



Harvard Business Review

REPRINT H05KK7
PUBLISHED ON HBR.ORG
APRIL 20, 2020

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Government and public health organizations have been tasked with the challenge of changing behavior — getting people to not only practice social distancing and shelter in place but do it for weeks and potentially months. Not surprisingly, almost everyone is relying on the standard approach to drive change: Tell people what to do. Issue demands like: “Don’t go out,” “Stay six feet apart,” “Wash your hands,” and “Wear face masks.”

While a lot of us are following recommendations so far, making sure everyone sticks with them for the long haul is a tougher ask. Some people are still or have resumed congregating in groups. Some

churches, with support from their local leaders, are flouting stay-at-home orders. And protesters have begun to demand that businesses reopen sooner than experts suggest.

Directives aren't particularly effective in driving sustained behavior change because we all like to feel as if we are in control of our choices. Why did I buy that product, use that service, or take that action? Because *I* wanted to. So when others try to influence our decisions, we don't just go along, we push back against the persuasive attempt. We get together with a friend, shop more than once a week, don't wear a mask. We avoid doing what they suggested because we don't want to feel like someone else is controlling us.

Our innate anti-persuasion radar raises our defenses, so we avoid or ignore the message or, even worse, counter-argue, conjuring up all the reasons why what someone else suggested is a bad idea. *Sure, the governor said to stay home but they're overreacting. Maybe the virus is bad in some part of the country, but I don't know a single person whose gotten it. And besides, many people who get it are fine anyway, so what's the big deal?* Like an overzealous high school debater, they poke and prod and raise objections until the persuasive power of the message crumbles.

So if telling people what to do doesn't work, what does? Rather than trying to persuade people, getting them to persuade themselves is often more effective. Here are three ways to do that.

1. Highlight a gap.

You can increase people's sense of freedom and control by pointing out a disconnect between their thoughts and actions, or between what they might recommend for others versus do themselves.

Take staying at home. For young people who might resist, ask what they would suggest an elderly grandparent or a younger brother or sister do. Would they want them out, interacting with possibly infected people? If not, why do they think it's safe for them to do so?

People strive for internal consistency. They want their attitudes and actions to line up. Highlighting misalignment encourages them to resolve the disconnect.

Health officials in Thailand used this approach in an anti-smoking campaign. Rather than telling smokers their habit was bad, they had little kids come up to smokers on the street and ask them for a light. Not surprisingly, the smokers told the kids no. Many even lectured the little boys and girls about the dangers of smoking. But before turning to walk away, the kids handed the smokers a note that said, "You worry about me ... But why not about yourself?" At the bottom was a toll-free number smokers could call to get help. Calls to that line jumped more than 60% during the campaign.

2. Pose questions.

Another way to allow for agency is to ask questions rather than make statements. Public health messaging tries to be direct: "Junk food makes you fat." "Drunk driving is murder." "Keep sheltering in place." But being so forceful can make people feel threatened. The same content can be phrased in

terms of a question: “Do you think junk food is good for you?” If someone’s answer is no, they’re now in a tough spot. By encouraging them to articulate their opinion, they’ve had to put a stake in the ground — to admit that those things aren’t good for them. And once they’ve done that, it becomes harder to justify the bad behaviors.

Questions shift the listener’s role. Rather than counter-arguing or thinking about all the reasons they disagree, they’re sorting through their answer to your query and their feelings or opinions on the matter. And this shift increases buy-in. It encourages people to commit to the conclusion, because while people might not want to follow someone else’s lead, they’re more than happy to follow their own. The answer to the question isn’t just *any* answer; it’s *their* answer, reflecting their own personal thoughts, beliefs, and preferences. That makes it more likely to drive action.

In the case of this crisis, questions like “How bad would it be if your loved ones got sick?” could prove more effective than directives in driving commitment to long-term or intermittent social distancing and vigilant hygiene practices.

3. Ask for less.

The third approach is to reduce the size of the ask.

A doctor was dealing with an obese trucker who was drinking three liters of Mountain Dew a day. She wanted to ask him to quit cold turkey, but knew that would probably fail, so she tried something else. She asked him to go from three liters a day to two. He grumbled, but after a few weeks, was able to make the switch. Then, on the next visit, she asked him to cut down to one liter a day. Finally, after he was able to do that, only then did she suggest cutting the soda out entirely. The trucker still drinks a can of Mountain Dew once in a while, but he’s lost more than 25 pounds.

Especially in times of crisis, health organizations want big change right away. Everyone should continue to stay at home, by themselves, for two more months. But asks this big often get rejected. They’re so different from what people are doing currently that they fall into what scientists call “the region of rejection” and get ignored.

A better approach is to dial down the initial request. Ask for less initially, and then ask for more. Take a big ask and break it down into smaller, more manageable chunks. Government officials responding to the pandemic are already doing this to some extent by setting initial end dates for social distancing measures, then extending them. But there might be more opportunities, for example when experts allow for some restrictions to be lifted — say, on small gatherings — but insist that others, such as concerts or sporting events, continue to be banned.

Whether we’re encouraging people to socially distance, shop only once a week, thoroughly wash hands and wear face masks, or change behavior more broadly, too often we default to a particular approach: Pushing. We assume that if we just remind people again or give them more facts, figures, or reasons, they’ll come around. But, as recent backlash against the Covid-19 -related restrictions

suggests, this doesn't always work over the long term, especially when your demands have no fixed end date.

If we instead understand the key barriers preventing change, such as reactance, and employ tactics designed to overcome them, we can change anything.

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