

## Beyond Safety Awareness and Commitment

Which of the following conditions will produce the most desirable behavior and attitude change? 1) Awareness – participants receive a clear and persuasive rationale about the need to wear safety glasses and hearing protection in a certain work area, 2) Awareness + Commitment – participants receive the convincing rationale and then publicly sign a pledge card, promising to wear this PPE under specified circumstances for one month, or 3) Commitment + Hypocrisy – participants publicly sign the pledge card to wear safety glasses and ear plugs and then derive a list of situations in which they should wear this PPE but don't, like when mowing the grass in their back yard.

The first condition represents the typical educational approach to gaining compliance with certain industrial safety regulations. I bet basic intuition tells you the second condition will be more influential than the first. Actually, back in January 1996, my ISHN article addressed the use of public commitment to increase safety-related behavior. I explained the consistency principle as “a tool of influence lying deep within us, directing our actions (and reflecting) our motivation to be and appear consistent.”

Thus, you should expect more PPE use with the Awareness + Commitment intervention than with Awareness only. When people make a public statement to do something, they encounter both personal and social pressures to follow through. But, behavioral research suggests that the third condition – Commitment + Hypocrisy – would be most influential in motivating PPE use. This article explains why. Let's start with the empirical evidence. Then I'll present the theoretical explanation, which is based on the consistency principle.

## The Hypocrisy Effect

Elliot Aronson, one of the world's most honored social psychologists, and his students conducted a series of experiments to demonstrate the power of combining a commitment intervention with a procedure that reminded participants of their hypocrisy – inconsistencies between their commitment and their prior behavior. Their most cited research targeted AIDS prevention.

Briefly, one group of sexually active college students increased their awareness of the AIDS problem by composing arguments for a speech about the value of using condoms to prevent AIDS. A "Commitment" group not only wrote the speech but also presented it on video tape which purportedly would be shown to high school students. Then half of the participants in each group listed circumstances in which they did not use condoms. Participants in a control group received information about the use of condoms to prevent AIDS.

After exposure to one of these conditions, each student was privately given an opportunity to buy condoms at a special reduced price with the money they received for participating in the experiment. Those in the Hypocrisy group – the participants who made a list of their past behaviors that were inconsistent with their commitment to practice safe sex with condoms – were far more likely to buy condoms than those students in any of the other conditions. Furthermore, several months later in a telephone interview, those students who had been made aware of their own hypocrisy reported significantly more use of condoms than participants in the other conditions.

Dr. Aronson and his colleagues replicated this hypocrisy effect in two additional studies – one targeting water conservation and the other addressing resource recycling. Hypocrisy was induced by having participants make a public commitment to take a

certain course of action and then providing an exercise that reminded the participants of their failures to perform in accordance with their commitment. In both studies, the hypocrisy condition influenced more desired behavior – shorter showers and more recycling – than awareness or commitment interventions.

### **The Consistency Principle Works Again**

How can the hypocrisy effect be explained? Why does this kind of intervention influence more behavior change than standard awareness and commitment procedures? If you visualize yourself in the various conditions of the experiments outlined above, you'll understand the influential power of hypocrisy. Consider the consistency principle, as I reviewed above. Given a person's desire to keep their words in line with their actions and vice versa, having people remind themselves of an inconsistency between what they say they will do and what they actually do leads to internal conflict or tension. Social psychologists call this "cognitive dissonance."

This internal tension or cognitive dissonance is not a pleasant state. It challenges one's personal integrity. How can such tension be reduced and a sense of integrity restored? Easy – simply change one's behavior to make it consistent with the commitment. The important point here is that evoking this tension by inciting people to perceive an inconsistency between personal commitment and action led to more desired behavior change than a standard awareness or commitment intervention. Does this inspire any ideas for increasing the impact of your next attempt to persuade others to perform certain safety-related behaviors?

### **Applying the Hypocrisy Effect to Safety**

I could find no safety applications of this hypocrisy intervention. But I'm sure you can think of various ways to use this technique to increase participation in safety-

improvement efforts. The third condition in the opening paragraph of this article offers one possibility. Simply ask people to commit publicly to do something for safety, and then ask people to think of times when their behavior has been inconsistent with their commitment. Your objective is to stir up feelings of being hypocritical or inconsistent.

Of course, you need to obtain the initial commitment, and that could be a challenge in some situations. However, I've found it easy to get people to state openly that they hold safety as a "core value." It's common for workers to admit that the greatest reward for supporting a safety initiative is to go home in one piece, and to see their coworkers do the same.

Thus, safety must be a "core value," not just a priority. Facilitating a discussion where such value statements are voiced publicly might be sufficient commitment to establish a context for the hypocrisy effect. Now ask the participants who claim safety as a value to make a list of things they do in their work areas that are inconsistent with holding safety as a value. Should the list be private or public? That's an empirical question in need of systematic research.

Suppose it's possible to create *group* tension by obtaining group consensus that safety is a value and then listing specific behaviors observed by group members that are inconsistent with safety as a value. Would such a group exercise lead to a group hypocrisy effect whereby team members would be motivated to reduce the group tension by adjusting their personal and interpersonal behaviors? And would this group application of the hypocrisy manipulation be more efficient and effective at improving safety-related behavior than the individual approach used in the research literature? And how long will the beneficial behavioral impact of the hypocrisy effect last?

Obviously these questions can't be answered until these intervention ideas are attempted and evaluated. So what's holding you back from testing the hypocrisy effect? Please let me know what you find out. We all have so much to learn about prevention intervention for injury control.

### **In Conclusion**

The hypocrisy effect was described as researched by Eliot Aronson and his colleagues. To date, evidence from behavioral research suggests that you'll influence more desired behavior change when you make people mindful of their failures to live up to a commitment than if you only increase their safety awareness or inspire them to make a public behavioral commitment. The theory behind this intervention approach was explained, and specific ways to apply this hypocrisy technique to improve safety were explored.

Since no safety research has tested the hypocrisy effect, the discussion led to critical empirical questions with no answers. For example, is there a way to create a group hypocrisy effect? And would such a group manipulation be more effective than the more personal applications tested in the research literature? I hope this presentation provokes further discussion and some attempt to test the impact of using a hypocrisy-based intervention to improve safety performance.

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