PAPER

The false hope syndrome: unrealistic expectations of self-change

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People appear to behave paradoxically, by persisting in repeated self-change attempts despite previous failures. It is argued, though, that self-change attempts provide some initial rewards even when unsuccessful. Feelings of control and optimism often accompany the early stages of self-modification efforts. In addition, unrealistic expectations concerning the ease, speed, likely degree of change, and presumed benefits of changing may overwhelm the knowledge of one's prior failures. It is thus important to learn to distinguish between potentially feasible and impossible self-change goals in order to avoid overconfidence and false hopes leading to eventual failure and distress.
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Introduction

Which of us has not attempted to change something about ourselves? Whether we make a New Year's resolution, or go on a diet to lose some of those excess pounds, or try to quit smoking, or simply strive to improve our golf swings, we begin each new endeavor with high hopes of how successful we will be, and of the positive impact the alteration will have on our lives. Some of these self-change efforts work—we all know someone who has lost weight, given up coffee or taken up jogging. This convinces us that it is possible to alter many of our behaviors, or even aspects of ourselves, and that our new self will be better, more popular, successful or attractive, and indeed, when we do attempt to change, we often meet with some success, at least initially. We lose a few pounds on a new diet, or manage to spend more time on our studying the first week we try to improve our work habits, or hit a few good shots in 18 holes of golf following a lesson (out of the 100+ shots we take that round!). Unfortunately, all too often, these early successes are followed by 'relapses' to our previous state when boredom or difficulty make it harder to persist at our self-change effort. Moreover, the successes we do achieve frequently do not provide the instant gratifications we had anticipated accuring to our changed selves.[1]

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What happens when we hit these 'walls' that block our continued self-change success? Often, we blame ourselves and our lack of 'willpower' for the failure (having attributed our prior success to the self-change program we have utilized); we then feel guilty and hopeless about ourselves and our chances to change, until the next program comes along, promising us renewed hope that this time we will truly succeed at changing. As I said, we all know people who have succeeded at changing something about themselves, even if we personally have not achieved this, but how many people do we know who have tried to change and failed? How many of us have tried repeatedly to eliminate an undesirable behavior, or waste less time, or even improve our golf games? If we think about it, failure seems to be more common than success, and the ever-growing availability of (and market for) self-help, diet, and other 'change' programs attests to the fact that desire for self-modification outstrips its attainment. Given the actual high failure rate of self-change attempts[2] why do we keep trying again and again to alter those recalcitrant bad habits? I will discuss the false hope offered by self-change attempts, that is, the false hope both that we are able to succeed at changing ourselves, and that doing so will bring us all sorts of benefits.

Why embark on self-change?

Why do we try to change at all? Obviously, because we expect good things as a result of the change! People expect

that altering some aspect of themselves will provide benefits secondary to the change itself. We want to lose weight because we believe that weighing less will make us more attractive to others, healthier and more likely to achieve other goals. In general, we expect that modifying some aspect of ourselves will bring us admiration or appreciation from others, and internal benefits such as pride, confidence or improved health or functioning. The major attraction of changing features of our behaviors, appearance or personalities is thus the anticipated outcome. Moreover, altering something about ourselves may also be a way of attempting to gain control over these rewards in our lives.

In addition, we try to improve ourselves in ways that we believe we can succeed at changing. Have you ever contemplated visiting a salon where you can have yourself stretched or shrunk so you can be shorter or taller? No matter how dissatisfied they are with their height, people do not read books, join programs, or buy devices to help them to change their height, because we don't see height as alterable. Weight, on the other hand, is perceived as a malleable physical characteristic, and thus is an attribute that people attempt to change. Similarly, most people believe that they can quit smoking whenever they choose to do so, despite the high relapse rates in programs aimed at assisting quitting.

Some changes are perceived as being relatively easy (eg changing our hair color or style), whereas others are seen as being more difficult (eg changing our drug use). Presumably, one is more likely to embark upon a change that is believed to be not only possible, but easy to effect than one seen as difficult. Often, however, the expected payoffs are greater for the more difficult modifications. Thus, individuals embark on self-change efforts that they believe will be possible, as well as ones that are expected to bring rewards.

Advantages of feeling in control
Do you like to feel in control of things in your life, or are you willing to let someone or something else have that control? Obviously, individuals prefer to feel in control of their lives. Taking the step of resolving to change oneself appears to promote a sense of control, which may contribute to elevated expectations of success. Even when participating in chance activities such as a lottery, people who take an active role develop an exaggerated sense of control. Those who select their own markers or tickets instead of having the experimenter assign one to them feel more in control and also more confident of a favorable outcome.[3,4] Similarly, subjects gain a sense of control over an outcome if they are allowed to perform a behavior connected with a chance event, such as choosing their own marble out of a hat rather than being given a marble randomly by an experimenter.[4] Moreover, subjects who make an active choice to volunteer (checking off two items) are more committed to their volunteer activity than those who make a passive choice (skipping two items).[5]

In the real world, cancer patients who have greater perceptions of control over their disease are less depressed, even factoring in such related components as physical functioning and marital satisfaction.[6] Even so minor a behavioral effort at controlling one's problems as making a telephone call to schedule an appointment with a psychotherapist produces measurable improvement in distressed individuals.[7]

Beginning a new diet may be a further example of general control enhancement, just as breaking it seems to involve lack of control.[8–10] In general, it appears that North Americans believe that individuals have control over their weights and body shapes, holding individuals responsible if they are overweight.[11] Merely committing oneself to a diet may make one feel more in control of oneself, more responsible for one's weight, and, potentially, more likely to succeed at one's diet than one felt before making the commitment.

Realistic vs unrealistic expectations of change
The question then arises, are the expected outcomes realistically connected to the change we plan to make? For some changes, the predicted benefit is likely to result from the change. For example, quitting smoking should make the individual healthier, more able to exercise (or at least be less short of breath), less noxious-smelling, slightly wealthier (from the savings of not buying cigarettes), and better able to taste and enjoy food and drink. However, it is not likely to make him win the lottery, have a better personality or get higher grades. Many desired outcomes are unrealistically linked to self-changes. When an event is highly coveted, but not actually attainable or controllable, people may convince themselves that effecting a desired modification in themselves will produce the coveted but uncontrollable outcome as well. Obviously, this sort of wishful thinking does not actually produce the wished for event. For many, then, their expectations about the benefits of change are unrealistic; the payoff is not there for the change in question. They are doomed from the outset to fail because their expectations are over-inflated.

Is it just expectations about outcomes of altering oneself that tend to be unrealistic? Think about the dieters you know—how quickly do they expect to lose 20 pounds? In a sensible 15 weeks or in under a month? How much do they think they will lose on their new diet? A reasonable 10 pounds, or an overly ambitious 35? And how hard are they expecting to work to achieve this weight loss goal? Are they willing to change their eating and exercise habits forever, or do they expect to follow some miracle plan for a month or less and then go right back to behaving as they did before? There are thus four main areas in which expectations about self-change are likely to be unrealistic[1]—the amount of change desired or expected; the speed with which the change will be accomplished; the ease of accomplishing the change; and the effects of the change on other aspects of one's life.

Research supports this. For example, Foster et al,[13] assessed patients' goals, expectations, and evaluations of various weight loss outcomes before, during, and after 48 weeks of treatment. Before treatment, 60 obese women defined their goal weight and what they saw as their 'dream weight,' 'happy weight,' 'acceptable weight' and 'disappointed weight'. Their goal weights required an average loss of 32% of body weight! A 17 kg weight loss (that's over 37 pounds!) was generally defined as 'disappointed'; a 25 kg loss (that's 55 pounds) was merely seen as 'acceptable'. After treatment and an average 16 kg weight loss (over 35 pounds), almost half (47%) of the patients did not feel that they had achieved even a 'disappointed weight'. This illustrates the degree to which patients' expectations exceed what is possible, and lead them to reject more modest, achievable goals.

Evidence shows that people also anticipate that they will change both more quickly and more easily than is possible. They are overly optimistic in how they predict their speed at accomplishing any desired goal,[14] including weight loss. In addition, people believe that the changes they desire are easier to attain than is generally the case. For example, Brownell[15] discussed the tendency of overweight dieters to believe that weight is highly malleable, despite the difficulty most individuals encounter in attempting to lose weight. Prochaska and colleagues[16] reported that even those who are eventually successful at changing addictive behaviors must make repeated attempts, and pass through five stages of change again and again before they succeed. Unfortunately, most self-changers are not familiar with this psychological literature.

People often believe that the attribute they change will produce more radical alterations in their lives than can rationally be expected. I've had patients who believed that if they could lose weight they would, almost automatically, get a job promotion or a boyfriend.[1] Brownell[15] likewise has encountered the assumption that weight loss will convey major rewards, despite the lack of evidence to support this assumption.

When these unreasonable expectations are not met, the individual is likely to feel frustrated and despondent, and to give up on changing. The unrealistic anticipations with which one begins the self-change attempt — and the corresponding unattainable criteria for success — may thus be responsible for the failure of the attempt, creating a false hope and then dashing it. This phenomenon of beginning a self-change attempt with high hopes and expectations of successful outcomes is illustrative of a phenomenon we are calling the 'false hope syndrome.'[12] The increased perception of control induced by making the resolution or commitment to change (and improve) oneself may lead many to feel a false sense of confidence in their likelihood of achieving this resolve, and distorted beliefs about the effects this success will have on other aspects of their lives. When these unrealistic expectations are not met, the outcome of attempted self-modification may be disappointment, discouragement, and a perception of oneself as a failure.[17]

The problem of overconfidence

The 'false hope syndrome' is in many respects a problem of overconfidence. One cause of overconfidence or unrealistic expectations may be the inflated promises of change programs. Groups, products, books and other sources of help in changing aspects of oneself often play into people's fantasies that they can change enormously, and do it effortlessly and quickly, acquiring tremendous benefits as the payoff, promising these outcomes despite the fact that few, if any, will achieve them.

Another source of overconfidence is the individual him or herself. Baumeister et al[18] observed, 'When people must make decisions involving committing themselves to a particular goal or contingency structure, their positive illusions or overconfidence should create a tendency to set goals too high for themselves, with the result that their likelihood of eventual failure increases'.

Similarly, people tend to overestimate their likelihood of completing tasks that they have undertaken.[14] People underestimate their own but not others' task completion times, and focus on future scenarios rather than on relevant past experiences while generating these predictions. Moreover, it was demonstrated that this optimistic bias could be eliminated if subjects thought about relevant past experiences when making their predictions of their current completion times for a variety of academic and nonacademic tasks. Given the literature indicating that positive illusions abound in normal, nondepressed individuals,[19] it is not surprising that this illusion pervades an activity so prone to cognitive distortion as one's expectations about altering an aspect of oneself.

Additional factors interfering with self-change

Other cognitive distortions contribute to unrealistic expectations. Those who attempt to change have often made similar efforts in the past, and are more likely to remember previous successes than failures. Unfortunately, however, the optimism and positive affect that may accompany the beginning of an attempt to change tend to dissipate with the vicissitudes of actually working to effect the change.[17] As negative emotions build, behavioral suppression gives way to overindulgence,[20] and behavior may spiral out of control. Zero tolerance beliefs, or all-or-nothing thinking contribute further to the likelihood of failure. That is, the idea that a little transgression means the whole attempt to change is over makes it difficult to succeed. This is illustrated by the 'what the hell effect' we have demonstrated repeatedly in chronic dieters who are induced to eat something fattening who then go on to overeat further.[8,9]

In order to determine what factors are associated with making significant changes, Heatherton and Nichols[21] analyzed subjects' stories about successful or failed life change experiences. Change appeared to be a result of higher levels of social support, increased attributions of internal control, making external attributions for relapses, and greater

personal effort, which ultimately produced increased self-esteem and satisfaction. Failure stories, on the other hand, were more likely to describe change as being dependent on will power and external factors, and as being intrinsically more difficult. Those who fail to change thus blame themselves rather than the program (which is given credit for successes).[17] Moreover, Polivy and Herman studied participants undergoing self-change efforts and found that not only were they extremely likely to fail (in part because of the unrealistic nature of their expectations), but they felt worse about themselves and saw themselves as failures after having made an attempt.

Any difficulties encountered may actually unleash factors making the modification even more difficult. For example, under conditions of stress or mental load, there is greater accessibility of thoughts relevant to an unwanted mood or action, and increased self-reports of mood opposite to the one intended.[22] Even without extraneous stresses, the very process of trying to change thoughts or behaviors may be, by its very nature, an uphill battle. Wegner[23] and Wenzlaff and Wegner[24] point out that a person attempting to improve him or herself may unintentionally create the very problem he or she is trying so hard to overcome. Both the success and the failure of attempts to control one's own mental states result from two processes Wegner[23] identified as the intentional operating process (the conscious, effortful attempts to produce a desired state of mind through relevant thought processes) and the ironic monitoring process (the unconscious, automatic inspection of one's thoughts that signal a failure to produce the desired state of mind or avoid the particular set of cognitions). During stress, distraction, time urgency, or other cognitive load, the monitor's activities can supersede those of the operator. This produces exactly the thoughts, feelings or behaviors that are least desired, by filling consciousness with searches for material indicating failure to maintain the desired ideational state, thus occupying the mind with the 'wrong' thoughts. Attempts to suppress thoughts or moods under mental load can thus make the unwanted thought or mood even more salient, resulting in its eventual supremacy.[24] Shoham and Rohrbaugh[25] concur, pointing out that often what maintains a problem are the attempts to solve it. The more one focuses on what one wishes to change, the more salient the problem becomes. Thus the mere focus on the intended alteration may undermine attempts at self-change and produce failure, especially if the self-change involves suppression of thoughts or behaviors.

Real hope *vs* false hope

Self-modification efforts thus appear to require more than has been acknowledged by either the programs or the participants. Those about to undertake a self-change program need to make a realistic assessment of how difficult the task actually is, and what benefits will accrue if the goal is reached. Self-confidence and elevated self-efficacy may be helpful when the outcome is achievable.[26,27] In fact, real hope, or the belief that one can change, appears to be a powerful curative factor. Experimentally, Polivy and Herman[28] found that dieters who were led to believe that they were good at dieting were more able to resist the diet-breaking effects of a fattening preload than were dieters who were not given feedback about their dieting ability.

However, when the alteration is too difficult, or one's expectations are out of line with what can be achieved, self-confidence may become overconfidence, leading from hope to false hope. False hope is based on the mistaken belief that change is easily attainable and likely to produce exaggerated benefits. The false hope syndrome results from inadequate assessments of the arduousness of self-change, unrealistic goal-setting, and poor coping skills; it contributes to a spiral of decreasing self-esteem and worsening of mood in the many who do not succeed at altering themselves. Moreover, false hope reflects a motivated desire to believe that one can achieve what is promised by the myriad of self-change programs — we develop false hopes because we *want* to believe them. In order to replace false hopes with real hope, we must learn to determine accurately the difficulty of self-change, to establish realistic goals, to keep our expectations reasonable, and to develop coping skills to help us to contend with the setbacks that normally accompany efforts to change. Real hope of changing requires that our skills match our goals — our goals may thus need to become more appropriate in order for us to accomplish them.

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