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Cognitive dissonance theory is a mid-range (Merton, 1968) theory that describes what happens when you have two conflicting beliefs, which results in a feeling of discomfort (Festinger, 1957), like in the study of monogamy versus sexual desire in the study by Anderson (2010). The amount of dissonance may increase or decrease when two conflicting beliefs occur simultaneously depending on how much value we attach to a belief, and the amount of inconsistency that exists between the two beliefs (Festinger, 1957). Smoking cigarettes is a habit that I picked up almost twenty years ago, and I have not been successful at quitting ever since I started smoking. In this paper, I will discuss how smoking cigarettes can be applied to the cognitive dissonance theory.

In my *mind*, I know that smoking is bad for me, but at the same time I continue to smoke to relieve stress and anxiety. Just like the men who wanted to remain monogamous and yet wanted lots of sex in Anderson's (2010) study told themselves things that probably might not be true, I continuously tell myself that smoking is not going to harm me overnight, trying to convince myself that I have more time to quit, an example of something Festinger (1957) calls a *dissonance coping strategy*. Smoking cigarettes is not a rational choice, and usually the mind does not like disharmony in attitudes and beliefs. The actual act of smoking is the *behavior*, and the possibility of getting cancer is my *cognition* (Festinger, 1957). The amount of discomfort – or my *dissonance* – that I feel every time I light up has increased over time, only because one of my two beliefs that conflicts is that I am going to die of cancer, which is the truth. If I continue the behavior of smoking cigarettes I may very well end up dying of lung cancer. In the moment, I allow my mind to focus on my second belief that it will not happen to me, or if it does happen to me than living a short fulfilled life is better than living a long

boring life. This is an example of a *dissonance avoidance strategy* called *selective attention* (Festinger, 1957). My beliefs have led me to a place where my health may be at risk in the future, and I am going to have to live with the decisions I have made and accept that reality. I have attempted to quit smoking in the past. I have tried the Nicorette gum, the Nicorette patch, and Chantix. Unfortunately, none of these *dissonance coping strategies of changing my behaviors to match my beliefs* (Festinger, 1957) have helped me achieve my goal of quitting smoking, but I have nothing to lose if I continue making attempts to quit for good. This application of the theory to my own life demonstrates the utility (West & Turner, 2013) of cognitive dissonance theory.

## References

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