“Fast and Not Furious? Reduction of Cognitive Dissonance in Smokers”

Glock, Kneer, Rieger (2012)

**Abstract.** Three studies explored whether cognitive dissonance in smokers is reduced immediately or remains constant due to the perceived health risk. Because dissonance-reducing strategies might occur very quickly and previous research has focused only on ratings concerning health risk, we additionally analyzed response latencies and psychophysiological arousal as more implicit measurements. In Study 1, 2, and 3, participants rated their smoking-related health risks twice for different diseases. Ratings, response latencies (Study 1, 2), and psychophysiological arousal (Study 3) differed during the first testing. Differences in response latencies and psychophysiological arousal diminished during the second testing, whereas ratings did not change. The results are discussed in terms of implicit methods as measurements for cognitive dissonance and in terms of prevention and intervention programs.

**Keywords:** smoking, cognitive dissonance, response latencies, arousal, ratings

When two of our beliefs are psychologically inconsistent, or when we experience behaviour that contradicts our beliefs or values, we feel tension, a lack of harmony, or experience intrusive thoughts. In psychology, this experience is regarded as cognitive dissonance. Glock, Kneer, and Rieger (2012) investigated the phenomenon of cognitive dissonance in the context of smoking behaviour. The idea of cognitive dissonance is that those who experience cognitive dissonance make the efforts to reduce it. There are three ways of reducing it as discussed in the class, but the study chooses to contextualize the reduction of cognitive dissonance in smoking by investigating how smokers tend to ignore or to not consider the health risks of smoking in the form of thought suppression. Primarily they investigated the presence of cognitive dissonance for smokers, addressed whether the cognitive dissonance experienced by smokers are reduced immediately, and tested the effectiveness of thought suppression as a strategy for reducing cognitive dissonance.

In addition to what was mentioned, cognitive dissonance is conceptualized in the context of smoking when smokers evaluate their smoking-related self-concepts and at the same time perceive health-related risks of smoking. This results to conflict between attitudes and behaviour. The researchers were able to confirm that smokers have higher risk perceptions (risk of having diseases) than non-smokers. They also found out that smokers responded more slowly than non-smokers during the tests (that assessed their risk perceptions). Results also reveal that activation of smoking-related self-concept and subsequent confrontation with health risks further induce cognitive dissonance among smokers, which lead smokers to suppress the negative thoughts (i.e. health risks).

This study conducted by Glock, Kneer, and Rieger (2012) has important implications for both smokers and non-smokers. The experiments could be seen as a way of spreading awareness regarding the different health risks of smoking. The results from the study could also be a reference with regards to whether the frequent presentation of the different smoking-related health risks to smokers, or whether making smokers aware of the health consequences of smoking, and the subsequent cognitive dissonance resulting from it could be an effective strategy for smokers who want to quit or change their smoking habits.

The implications of the study have themes regarding object appraisal and self-perception theory. Smokers evaluate the pros and cons of smoking, and naturally have different perceptions of the pros and cons compared to non-smokers, since they experience smoking itself. Also, depending on how they see the pros and cons, they could have placed more positive attributes on smoking or could have noticed more of its positive outcomes (and fail to notice the risks because of this). This is also attributable to the kind of strategy they do to reduce cognitive dissonance. Is it by quitting smoking all in all (which is difficult and rare for smokers), by creating or emphasizing new cognitions (“I am still a good person even if I smoke”, “At least I exercise daily”, “I still eat healthy food”) or by justifying behaviour through changing cognition (“It’s okay to smoke, as long as I don’t finish a pack a day”)? Meanwhile, by inducing cognitive dissonance, behaviour and attitude change can also be induced. By creating cognitive dissonance, you force people to react. By introducing cognitive dissonance, we can encourage a change in thought or action. A smoker can be encouraged to change their habit of smoking by creating dissonance between what they think they know and what they actually do – drawing attention to the fact that they know smoking is bad even though they smoke, etc. Smokers’ motivation to smoke could also be based more on their feelings and values than on their beliefs about the nature of smoking. It involves how strong their attitudes are. With regards to self-perception, smokers might observe their own behaviour and then infer attitudes from observing it. For those who are unsure of why they smoke, they could take note of their actions like an outsider, while those who smoke because they think they experience more positive outcomes from it (than there are negative outcomes/consequences) can be led to think that smoking is indeed okay because it is beneficial.

Participants however could have had differences in their perceptions when it comes to whether smoking reaps more positive outcomes than negative outcomes, or the other way around. The participants’ smoking behaviour itself might have affected their risk perceptions. For example, one might ask how often they smoke, when they smoke and why they smoke in the first place, what benefits are perceived from smoking, and even the cigarette brands they smoke. If I were someone who smokes rarely, I would tend to see that I am less at risk of having smoking diseases compared to those who smoke packs a day. The reasons or motivations of why smokers smoke despite of the health hazards and the benefits they perceive from smoking might be enough to justify the consequences of smoking and thus cognitive dissonance might not have occurred at all given that the supposed effect of the disease names might not have affected them at all. Or if I were someone who smokes regularly but has not developed a disease from smoking, I would tend to see that it is okay to smoke and have low perceptions of the risks. Lastly, smokers who choose to smoke brands of cigarettes that have less harmful impacts might have lower risk perceptions. Some cigarettes have less tobacco in them. Moreover, there are filters designed now to filter out the harmful contents of the cigarettes. There are those what we also call as e-cigarettes or ‘vapes’, if I am not mistaken.

Maybe the awareness of the smokers regarding health risks was also a factor. Risk perception of the diseases also involves common sense. Moreover, what if they were not properly educated about the effects of the diseases?

The whole study in a way investigates whether the presentation of disease names to smokers induce cognitive dissonance, and whether they would be effective in making them change this bad habit of smoking through further inducing cognitive dissonance. In real life, cigarette companies do not only use the slogan “cigarette smoking is dangerous to your health” anymore. I think there are cigarette boxes with pictures of smoking-related diseases in them (which I think is somehow a hypocritical move since they already know about the consequences of smoking yet they continue to sell it to the customers. Oh well, business as usual). Anyway, I think the presentation of images regarding the harmful effects of smoking could be more effective in inducing cognitive dissonance. This being said, I suggest that future researchers presented pictures of the diseases (regardless of whether they are smoking-related or not) to further depict the harmful impacts of the disease by showing participants the symptoms.

Future research could study the differences between the motivations to smoke of teens versus adult smokers or how they learned how to smoke in the first place. As mentioned earlier, motivations could be enough to justify smoking. Teens are more prone to smoking maybe because their friends encourage them to do so, like a social pressure phase, or maybe they were curious about what it is like to smoke. I confess that I tried to smoke because I actually got curious on what is with smoking that smokers continue to smoke despite of the consequences (but then I found it easy not to crave so I completely stopped smoking. I am such a good kid!). Meanwhile adults (especially employees) smoke perhaps in order to relieve stress. Studying this could help in investigating the role of motivations as a mediator of the relationship between age and ability to handle cognitive dissonance.

As mentioned earlier, smokers who do not have smoking-related diseases might tend to think it is okay to smoke. But how about for participants that have developed diseases already but still continue to smoke? Do they experience cognitive dissonance at all? And do all smokers experience cognitive dissonance? Future research could investigate these. Also, there are other conflicts of smoking besides health-related ones, such as less ability to concentrate, parents (who give consequences for their children who smoke), darker lips, personal values, even the money spent for buying cigarettes (some run out of money because it is spent mostly on cigarettes), and the perception of other people or social image. As someone who is conscious about what other people think, I also tried to smoke because I thought it was cool to smoke. I also liked taking risks and experience everything. At the same time, I stopped smoking also because I felt like I would be judged, that I continue to smoke even if I am aware about the consequences. Thus future research could survey smokers what other negative effects they perceive from smoking aside from health-related risks.

Future researchers could also look into the occurrence of thought suppression for smokers through a qualitative lens. They could ask interview questions about what motivated smokers to smoke in the first place or look at their smoking habits, and ask if they are able to perceive positive outcomes from smoking or ask how aware they are in developing certain diseases related to smoking. From there they could ask whether their motivations to smoke are enough to justify smoking amidst health-related risks. Better yet, they could get participants who are struggling or taking efforts to quit smoking and at the same time participants who are aware of the health consequences but still continue to smoke regularly, then compare the differences when it comes to the strategies they use to reduce cognitive dissonance.

Thought suppression is not the only strategy to reduce cognitive dissonance. Maybe they could have studied what other strategies smokers do (instead of testing whether there is a reduction of cognitive dissonance when presented with disease names). They could then propose a between-subjects design experiment which assesses the three common ways of reducing cognitive dissonance (by changing behaviour, by justifying behaviour through changing cognition, and by justifying behaviour through adding new cognitions), which among these is the most effective or the most utilized strategy by smokers, and in which strategy smokers experience the most amount of cognitive dissonance. Future experiments could also measure dissonance not only after inducing it through different stimuli, but also before and during smoking. I think dissonance is not only reflected through the after-effects of a stimulus.

All in all I hope that future research also look into the issue of changing the bad habit of smoking through cognitive dissonance, and also about using positive measures (such as the benefits of not smoking) to test the concept of cognitive dissonance. The challenge for future researchers is to also measure cognitive dissonance experienced right before doing the smoking behaviour.

“Social Loafing During Preparation for Performance Situations: The Preloafing Effect”

Kleinert & Ohlert (2012)

**Abstract.** Social loafing describes the loss of motivation and effort within group situations. The study proposed to answer the question of whether social loafing also affects *preparation* for a group task. It was expected that participants preparing for an individual task would show a better quality of preparation than participants anticipating a group task. Furthermore, the correlation between social loafing during preparation (preloafing) and social loafing during the main task was examined. In a pilot study conducted first, preloafing was found in a sample of male students. The main study showed the same effect for females on a grip-strength endurance task. Contrary to expectations, the correlation between preloafing and social loafing was only moderate. Theoretical implications of the phenomenon are discussed.

**Keywords:** social loafing, group processes, motivation, group performance, preparation

Under certain circumstances, people reduce their effort and motivation when performing in a group. Social loafing describes the loss of motivation and effort within group situations (Harkins, Latane & Williams, 1979). Kleinert & Ohlert (2012) investigated whether social loafing is already present when individuals prepare for a group task. Since previous research has only focused on social loafing during group performances, they have decided to look at social loafing in preparation for the task. They coined the term *preloafing* (from *preparation loafing*) to describe this phenomenon. The researchers hypothesized that there would be differences in the preparation quality of people working with group tasks and with individual tasks – that people prepare less well for a group task than an individual task. The task for testing social loafing was about pressing two handles (of a device) together for 45 seconds to measure grip-strength endurance. Those in the group task condition were told that the aim is to exert as much power during 45 seconds as possible for the group, since their results would be subsequently combined with the performance of the other people in the group. Meanwhile the task for testing preloafing involved the Cognitrone test, which measured the concentration ability of the participants for a period of 7 minutes. The one being tested was the number of completed items within the 7 minutes. Results reveal that preloafing was only driven by the female participants. Male participants showed no reduction in their efforts in the group condition of the Cognitrone test. Correlations between efforts during preparation and the main task were also very heterogenous and rather small.

Maybe it seemed like the two tasks (grip-strength endurance test and Cognitrone test) were too different from each other, with a cognitive task being used as preparation for physical performance (since the Cognitrone test was administered first before the grip-strength endurance test). I think it was the matter of the task itself. It would be hard to propose an experiment testing preloafing or social loafing in the context of academic tasks like research works because as a student that is when I experience being loafed by my groupmates. But, depending on the type of your groupmates, it could be a case of either “many hands make light work” or “paradise for parasites”. Future research could compare the goals and habits of those who loaf around and those who do the actual work, and what’s the common goal for these two when working in a group. The phenomenon of loafing could also be related to procrastination. Do those who do the work (and become loafed around by their groupmates) tend to plan and start the work early? Also, isn’t it the case that people tend to loaf around especially when they know that there are other people to “catch” the work when the deadline approaches? Maybe there is a pattern that loafers tend to cram in general, even for individual tasks. Lastly, the amount of efforts vary in individual tasks and group tasks perhaps because of the fact that you need to really exert effort in individual tasks since if you don’t, no one is really there to have your back. We know that personal deficiencies when you are working in a group would be compensated by the other members of the group.

With regards to motivation, the influence of the value of the task is also important to look at when studying the concept of loafing. People might put more efforts in situations which they know would yield good outcomes. In short, they might work harder when they know that the task has a certain value for them. There is a sense of doing it for a purpose, like how there is a sense of studying hard and exerting effort at papers (regardless if it’s individual or by group) because you know you’re working hard to be in the dean’s list. On the other hand, we tend to be demotivated if we are not able to identify the personal benefit of the task and of exerting effort.

Loafing is also different when your efforts are identifiable. In an experiment by Harkins, Latane, and Williams (1979) with pickle packers as participants, it was implied that loafing would be encouraged when output was not identifiable. The pickle packers stuffed the ill-sized pickles into the jars, despite of their jobs involving picking only the right-sized pickles for packing. The researchers explained that this happened because the jars just went into a common hopper before reaching the quality-control section – output was not identifiable. This is related to social facilitation. When we know that we would not be held accountable for our efforts, there is a likelihood for loafing to occur. We could get away with not exerting effort. However, in social facilitation, arousal happens as we know that efforts are being evaluated. In real life scenarios, especially in academic settings, maybe social loafing is less likely to happen in group works if professors really see to it that all members of the group would be contributing substantially by evaluating the contributions of each of the members. In this way, social facilitation also happens. And there would be less free riders since they would know the consequences of free-riding – low grades.