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Current issues and new directions in <i>Psychology and Health</i>: Back to the future: What good are health goals in the presence of immediate interests?

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Editorial

Current issues and new directions in *Psychology and Health*:

Back to the future: What good are health goals in the presence of immediate interests?

Many current theories in health psychology are inspired by a self-regulation perspective, highlighting concepts such as goals, goal striving strategies, and planning. This new approach has brought important advances in understanding and explaining one of the core topics of health psychology, that is the way individuals may change their health behavior. A self-regulation perspective acknowledges that individuals are active agents and decision makers, capable of organizing and planning their behavior in the service of their long-term goals (De Ridder & De Wit, 2006). Indeed, the capacity for self-regulation is what made humans human (Baumeister, 2005). Notwithstanding this capacity, a host of research has demonstrated that people regularly fail in their self-regulation efforts (Baumeister & Heatherton, 1996). Interestingly, the self-regulation of health behavior seems particularly vulnerable to failure. No matter how much we would like to quit smoking, we may still fail to ‘self-regulate’ our smoking behavior. And no matter how strong our intention of eating a healthy diet, we may still fail in the consumption of the recommended amount of fruits and vegetables.

The apparent contradiction between the human capacity for self-regulation and the regular failure of actual self-regulation should make us wonder about the validity of self-regulation theories. In agreement with a previous editorial, we maintain that anomalies in dominant theories of health psychology should foster careful thinking about central assumptions of those theories (Michie, Rothman, & Sheeran, 2007). We also acknowledge the stance taken by Leventhal and colleagues who made a plea in their editorial for a bi-directional view that experiences in the community (if divergent from what theory predicts) should be taken seriously in improving laboratory-based models – and vice versa of course (Leventhal, Musumeci, & Contrada, 2007). Two things that are particularly intriguing about self-regulation are whether individuals are able to imagine the future in an appropriate way and to what extent those imagined future states

are useful guides of behavior that should lead to the accomplishment of those intended states. A wide variety of research on goals has shown that we may be too ambitious and embark on unrealistic projects, adopt goals for the wrong reasons (such as social pressure), or engage in positive fantasies that may not turn into binding goals (e.g., Oettingen, Pak, & Schnetter, 2001). In addition, we may underestimate the efforts that are required to achieve the goal, relapse easily when goals don't bring us what we expected from them (e.g., Rothman, 2000), or even refrain from acting upon a goal at all. One important question that needs to be addressed is thus why goals that are assumed to inspire and motivate behavioral change are poor predictors of actual change.

High hopes of future benefits

Despite some differences in their precise formulation, most approaches to self-regulation share the underlying assumption that individuals are willing and able to invest in the future as they hope that such investments will bring them benefit – thus adopting what has been labeled as a ‘consequentialist’ perspective (Loewenstein, Hsee, Weber, & Welch, 2001). Although high hopes of future positive consequences may be an important factor in initiating behavior change, they are not necessarily sufficient and, as Loewenstein and colleagues argue, sometimes even misleading because they deny the role of immediate affect in decision-making. In making decisions about future investments, individuals may experience some difficulty in realizing that future investments also bring immediate costs. While this is common knowledge in financial investments (although people may be overly optimistic too in that domain), it seems more difficult to be aware of such costs in the health domain. But as the saying goes, ‘One cannot have one’s cake and eat it too’. Adopting the goal of quitting smoking implies that one no longer can enjoy a cigarette, on top of which one experiences considerable frustration. Likewise, trying to lose some pounds implies that one should forego dessert and put lots of effort into withstanding the temptation of delicious foods. Insofar as dealing with immediate costs is explicitly addressed at all, self-regulation theories do a poor job as they simply assume that adopting a goal means that one is aware of those costs and prepared to pay them. But of course investing in long-term goals and dealing with immediate frustrations are separate tasks that both need to be taken care of. As early as the 1990’s, Brändtstädter and Renner (1990) identified the simultaneous tasks of tenaciously pursuing one’s long-term goals, together with dealing with immediate obstacles and frustrations, as the most important ingredients of successful self-regulation. While some authors have repeated their call for paying more attention to this crucial element (Mischel, Cantor, & Feldman, 1996), it has gone unnoticed by many and is under-researched until now. Given the potential of a self-regulation perspective on health behavior, attending to this dual task should benefit future research on self-regulation. Let us name some opportunities and challenges.

Irrational choices?

In a recent reinterpretation of the delay-of-gratification paradigm, Metcalfe and Mischel (1999) proposed a hot/cold-system analysis of the well-known phenomenon that children who are able to wait for a larger but delayed reward instead of opting for a smaller but immediate reward, and thus have greater self-regulatory competence, perform better on a range of performances up to decades later. Their analysis shows that once the hot system is activated by exposure to immediate rewards, the cold system is simply overpowered; and they conclude that in order for the cold system (that governs 'rational' decision making about goals) to operate effectively, preventive efforts should be undertaken to get the hot system activated (e.g., 'cooling down' the rewarding properties of fatty foods by imagining that they are not tasty after all). This has important implications for health psychology. Opting for the healthy alternative will not be achieved if individuals are not presented with the means to deny the hot temptations of delicious foods, sex without condoms, and other things that have highly rewarding properties even though they may impose a long-term health risk. While self-regulation theories have the tendency to consider giving in to immediate rewards as an irrational choice, they would better acknowledge the power of the hot system and think of ways how individuals could circumvent it.

Is the acknowledgement of immediate benefits at odds with a self-regulation perspective? We believe not. By highlighting the positive consequences of health goals we may have put too much emphasis on future benefits, taking for granted that striving for such goals is characterized by lots of frustration and a continuous struggle to withstand temptation. Acknowledging the existence of immediate needs may alter our interpretation of self-regulation failure. It is not so much the lack of skills to focus on the future and set appropriate goals that hinders effective self-regulation, nor the lack of willpower to resist immediate temptation, but dealing with the simultaneous task of goal-striving and dealing with one's impulses at the same time. We may wonder why only a minority is capable of doing spontaneously what they should do and wait for the big reward of better health in the future, but a better question is what we can do to help the majority of individuals who do not possess sufficient willpower. The answer to this question involves the acknowledgement of the very presence of immediate needs. In other words, one important task for theory development in self-regulation of health is understanding how decision making about health goals is affected by the here-and-now of tempting alternatives. Simply stating that individuals should 'Just say no' to such temptations (as in prevention of smoking campaigns) is a denial of what we know now about how the hot system affects decision making. 'Lifestyle problems' continue to be the most important health risks with smoking, overweight, and unsafe sex – to name just a few – contributing to large numbers of premature deaths. Making healthy choices easier by developing interventions that acknowledge the competition between long-term goals and immediate needs is thus a big challenge for health psychology.

Conclusion

The self-regulation perspective has brought great advantages to health psychology as it acknowledges individuals as active agents in shaping their own (healthy) future. Previous research efforts have focused on the dynamics of goal-setting and goal-striving. We think that now is the time to take the next step and acknowledge the complications of goal striving in the midst of competing activities and interests. Future research in self-regulation should focus on this specific issue. This is by no means an easy task. We have evolved to hold a strong preference for immediate events and most of the time this preference serves us well, as impatience is believed to have evolutionary benefit (Kacelnik, 2003). After all, 'the future is uncertain, eat dessert first'.

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