

# Research on cognitive dissonance in smokers



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The current state of knowledge on cognitive dissonance has made profound impact not only research but also in designing study interventions that can be used to resolve societal problems. From the first time that Festinger proposed the theory in 1957, there have been several researches which have held similar or different views in support or in criticism of Festinger theory. In 1991, McMaster carried out a study that supported Festinger theory while Chapaman (1993) and Lee (1989) also give similar results on smokers. While other studies by Chapanis and Chapanis (1964), Janis and Gilmore (1965), Lott (1963) and Rosenberg (1965) has tried to propose alternative theory criticizing Festinger theory, their studies have been criticized for methodological design errors which means there is not constructive alternative to cognitive dissonance theory.

Dissonance is when one experiences an inconsistency that is logical amongst his or her cognitions. Cognitive dissonance is therefore a feeling usually unpleasant and uncomfortable that occurs when one simultaneously holds two ideas that are contradicting. The ideas can be an attitude, a belief or even a fact. This theory therefore proposes that people have a drive that is usually motivational to reduce these contradicting ideas or to justify their behaviors and attitudes. It occurs when these cognitions are inconsistent, and because this feeling is unpleasant, the individual will try to reduce it by changing their belief, cognition, attitude or behavior (Weick, 1964). Cognitive dissonance can then be said to be the mental conflict that occurs when people are confronted that what they believe or the assumptions that they make are wrong (Steele, 1983). The theory was first proposed by Leon Festinger in 1957.

The inconsistencies which are called dissonance among individuals' ideas make people very uneasy and uncomfortable in that they have to alter these ideas so that they will agree with each other. It is argued that the attitude statements which comprise the major dependent variables in the dissonance experiments can be said to be interpersonal judgments whereby the observer and that being observed are the same individual and hence it becomes unnecessary to postulate an aversive motivational drive towards consistency to account for the change in attitude observed.

Various studies have been carried out from 1957 when Festinger first proposed this theory. However there are those who have criticized the theory either mildly (Asch, 1958; Bruner, 1957; Kelly, 1962; Osgood, 1960; and Zajonc, 1960) or severely (Chapanis and Chapanis, 1964). There are also alternative interpretations that have been proposed to account for the results of various studies carried out on cognitive dissonance. Examples are those proposed by Chapanis and Chapanis (1964), Janis and Gilmore, (1965), Lott (1963) and Rosenberg (1965). But all in all there is no alternative theory to dissonance has been proposed.

Recent studies have been carried out on the knowledge, beliefs and attitudes on smokers, non-smokers, and ex-smokers. A study was carried out in Australia and 186 respondents participated by completing a questionnaire that asked them about their smoking habits, knowledge of the effects, beliefs about smoking and knowledge of the risk of lung cancer to themselves. The smokers accepted the fact that their risk of contracting lung cancer was greater than non-smokers (McMaster, 1991). Other studies have been done by Chapman (1993) to examine the role of self-exempting or cognitive

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dissonance-reducing beliefs about smoking and health. The study was carried out in Sydney, Australia on smokers and non smokers. The study concluded that fewer smokers than ex smokers accept the fact that smoking causes diseases and it is the smokers that hold more self exempting beliefs. Other studies have been carried out on the perceptions of immunity to disease in adult smokers. This study was carried out by Lee (1989). In this study, smokers and non smokers rated the risks to themselves and to the average Australian smoker. The study found out evidence of denial in that the ratings of smokers on the average smoker were lower than the ratings of the non smokers. This denial is what undermines the efforts of anti smoking campaigners.

#### Dissonance among smokers

Smokers are likely to be forced to deal with two opposing thoughts that may be " I smoke" and " smoking is dangerous". When this happens they are likely to alter one of them by deciding to quit. Alternatively this dissonance can be diffused and thereby reducing its importance. In this regard, the smoker will be discounting the evidence against smoking and adopting the idea and views that smoking will do him no harm.

Cognitive dissonance can also be said to be the unpleasant feeling that one experience when one is presented with the idea of what he thinks is true and what he knows as true. Most smokers experience this state whereby they know the harmful effects of smoking, but then in a way to try and reduce the stress caused by this reality, they can opt to either reduce the rate of smoking or give up smoking completely or they can start rationalizing to

justify their continual smoking habits. The anti smoking campaigners uses this theory of cognitive dissonance to tell the smokers that what they think or hold as true is usually not true. Many smokers use excuses like lose or gain of weight and they say this is bad as well. This prompts the smoker to experience the cognitive dissonance and this makes them to justify themselves and they can either stop or reduce smoking. If the smoker does not rationalize but claims that there is nothing wrong with being a smoker, then he/she will not experience cognitive dissonance but will only have one idea in his mind that which he/she hold or think to be true. This smoker will not think about quitting. Smoking is usually postulated as a good example of cognitive dissonance since it is widely known that cigarettes can cause lung cancer, and yet everybody wants to live for long and live healthily. In accordance to the theory, the aim of living a long and healthy life for the smoker is dissonant with smoking, an activity that will shorten one's life. The uncomfortable feeling produced by these contradictory ideas can be eliminated by either quitting smoking, denying the reality of lung cancer, or justifying one's smoking.

## Conclusion

The smokers rationalize their smoking behavior by concluding that it is only a few smokers who become ill, that it only happens to the heavy chain smokers or that if they do not die from smoking, something else will kill them. Though addiction to chemicals may be said to control many smokers, together with cognitive dissonance, upcoming smokers exhibit a simpler case. The thought, of one increasing the risks of lung cancer becomes dissonant with other thoughts like one being a smart and responsible person

who can make reasonable decisions. Hence the theory concludes that people are rationalizing but they are not always rational. There is need for more research to be carried out on this issue because the reason that the smoker may find it hard to quit may be because of the addiction to chemicals and not necessarily due to cognitive dissonance. Hence future studies should point out and try to differentiate between cognitive dissonance and chemical addiction.