When Does Self-Defeat Equal Success?

By C. Nathan DeWall


Many of us have struggled to maintain a healthy body weight or know someone who has. To combat a bulging waistline, we eat carrots instead of carrot cake, salads instead of spaghetti, and fresh fruits instead of apple fritters. When we skimp on calories, we succeed. Our waist size shrinks, our energy increases, and we enjoy many other benefits of healthy living.

But sometimes a calorie splurge also can equal a path to success. Consider the professional athlete Matt Stonie: In 2015, he scarfed down 62 hot dogs in 10 minutes to win the Nathan’s Famous Hot Dog Eating Contest. How can eating so many hot dogs — more than 17,000 calories — be considered a success?
Sometimes apparent lapses in self-regulation actually represent cases of strategic goal pursuit, according to Catalina Kopetz and Edward Orehek (2015). Understanding this phenomenon is a simple matter of divorcing the contents of a goal from the process by which it is pursued. For example, when we get our feelings hurt, we might make it our goal to feel better. The activation of this goal can happen with or without our conscious awareness (Aarts, Dijksterhuis, & De Vries, 2001). We might seek out friends who can cheer us up and engage in behaviors with them to make ourselves feel socially connected. Whether the behaviors are self-defeating or self-disciplined, they become ingrained in our minds as positive through what is called “transfer of affect” (Fishbach, Shah, & Kruglanski, 2004).

Over time, we can learn to associate self-defeating behaviors with positive outcomes. We might initially experiment with drugs or engage in risky sex to gain social acceptance, but later we pursue these behaviors because we have learned that they can improve our mood (Robinson & Berridge, 2004). When shown their drug of choice, substance users have higher implicit evaluations of it than do people who have never used the drug (Houben & Wiers, 2008). In fMRI studies, greater reward activation in response to images of food and sex is linked with subsequent weight gain and frequent sexual activity (Demos, Heatherton, & Kelley, 2012). What we once considered self-defeating becomes self-rewarding.

Kopetz and Orehek remind us that goal-directed behavior — regardless of whether we perceive it as self-defeating, self-disciplined, or some combination of the two — follows the same three steps:

Select a goal.

Identify ways to achieve the goal.

Negotiate conflicts with other goals.

To bring this cutting-edge research into the classroom, instructors can ask students to form pairs. Let students know that they will use their smartphones, laptops, or other electronic devices. By the flip of a coin, assign one student in each group to look up videos or news stories about extremely self-defeating behaviors. The other student’s electronic search will center on extremely self-disciplined behaviors. Next, have students consider how the people who engaged in the self-defeating or self-disciplined behavior followed the three steps of goal pursuit. How much was the self-defeating behavior due to a carefully planned, conscious goal? How much did the behavior happen because of an impulsive, unconscious reaction?

In a second activity, instructors can review Kopetz and Orehek’s argument that self-defeating behaviors can serve other goals. Next, ask students to consider whether any of their personal experiences of self-defeating behaviors helped them achieve some other goal. For example, how might binge-watching Netflix episodes instead of studying help students deal with their academic or social stress? Why is it easier to explain our own self-defeating behavior as a means of achieving a desirable goal than it is to explain others’ self-defeating behavior the same way?

It is easy to judge others’ transgressions. But we would do well to also shine the spotlight on our own warped perception of what qualifies as fault, folly, or failure. If we select a goal and follow it through to completion, we can consider it a success. Educators should learn to accept that students will sometimes engage in self-defeating behaviors. By understanding how goal pursuit works, we can better understand
student behavior that might otherwise baffle us. Rather than shaming students, we can help them understand why they may have chosen a route that was self-defeating rather than self-disciplined — and whether they want to travel a different road in the future.

**Does Viewing Mental Disorders as Biological Phenomena Reduce or Increase Stigma?**

*By David G. Myers*


There is no bigger idea in today’s psychology, I tell students: “Everything psychological is simultaneously biological.” We are embodied creatures. No matter, no mind.

As APS Fellow Nick Haslam and Erlend Kvaale state in their lucid *Current Directions* essay, “biological explanations are on the rise in the mental health professions.” Neuroscience and behavior genetics, supported by brain initiatives, explore disorders as biological realities. The US National Institute of Mental Health’s new Research Domain Criteria initiative places increased emphasis on the neural and genetic bases of disorders. Drug treatments are increasing, and psychotherapy is declining.

Thanks to the news media and to the efforts of psychological scientists, the general public also increasingly views psychopathology as biologically rooted. The National Alliance on Mental Illness encourages this way of thinking with reports such as “Discovering the Biological Basis of Anorexia.” It argues that “scientific research around how the brain works is crucial … including how nutrition, genetics, physical health, and medications impact outcomes.”

So, you might ask your students, how does this biological perspective affect how people with mental disorders view themselves? And how does it affect how we view them?

Does it have positive effects, by inducing less self-blame by the afflicted and greater understanding from family and friends? Do biological explanations help us all to be less judgmental and less likely to assume that people suffer the consequences of their own choices?

Or does it have negative effects, by encouraging “prognostic pessimism” — a belief that disorders are hopelessly biologically fixed — and by feeding perceptions that people with mental disorders are “other” and dangerous?

The answers, report Haslam and Kvaale, are yes and yes. Correlational studies (on the natural associations between explanations and attitudes) and experimental studies (that manipulated explanations) agree: “Biogenetic explanations were associated with a reduced tendency to blame people with mental disorders for their problems but an increased tendency to perceive them as dangerous and unpredictable.”

During the class discussion, instructors might seize the opportunity to remind students that what is
biological is not necessarily fixed (think of how lithium moderates bipolar mood fluctuations and exercise calms anxiety) and that what is environmental may resist change (think imprinting or learned helplessness).

Instructors also might note parallels with the effects of biological thinking regarding race, gender, and sexuality. As Haslam and Kvaale document, the idea that the races are naturally, biologically different has been a predictor of prejudice, segregationism, and apartheid. Likewise, the idea that men and women are essentially different has been a foundation of sexism and of the perceived suitability of men and women for different life roles. In the mental health sphere, biogenetic explanations have led clinicians toward lower empathy, greater prescription of medication, and less use of evidence-based psychological interventions.

But seeing some traits as biologically fixed also may lead to greater acceptance of those traits. Sexual orientation provides an example. “In your view, is homosexuality something a person is born with, or is homosexuality due to other factors such as upbringing or environment?” When Gallup put that question to Americans in 1978, 13% answered “born with.” When asked again in 2015, 51% answered “born with.” Over this same era, we have seen empathy for people with same-sex attractions increase and support for same-sex marriage soar to 60% in a 2015 Gallup survey.

But these are merely parallel social trends. If only we could ask, are individuals who see sexual orientation as a natural, biological disposition more inclined to support same-sex relationships?

Actually, you can ask that question right in class, and in the process demonstrate the easy-to-use data archives of the General Social Survey (GSS), now conducted every 2 years by the University of Chicago’s National Opinion Research Center. Simply click here, which will bring up the screen shown in Figure 1.

In the “column” window, enter homochng (the variable name for the question “Do you think being homosexual is something people choose to be, or do you think it is something they cannot change?”). In the “row” window, enter homosex (the variable name for the question “What about sexual relations between two adults of the same sex?”).
Then click “run the table,” and within a second you and your students will see that individuals who believe sexual orientation is a *choice* also are more likely to see same-sex contact as “always wrong.”

The sample responding to these two questions is limited and dates back to 1994. But the data gathering illustrates a method for thinking analytically about the influence of biological explanations on attitudes, and it also illustrates Haslam and Kvaale’s point: Biogenetic explanations have social consequences.

Moreover, this online activity offers a simple introduction to the many more questions that you and your students could study with the rich GSS archives. Enter “happy” in the row window, for example, and any other variable in the column window (such as “attend,” for religious attendance), and you will see what predicts self-reported happiness among the 54,417 respondents surveyed since 1972. The website offers dozens more demographic and attitudinal variables, enabling a lab activity in which students can invent and explore their own big-data questions.

**Quality Matters: The Value of Infant-Directed Speech for Early Language Development**

*By Gil Einstein and Cindi May*


Think about the typical interaction between a parent and an infant. It tends to be a wonderfully supportive and animated exchange in which parents in many cultures use a special kind of speech — infant-directed speech (IDS), sometimes called “motherese” — to communicate with their infants. In comparison with adult-directed speech (ADS), IDS is highly melodic and marked by exaggerated and more variable pitch, slower delivery, more limited vocabulary, shorter phrases, and repetition. Caregivers respond tenderly and attentively to infants’ actions. You can help your students think about the differences between IDS and ADS by having them listen to these audio examples:

**Infant-Directed Speech**

**Adult-Directed Speech**

Given the widespread, cross-cultural use of IDS, it is important to consider its effect on language development. Language is an essential tool for social interaction, expressing and addressing personal needs, and education. A child’s early language ability is the best predictor of school success (Hoff, 2013), and thus it is essential that we determine the experiences that most effectively foster language development in infants. Given that the eventual goal is adult speech, should we speak to infants using adult speech? Should we park them (with baby-sized high-fidelity headphones) in front of a television or video program designed to maximize exposure to adult language? Or does IDS serve important functions for language development? Is high-quantity ADS the major determinant of language
acquisition, or does IDS provide high-quality interactions that benefit language acquisition? You might ask your students to discuss which of these approaches is likely to be effective.

According to APS James McKeen Cattell Fellow Roberta M. Golinkoff, Dilara Deniz Can, Melanie Soderstrom, and APS James McKeen Cattell Fellow Kathy Hirsh-Pasek (2015), there are special structural and social qualities of IDS that are critical for fostering early language acquisition. These benefits include the following:

Babies prefer IDS and are more likely to notice and attend to it than they are to ADS. This preference is due to the distinctive nature of IDS (e.g., exaggerated tonal qualities) and to the fact that IDS typically occurs in a context of positive emotions. Research shows that IDS leads to greater neural activity in areas associated with attentional processing (e.g., Zangl & Mills, 2007).

When parents hyperarticulate, it helps their infants learn vowel categories because IDS creates greater distances between vowels.

The exaggerated speech, which includes pauses, helps babies identify grammatical boundaries.

The slower speaking rate in IDS relative to ADS facilitates the learning of new words.

Beyond the structural benefits, IDS takes place within rich social interactions that are essential for language acquisition. In a study by Kuhl, Tsao, and Liu (2003), 9-month-old American children listened to Mandarin during 12 sessions either through live interactions or by listening to and watching the same input over a television screen. The live social interaction, but not the televised speech, led to good learning of the Mandarin phonemes.

One important feature of such live interaction is that infants are sensitive to their parents’ reactions to (and reinforcements of) their speech, and this sensitivity helps them produce more vocalizations and more language-like vocalizations. Language is more than a cognitive skill; it is also a social activity.

Another important feature seems to be that the interaction allows infants to be actively engaged in their own learning. For example, infants will point to an object, and when the parent reacts and shows the child the function of the object, the response helps the infant learn the meaning of the object.

The consensus is that you should forget the infant headphones and speech-heavy television programs and instead enjoy meaningful and important interactions with your infant. Infants prefer IDS; thus, using IDS enhances the amount of time they spend attending to language. IDS has structural properties that help babies extract the key features of their language. IDS also is embedded in an enjoyable social relationship that nurtures the infant’s interest in both language and social communication. High-quality interactions between a parent and an infant are beautiful “conversational duets” that serve an important purpose in language development and strongly predict language acquisition (Hirsh-Pasek et al., 2015; Weisleder & Fernald, 2013). This video nicely captures some of the attentional, structural, social and emotional benefits of IDS:

References


