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Cognitive Dissonance Theory (Festinger)

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Cognitive dissonance theory (Festinger, 1957) posits that individuals seek to maintain consistency among multiple cognitions (e.g., thoughts, behaviors, attitudes, values, or beliefs). Inconsistent cognitions produce unpleasant states that motivate individuals to change one or more cognitions to restore consistency with other cognitions (i.e., consonance). Cognitive dissonance was one of many theories based on the principle of cognitive consistency that grew from early theories such as balance theory (Heider, 1946; 1958). Unique to Festinger's approach was the proposal that cognitive dissonance is an aversive mental state that motivates individuals to reduce the dissonance. Although the original conception of cognitive dissonance theory was intended to apply to a broad range of psychological phenomena, subsequent research tended to focus on attitudes and behavior.

Aronson (1969) introduced a "self-concept" theory, which posits that dissonance can be caused by threats to an individual's self-concept. When a person experiences conflicting cognitions such as "I love my wife" and "I was rude to my wife," he experiences discomfort that threatens his self-concept. This motivates him to change subsequent behavior to reduce dissonance (e.g., buying her flowers). By increasing behaviors that affirm attitudes central to the self (e.g., being a good husband), the relative importance of attitude-inconsistent behaviors is decreased, thus reducing dissonance. Steele and Liu (1983) later suggested that individuals could relieve dissonance-induced arousal by simply reaffirming a valued aspect of the self, even if the aspect is unrelated to dissonant cognitions. Steele and Liu's experiments demonstrated that typical inductions

of dissonance do not cause attitude change if participants are simply given the opportunity to reaffirm central aspects of their self-concept (e.g., completing a political attitudes questionnaire). These interpretations of cognitive dissonance place greater emphasis on a desire to maintain positive self-perceptions, rather than cognitive consistency.

In contrast, Bem (1965) offered a non-motivational explanation for dissonance reduction. His "self-perception theory" stated that one's attitudes are not predetermined, but instead are established by observing one's own behavior and inferring one's underlying attitudes based on those observations. Consequently, the way an individual infers his or her own attitudes is "functionally equivalent" to the way an outside observer would infer his or her attitudes. Thus, attitude change occurs through a non-motivational assessment of previous behaviors.

Zanna and Cooper (1974) tested the assumption that dissonance is a basic emotion comprised of physiological arousal and causal attributions of the arousal. First, participants took a placebo pill said to cause tension. Next, participants wrote counter-attitudinal essays. In previous studies, participants usually reported a shift in attitudes to restore attitude-behavior consistency, but Zanna and Cooper showed that participants would not report a shift in attitudes if they believed the pill caused the tension rather than their counter-attitudinal essays. These findings suggest that individuals must attribute the cause of tension to dissonant cognitions to motivate attitude change. Believing that external factors (e.g., a pill) caused arousal precludes dissonance-induced attitude change.

Another perspective, called the "new look" alternative (Cooper and Fazio, 1984), suggests that dissonance occurs when one's counter-attitudinal behavior (e.g., promoting a political position that one opposes) produces aversive consequences (e.g., persuading an audience to accept

the opposed position). From this perspective, changing one's attitude to match one's behavior leads to a more positive interpretation of the consequences. Unlike many other dissonance theories, this approach claims that self-esteem and cognitive consistency are less important than perceptions of personal responsibility and consequences of outcomes.

Since Festinger's original formulation of cognitive dissonance theory, many theorists have proposed alternatives to dissonance as a basic emotional drive to maintain cognitive consistency. These include the desire to maintain positive perceptions of the self, minimizing aversive consequences, and passive inferences about one's own attitudes based on behavior. Although there is disagreement about the nature of cognitive dissonance, it is apparent that many personal and situational factors influence the experience of and reaction to dissonance. It is difficult to determine the underlying mechanics of cognitive dissonance because it is often the case that multiple theories adequately explain the same set of results. It is therefore unlikely that conclusions about cognitive dissonance will apply across all circumstances.

Traditional dissonance studies employed a "forced compliance" paradigm to arouse dissonance. This technique involves convincing participants to do something that they would not usually do, while simultaneously leading participants to believe that they freely chose to exhibit the behavior. For example, students induced to write an essay supporting graduation requirements they actually oppose can create dissonance between the action of writing the essay and the participants' own beliefs. Importantly, students in these scenarios must believe that they freely chose to write the essay.

An alternative dissonance technique called "hypocrisy" gained popularity in the 1990s. Stone *et al.* (1994) theorized that dissonance could result if one gives advice to others and later realizes one's own failure to follow the advice. To test this hypothesis, they asked participants in the "hypocrisy" condition to create a speech to be included in a video ostensibly for an AIDS education video targeting high school students. Then they asked the participants to list times in their pasts when they had failed to use condoms. Public advocacy of condom use coupled with

the realization that they personally had failed to follow their own advice led participants to reduce dissonance by purchasing condoms.

Although forced compliance and hypocrisy studies are among the most noted dissonance studies, other studies have used a variety of techniques to demonstrate the effects of dissonance on decision-making, behavior, attitudes, morals, and learning. For instance, post-decisional dissonance can occur when a person has chosen between two equal choices. To bolster the belief that one has made the right choice, the person tends to see the alternative more negatively than the chosen one. Other studies demonstrate that strong commitment to a belief that is later invalidated can lead an individual to attempt to persuade others to support the incorrect belief. Obtaining social consensus then relieves dissonance because the belief and the social support of the belief will be consistent.

Initiation studies demonstrate that individuals report enjoying group membership more after enduring a difficult or painful group initiation. Increased liking of the group justifies the high price they paid to join the group. Similarly, deterrence studies demonstrate that children who obeyed a weak order to avoid playing with a toy reported liking the toy less than children who obeyed a strong order. Strong orders suggest external pressures caused avoidance of the toy, but obeying weak orders can motivate rationalization of attitude-behavior inconsistencies. That is, they must have avoided the toy because they do not really like it that much.

Just as there are many ways in which dissonance can be induced, there are many ways to alleviate dissonance. The first method suggested by Festinger is to change cognitions or behaviors so that cognitions and behaviors are consonant. Participants in traditional forced compliance studies tend to exhibit attitude change after acting in a counter-attitudinal way by adjusting their attitudes in favor of the counter-attitudinal position. Hypocrisy studies demonstrated an effective method to induce behavior change by directing attention to past behaviors (e.g., low condom use) that were inconsistent with change-resistant attitudes (e.g., "I want to avoid HIV infection"). Stone *et al.* (1994) found that participants experiencing hypocrisy reduced

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dissonance by purchasing condoms and by stating intentions to use condoms. These behaviors strengthen the desirable cognition ("I practice safe sex") and take the focus off the undesirable cognition ("I have failed to practice safe sex"). The second method of reducing dissonance is to change the environment to bring perceived reality in line with cognitions. For instance, people might select friends based on similar political beliefs if they want to avoid situations that arouse dissonance with regard to political attitudes. The third option for reducing dissonance is to add and/or eliminate cognitions to increase the proportion of consonant cognitions to dissonant cognitions. This effectively reduces the importance of the inconsistency, rather than reducing the inconsistency itself. Such trivialization or dilution is likely to occur in circumstances in which attitudes are highly salient or central to the individual's self-concept and are therefore resistant to change.

The "hydraulic model" of dissonance reduction suggests that, when several modes of dissonance reduction exist, the easiest mode will be used. Therefore, if changing a central attitude or behavior is difficult, an easier mode of dissonance reduction, such as trivialization, is likely to occur. Dissonance can also be relieved by other methods such as misattributing the arousal to external elements, creating a positive self-evaluation, receiving ego-enhancing information, reducing the arousal chemically, or by focusing on other valued aspects of the self.

Recent work on cognitive dissonance has explored how cognitive dissonance is associated with brain activity. Although the neuroscience of cognitive dissonance is still in its infancy, there is some evidence that dissonance arousal is associated with activity in the anterior cingulate cortex, which is believed to be associated with processing conflicting information, as is seen when participants read the word "blue" printed in red ink (the Stroop effect; see Stroop 1935). Other studies suggest that increased activity in the left prefrontal cortex is associated with attitude change following a dissonance induction task.

In addition to studying theoretical aspects of how dissonance is aroused and relieved, researchers have applied dissonance theory to real-world settings. For example, conditions that arouse dissonance differ between cultures.

For instance, Japanese individuals experience dissonance when behaviors are inconsistent with attitudes only when primed to think about important others, while European Americans tend to experience dissonance regardless of the salience of important others. Studies have also demonstrated that people with high self-esteem experience greater dissonance arousal than people with low self-esteem. The social aspects of cognitive dissonance have also been investigated. For instance, social support can reduce dissonance: people change their attitudes when they witness someone in their group experiencing dissonance (i.e., vicarious dissonance).

Researchers in health and prevention have applied cognitive dissonance theory to a variety of behaviors that people carry out despite knowing that their behavior has negative health consequences. For example, recognizing one's dissonant cognitions regarding smoking or body image can lead to a reduction in smoking or bulimic behaviors. Cognitive dissonance theory has also been used to study patients suffering from anxiety disorders and depression and who experience dissonance as a result of their disorders.

Despite extensive evolution, theoretical development has not progressed without controversy. However, dissonance theory has proved to be resilient and useful in many contexts. Early dissonance theory did not offer clearly defined terms, methods, or operational rules. Skeptical researchers have questioned whether attitude change (e.g., in the forced compliance paradigm) was a result of a dissonance drive or reinforcement effects of the activity. Dissonance theory also challenged established behaviorist theories by suggesting that cognitive elements should be considered when studying learning and behavior. Finally, methodological techniques gave rise to ethical criticisms, especially regarding the use of deception. The theory withstood these controversies and has since gained a general acceptance through decades of experiments, which have largely confirmed its basic propositions. Thus, recent research testing basic assumptions of cognitive dissonance is less common than testing new operationalizations and contexts.

SEE ALSO: Ambivalence; Attitudes and Behavior; Cognitive Balance Theory (Heider); Rationalization; Self-Concept.

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ABSTRACT

Cognitive dissonance is conceptualized as the uncomfortable experience caused by holding inconsistent cognitions (e.g., beliefs, knowledge, opinions, and memories) simultaneously. For example, cognitive dissonance can occur when an individual becomes aware that his or her actions contradict his or her own strongly held values (i.e., hypocrisy). Leon Festinger (1957) developed cognitive dissonance theory based on the idea that maintaining cognitive consistency was a fundamental human drive. Therefore, cognitive dissonance theory predicts that individuals will attempt to restore consistency between cognitions after dissonance-inducing experiences.

KEYWORDS

attitude; belief; cognitions; decision-making