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Double Standards In Self-Deception: The Development Of The Self-Other Double Standards Scale

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Double-Standards in Self-Deception: the Development of the Self/Other Double-Standardization Scale

By

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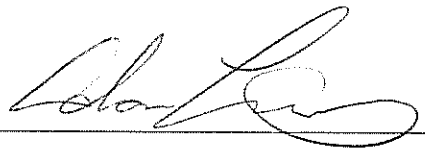

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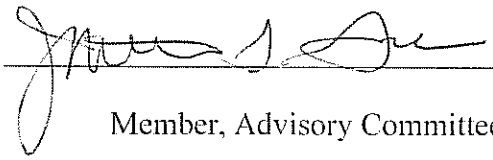

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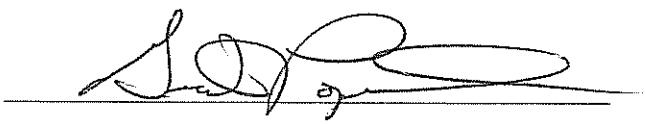

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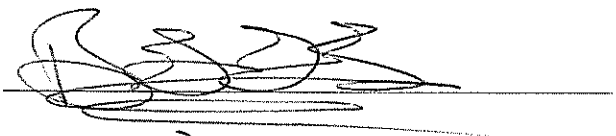
Signature: 

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DOUBLE STANDARDS IN SELF-DECEPTION:

THE DEVELOPMENT OF THE

SELF-OTHER DOUBLE STANDARDS SCALE

By

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DEDICATION

Self-Deception can be summed up thusly – causing one's self to see the world the way we want it to be, rather than the way that it really is. When we lie to ourselves, we use our hopes and dreams, our memories, and even our prejudices to construct the vision that we have of the world around us. Self-Deception causes us to take only that information which strengthens and affirms our world view, and reject that which opposes it. Sometimes it can even cause us to see those who have a different vision of the world as "other", and somehow less than human. This most terrible incarnation of Self-Deception can even enable groups and individuals to engage in acts of terror upon their fellow man.

I would like to dedicate my study of Self-Deception to the victims of the act of terror perpetrated at the Boston Marathon. May our growing understanding of this complex phenomenon serve to break down the walls that separate us as individuals, and help us to understand and care for each other more completely. May this knowledge serve a small part in the effort to end intolerance and the violent hatred of that which is different. May future generations use what we have learned to develop their own sense of the deep interconnection between persons both locally and globally, and stomp out egocentric thinking.

ACKNOWLEDGEMENTS

I would like to thank my thesis committee for their continued support throughout the rigorous process of completing this work. Drs. Winslow, Gore and Lawson have aided my development at EKU tremendously over the years. The opportunities which I have been afforded under their guidance are incalculable, and I will carry with me their lessons throughout my career as a psychologist.

I would also like to thank the friends that I have gained during my time at Eastern. When times were hard, when the stress was too much, we were always there for each other, fighting together for our shared goals. Without the network of support which you provided me, I never would have made it through.

Finally, I would like to thank my family, who never missed a chance to express their pride in the work I have been doing. Your appreciation, affection and acknowledgement makes it all worthwhile.

Thank you for everything.

Abstract

Self-Deception creates a mental state in which an individual unquestioningly maintains a belief that has clearly been refuted and proven faulty by some information which the self-deceiver has come to possess. However, aside from personality trait measures, no measurement techniques have been developed which capture the act of Self-Deception in a laboratory setting. In order to fill this need, the current research sought to examine the relationship between self-deception and cognitive dissonance, and used this relationship to create the Double Standards scale.

In the current research, participants completed several surveys online. They then came into the lab, where they were be randomly assigned to Affirmed and Deaffirmed conditions.

It was found that asking participants to recall their past behaviors condom use caused those participants to significantly lower their estimation of the average person's likelihood to use condoms, but not to change their ratings of their own likelihood. It was also found that Affirmed participants did not lower their ratings of others as much as participants in the Deaffirmed condition. The implications for these findings are discussed.

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CHAPTER I

DOUBLE STANDARDS IN SELF-DECEPTION

The act of Self-Deception has fascinated psychologists for many years. Seemingly, in the pursuit of a descriptive account of this phenomenon, more questions have been raised than answered. What is Self-Deception? How and why to people deceive themselves? Is Self-Deception intentional? Interpersonally, the deception of others requires an individual to hold some specific information while leading another individual to believe some contradictory information. If Self-Deception is structurally similar to interpersonal deception, then it seems that the Self-Deceiving person must intentionally deceive themselves, as well as hold a pair of fundamentally opposed beliefs. In other words, a deceiver believes x and brings it about that the deceived believes not-x; since the self-deceiver plays both roles, they must believe both x and not-x.

According to Davidson (1985), self-deception comes quite naturally to people, and yet it poses a huge problem for philosophical psychology. Intuitively, it seems that self-deception would be impossible (Haight, 1980). Deception is the act of one individual who knows a certain fact deceiving another who does not know that fact, and thus one person should not be able to deceive themselves because they cannot both know and not know the same thing. However, it cannot be impossible since we do in fact deceive ourselves (Gur & Sackheim, 1979).

Empirical research into Self-Deception, however, denies the literal account of Self-Deception favored by “pure” philosophers. Instead, Self-Deception can be explained by looking at the egocentrically biasing effects that our desires have on our

beliefs. A person desiring x can make it easier for themselves to believe x by influencing the way that he or she gathers and interprets evidence relevant to the truth of x (Mele, 2001).

The Preservation of the Self

The "self" can be conceptualized as a highly complex system which consists of multiple structures, both cognitive and evaluative, as well as the regulation of these structures (Filipp, & Klauer, 1985; James, 1980; Markus, & Wurf, 1987; Mead, 1934;). The self as a whole, like many systems, is in a constant flux between stability and change. For the most part, individuals have a sense of being the same person throughout their entire life, and actually remain so relative to various aspects of themselves. The entire premise of personality psychology is that we are highly stable in certain central dimensions (Bengtson, Reedy, & Gordon, 1985). However there is also a pervasive need to adapt in order to properly develop. Many studies have shown that we adjust the "self" in response to even minor situational demands (Hannover, Pohlmann, Springer, & Roeder, 2005). While these adjustments need not be completely accurate, they must be realistic in order to properly regulate our behaviors (Greve & Wentura, 2003). As necessary and frequent as these changes are, though, we often experience loss when we change those things about ourselves that seem to be a major part of who we are (Baltes, Lindenberger, & Staudinger, 2006). In fact, when we are presented with information which directly contradicts or attacks our self-image, Self-Deception may be used to preserve that image.

Because of these constant adjustments to our self-image due to new and situational information, it is likely that we would integrate information with some

regularity which would decrease the positive aspect of how we see ourselves. Surbey (2011) suggests that Self-Deception is a mechanism which allows us to maintain our self-image by balancing the true with the desirable; she demonstrated empirically that those who do not engage in self-deception have significantly lower self-esteem than those who do engage in self-deception.

The Information Processing Bias

The specific ways in which one might deceive one's self vary, but the common theme is that information which affirms our held beliefs is preferred over information that contradicts our held beliefs, or non-affirming information (Mele, 1997). Describing Self-Deception as having a preference for affirming versus non-affirming information has an advantage over more literal accounts of Self-Deception, in that literal accounts require that a person hold "false" information in the conscious mind while holding "true" information in the unconscious mind (Gur & Sackeim, 1979). It has been demonstrated experimentally that, contrary to this literal account of Self-Deception, people can deceive themselves by not processing non-affirming information in the first place.

In Ditto and Lopez's (1992) study on preferred versus non-preferred conclusions, 30 participants were confronted with a judgment situation in which they had little to no preference for one conclusion over another, and 30 participants did have a preference for a specific conclusion. This variable of preference was manipulated by establishing the likeability of two potential candidates for partnership on a task through evaluations the candidates supposedly filled out about the participants' performance on a previous task. In the no preference condition, the candidates "rated" participants

equally well and fairly highly. In the preference condition, one candidate rated the participant highly, while the other rated the participant poorly. A second manipulated variable established the performance of the candidates the participants were to choose from. In the target positive condition, preferred were rated highly, and the other was rated poorly, while in the target negative condition, preferred candidates were rated poorly, while the other was rated highly. In the no preference condition, performance was randomized. The dependent variable measured how long it took for participants to judge the performance of the candidates, believing they would work with the one they deemed most intelligent. It was found that participants required less information to decide that a dislikeable (non-preferred) candidate was less intelligent (target positive) than that he was more intelligent (target negative). In other words, participants more easily made decisions in bias-consistent conditions, compared to bias-inconsistent conditions.

Self-Deceptive Techniques

Avoiding non-affirming information. One can imagine a variety of situations when people would avoid further searches for information that would be incompatible with their goals or desires. For example, some will avoid searching for an alternative product after already committing to a purchase (Olson & Zanna, 1979), or even avoid medical testing for a deadly disease due to fear of the possible negative result.

Dawson, Savitsky, and Dunning (2006) examined people's willingness to submit to medical testing in a two part study; the first of which measured their willingness to be tested for a treatable disease, while the second measured their willingness to be tested for an untreatable disease. Participants in the first study were

asked to imagine that they were at an elevated risk for a fictitious disease called Thioamineacetylase (TAA) Enzyme Deficiency. The first variable, severity, was manipulated by telling one group that the disease involves no adverse symptoms, whereas the other group was told that TAA deficiency places people at a substantially elevated risk for severe pancreatic disorders. The second variable, treatability, was manipulated by telling one group that the deficiency is practically impossible to alter, and the other was told that they have a great deal of control over their TAA levels. All participants reported their interest in submitting to a diagnostic test for TAA deficiency and, using a 2x2 ANOVA, a main effect for severity was revealed. This demonstrated that participants were more interested in the test when the disorder was described as severe. However, this was only true in the treatable condition – participants were not interested in diagnostic testing when the disease was described as untreatable.

In the second part of Dawson et al.'s (2006) study, participants believed themselves to be facing a choice about a diagnostic test for a real disease called alopecia areata. The variables were manipulated in the same way as the first part of the experiment. Those in the high severity condition were told that the disease can dramatically slow the rate of new hair production, and those who were in the other condition were not told this. Treatability was manipulated by telling one group that the condition was not treatable, and the other group was told that it was. All conditions said they would be willing to undergo formal genetic testing for alopecia areata save for one, the severe and untreatable condition. The result of the second study demonstrated the same pattern of responding as the first – That the perception of high consequences in a

situation where one would have no control to treat the disorder would rather not know if they have it.

Seeking affirming information. The most obvious case of this type of biased information search that comes to mind is political. If a person is liberal, they will tend to watch news channels like MSNBC, whereas a conservative person will tend to watch FOX News. By selectively choosing one's sources of information, it is likely that the bulk of the information they gather will support their existing worldview (Frey, 1986).

Trope and Neter (1994), in two studies, presented participants with immediate performance outcomes (study 1) or asked them to recall past experiences (study 2). In both studies, participants in negative feedback and neutral control conditions actively sought subsequent positive feedback about their abilities, which demonstrates a natural (or negative response driven) urge to hear information which bolsters self-affirmation. In the positive feedback condition, participants had already received self-affirming information, and were significantly more likely to be willing to hear subsequent feedback about their weaknesses.

In a third study by Trope and Neter (1994), based on the previous two studies, it was hypothesized that individuals would seek positive experiences when new negative feedback was made available to them, and that they would do this in order to cope with the emotional costs of the negative feedback. The experiment consisted of three parts. In the first, participants performed a personality test and received initial, highly positive feedback. In the second part of the experiment, allegedly unrelated to the first, subjects performed an intelligence test and received initial feedback indicating that their overall score was either excellent, above average, average, or poor. The third part of the

experiment was a waiting period during which subjects could read positive feedback from the earlier personality test and engage in a neutral activity (reading magazines) or some other activity. Three decision conditions were instituted in the waiting period. In the optional feedback condition, subjects were asked to tell the experimenter at the end of the waiting period whether they would like to receive detailed feedback about their intelligence test results. In the mandatory feedback condition, subjects were simply told that they would receive such feedback at the end of the waiting period. Control subjects waited for the experiment to continue without expecting detailed feedback regarding the intelligence test results.

Subjects who were offered new feedback regarding their intelligence spent more time reading positive personality information than did subjects who were not offered such feedback. In contrast, when subjects were not given the option of rejecting the offered feedback, the time they devoted to reading the positive personality feedback increased with the difficulty of receiving the new feedback, namely, with the negativity of the new feedback. These results are a demonstration of how individuals try to support themselves emotionally with self-affirming information, and will do so more with the threat of receiving information which threatens their worldview.

Taken together, these three studies demonstrate a need for self-affirming information. This need leads people to seek sources which will affirm their previously held beliefs, but when their self-affirmation goals have been met, they are more willing to hear unwelcome information. Therefore, it appears that people are willing to avoid telling themselves a whole truth by searching for comforting information, but become more flexible on the matter when they feel secure (Kumashiro & Sedikides, 2005).

Selective attention. Obviously, not every situation requires one to seek out information. Sometimes conflicting opinions and ideas are readily available in our environment. By selectively attending to preferred aspects of the available information, however, it is still possible to bias one's encoding. To return to the example of politics, a person might find themselves in a group with two distinct divisions in conversation – one subgroup talking in favor of a socially progressive policy while the other subgroup is talking against it. Depending on that person's inherent bias, they can choose to pay attention to one conversation over the other.

Some of the most direct evidence for selective attention is provided by eye movement tracking studies. Mood was induced upon two age groups – young adults (18 to 25 yrs.) and older adults (58-89 yrs.) – in a study by Isaazowitz, Toner, Goren, and Wilson (2008), which demonstrated eye gaze preference between negative and positive affective stimuli. Mood was induced using the continuous music technique (CMT; Eich & Metcalfe, 1989), which divided them into positive, neutral, and negative conditions. Following this task, participants were seated in front of the eye tracker. A 17-point calibration permitted accurate measurement of gaze. The participants were told that they would be viewing a slide show and would watch naturally, as if watching television at home. Overall, participants tended to look away from angry or sad faces, and toward happy or afraid faces. Younger adults demonstrated mood-congruent gaze – they preferred happy or neutral faces when in a positive condition, and angry or afraid faces when in the negative condition. Older adults tended, however to have no preference when in the positive or neutral condition, but regulated their mood in the negative condition with a preference for looking at happy faces.

While there are clear age differences, it is apparent that both groups are selectively attending for specific emotional states. While younger adults seem to affirm their current emotional state by attending to congruent stimuli, older adults will self-regulate their negative emotional states by looking toward positive stimuli. In both cases, the groups are not attending to the overall stimulus, but picking out preferred information through eye gaze.

Selective skepticism. What happens, though, when despite selectively attending to preferential information, disagreeable information is encoded into the mind? This unwelcome information can still be rejected through a biased interpretation of that which is attitude-inconsistent. For instance, if a person is convinced that the Obama bailouts were generally positive for the state of the economy, and was presented with data from a reputable economist that demonstrated the overall effect was a slowdown in recovery, logic states that this person would probably begin to see how the bailouts could have been bad. Conversely, Lord, Ross, and Lepper (1979) demonstrated that selective skepticism can actually lead people to become more polarized in these kinds of situations.

Dawson, Gilovich, and Regan (2002) argue that people tend to approach agreeable propositions with a bias toward confirmation and disagreeable position with a bias toward disconfirmation in a study on motivated reasoning. To divide their participants into motivational groups, they used the Emotional Lability Inventory (ELI; Greenberg, Pyszczynski, Solomon, Pinel, Jordan, & Simon, 1993), which is designed to place nearly all respondents in either a high emotionality or low emotionality category. Participants in this study were informed of their classification, even though it is

unambiguous by the wording of the measure, and told that their classification is either potentially deadly or that the other classification is potentially deadly. Participants who were told that their classification could be deadly vastly outperformed the other group on the Wason Selection Task (in which the task rule implied their own early death), which is designed so that disconfirmation is the best possible strategy. Thus, there is a clear bias towards disconfirming a highly uncomfortable piece of information, regardless of its factual basis.

Consequently, because of selective skepticism, people are able to process a variety of conflicting pieces of information without ever changing their held belief. With a bias toward disconfirming that which they do not want to believe they are able to convince themselves that their own viewpoint continues to be supported, regardless of contradiction.

Manipulated memory. The next progression of deception accepts that a person may attend to unwanted information, accept it at the time of encoding to memory, but posits that they might not remember it correctly later. Rather, inconsistent information could be simply forgotten, or misremembered as either consistent with their held beliefs or as neutral. Specifically, a person may easily remember all of their victorious chess matches, but fail to recall the even greater number of losses they incurred when facing superior players. One may even distort the memory of their failures to overemphasize external causes for the bad results.

Empirically, this kind of memory bias has been demonstrated in self-improvement. After taking a study skills class, participants in Conway and Ross' (1984) study recalled their previous study skills as being lower than they originally rated then

before the class. This serves the function of confirming their improvement as a result of the extra training. Later, they even misremembered course performance as being better than it actually was to support the false claim of improving.

This same type of self-enhancing recall bias has also been shown related to self-reported alcohol consumption. Gmel and Daeppen (2007) chose men and women who regularly consumed alcohol from a population of patients in a hospital emergency ward. They measured alcohol consumption with a seven day diary the patients kept. It was found that free recall of the amount of alcohol consumed decreased significantly over a period of seven days as compared to one day after the journal was turned over to the researchers. This demonstrated that the patients had a desire to reduce the perceived amount of alcohol they consumed, and improve their self-image.

The Link between Dissonance and Deception

It is clear that self-deception comes in a wide variety of forms in order to become applicable to a range of situations. On the surface these methods may seem to be very different, but on closer inspection a commonality begins to emerge. In the paradigms described above, participants have made an attempt through self-deception to make themselves appear "better" than they behaved in reality. This desire to live up to an idealized image, and the discrepancy between it and their actual behavior, has been described by Elliot Aronson in a different context. He stated that,

> "[a]t the very heart of dissonance theory, where it makes its strongest predictions, we are not dealing with any two cognitions; rather, we are usually dealing with the self-concept and some behavior. If dissonance exists, it is

> because the individual's behavior is inconsistent with his self-concept." (Scott-Kakures, 2009).

When people feel self-affirmed, they are typically reminded of the values they see as important to themselves (e.g., their artistic, humanist, or scientific orientation) or behaviors of theirs they see as being positive and consistent with their self-image (e.g., their kindness to others). By reflecting on their important values or past positive behaviors, people are reminded that they are moral and efficacious individuals, which serves to affirm their self-worth. A cornerstone of self-affirmation theory is the idea that specific attacks on one's abilities or morals – such as failure on a test – do not need to be dealt with directly, but rather can be addressed at a more general level by restoring or reaffirming a global sense of self-worth (Steele, 1988). Thus, self-affirmation makes people less motivated to defend themselves against a specific attack, as their sense of self-worth is assured despite the threat posed by the attack.

However, when an individual's self-image is threatened and they cannot reaffirm themselves through more global means, two opposing viewpoints are created which causes dissonance. For example, "I am a good person" may conflict with the behavior "I purposely insulted that other person for their reckless driving." In order to deal with the dissonant situation, a variety of self-deceptive techniques may be used so that the conflict can be resolved.

Clearly, all of the above mentioned forms of self-deception can be applied to information which is contradictory to our self-image. But one can imagine an even more complex form of self-deception in which the self-image is preserved and the conflicting information is processed and accepted. Similarly to selective skepticism, the double

standard uses biased reasoning to create two standards for the evaluation of information. Conversely though, when a double standard is present the information itself is not evaluated in a biased way. It is the situational rules which become biased in favor of the self-deceiver. If the individual in the example used a double standard, their solution may sound something like, “It is wrong to insult people, but that specific person deserves it because of their own bad behavior.”

The Present Study

Since Anna Freud’s (1936) book about the ego, psychologists have proposed and studied many different ways that the mind protects itself from information which would otherwise harm our self-concept, such as denial and repression (Markus & Wurf, 1987), self-serving biases, reappraisal, doubting, and rationalization (Swann & Hill, 1982), and self-immunization by the peripheral adjustment of concepts (Greve & Wentura, 2003). All forms of “reality negotiation” and reinterpretation entail a certain degree of deceit (Greve & Wentura, 2010).

According to the pseudo-rationality model of self-deception proposed by Michel et al. (2010), one particularly salient component of self-deception is ego-centric standardization (double standard), which is consistent with the above discussion concerning self-affirmation. Along with an ego-centric bias concerning information, there are also two standards of evaluation involved: one which is applied to self, and one which is applied to others (Beauregard, & Dunning, 2001). Based on this, the pseudo-rationality model is closely related to selective skepticism, as well as the previous explanation of double standards. The presence of separate standards in self-

deception has been repeatedly noted in the literature, clearly indicating the use of a double standard as a unique and specific form of self-deception.

In this work, the author sought to establish an empirical connection between Self-Deception and the reduction of Cognitive Dissonance. The literature consistently suggests that a variety of self-deceptive techniques could be used to affirm the self-image. However, when presented with direct and dissonant self-relevant information, it seems that the use of a double standard would be most effective to protect the self-image. This is because the information itself cannot be manipulated, and so the situational rules surrounding the relevance that the information has for one's self must be manipulated instead.

In order to capture this behavior, the author has created a new form of measurement called the Double Standards scale. To make the connection between dissonance and Self-Deception clearer, The Double Standards scale uses a similar framework to one featured in a Cognitive Dissonance study by Stone, Aronson, Crain, and Winslow (1994). In their study, dissonance was created by having participants advocate the use of condoms and subsequently reminding them of their own past failures to use condoms. Those participants who were in the dissonant condition bought significantly more condoms at the end of the study in order to reduce their dissonance than participants in any of the three control conditions.

For this study, participants will complete the Double Standards scale. Then, at a later point in time, they will advocate the use of condoms, reflect on their past condom use behaviors, and then retake the Double Standards scale. A comparison will be made between their scores on the scale prior to and after this manipulation.

It is predicted that participants will not feel that their self-image is under attack prior to the experimental manipulation, and will rate themselves similarly to the way they rate others on condom use likelihood. After the manipulation, participants should experience dissonance as suggested by the Stone (et al., 1994) study. Thus, it is also predicted that these participants will feel the need to reduce the dissonance and reaffirm themselves, and will do this by changing their ratings so that their self-ratings are significantly higher than their ratings of others' likelihood to use condoms.

If it can be determined that participants significantly lower their ratings of the average person's likelihood to use condoms, without lowering their ratings of their own likelihood, after thinking about their own past behaviors, it will serve as evidence for the use of a double standard type Self-Deception. This is because both pieces of information will have to be accepted (condom use is a smart choice/I have failed to use condoms), and the participant will demonstrate an unrealistic belief, by comparison, which will be self-affirming.

CHAPTER II

METHOD

Participants

Data was collected from volunteers at Eastern Kentucky University. All volunteers were undergraduate psychology students participating for partial course credit. The study was designed to have participants complete the Double Standards scale online via the SONA system, and then come into the lab to complete the experimental condition later. The initial sample collected online comprised N = 200 participants. They were 27.5% male and 71.5% female, 1% declining to indicate their sex. 90% of the participants self-identified as White, 3.5% as Black, 1% as Hispanic, 1% as Asian, .5% as Middle Eastern, .5% as Indian, .5% as Guatemalan, 1% as multiracial, and 2% declined to identify their race. The average age of the participants was M = 23.69 (SD = 7.18), ranging from 18 to 52 years.

In the experimental condition, the sample was significantly reduced. Only 17 people accepted the invitation to participate in the second part of the study, 8 of which were randomly assigned to the Affirmed group, and 9 of which were randomly assigned to the Deaffirmed group. All participants in this condition self-reported as white and female. The experimental sample had the same approximate age as the initial sample. Only these participants were included in the experimental analysis.

Materials

The double standards scale. The Double Standards scale asks participants to evaluate the likelihood of their own use, as well as the average person's use, of condoms across 13 situations. Two averages are calculated – the average self-rating and

the average other-rating. In this study, participants responded using a 6-point scale, a higher rating indicating a higher likelihood to use condoms. See Appendix A for the Self-Ratings section, and Appendix B for the Other-Ratings section.

Data collected online indicated that participants rate their own likelihood to use condoms at about 75.34% (M = 4.52, SD = 1.26, 95% CI = 4.37 – 4.71). The same participants rated the likelihood of the average person to use condoms at about 75.54% (M = 4.53, SD = 1.27, 95% CI = 4.35 – 4.71). The internal consistency of both Self-Ratings and Other-Ratings was very high. Self-Ratings produced a Cronbach's alpha of .923, and Other-Ratings produced a Cronbach's alpha of .927.

Condom use information sheet. In order to establish and increase the salience of the "goodness" of using condoms, all participants were given an information sheet about the benefits of and statistics about condom use in the experimental condition. The participants were asked to read the information out loud to the researcher. See appendix C for the specific materials used.

Condom use essay. Two groups were present within the experimental condition. One group was asked to think about past situations in which they decided that using condoms was the best choice. They were also asked to write a brief essay describing the reasoning behind their choices. This group was named the "Affirmed" condition, as the manipulation was intended to reinforce the participants' good choices. See Appendix D for the specific materials used.

The second group was asked to think about past situations in which they decided that not using condoms was the best choice. They were also asked to write a brief essay describing the reasoning behind their choices. This group was named the "Deaffirmed"

condition, as the manipulation was intended to reinforce the participants' bad choices. See Appendix E for the specific materials used.

Procedure

It was theoretically important for this research that participants directly contradict themselves to ensure that we could infer the use of a double standard. Thus, all participants first completed the Double Standards scale online via the SONA system, along with providing some basic demographic information. After completing this part of the study, they were invited to come into the lab for some extra class credit to participate in the second half. When participants came into the lab, we first had them read out loud the condom information sheet, and then complete one of the two possible essays. Participants were randomly assigned to either the Affirmed condition or Deaffirmed condition. After reading the information sheet and completing their respective essays, which served as the experimental manipulation for this study, they again completed the Double Standards scale. After finishing, they were debriefed and thanked for their time.

Analysis

The design of this study included both within groups and between groups elements. First, all participants completed the Double Standards scale online, and then again in the lab after receiving the experimental manipulation. Therefore, it was necessary to use a test which could accurately compute within groups, or repeated measures, differences. Second, the experimental manipulation had two levels – Affirmed and Deaffirmed – which split the experimental condition into two independent

groups. To encompass all of this variance at once, the variables were entered into a Repeated Measures General Linear Model (GLM).

CHAPTER III

RESULTS

Repeated Measures GLM

Self-ratings. Repeated measures GLM was utilized to simultaneously asses the within and between groups differences in Self-Ratings on the Double Standards scale. No significant difference could be established between the initial online condition (M = 4.67) and the experimental condition (M = 4.66, F (1, 15) = 0 .002, p = n.s.). There was also no significant difference between scores in the Affirmed (M = 4.82) and Deaffirmed (M = 4.67) groups for Self-Ratings (F (1, 15) = .367. p = n.s.). See Figures 1 and 2[1].

Other-ratings. Repeated measures GLM was utilized to simultaneously asses the within and between groups differences in Other-Ratings on the Double Standards scale. Other-Ratings were found to be significantly higher in the initial online condition (M = 4.68) than in the experimental condition (M = 3.57, F (1, 15) = 8.944, p < .01, eta-squared = .374). The difference between the Affirmed (M = 3.98) and Deaffirmed (M = 3.21) groups approached significance for Other-Ratings (F (1, 15) = 2.115, p = .166, eta-squared = .124), but could not be officially established as significant. See Figures 1 and 2.

[1]All figures listed in Appendix F.

CHAPTER IV

DISCUSSION

The current research had one main goal. First and foremost, it was the purpose of this study to establish a theoretical connection between Cognitive Dissonance and Self-Deception, demonstrating Self-Deception as a unique method of dissonance reduction. To summarize, Dissonance theory makes its strongest predictions when there is a disagreement between the self-concept and a specific behavior. More specifically, dissonance arises when we engage in a behavior that we know is bad, because it is only natural that we want to believe that we are good.

If Self-Deception can be used to preserve our self-concept, or self-image, by balancing true information (I engage in bad behavior) with a desirable state (I am a good person), it logically follows that Self-Deception reduces dissonance. However, simply stating that Self-Deception balances the true with the desirable does not tell us exactly how the two are balanced. For the current work, it was proposed that the egocentric standardization, otherwise known as the double standard, provided the strongest explanatory model.

In other words, it is possible to maintain one's belief that a specific behavior is bad in general, and apply that rule for other people, but still assert another set of rules for one's self, thus preserving one's self-image by making the behavior not bad. This makes sense theoretically and fits with current literature, but demonstrating this behavior empirically is difficult. In fact, before this study, it hasn't been done. The question then becomes, how does one demonstrate empirically the use of a double

standard? Furthermore, how does one establish empirically that the double standard is used as dissonance reduction?

First, it is necessary to observe that the double standard is not being applied when the self-image is not under attack by dissonance. The results of the analysis in this study demonstrate the participants rated themselves and the average person with the same overall likelihood to use condoms. There was no significant difference between the ratings. Thus, it appears that the participants were applying the same set of rules to themselves and to others. The assumption being made at this stage is that participants gauge their estimates of the average use of condoms on their own past behaviors, as well as their held beliefs about using condoms. Obviously the participants probably won't have direct knowledge about the condom use behaviors of others, and so they must make adjustments from their own behaviors to estimate the average person's use of condoms.

Next, the double standard needs to manifest when the self-image is under attack. In the current work, participants' self-images were attacked by reminding them specifically about their past condom use behaviors after asking them to publically state the dangers of not using condoms. When a double standard is being used, we should see participants rating themselves just as highly as they did when the self-image was not under attack. We should also see participants applying the new, adjusted standard to others.

If participants are estimating the condom use behaviors of others based on their own behaviors, their ratings of others should be lowered when the participants are reminded of their own choices to not use condoms in the past. Logically, this reminder

should cause them to lower their ratings of themselves to the same degree that they lowered their ratings of others. However, when this reminder is made to feel like an attack on the self-image by making the dangers of not using condoms more salient, participants will be motivated to protect their self-image. This can be done by reasoning that the specific situations in which they decided not to use condoms were unique, special circumstances. Those situations become the exception and not the rule, and so the participants are able to maintain that they are good and that their likelihood to use condoms in general is just as good as it was before they were reminded of these situations.

This is exactly what we see in the data for this study. There was no significant difference from the initial Self-Ratings online and the Self-Ratings in the experimental condition. However, there was a significant decrease in Other-Ratings in the experimental condition. This effect could only have been caused by reminding the participants of their own behaviors, and reminding them of the importance of using condoms.

Participants in the Affirmed group were given the chance to affirm themselves by only focusing on self-affirming past behaviors, whereas participants in the Deaffirmed group were urged to focus on the opposite. From the literature review, we see that selective attention to self-affirming information is a self-deceptive technique which could have been applied to the conditions in this study. While there was a small effect between the Affirmed and Deaffirmed groups in this direction – Affirmed participants rated others slightly higher than Deaffirmed participants – this difference

was not statistically significant. The stronger model still appears to be the Double Standard, or egocentric standardization.

A simple social comparison effect also seems to be ruled out. Participants could relieve dissonance and reaffirm themselves by lowering their ratings of themselves, but lowering their ratings of others more. This would allow them to believe that they were still more likely than the average person to use condoms. However, this is not the case either because the participants in this study didn't change their ratings of themselves at all, even though they did lower their ratings of others by a significant margin.

Not only was the current research successful in demonstrating a link between Self-Deception and Cognitive Dissonance, in the process of developing a study capable of demonstrating this connection, a method of measuring the actual performance of dissonance reducing Self-Deception in the form of a double standard has been suggested. While the Double Standards scale was specifically written in a format which reflected past dissonance research using condom use as a framework, it might be possible to apply this method in a variety of frameworks. As long as participants rate themselves and others in the performance of a specific behavior, and that behavior is susceptible to value judgments which are self-relevant, it should theoretically be possible to repeat the effect demonstrated in the current work. That is, as long as the method is truly measuring the performance of a double standard.

There were, however, some important limitations in the current work. The huge drop-off of participants between the initial and experimental condition was massive. This may have been due to the nature of the study – people might have been put off by the prospect of coming into the lab to do a study about the use of condoms. Because of

this, the sample in the experimental condition was very small. While statistical significance was achieved in the predicted pattern, a larger sample may garner very different results. Especially since the sample was not only small but extremely demographically limited. Only white females participated in the second half, which may indicate important differences between them and other groups. With a more diverse sample, it is entirely possible that a different pattern altogether could emerge.

In the future, this highly significant research should be replicated with these limitations in mind. Repackaging the Double Standards scale in a different behavioral framework will test its ability as a method to detect the use of a double standard. This change should also eliminate the complications caused by using condom related behaviors as the basis for the study. Further research may develop the observed and theoretical connection between dissonance and self-deception, as well as provide the psychological research community with a powerful tool which measures the performance of a behavior only before measures using personality trait surveys.

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Appendix A

Double Standards Self-Ratings

Listed below are questions concerning your personal use of condoms. Please provide a response for every question, concerning your likelihood to use condoms in each of the following situations.

Just met your partner at a bar that night.

Not Ever 1 2 3 4 5 6 Every Time

Just met your partner at a party that night.

Not Ever 1 2 3 4 5 6 Every Time

You or your partner is on birth control.

Not Ever 1 2 3 4 5 6 Every Time

You've been exclusive with your partner for a week.

Not Ever 1 2 3 4 5 6 Every Time

You've been exclusive with your partner for a month.

Not Ever 1 2 3 4 5 6 Every Time

You've been exclusive with your partner for 3 months.

Not Ever 1 2 3 4 5 6 Every Time

You've been exclusive with your partner for 6 months.

Not Ever 1 2 3 4 5 6 Every Time

You've been exclusive with your partner for 1 year +.

Not Ever 1 2 3 4 5 6 Every Time

Your partner insists that they don't have any diseases.

Not Ever 1 2 3 4 5 6 Every Time

You or your partner is sterile.

Not Ever 1 2 3 4 5 6 Every Time

Your partner tells you they don't want to use a condom.

Not Ever 1 2 3 4 5 6 Every Time

You or your partner thinks that wearing a condom could decrease performance.

Not Ever	**1**	**2**	**3**	**4**	**5**	**6**	**Every Time**

Likelihood of using a condom in general.

Not Ever	**1**	**2**	**3**	**4**	**5**	**6**	**Every Time**

Appendix B

Double Standards Other-Ratings

Listed below are questions concerning the average person's use of condoms. Please provide a response for every question, concerning their likelihood to use condoms in each of the following situations.

Just met their partner at a bar that night.

Not Ever 1 2 3 4 5 6 Every Time

Just met their partner at a party that night.

Not Ever 1 2 3 4 5 6 Every Time

They or their partner is on birth control.

Not Ever 1 2 3 4 5 6 Every Time

They've been exclusive with their partner for a week.

Not Ever 1 2 3 4 5 6 Every Time

They've been exclusive with their partner for a month.

Not Ever 1 2 3 4 5 6 Every Time

They've been exclusive with their partner for 3 months.

Not Ever 1 2 3 4 5 6 Every Time

They've been exclusive with their partner for 6 months.

Not Ever 1 2 3 4 5 6 Every Time

They've been exclusive with their partner for 1 year +.

Not Ever 1 2 3 4 5 6 Every Time

Their partner insists that they don't have any diseases.

Not Ever 1 2 3 4 5 6 Every Time

They or their partner is sterile.

Not Ever 1 2 3 4 5 6 Every Time

Their partner tells them that they don't want to use a condom.

Not Ever 1 2 3 4 5 6 Every Time

They or their partner thinks that wearing a condom could decrease performance.

Not Ever **1** **2** **3** **4** **5** **6** **Every Time**

Likelihood of using a condom in general.

Not Ever **1** **2** **3** **4** **5** **6** **Every Time**

Appendix C

Condom Use Information Sheet

Consistent and correct use of the male latex condom reduces the risk of sexually transmitted disease (STD) and human immunodeficiency virus (HIV) transmission. However, condom use cannot provide absolute protection against any STD. The most reliable ways to avoid transmission of STDs are to abstain from sexual activity, or to be in a long-term mutually monogamous relationship with an uninfected partner. However, many infected persons may be unaware of their infection because STDs often are asymptomatic and unrecognized.

Condom effectiveness for STD and HIV prevention has been demonstrated by both laboratory and epidemiologic studies. Evidence of condom effectiveness is also based on theoretical and empirical data regarding the transmission of different STDs, the physical properties of condoms, and the anatomic coverage or protection provided by condoms.

Laboratory studies have shown that latex condoms provide an effective barrier against even the smallest STD pathogens.

Epidemiologic studies that compare rates of HIV infection between condom users and nonusers who have HIV-infected sex partners demonstrate that consistent condom use is highly effective in preventing transmission of HIV. Similarly, epidemiologic studies have shown that condom use reduces the risk of many other STDs. However, the exact magnitude of protection has been difficult to quantify because of numerous methodological challenges inherent in studying private behaviors that cannot be directly observed or measured.

Theoretical and empirical basis for protection: Condoms can be expected to provide different levels of protection for various STDs, depending on differences in how the diseases or infections are transmitted. Male condoms may not cover all infected areas or areas that could become infected. Thus, they are likely to provide greater protection against STDs that are transmitted only by genital fluids (STDs such as gonorrhea, chlamydia, trichomoniasis, and HIV infection) than against infections that are transmitted primarily by skin-to-skin contact, which may or may not infect areas covered by a condom (STDs such as genital herpes, human papillomavirus [HPV] infection, syphilis, and chancroid).

STDs, including HIV

HIV Infection

- Consistent and correct use of latex condoms is highly effective in preventing sexual transmission of HIV, the virus that causes AIDS.

Other STDs and Associated Conditions

- Consistent and correct use of latex condoms reduces the risk for many STDs that are transmitted by genital fluids (STDs such as chlamydia, gonorrhea, and trichomoniasis).
- Consistent and correct use of latex condoms reduces the risk for genital ulcer diseases, such as genital herpes, syphilis, and chancroid, only when the infected area or site of potential exposure is protected.
- Consistent and correct use of latex condoms may reduce the risk for genital human papillomavirus (HPV) infection and HPV-associated diseases (e.g., genital warts and cervical cancer).

Consistent and Correct Condom Use

To achieve maximum protection by using condoms, they must be used consistently and correctly.

The failure of condoms to protect against STD/HIV transmission usually results from inconsistent or incorrect use, rather than product failure.

- ***Inconsistent or nonuse*** can lead to STD acquisition because transmission can occur with a single sex act with an infected partner.

Incorrect use diminishes the protective effect of condoms by leading to condom breakage, slippage, or leakage. Incorrect use more commonly entails a failure to use condoms *throughout the entire* sex act, from start (of sexual contact) to finish (after ejaculation).

Appendix D

Affirmed Condition Essay

Think back on times you have used condoms during sex. Consider all the details surrounding the situation very carefully. When you have a clear memory of these times, write down why you decided that using condoms was the best choice.

Appendix E

Deaffirmed Condition Essay

Think back on times you have not used condoms during sex. Consider all the details surrounding the situation very carefully. When you have a clear memory of these times, write down why you decided that not using condoms was the best choice.

Appendix F

Figures

Figure 1. Within Groups Differences.

Figure 2. Between Groups Differences.