Dissonance & Smoking: An Evaluation of Festinger's Theory of Cognitive Dissonance

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CHAPTER I

INTRODUCTION AND THEORETICAL PERSPECTIVES

Introduction

The concept of cognitive balance has been of concern to social scientists for several decades. The first such theory is generally attributed to the psychologist, Frederick Heider. Heider's theory deals with the interpersonal relationships, perception and behavior, in small groups. "The theory contains three objects: a focal person, designated as P, another person, O, and a non-person object, X. Either of the two persons may be designated as P, the other then becoming O."¹ In general, sentiment relations, between persons, and unit relations, between objects, are both examples of variables in Heider's theory. These objects and their relations constitute the theoretical unit. Heider further dichotomizes sentiment into like and dislike; the former being the positive sentiment and the latter the negative.

Heider's central hypothesis is that people prefer a balanced situation to one that is imbalanced. Situations of imbalance are not congruent with the perspective held by the person involved. These situations are characterized
by a force or tension working toward balance. Heider predicts that "if a balanced state does not exist, then forces toward this state will arise."²

The force of tension mentioned above creates a pressure toward balance. The hypothesis is clear: "given any unbalanced condition, the focal person will undergo tension or discomfort. This will cause him to change one or more orientations in the direction of balance."³

The crux of Heider's hypothesis may be stated as:

Under given conditions of balance, the focal person experiences little tension, and is therefore not likely to change an orientation. By contrast, under conditions of unbalance, the focal person will undergo relatively more tension and thus change an orientation in the direction of less tension or balance. Furthermore, changes toward balance will result in a reduction in the focal person's tension.⁴

In light of this, Heider contends that the POX unit is a system which is characterized by a stable equilibrium. In Heider's words, "the variables - the orientations - are interdependent, since under given conditions of balance, a change toward imbalance in any of the three variables will result in a change toward balance in either of the other two variables."⁵
Theodore Newcomb, a social psychologist who was apparently influenced by the writings of Heider, later developed and extended the theory so that it would apply to additional groups and situations involving interpersonal relationships. Newcomb considered the motivating force in a state of imbalance to be a non-person object. Keeping this in mind, it is also important to note that Newcomb is interested in the degree of reaction indicated between two individuals and that both he and Heider consider the group as a system tending toward a stable equilibrium.

In summary, the core hypothesis common to both Heider and Newcomb is that under certain conditions of imbalance, the focal person experiences tension or strain which causes the person to change the variables in the direction of balance thereby reducing his tension. On the other hand, when there is balance, there is no tension toward change; therefore, the variables are expected to retain their initial values.

The Theoretical Framework

Perhaps the best known balance model is Leon Festinger's theory of cognitive dissonance. According to Festinger, a dissonant relationship exists between two cognitive elements when a person possesses one belief which follows from the obverse of another belief which he
possesses. He further suggests that "the existence of nonfitting relations among cognitions, is a motivating factor in its own right. By the term cognition...I mean any knowledge, opinion, or belief about the environment, about oneself, or about one's behavior." Further, he asserts, "cognitive dissonance can be seen as an antecedent condition which leads to activity oriented toward dissonance reduction just as hunger leads to activity oriented toward reduction." Thus, a major assumption made by Festinger is that dissonance is a motivating factor in itself and produces a drive state, and that the presence of dissonance will cause the individual to gratify this drive, that is, reduce the dissonance. This assumption is similar to those of both Heider and Newcomb. Finally, Festinger argues that dissonance will be reduced in one of "three major ways:"

1. By changing one or more of the elements involved in dissonant relations.

2. By adding new cognitive elements that are consonant with already existing cognitions.

3. By decreasing the importance of the elements involved in the dissonant relations.
He later elaborates this aspect of the theory as follows:

The presence of dissonance leads to seeking new information which will provide cognition and to avoiding those sources of new information which would be likely to increase the existing dissonance.

In sum, cognitive dissonance is a psychological tension having motivational characteristics. The theory concerns the arousal of dissonance in people and the ways they reduce dissonance. The units of the theory are cognitive elements and the relationships between them. Knowledge of one's feelings, behavior, and opinions as well as knowledge about the location of goal objects, how to get to them, and what other people believe are examples of cognitive elements. The relation between two elements is consonant if one implies the other in a psychological sense. In general, a person reduces dissonance by changing, adding or decreasing the importance of the cognitive elements involved in the dissonant state. More specifically, the theory predicts that a dissonant person will seek out new supportive information to achieve consonance and will avoid new information which might increase existing dissonance.
The Theoretical Proposition

The theoretical proposition to be evaluated by the research may now be stated as follows:

The greater the dissonance being experienced by a person the more actively he will 1) seek out new information which will provide cognition consonant with existing cognitive elements and 2) avoid those sources of new information which would be likely to increase the existing dissonance.
FOOTNOTES

3 Taylor, Balance, p. 17.
4 Ibid.
5 Taylor, Balance, p. 20.
7 Ibid.
9 Festinger, Cognitive Dissonance, p. 264.
10 Ibid.
CHAPTER II

SMOKING AND DISSONANCE

Introduction

Cigarette smokers have been a popular target for dissonance research. Even before the current furor over smoking and health, dissonance researchers recognized that most smokers were willing to accept the fact that there were at least some detrimental aspects to the so-called "filthy habit."

These researchers argued that a person holding two such cognitive elements; namely, that he smoked and that smoking had some negative aspects, might be experiencing dissonance. With the current national anti-smoking campaigns of several health agencies, supplemented with rather impressive correlational data concerning the relationship between smoking and health, cigarette smokers should be an even better source of respondents for dissonance research.
Survey of the Literature

One of the first studies dealing with smoking and dissonance was conducted by N. T. Feather and was designed to investigate the effect that information contrary to a person's belief has on his sensitivity to and evaluation of that information. Festinger's assumptions are reflected in the following four predictions investigated by Feather:

1. Regular smokers won't try to find information to prove smoking causes lung cancer.
2. Regular smokers would be more likely than non-smokers to look for information not supporting such a relationship.
3. Regular smokers would be more likely than non-smokers to consider the information unconvincing.
4. Persons who believe there is a relationship between smoking and lung cancer would be more likely to find information supporting it than information contradicting it.

The respondents were 152 males attending a vacation school at the University of New England. Ninety of them smoked and sixty-two did not smoke. They were given an interest Survey, a Survey on Smoking Habits, and the Maudsley Personality Inventory. Based on these data, thirty-nine respondents including smokers and non-smokers were selected for the final sample.
The results indicated that regular smokers showed more interest in the critical information than did non-smokers. This is contrary to the prediction of dissonance theory. Apparently, knowing that something is critical of what a person does is not enough to make him sensitive to the critical information. Another result was that the regular smokers did regard the evidence that smoking leads to lung cancer as less convincing than did non-smokers. This tends to support Festinger's hypothesis.

The investigation revealed that regular smokers were more receptive to information about the relationship between smoking and lung cancer than were non-smokers, regardless of whether or not the information was for or against the relationship.

A later study by Pervin and Yatko investigated six various methods of dissonance reduction. In their study, 100 undergraduates, fifty smokers and fifty non-smokers, responded to a questionnaire. Part one of the questionnaire attempted to get at differential exposure to and awareness of relevant information between smokers and non-smokers. Part two measured the subjects' evaluation of the evidence concerning the smoking-cancer relationship. Part three measured the extent to which smokers, relative to non-smokers, would underestimate the size of the smoking-cancer danger. Part four required the subjects to give estimates of: the probability of
their being among those predisposed towards lung cancer, the number of cigarettes smoked per day that is truly dangerous, the minimum number of years within which a smoking individual predisposed towards cancer will get the disease, the time within which a cure for all cancer should come, and the probability that filters successfully screen out poisonous agents. Part five investigated the extent to which smokers emphasize the pleasures of smoking and minimize the negative side effects of smoking. Part six asked the subjects to rate their fear of death and the danger of air pollution, World War III, radiation, and death through accident. An additional item was included in the questionnaire. This item indicated that a mimeo listing the facts reported on the smoking-cancer relationship was available at the Medical Office. This item was included to see whether smokers and non-smokers would show different degrees of interest in acquiring such information. The last page of the questionnaire inquired into the subject's present and past smoking habits. This information was used in selecting the smoker and the non-smoker samples.

The data revealed that smokers and non-smokers differed in a number of ways as to methods of reducing dissonance. The assumption of this research was that the cigarette smokers would work toward reducing dissonance; however, the authors felt that non-smokers might also be
affected. For the non-smoker, the cognition that smoking can be pleasurable and an indicator of a certain degree of sophistication, might be dissonant with the cognition that he does not smoke. Subsequent analysis revealed the following findings. In part one there were no significant differences between smokers and non-smokers in terms of overall accuracy or in terms of accuracy in relation to varying kinds of information and little evidence of a smoker tendency toward making dissonance reducing responses. Part two indicated that smokers show a significantly greater tendency to question the validity of the relevant studies than do non-smokers but are quite selective in the opinions they support and reflect. For part three, it was predicted that smokers would show dissonance reduction by minimizing differences in death rates and frequency of lung cancer among heavy smokers, light smokers, and non-smokers. There were no significant differences between the two groups in this respect. The results of part four were that many of these smokers reduce dissonance by believing that their tobacco consumption is below a dangerous level and that a cure for cancer will come before they are in danger for having smoked too many years. Compared to non-smokers, smokers, consistently minimize possible discomforts accompanying smoking. This statement was found to have validity in part five. It was predicted that smokers would minimize
the importance of the smoking-cancer relationship by emphasizing other dangers in the world in part six. This proposition was not confirmed. There were no significant differences between the two groups or evidence of a trend in the predicted direction. Only one person (a smoker) came to the Medical Office requesting the mimeo on the smoking-cancer relationship. Thus, this item could not be used as a behavioral test of differential interest in relevant information. In sum, the data accumulated in this research indicated that smokers and non-smokers differ in reducing their dissonance.

A more recent study, conducted by Edward Lichtenstein, investigated several dissonance principles. In this study, 341 male and 261 female undergraduate students enrolled in introductory psychology courses were given a 22-item, two-page questionnaire on smoking. The questionnaire dealt with: 1) the concerned attitudes and beliefs about the dangers of cigarette smoking; 2) a five point scale balanced to control the agreement-response set; 3) five questions which required the student to fill in the answers; 4) six questions which had been used in an earlier research, three of which showed the significant difference between smokers and non-smokers; 5) the students' past and present smoking habits. The remaining items inquired if the student intended to cut down or stop smoking in the future.
The findings revealed that smokers tended to give a higher number of cigarettes per day that is dangerous for a person than did the non-smokers. The lung cancer question was the only one in which smokers thought there was more danger than non-smokers. The scores of ex-smokers were closer to the scores of non-smokers than they were to those of smokers. The sex differences in both percentage of smokers and the number of cigarettes smoked are consistent with previous reports. The study indicated that many students were unhappy with their smoking habits, and more men than women were dissatisfied and wished to stop or cut down.

A final study to be considered here did not deal with smoking and dissonance but is pertinent to the present research as a result of its focus on preference for dissonant information. The study, conducted by Jonathan L. Freedman, attempted to discern what people preferred if given a choice of exposing themselves to consonant or dissonant information.5

The general design was to have subjects make a decision and then give them a choice between reading a consonant or dissonant communication. The subjects were 18 students, 9 males and 9 females, who were enrolled in an introductory education course at Stanford University. The respondents listened to a tape-recorded interview which was designed to make the
interviewee sound either very well qualified for an international conference or very poorly qualified. The students rated the interviewee and were then given a choice of reading an evaluation of him that agreed with their rating or one that disagreed with it. Of 18 students, 17 chose the evaluation that disagreed with their rating. A possible explanation was offered by the author, namely, that the dissonant information was seen as more useful and was, therefore, preferred. There is considerable evidence that the more useful information is, the more subjects seek it out. Another factor which may have influenced the results was the perceived interest of the information. Subjects had just received a very one-sided picture of the candidate. If the dissonant evaluation was seen as potentially more interesting, subjects would probably tend to prefer it to the consonant evaluation.
FOOTNOTES


2 Ibid., p. 56.


CORRECTION

PRECEDING IMAGE HAS BEEN REFILMED
TO ASSURE LEGIBILITY OR TO CORRECT A POSSIBLE ERROR
interviewee sound either very well qualified for an international conference or very poorly qualified. The students rated the interviewee and were then given a choice of reading an evaluation of him that agreed with their rating or one that disagreed with it. Of 18 students, 17 chose the evaluation that disagreed with their rating. A possible explanation was offered by the author, namely, that the dissonant information was seen as more useful and was, therefore, preferred. There is considerable evidence that the more useful information is, the more subjects seek it out. Another factor which may have influenced the results was the perceived interest of the information. Subjects had just received a very one-sided picture of the candidate. If the dissonant evaluation was seen as potentially more interesting, subjects would probably tend to prefer it to the consonant evaluation.
FOOTNOTES


2Ibid., p. 56.


CHAPTER III

THE RESEARCH PROBLEM, DESIGN, AND METHODOLOGY

The Research Problem

The general problem of the research involves, 1) classifying cigarette smokers with respect to level of dissonance and informational preferences regarding smoking and 2) determining the value of the relationships between these two variables. A summated rating index (Likert-type items) was developed and utilized for measuring levels of dissonance, while informational preference was measured by asking respondents to rate a list of motion picture titles (some of which were pro-smoking and others were anti-smoking) with respect to how much they would like to see each film. (see Appendix A)

Construction of Indices

Sixteen judges were used in the construction of the Smoker Dissonance Index as well as the construction of the Informational Preference Index. (see Appendix A). The judges were composed of faculty members and graduate students at Western Kentucky University. Both smokers and non-smokers were used as judges.
In constructing the Smoker Dissonance Index, a summated rating index of Likert-type items, measuring the levels of dissonance among cigarette smokers, judges' ratings were used to determine the degree of dissonance measured by each item. Seven initial items, each with an apparent degree of face validity for measuring dissonance among cigarette smokers, were rated by the judges. (see Appendix A). The four items which the judges considered to best measure the dissonance of a cigarette smoker were included in the Index. An additional consideration in selecting the four items involved the selection of one item to represent each of four areas in which a smoker might be dissonant. This rationale was employed in the selection of two items whose scores on the judges' ratings were not significantly higher than the three items which were not selected. (see Appendix B). These areas dealt with respiratory diseases and smoking, life-span and smoking, a loved-one and smoking, and medicines to help a person stop smoking.

The construction of the Informational Preference Index required that the same panel of judges evaluate ten fictitious motion picture film titles dealing with cigarette smoking. Each title was rated in terms of 1) its pro-smoking or anti-smoking orientation and 2) the strength of the orientation. Based on the ratings supplied by the judges on the ten initial film titles, the three anti-smoking and three pro-smoking films with the highest
scores were selected for the Informational Preference Index. (see Appendix B).

Research Hypothesis

The procedure for computing index scores was such that: The higher the score on the Smoker Dissonance Index, the higher the level of dissonance, and the higher the score on the Informational Preference Index the more actively the person is seeking pro-smoking information and avoiding anti-smoking information. Hence, the research hypothesis to be tested may be stated as follows:

The higher a person’s score on the Smoker Dissonance Index, the higher his score will be on the Informational Preference Index.

Sample

In order to test the research hypothesis, which suggested that the higher a respondent's score on the Smoker Dissonance Index, the higher his score will be on the Informational Preference Index, respondents were needed who possessed at least two characteristics; namely, that they smoked cigarettes and were dissonant. These considerations necessitated the use of a purposive rather than a random sample. The initial sample consisted of four-hundred twenty-eight students enrolled in Introductory Sociology classes at Jacksonville State University and was drawn on an availability basis. The
final sample contained only those respondents who smoke cigarettes on a regular basis (at least daily) and who received a score indicating the presence of dissonance regarding their cigarette smoking. The final sample contained one-hundred fifty-five respondents.

The Final Instrument

The six film titles which dealt with smoking were further disguised with nineteen more fictitious film titles for a total of twenty-five. It was also pointed out to the respondents that page one was information which the Sociology Department at Jacksonville State University was interested, that the second page was information which the writer was personally interested, and that the two pages were not related, but were combined for convenience only.

In addition to containing the Smoker Dissonance Index and the Informational Preference Index, the questionnaire obtained the standard biographical information plus information pertaining to smoking habits for each respondent.

The final instrument was designed to reduce any association between the two indices on behalf of the subjects. Page one of the questionnaire was copied in blue mimeograph ink on standard size paper of 10 1/2 by 8 1/2 dimensions. The second page was run off in black ditto ink on legal size paper. (see Appendix C).
Data Collection

The researcher personally administered the questionnaire to the respondents during regularly scheduled classes and verbally reinforced the idea of disassociation between the two pages administered to the respondents. These oral instructions were standardized as much as possible to reduce bias. The respondents were also instructed to complete page one before proceeding to page two.
CHAPTER IV

PRESENTATION AND ANALYSIS OF FINDINGS

The analysis of data presented in this chapter was designed to obtain empirical evidence with which to evaluate a portion of Leon Festingers' theory of cognitive dissonance. The data were coded on IBM cards and analyzed using standard mechanical and electronic sorters and computers.

Statistics

In order to test the research hypothesis it was necessary to, 1) classify cigarette smokers with respect to a) level of dissonance and b) preferences for pro-smoking and/or anti-smoking information and 2) determine the relationship between these two variables. Since ordinal measurement was used on both of the indices, only nonparametric statistics were utilized in data analysis. The primary statistic applied to the data was Goodman and Kruskal's Coefficient of Ordinal Association (Gamma). The Chi-Square Test and the Contingency Coefficient were also used to aid in the interpretation of data.
Goodman and Kruskal's Coefficient of Ordinal Association

(Gamma) - Gamma provides a measure of the association between two ordinal indices (in this case the Smoker Dissonance Index and the Informational Preference Index). Gamma measures "the degree to which an individual's relative position or rank in one ordinal scale is predictable from his rank in another."¹ Gamma values range from -1.0 (perfect association in a negative direction) to +1.0 (perfect association in a positive direction) with a value of 0.0 indicating a total absence of association.²

Chi-Square - The chi-square test is used to determine the significance of differences between two independent variables (bivariates). The corresponding probability level was used to determine whether the various findings occurred by chance. Since the respondents were selected purposively, they do not constitute a random sample from a specified population. Hence, in the present study, the interpretation of the probability statements and statistical significance deviates somewhat from the customary interpretation. In this study, statistically significant differences between the two groups will be used as the basis for inferring that 1) the two groups were probably not drawn from identical populations and that, 2) at a given level of probability, the
differences in preference for pro-smoking and/or anti-smoking information would be found to exist in the two hypothetical populations from which the two sample groups were drawn. 3

The Contingency Coefficient - The contingency coefficient measures the association between two variables (in this case the Smoker Dissonance Index and the Informational Preference Index). Although it is based on the chi-square value for the two variables, the contingency coefficient goes one step beyond in that it reveals the degree of association between the two variables and not just whether the relationship is statistically significant. The contingency coefficient ranges from zero to near unity with its potential maximum value being related to the nature of the table to which it is applied. For the purpose of the present research, it is sufficient to note that for a 2 x 2 table, the upper limit of the contingency coefficient is .707.

It was the prediction of the hypothesis that the higher a respondent's score on the Smoker Dissonance Index, the higher his score will be on the Informational Preference Index. The technique of absolute measurement was used in defining "low dissonance" and "high dissonance" scores on the Smoker Dissonance Index. This procedure resulted in a possible range of 9-16 which was divided
into two groups; 9-12 and 13-16, corresponding to low and high dissonance. The Informational Preference Index has a range of 13-24. However, since the data seemed to indicate a statistical break between those subjects scoring 15 or less and 16 or more, for purposes of analysis, the respondents were separated as indicated by the data and not at the midpoint. Thus, relative measures were employed to determine informational preference.

The data used in testing the Hypothesis is summarized in Table I.

### TABLE I

#### DEGREE OF DISSONANCE AND INFORMATIONAL PREFERENCE

<table>
<thead>
<tr>
<th>I.P.I.</th>
<th>Smoker Dissonance Index Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low 13-15</td>
<td>Low (9-12)</td>
</tr>
<tr>
<td>High 16-24</td>
<td>33 (47.1%)</td>
</tr>
</tbody>
</table>

n=70 (100%) n=85 (100%) N=155

Gamma: -.253  \(\chi^2 = 3.749\)  C = .154
The gamma value of -.253 reflects a weak negative relationship between the respondents' scores on the Smoker Dissonance Index and the Informational Preference Index. The chi-square value of 3.749 at one degree of freedom is significant at the .10 level. This means that if this research were conducted in exactly this manner one-hundred times, the possibility of obtaining the same outcome due to chance would be 10 out of 100. The C value of .154 is supportive of the gamma value. This analysis leads to the conclusion that the data fail to support and tend to negate the research hypothesis.

Additional analysis examined the hypothesized relationship between scores on the Smoker Dissonance Index and the Informational Preference Index, when sex is introduced as a control variable. These data are summarized in Table 2.

Careful examination of Table 2 reveals that the original relationships between scores on the Smoker Dissonance Index and the Informational Preference Index tend to be somewhat weaker for males and stronger for females.
TABLE 2

DEGREE OF DISSONANCE BY SEX AND INFORMATIONAL PREFERENCE

Smoker Dissonance Index Score

<table>
<thead>
<tr>
<th>Low 13-15</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (9-12)</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(56.3%)</td>
<td>(45.5%)</td>
</tr>
<tr>
<td>High (13-16)</td>
<td>41</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>(66.1%)</td>
<td>(69.5%)</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>(43.7%)</td>
<td>(54.5%)</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>(33.9%)</td>
<td>(30.5%)</td>
</tr>
<tr>
<td>n=48 (100%)</td>
<td>n=22 (100%)</td>
<td>n=23 (100%)</td>
</tr>
</tbody>
</table>

Gamma: -.179 \(X^2 = 1.311\)  
C = .109

For males the gamma value of -.179, the chi-square value of 1.311 and the C value of .109 all tend to be weaker than the original relationship. For females, on the other hand, the gamma value of -.426, and the C value of .256 are stronger than the original relationships and the chi-square value of 3.145 is quite similar to the original value. It should be noted that the original relationships hold for both sexes but females tend to be less supportive of the research hypothesis.
For purposes of analysis, age was utilized as a control variable in examining the relationship between the Smoker Dissonance Index and the Informational Preference Index. Age was divided at 20 in an effort to distribute the sample and allow for more accurate statistical analysis.

For respondents under 20, the gamma value of -0.174, the chi-square of 0.468 which is significant at the 0.50 level, and the C value of 0.106 all tend to be weaker than the original relationship between the Smoker Dissonance Index and the Informational Preference Index. These findings do not lend support to the research hypothesis.
### Table 4

**Degree of Dissonance and Informational Preference Cross-Tabulated by Age: Over 20**

<table>
<thead>
<tr>
<th>Smoker Dissonance Index Score</th>
<th>Over 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (9-12)</td>
<td></td>
</tr>
<tr>
<td>Low 13-15</td>
<td>25 (47.2%)</td>
</tr>
<tr>
<td>High 16-24</td>
<td>28 (52.8%)</td>
</tr>
<tr>
<td>High (13-16)</td>
<td>38 (62.3%)</td>
</tr>
<tr>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>13-15</td>
<td>25 (47.2%)</td>
</tr>
<tr>
<td>16-24</td>
<td>28 (52.8%)</td>
</tr>
<tr>
<td>n=53 (100%)</td>
<td>n=61 (100%)</td>
</tr>
<tr>
<td>N=114</td>
<td></td>
</tr>
</tbody>
</table>

**Gamma:** -.272  
**$X^2 = 3.081$**  
**C = .162**

For respondents over 20 the chi-square value of 3.081 is significant at the .10 level, which when viewed with the gamma value of -.272 and the C value of .162 indicates a slightly higher degree of association than found in subjects under 20.

In sum, respondents in the over 20 category are less supportive of the hypothesis than those in the under 20 category.

Further analysis examined the hypothesized relationships between scores on the Smoker Dissonance Index and Informational Preference Index when cigarette consumption is introduced as a control variable. These data are summarized in Tables 5, 6, and 7.
<table>
<thead>
<tr>
<th>I.P.I.</th>
<th>Low 13-15</th>
<th>Low (9-12)</th>
<th>High 16-24</th>
<th>High (13-16)</th>
<th>n=26 (100%)</th>
<th>n=27 (100%)</th>
<th>N=53</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (9-12)</td>
<td>14 (53.9%)</td>
<td>19 (70.3%)</td>
<td>12 (46.1%)</td>
<td>8 (29.7%)</td>
<td></td>
<td></td>
<td></td>
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<td>High (13-16)</td>
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Gamma: -.356 \[\chi^2 = 2.849\] \[C = .226\]

The respondents who smoked \(\frac{1}{2}\) pack of cigarettes or less daily have a chi-square value of 2.849, and a C value of .226 which when compiled with a gamma score of -.356 tends to reject the research hypothesis. This indicates that relatively light smokers tend to reduce association between the Smoker Preference Index and the Dissonance Index.
### TABLE 6

**DEGREE OF DISSONANCE AND INFORMATIONAL PREFERENCE CROSS-TABULATED BY CIGARETTE CONSUMPTION: \( \frac{1}{2} \) TO 1 PACK CONSUMED DAILY**

<table>
<thead>
<tr>
<th>Smoker Dissonance Index Score</th>
<th>( \frac{1}{2} ) To 1 Pack Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I.P.I.</strong></td>
<td><strong>Low (9-12)</strong></td>
</tr>
<tr>
<td>Low 13-15</td>
<td>17 (48.6%)</td>
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<tr>
<td>High 16-24</td>
<td>18 (51.4%)</td>
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<td><strong>n=35 (100%)</strong></td>
<td><strong>n=46 (100%)</strong></td>
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</table>

**Gamma: -.273**

\[ x^2 = 2.931 \]

\[ C = .187 \]

The chi-square value of 2.931 is significant at the .10 level. For a 2 x 2 table, the C value of .187 is not indicative of a strong association; however, the gamma value of -.273 indicates the possibility of a trend when compared to the gamma value of respondents smoking less than \( \frac{1}{2} \) pack daily (.356).
TABLE 7

DEGREE OF DISSONANCE AND INFORMATIONAL PREFERENCE CROSS-TABULATED BY CIGARETTE CONSUMPTION: MORE THAN ONE PACK CONSUMED DAILY

<table>
<thead>
<tr>
<th>Smoker Dissonance Index Score</th>
<th>More Than One Pack Daily</th>
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</thead>
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<tr>
<td></td>
<td>Low (9-12)</td>
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<tr>
<td>Low</td>
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<tr>
<td>13-15</td>
<td>6 (66.6%)</td>
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<tr>
<td>High</td>
<td>3 (33.3%)</td>
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<tr>
<td>I.P.I.</td>
<td>n=9 (99.9%)</td>
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<td>N=21</td>
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</table>

Gamma: .070  \( \chi^2 = .277 \)  C = .114

When viewing Table 7, more than one pack of cigarettes consumed daily, it is important to note some considerations beyond the statistical limitations which are evident. The lack of acceptable cell frequencies is acknowledged and the chi-square and C values cannot be considered reliable. The table is presented due to the overall importance of the gamma value of .070. Recalling the gamma values of -.356 and -.273, the gamma value of .070 completes the trend toward support of the hypothesis as number of cigarettes consumed increases. It is recognized that these gamma values are extremely weak but their significance is found in the trend that they form.
Discussion of Findings

It is clear from the preceding analyses that the data provide rather conclusive evidence with which to test the research hypothesis. The predominately negative gamma values, which are in opposition to the positive relationship predicted by the research hypothesis, coupled with the statistically insignificant chi-square values, lead to the conclusion that the data fail to support and tend to negate the research hypothesis. The chi-square value of 3.749 coupled with the gamma value of -.253 does not support the prediction that the higher a person scores on the Smoker Dissonance Index the higher he would score on the Informational Preference Index. The data dealing with various attributes of the respondents also failed to determine any significant relationships that would support the research hypothesis.

In addition to the overall findings, however, there are some interesting trends which are revealed by the data. For example, if one will note the gamma values when cigarette consumption is controlled, it can be seen that as cigarette consumption increases, the gamma values start decreasing and actually attain a low positive value among smokers who smoke more than one pack per day. This would seem to indicate that as level of commitment to the source of dissonance increases, the reduction of dissonance as prescribed by the theory also increases.
This finding is clearly supportive of the work of Brehm and Cohen on the role of commitment in cognitive dissonance. The role of commitment in cognitive dissonance is a major "branch" of dissonance theory the review of which is beyond the scope of the present study.

Another trend can be seen in Table 3 dealing with the respondents' age. Respondents under 20 have a gamma value of -.174 while those over 20 have a gamma value of -.272. This tends to establish a somewhat higher association between the two indices with the subjects over 20, and a lesser association with those under 20. Finally, it is also apparent in Table 2 that there is a stronger association between the two indices among females than among males (males, gamma -.179 and females, gamma -.426). This finding suggests some interesting possibilities for future research.
FOOTNOTES


CHAPTER V

THEORETICAL IMPLICATIONS OF THE RESEARCH FINDINGS

Introduction

The purpose of the research was to obtain empirical evidence with which to evaluate the theoretical propositions derived from Leon Festinger's theory of cognitive dissonance. Each of the elements of the research design and methodology was formulated so as to insure its meaningful contribution to the ultimate purpose of the research. With the gathering and analysis of the data the task of the research is complete. This chapter will deal with the evaluation and discussion of the theoretical implications of the research findings.

Evaluation of the Theoretical Proposition

Based on the empirical evidence, the research hypothesis must be rejected. This leads to a negative evaluation of the theoretical proposition, namely, that a dissonant person will seek out supportive information and avoid nonsupportive or dissonant information contrary to his belief.
At this point consideration might be given to some possible explanations of the negative findings of this research. Although accepted efforts were made in constructing the Smoker Dissonance Index and the Informational Preference Index to reduce any deficiencies in the two instruments, neither index was subjected to formal reliability and validity checks. Hence, the possibility for measurement error must be recognized. In addition, although every effort was made in an effort to disassociate the two indices in the minds of the respondents, it is possible that the respondents did in fact, associate the two measures and respond according to a social acceptability or consistency bias.

Although the findings of this research cast some doubt on the validity of this portion of Festinger's theory, the nature of the alternative explanations outlined above tend to reduce the apparent finality of the rejection of the theoretical proposition which follows from the research findings.
APPENDIX A

JUDGES' MATERIALS

COGNITIVE DISSONANCE AND CIGARETTE SMOKING
AN EVALUATION OF FESTINGER'S THEORY OF COGNITIVE DISSONANCE

Boyd M. Hildebrand

GENERAL: The research in which you have consented to act as a judge is designed to obtain empirical evidence with which to evaluate portions of Leon Festinger's theory of cognitive dissonance. The general problem of the research involves, 1) classifying cigarette smokers with respect to a) level of dissonance and b) preferences for pro-smoking and/or anti-smoking information and 2) determining the nature of the relationships between these two variables. A summated rating index (Likert-type items) will be developed and utilized for measuring levels of dissonance, while information preferences will be measured by asking respondents to indicate how much they would like to see certain motion pictures (some of which will be pro-smoking and other anti-smoking). In Part I of this exercise you will be assisting in the selection of items for the dissonance index. In Part II you will be asked to make certain judgements concerning the strength of the
pro-smoking or anti-smoking orientation of various motion picture titles. As a result of your involvement in Sociology you are most probably aware of the theory of cognitive dissonance. However, the following passages are taken verbatim from Festinger and have been included to assist in refreshing your memory. "...the existence of non-fitting relations among cognitions, is a motivating factor in its own right. By the term cognition, here and in the remainder of the book, I mean any knowledge, opinion, or belief about the environment, about oneself, or about one's behavior." (Festinger, 1957, p. 3). In addition, Festinger suggests that, "cognitive dissonance can be seen as an antecedent condition which leads to activity oriented toward dissonance reduction just as hunger leads to activity oriented toward hunger reduction." (Ibid.). Festinger summarizes this aspect of the theory as follows:

The presence of dissonance leads to seeking new information which will provide cognition consonant with existing cognitive elements and to avoiding those sources of new information which would be likely to increase the existing dissonance. (Festinger, 1957, p. 264).

INSTRUCTIONS: On the following pages are questions which appear to have face validity for measuring the dissonance of a cigarette smoker. After reading and carefully considering all of the questions, place a seven (7) by the
question which in your opinion indicates the highest level of dissonance when answered by a positive response, a six (6) by the question having the second highest level of dissonance when answered positively, and so on. For example, if you think a cigarette smoker who strongly urges or urges a loved-one NOT to start smoking is more dissonant than a cigarette smoker who strongly agrees or agrees that his health is being adversely affected, then the former item should be given a higher rating than the latter item.

1. Do you think people who smoke cigarettes are more prone to respiratory disease than those people who do not smoke?

   ( ) I STRONGLY believe people who smoke cigarettes are more prone to respiratory diseases.
   ( ) I believe people who smoke cigarettes are more prone to respiratory diseases.
   ( ) I do not believe people who smoke cigarettes are more prone to respiratory diseases.
   ( ) I STRONGLY do not believe people who smoke cigarettes are more prone to respiratory diseases.

2. If a loved-one asked your advice as to whether or not they should start smoking, what would you advise them?

   ( ) I would STRONGLY URGE the loved-one to start smoking.
   ( ) I would URGE the loved-one to start smoking.
   ( ) I would URGE the loved-one NOT to start smoking.
   ( ) I would STRONGLY URGE the loved-one NOT to start smoking.

3. Do you believe your life will be shortened because of smoking cigarettes?

   ( ) I STRONGLY believe my life will be shortened.
   ( ) I believe my life will be shortened.
   ( ) I Believe my life will NOT be shortened.
   ( ) I STRONGLY believe my life will NOT be shortened.
4. Which of the following best describes your opinion of the smoking-heart disease relationship?

( ) I think there is a STRONG chance of a relationship.
( ) I think there is a chance of a relationship.
( ) I think there is no chance of a relationship.
( ) I think there is a STRONG chance of no relationship.

5. Do you think your health is adversely affected by smoking?

( ) I STRONGLY AGREE that my health is adversely affected.
( ) I AGREE that my health is adversely affected.
( ) I DISAGREE that my health is adversely affected.
( ) I STRONGLY DISAGREE that my health is adversely affected.

6. If a new medicine was found which would guarantee to stop your smoking habit, and it was offered to you free of charge, would you take advantage of it in order to stop smoking?

( ) I would STRONGLY accept the medicine.
( ) I would accept the medicine.
( ) I would refuse the medicine.
( ) I would STRONGLY refuse the medicine.

7. Do you think your health will be adversely affected in the future from smoking cigarettes?

( ) I STRONGLY think my health will be adversely affected in the future.
( ) I think my health will be adversely affected in the future.
( ) I DO NOT think my health will be adversely affected in the future.
( ) I STRONGLY DO NOT think my health will be adversely affected in the future.

PART II

INSTRUCTIONS: Following are two lists of fictitious movie titles, they are concerned with cigarette smoking. Place a five (5) next to the title that is the most pro-smoking, a
four (4) by the next most pro-smoking, and so on. Next, place a five (5) by the title which is the most anti-smoking, a four (4) by the next most anti-smoking, and so on. For example, if you think that the title "Smoke Cigarettes and Shorten Your Life" is more anti-smoking than "All Ninety-Two Smoked and Died," then the former title should be given a higher rating than the latter title. Each of the two groups of titles are to be rated independently of the other.

PRO-SMOKING TITLES

A. A Doctors Report That Smoking Does Not Cause Cancer.
B. The Dangers of Smoking is a Hoax: The Rau Report.
C. Cigarette Smoking and Its Beneficial Side.
D. Smoking Helps People Lose Weight and Live Longer.
E. Cigarette Smoking: The Road to Social Acceptance.

ANTI-SMOKING TITLES

A. Cigarette Smoking Causes heart Disease: The Dennis Report.
B. All Ninety-Two Smoked and Died.
C. Smoking: A Filthy Habit.
D. Smoke Cigarettes and Shorten Your Life.
E. The Cigarette Smoker: Another Form of Addiction.

Thank you for your cooperation.
### APPENDIX B

**DISSONANCE QUESTIONS**

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**TOTALS** 58 67 88 60 59 57 56
### PRO-SMOKING FILMS

#### TITLES

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**TOTALS**  57  51  43  50  39
### Anti-Smoking Films

#### TITLES

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**Totals**: 61 72 24 46 37
APPENDIX C

JACKSONVILLE STATE UNIVERSITY
Department of Sociology

The Sociology Department at Jacksonville State University has the opportunity to order some new films for the upcoming school year. In deciding which films to order, the Department would like to consider the preferences of the students now enrolled in Sociology courses at this University.

Use the scale below to indicate your desire or interest to see each of the films listed. Rate each film independently. Do not judge any one film against another! Place the number which best describes your opinion next to each film title.

1 - Would definitely like to see
2 - Would like to see
3 - Would not like to see
4 - Would definitely not like to see

Example: If you decide you would not want to see film number one, place the number (3) next to film number one.

1. Family Ties Among the Aborigines
2. Ritual Patterns on Bora-Bora
3. The Race Problem: From Acceptance to Action
4. Cigarette Smoking Causes Heart Disease: The Dennis Report
5. Prostitution As A Way of Life
6. The Black-White Conflict in America
7. A Doctor's Report That Smoking Does Not Cause Cancer
8. Social Welfare in England
9. The Population Explosion
10. All Ninety-two Smoked and Died
11. Work and Society
12. The Sociology of the Aged
13. Six Problems Affecting American Society Today
14. The Dangers of Smoking is a Hoax: The Rau Report
15. South Africa: Its Race Problems
16. Australia: A Booming Continent
17. The Pros and Cons of Legalizing Marijuana
18. Urban and Rural Problems
19. Smoke Cigarettes and Shorten Your Life
20. War in the Twentieth Century
21. Religious Problems and Conflicts
22. The Personal Pathologies
23. Smoking Helps People Lose Weight and Live Longer
24. Crime and Delinquency
25. Sexual Abnormalities in American Society
The following is a research being conducted by Mr. Hildebrand of the Sociology Department. All information given here will be regarded as scientific data. No names are required and participation is optional but will be greatly appreciated.

Thank You.

1. Sex: ( ) Male ( ) Female
2. Age _______ years
3. Marital Status: ( ) Single
   ( ) Married
   ( ) Divorced
4. Religious Preference ( ) Protestant (Specify: ________)
   ( ) Catholic
   ( ) Jewish
   ( ) Other (Specify: ________)
   ( ) None
5. Academic Classification ( ) Fr. ( ) Soph. ( ) Jr.
   ( ) Sr.
6. Do you smoke Cigarettes? ( ) Yes ( ) No

Note: If you answered NO to question 6, please hand in your paper. If you answered YES, please answer the remaining questions.

7. Approximately how many cigarettes do you smoke a day? (Be specific) ________.

A. Do you believe your life will be shortened because of smoking cigarettes?
   ( ) Yes, I STRONGLY believe my life will be shortened.
   ( ) Yes, I believe my life will be shortened.
   ( ) No, I believe my life will NOT be shortened.
   ( ) No, I STRONGLY believe my life will not be shortened.
B. If a loved-one asked your advice as to whether or not he should start smoking, what would you advise him?
( ) I would STRONGLY URGE the loved-one to start smoking.
( ) I would URGE the loved-one to start smoking.
( ) I would URGE the loved-one NOT to start smoking.
( ) I would STRONGLY URGE the loved-one NOT to start smoking.

C. Which of the following best describes your opinion of the smoking-heart disease relationship?
( ) I think there is a STRONG chance of a relationship.
( ) I think there is a chance of a relationship.
( ) I think there is no chance of a relationship.
( ) I think there is a STRONG chance of no relationship.

D. If a new and painless medicine were found which would guarantee to stop your smoking habit, and it was offered to you free of charge, would you take advantage of it in order to stop smoking?
( ) Yes, I would STRONGLY accept the medicine.
( ) Yes, I would accept the medicine.
( ) No, I would refuse the medicine.
( ) No, I would STRONGLY refuse the medicine.
SELECTED BIBLIOGRAPHY


