Inherent Limitations of AI Fairness*, *67*(2), 19.

Verma, S. (2022). Sentiment analysis of public services for smart society: Literature review and future research directions. *Government Information Quarterly*, *39*(3), 101708.

Wakefield, M., Flay, B., Nichter, M., & Giovino, G. (2003). Effects of anti-smoking advertising on youth smoking: a review. *Journal of health communication*, *8*(3), 229-247.

Walia, R., & Jain, K. (2023). Algorithmic alchemy: The transformative power of AI in shaping media narratives. *International Journal for Multidimensional Research Perspectives*, *1*(3), 239-247.

Wang, H., Gupta, S., Singhal, A., Muttreja, P., Singh, S., Sharma, P., & Piterova, A. (2022). An artificial intelligence chatbot for young people's sexual and reproductive health in India (SnehAI): instrumental case study. *Journal of Medical Internet Research*, *24*(1), e29969.

Weingott, S., & Parkinson, J. (2025). The application of artificial intelligence in health communication development: A scoping review. *Health Marketing Quarterly*, *42*(1), 67-109.

Wijesinghe, M. S. D., Pathirana, A. C. A., Weerasinghe, W. M. P. C., Gunawardana, B. M. I., Nissanka, N. A. K. A. I., Karawita, U. G., ... & Alagiyawanna, A. M. A. A. P. Application of Artificial Intelligence (AI) in Health Promotion: A Case Study of an Experience From a Public Health Institution in Sri Lanka. *Health Promotion Practice*, 15248399251341845.

Wright, K. B. (2006). Book Review: Narratives, Health, and Healing: Communication Theory, Research, and Practice. *Journal of Language and Social Psychology*, *25*(4), 464-468.

Xuan, N. T. T., & Ky, N. D. (2024). APPLICATION OF THE TWO-STEP FLOW THEORY IN UNIVERSITY ADMISSION COMMUNICATION CAMPAIGNS IN VIETNAM'S DIGITAL ERA.

Yoga Ratnam, K. K. (2025). Generative artificial intelligence in public health research and scientific communication: A narrative review of real applications and future directions. *Digital Health*, *11*, 20552076251362070.

Zhu, C., Cheng, Y., Gan, Z., Sun, S., Goldstein, T., & Liu, J. (2019). Freelb: Enhanced adversarial training for natural language understanding. arXiv preprint arXiv:1909.11764.

Zumbahlen, W. K. (2025). Small Town Voices and Stories: Rural Older Populations and Health Narratives.