

Beyond persuasion: Improving conversational quality around high-stakes interpersonal disagreements

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Abstract

In discussing topics of disagreement, especially those with important societal implications, people often seem narrowly focused on changing the minds of their opponents. But when the issue is personally relevant, highly consequential, and has divided entire populations into factions, is persuasion a realistic or even desirable goal? Across five pre-registered experiments, we tested a brief intervention to mitigate the interpersonal costs of disagreement and increase the likelihood of future conversations around vaccine hesitancy.

Specifically, we randomly assigned vaccine-supportive participants to training in signaling receptiveness to opposing views. Across the studies, participants trained to signal receptiveness were seen as more reasonable and trustworthy than those writing in their natural tone. Notably, the trained participants also evaluated their untrained counterpart more favorably. Participants trained to signal receptiveness were as persuasive as control participants who were instructed to be as persuasive as possible, and their counterparts reported being more interested in learning their views on other topics. Finally, receiving training in conversational receptiveness and learning that one's counterpart was similarly trained increased participants' willingness to discuss vaccines by 50%.

Introduction

In the present work, we seek to go beyond the focus on persuasion and empirically test the effect of conversational receptiveness—the use of language to communicate one's engagement with opposing views (Yeomans, et al. 2022)—on a wider variety of conversational outcomes. We specifically focus on the effects of conversational receptiveness on disagreements about the COVID-19 vaccines – a highly politicized, consequential topic, that touches both personal choices and deeply held values.

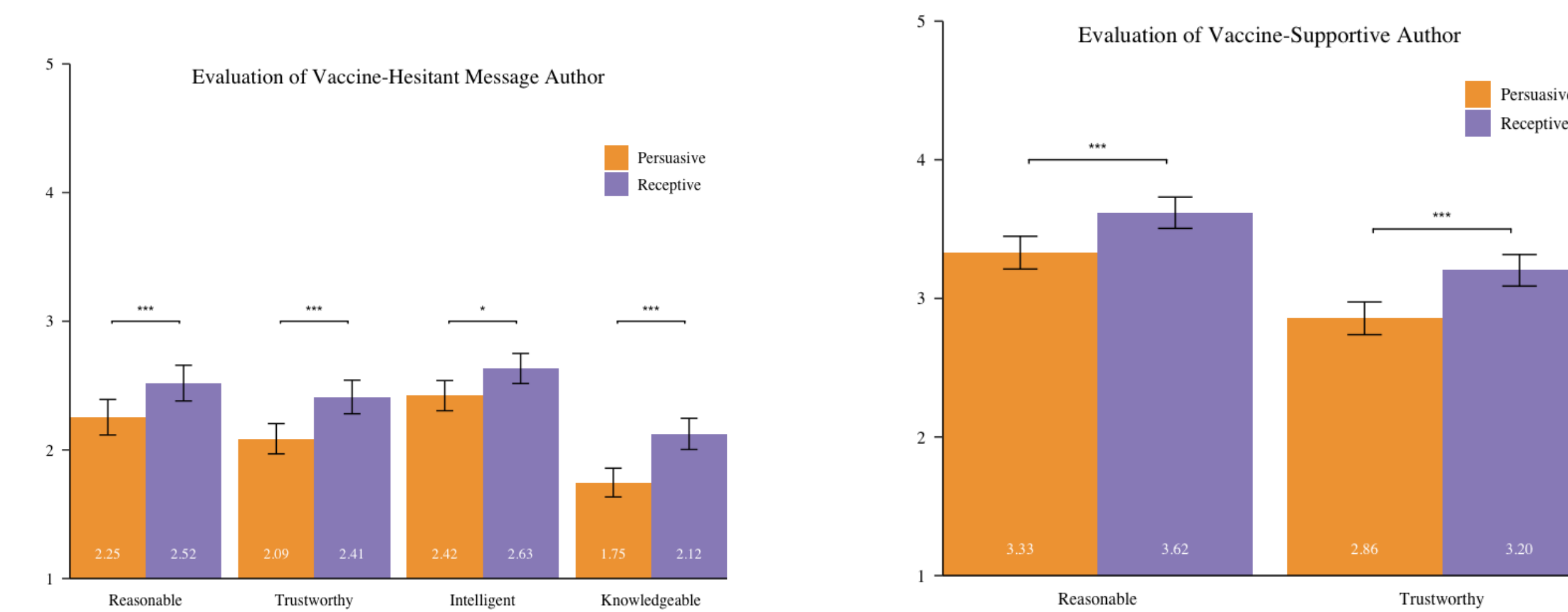
Conversational Receptiveness Features	Example Words/Phrases
Acknowledgment	"I understand," "I get"
Agreement	"I agree," "We both"
Hedges	"Sometimes," "Maybe"
Subjectivity	"I think," "In my opinion"
Positive Emotion	"I love," "Great," "Not bad"
Negative Emotion	"Not good," "Terrible"
Disagreement	"I don't agree"
Adverb Limiters	"Just," "Only," "Simply"
Negations	"Did not," "Would not," "Never"

Overview of Studies

Study	Setting	Sample	DV			
			Interpersonal Evaluation	Conversation Evaluation	Willingness to Converse	Vaccine Attitude
Pilot	Vaccine-hesitant participants evaluate a hypothetical doctor	424	X			X
Study 1	Vaccine-supportive participants respond to hypothetical vaccine-hesitant message, vaccine-hesitant participants evaluate response	382 vaccine-supportive 600 vaccine-hesitant	X			X
Study 2	Asynchronous conversation between vaccine-supportive and vaccine-hesitant participants	689 vaccine-hesitant 656 vaccine-supportive 487 vaccine-hesitant returned	X			X
Study 3	Live 15-min conversation between vaccine-supportive and vaccine-hesitant participants	570 conversations 312 unpaired vaccine-hesitant	X	X		X
Study 4	Willingness to converse with counter-attitudinal participants	155 vaccine-supportive 151 vaccine hesitant		X	X	

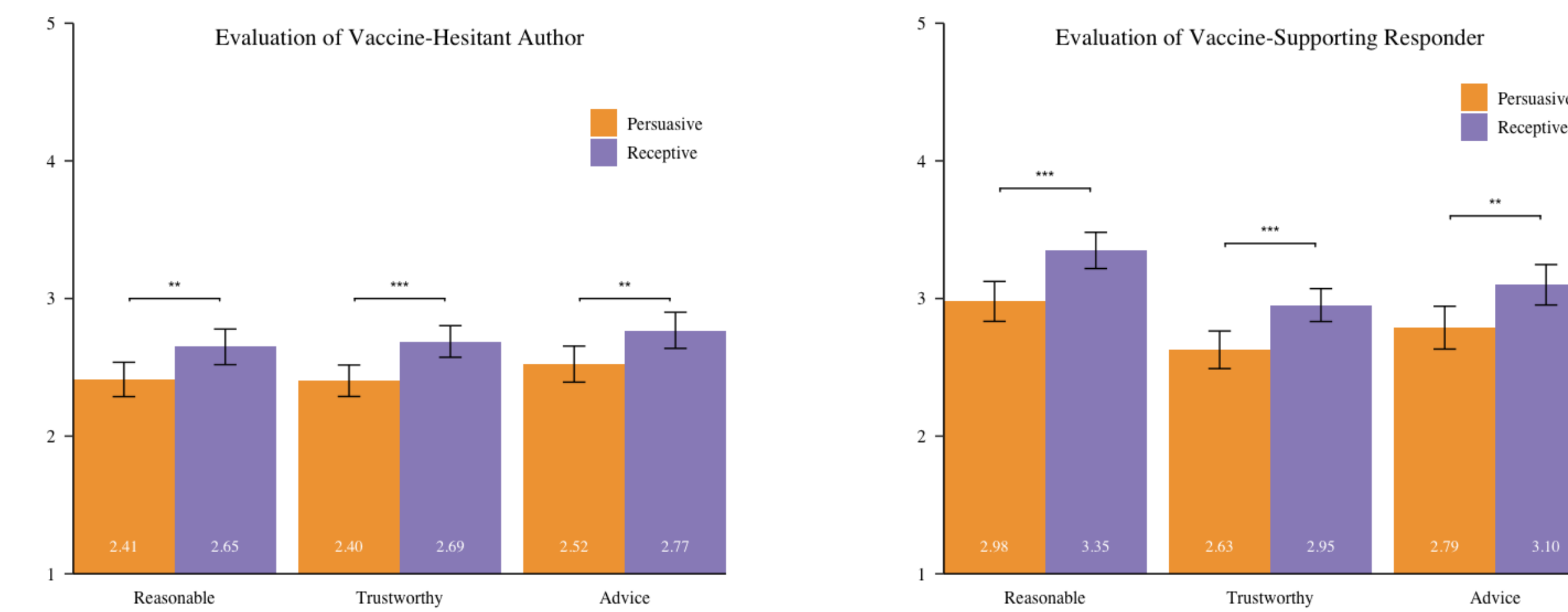
Study 1: Evaluating Disagreeing Authors

We recruited vaccine-supportive participants to write an argument for why the vaccines are safe and effective, in response to a prompt expressing hesitancy. We randomly assigned these writers to instructions to be as persuasive as possible or instructions in conversational receptiveness. We then recruited vaccine-hesitant participants and asked them to evaluate the messages and the vaccine-supportive authors.



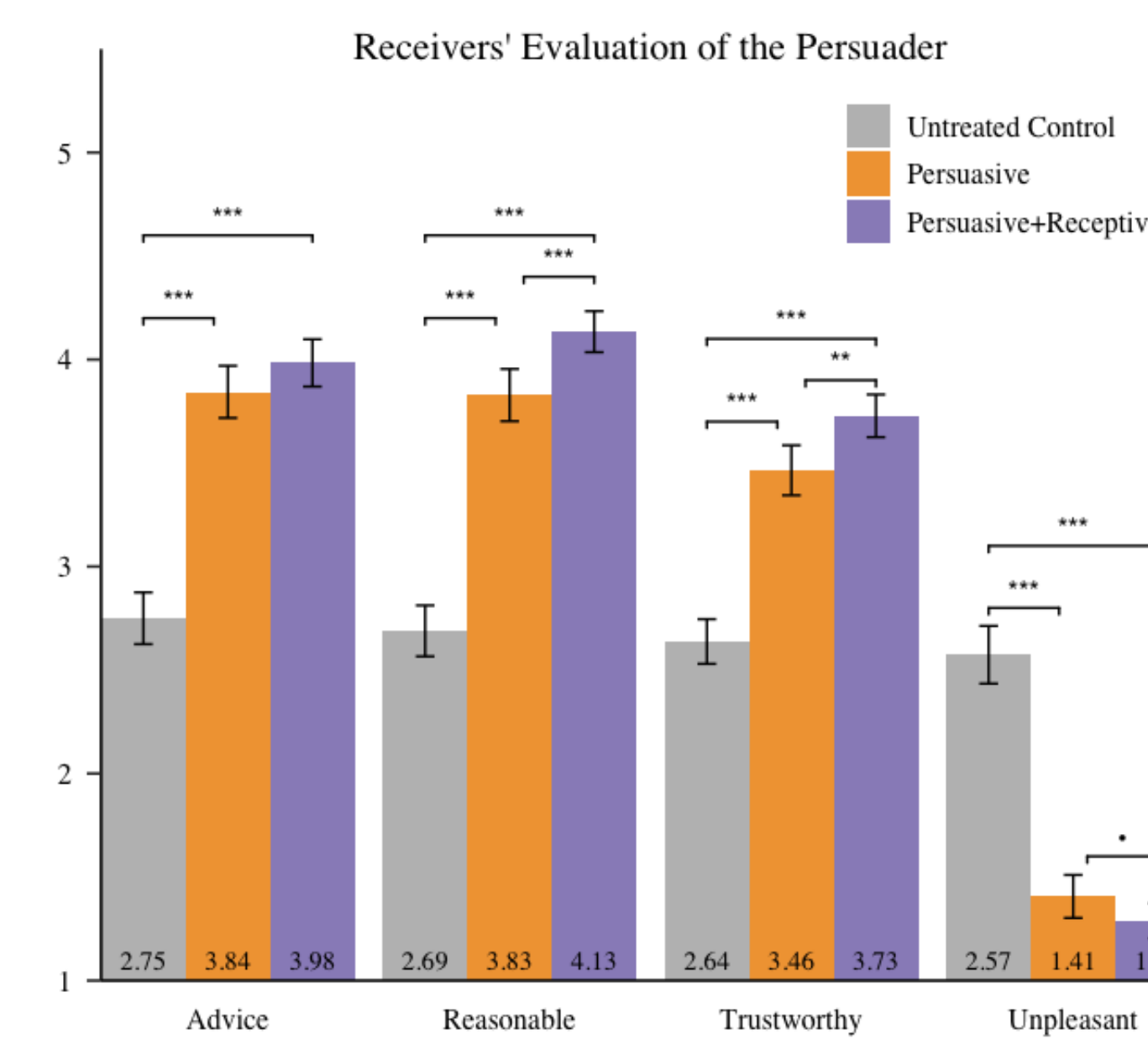
Study 2: Asynchronous Conversation

In the first stage, we asked vaccine-hesitant participants to write a message explaining their reasons for vaccine hesitancy. We then instructed vaccine-supportive participants to write a receptive/persuasive message in response to a vaccine-hesitant counterpart. Finally, we sent the messages to the original vaccine-hesitant participants to complete the message evaluation task.



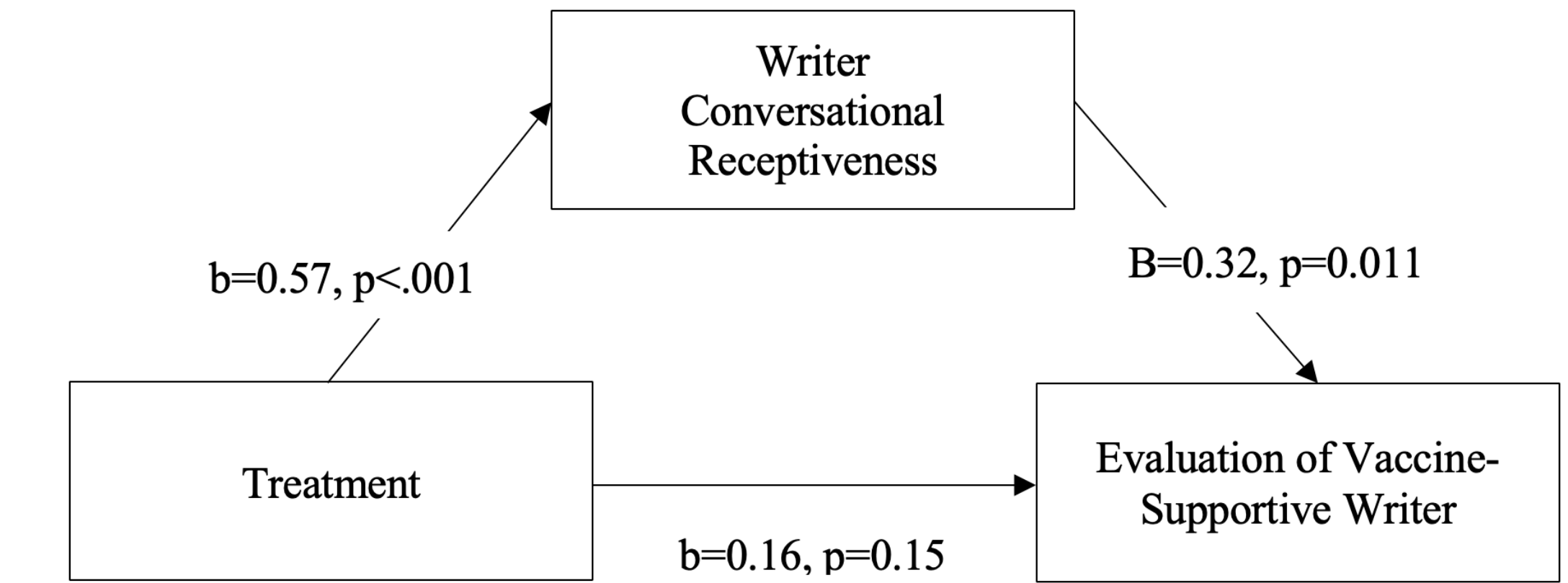
Study 3: Live Conversation

Vaccine-hesitant participants were paired with a vaccine-supportive participant of the same condition. These pairs engaged in a 15-minute live conversation. In the Persuasive condition, we instructed participants to be maximally persuasive. In the Persuasive+Receptive condition, participants received the same instructions, as well as instructions in conversational receptiveness. Vaccine-hesitant participants in the Untreated Control condition imagined a conversation with a vaccine-supportive participant.



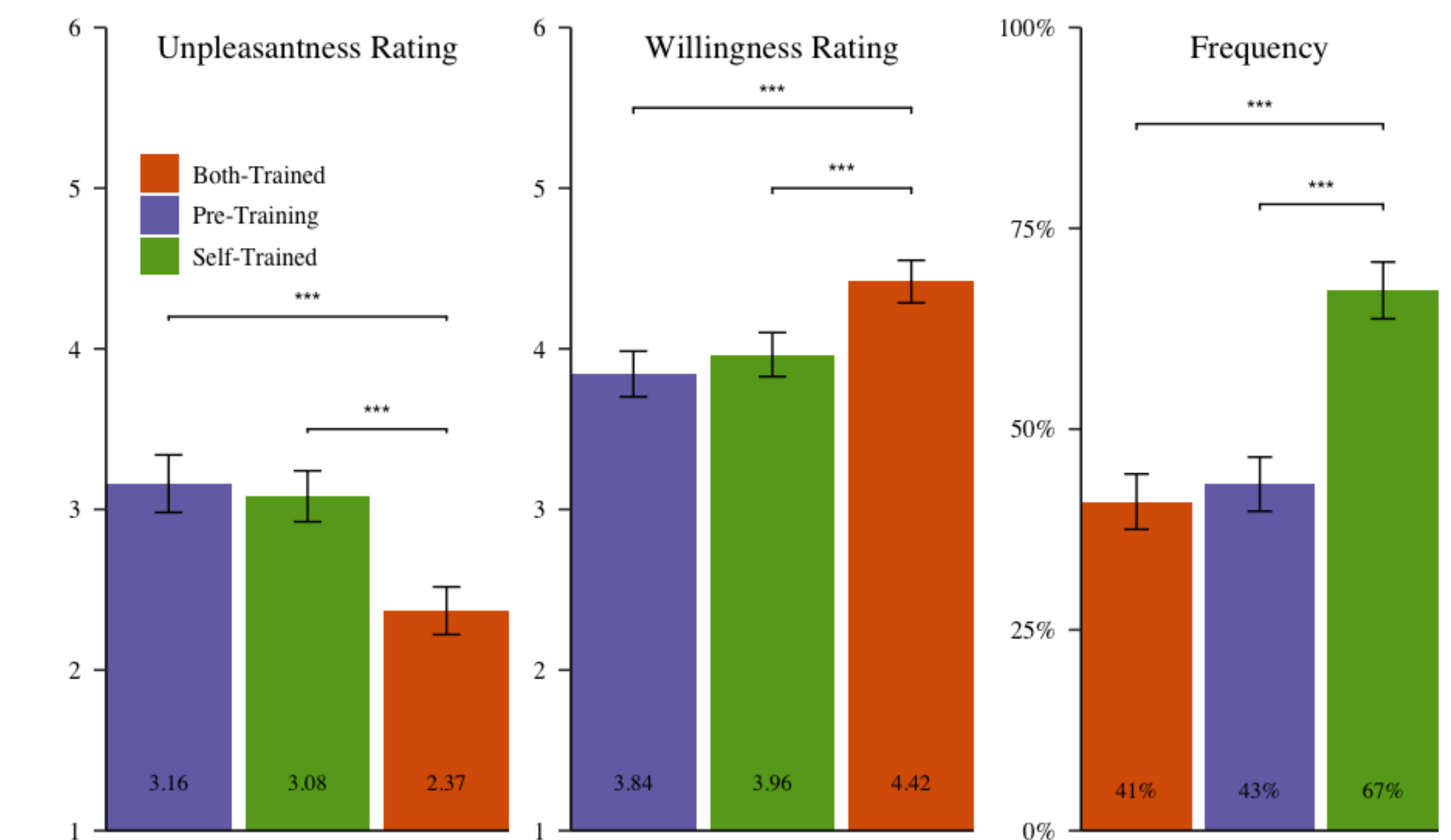
Mediation Analysis

The following mediation analysis on the results from Study 2 shows that the treatment effect on writer evaluations is mediated by the use of receptive language in the messages. Mediation analysis of Study 3 shows similar results.



Study 4: Willingness to Converse

Participants reported how unpleasant it would be to have a conversation with someone with an opposing view on vaccination and how willing they would be to have such a conversation. All participants gave ratings at the beginning of the survey (Pre-Training), after learning about conversational receptiveness and considering engaging with someone who had not received the same information (Self-Trained), and after learning about conversational receptiveness and considering engaging with someone who also received identical information (Both-Trained).



Discussion

- When deployed in the course of conversations on a divisive topics with high personal consequence, conversational receptiveness improves people's opinions about their counterparts and encourages future dialogue.
- The effect is bidirectional—both those signaling and those receiving receptiveness evaluate counterparts more positively.
- Our work highlights the importance of a variety of interpersonal outcomes in the course of conflictual dialogue. While persuasion is of clear importance, it is also clear that individuals on opposite sides of contentious issues are highly motivated to maintain relational harmony and avoid aversive interactions, with these motivations powerfully affecting the decision to enter a conversation.