Misdirecting Persuasive Efforts during the COVID-19 Pandemic: The Targets People Choose May Not Be the Most Likely to Change

CHRISTOPHER J. BECHLER AND ZAKARY L. TORMALA

ABSTRACT Persuading people to engage in specific health behaviors is critical to prevent the spread of and mitigate the harm caused by COVID-19. Most of the research and practice around this issue focuses on developing effective message content. Importantly, though, persuasion is often critically dependent on choosing appropriate targets—that is, on selecting the best audience for one’s message. Three experiments conducted during the COVID-19 pandemic explore this target selection process and demonstrate misalignment between who persuaders target and who will display the greatest attitude and behavior change. Although people prefer to send messages encouraging COVID-19 prevention behaviors to targets with slightly negative attitudes toward the behaviors in question, their messages can often have more impact when sent to targets whose attitudes are slightly favorable. Recent insights in categorical perception and message positioning effects in persuasion help explain this misalignment.

Communication among consumers has important implications. Much social influence is driven by everyday people persuading others to adopt new views or new behaviors. Thus, it is not surprising that marketers, psychologists, and journalists exert great effort studying and trying to influence consumer-to-consumer communication. In the midst of a public health crisis, such as the COVID-19 pandemic, these efforts can grow in intensity and narrow in focus. Because any change in health-related behaviors during a pandemic can be consequential, many researchers and much of the mainstream media are striving to help everyday people encourage and ultimately persuade others to practice specific health behaviors.

By and large, these specialists focus their advice on message content. For instance, Yoeli and Rand (2020) suggest that people communicate benefits, make unambiguous asks, and harness the power of norms to craft effective messages encouraging COVID-19 prevention behaviors. Other experts similarly draw from behavioral science to suggest tactics that include posing questions and reducing the ask (Berger 2020), framing coronavirus as a collective threat (Perry 2020), personalizing messages and making them positive (Henriques 2020), and using “I statements” (Compton 2020), short words (Gallo 2020), and humor (Cherry 2020). Importantly, though, impactful persuasion often requires more than just compelling message content. Choosing appropriate targets for one’s persuasive efforts can also play a crucial role. However, there appears to be little or no consideration given to who people are targeting—or should be targeting—with messages that encourage COVID-19 prevention behaviors.

The current research explores this target selection process. Specifically, we assess consumer-to-consumer persuasion during the COVID-19 pandemic to examine (1) who individuals choose to target with health-related messages and (2) whether persuaders might actually have greater impact by choosing other targets. We posit that people equipped with messages encouraging health-related behaviors generally prefer to send those messages to targets whose attitudes are slightly negative toward the behaviors in question and thus who persuaders believe they can shift in valence. However, this targeting decision is frequently at odds with the message’s persuasive impact, which is often greater among targets whose attitudes are already slightly favorable toward the message position. In short, we submit that there can be misalignment between who persuaders target and who will display the greatest attitude and behavior change.

This hypothesis draws from research on categorical perception of attitudes (Bechler, Tormala, and Rucker 2019), message positioning effects in persuasion (e.g., Clark and Wegener 2013), and recent research that integrates the two...
(Bechler, Tormala, and Rucker 2020). Together, this work suggests that persuaders prefer to direct messages to people whose attitudes they might change in valence, because shifts of valence (e.g., from negative to positive) are perceived as greater in magnitude and behavioral impact than shifts within valence (e.g., from slightly positive to more positive). At the same time, recipients tend to be more resistant to counterattitudinal than proattitudinal messages. This means persuaders might have less impact when they target people who are negative toward the message position (whose attitudes they hope to shift in valence) than when they target people who are already slightly positive but can be shifted to more extreme levels of support.

HEALTH-BEHAVIOR MESSAGING
The importance of healthy behaviors is incredibly high during a pandemic such as COVID-19. Likewise, the importance of effectively persuading people to engage in these behaviors is enormous. On a microlevel, the degree to which any individual practices a health behavior can be the difference between life and death for that individual. However, health behaviors in this context are unique in that they have implications not only for the individual practicing the behavior, but also for proximate individuals. On a macrolevel, the efficacy of many of the health behaviors that are being promoted during the COVID-19 pandemic—such as wearing masks, social distancing, and refraining from nonessential travel—increases as more people practice the behavior. In short, the stakes are high and the expected benefits associated with behavior change in a single individual generalize to those in the individual’s proximity. Thus, the efficient spending of resources—time, effort, money—to persuade others whose attitudes and behaviors are most likely to change is critical.

Researchers have only just begun studying the influence of information and messaging on COVID-19 prevention behaviors. Initial results show that the information that people receive from the news (Simonov et al. 2020) and from experts (Akesson et al. 2020) affects their willingness to practice specific behaviors such as social distancing. Importantly, however, early work has not studied the impact of information transmitted at the consumer-to-consumer level. This void is notable because there exists substantial evidence documenting that word-of-mouth—that is, communication among consumers—can frequently be more impactful and have longer lasting effects than expert-to-consumer or company-to-consumer messaging (e.g., Berger 2013). In fact, consumer word-of-mouth can be especially influential in health-related domains, such as choosing doctors (Tu and Lauer 2008) and medicines or treatments (Yeoh, Othman, and Ahmad 2013). To our knowledge, the current research is the first to study consumer-to-consumer persuasion in the context of COVID-19 prevention behaviors.

TARGET SELECTION AND PERSUASIVE IMPACT
As stated already, our interest is in how people select persuasion targets. First, we predict that when people select targets, they are more likely to target others whose attitudes seem poised to change across (e.g., from negative to positive) rather than within (e.g., from positive to more positive) valence. This prediction is based on recent research on categorical perception and attitudes. Bechler and colleagues (2019) found that people perceived attitude change as larger and more impactful when attitudes shifted qualitatively (or categorically) from negative to positive, compared to when they shifted nonqualitatively (or noncategorically) from negative to less negative or positive to more positive. The same authors also found that this perception influences persuasion target selection (Bechler et al. 2020). Because qualitative change seems greater than nonqualitative change, people are more likely to target others if those others seem poised to shift in attitude valence. For instance, Bechler and colleagues (2020) found that strong supporters of Joe Biden’s presidential candidacy were more likely to send a pro-Biden message to people who were slightly opposed rather than extremely opposed or slightly in favor, because they were drawn to the possibility of shifting targets in valence.

Second, we predict that people’s targeting decisions might misalign with where they can have the most impact. Specifically, we hypothesize that targets who already slightly agree with a message’s position will often be most receptive to and impacted by the message. This prediction is based on research on message positioning and persuasion. People are often more open to and persuaded by messages endorsing positions that more closely match their own—that is, that are proattitudinal (see Clark and Wegener 2013). Interestingly, these findings align well with conventional marketing wisdom that marketers get the greatest “bang for their buck” by targeting existing customers, or individuals who are already favorable toward their brand (e.g., Reichheld and Schefter 2000). The rationale is that because people who already like a brand are more open to the brand’s messaging, persuading these individuals to make a purchase is frequently less costly than acquiring a new customer whose initial attitude toward
the brand is unfavorable. Notably, Bechler and colleagues (2020) uncovered initial evidence for this prediction as well. In the aforementioned Biden study, Bechler and colleagues found that although Biden supporters sent the pro-Biden message to individuals with slightly negative attitudes, those with slightly favorable attitudes were more impacted. Specifically, they reported greater attitude and behavior change upon receiving the message.

The goal of this research is to test whether there is misalignment between persuaders’ targeting decisions and targets’ actual receptiveness to persuasion in the context of messages encouraging COVID-19 prevention behaviors. Documenting whether misalignment occurs in medical or health persuasion could be critically important as the stakes associated with engaging or not engaging in specific health behaviors are extremely high. If the predicted results obtain, this research would highlight an important asymmetry in persuasion with substantial public health implications and offer initial guidance to consumers and public and private sector decision makers on how to make their persuasive efforts in this context more impactful.

**EXPERIMENT 1**

Experiment 1 tested who individuals preferred to target with a message about COVID-19 health behaviors and assessed whether targeting someone else might be more impactful. The behavior we focused on was wearing masks/face coverings in public. Participants who were strongly in favor of wearing masks/face coverings in public (“persuaders”) were equipped with a message encouraging people to do so and chose another participant to whom they would send this message. Simultaneously, we sent the message to other participants (“targets”) who were either slightly against or slightly in favor of wearing masks, and we measured the message’s persuasive impact. We expected that persuaders would be most likely to select targets who were slightly against wearing masks, but that participants who were already slightly in favor would be more impacted and report greater attitude and behavior change.

Wearing masks in public was a topic of importance and debate among US participants when this experiment was conducted (early April 2020). On the dates of our study, wearing masks/face coverings had only recently been recommended by some health agencies (the CDC first recommended that the public wear masks on April 3, 2020) and was not recommended by all agencies (e.g., WHO). Speaking even further to the timeliness of the topic, New York Governor Andrew Cuomo announced that he would soon require people in his state to wear masks/face coverings in public settings on the exact date that we terminated data collection (April 15, 2020).

**Method**

**Participants and Design.** The experimental design was adapted from Bechler and colleagues (2020, experiment 4) and included two parts. First, we surveyed 1,001 Amazon Mechanical Turk participants’ attitudes toward a wide range of coronavirus-related behaviors, including the focal behavior of wearing masks/face coverings in public (survey conducted April 7, 2020). Attitudes were assessed on a scale ranging from 1 (extremely negative) to 9 (extremely positive), with a neutral midpoint of 5. Participants who reported a slightly negative (either 3 or 4) or any positive (from 6 to 9) attitude toward wearing masks/face coverings in part 1 were eligible for part 2. Only 53 participants in our initial survey reported very negative attitudes (either 1 or 2), so these participants were not included in part 2. A total of 815 participants qualified for part 2, and 554 participants completed it. Our recruitment plan, conditions, hypotheses, and analytic strategy were preregistered (https://aspre.dicted.org/sj9rq.pdf). Experiment materials are available in the appendix, available online. Data are available at https://osf.io/zg3w8/.

**Procedure.** The experimental procedure varied based on participants’ initial attitudes. Participants with highly favorable attitudes (attitudes of 8 or 9) were assigned to be persuaders. These participants were informed that our survey indicated a wide range of attitudes among Mechanical Turkers toward wearing masks/face coverings. Persuaders then learned that they would have an opportunity to send a message to another participant that encouraged people to wear masks/face coverings. They then read the message, which was an opinion letter recently published in *The New York Times* arguing that “one of the most self-protective and altruistic things we can do now is to wear a face mask while in public” (Kavanagh and Winter 2020). After reading the message, persuaders chose between two targets to send the message they had read: a participant leaning somewhat against wearing masks/coverings or a participant leaning somewhat in favor of wearing masks/coverings.

Participants who were not already highly favorable toward wearing masks/face coverings in public (i.e., those with attitudes in the 3–4 [slightly against] or 6–7 [slightly in favor] range in the initial survey) were assigned as targets. These participants were informed that they would
read a message that was sent to them by another Mechanical Turker about why people should wear masks/face coverings. After reading the same message as persuaders, targets completed measures assessing the message’s impact: “How much did reading that message change your attitude toward wearing masks/face coverings when out in public?” and, “How much did reading that message impact the likelihood that you will wear a mask/face covering when out in public?” Responses were provided on scales ranging from 1 (not at all) to 9 (a great deal) and averaged to create a composite index ($r_{249} = .78, p < .001$). As in Bechler and colleagues (2020), we measured self-reported change and impact—rather than calculating differences between attitudes and behavior before and after reading the message—to equate the total amount of change and impact targets could display (i.e., to circumvent the problem that slightly negative participants had more room to change on the attitude scale than did slightly positive participants).

Results and Discussion
A chi-square goodness-of-fit test demonstrated that the targeting distribution significantly differed from chance ($\chi^2(1) = 48.32, p < .001$). As predicted, a clear majority (69.97%) of persuaders chose to target the participant leaning somewhat against rather than somewhat in favor of wearing masks. As illustrated in figure 1, though, in contrast to persuaders’ targeting decisions, targets who initially leaned somewhat in favor of wearing masks reported being more impacted by the message ($M = 5.31, SD = 2.11$) than did targets who initially leaned somewhat against ($M = 4.47, SD = 2.12$), $t(249) = -2.78, p = .006$. Thus, using a health behavior of central relevance to the coronavirus pandemic and a real persuasive message taken from current media, we found the predicted misalignment: Strong supporters of wearing masks or face coverings in public were more likely to try to persuade others with somewhat negative rather than positive attitudes. However, these supporters could have had more impact by targeting people who already leaned in their direction—those with slightly favorable initial attitudes, who could be shifted to more solid support.

EXPERIMENT 2
Experiment 2 had three main goals. First, we examined whether the findings from experiment 1 would generalize to another health behavior. In experiment 2, we assessed attitudes toward participating in medical studies testing experimental COVID-19 vaccines. Although recruitment for these types of medical studies is crucial to fighting the spread of COVID-19 and reopening public spaces, it can be difficult, especially given that uncertainty surrounding the disease is high and potential vaccines are permitted to bypass the usual safety standards (e.g., animal trials; Gupta 2020).

Second, we assessed targeting decisions in a setting in which persuaders could target individuals who were extremely negative, slightly negative, or slightly positive toward the behavior in question. Because few participants in experiment 1 reported extremely negative attitudes (i.e., 1 or 2 on the scale) toward wearing masks or face coverings, we excluded

![Figure 1. Results from experiment 1.](image-url)
extremely negative targets from our design. Participating in experimental COVID-19 vaccine trials is more daunting or polarizing than wearing masks, so we hoped that this behavior would permit us to test our prediction when targets with extremely negative attitudes were also available.

Third, we specified the exact attitude positions of the targets when persuaders made their targeting decisions. In experiment 1, we used colloquial language when describing potential targets’ attitudes. That is, we made no reference to the numerical attitude responses that targets had reported in the initial survey. Because we used verbal descriptions without specifying precise numerical positions, there is potential ambiguity in how persuaders interpreted the language and where they thought potential targets stood. In case persuaders somehow interpreted our language as implying that slightly negative targets were more or less extreme than slightly positive targets, we used numbers to specify attitude positions in experiment 2. Despite these modifications, we expected results consistent with those from experiment 1, such that persuaders would be most likely to target slightly negative participants, but that participants who were already slightly positive would report the greatest attitude and behavior change.

**Method**

**Participants and Design.** Experiment 2 was conducted on Amazon Mechanical Turk at the same time as experiment 1 and had a similar procedure. Participants’ attitudes toward participating in a medical study testing an experimental COVID-19 vaccine were collected in the same initial survey described earlier, and were measured on a scale from 1 (extremely negative) to 9 (extremely positive), with a neutral midpoint of 5. Again, we tested our hypotheses in the second part of the experiment. Any participant reporting a negative (1–4) or positive (6–9) initial attitude toward participating in a medical study testing an experimental COVID-19 vaccine was eligible for part 2. A total of 795 participants qualified for part 2, and 550 participants completed it. Our recruitment plan, conditions, hypotheses, and analytic strategy were preregistered (https://aspredicted.org/gb9qb.pdf). Experiment materials are available in the appendix. Data are available at https://osf.io/zg3w8/.

**Procedure.** As in experiment 1, participants with extremely favorable initial attitudes (8 or 9 on the scale) were assigned as persuaders. Persuaders read a message that contained arguments for participating in COVID-19 vaccine trials (adapted from multiple health websites; e.g., Lopienski 2014; Acurian 2020) and selected someone to target with the message. The possible targets were three participants with different attitudes toward participating in COVID-19 vaccine trials: a participant with an attitude of 1 or 2, a participant with an attitude of 3 or 4, and a participant with an attitude of 6 or 7. Persuaders had access to the scale on which these participants had indicated their attitudes so that the numbers associated with each potential target could be easily interpreted.

Participants who were not already highly favorable toward participating in a COVID-19 vaccine study (those with initial attitudes between 1–4 and 6–7) were assigned as targets. Targets read the message that was sent by persuaders and completed the two-item measure of message impact described in experiment 1, modified for the new behavior of participating in a medical study testing an experimental COVID-19 vaccine ($r[384] = .86, p < .001$).

**Results and Discussion**

A chi-square goodness-of-fit test demonstrated that the targeting distribution significantly differed from chance ($\chi^2(2) = 34.11, p < .001$). A majority of the persuaders (52.44%) chose to target a participant with an attitude of 3 or 4 (i.e., who was slightly unfavorable). As illustrated in figure 2, however, a one-way ANOVA with initial attitude (1 or 2, 3 or 4, and 6 or 7) as the independent variable and the persuasive impact measure as the dependent variable revealed a different pattern ($F(2, 383) = 47.94, p < .001$). Targets whose initial attitudes were 6 or 7 (slightly favorable) reported being more impacted by the message ($M = 5.15, SD = 1.91$) than did targets whose initial attitudes were 3 or 4 (slightly unfavorable; $M = 3.82, SD = 2.21$), $t(383) = -5.44, p < .001$, or 1 or 2 (extremely unfavorable; $M = 2.62, SD = 2.14$), $t(383) = -9.57, p < .001$. Targets whose initial attitudes were 3 or 4 (slightly unfavorable) also reported being more impacted by the message than targets whose initial attitudes were 1 or 2 (extremely unfavorable), $t(383) = -4.19, p < .001$.

In sum, despite numerous design and procedural changes, experiment 2 replicated the core finding that persuaders prefer to target others with slightly negative initial attitudes toward the behavior in question. Again, though, targets who were already slightly favorable reported greater attitude and behavior change upon receiving the message.

**EXPERIMENT 3**

Experiments 1 and 2 provided consistent evidence for our central hypotheses: Persuaders tend to target people who
are slightly against a health behavior, but could have more impact by targeting people who are already slightly favorable. Of course, we obtained this evidence using measures of self-reported attitude and behavior change. Would we observe the same misalignment using a measure of real behavior—for example, a binary choice reflecting an actual behavioral decision? We addressed this question in experiment 3. This experiment employed a similar paradigm as before, but in this case we assessed donations to a charity assisting with COVID-19 relief (Direct Relief, a real organization that delivers equipment and medication to health workers). Donating to this charity is not itself a health behavior, but it is a consequential decision that affects the health of others involved in COVID-19 prevention efforts. Experiment materials are available in the appendix. Data are available at https://osf.io/zg3w8/.

Participants (N = 491, recruited from Amazon Mechanical Turk) began by reporting their attitudes toward donating their wages from the study to Direct Relief to assist with the charity’s COVID-19 relief efforts. We used the same attitude scale as in the other experiments. As in experiment 2, those with attitudes of 8 or 9 were assigned as persuaders and those with attitudes of 1–4 or 6–7 were assigned as targets. Persuaders (n = 75) were shown a message adapted from an article titled, “5 Reasons You Should Donate to Direct Relief” (Best Company Editorial Team 2019) and chose to target a participant with an attitude of 1 or 2, 3 or 4, or 6 or 7 with the message. Replicating our earlier findings, persuaders were more likely to target the participant with an attitude of 3 or 4 (52.00%) than participants with an attitude of 1 or 2 (18.67%) or 6 or 7 (29.33%), χ²(2) = 13.04, p = .001 (see fig. 3).

Targets—those with initial attitudes of 1 or 2 (n = 134), 3 or 4 (n = 70), or 6 or 7 (n = 90)—had a different experience. After reporting their initial attitudes, they were asked to indicate how much of their wages from the study ($0.24) they were willing to donate to Direct Relief (they could donate up to $0.23). Then targets read the message that was sent by persuaders and reported how much reading the message changed their attitude toward donating their wages to Direct Relief (1 [not at all] to 9 [a great deal]). Most critically, they also made a binary choice: whether they would like to increase their donation (yes/no). If participants clicked yes, they were prompted to indicate how much they would like to increase their donation (up to the $0.24 limit).

On each measure, we found evidence for the predicted results. First, a one-way ANOVA with initial attitude (1 or 2, 3 or 4, and 6 or 7) as the independent variable and the attitude change measure as the dependent variable produced a significant effect (F(2, 291) = 92.82, p < .001). Targets whose initial attitudes were 6 or 7 (slightly favorable) reported greater attitude change (M = 5.83, SD = 2.18) than did targets whose initial attitudes were 3 or 4 (slightly unfavorable; M = 3.37, SD = 1.93), t(291) = −7.71, p < .001, or 1 or 2 (extremely unfavorable; M = 2.12, SD = 1.92), t(291) = −13.60, p < .001. Targets whose initial attitudes were 3 or 4 (slightly unfavorable) also reported greater attitude change than did targets whose initial attitudes were 1 or 2 (extremely unfavorable), t(291) = −4.24, p < .001.
Our measures of actual behavior change followed the same pattern. Targets’ decisions to increase their donations ($\chi^2(2) = 45.43, p < .001$) and the amount they increased them ($F(2, 291) = 23.48, p < .001$) both varied depending on targets’ initial attitudes. Most germane to our primary concerns, targets whose initial attitudes were 6 or 7 were more likely to choose to increase their donation (41.11%) and on average increased their donation by more (2.92 cents) than targets whose initial attitudes were 3 or 4 (11.43%, $\chi^2(1) = 15.72, p < .001$; 0.57 cents, $t(291) = -5.12, p < .001$) or 1 or 2 (6.72%, $\chi^2(1) = 36.95, p < .001$; 0.36 cents, $t(291) = -6.53, p < .001$). Targets whose initial attitudes were 3 or 4 were also directionally more likely to increase their donation, $\chi^2(1) = 0.79, p = .37$, and increase it by more ($t(291) = -0.50, p = .62$) than targets whose initial attitudes were 1 or 2, but these latter differences were not statistically significant.

In sum, this experiment provides further evidence of the predicted misalignment between targeting decisions and persuasive impact surrounding COVID-19 behaviors. Using ostensibly real donation decisions in a consequential setting, persuaders continued to target individuals slightly against the behavior in question but would have had more impact—in terms of both decisions to increase donations and the amount of money donated—if they had targeted individuals already leaning in favor. Given the context of experiment 3, this misalignment could affect actual medical relief efforts for COVID-19 health workers.

**GENERAL DISCUSSION**

In three experiments conducted during the COVID-19 pandemic, we found misalignment between who persuaders targeted with health-relevant messages and who displayed the greatest attitude and behavior change upon receiving the messages. Persuaders preferred to send messages to targets with slightly negative attitudes toward the behavior in question, but these messages had greater impact on targets with slightly positive attitudes. This asymmetry can be explained from the perspective of categorical perception and message positioning. Persuaders perceive attitude change from negative to positive as greater in magnitude and impact due to the categorical shift it involves, but targets are more open to positive messages when they already lean in a positive direction, which facilitates message impact.

It is noteworthy that experiments 1 and 2 drew from the same pool of participants—that is, respondents to the same initial attitude survey. Assignment to persuader or target roles depended on participants’ initial attitudes toward the health behaviors in question. As such, it was possible that participants could be eligible for both of our studies. Indeed,

---

1. For exploratory purposes, we also measured attitude and behavior change for participants with neutral initial attitudes in this experiment (see the appendix).

2. We did not deduct participants’ donations from their payment. Participants were debriefed at the end of the experiment that they would receive full payment regardless of their donation decisions.
there was considerable overlap in the participants who were recruited for experiments 1 and 2; 65.6% of the participants in experiment 2 also completed experiment 1. Interestingly, though, because there was a relatively low correlation ($r$/999) = .19, $p < .001$) between attitudes toward wearing masks and toward participating in vaccine trials in our initial survey, 43.2% of participants who completed both experiments played the role of persuader in one and target in the other. In the appendix, we summarize the results for the subset of participants in experiment 2 who completed experiment 1 in a different role ($N = 156$). Notably, these results replicate those from experiment 2 in both pattern and significance, suggesting that persuaders might disproportionately select slightly negative targets despite the fact that they themselves are more receptive to persuasion when slightly positive toward the behavior in question.

Much social influence and persuasion occurs during communication between everyday people and their peers, and during the COVID-19 pandemic persuasion experts have exerted great effort toward informing people about how they can tune the content of their messages to increase their persuasive impact. Taking a different tack, our research examines persuasive target selection as another crucial element in the persuasion process. We find that another way persuaders can boost their impact is to select the best target. In many cases, this will be someone already leaning in the desired direction but who has room to shift to even stronger support.

In addition to providing insight that could help in the fight against COVID-19, this research also sparks new questions for future work. One potentially important question is whether marketers and policy makers display the same propensity to target people who are leaning slightly against the behavior in question. Do marketers, policy makers, and other decision makers show the same targeting preference, or are they more attuned to target receptiveness? Stated differently, are persuasion experts more apt to choose targets who already lean in their direction? Marketers have been known to over-spend on customer acquisition at the expense of customer retention (e.g., Reichheld and Schefter 2000), which suggests that maybe they are not more likely than laypeople to choose the most receptive targets for their appeals. Perhaps inattentiveness to the receptiveness of targets is one reason why. Exploring whether experts and laypeople differ in their targeting strategies—and if so, why—would be a valuable direction for future research in this area.

In sum, selecting an appropriate target, or audience, is a critical part of making a persuasive appeal effective. The current research highlights a reliable feature of persuasive target selection that may frequently limit its effectiveness. Specifically, people tend to select persuasion targets who are not the most receptive targets available. In the context of COVID-19, this gap, or asymmetry, could have important public health implications. We hope that our findings inspire future research on persuasive targeting and help everyday people and public and private sector decision makers enhance the persuasive impact of their health-relevant messages both during and beyond the COVID-19 pandemic.

REFERENCES


