

## Practical Considerations in Vaccine Conversations

My recently published article “Vaccine Hesitancy: Christian Reasons and Responses” (*PSCF* 73, no 1 [2021]: 4–12) has garnered much interest.<sup>1</sup> In many contexts, including the Diving Deeper discussion in April, I’ve been repeatedly asked, “What should I actually say?” While my article provides a framework of empathy through which we can discuss and respond, it does not actually provide any practical examples. Therefore, the purpose of this letter is to respond to my own article and to the questions I have received from numerous readers. Here I offer my thoughts on a practical dialogue about vaccines.

When discussing vaccines with a vaccine-hesitant individual, I suggest we adopt the same approach we would use when sharing our Christian testimony with nonbelievers. First, listen to their story and understand the origin and basis of their vaccine hesitancy. Then, if the dialogue permits, ask permission to share your story and explain the reasons for your vaccine confidence. This two-step approach is influenced by the PromoVac strategy and the works of Sara and Jack Gorman, Erin Smith, and Arnaud Gagneur et al., whom I referenced in my original article.<sup>2</sup> I have briefly explored both steps below.

### 1. Listen to their story. Why are they vaccine hesitant?

Have they experienced an adverse reaction from a vaccination? Have they witnessed an adverse reaction in someone they love? If so, share their sadness and demonstrate empathy. Medical exemptions from vaccines are in place for such people.

Have they experienced poor care from their healthcare providers? Have they lost trust in science and/or medicine? If so, share their frustration and pain. Acknowledge that the healthcare system is not perfect. Our feedback can continue to improve care.

Are their views based on misinformation or conspiracy theories? If so, share their desire to find truth, and acknowledge the difficulty in assessing the quality of conflicting sources of information. Without attacking their efforts, encourage them to read all sources of information and investigate both sides of a story.

### 2. Tell your story. Why are you vaccine confident?

Have you seen the painful and devastating effects of infectious diseases such as polio, influenza, or shingles? If so, emphasize the seriousness of these diseases. Or, conversely, perhaps you have never seen a case of these infections. If so, rejoice over the repression or elimination of these diseases thanks to vaccines.

Are you a parent that wants to keep their children healthy and out of the hospital? If so, share how your children responded to their vaccines. Talk about the

peace of mind you have knowing that your children should never have to suffer through whooping cough, measles, or influenza. You have given your children everything you can to help them live a long and healthy life.

Are you a Christian who believes vaccines are one of many ways we can care for our neighbors, especially our vulnerable immunocompromised neighbors? If so, share your feelings. Perhaps you know of someone taking immunosuppressive medications or chemotherapy and you worry about their risk.

Are you someone who trusts scientists and medical doctors, and has good relationships with them? If so, share your experiences. Talk about the help you have received from medical doctors. Talk about the hope and excitement you have regarding scientific progress.

Are you a scientist or healthcare professional who understands the science behind vaccines? If so, share your expertise and experiences. Demonstrate your morals and your will to help people using the skillset that God gave you.

In summary, this two-step approach facilitates a dialogue about vaccines. It promotes discussion instead of intervention, and persuasion instead of coercion. This process begins with listening and transitions to sharing. In doing so, we put the hesitant individual first and demonstrate our genuine care. As I quoted in my original article, “People don’t care how much you know, until they know how much you care.” We must enter these conversations because we care, and not because we seek satisfaction or personal gain.

As you enter dialogues about vaccines, I pray you show love, patience, gentleness, and self-control. These fruits of the spirit are particularly difficult in disagreements. May the Holy Spirit guide and bless your conversations.

### Notes

<sup>1</sup>Rebecca Dielschneider, “Vaccine Hesitancy: Christian Reasons and Responses,” *Perspectives on Science and Christian Faith* 73, no 1 (2021): 4–12, <https://www.asa3.org/ASA/PSCF/2021/PSCF3-21Dielschneider.pdf>.

<sup>2</sup>Sara Gorman and Jack Gorman, *Denying to the Grave* (New York: Oxford University Press, 2017); James Clear, “Why Facts Don’t Change Our Minds,” September 10, 2018, <https://jamesclear.com/why-facts-dont-change-minds>; Arnaud Gagneur et al., “A Postpartum Vaccination Promotion Intervention Using Motivational Interviewing Techniques Improves Short-Term Vaccine Coverage: PromoVac Study,” *BMC Public Health* 18, no. 1 (June 2018), <https://doi.org/10.1186/s12889-018-5724-y>; and Erin Smith, “The Role of Psychology in Advancing Dialogue between Science and Christianity,” *Perspectives on Science and Christian Faith* 72, no. 4 (December 2020): 204–21.

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