

# Resolutions: So Irresistible, So Hard to Keep

By SHIRLEY S. WANG

It's a scenario most of us know well: We start out on a grand plan to exercise more, lose weight or cut out the cigarettes. Then we fail, sometimes repeatedly, each time convincing ourselves that next time we'll manage. Why can't we stick to the plan, and why do we try again?

Researchers studying the science of self-change are starting to get a picture about how we sabotage our chances of success, even as we persist in being optimistic about improving ourselves. Studies have shown we are wired to be optimistic, and while this serves us well in many cases, being overly optimistic at times can undermine our resolve. There are techniques, however, to help us reach our goals and avoid falling into the cycle of repeatedly hoping to change, trying and failing.

Some 45 million Americans go on a diet each year, spending \$33 billion on weight-loss products, according to the Boston Medical Center, but only a fraction succeed. More than half of the 45 million adult smokers in the U.S. tried to quit in 2010, but less than 10% of them managed to stop, according to the Centers for Disease Control and Prevention.

Having hope that one can achieve a goal, and making repeated efforts to reach it, can sometimes be necessary, says Janet Polivy, a psychology professor at the University of Toronto who has studied dieters for decades. After all, people may need several tries to learn from their mistakes or come up with better strategies. But being overly optimistic and repeatedly holding unrealistically high expectations erodes motivation and makes people much less likely to succeed, studies have shown.

"Hope is a good thing if it's realistic," says Dr. Polivy. "But false hope, being promised something that can never be delivered, that's the problem. People who make realistic changes should succeed."

Other researchers have found that our brains automatically overestimate the chances of a positive future with what is known as an "optimistic bias."

Tali Sharot, a neuroscientist at University College London, has studied how our brains perpetuate this bias. One factor appears to be that we selectively incorporate positive feedback into our future expectations, but ignore negative feedback.

Dr. Sharot and her team have conducted a series of studies in which participants are told to estimate the likelihood that they will face a negative event, such as dying before age 60. Then, participants are told the real probability of the event happening in the broader population.

When the likelihood is smaller than what participants' thought, people incorporate the feedback into their estimates. When asked a second time to guess the likelihood of that negative event befalling them, they become more optimistic that it won't.

But if the chance of something bad happening is higher than they thought, they basically just ignore the new information. They justify it by saying that feedback doesn't apply to them—they aren't as likely to die before 60 as other people, for instance, because they have grandparents who lived into their 90s, or because they are avid gym goers with low blood pressure.

The mechanism behind this bias appears to be located in a specific part of the brain, the left inferior frontal gyrus, which is involved in language, among other functions. In a study published in October in the journal *Proceedings of the National Academy of Sciences*, the researchers found that the participants no longer selectively considered just the positive information when the functioning of that part of the brain was disrupted with electric current.

Although it may help undermine our self-improvement plans, overconfidence might give people a leg up as we compete, some experts say.

Evolutionary biologist Dominic Johnson—currently a fellow at the Center of Theological Inquiry in Princeton, N.J., —and a colleague used a mathematical model to try and figure out how successful people of varying degrees of confidence would be in a contest over resources. The results, published last year in the journal *Nature*, showed that acting with overconfidence—within an “optimal margin of illusion”—can reap greater rewards in competition than doing what is consistent with one’s ability.

In one study, Dr. Polivy and colleagues put chronic dieters on a moderate diet for two weeks. While the dieters lost about 1 pound on average, none of them maintained the diet after the two weeks was up because they didn’t meet their unrealistic expectations of losing 5 to 10 pounds.

They “all gave up because they felt the diet wasn’t working. They hadn’t lost 5 or 10 pounds like they thought they should have,” says Dr. Polivy.

In other research, Dr. Polivy and her colleagues found that people who have chronically dieted and failed to meet their goals often get sidetracked and succumb to overeating rather than continuing on after a slight setback.

Dr. Polivy says she has observed this phenomenon countless times in her work and dubbed the cycle of setting overly ambitious goals only to fail as “the false-hope syndrome.”

People who prepare plans on how to reach their goals, which psychologists call “implementation intentions,” are more effective at reaching goals, by spelling out in their minds what they will do if an obstacle arises, says Peter Gollwitzer, a psychology professor at New York University. If a cookie tempts you every time you walk into a cafe, come up with a plan to reach for an apple.

In one study with people who were afraid of spiders, people who were instructed to think, “If I see a spider, I’ll ignore it,” didn’t experience any anxiety when they saw a picture of a spider, according to self-reported anxiety measures. People who planned to think “I’ll remain calm” reacted less strongly to the spider picture than those with no plan at all, but weren’t as calm as those who planned to ignore the spider.

When there is something pleasant that one doesn’t want to indulge in, like junk food or alcohol, the key to avoiding temptation is to interrupt the habitual response with a quick, easy alternative action, says Dr. Gollwitzer. Such plans don’t appear to take much energy to activate once the work is done to put them in place, he says.

“It’s like a horse race,” says Dr. Gollwitzer. “You need to specify an alternative response so it can ‘out-run’ a habitual response.”