How can we get you to change your mind about performance?

Let's try a totally different tact this time. After 40 years in asset management, I have finally, finally, finally come round to the insight that simply overwhelming people with facts and statistics will not change anyone's mind if they are already a devotee to the cult of active management (or balanced management, or smart beta or whatever it is you happen to already believe asset managers can or cannot achieve). And yet this is exactly what we do to each other – and to our clients - when we try to communicate the "rightness" of our thinking. We cling to the notion that the more we educate them with the right data, the more convinced our audience will become in the "rightness" of our investment philosophy.

Therapists working with substance abuse patients, or patients who cling to health "beliefs" that may be demonstrably detrimental to one's health, have long understood that rational answers and scientific or statistical proof mean little to individuals where there is a powerful reinforcement of a "group" membership and its constant reaffirmation through the flawed messaging.

The trick to prying individuals away from these harmful affiliations and belief systems is to shift emphatically to non-judgementalism, while at the same time helping the individual develop a whole new value and belief system. It's called "motivational interviewing" and it suggests that instead of cowing addicts with facts about the perils of either taking addictive substances or clinging to unscientific beliefs that may be potentially harmful, MI works by establishing an individual's level of motivation for change. MI proceeds by encouraging an addicted patient to articulate his or her own values, beliefs, and goals until a shared approach for behavior change is agreed upon between therapist and patient.

In reading the work of William R. Miller, who developed MI, we are struck by many observations that seem relevant to trying to address an individual who is "addicted' to an anti-science belief that is reinforced by group membership. In one paper, Miller and co-author Theresa B. Moyers explain that the formal aspects of a therapeutic intervention often account for relatively little about why the treatment works (1). More important than what kind of therapy is applied are the following factors:

1. Therapist style: Some therapists have better results than others. Successful therapists are generally positive about the chances that their clients will improve and take a nondirective, nonjudgmental stance with them.
2. Therapist empathy: Although there have been recent attempts to demean the value of empathy in social interactions (2), research shows that therapists who can empathize with their patients get better results.

3. Joining a more positive social network: It is clear that addicts whose only associations are with other addicts will be more difficult to treat, but merely encouraging an addict to abandon his group is insufficient. It is important to offer the patient an alternative social network. This is part of what 12-step programs do.
4. Paying attention to process and changes: Motivation and self-efficacy are important variables in whether an addict will respond to a treatment intervention. These are not static attributes, however, but rather change as therapy progresses. Attention to ongoing fluctuations in an individual's willingness (motivation) and belief in her ability (self-efficacy) to change is as important as ensuring that all the boxes in a treatment manual are checked off.

So, let's see if these factors might apply to engaging a parent who is "hooked" on the idea that feeding his children unpasteurized dairy products is a healthy thing to do and belongs to an online group whose mission is to oppose all forms of industrial agriculture. We assume that tactics such as reviewing the facts about pasteurization (no, it doesn't destroy nutrients in food) and raising the specter of the dangers of unpasteurized milk (including dire infections with exotic names like Brucellosis) have been tried and failed.

If we follow Miller's lead, on the other hand, we would first require that whoever is interacting with this parent be someone who is temperamentally able to be open and non-judgmental. We have seen many instances in which an "expert" trying to convince a "layperson" to believe what science says becomes quickly frustrated and angry with his or her interlocutor. If you can't be calm and let the person articulate even the most seemingly unscientific ideas, you shouldn't be in the business of trying to encourage science acceptance.

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Next, our "science interventionist" must have the capacity to empathize with the parent. It is very easy to view everyone committed to feeding their children unpasteurized products as intent on harming their children. While parents develop these ideas and behaviors for a variety of reasons, the vast majority act out of a genuine desire to do the

best they can for their children. A substance abuse therapist who believes all heroin addicts are criminals and belong in prison will have no success at treating them; similarly, unless we can empathize with people who struggle to accept scientific evidence we have little chance of changing how they feel.

Third, we must recognize that our parent is affiliated with an anti-science group and by now derives a sense of personal identify and comfort from group membership. Are there similar groups out there of parents and concerned citizens who promote modern technologies that have been shown to make us safer, like pasteurization? The FDA, CDC, and many other government agencies have websites that explain the dangers of unpasteurized dairy products, but a citizen cannot join the CDC or the FDA. It is not sufficient to tell our parent not to go on the offending website anymore; we have to offer alternative group membership options.

Finally, as we interact with this parent, we must constantly assess how we are doing. Is he getting more recalcitrant or showing some signs of interest in what we are saying? Does he seem to be someone who might be able to go against a group to which he belongs, or does defiance appear too threatening? In other words, our message must change as the parent interacts with us and changes.

Too much of our attempt to get people to follow what science tells us is based on changing minds. But if we accept the analogy between drug addiction and holding incorrect scientific ideas, then we know that facts alone will not sway behavior. Miller and Moyers argue that whether we approach an addict with 12-step, MI, group, or individual interventions matters less than whether whoever is offering the interventions is an empathic, non-judgmental, and non-directive person and whether we can offer something better than a social network comprised entirely of other addicts. “Clinical research on addiction treatment has been far too focused on the trees (specific treatment content) while often ignoring the larger interpersonal and programmatic context within which treatment is delivered (the forest),” Miller and Moyers write. “The two are not readily separable, and there is solid science to warrant attention to both” (1).

On theoretical grounds, MI makes sense. But what makes MI such an important intervention is that it has been proven to work. Ultimately, we should seek the same reassurance from interventions we attempt when trying to influence people to accept any aspect of scientific evidence. We need to study each proposed attempt to convince people to follow scientific evidence and either prove it works or move on to a different tactic.

As we start to design testable interventions to combat science denial, we would be well-advised to understand that the kind of relationship we have with the people we are trying to persuade, like that between a therapist and patient, is at least as important as the facts we spout or the techniques we use. In other words, we need to pay at least as much attention to changing hearts as to changing minds.