

Article

First-Person Versus Third-Person

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**How Narrative Voice in explainer Videos
Influences Identification with the Media
Character and Attitudes Related to Stress-
Prevention Strategies****Perina Siegenthaler , Andreas Fahr **

University of Fribourg, Switzerland

Abstract

Research on health communication shows that audience involvement with media characters displayed in narratives represents a key mechanism that facilitates persuasive outcomes. This study analyses whether different narrative voices trigger identification with story characters and affect counter-arguments against and attitudes toward proposed recommendations. The online experiment ($N = 364$) investigates the effects of first- and third-person narrative voice in explainer videos using the example of work-related stress, and similarities between the audience's situations and that of the character are accounted for. The moderated mediation analysis showed no effect of narrative voice on identification and being personally affected by the health issue addressed in the explainer video did not play a moderating role. Furthermore, the results showed that identification was negatively associated with disagreement and positively related to attitudes toward recommendations. Narrative voice did not have a direct impact on attitudes and there was no effect mediated via identification and disagreement.

Keywords

Narrative persuasion, narrative voice, identification, explainer video, work-related stress.

A large body of research has found that narratives are beneficial for persuasive health communication, because audiences become more immersed in the story, develop stronger connections to the characters displayed, and identify with them (Chen et al., 2017; Murphy et al., 2013; Phua, 2014). Due to the intensified connection with the media character, audience members develop deeper empathy and sympathy for them and ultimately imagine being them

Corresponding author:

Andreas Fahr: andreas.fahr@unifr.ch

(Cohen, 2001); moreover, involvement with media characters is purported to facilitate persuasive effects by minimizing counterarguing and improving attitudes (Moyer-Gusé, 2008).

Various features of narratives influence the development of identification with the media character; for example, the narrative voice (i.e., the identity of the narrator) is believed to have an impact on character-related involvement (e.g., identification). Compared to narratives with a third-person voice, narratives told in a first-person narrative voice invite the audience members to vicariously take on the perspective of the media character (Chen & Bell, 2021); and perspective-taking is in turn an important predictor of identification (Cohen, 2001). Thus far, no studies have examined whether the beneficial effects of narrative features on audience involvement processes also occur in explainer videos, which are a relatively new form of health communication used in practice (Krämer & Böhrs, 2016). For this reason, we investigate whether relationships occur between narrative features, identification, counterarguing, and attitudes in health-related explainer-video public service announcements (PSAs).

Job-related stress was chosen as the PSA topic because in the past three decades, employee stress has risen nearly 20% (Orr et al., 2018); regardless of this, however, there is a dearth of research on narrative health communication on this issue. Our professionally produced explainer-video PSA depicts a young person suffering from job stress and offers strategies to avoid or reduce unhealthy stress. The narrative is told in either first- or third-person narrative voice. In addition to attempting to understand the effects of narrative voice, we also investigate the role of perceived individual stress on the occurrence of identification, because significant similarities, such in health statuses, have the potential to influence the effects of narrative voice on identification to a greater extent than superficial similarities, such as age or gender (Chen & Bell, 2021).

To summarise, the objective of the present research is to analyse the ways in which structural features of an explainer video on job-related stress influence viewers' identification with the media character, affect counterarguing, and eventually lead to positive attitudes toward the proposed recommendations. Additionally, the moderating effect of perceived individual stress is investigated.

Narrative Voice in Explainer-Video PSAs and Identification

Particular responses of an audience member to a mediated narrative message or a character of the narrative can be summarised under the terms of audience involvement or narrative involvement (Brown, 2021; Moyer-Gusé, 2008; Slater & Rouner, 2002; Tal-Or & Cohen, 2010; Tukachinsky & O'Connor, 2017). These responses include concepts such as transportation, narrative engagement, parasocial interaction, parasocial relationship, or identification. One of the most frequently studied audience involvement processes in research on health communication is identification (Brown & Basil, 2010). Identification incorporates the development of proximity and closeness with a media character, which theoretically should increase the persuasive effects of a health-related message, such as lowering resistance against the message or improving attitudes toward a recommended behaviour (Moyer-Gusé, 2008). Identification involves an imagined merging of the viewer's and media character's identities and thus occurs when an "audience member is aware not of him or herself as an audience member, but rather imagines being one of the story characters" (Cohen, 2001, p. 252). As such, identification consists of four dimensions: sharing the feelings of the character, sharing the

perspective of the character, internalisation and sharing the goals of the character, and the degree to which self-awareness is lost during exposure to the narrative (Cohen, 2001).

There are mixed empirical findings as to which formal narrative characteristics predict character-related involvement and facilitate persuasive effects, and some studies have investigated the effects of narrative voice on identification. Narrative voice describes the grammatical person in which the story is told. Genette (1980/1990) differentiated between “voice” and “focalization”; whereas voice concerns the narrator of the story, focalisation concerns the narrator’s perspective or point of view. By manipulating focalisation, access to background information on the media character can be restricted or enabled. Even when the narrative voice is manipulated, the narrative perspective does not change; only the identity of the narrator is altered (Genette, 1980/1990; Rimmon-Kenan, 2002). Consequently, the amount of information provided to the audiences does not change when the narrative voice is manipulated; the present study will therefore focus on narrative voice, rather than the focal point of the narrative, which will remain unchanged.

In first-person narratives, a protagonist speaks about their personal experience and uses personal pronouns, such as “I” and “me,” which invites the audience member to take on the perspective of the media character, facilitates engagement, and eventually increases identification. A third-person narrative is conveyed by an impartial narrator who describes the protagonist’s experiences; there is more distance between the audience member and the media character, which impedes perspective-taking. Even though first-person narratives are generally superior compared to third-person narratives with respect to the development of audience involvement processes (see Chen & Bell, 2021), several studies were unable to discern effects of narrative voice on identification (Chen et al., 2016; Christy, 2018; Quintero Johnson et al., 2021). Moreover, even less is known about whether potential beneficial effects of narrative features on audience involvement, such as identification, also occur in newer forms of persuasive health communication, such as explainer videos. In general, there is a lack of research regarding the persuasive effects of explainer videos (Schorn, 2022).

Explainer videos consist of moving digital images that illustrate how to do something or how something works in a simple manner; these animated videos typically only depict the most relevant aspects of a topic, and the simplified representation of information allows these videos to reach a broad audience. Storytelling, which describes a method in which information is conveyed through the use of stories, is a crucial element of explainer videos (Krämer & Böhrs, 2016); one of the key strategies is therefore to present a protagonist and invite viewers to follow their story. Given these qualities, it can be assumed that explainer videos might be particularly beneficial in the context of narrative persuasion, because they deliver complex information in an easy-to-understand manner for the general public applying storytelling techniques. This can have a positive effect on engagement, particularly if associated with an enthusiastic performance (Findeisen et al., 2019). Similarly, research indicates that explainer videos can enhance processing fluency due to the storytelling technique. Facilitated fluency of processing, in turn, is assumed to foster easy comprehension, improve the evaluation of a narrative and promote persuasive effects (Bullock et al., 2021; Pennington & Hastie, 1991). Furthermore, it is assumed that information is transmitted more successfully through explainer videos because these videos maintain prolonged attention in comparison to audio formats or texts (Schneiders, 2020).

Regarding the characters displayed, explainer videos contain usually characters that address the audience members in an informal way and explanations, or suggestions are not given “from

above” through a superior or official person (Schorn, 2022). This informal way of communication may be beneficial for persuasive outcomes because applying everyday language can foster positive evaluation of the message (Okuhara et al., 2017). Moreover, compared to audio–visual footage of real people, explainer videos depict generic characters that are perceived as less individual and more conventional which might facilitate identification for a more general public. Oftentimes, explainer videos apply the so-called „meet Bob“ strategy. This narrative strategy includes a fictional media character who is similar to the recipients. The audience is told about a specific problem of the character and subsequently a way to solve this problem is presented (Alam, 2021; Oentoro, 2018). The character offers potential for identification and the recipients learn about positive outcomes resulting from following the recommended behaviour. The involvement with the character and the call-to-action included in the explainer video may motivate recipients to change their behaviour accordingly (Alam, 2021; Schorn, 2022).

A character that is specifically designed for easy involvement coupled with a first-person narrative voice should therefore foster identification with the media character. As such, regarding explainer videos with an acting character, the first hypothesis for this study is that compared to a third-person narrative voice, a first-person narrative voice leads to stronger identification with the media character (H1).

Moderating Effect of Being Affected by Health Issues

Previous theorizing and research in the field of narrative involvement has identified several potential moderators that influence the relationship between narrative voice and identification; for example, attributes such as audience–character similarities are discussed to reinforce the desire and ability of the viewers to identify with the media characters and to contribute to involvement processes with those characters (Cohen et al., 2017; Slater & Rouner, 2002). Perceived similarity describes a relationship in which an audience member shares demographic, psychological, and/or social attributes with the media character. Even though similarity is a multidimensional construct, previous studies in health communication have largely focused on the effect of demographic similarities, such as age and gender, on identification (see Chen & Bell, 2021). Only a few studies accounted for other characteristics like health status similarity (e.g., Igartua & Rodríguez Contreras, 2020).

Audience members typically process message content through the lens of pre-existing attitudes, beliefs, current life situations, and/or personal experiences. The development of a connection with a media character might thus be facilitated if they share these views (Cohen, 2001; Tukachinsky & Stever, 2018). Therefore, subjective features such as personal experience with the health issue being addressed in the explainer video might impact the audience involvement processes; this is reflected in a recent study that concluded that the level of audience involvement with a narrative about depression was higher for participants who reported a personal experience with mental illness (Quintero Johnson et al., 2021).

Job stress was chosen as the health topic of this study because it is an important-but-underrepresented issue in the area of public health communication; in the past three decades, employee stress has increased nearly 20% (Orr et al., 2018). Changing work patterns in recent years is one explanation for this trend. New work concepts such as remote offices have developed as a result of technological advances that promote working outside regular working hours, which blurs and ultimately dissolves the boundaries between work and personal life

(Bliese et al., 2017; Derks & Bakker, 2014); these altered working styles can lead to prolonged periods of high levels of stress, which are harmful to physical and mental health (World Health Organization, 2010). Even more worrying is that people are often unaware that stress can cause or aggravate health problems (Souza-Talarico et al., 2016). This is why it is essential that the public is sensitised to the severe consequences of stress. Surprisingly, studies on health communication in general (Snyder, 2007) and narrative health communication in particular (Shen et al., 2015) have thus far paid scant attention to this topic.

Due to the paucity of findings on the moderating effect of personal experience on the influence of narrative voice on involvement processes, particularly the viewer's level of stress, we propose the first research question:

RQ1: Is the effect of narrative voice on identification moderated by health status similarity?

Persuasive Effects of Identification

Identification is an important mechanism in models explaining the persuasive effects of narratives, such as the entertainment overcoming resistance model (Moyer-Gusé, 2008) or the extended elaboration likelihood model (Slater & Rouner, 2002). These models predict that audience members who identify with a character displayed in the narrative are more likely to align their perspectives with the media character's. An important mechanism for this effect is that identification is supposed to reduce counterarguing. The loss of self-awareness during identification leads the audience members to perceive the persuasive messages in a less critical manner (Cohen, 2001); this may in turn minimise counterarguing. Because identification requires immersion into the world of the media character and a consequent temporary loss of one's own perspective, counterarguing processes should be incompatible with identification (Moyer-Gusé, 2008). Indeed, research on the effects of narrative health communication has found proof that identification is associated with less counterarguing against smoking prevention testimonial messages (Igartua & Rodríguez-Contreras, 2020) or messages crafted to prevent sexually transmitted infections (Moyer-Gusé et al., 2011). The second hypothesis for this study is therefore that identification is negatively associated with counterarguing (H2).

In addition to the attenuating effect of identification on counterarguing, past theory and research suggests that identification directly facilitates the persuasive effects (e.g., positive attitudes) without taking counterarguing specifically into account. When a narrative features a character who shares the audience members' position on a topic, they agree with the perspective of the media character, and recipients are more susceptible to the expressed beliefs, attitudes, and behaviours of the media character, which increases the positive associations with them (Dal Cin et al., 2004; Hoeken et al., 2016). Several studies have provided evidence of the persuasive impact of identification in the domain of health communication. Moyer-Gusé et al. (2011) found that identification motivated audience members to engage in conversations about sexual health; Murphy et al. (2013) determined that identification predicted positive attitudes toward cervical cancer screening; and Cho et al. (2012) demonstrated that identification with characters in anti-drinking and anti-meth PSAs predicted favourable attitudes toward the behaviour advocated in the narratives. This leads to the third hypothesis that there is a direct positive association between identification and favourable attitudes (H3). Moreover, because lessening counterarguing is an important mechanism in narrative persuasion (Moyer-Gusé,

2008), a fourth study hypothesis is that there is a negative association between counterarguing and favourable attitudes (H4).

In addition to reduced counterarguing serving as one underlying mechanism that enhances the persuasiveness of narratives, identification with a media character is an important construct through which narrative voice might have an impact on persuasive outcomes. De Graaf et al. (2012) found that identification with one of the characters in the narrative mediated the effect of narrative voice on attitudes. Similarly, Hoeken et al. (2016) showed that identification served as a mediator between narrative voice and attitude. A recent study in the area of health communication research demonstrated that the narrative voice in a magazine article about Type 2 diabetes had an indirect effect on self-referencing that was mediated by identification (Chen et al., 2017). Identification is thus a plausible mechanism that explains the effects of narrative voice on attitude, and it is reasonable to assume that identification mediates the effect of narrative voice on attitude. If being affected by the health issue addressed in the message moderated the impact of the narrative voice on identification (see RQ1), then this would imply that the impact of the narrative voice on attitude through identification and counterarguing would be moderated as well. This leads to the second research question:

RQ2: To what extent is the mediating effect of identification and counterarguing on attitude moderated by being affected by the health issue?

The last hypothesis is related to the direct effect of the narrative voice on persuasive outcomes. It has previously been demonstrated that compared to versions of a narrative that was written in third-person, a first-person narrative produces beneficial outcomes (Kaufman & Libby, 2012). In the context of health communication, research has shown that a first-person narrative about HPV vaccinations resulted in larger perceived risk of getting HPV than a third-person narrative did (Nan et al., 2015, 2017). These results are supported by a systematic review of studies in the field of health communication, which suggested that first-person narratives are more influential than third-person narratives in health-related decisions (Winterbottom et al., 2008). We therefore hypothesise that there will be a positive association between a first-person narrative voice and favourable attitudes (H5).

Figure 1 illustrates the proposed model about the effects of narrative voice on attitudes towards recommendations, mediated by identification and counterarguing and moderated by being affected by the health issue.

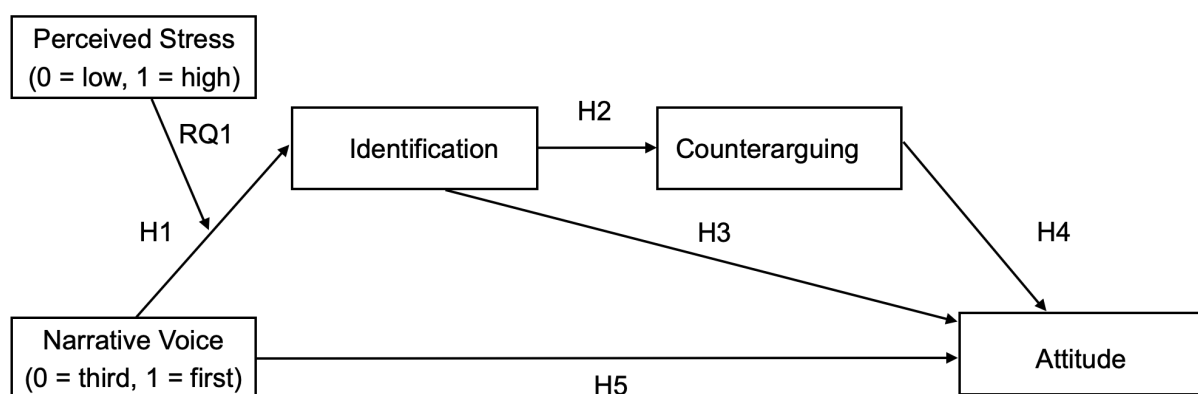


Figure 1. Proposed Path Model

Method

Research Design, Procedure, and Participants

To test the hypotheses, an online experiment was conducted using a one-factorial between-subjects design featuring narrative voice as the independent variable. In the entire study, two factors were manipulated: the narrative voice (i.e., first-person vs. third-person) and style of address (i.e., direct verbal and physical address vs. no direct verbal and physical address). The present analysis only focuses on narrative voice and we controlled for style of address in the analysis.

Participants were recruited in March 2020 via an online access panel provided by respondi. To be eligible for the study, the prospective participants needed to speak English, live in the United Kingdom, and be older than 18 years of age. Participants received approximately 1.40 EUR for participating in the study.

A total of 364 participants ($M_{age} = 54.63$, $SD_{age} = 14.36$, $N = 362$; 61.0% male, 38.7% female, 0.3% diverse) were randomly assigned to the experimental conditions; of these, 186 participants in the first-person condition and 178 in the third-person condition. Several days prior to stimulus exposure, the sociodemographic data of the respondents was collected in a pre-questionnaire; they completed a second questionnaire directly after exposure to the explainer-video PSA to measure identification, counterarguing, and attitude.¹

Stimulus

Short animated explainer videos (i.e., Approximately 2:13 min in length) resembling audio-visual PSAs about work-related stress were professionally designed for this study and are available online.² The PSA describes the day of a working man in his 30s named Ian; the story of his work day is embedded in two bar scenes. In the beginning, he is standing at a bar facing a female bartender when his mobile phone rings; he becomes frustrated, sets the device aside, and Ian's story about his exhausting and busy day begins.

The same general text and footage were consistently used throughout this experiment, and only the narrative voice was manipulated. For the first-person condition, the protagonist narrated the video using the first-person pronouns "I" and "me." A narrator told Ian's story and applied third-person phrases such as "he" or "him" in the video for the third-person condition.

At the end of the video, Ian is again standing at the bar, and the female bartender takes on the role of a person working in healthcare. She explains the risks of work-related stress and strategies to avoid and/or overcome harmful stress. These recommendations are based on recommendations published by the World Health Organization (2008) and include exercising regularly, getting enough sleep, scheduling breaks, muting mobile phones from time to time, and knowing one's limits.

Measures

Perceived Stress. The perceived stress scale was used to measure the participants' perceptions of stress in their everyday lives (Cohen et al., 1983). Participants were asked to assess the questions according to the extent to which they have experienced these situations in the context of their work or studies. There were 10 items, examples of which include, "In the last month, how often have you found that you could not cope with all the things you had to do?" and "In the last month, how often have you felt nervous and stressed?" The items were

measured using a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*very often*; $M = 2.69$, $SD = 0.89$; Cronbach's $\alpha = 0.89$). A dummy-coded variable (0 = low *stress*, 1 = high *stress*) was computed for the analysis by dividing the sample into two groups based on the median ($Md = 2.70$).

Identification. Identification with the media character was assessed using 10 items from Cohen's (2001) identification scale. All items were measured using a 5-point Likert-type scale ranging from 1 (*do not agree at all*) to 5 (*agree entirely*). Participants were instructed that the questions concerned Ian, the male protagonist in the video; example items include, "When I watched Ian, I felt like I was watching myself" and "While viewing, I felt like Ian felt." An identification index was computed by calculating the mean of the items, and higher values indicated stronger levels of identification ($M = 2.96$, $SD = 1.05$; Cronbach's $\alpha = 0.94$).

Counterarguing. Counterarguing was measured by two items adopted from Moyer-Gusé and Nabi (2010). The participants were asked to indicate the extent to which they tried to find flaws in the presented arguments and the extent to which they actively counterargued those arguments on a 5-point Likert-type scale ranging from 1 (*do not agree at all*) to 5 (*agree entirely*). Participants were asked to think explicitly of the advice for avoiding/reducing stress mentioned in the explainer video. Even though this measurement was used in previous research (i.e., Jeong & Hwang, 2012), the items did not show satisfying reliability in the present study (Spearman Brown coefficient = .23); hence, only a single item — "I could actively agree with what was said" — was reverse coded and used for the analysis ($M = 1.94$, $SD = 0.99$; higher values indicating more disagreement).

Counterarguing can be defined as the formation of thoughts that actively dispute or are not consistent with the arguments in the persuasive message (Slater & Rouner, 2002). In our opinion, the item "I could actively agree with what was said" (reversed) better reflects counterarguing than "I was looking for flaws in what was said." Nevertheless, this item represents rather a partial aspect of counterarguing and does not represent the whole construct. This has important consequences for testing our hypotheses and interpreting the results; for the data analysis and the interpretation of the findings, we will refrain from using the term "counterarguing" and refer to "disagreement" instead.

Attitude. Attitude toward the stress-prevention strategies presented by the bartender at the conclusion of the explainer video was measured by asking the respondents to report whether they thought the prevention strategies were important, meaningful, satisfying, pleasant, good, and easy to perform (Rossmann, 2011). The items were measured using a 5-point Likert-type scale ranging from 1 (*do not agree at all*) to 5 (*agree entirely*), and an attitude index was constructed by calculating the mean of these items ($M = 3.76$, $SD = 0.75$; Cronbach's $\alpha = 0.86$).

Data Analysis

Before the path analysis was conducted, zero-order correlations were calculated (see Table 1).

To test the hypotheses in the proposed model, data were analysed using the PROCESS macro for SPSS (customised moderated mediation model, V 3.5; Hayes, 2018). Prior to the analysis, assumptions about linearity, homoscedasticity and normal distribution of the residuals were checked. When the graphed residuals were examined, a pattern indicating heteroscedasticity was observed, so we used standard errors for the model coefficients based

Table 1. Means, Standard Deviations, and Pearson Zero-Order Correlations

Variable	<i>M</i>	<i>SD</i>	1	2	3	4
1. Narrative voice	–	–	–			
2. Stress	–	–	.07	–		
3. Identification	3.0	1.1	.01	.34***	–	
4. Disagreement	1.9	1.0	.00	-.16**	-.55***	–
5. Attitude	3.8	0.8	-.03	-.17***	.36***	-.42***

Note. *N* = 364. Narrative Voice: 0 = *third person*, 1 = *first person*, dummy-coded. Stress: 0 = *low*, 1 = *high*, dummy-coded. Identification: 1 = *low*, 5 = *high*. Disagreement: 1 = *low*, 5 = *high*. Attitude: 1 = *negative*, 5 = *positive*. **p* < .05, ***p* < .01, ****p* < .001.

on the HC3 heteroscedasticity-consistent standard error estimator (Hayes, 2018). To test the significance of the indirect effects, 95% confidence intervals were calculated by drawing 10,000 bootstrapping samples. The narrative feature (i.e., the narrative voice) was entered as the independent variable and dummy-coded (0 = *third-person*, 1 = *first-person*). Identification was specified as the first mediator with perceived stress as the moderator between the narrative voice and identification, disagreement as the second mediator, attitude toward stress-prevention strategies as the dependent variable, and style of address was included as a covariate to control for manipulation in the factorial design.

Results

Treatment Check

Because the manipulation of narrative voice in this experiment represents a rather unobtrusive feature to which recipients do not usually pay attention, we did not expect all the participants to identify the treatment if they were directly asked to do so after exposure. Nevertheless, a majority (59.5%) of the participants in the first-person group reported that the narrator spoke in first-person, and a clear majority (75.8%) of the participants in the third-person group indicated that the narrator spoke in third-person.

Path Analysis

Like most regression programs, PROCESS uses listwise deletion of missing data (Hayes, 2018); the following analysis is therefore based on data of 363 participants. The results revealed that the use of a first-person narrative voice did not increase identification with the media character ($b = -0.01$, $SE_{HC3} = 0.15$, $p = .926$)³, which is a rejection of H1. Furthermore, being affected by the health issue did not have a moderating effect between the narrative voice and identification ($b = -0.01$, $SE_{HC3} = 0.21$, $p = .962$; RQ1); this indicates that the choice of the narrative voice did not affect identification at any individual stress level. As was assumed, higher levels of identification were negatively correlated with disagreement ($b = -0.52$, $SE_{HC3} = 0.05$, $p < .001$), which confirms H2. Furthermore, identification was positively associated with attitudes related to the stress prevention strategies ($b = 0.13$, $SE_{HC3} = 0.04$, $p = .003$), which confirms H3. Moreover, disagreement was found to be negatively related to attitudes ($b = -0.25$, $SE_{HC3} = 0.05$, $p < .001$), which confirms H4. RQ2 inquired as to what extent the mediating effect of identification and disagreement on attitude was moderated by

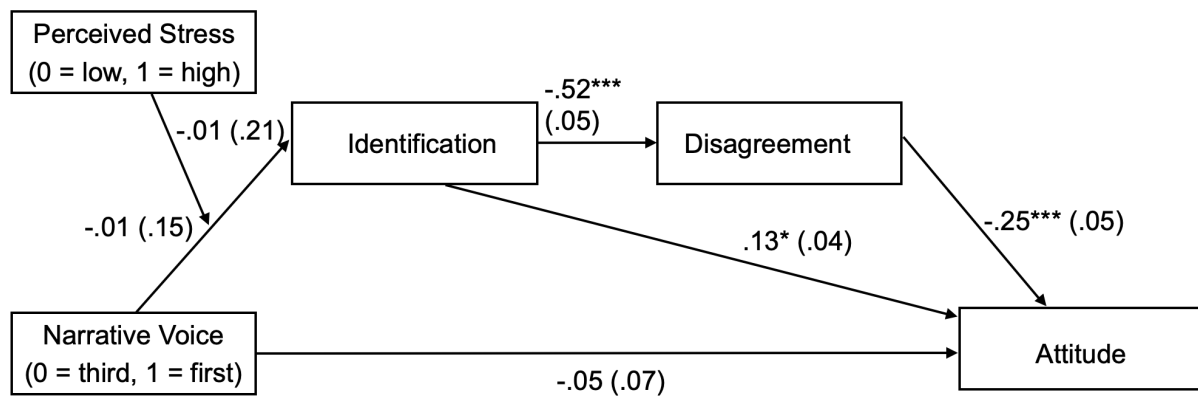


Figure 2. Unstandardised Coefficients for Moderated Mediation

Note. Standard errors HC3 are shown in parentheses. Indirect effect stress 0: $b = -0.00$, $SE = 0.02$, 95% CI [-0.05, 0.04]. Indirect effect stress 1: $b = -0.00$, $SE = 0.02$, 95% CI [-0.05, 0.04]. Index of moderated mediation: $b = -0.00$, $SE = 0.03$, 95% CI [-0.06, 0.06]. * $p < .05$, ** $p < .01$, *** $p < .001$.

being affected by the health issue. Results indicate that there was no indirect effect at any levels of perceived stress: stress level 0: $b = -0.00$, $SE = 0.02$, 95% CI (-0.05, 0.04); stress level 1: $b = -0.00$, $SE = 0.02$, 95% CI (-0.05, 0.04). Finally, the data revealed that narrative voice did not have a direct effect on attitude ($b = -0.05$, SE HC3 = 0.07, $p = .518$), which is a rejection of H5 (see Figure 2).

Discussion

The objective of this study was to analyse the effects of narrative features in explainer video-style PSAs on identification with the characters displayed therein. Narrative voice was chosen as a health message characteristic that is purported to establish proximity between the audience and the media character and to determine the development of identification with this character. In turn, identification was examined concerning its potential to reduce disagreement with the message content⁴ and improve attitudes toward prevention strategies in the context of job-related stress. Finally, the moderating role of being affected by an issue (i.e., perceived personal stress) on the influence of narrative voice on identification was tested.

The results showed that a first-person narrative voice does not increase identification with the appearing media character, which is contrary to previous studies that concluded that narratives told in the first-person narrative voice led to stronger identification than third-person narratives did. Empirical evidence tends to be mixed, however, because, for example, Nan et al. (2017) were unable to confirm whether a first-person narrative was associated with higher levels of identification compared to a third-person narrative; our findings concur with these observations, because the structural feature in the narrative PSA employed in this experiment (i.e., first-person narrative voice) did not successfully trigger identification compared to a the control group. Although one cannot conclusively argue from the null, our findings might indicate that the sole manipulation of the narrative voice may have diminished the likelihood that the audience members took on the character's perspective; by only manipulating the narrative voice, the respondents were unable to gain adequate privileged access to the perceptions and goals of the media character (Van Krieken et al., 2017). Since focalisation, not narrative voice, determines the extent to which insights into a media character's inner life are

offered, this factor could be more relevant to enhanced viewer identification. However, a recent study by Wimmer et al. (2021) failed to detect any effects of focalisation on identification.

The present study was unable to demonstrate that being affected by the health issue addressed in the explainer-video PSA moderates the relationship between the narrative message factor and identification. Thus, individual perceived stress did not have a significant impact on the effect of narrative voice on identification. There is empirical evidence that perceived similarities with a media character (see Chen & Bell, 2021), particularly the audience member's personal experience with a health topic, influence viewer involvement with a health-related message (Igartua & Rodríguez Contreras, 2020; Quintero Johnson et al., 2021); this does not, however, appear to be the case for audience–character similarities in explainer-video PSAs in our study. Participants watching a first-person PSA could not more readily identify with the rather generic character in explainer videos if they had experienced the same health issues.

“No effect” results cannot refute the hypothesis that health status similarity moderates the relationship between the narrative message factor and identification with story characters from the explainer-video PSAs. However, Frick (1995) suggests that results supporting the null hypothesis can be insightful when the null hypothesis is possible and the experiment was a decent effort to find an effect. Even though the concept of identification fits reactions toward fictional characters in narratives (Cohen, 2001), it might be possible that the artificiality of computer-animated characters inhibits the development of close connections with them. Moreover, because explainer videos are usually limited to most relevant aspects of a topic, it is plausible that the restricted amount of background information on the character impedes the development of a close connection with any characters therein; if audience members are unable to gain sufficient access to the inner world of a media character, it is difficult for them to identify with the characters regardless of the fictionality of the character because identification with the character is supposed to be enhanced rather because the audience member can look into the world of the character than because of the realness of the character. This assumption is supported by previous research on identification with fictional characters from video games indicating that identification with those characters is possible (e.g., Klimmt et al., 2010). In the present study, on average, participants reported medium levels of identification ($M = 2.96$, $SD = 1.05$; 1 = *low identification*, 5 = *high identification*), which indicates that some identified with the displayed character and others did not. However, our data is not sufficient to make a conclusion here.

In line with our assumptions, the results confirmed that audience involvement processes play an important role in narrative persuasion; identification was negatively associated with disagreement and positively related to improved attitudes toward the presented stress-prevention strategies; as such, the data for this study support previous conclusions related to the positive effect of identification with media characters on outcomes in health communication contexts (see Chen & Bell, 2021). Our results did not, however, reveal an indirect effect of narrative voice on attitudes through identification and moderated by personal stress, which reflects the results of Chen et al. (2017), who determined that identification only mediated the effect of narrative voice on self-referencing, but not on persuasive outcomes. The authors assume that the effects of different narrative features might be mediated by different aspects of identification. In particular, their findings highlight the possibility that the effect of narrative voice is only mediated by one of the four dimensions of identification that were delineated earlier in this text. Since narrative voice refers to the grammatical perspective from

which a story is told, it is plausible that especially the “sharing the perspective” dimension plays an especially crucial role; to test this assumption, we re-ran the analysis using an index constructed with the items that measured the extent to which the audience members felt that they understood the media character and their motivations. However, no effect that was non-significant emerged as significant and vice versa.

It was also found that narrative voice does not have a significant direct effect on attitudes. While studies using a similar approach did not report whether they found a direct effect of narrative voice on persuasive outcomes (e.g., De Graaf et al., 2012; Hoeken et al., 2016), Winterbottom et al.’s (2008) meta-analysis revealed that first-person narratives were more influential in health decisions compared to third-person narratives. The lack of a direct relationship between the investigated structural feature and attitude in our study did not confirm this finding.

Finally, even though our manipulation failed to trigger identification, a positive correlation was detected between perceived stress and identification (see Table 1), which indicates that audience members with higher levels of perceived stress more readily identified with the media character. This suggests that message features (i.e., narrative voice) could be less influential in promoting identification than viewer–character similarities related to the current life situations (e.g., health status similarities).

Limitations and Future Research

The findings presented herein should be interpreted with certain constraints. First, the style of the explainer video could be more appealing to a younger audience, and Ian presents himself as a person in his thirties; if a younger protagonist tells his or her story from a first-person perspective, older audience members may not readily identify with them. For this reason, other superficial similarity characteristics such as age and gender that have been shown to be important moderators could be considered in future studies (see Chen & Bell, 2021).

Second, we accounted for individual stress level as a moderating factor. However, a consideration of whether participants’ actual stress level is perceived to be similar to the stress level of the media character might be useful for future studies.

A third limitation concerns the generalisability of the findings. The stimulus of this study (i.e., the explainer videos) is designed to resemble a prototypical busy working day in Western countries. Therefore, the findings are expected to be replicable in countries with a similar work mentality and where work-related problems regularly affect the physical, emotional, and mental health of employees. However, conducting the exact same study in a country with a different work culture would most likely produce different results. For example, in some countries there is a greater emphasis on the balance between the professional life and the private life. In others, hard work and career progression are more important. These cultural differences can influence the experience of work-related stress in the respective context. Thus, if a study is conducted in a country where hard work and career advancement are shared standards of the society, the stimuli should address, for example, failure to advance to the next career level.

In addition, if the sample comprises a particular age group the results may be influenced by the challenges specific to that age group. For instance, young adults may have different coping mechanisms for work-related stress and may pay more attention to maintaining a healthy work-life balance than employees from older generations. On the other hand, young adults are often at a different stage in their working lives than older employees. They may be more inclined to

advance their careers and therefore accept a certain amount of work-related stress for the sake of their career progression. Again, these characteristics need to be considered when conducting a similar study.

Fourth, this experiment assessed the respondents' levels of identification with the media character after a single exposure to the message. According to Cohen (2001), however, the likelihood of an audience member being able to imagine being the displayed character increases with longer and more intense exposure to the character; it might be more difficult for people to identify with a media character after a single exposure to a narrative. Future studies could apply a longitudinal design and measure whether identification increases over time and after repeated exposure. In addition, future studies could also compare the effects after exposure to short videos compared to the exposure times in existing research because it is possible that identification depends more on the duration of the single exposure.

Similarly, a future study could compare the effects of explainer videos and the effects of videos depicting real people on involvement processes and on persuasive outcomes. It is possible that some of the features of explainer videos discussed above (e.g., limitation to most relevant aspects of a topic, computer-animated characters) may be disadvantageous in persuasive health communication.

Fifth, even though identification is an important mechanism of narrative persuasion, other involvement processes should also be considered when examining the involvement with narrative explainer videos or characters displayed in explainer videos. Transportation, for example, is the audience member's immersion into the story world and is another involvement process that is beneficial for narrative persuasion (Green & Brock, 2000). Nan et al. (2017) found that narrative messages utilizing the first-person narrative voice resulted in more significant transportation than non-narrative messages. As such, the use of a first-person narrative voice could potentially also affect transportation. Assessing the mediating effects of transportation, or at least specific dimensions of transportation, in a future analysis would create a more nuanced understanding of how narrative voice affects various audience involvement processes. Even though transportation and identification are each distinguishable concepts, they are often correlated (Green, 2021) and it is proposed that the processes facilitate each other (Calarco et al., 2017).

Conclusion

The present study contributes to a better understanding of the effects of narrative voice in explainer-video PSAs on identification, disagreement, and attitude, with the moderating effect of being affected by the health issue. Results yielded conclusions that a first-person narrator in an explainer video about job stress does not trigger identification with media character compared to third-person. This study, thus, queues up with previous research that did not discern significant results regarding enhancing effects of first-person narratives on health message involvement (e.g., Chen et al., 2016; Christy, 2018; Quintero Johnson et al., 2021). Furthermore, being affected by the given health topic did not have a moderating effect on the relationship between narrative voice and identification. Nevertheless, this study revealed that identification was negatively associated with disagreement and positively correlated with attitudes toward stress-prevention strategies, which underscores the notion that audience involvement processes hold a crucial role in narrative persuasion.

Notes

1. The questionnaires and the data underlying the results presented in the study are available here: URL: <https://osf.io/5hqjc/> DOI: 10.17605/OSF.IO/5HQJC
2. Explainer videos for the present study are stored on Open Science Framework (https://osf.io/m3sdp/?view_only=23147b3614bb4924a28c11f9828540d6)
3. This regression coefficient estimates the effect of narrative voice on identification when the variable stress is zero (i.e., low level of stress; Hayes, 2018).
4. Initially, counterarguing was the variable of interest in the present research. However, the two-item measurement did not show satisfying reliability. Therefore, only one item was used for the analysis representing a partial aspect of counterarguing (i.e., disagreement).

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This study has not been separately approved by an ethics committee. The study is part of a bigger project in which a similar study was already conducted which was approved by swissethics (Project-ID 2017-00447). In this laboratory experiment participants watched a video with the same storyline but with real-person characters instead of animated characters. Subsequently, participants filled out a questionnaire that consisted mainly of the same questions as the questions in this study.

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Conflict of Interest

There are no conflicts of interests associated with our manuscript.

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Author Contributions

Conceptualisation (main idea, theory): Andreas Fahr & Perina Siegenthaler
 Funding acquisition: Andreas Fahr
 Project administration: Perina Siegenthaler
 Methodology (design, operationalisation): Andreas Fahr & Perina Siegenthaler
 Data collection: Perina Siegenthaler
 Data analysis: Perina Siegenthaler
 Writing – original draft: Perina Siegenthaler
 Writing – review & editing: Andreas Fahr & Perina Siegenthaler

Author Biographies

Perina Siegenthaler is a research associate and conducts research on the role of parasocial relationships with media characters, the potential of narrative media formats as well as the effects of emotional experiences in the selection, processing and impact of health-related media communication.

Andreas Fahr is a full professor for media uses and effects at the University of Fribourg, Switzerland. He is dedicated to the research of selection, exposure, and effects of media from a communication and media psychological perspective.