Disclosures

• No relevant financial or other relationship with commercial interests
Anticipated Learning Outcomes

• Appreciate components of attitude-behavior dissonance and meta-consistency theories
• Recognize how dissonance surfaces in student small group reflective discussions
• Practice facilitation techniques to explore dissonance and “deltas” among group members
<table>
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<tr>
<th>Activity</th>
<th>Duration</th>
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<tr>
<td>Intro and Overview</td>
<td>10 minutes</td>
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<tr>
<td>Didactic- Cognitive Dissonance</td>
<td>15 minutes</td>
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<tr>
<td>Demo role play &amp; de-brief</td>
<td>20 minutes</td>
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<tr>
<td>Participant group role play &amp; de-brief</td>
<td>35 minutes</td>
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<tr>
<td>Summary, Back home applications</td>
<td>10 minutes</td>
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• Form into groups of five with people sitting near you (5 minutes)
  • Introduce yourselves and various roles
  • Share what drew you to this workshop
What is Cognitive Dissonance?

“Clashing disorders, loss of equilibrium, principles overthrown, unexpected drumbeats, great questionings, apparently purposeless strivings, stress and longing...This is our harmony.”

Vasily Kandinsky- Composition 8; Guggenheim Museum, NYC

Makowski SK, Epstein RM. J Pain Symptom Management, 2012;43: 293-298
Developed by Festinger in 1957

An aversive psychological state occurring as result of *inconsistency between one’s attitudes and behavior(s)*, or between 2 or more cognitions

- Creates a sense of threat to the self
- Experienced as tension and has measurable physiologic indicators of stress. People report feeling tense, bothered, and uncomfortable

**Key feature: Demands resolution**

- Individuals strive to lessen inconsistency between the attitude (A) and behavior (B)
- Dissonance typically reduced by an *attitude change* to justify the behavior- serves to render consequences of behavior non-aversive

CD can also occur if one is witness to A/B inconsistency in others

- Particularly those in close affiliation, e.g. group or clinical team

Examples- Emergence of Dissonance

• In not meeting expectations
  – Of self and of others (or discrepancy between)

• In perception of doctor’s role
  – As an idealized humanistic practitioner vs. realities of daily practice

• When caught between competing values
  – Assuring excellent clerkship grade vs. speaking up when witnessing injustice or mistreatment
Using Dissonance Model in Reflective Discussions

**Figure 1** Conceptual model of student’s processing of activities meant to foster reflection. The processing pathway includes five major elements: the educational activity itself, either deliberate or nondeliberate; the presence or absence of cognitive and/or emotional dissonance; and reconciliation or preservation. In the background (not shown) is the student’s own (internal) ideal and his or her perception of the teacher’s ideal or the ideal espoused by the activity (external ideal). The broken circles indicate branch points at which teachers can have influence on the processing pathway, indicated by the arrows.
Groups Affect the Arousal/Reduction of Dissonance

- **Group support can reduce dissonance:**
  - Social support is meaningful from peers attitudinally similar to oneself and understands context → reducing dissonance

- **Group Norms:**
  - When behavior contradicts group norm, one’s sense of A/B inconsistency
  - Group can validate inconsistency → reducing dissonance

- **Responsibility Diffusion:**
  - Responsibility for counterattitudinal behaviors can be shared by group members
    - one feels less responsible → reducing dissonance

Facilitating Dissonance in Reflection Groups

• When we lead narrative reflection groups, can we:
  – Recognize the emergence of dissonance in student stories?
  – Turn the focus to the dissonance?
  – Engage the peer group around the dissonance?
  – Find a pathway to clarify, derive meaning from and resolve the dissonance?
Small Group Reflection Demo-
Facilitator and 4 Students
Demonstration Role Play

• Setting:
  – Small group “molecule” (5-8 students and advisor)
  – One of several quarterly, 90-minute reflective discussions
  – Starts with check-ins, safety guidelines

• Session goals:
  – Facilitate student reflection on impact of clinical training experiences
  – Consider how complex experiences offer opportunities for personal and professional growth
• Take a moment to reflect on the following prompt and write about what comes to mind:

  – Consider a recent experience that you found disruptive to your sense of values, safety, collegiality, or other aspect of your life. Describe the experience and share your ideas about it. What personal strengths did you call upon to navigate it?
Demonstration Role Play

• De-brief
  – What did you observe?
  – Did you notice the emergence of dissonance?
  – How did the students interact around the dissonance?
MetaConsistency Theory

- Is degree of consistency between one's own A/B consistency and the A/B consistency of another
  - It’s not just the attitudes and behaviors of group members that are important in experiencing dissonance, but the attitude-behavior consistency of group members
  - Thus-- it is consistency of A/B inconsistencies (comparative A/B deltas) and support of the △ that is most relevant for peer processing of dissonance
  - Comparing one's own A-B inconsistency (△) and another's (△)... accentuates or attenuates perceptions of self-consistency...which, in turn, determines extent of dissonance arousal

- Dissonance can be reduced because of the comparative context in which a counterattitudinal behavior is performed

Ideas for “Facilitating Dissonance”

• When a story is shared that describes A/B dissonance:
  • Ask the storyteller: *Can you talk more about the tension that you felt?*
  • Ask others to share perspectives-
    – Levels of tension they might feel if in a similar circumstance?
    – Examples of similar circumstances?
  • Seek to bring out the range of A/B △’s in the group
  • Then, ask the original storyteller to process and apply group input
    – What are your thoughts about what you heard from others?
    – Do you have any thoughts about the meaning of this experience for you? Any lessons learned?

• Avoid:
  • Forcibly resolving tension by imposing facilitator’s (△)- it is important for peers to do this for each other
Facilitating Dissonance in Groups

S-1: Disruptive experience – High A/B △

S-2: Thinks behavior is understandable – Low A/B △

S-3: Had big disruption in past – strong reaction – Higher A/B △

S-4: Supportive of Student 1 – similar A/B △
• Form back into your small discussion groups of 5
• Take on a role:
  – Faculty facilitator
  – Students 1-4
• Facilitator starts
  – Lead-in statement as group reengages after writing
  – Student 1 responds first
• Facilitator notice:
  – Voices of group including “dissonance deltas”
  – Moving into the dissonance
  – Is meaningful learning is occurring between students?
• Students notice:
  – How you’re feeling in role
  – How you’re feeling towards other students
Small Group Skills Practice

Setting: Small group reflection post-clerkship during Intersession week

Objectives:
• Reflect on the impact training experiences have on one’s sense of self, developing professional identity, and understanding of the health care setting
• Consider how complex training experiences offer opportunities for personal and/or professional growth

Writing prompt
Reflect on the following:
• Consider a recent experience that you found disruptive to your sense of values, safety, collegiality, or other aspect of your life. Describe the experience and share your ideas about it. What personal strengths did you call upon to navigate it?
Small Group De-brief- 10 minutes

- Facilitator de-briefs first
  - What went well?
  - What was challenging?
  - What did you learn?

- Each student de-briefs
  - Describe your experience- what was helpful for you?
  - How did you feel towards the other students?
  - What did you learn?