Difficult conversations in personal and professional life

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Abstract: Effectively navigating difficult conversations—conversations in which honesty is aversive—is essential for building and sustaining trust in personal and professional life. The present research examines the psychological experience of difficult conversations. Across four studies (N = 847), laypeople, political officials, and physicians recalled instances in which they struggled to be honest. Although dishonesty is often associated with selfish motives, most communicators recall instances in which their dishonesty is motivated by the desire to avoid social, rather than personal, harm. Communicators also experience honesty as an intertemporal choice between causing harm to others in the short run versus increasing trust, learning, and growth in the long run. These perceived tradeoffs have important implications for understanding societal barriers to honesty.

One-Sentence Summary: Laypeople, political officials, and physicians are more likely to struggle with honesty when they expect honesty to cause social, rather than personal, harm.

Main Text:

Trust in institutions is at an all-time low (1), largely due to concerns about dishonesty (2). People worry that political leaders, scientists, and medical officials are sharing false information or hiding the truth. With modern technology, such as social media, false claims about public health issues and misleading hyper-partisan news can quickly gain widespread traction, resulting in a growing need and desire for trust (3). To decrease societal dishonesty and the distrust it inspires, it is critical to understand why people—especially those responsible for communicating complicated information to the public—fail to be honest in the first place.1

The prevailing view is that people lie for selfish gain, such as reputational or financial benefits (7–8). However, people also lie for prosocial reasons, such as the desire to reduce panic, to avoid hurting others’ feelings, or to maintain social harmony (9–13). A growing body of research has explored the many motives that spur dishonesty in the laboratory (14–17) and in close relationships (18–21). Important work has also examined the nature of selfish dishonesty and other immoral behaviors outside the confines of the laboratory (22–23). But the nature of prosocial dishonesty, particularly among professionals, remains unclear.

1 We define honesty as “communicating what one believes to be true with the intention of fostering that belief in others” (4). Honesty involves communicating personal opinions, feelings, or facts that one believes to be true, which is motivated by the intention to foster those beliefs in others. By this definition, evasive or misleading language (e.g., paltering, deflection; 5–6) is dishonest, even if technically true.
Recent events suggest that prosocial motives—however misguided—play an important role in (dis)honest public discourse: During the onset of the COVID-19 pandemic, for example, government officials misrepresented the effectiveness of masks, to avoid generating panic and a potential mask shortage (24–27). These types of “noble lies” have been a topic of philosophical debate for centuries (28). However, there is scant empirical evidence on how often public leaders and professionals engage in prosocial deception (relative to self-serving deception). Additionally, while much research has investigated why people lie, much less is known about dishonesty broadly (i.e., how and why people engage in communication that is not fully honest and yet does not involve lying per se; 4, 29).

The present work examines an unprecedented range of difficult conversations to test our core proposal—communicators in both personal and professional roles perceive difficult conversations as conflicts between honesty and social harm, which influences (dis)honest communication. We conceptualize the desire to avoid social harm as a prosocial motive. To test this hypothesis, we broadly examined the nature of difficult conversations across diverse samples. We conducted four preregistered studies in the domains of everyday life, politics, and medicine, in which we asked communicators to recall the most recent time they struggled to be honest and to answer a series of questions on why they struggled and the expected consequences of honesty.

**Study 1**

We surveyed 298 adults ($M_{age} = 35.9$ years old, $SD = 12.5$; 49.0% male, 48.7% female, 2.3% prefer not to answer/not represented above) from a representative U.S. sample (i.e., laypeople). We asked participants to, “Think of the last time you struggled to communicate honesty. That is, think of the most recent time that you considered being dishonest or were tempted to lie, and either ended up being evasive, omitting information, avoiding the conversation, lying, telling the truth, or anything in between” (30). Participants then described the situation using a free-response text box. Then, participants reported whether they ultimately engaged in an honest conversation with their relational partner (“Yes” or “No”). The majority of participants said that they were not ultimately honest with their partner (69.8%), confirming prior evidence and lay beliefs that dishonesty is prevalent.

To understand motives for dishonesty, we asked participants to indicate why they felt conflicted about being honest by selecting as many reasons as they wanted from the following list: “I felt conflicted about communicating honestly because I thought honesty would...” (1) Lead to negative emotions (or inhibit positive emotions) for myself, (2) Lead to material or reputational costs for myself, (3) Violate my privacy, (4) Lead to negative emotions (or inhibit positive emotions) for others, (5) Lead to material or reputational costs for others, (6) Violate others’ privacy, (7) Create an uncomfortable social situation for all those involved, (8) Violate principles, laws, or rules, (9) Violate my obligation toward others, (10) Be too confusing or complex to communicate. This list included both selfish and prosocial motives for dishonesty.²

We then examined perceptions of the expected consequences of honesty. Consistent with prior work on moral judgments of honesty, we expected honesty to be associated with immediate (i.e.,

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² Reasons 1–3 focus on self-oriented harm; reasons 4–6 focus on social (other-oriented) harm; reason 7 focuses on mutual (self and social) harm; reasons 8–10 are not harm-oriented.
short-term) costs but long-term benefits (30). Participants evaluated potential costs (e.g., “MY [OTHERS’] feelings would be hurt”) and benefits (e.g., “OTHERS would trust me more”, “OTHERS would learn and grow”) of honesty. Participants indicated when, if ever, they expected each consequence to occur, when they were deciding whether to communicate honesty in the situation they recalled (“Never,” “Before the conversation,” “During the conversation,” “Right after the conversation,” or “Much after the conversation”) 3

Communicators primarily reported being conflicted between honesty and social harm (Fig. 1). Over half of our sample (51.0%) struggled to be honest because they believed honesty would elicit negative emotions (or inhibit positive emotions) in others, and 50.3% reported being concerned that honesty would create an uncomfortable social situation for everyone involved.

Participants’ beliefs about the timing of the costs and benefits of honesty reflect an intertemporal tradeoff. Communicators expected the costs of honesty to be relatively immediate (\( M = 2.13 \), meaning costs are expected to occur during the conversation, \( SD = 0.55 \)) and the benefits to be more delayed (\( M = 2.52 \), meaning benefits are expected to occur during and after the conversation, \( SD = 0.73; t = -7.88, p < .001 \)). This pattern held for both self- and other-oriented costs and benefits. These results are important for understanding barriers to honesty: if the costs of honesty are more temporally accessible than the benefits, they may have a greater influence on communication decisions (e.g., 32). Interestingly, participants were also more likely to expect costs to occur at all, compared to benefits (see Table S2).

The results of Study 1 reveal that dishonesty is common and largely motivated by avoiding social harm. We also find that people view honesty as costly, particularly in the short run. To ensure the consistency and generalizability of these findings, we ran three additional studies from diverse samples.

Studies 2–4

We recruited 291 adults from another representative U.S. sample (Study 2; \( M_{age} = 44.7 \) years old, \( SD = 16.8; 49.1\% \) male, 50.9\% female), 154 local U.S. government officials (Study 3; 18.8\% of sample from 1961–1965 age bin; 64.9\% male, 34.4\% female; 39.0\% Democratic Party, 32.5\% Republican Party, 24.0\% Independent, 0.03\% Other; 64.3\% worked at the municipality level, 15.6\% at the county level, 20.1\% at the township level), and 104 U.S. physicians (Study 4; \( M_{age} = 32.9 \) years old, \( SD = 8.7; 42.3\% \) male, 56.7\% female; 71.2\% had 0–3 years of practicing experience, 11.5\% had 3–5 years, 6.7\% had 5–10 years, 10.6\% had 10+ years).

As in Study 1, we had participants read a passage explaining that people often struggle to be honest, so that they felt comfortable disclosing their own difficulties. We then asked participants to recall a time in which they struggled to communicate honestly. The prompt in Study 2 was identical to that used in Study 1 and was slightly adapted in the politician (Study 3) and physician (Study 4) samples to fit the professional context. 4

After describing the situation, participants indicated with whom they were communicating and where the conversation occurred, as in Study 1. Participants then indicated why they felt conflicted about being honest. Unlike Study 1, however, we asked participants about several

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3 Additional questions asked in Studies 1–4 are reported in the supplementary materials. In the main manuscript, we focus on our variables of theoretical interest.

4 In Studies 2 and 4, we asked participants to write about “the most recent time” in which they struggled to be honest. In Study 3, we asked participants to write about “a time in [their] current position.”
different moral motivations for dishonesty (rather than just focusing on personal and social harm). Specifically, we asked participants to complete the sentence, “I felt conflicted between being honest and ______.” Participants selected one option from the ten choices listed in Fig 3. After this focal question, we asked participants “Which value did you ultimately prioritize when resolving this conflict?” A total of 32.3%, 56.2%, and 59.6% participants reported that they prioritized honesty in Studies 2, 3, and 4 respectively.

To capture participants’ expectations of the costs and benefits of honesty, we then asked participants which value (honesty or their chosen value) they expected to lead to (1) long-term learning and growth, (2) emotional pain and suffering, and (3) immediate interpersonal harm. Studies 2–4 captured a broad range of difficult conversations, occurring between many different parties. Laypeople primarily reported instances in which they struggled to be honest with their friends (22.7%) and family (21.3%), whereas political officials and physicians primarily reported instances in which they struggled to be honest with their constituents (46.8%) and patients (52.9%) respectively.

Consistent with Study 1, across all contexts, communicators generally saw difficult conversations as conflicts between honesty and social harm (see Fig. 3). Specifically, laypeople were most likely to experience difficult conversations and conflicts between honesty and “preserving social harmony” (23.0%) or “caring for or avoiding harm to others” (20.6%). Only 12.7% of difficult conversations were experienced as conflicts between honesty and “caring for or avoiding harm to myself.” Conflicts between honesty and “caring for or avoiding harm to others” were also among the most recalled conflicts for politicians (16.2%) and physicians (51.0%). Politicians also frequently recalled conflicts between honesty and social harmony (24.7%) as well as adherence to principles, laws, or rules (28.6%). These results highlight the ubiquity of prosocial motives for dishonesty (9).

Importantly, the descriptive nature of our work allows us to identify what types of conversational topics emerge most frequently among honesty–social harm conflicts. Table 1 describes the nature and frequency of the most common topics within and across our samples. Among laypeople, communicators mainly struggled sharing personal information (55.9%), critical feedback (22.8%), and bad news (12.6%) with others. Politicians primarily recalled conversations in which it was difficult to disclose opposing opinions (22.2%; 33–34) and confidential information (14.3%). Physicians most frequently recalled conversations involving bad (52.2%) or uncertain (24.6%) news.

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5 In Studies 2 and 4, participants were given four options (“Honesty,” “Other,” “Both,” or “Neither”). In Study 3, participants were only given two options (“Honesty” or “Other”). To calculate the percentage of those who prioritized honesty, across all studies, we gave participants a score of 1 (i.e., prioritized honesty) if they selected “Honesty” or “Both.”

6 To measure perceptions of long-term learning and growth, participants in Study 2 were asked, “In the situation you described, which action did you think would lead to more learning and growth for others?” Participants in Studies 3–4 were asked, “In the situation you described, which action did you think would lead to more learning and growth for others?” To measure perceptions of emotional pain and suffering, participants in Study 2 were asked, “In the situation you described, which action did you think would lead to more emotional pain or suffering for others?” Participants in Studies 3–4 were asked, “In the situation you described, which action did you think would cause more emotional pain or suffering?” To measure perceptions of immediate interpersonal harm, participants in Study 2 were asked, “In the situation you described, which action did you think would cause more immediate harm to your relationships?” Participants in Studies 3–4 were asked, “In the situation you described, which action did you think would cause more immediate harm to others?”
As in Study 1, across all recalled difficult conversations, laypeople were more likely to associate honesty (as opposed to their chosen conflicting value), with long-term benefits (learning and growth; 63.9%, \( p < .001 \))^7 and short-term costs (emotional pain/suffering; 72.2%, \( p = .000 \); and immediate relational harm; 78.4%, \( p = .000 \)). The same was generally true for politicians, who associated honesty with long-term learning and growth (72.5%, \( p < .001 \)), emotional pain/suffering (63.9%, \( p < .001 \)), but not immediate relational harm (52.7%, \( p = .512 \)). Physicians viewed honesty (vs. their chosen conflicting value) to yield greater long-term learning and growth (69.2%, \( p < .001 \)), emotional pain/suffering (82.7%, \( p < .001 \)), and immediate relational harm (80.8%, \( p < .001 \)). Furthermore, across all samples, judgments of greater learning and growth were associated with greater prioritization of honesty, whereas stronger expectations of emotional pain/suffering and of relational harm negatively predicted whether communicators prioritized honesty within their conversation (see Tables S10–S12). In other words, perceptions of honesty’s costs and benefits have important implications for communication decisions. Despite the diverse topics of conversations that arose from our three samples, the psychological experiences of honesty were strikingly similar.

Discussion

Understanding the nature and causes of dishonest communication is necessary for reducing dishonesty and increasing trust in society. Across four studies with diverse samples, we find that laypeople, government officials, and physicians primarily struggle to be honest because they fear that honesty will cause immediate social harm. Our results are consistent across participant characteristics, including gender, political orientation, and years of professional experience (see supplementary materials for all details). A supplementary study conducted with university students in Hong Kong also highlights the prevalence of prosocial motives for dishonesty across cultures (see Study S1). Although participants’ self-reports may reflect their desire to feel prosocial (rather than their objective prosocial motives), it is communicators’ own subjective feelings that influence their communication. Thus, understanding communicators’ self-perceived motives is essential for understanding and overcoming barriers to honesty.

Despite recognizing the long-term benefits of honesty (such as learning, growth, and trust), communicators ultimately struggle to be honest because these benefits conflict with short-term costs (primarily, social harm). These insights suggest that it would be fruitful to build interventions that encourage communicators to adopt a long-term perspective and attend to the benefits of honesty. Consider, for example, how societal trust could be bolstered if government officials focused on how candid communication could improve constituents’ understanding, growth, and trust in the long run, rather than the negative emotions that candor often inspires in the short run. Such interventions are consistent with the motives that inspire dishonesty in the first place. By focusing on the long run, communicators may see that honesty—despite its short-term costs—is actually more beneficial than expected.

References and Notes

1. L. Rainie, A. Perrin, Key findings about Americans’ declining trust in government and each other. (https://www.pewresearch.org/fact-tank/2019/07/22/key-findings-about-americans-declining-trust-in-government-and-each-other/)

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7 These statistics reflect a test of whether the proportions choosing honesty (vs. chosen conflicting value) was significantly different from a null 50%-50% distribution (two-tailed tests).


**Acknowledgments:** We are grateful for feedback and advice from attendees of the Center for Decision Research brown-bag, members of the HOPE lab at the University of Chicago Booth School of Business, the leaders of the Honesty Project, and attendees of the Honesty Project
2022 conference. Many thanks to Solomon Lister, Ibrahim Rasheed, & Jordyn Schor for research assistance.

**Funding:**
- Center for Decision Research, Charles E. Merrill Faculty Research Fund, The University of Chicago Booth School of Business (EEL)
- John Templeton Foundation Honesty Project grant 61842 (EEL)
- National Science Foundation Graduate Research Fellowship program grant (YK)

**Author contributions:**
- Conceptualization: EEL
- Methodology: YK, EEL, TBB, NL, KK
- Investigation: YK, EEL, TBB, NL, KK
- Visualization: YK, EEL
- Funding acquisition: EEL
- Project administration: EEL
- Supervision: EEL
- Writing – original draft: YK, EEL
- Writing – review & editing: YK, EEL, TBB, NL, KK

**Competing interests:** Authors declare that they have no competing interests.

**Data and materials availability:** All data, code, and materials are available at: https://osf.io/9aqfs/?view_only=bd1309f75ae24ed3b23f99ae3f518360.

**Supplementary Materials**

Materials and Methods

Additional Pre-Registered Analyses (Tables S1 to S13, Figs. S1 to S9)

Exploratory Analyses (Tables S14 to S17, Figs. S10 to S29)
Fig. 1. Frequency distribution of motives in Study 1. Motives related to *social* harm are color-coded in blue.
Fig. 2. Predicted timing of when the costs and benefits of honesty occur for both the self vs. other (Study 1).
Fig. 3. Frequency distribution of conflicting values across Studies 2–4. Values related to social harm are color-coded in blue.
<table>
<thead>
<tr>
<th>#</th>
<th>Category name</th>
<th>Definition</th>
<th>Examples</th>
<th>Study 2: Laypeople (N = 127)</th>
<th>Study 3: Politicians (N = 63)</th>
<th>Study 4: Physicians (N = 69)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Feedback</td>
<td>Participant struggles sharing their critical opinion about the target’s outside appearance</td>
<td>My friend asked if their shirt looked good. I did not think his shirt looked good, but I did not want to hurt his feeling.</td>
<td>6.3</td>
<td>100</td>
<td>0.0</td>
</tr>
<tr>
<td>1a</td>
<td>Appearance (N = 8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Non-appearance (N = 24)</td>
<td>Participant struggles sharing their critical opinion about the target; NOT about the target’s appearance</td>
<td>My neighbor offered to make banana chocolate chip bread. I told her I wasn’t hungry at the moment and I did not like to eat while working. The truth is I do not think she is a clean person so therefore I would never eat any food that came out of her kitchen.</td>
<td>16.5</td>
<td>87.5</td>
<td>4.8</td>
</tr>
<tr>
<td>2</td>
<td>Bad news</td>
<td>Participant struggles sharing a different reason for canceling/avoiding plans with the target</td>
<td>My friend asked me to hang out last week, but final is around the corner and I want to concentrate on my studies, therefore, I lied to her that my mum didn’t want me to go out.</td>
<td>8.7</td>
<td>100</td>
<td>0.0</td>
</tr>
<tr>
<td>2a</td>
<td>Canceled plans (N = 11)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Death/illness (N = 36)</td>
<td>Participant struggles sharing information regarding the target’s health</td>
<td>I had a patient who had severe mental impairment likely irreversible and I kept telling the family “only time will tell,” which not necessarily a lie could have been communicated in a more black and white fashion.</td>
<td>0.8</td>
<td>2.8</td>
<td>0.0</td>
</tr>
<tr>
<td>2c</td>
<td>Others’ (non-target) transgressions (N = 5)</td>
<td>Participant struggles sharing information about another person’s bad (e.g., immoral) behavior</td>
<td>I lied about the fact that I didn’t know about her husband cheating on her and actually I did know. She would have been devastated if I hadn’t lied.</td>
<td>3.1</td>
<td>80.0</td>
<td>0.0</td>
</tr>
<tr>
<td>3</td>
<td>Opposing views (N = 20)</td>
<td>Participant struggles sharing an opinion (political, moral) that the target didn’t share with them</td>
<td>Communicating the facts as I know them can be difficult when there is a strong difference of opinion.</td>
<td>4.7</td>
<td>30.0</td>
<td>22.2</td>
</tr>
<tr>
<td>4</td>
<td>Self-disclosure</td>
<td>Participant struggles sharing</td>
<td>My family tends to gossip about my dating life so because of this, I’m very</td>
<td>24.4</td>
<td>88.6</td>
<td>0.0</td>
</tr>
<tr>
<td>4a</td>
<td>Behavior/identity (N = 35)</td>
<td></td>
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</tbody>
</table>
the truth about their own behavior or identity  cautious when I admit I'm seeing someone. I said I was going to a friend's house instead of saying I'm going on a date.

| 4b | Current states/emotions \((N = 49)\) | Participant struggles sharing their own feelings and/or the current states of their life (financial, family, medical romantic, academic, mental, physical) | I was annoyed by not being informed about a sudden relationship in my social circle. I felt kind of excluded and showed unsatisfaction when we were playing around. One of my friends came up to me and asked if I was unhappy or stressed, to see if I'm okay. I just told her I was a bit sick and not feeling well. | 32.3 | 83.7 | 6.3 | 8.2 | 5.8 | 8.2 |

| 5 | Complex news \((N = 11)\) | Participant struggles sharing knowledge of complicated information that the target didn't know | The average citizen does not understand what is involved in providing services. Our sewage rates are higher than our water rates. Citizens don't understand why those rates are higher. | 0.8 | 9.1 | 9.5 | 54.5 | 5.8 | 36.4 |

| 6 | Uncertain news \((N = 18)\) | Participant struggles communicating with target because of limited information | If I see their scan and on my read (not a radiologist) seem to have progression, I sometimes don't share freely. I ask to wait for the official radiology read just in case I was wrong. Often I am not - but before I share with the patient - I want to 100% sure. In this way, I delay telling the truth in favor of being sure. | 0.0 | 0.0 | 1.6 | 5.6 | 24.6 | 94.4 |

| 7 | Confidentiality/privacy \((N = 14)\) | Participant struggles sharing knowledge they were not allowed to discuss with the target | Some constituents request confidentiality, so when asked, I will state it is confidential at this time. | 1.6 | 14.3 | 14.3 | 64.3 | 4.3 | 21.4 |

| 8 | Not enough information/inapplicable \((N = 28)\) | Selected if none of the main categories capture participant's experience | Policy on building moratorium I knew would have direct impact on friends and neighbors | 0.8 | 3.6 | 41.3 | 92.9 | 1.4 | 3.6 |

**Table 1.** Topic audit of benevolence-relevant conflicting values for Studies 2–4. Frequency distribution of conversation topic within and across samples. Topics are based on qualitative coding of participants’ recalled experiences with difficult conversations. The authors first read through responses independently and converged on a list of 8 core topics that would describe most conversations. Two trained research assistants then categorized 259 responses independently. They resolved any disagreements through discussion. Note that these results only capture responses from participants who reported feeling conflicted between honesty and “caring for or avoiding harm to others” or “preserving social harmony.”