

# Understanding Cognitive Dissonance in Smoking Behaviour: A Qualitative Study

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**Abstract**—Cognitive dissonance occurs when one's belief is contradicting with the behavior, according to Festinger's cognitive dissonance theory. Hence, in smokers' case, knowing cigarettes will cause harm on their health yet they are smoking, will induce the psychological discomfort. In this qualitative research with six (6) smokers who have at least five years of smoking experiences and have attempted to quit smoking before, it is found that cognitive dissonance could be a motivation for change. Influences from living environments and own psychological desires cause the dissonance to take place, and negative feelings such as bad, miserable, guilty and numbness were evidences for the psychological discomfort. Smokers avoid and ignore information, change their belief to align with their smoking behavior and use various defense mechanisms as dissonance reduction strategies in this phenomenon. Self-determination is said to be the key in changing behavior instead of belief, without self-determination, participants were more likely to change belief rather than quit smoking.

**Index Terms**—Cognitive dissonance, motivation, psychological discomfort.

## I. INTRODUCTION

### A. Background to the Study

Living in an era which is flooded with magnificent information, a person has to face with many beliefs, information, thoughts and emotions from various perspectives. Simultaneously, those beliefs and attitudes from different perspectives may not align and possibly contradicts each other. Conflicts within one happen when beliefs, attitudes and behaviors are inconsistent; when there are conflicts within self, one feel uncomfortable [1].

Reference [2] stated that cognitive dissonance arises when there are discrepancies between thoughts or elements of knowledge about oneself, behavior or even the environment. It is described as a psychological state wherein beliefs, attitudes and behaviors are inconsistent [3]. This inconsistency leads to psychological discomfort that motivates people to reduce it [4]. People who have experienced the dissonance as aversive, will be motivated to reduce the dissonance, and achieve consistency in the discrepant beliefs, attitudes and behaviors [5].

The phenomenon of cognitive dissonance has been investigated through a long period of time, as it involves many areas of psychology such as attitudes and prejudice, moral

cognition, decision making, happiness and therapy [6]. However, despite deep interest, psychologists have only little understanding over cognitive dissonance up to date. Cognitive dissonance reduction takes place after experienced aversive consequences of the dissonance or it takes place before it? It remained as a question mark until today [7]. In smokers' case, do they change belief or behavior after receiving impact on health, or before?

Cigarette addiction has been known as a habit which could be one of the factors that leads to cancer. Statistical results show that there are more people die because of cigarette and tobacco use compared to AIDS, alcohol abuse, drug abuse, car accidents and murder combined [8]. Also, there are evidences showed that people are well informed of detrimental effects of smoking, yet they choose to continue smoking [9]. In view of this, it is important and urgent to know the reasons which caused this to happen, and ways to conquer with it, so that to reduce the rate of smoking and its consequences on the citizens.

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### B. Dissonance Reduction Strategies in Smoking Behavior

Reference [11] suggested people tend to rationalize their behaviors to avoid dissonance. In the case of smoking, smokers might rationalize that 1) it is worth to smoke since he enjoys it very much, 2) it does not bring harm to his health as its effects on other people, 3) impossible for him to avoid doing anything just to remain alive, and 4) there are chances of exposure to other harms that are bad for health also even if he does not smoke. By rationalizing smoking behavior with excuses smokers feel relieved from the psychological discomfort that caused by inconsistencies.

A study conducted in 2004 in Kelantan, Malaysia showed that smokers do rationalize smoking as not harmful by believing some lay beliefs that there are safer ways to smoke without causing harm to health. In a survey with 193 male smokers in Kelantan, they found that at least 68% of the participants rationalize smoking behavior is safe with self-exempting beliefs, such as drink water, use a filter, smoke after food, and take sour fruit. Smokers believe that water will

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clean or moisten their lung, and sour fruit may graze out the remainders of cigarette in the lungs [12]. This result showed that irrational beliefs were used to reduce dissonance in smokers as they do know smoking is bad for health.

In another qualitative ethnographical study in America, the researcher spent three years in a cigar smoking club, observed regular smokers in the shop with conversation about health risks concerning smoking [13]. He found that cigar smokers rationalize smoking with few “*collectively crafted pro smoking arguments*” namely “all things in moderation”, “health benefits”, “flawed research” and “Life is dangerous”. Smokers rationalize that as long as you are a moderate smoker, it would not bring much hurt. In his research, some smokers that smoke lesser in one day of a week compared to other days will consider themselves as moderate smokers.

## II. PARTICIPANTS

The participants of the study were six (6); five (5) Malaysians; and one (Iranian); four (4) males and two (2) females; whose age range from 20 to 35 years old. From the interview, methods that smokers are using or have been using to quit from smoking were identified and recorded. Simultaneously, demographical details of the participant were taken note, with the data of years of experiences in smoking and history of quitting. Field note was also made while the interviews were going on and changes in tones were noted if participants specifically stressed on certain words. When the participant paused during the interview, it was also recorded and coded in the transcriptions. Also, each participant was named with a code rather than the real name, for instance, P1 for participant one, P2 for participant two and so on. Hence, in the analysis part, all participants were coded with P1, P2, P3, P4, P5 and P6.

## III. FINDINGS

### A. Family Environment

Family as the primary support group to every individual definitely is playing a great role in influencing the individual's belief, attitude and behavior. In this research, results showed that family is one of the main factors that influenced smoking behaviors and beliefs. Focusing on family's influence on behavior, growing up in a family where most of the members smoke, it eventually affects individual to believe that smoking is not that bad. From the demographical questions asked to the participants, P2, P3, P5 were grown up in smoking family and they admitted growing up in smoking environment caused them to be on the same path.

Furthermore, P6 mentioned that her husband is the key figure that smokes together with her currently. Whenever they are together, it is very usual for them to smoke, as she revealed, she does have the intention to quit, yet, unless her husband is quitting together with her, else it is very hard to be successful. This showed that family influences smoking attitude and behavior.

*“until now I have an action plan to quit with my husband but... erm I think you cannot quit alone, if he doesn't quit and*

*I quit... I feel like... it is like a bond between us...”*

### B. Working Environment

Secondly, working environment is also a factor which influences the beliefs and behaviors towards smoking. Often in working environment, there are colleagues and supervisor or boss that we need to cooperate or conform to in order to work happily without arguments and contradictions with them. Hence, values and influences from the working environment will often be assimilated into our own beliefs and behaviors. As P3 mentioned, he was induced by colleagues during break time to try his first cigarette. Since then, to abide to them during working hours, he will smoke together. Social conformity is obviously playing a role in decision making of smoking as revealed by P3.

*“...when I was working at that time, I knew some friends from work and then only I started to smoke. They always smoke, and then the whole office... it is like all of them will go out and smoke together and leave me alone inside, then I feel very weird and then I will follow.”*

The need to conform to the working colleague and accepted by them started P3's smoking experience, and it suggests that environment in working place more or less influence an individual's decision in smoking.

### C. Stress Releasing Activity

People are facing different stressors everyday especially in this information-overload era. We need some activities to assist us in releasing and reducing the stress, and most of us might go for sports, entertainments and others activities. However, for smokers, they see smoking as the most convenient way of releasing stress. According to some participants, they will smoke whenever they feel stressed. Stressors like examination and assignments are most prominent in this research as the participants are mostly university students. These participants perceived smoking as a stress releasing activity and it is the best way to release stress.

*“...Of course it is the tension. To release the tension, the best thing is when you are alone; smoking is the best part...”*  
*“...we always stress so we always smoke...”*

### D. Daily Habit

Everyone has some daily habits that must be done every day. Whenever the habit is not carried out on the day, one will feel uncomfortable. For example, we have to take bath at least once a day, when we do not get to do so in one day, definitely we will feel bothered. Same goes to smoking, as participants described. Smokers in this research actually perceived smoking as a habit in their life, where the habit has become so natural and hard to be detached from their life. They described smoking as some daily routine, and one of the activities that they are so used to. P4 said: *“It is already a habit. Ya a habit. You have to put the cigarette and light it up...”* When smokers associate smoking with habit, they perceive it as routine that are very normal and natural.

*“...It is already like a habit of mine. For example like, you will brush your teeth when you wake up every morning. So, it*

*is habit that when you have been smoking for so long, you will have the habit to take out the cigarette and smoke...*"

#### E. Guiltiness

When smokers are exposed to some situation that challenged them, they will feel guilty, certainly, not all smokers feel the same way. P1 said that when he listens to statistics saying smoking affects health, "I will feel like damn guilty, to some point I feel like damn guilty, I was afraid..." Other than that, P5 mentioned that "If it is now, I always feel guilty, because I have promised my friend that I won't smoke again. But sometimes, I don't know why. I just feel like I really want to smoke. So, every time after I smoke, I will feel regret, guilty and worried." Participants reported the feelings of guiltiness whenever something arise the inconsistencies, or whichever challenged their either belief or behavior.

#### F. "Wait till It Happens" Thinking

When smoking has almost equal risks to all population, some smokers actually think that they are invulnerable, and all known smoking related disease would rarely happen on them. Thus, they are waiting if the bad consequences will really come. Rather than focusing on smoking is bad, smokers change the belief to another belief that is, the bad consequences on health may not come to them, or it will not happen as early as now because they are still young. If they were to quit, it is unless that they felt the unwanted effects on health. P2 revealed:

*"if I have bad health, if I have breathing problem", then he may have determination to quit. As for P5, she has the intention to quit only when she feels physically uncomfortable*

#### G. Smoking is Not the Only Way to Die

People used to oppose smoking, because the common belief is, smoking leads to faster and earlier death. Yet, for smokers, believing in direct and severe impacts of smoking will cause discrepancies between belief and behavior. In order to avoid that, they convinced themselves that cigarette is not the only way to death. Even if they do not smoke, they might die of other incidents, so there is no need to purposely avoid from smoking, which is only the one out of hundred thousand ways of causing fatality. As P5 said,

*"What I think is that even if I don't smoke, I might get other diseases and die at the end also. So, I don't really care about the consequences."*

This mutated belief therefore reduces the intensity of inconsistency, thereby lessens the dissonance.

#### H. Denial

The most common defense mechanism that people always portray is denial. At many chances and situations, we tend to deny things that we do not want to accept, so that we feel better and it would not affect our ego and esteem. However, this denial may be done unconsciously without even ourselves realizing that we are denying something that is inconsistent to our behavior. In this research, three of the participants (P1, P2, P5) revealed that their family members actually know nothing that they have been smoking for many years and are still doing it. These participants showed stronger cognitive dissonance

which is induced by strong contradicting belief and opposed behavior. Since the family opposes smoking, they are intentionally hiding it from the family or some rationalize it by saying that:

*"...you can say that I almost never lie to my family, but only on this issue I lied... it is not typically lied to them...because they don't ask. And I also never tell them la. As simple as that, Even though sometimes I feel bad. My parents definitely going to kill me if they know I am smoking."*

#### IV. CONCLUSION

It is now known that living environment, specifically family and working environment is the most direct way of influencing smokers' decision in smoking behavior [14]. Besides that, individual's own psychological factors are also important in the decision making. Smokers' psychological dependence on the cigarette can be seen in few perspectives, including treating cigarette as a stress releasing activity, and daily habit [15]. These two themes describe factors that play a role in determining whether to quit or to continue smoking. Individual's perceptions and values are often predetermined by the environment and influenced by own psychological factors later on, hence from participants' descriptions; these are the factors that determine their smoking behavior, which simultaneously decide the level of cognitive dissonance.

Meanwhile existence of associated negative feelings such as guiltiness depict that cognitive dissonance did exist in smokers [16]. Since the day that participants intended or attempted to quit smoking, it is already clear that they experience cognitive dissonance. These feelings describe the actual feelings of dealing with cognitive dissonance, and depict the psychological discomfort in smoking [17].

Obviously, participants are using various defense mechanisms in coping with cognitive dissonance. Denial is the most commonly used defense mechanism in reducing cognitive dissonance in smoking behavior. This defense mechanism unconsciously protected their ego and self-concept, instead of being trapped in the discomfort followed by inconsistencies.

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