

Interdisciplinary Dialogue on Vaccine Hesitancy: Developing Trust and Shifting Stereotypes

Kaisu Koski^{1*} and Johan Holst²

¹Centre for Practice as Research in Theatre, Faculty of Communication Sciences, University of Tampere, Tampere, Finland

²Department of Vaccine Preventable Diseases, Domain for Infection Control and Environmental Health, Norwegian Institute of Public Health, Oslo, Norway

*Corresponding author: Kaisu Koski, Academy Research Fellow, Centre for Practice as Research in Theatre, Faculty of Communication Sciences, University of Tampere, Kalevantie 4, 33014 Tampere, Finland, E-mail: kaisu.koski@uta.fi

Received date: January 16, 2018; Accepted date: January 29, 2018; Published date: February 2, 2018

Copyright: ©2018 Koski K, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Research on vaccine hesitancy typically generates the assumption that researchers are in favour of all vaccines, thus excluding collaborators with varying degrees of vaccine hesitancy. However, there are reasons to suggest that, in addition to focusing on specific groups of parents, interdisciplinary research groups could investigate multiple voices within and purposefully invite vaccine-hesitant researchers to collaborate. This project involved interviews with vaccine-hesitant parents and the creation of an educational film about vaccine hesitancy. The article exposes aspects of critical conversations between an artist and a scientist, two collaborators representing different disciplines and different degrees of vaccine acceptance. Due to the differences in values and roles, the project engendered a methodological proposition and a “safe space” in which the collaborators could engage in dialogue with a person representing different views on immunization. The collaborators represented a simulated vaccine-hesitant individual and vaccine expert, enabling them to practice and reflect on their communication.

Keywords: Vaccine hesitancy; Interdisciplinary dialogue; Arts-based research; Self-disclosure; Trust

Simulated Dialogue with a Vaccine-critical Parent

This arts-based project involved two collaborators from different disciplines (Kaisu representing the visual-cinematic arts and Johan representing the natural sciences and vaccinology), as well as different degrees of vaccine acceptance (hesitancy/selection and acceptance/promotion). In 2015 and 2016, Kaisu conducted open-ended interviews with nine vaccine-critical parents to explore health beliefs that background the parents’ immunization decisions. The health beliefs were interpreted in diagrammatic visualizations, and paralleled with scientific views by discussing them with Johan [1]. By gaining an understanding of the parents’ beliefs and behaviours, visiting their homes and meeting their children and mirroring these experiences with her existing reservations about vaccines, Kaisu was able to represent the parents’ voices during the collaborative dialogue with Johan. To introduce the insights gained in this dialogue, the article employs a form of a critical conversation. It thus exposes parts of the authentic interdisciplinary dialogue in which these insights emerged.

Johan: You, in a way, offered some sort of training dialogue, so yes, that’s how I remember it starting; and, of course I was fascinated by your interpretation of the dialogue you had with the parents.

Kaisu: Do you mean that, in our dialogue, you could practice a conversation with a vaccine-critical parent because I was partly hesitant myself, and I could take their position and perspective? I knew much more what was going on in their thinking, so I had the possibility of representing them in a way, like a standardised patient who specialises in a vaccine-hesitancy case. And the dialogue with you, in turn, gave me an opportunity to reflect on my own beliefs.

Johan: I must say, I thought our conversation was very respectful throughout, and we were listening to what the other person was saying. In other settings, like a debate on TV between vaccine providers and representatives from the anti-vaccine movement, for instance, I think there is hardly any real dialogue at all; more just monologues and statements. Very soon it becomes impossible to communicate. I think we made an extra effort to be respectful, but also clear about how we saw things. In this way we managed to create a setting where we could discuss this in a meaningful way.

Kaisu: The dialogue with you actually influenced my opinions, and that made me realise that it’s probably possible for others, too, who are sceptical, to influence their views through dialogue. I think if you, as an individual, would talk to the group that I interviewed, there would be several of them who would start to reconsider.

Self-disclosure in Developing Trust

In this project, the collaborators’ self-disclosure was a significant factor in gaining trust and respect regardless of the differences in their opinions. By self-disclosure, we mean sharing aspects that are both ‘personal’ and ‘private’ [2]. Self-disclosure functions beyond getting to know each other (i.e. style of communication, sense of humour); it is a key means of unveiling aspects about personal beliefs and life events that motivate views on immunisation. Additionally, self-disclosure enables a shift in the existing “scientist stereotype” in Kaisu’s thinking, and it helps develop trust in Johan’s benevolence or good will [3]. However, in this project, self-disclosure is not considered a ‘technique’; it is an inherent part of the collaborative creative process in (performative) arts and arts-based research. Because this project aimed to explore vaccine hesitancy through the arts, it was essential that the participants share their personal stories and emotions; these would also be a central part of the artwork that was created.

Kaisu: What is it then in our dialogue that changed, made me wonder like, maybe I'm too critical about vaccines? It has something to do with how you've dedicated your career to this, but in combination with all the other things we talked about, so that I got to know you, and I started to believe that you sincerely mean well. So, the whole conspiracy theory, I just couldn't believe that you were part of some kind of a "scheme". There's something about how you shared your personal life choices. For example, that you and your wife had chosen to have home births and your avoidance of antibiotics for your children. Like that you thought it was good to avoid going to doctors with them if possible because the doctors would just try to "give something".

Johan: This effect I did not foresee. I just tried to share this information with you in order to illustrate that the thinking and decisions of the vaccine-hesitant parents was not completely unknown to me.

Kaisu: I believe that if the parents would know you as I do now, they could see that their world is not, necessarily, completely separated from your world. Such insights would already have the capacity to make a difference.

Johan: So, we prove, in principle, that dialogue definitely can change things if you manage to get a respectful dialogue; and it can move things forward. I liked very much your comment on how a project improves when the participants start to know each other. So, telling stories about myself helped in the process of us two coming closer together. That's an important learning.

Kaisu: If you wouldn't have shared anything personal, then we would just talk about the rational knowledge, about vaccines, as if it does not involve us and our lives. I believe that, to understand the opposing party, you have to be somehow vulnerable also, or admit that I'm touched by or concerned about this.

Johan: Yeah it's evident, but it's very often left out. You're just focusing on the professional communication.

Discussion

In this study, the artist and scientist collaborators represented a simulated vaccine-hesitant individual and vaccine expert, enabling them to practice and reflect on their communication with each other. Johan's self-disclosure of the lifestyle choices that Kaisu had previously associated with vaccine-hesitant parents helped shift the stereotypical image she had of scientists. In this project the researchers' self-disclosure was crucial for developing mutual trust, which, in turn, was essential for challenging stereotypes about vaccine scientists and vaccine-hesitant people.

In terms of establishing mutual trust, art-science projects face multiple challenges. While the public, including Kaisu, often questions the integrity of pharmaceutical professionals [4], many of these professionals also have doubts about arts-based initiatives. Several of Johan's colleagues, for instance, as well as some of the immunisation professionals Kaisu spoke to, expressed irritation with or doubt about the project's capacity to contribute in any meaningful way.

Although studies are increasingly using qualitative methods to conduct research on vaccine hesitancy, those projects rarely involve both scientists and artists. Furthermore, self-disclosure is seldom acknowledged as a factor contributing to interdisciplinary collaborations in academic settings. Additionally, this study increases the understanding of the influence that specific conditions have on an interdisciplinary project. For example, the context of a broader group project (international project <Immune Nations>) helped collaborators tolerate their differences. They were not just two individuals who randomly started working together; a framework for an international project was established, stimulating interdisciplinarity.

Mutual trust and the shift in Kaisu's perceptions of stereotypes about scientists were partly due to Johan sharing his own life-style choices and beliefs, personal traits the majority of his peers likely do not possess. Thus, the act of self-disclosure, sharing ones beliefs and experiences, might not increase the trust in a vaccine-hesitant parent if it merely unveils rigid differences of opinions. Moreover, training other scientists or clinicians to appear as open-minded 'standardised' immunisation experts would be misleading unless they actually were stereotype-blurring individuals without projecting negative emotions. In this project, trust was stimulated by the specific conditions of "Who" (artist and scientist willing to engage in interdisciplinary dialogue) and "Where" (<Immune Nations> project) [5], but it may not function in a similar way in other conditions. Yet, there are reasons to think that arts-based initiatives could provide neutral meeting grounds for dialogue between selected vaccine promoters and critics, and facilitate authentic trust-increasing encounters without the direct pressure of a healthcare provider and a consultation room.

Conflict of Interest

The authors declare no conflict of interest.

Funding

This work was supported by the Academy of Finland (Grant number: 285118) and the Research Council of Norway's Global Health & Vaccination Program (Grant number: 234608).

References

1. Koski K, Holst J (2017) Exploring vaccine hesitancy through an artist-scientist collaboration: Visualizing vaccine-critical parents' health beliefs. *J Bioeth Inq* 14: 411-426.
2. Fook J, Askeland GA (2007) Challenges of critical reflection: 'Nothing ventured, nothing gained'. *Social Work Edu* 26: 520-533.
3. McKnight DH, Chervany NL (2000) What is trust? A conceptual analysis and an interdisciplinary model. *AMCIS 2000 Proceedings*, 382.
4. Cummings L (2014) The "trust" heuristic: Arguments from authority in public health. *Health Commun* 29: 1043-1056.
5. Whetten DA (1989) What constitutes a theoretical contribution? *Acad Management Review* 14: 490-495.