



Cognitive Dissonance: Reflections of a Therapist, Scientist, and Inventor

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INTRODUCTION

Leon Festinger (1919-1989), the American social psychologist, introduced the theory of **cognitive dissonance** in *A Theory of Cognitive Dissonance* (1957).

He proposed that individuals experience psychological discomfort whenever their beliefs, attitudes or behaviour become inconsistent. This discomfort motivates them to restore consistency by changing their beliefs, modifying their behaviour or by finding explanations that reduce the apparent contradiction.

Festinger's theory has become one of the cornerstones of modern psychology because it provides a convincing explanation for many aspects of human behaviour. However, reflecting upon my own professional experience as a therapist, scientist, and inventor, I have become increasingly convinced that one important aspect of cognitive dissonance deserves greater emphasis than it has traditionally received. It is not simply that people seek consistency, but that the processes by which they restore consistency are largely **unconscious**.

Individuals rarely recognise that they are resolving psychological conflict. Instead, they experience their conclusions as objective, rational and self-evident. It is this unconscious quality, in my view, that makes cognitive dissonance such a pervasive influence in clinical practice, scientific enquiry and technological innovation.

BEYOND COGNITIVE CONFLICT

Festinger described the discomfort created when thoughts, beliefs and actions are inconsistent. What fascinated me, however, was not merely the existence of this discomfort but the remarkable lack of awareness that often accompanies it.

The individual experiencing cognitive dissonance seldom recognises the process itself. Rationalisations appear to be logical conclusions rather than unconscious attempts to restore psychological equilibrium. Consequently, the reduction of dissonance often occurs without deliberate intention.

This observation does not contradict Festinger's theory. Rather, it extends its practical significance. If the mechanisms of dissonance reduction operate largely outside conscious awareness, then resistance to change becomes considerably more understandable.

People are not consciously rejecting evidence or deliberately avoiding truth. They genuinely believe they are making balanced and objective judgements.

CLINICAL EXPERIENCE

Throughout my career as a therapist, I repeatedly encountered situations that, with hindsight, illustrate this unconscious dimension of cognitive dissonance.

Patients suffering from addiction frequently acknowledged the dangers of continued drug misuse while simultaneously rejecting treatments capable of assisting recovery. Likewise, individuals attempting to lose weight often possessed considerable knowledge regarding nutrition while continuing patterns of behaviour that undermined their stated goals.

Initially these responses appeared irrational. Over time I came to appreciate that they represented neither deliberate dishonesty nor conscious resistance. Rather, patients unconsciously constructed explanations that enabled them to preserve psychological consistency while avoiding the discomfort associated with significant behavioural change.

Recognising this distinction fundamentally altered my clinical approach. Instead of viewing resistance as wilful non-compliance, I increasingly regarded it as an unconscious attempt to preserve psychological equilibrium.

INNOVATION AND RESISTANCE

My experience as an inventor revealed remarkably similar processes.

Innovative ideas frequently challenge accepted practice. Those evaluating an invention generally believe they are making objective technical judgements. Yet accepting a genuinely novel idea often requires abandoning assumptions that have shaped years of professional experience.

The resulting resistance is rarely recognised as psychological. It is usually expressed through apparently rational criticism, requests for further evidence or confidence in established methods. These responses may indeed have scientific merit, yet they may also be influenced by unconscious processes that protect existing conceptual frameworks.

History offers numerous examples. Ignaz Semmelweis encountered intense opposition when introducing hand hygiene. Barry Marshall's work demonstrating the bacterial origin of peptic ulcers was initially dismissed despite persuasive evidence. Such examples suggest that acceptance of innovation depends not only upon evidence but also upon the psychological readiness of individuals and institutions to accommodate new ways of thinking.

SCIENTIFIC ENQUIRY

Science aspires to objectivity, yet scientists remain human.

Throughout my own research career, I have proposed theories concerning the external and internal causation of stress (Thomson, 1980, 1986, 2026). Looking back, I have occasionally wondered whether the cautious reception of aspects of this work reflected, in part, the unconscious processes described by Festinger.

This is not to suggest that cognitive dissonance alone explains scientific disagreement. Many factors determine whether new theories gain acceptance, including the quality of evidence, methodology, communication, and historical context.

Nevertheless, when innovative ideas challenge established paradigms, unconscious dissonance reduction may contribute to the natural caution with which such ideas are received. Thomas Kuhn's description of scientific revolutions illustrates how deeply existing paradigms influence scientific thought. Cognitive dissonance may help explain one of the psychological mechanisms through which that influence is maintained.

PERSONAL REFLECTION

Only in retrospect did I recognise how frequently cognitive dissonance had influenced my own professional life.

As a therapist, it helped explain why patients sincerely believed explanations that maintained harmful behaviours.

As an inventor, it illuminated why useful innovations often encountered resistance despite apparent advantages.

As a scientist, it suggested that evidence alone is not always sufficient to change established opinion.

The common thread was not resistance itself but the absence of awareness that resistance was occurring. Individuals—including myself—generally experienced their reasoning as entirely objective.

It is precisely because cognitive dissonance operates so quietly that its influence is so profound.

CONCLUSION

Nearly seventy years after Festinger introduced cognitive dissonance, the theory continues to illuminate human behaviour across psychology, medicine, and science.

My own experience leads me to suggest that the enduring significance of cognitive dissonance lies not only in the discomfort produced by conflicting beliefs but also in the largely unconscious nature of the processes by which that discomfort is resolved.

If this perspective is valid, it has important implications. It reminds therapists to approach resistance with empathy rather than frustration. It encourages scientists to remain aware that objectivity itself may be influenced by unconscious psychological processes. It also explains why innovation so often encounters resistance, not because individuals consciously reject progress, but because innovative ideas can threaten deeply established patterns of thought without those involved recognising the source of their discomfort.

Perhaps the greatest contribution of Festinger's theory is that it invites us to question not merely what we believe, but how we arrive at those beliefs. My own experience suggests that this journey is guided as much by unconscious psychological processes as by conscious reasoning, and that recognising this may be one of the most valuable lessons cognitive dissonances has to offer.

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