

**THE SELF-CONVERSION PHENOMENON AS A TREATMENT FOR BEHAVIOR  
CHANGE**

**A THESIS  
PRESENTED TO THE  
DEPARTMENT OF PSYCHOLOGY  
WESTERN ILLINOIS UNIVERSITY**

**IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR DEPARTMENTAL HONORS**

**BY  
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SPRING 2007**

## ABSTRACT

The self-conversion phenomenon states that when one tries to convince another, one convinces themselves. This phenomenon can be utilized to make treatment methods more effective. This method can be used as an aid in alcohol, drug, and criminal treatments for improving outcomes and everyday lifestyle changes including weight loss. Utilizing this method could make current treatment programs less costly, more available, and more effective. Participants were introductory psychology students attending a mid-sized, Midwestern university. Participants filled out a demographic questionnaire and an attitude assessment before the experiment. Participants were asked to give speeches to convince a student in which they believed was at risk for alcohol related problems. They were then asked to take another version of the attitudes assessment. The difference in scores between the two assessments was the measure of self-conversion. The control group gave the same speech to a video camera. The hypothesis was that the experimental group would have a larger measure of self-conversion. The study showed that the hypothesis was correct for four of the assessment items.

Honors Thesis Approval  
Psychology Department  
Western Illinois University

February 19, 2007

I hereby recommend that the honors thesis prepared under my supervision by:

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**The Self-Conversion Phenomenon as a Treatment Method for Behavior Change**

be accepted in partial fulfillment of the requirements for the departmental requirements in University Honors.



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Recommendation concurred in



Honors Thesis Committee

## Acknowledgments

I wish to acknowledge the valuable guidance and direction given by the faculty advisor of this project, Dr. Melanie Hetzel-Riggin and faculty reader, Dr. Matthew Blankenship.

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**The Self-conversion Phenomenon as a Treatment Method for Behavior Change**

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**February 19, 2007**

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## The Self-Conversion Phenomenon as a Treatment Method for Behavior Change

Alcohol use is a very common activity for most college students. It is not unusual to hear a college student say “what else is there to do other than drink.” Whether that is an excuse to drink or a reason, it is a trend in American universities. Although alcohol and substance use is common even in children, it is more common in people age 14 to 25 (Limon, 2005). Some reasons that substance use is more common in college students include the increased availability of it and the prevalent ideology that college is an opportunity to drink and engage in other risk-taking behaviors (Langford, 2000). We still do not know whether students engage in these behaviors because as freshmen it was their first opportunity to make their own decisions and try new things or because the college atmosphere pressures students to conform to this society by drinking. Regardless of the reasons behind the use of alcohol and other substances, alcohol use has become an epidemic in the college population (Hopson, 2001). Therefore, college students are a good population to conduct research on alcohol, specifically on techniques to deter the use of alcohol.

Alcoholism and other alcohol related problems are a large concern for society. Alcohol causes a lot of problems for those who drink excessively. Alcohol causes the blood vessels to dilate, increases gastric secretion, and can cause the loss of motor functions (National Institute on Alcohol Abuse and Alcoholism, 2005). The risks involved in excessive drinking include blackouts, sleep problems and hangovers (National Institute on Alcohol Abuse and Alcoholism, 2005). It can damage five important organs: the brain, stomach, pancreas, heart and liver. Each year alcohol causes the death of over 1,400 college students and injures 500,000 of them (National Institute on Alcohol Abuse and Alcoholism, 2005). Alcohol plays an important role in

over 600,000 assaults, and 70,000 cases of sexual abuse (National Institute on Alcohol Abuse and Alcoholism, 2005).

### *Current Trends in Alcohol Use*

Alcoholism is a larger concern for the United States in comparison to other countries. A study conducted in Singapore compared and contrasted drinking behavior in people age 15 and older in citizens of the United States and other countries (Isralowitz and Hong, 1988). The results showed that due to differences in attitudes about drinking in the Chinese culture, there are only 8,000 known alcoholics in China. Twenty-seven percent of the Chinese drink socially, 2% regularly, and 1% daily. The experienced consequences of drinking between Singapore, Israel, and the United States differed greatly. The percentage of people that drive after several drinks are 8% in Singapore, 26% in Israel, and 55% in the United States. The percentage of people that think they have a problem with their drinking are less than 1% in Singapore, 7% in Israel, and 40% in the United States. As you can see, "In the United States...alcoholism has reached alarming proportions (Isralowitz & Hong, 1988, p. 1323)." Levels of drunk driving and problem drinking in the United States are almost double the levels in both Singapore and Israel (Isralowitz & Hong, 1988). These findings suggest that alcohol use is related to cultural differences in attitudes about alcohol. It also suggests that it is possible to prevent and alter alcoholism trends and alcohol related problems by changing those beliefs about alcohol.

### *Current Trends in Substance Abuse*

Substance abuse and alcohol related problems in the US affect children as well as adults, but it is most prominent in college students. Bryant (2003) studied self-report data regarding alcohol, cigarette and marijuana use in 14 to 20 year olds. A negative school experience, particularly failure, was a risk factor for problem behaviors in general, specifically substance



abuse. White males had the highest rate of substance abuse. Use factors included education, parental monitoring, and attitudes. In general, adolescent alcohol users increased their usage over time. Students with higher deviance showed less of an increase in alcohol use over time. Those with college plans and little alcohol use showed a larger increase in alcohol use over time. The results showed that substance abuse patterns change over time due to education, monitoring and attitudes (Bryant 2003). The results also showed that preventative and subverting factors included an argument against alcohol and substance abuse by a concerned other and a change in attitudes.

Alcohol is not only a problem for the user but those around users. In a report for the Assistant Attorney General's National Symposium on Alcohol Abuse and Crime (1998), two thirds of all victims of violence reported alcohol being a factor in the incident. Not only is alcohol a factor in assault, aggravated assault, sexual assault and rape, but it was also involved in 10% of 1,287,900 robberies.

#### *Current Treatments for Illegal Behavior*

Current treatments for illegal behavior do not seem to be very effective. The participants in the Northern Utah Outpatient Sex Offender Program study had all been in multiple treatment programs. Recent research has uncovered that many forced treatment programs leave clients with little to no trust in their treatment provider and most treatment programs are organized as punishment rather than treatment (Williams, 2004). The Northern Utah Outpatient Sex Offender Program study showed that clients preferred to have close relationships with their treatment provider or in the least be respected by them. These aspects lead to higher efficacy in treatment programs.

Caputo (2004) investigated the effectiveness of the Shoplifter/Theft Offender Program

(STOP), a classroom based treatment program for adult shoplifters. The program uses education and esteem-building activities for self-improvement. The main conclusion of the evaluation was that without STOP an offender is more likely to fail probation (Caputo, 2004). A criticism of this study is that there is no evidence that offenders who complete STOP and probation do not still shoplift, whether or not they have been caught. This study supports the notion that current treatments for behavior change are not very effective because of design flaws and not because of a lack of participation of the client.

### *Current Treatments for Alcoholism*

Current alcohol treatment programs do not seem to be effective. In a German alcohol outpatient study 69% were abstinent during the program, 31% relapsed, 13% became abstinent after a relapse and 72% terminated the treatment regularly (Bottlender, 2005). Even some of the best programs do not have great outcomes. A program that utilizes interactions with others is the A Relational Sequence for Engagement (ARISE) program. Landau (2004) investigated the ARISE program, looking at how well it mobilized a concerned others' participation in the treatment and decreased the substance abusers' alcohol use. According to Landau, 75% of those that do not receive or seek treatment do so because of a concerned other. The results indicate that the larger the number of concerned others participating in treatment, the better the outcome. The results also suggest that the greater the need for the concerned other to get the substance abuser to stop using substances, the more likely it was to happen. Although the efficacy of the ARISE program, a systematic substance abuse treatment program, was very good, only 17.4% of the participants had clinically meaningful reductions in their substance use (Landau, 2004).

Alcoholism is a disease that is hard to treat, but what may be even more difficult to treat is the recidivism of illegal behavior that occurs most often during alcohol use (Wisconsin State

Journal, 2005). By utilizing effective alcohol treatment, in some cases, illegal behavior can be prevented.

Alcoholics' Anonymous (AA) is a fellowship for people who have a drinking problem. It was started in 1935 by a stockbroker and a surgeon who were alcoholics. They had been involved in the Oxford Group, much like AA with a spiritual aspect. They broke off from that group and created their own. They spread the word of their meetings and others started to hold their own meetings in other areas. When they had reached sobriety their fellowship wrote a book. It has since become an organization. It is non-professional and self-supporting. Membership is open to anyone who has a desire to stop drinking. AA members share their experiences with other alcoholics at the meetings; they discuss the twelve-step program to phase-out alcohol from their lives (General Service Office of Alcoholics Anonymous, 1956).

AA is one of the most well known rehabilitation programs available. According to a meta-analysis conducted by Vaillant (2005), treatment programs that utilize interactions with others by sharing experiences and opinions have a good chance of being successful. The four factors necessary in preventing relapses are external supervision, a substitute addiction, new love relationships, and deepened spirituality (Vaillant, 2005). AA is structured to provide all of these factors. AA members have sponsors who act as guides to lead discussion and to help integrate an individual with the twelve steps. Sponsors are also companions; there is no professional etiquette preventing them from becoming more involved with the individual. The sponsor can call members by phone and even visit them, especially if they have been missing AA meetings, because members are encouraged to become companions and look out for one another. AA provides group activities, which lead to the formation of healthy relationships. According to Vaillant (2005) AA tends to be effective; AA attendance is correlated with positive outcomes,

such as long-term abstinence. AA is one of the most effective long-term relapse prevention programs (Vaillant, 2005).

### *Self-conversion*

The self-conversion theory states that “In the process of convincing others, one also convinces oneself” (Laurens, 2005, p. 191). Laurens (2005) studied the self-conversion phenomenon and how a confederate is convinced during an experiment. The experimenters had confederates try to influence the participants that the color blue was green by simply responding with the wrong answer. The confederates reported that they saw less and less green when they knew the color was green. This evidence supports the self-conversion theory because the confederates showed more influence in their responses than the participants showed (Laurens, 2005). This theory can be utilized to make treatment methods more effective.

Myers and Bishop (1970) found that prejudiced people discussing racial issues became more and more prejudiced, and those that were less prejudiced become less and less prejudiced suggesting that the self-conversion phenomenon is pervasive and powerful. When people have a common belief and they discuss it, that belief becomes stronger and stronger because it leads people to feel that their idea is accepted (Nemeth, 2005). This effect could help people who share a common goal of not drinking or not shoplifting.

Pierce and Stoltenberg (1990) investigated behavioral and cognitive techniques presented in a weekly class in order to change behaviors that cause the patients' current weight problems. One of the conditions included a motivation-enhancement program, which was designed to form positive attitudes about weight loss by attending class, and assessing their own personal competency before focusing on altering negative eating habits. The program also used behavioral techniques based on cognitive self-persuasion, which included teaching participants how to deal

with pressures to deviate back into their old habits and by rehearsing arguments to condone behavior change. This condition had significantly better results than any of the other conditions (Pierce & Stoltenberg, 1990). The motivation-enhancement program required participants to actually enact a cognitive scenario in which they were presented with the opportunity to engage in self-conversion. This activity not only allowed them to convince themselves but also to be prepared to debate against the opposition of others and themselves.

In an experiment conducted by Friedrich (2005), experimenters tried to convince psychology students that psychology was an empirical science. The experimental group was instructed to write a paper supporting psychology as an empirical science and the control group wrote about an unrelated topic. Six weeks after writing the paper, students were given a choice between writing about an empirical design and a newspaper article. About 40% of the participants from the experimental group chose the empirical design paper while only 16% from the control group chose the empirical design. It was concluded that writing influences how one thinks and what one does (Friedrich, 2005). This study supports the construct of self-conversion because the participants convinced themselves that psychology is an empirical science through writing about it, regardless of how they really felt. In addition, it showed that self-conversion has an effect on a person's actions, referring to what the person decides to do with the information that they convinced themselves of.

Wankel and Thompson (1977) investigated the use of a decision-balance-sheet, which was used to help evaluate the need for behavior change in regards to attendance to a health club. It assessed gains, loses, the gains and loses for their significant others, approval of the significant other, and self-approval. This forced participants to consider possible outcomes of a decision. There were four groups of 25 people; all 100 participants were on the club's inactive list for at

least one month. The control group received no treatment; the second group received a phone call asking why they were inactive and encouraged participants to become active again. The third group was given the decision-balance-sheet over the phone and was given encouraging words. The fourth group was the positive comments only telephone interview, which also used the decision-balance-sheet. The results showed that the groups that utilized the decision-balance-sheet had significantly better outcomes (Wankel & Thompson 1977). This supports the theory of self-conversion because when the participants were filling out the decision-balance-sheet they were really weighing the pros and the cons of their attendance and their commitment to the health club; they were really convincing themselves of their own decision, or against their initial decision. The self-conversion in this study usually led to decisions that favored the positive aspects of attendance and lead to a higher rate of attendance. The program uses the concept of self-conversion not only to convince but also to either reiterate the individual's decision or the opposite, while allowing them to convince themselves of their behavior of choice.

By incorporating activities that require participants to convince others of the importance of a treatment program, the impact will be stronger and more permanent on the person trying to convince others.

### Present Study

Current treatments for alcoholism do not seem to be effective. Most treatment programs focus on presenting information and steps to overcome addiction. More effective treatment programs include passing that information on to other program members. Activities that result in self-conversion have the same qualities as the treatment programs that are most effective, such as interaction with other members. If having people persuade others results in self-conversion and is an effective way to change attitudes, it could be used in treatment programs for alcohol and

drug addictions, or anything that would require a behavior or attitude change. This could make current treatment programs less costly, more available, and more effective. The hypothesis was that the participants that engaged in an activity to convince another will convince themselves and therefore have a higher change in attitudes.

## Methods

### *Participants*

There were a total of 60 participants, 30 in the control group and 30 in the experimental group. In terms of ethnicity, the majority of participants were Caucasian (85%), followed by African-American (6.7%), Other/Biracial (5.0%), Latino Americans (1.7%), and Asian Americans (1.7%). The majority of the participants were female (51.7%). The age of participants ranged from 18 to 25 with an average of 19. Freshman accounted for 58.3% of the participants followed by sophomores, juniors and seniors at 23.3%, 11.7% and 6.7% respectively. The majority of participants (40%) reside in communities with populations between 10,000 and 50,000 people. The majority of the participants (91.7%) claimed to drink alcohol. The majority of those participants that drink alcohol claimed to drink on a weekly basis at 58.3% whereas 25% stated that they drank monthly. The minority of participants (8.3% for both categories) reported drinking alcohol yearly and everyday. The amount of alcohol most often consumed by participants on an occasion was three to five drinks at 35%, followed by six to nine drinks, ten or more drinks, and one to two drinks at 26.7%, 18.3% and 11.7% respectively.

### *Procedure*

Participants signed up individually for a half-hour block. Upon arrival at the experimentation room, participants were deceptively informed that the purpose of the experiment

was to evaluate speeches for characteristics that are influential on others. The control group participants were told that they were giving a speech that would be videotaped so that an independent researcher can identify influential characteristics. All participants were told that the goal of the speech was to be as convincing as possible. The experimental group participants were told that they were trying to convince a freshman in college that was at risk for alcohol use related problems. The topic of the speech for all groups was "The Negative Side of Alcohol Use". The participant then signed a consent form to participate and be videotaped. Participants were then asked to fill out a demographic questionnaire and the Attitudes Assessment. All participants were given guidelines for a speech. The guidelines for the participant to follow had bullet points of key concepts related to risks, health concerns, and problems that are related to alcohol. The guidelines instructed the participant to add their own experiences and the experiences of those close to them or to make up a story. They were verbally instructed to use experiences or a story to promote better influential characteristics. Participants had five minutes to look over the guidelines and prepare to speak. The participants gave the speech in front of a camera (that was not recording) or to a confederate. After completing the speech, all participants were given another Attitudes Assessment in which the questions were ordered differently. All participants were debriefed verbally, given a sheet explaining the experiment and debriefed on all accounts of deception, particularly that they were not videotaped and that we were studying their amount of self-persuasion. Participants were given a credit slip for their psychology classes.

### *Materials*

*Demographic Questionnaire.* The demographic questionnaire asked questions about the participants' gender, age, race, home geographical region, and year in school.



*Attitudes Assessment.* The attitude assessment contained 12 questions that are divided into two subscales. One subscale focused on the reasons to drink with a scale that ranges from 5-25 and the other subscale focused on beliefs about alcohol, with a scale that ranges from 7-35. A higher score indicated a higher rate of negative alcohol-related beliefs. The assessment utilized a five point Likert-type of scale, where 1 represented strongly agreeing and 5 represented strongly disagreeing. The second version of the assessment was the same but the questions were in a different order and the Likert scale was reversed. The first version was given before the manipulation and the second version was given after the manipulation. Questions were taken from Westerberg (1999), Brown (1980), and some questions were original.

*Experimental Condition Guidelines.* The experimental condition guidelines included instructions on what to do with the information presented in the guideline, such as present five general risks of alcohol use, and to use a personal experience, experience of someone close to the participant or making up a story. The guidelines also listed statistics in six different alcohol related categories. It then prompted the participant to talk about another personal experience, or the experience of someone close to them, or to make up a story.

### *Data Analysis*

In this study a between-groups design was used. The independent variable is the type of speech the participants were asked to perform (to a confederate or a 'video camera'). The dependent variable is the change in the Attitudes Assessment score. There were two scores for the Attitudes Assessment. The level of self-conversion will be determined by the amount of change between the two assessments. The results will be analyzed by an independent samples *t*-test and a paired samples *t*-test using the change scores. The hypothesis was that the experimental condition would have higher change scores than the control condition.

## Results

Chi square tests showed that there was no difference in gender between the control group, which gave the speech to a video camera and the experimental group, which gave the speech to a confederate,  $\chi^2(1, N = 60) = 3.27, p = .071$ . There was also no difference in ethnicity ( $\chi^2(4, N = 60) = 2.35, p > .10$ ), year in school ( $\chi^2(3, N = 60) = .69, p > .10$ ), nor population, ( $\chi^2(4, N = 60) = 4.31, p > .10$ ). In addition, there was no difference in whether or not participants drank or not, how often, nor how much, ( $ps > .10$ ).

Difference scores were computed for both the experimental and control groups by subtracting the AA score gathered before the manipulation (time 1) from the AA score gathered after the manipulation (time 2). Table 1 shows the means, standard deviations, and *t* values for the difference scores for both the experimental and control conditions. The hypothesis was that the participants that engaged in an activity to convince another person versus speak to a camera will convince themselves to a greater degree and therefore have a higher change in attitudes (a greater difference score). The independent samples *t*-tests showed that the hypothesis was not supported (see Table 1). The change scores for all 12 questions did not significantly differ between the experimental group and the control group in terms of their attitudes toward drinking alcohol.

Since the hypothesis was not supported, we combined the control and experimental groups to see if any manipulation had an effect (talking to a camera or talking to a person). Using paired samples *t*-tests, we examined the change in drinking attitudes from time 1 to time 2 for all participants. Table 2 shows the means, standard deviations, and paired samples *t* values. The results show that any experimental manipulation significantly changed drinking attitudes for four questions.

For question 1, which asked “I drink because or when I felt angry, frustrated with myself or because things were not going my way”, participants showed a decrease in agreement to this question from time 1 to time 2. For question 2, which asked, “I drink because or when I was with others having a good time”, participants showed an increase in agreement to this question from time 1 to time 2. For question 6, which asked, “I believe that drinking makes the future seem brighter”, participants showed a decrease in agreement to this question from time 1 to time 2. For question 7, which asked, “Alcohol makes me more interesting”, participants showed a decrease in agreement to this question from time 1 to time 2 (see Table 2).

### Discussion

The results of the present study show that the overall rate of self-conversion is not increased by the interaction with another person as compared to talking to another person. However, self-conversion seems to occur by engaging in any activity that involves talking or even thinking about a topic. In four questions the manipulation successfully changed the participant’s attitudes toward drinking. It is possible that after seriously considering the information that the participants presented, they decided that their initial attitudes toward drinking were not the healthiest decisions. This was evident during the second attitude assessment.

Participants showed an increase in agreement with the question “I drink because or when I was with others having a good time.” For this question the participant might have mentioned during their speech that the consequences of drinking are not worth having a good time. Participants showed a decrease in agreement related to the manipulation with the questions “I drink because or when I felt angry, frustrated with myself or because things were not going my way,” “I believe that drinking makes the future seem brighter,” and “Alcohol makes me more

interesting.” During the speech, participants might have realized that drinking did not alleviate the initial feelings. After the speech, the participant may have actually weighed the pros and cons of drinking and changed their values. It is also a possibility that when the participants were completing the second attitudes assessment they were more likely to blame external reasons for drinking as opposed to internal feelings and beliefs. This may have been because of a desire to appear better for the researcher or even themselves.

Since only four of the twelve questions showed a significant difference, the other eight questions need to be examined in order to understand why those questions were not significant. Some of the items may have been bad questions. In some cases, the assessment may be asking if the item in question is a cause or if it is an effect. Either answer would produce a high score. The assessment is not capable of determining which is being answered. For example, the participant drinks because they were bored or is bored because they drink. Other items could have questioned values that are not capable of change, such as, taste. The participants may have misinterpreted some of the questions. Some participants could have been confused as to whether the questions were questioning them about their personal characteristics or about how alcohol personally affects them.

The questions that did show significant results had one major theme in common. All the questions seemed to force the participant to consider one question “Is it worth it?” In all four questions and in none of the others the question presents a benefit to drinking. Since the benefit is vague it forces the participant to think back to an experience. It is likely that their experience is not going to fully represent the benefit in question. This is similar to the decision balance sheet in some rehabilitation programs. One question (“I was with others having a good time”) is an exception: if the participant is having a good time, there may have been minimal

repercussions if there were any at all. This question may have significantly increased because it is a scenario that is represented in a positive way.

The present study did not yield results as significant as Laurens (2005) where a confederate is convinced that the color blue was green by simply responding with the wrong answer in the pursuit of convincing a participant. However, some attitudes were significantly changed. The difference between the present study and Laurens (2005) could have been the fact that the confederate in Laurens study repeated the process three times as opposed to only once in the present study. Both Myers and Bishop (1970) in their racial issues study and Nemeth (2005) agree that when people have a common belief and they discuss it, that belief becomes stronger and stronger. The present study supports some attitude change by trying to convince another. It is possible that if the experiment was altered to include a two-way discussion between the participant and the confederate, the results may have been more significant. It is known that higher efficacy in treatment programs is highly influenced by close relationships with the treatment provider (Williams, 2004), regardless of whether the treatment provider is a professional or a companion, such as in Alcoholics Anonymous (Vaillant, 2005). The close relationships that are most successful include sharing experiences and opinions. The present study incorporated a companion who shared experiences and opinions, which proved to be somewhat successful. However, self-conversion alone is not the miracle cure. According to Landau (2004), the larger the number of concerned others participating in treatment, the better the outcome. It is possible that the present study could have had more significant results if multiple people were involved. Treatment efficacy can be increased significantly by combining the two most pervasive theories, self-conversion and the concept of the decision-balance-sheet. During the present study, participants attempted to convince a confederate while unconsciously

changing some of their values. While they were preparing their speech they were really performing an activity that was similar to the decision-balance-sheet. The decision-balance-sheet assesses gains, loses, and the gains and loses for their significant others (Wankel & Thompson 1977). This activity forced participants to consider the possible outcomes of a decision. The present study incorporated both self-conversion and the concepts behind the decision-balance-sheet to some extent and that is what is responsible for the few significant changes in attitudes and values.

### *Limitations*

The present study had a few limitations. First of all, the present sample size was moderate and could have been larger. A confounding variable could have been the characteristics of the participants' speeches. Subjectively, it seemed as if the control group had overall longer speeches with more relevant content. The speeches in the experimental group tended to take a clinical standpoint. The results may have been different if participants were asked to rate the speeches as good, fair, and poor and this rating was used as a covariate. A time limit or requirement on the length of the speech may have helped to standardize the speeches across participants. Other speech characteristics could have affected the results; for example, the number of examples mentioned by the participant could have affected the results. Another confounding variable that was not examined in this study could be the amount of direct experiences the participant has experienced in the form of consequences of drinking as opposed to second-hand experiences. In addition, more follow-up questions could have been asked to elicit the need for an amount of change in attitudes towards drinking; for instance, did the participant learn anything new from the experiment or did it just reintegrate old facts?

## *Conclusion*

In conclusion, the hypothesis was somewhat supported for the entire pool of participants in regard to the four questions. When someone tries to convince another person, that individual's values can be altered if the activity forces the individual to weigh the benefits against possible consequences. However, since this was the case for only four questions, it is likely that this phenomenon can only be reproduced under controlled conditions, such as time limited and monitored speeches. There were some values and attitudes that were not changed, such as personal preference. In order for these findings to be applicable to real problems, further research must be conducted. The first item that should be looked into is whether or not the answers to questions change after having time to think about the question in a balance-decision-sheet like manner. It would be beneficial to further investigate the types of attitudes and values that are likely to be capable of change through self-conversion. This could be done by presenting a simple value or attitude question and then presenting a question in the form of a scenario using the same value or attitude. Most importantly, discovering new or improved methods of behavior change can and will be beneficial to current rehabilitation programs.

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*Table 1. Means, Standard Deviation and t values for Difference Scores on the Attitude Assessment for the Control and Experimental Groups.*

AA Question	Control			Experimental			t	p
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation		
1 When I have a couple of drinks it is easier to express my feelings.	0.13	1.14	0.57	1.04	-1.541	0.129	0.129	
2 Alcohol makes me more interesting.	-0.57	1.28	-0.67	1.18	3.14	0.754	0.754	
3 Drinking gives me more confidence in myself.	0.27	1.01	0.23	1.28	0.112	0.911	0.911	
4 Having a few drinks is a nice way to celebrate special occasions.	0.1	1.16	0.1	1.06	0	1	1	
5 Alcohol makes me worry less.	0.07	1.23	0.33	0.92	-0.95	0.364	0.364	
6 Drinking makes the future seem brighter.	0.63	1.5	0.33	1.15	0.896	0.388	0.388	
7 Some alcohol has a pleasant taste.	0.63	1.5	0.6	0.86	0.131	0.896	0.896	
8 I was bored.	-0.07	1.1	0.2	1.42	-0.755	0.454	0.454	
9 I saw others drinking and someone offered me a drink.	-0.3	1.31	0	1.17	-0.964	0.339	0.339	
10 I was with others having a good time.	-0.07	1.39	-0.03	1.07	-0.104	0.917	0.917	
11 I felt angry, frustrated with myself or because things were not going my way.	-0.03	1.35	0.12	1.1	-0.472	0.639	0.639	
12 I was in a good mood, and felt like getting high.	0.13	1.22	0.17	0.93	-0.138	0.89	0.89	

*Note.* AA = Attitudes Assessment. Difference scores were calculated by subtracting scores from AA II from AA I. df = 58

Table 2. Mean, Standard Deviation, and *t* values of Attitude Assessment Difference Scores.

AA Question	Mean	Std. Deviation	<i>t</i>	<i>p</i>
1 When I have a couple of drinks it is easier to express my feelings.	-0.35	1.1	-2.46	0.017
2 Alcohol makes me more interesting.	0.62	1.22	3.903	0
3 Drinking gives me more confidence in myself.	-0.25	1.14	-1.692	0.096
4 Having a few drinks is a nice way to celebrate special occasions.	-0.10	1.1	-0.704	0.484
5 Alcohol makes me worry less.	-0.20	1.09	-1.426	0.159
6 Drinking makes the future seem brighter.	-0.48	1.33	-2.807	0.007
7 Some alcohol has a pleasant taste.	-0.62	0.98	-4.895	0
8 I was bored.	-0.67	1.36	-0.379	0.706
9 I saw others drinking and someone offered me a drink.	0.15	1.2	0.964	0.339
10 I was with others having a good time.	0.05	1.23	0.316	0.753
11 I felt angry, frustrated with myself or because things were not going my way.	-0.42	1.22	-0.264	0.793
12 I was in a good mood, and felt like getting high.	0.15	1.08	-1.085	0.282

Note. AA = Attitudes Assessment. Difference scores were calculated by subtracting scores from AA II from AA I. *df* = 59.

Appendix A  
Informed Consent - Influential Characteristics

1. The purpose of this study is to research ideal influential characteristics. The study is expected to take approximately thirty minutes. The study will involve filling out a few questionnaires and a videotaped speaking activity.
2. There are no foreseeable risks. There may be some discomfort for some people in the speaking activity.
3. Participants may benefit from this experiment by receiving academic credit. Participants may also benefit from this experiment by learning about the topics in the speaking activity.
4. All responses will be kept confidential; no identifying information will be kept.
5. If you have any questions about this research, please contact researcher Melissa Mazias, (309) 298-8951, Dr. Melanie Hetzel-Riggin, faculty advisor, (309) 298-2604, or Beth Seaton, chair of the Institutional Review Board, (309) 298-1191.
6. Participation in this study is voluntary, and refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Please print and sign your name to indicate that you have read and understand this document:

\_\_\_\_\_  
Participant (please print)

\_\_\_\_\_  
Signature

I agree to be videotaped:

\_\_\_\_\_  
Participant (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher (please print)

\_\_\_\_\_  
Signature

## Appendix B

### Experimental Condition Script

Hi,

Thanks for signing up for the influential characteristics experiment. You will be giving a speech to a freshman that is at risk for alcohol use related problems. The goal of the speech is to be as convincing as possible. Please sign this consent form. Thank you.

Please fill out this demographic questionnaire and this attitude assessment. Thank you.

Here is a sheet with guidelines for the speech. The topic of the speech is "The Negative Side of Alcohol Use". The bullet points will help you to formulate ideas of what to say. Since you want to be as persuasive as possible, you could add your own experiences, or the experiences of those close to you, or make up a story. You will have five minutes to look over the guidelines, you may write notes on the sheet or on the back if you need to. Remember that we are trying to identify influential and persuasive characteristics and you are trying to convince a freshman who is at risk for alcohol use related problems, so try to be as convincing as possible. Thank you.

Thanks, you did great. I'm really sorry but I realized I gave you the attitude assessment for the wrong condition. Please fill out this attitude assessment. Thank you.

## Appendix C

## Control Condition Script

Hi,

Thanks for signing up for the influential characteristics experiment. You will be giving a speech that will be videotaped so that an independent researcher can identify influential characteristics. The goal of the speech is to be as convincing as possible. Please sign this consent form. Thank you.

Please fill out this demographic questionnaire and this attitude assessment. Thank you.

Here is a sheet with guidelines for the speech. The topic of the speech is "The Negative Side of Alcohol Use". The bullet points will help you to formulate ideas of what to say. Since you want to be as persuasive as possible, you could add your own experiences, or the experiences of those close to you, or make up a story. You will have five minutes to look over the guidelines, you may write notes on the sheet or on the back if you need to. Remember that we are trying to identify influential and persuasive characteristics, so try to be as convincing as possible. Thank you.

Thanks, you did great. I'm really sorry but I gave you the attitude assessment for the wrong condition. Please fill out this attitude assessment. Thank you.



## Appendix D

## Demographic Questionnaire

1. Gender
    - a. Male
    - b. Female
  2. Age: \_\_\_\_\_
  3. Year in School
    - a. Freshman
    - b. Sophomore
    - c. Junior
    - d. Senior
    - e. Graduate/Student at large
  4. Ethnicity
    - a. African American or Black
    - b. Latino(a) or Latino(a) American
    - c. Caucasian or White
    - d. Middle Eastern
    - e. Pacific Islander
    - f. Other Asian or Asian American
    - g. Native American or American Indian
    - h. Other (Biracial, etc.)
  5. What is the approximate population of your home community?
    - a. Unincorporated
    - b. Below 10,000
    - c. Between 10,000 and 50,000
    - d. Between 50,000 and 100,000
    - e. More than 100,000
  6. Do you drink alcohol?      a) No      b) Yes
- If you answered a) No, Thank you for completing the demographic questionnaire.
7. Which best describes how often you drink?
    - a) Yearly/On occasion
    - b) Monthly/Rarely
    - c) Weekly/Often
    - d) Everyday/A lot
  8. When you do drink, how much on average do you drink? One drink is equal to one beer, one shot, etc.
    - a) 1 or 2 drinks
    - b) 3 to 5 drinks
    - c) 6 to 9 drinks
    - d) 10 or more drinks

## Appendix E

## Attitudes Assessment

If you drink, please answer the questions about yourself honestly. If you do not drink, please answer the following questions according to how you would assume most people who drink would/should answer. Circle the best answer on a scale from 1 to 5.

1 = Strongly Disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly Agree

I drink because or when...

1. I felt angry, frustrated with myself or because things were not going my way.

1      2      3      4      5

2. I was with others having a good time.

1      2      3      4      5

3. I was bored.

1      2      3      4      5

4. I was in a good mood, and felt like getting high.

1      2      3      4      5

5. I saw others drinking and someone offered me a drink.

1      2      3      4      5

I believe that...

6. Drinking makes the future seem brighter.

1      2      3      4      5

7. Alcohol makes me more interesting.

1      2      3      4      5

8. Having a few drinks is a nice way to celebrate special occasions.
- 1      2      3      4      5
9. Some alcohol has a pleasant taste.
- 1      2      3      4      5
10. When I have a couple of drinks it is easier to express my feelings.
- 1      2      3      4      5
11. Drinking gives me more confidence in myself.
- 1      2      3      4      5
12. Alcohol makes me worry less.
- 1      2      3      4      5

## Appendix F

## Attitudes Assessment

If you drink, please answer the questions about yourself honestly. If you do not drink, please answer the questions according to how you would assume most people who drink would/should answer. Circle the best answer on a scale from 1 to 5.

- 1 = Strongly Agree  
2 = Agree  
3 = Undecided  
4 = Disagree  
5 = Strongly Disagree

I believe that...

1. When I have a couple of drinks it is easier to express my feelings.

1 2 3 4 5

2. Alcohol makes me more interesting.

1 2 3 4 5

3. Drinking gives me more confidence in myself.

1 2 3 4 5

4. Having a few drinks is a nice way to celebrate special occasions.

1 2 3 4 5

5. Alcohol makes me worry less.

1 2 3 4 5

6. Drinking makes the future seem brighter.

1 2 3 4 5

7. Some alcohol has a pleasant taste.

1 2 3 4 5

I drink because or when...

8. I was bored.

1 2 3 4 5

9. I saw others drinking and someone offered me a drink.

1 2 3 4 5

10. I was with others having a good time.

1 2 3 4 5

11. I felt angry, frustrated with myself or because things were not going my way.

1 2 3 4 5

12. I was in a good mood, and felt like getting high.

1 2 3 4 5

## Appendix G

### Experimental and Control Condition Guidelines

#### “The Negative Side of Alcohol Use”

##### Risks

- Dilation of blood vessels (which causes flushed skin)
  - Increased gastric secretion in the stomach
  - Mood swings, unrestrained behavior, and inability to control motor functions
  - Blackouts, sleep problems (including impaired REM sleep), and hangovers.
  - Damage to the brain, stomach, pancreas, heart, and liver.
- 
- Personal experience or experience of someone close to you

##### Problems

**Death:** 1,400 college students ages 18 to 24 die each year from alcohol-related injuries.

**Injury:** 500,000 students ages 18 through 24 are injured due to alcohol.

**Assault:** More than 600,000 students between the ages of 18 and 24 are assaulted by a student who was drinking.

**Sexual Abuse:** More than 70,000 students ages 18 through 24 are victims of alcohol-related sexual assault.

**Academic Problems:** About 25 percent of college students report missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall due to alcohol.

**Drunk Driving:** 2.1 million students aged 18 through 24 drive under the influence of alcohol each year.

- Personal experience or experience of someone close to you or make up a scenario

## Appendix I

### Influential Characteristics Debriefing

Thank you for being a participant in the influential characteristics experiment. The purpose of this study is to measure to what extent you were influenced by the speaking activity. If you were in the experimental group you were asked to convince a confederate about alcohol risks and problems. If you were in the control group you were asked to give a speech to a camera. You were not given the wrong version of the questionnaire. The alcohol attitude assessment that was taken before and after the activity will be compared to measure the amount of self-conversion (influence).

Our hypothesis is that by incorporating activities that require participants to convince others of the importance of a treatment program, the impact will be stronger and more permanent on the person trying to convince others.

If you know anyone signed up to participate in this experiment, please do not talk with them about it because it could affect the results.

If you have questions or concerns about this experiment you may contact Melissa Mazias at (309) 298-8951, or Dr. Melanie Hetzel-Riggin, faculty advisor, (309) 298-2604. If you have questions about your rights as a research participant, please contact Beth Seaton, Office of Sponsored Projects, (309) 298-1191.

Alcoholism is an addictive dependency on alcohol characterized by craving (a strong need to drink); loss of control (being unable to stop); physical dependence and withdrawal symptoms; and tolerance (increasing difficulty of becoming drunk). Drug Abuse is simply excessive use of a drug or use of a drug for purposes for which it was not medically intended. Physical dependence on a substance is needing a drug to function. Many drugs or behaviors can

precipitate a pattern of conditions recognized as addiction, which include a craving for more of the drug or behavior, increased physiological tolerance to exposure, and withdrawal symptoms in the absence of the stimulus. Most drugs and behaviors that directly provide either pleasure or relief from pain pose a risk of dependency. Addictions can also be formed due to opponent process reactions.

### **Campus**

AOD Resource Center, 298-2457  
University Counseling Center, 298-2453  
Office of Public Safety, 298-1949  
WIU Hotline, 7:00pm - 1:00am, 298-3211

### **Community**

North Central Behavioral Health Systems, 833-2191  
MDH Behavioral Health Services, 833-1582  
Alcoholics Anonymous, 837-5039  
ASSETS, Inc., 836-2334

### **Other**

National Council on Alcoholism & Drug Depend., Inc., 212/269-7797  
HOPE LINE: 800/NCA-CALL (24-hour affiliate referral)  
Spencer Recovery Centers, Inc., 800/281-8132  
Schick Shadel Hospital, 800/272-8464

### **Information**

<https://www.mystudentbody.com>

### **Evaluation**

<http://www.student.services.wiu.edu/beu/campuscommunity/index.asp>

### **AA Meetings Schedule**

[ucc.wiu.edu/resources/pdf/aameetingschedule.pdf](http://ucc.wiu.edu/resources/pdf/aameetingschedule.pdf)