

5

Self-Consistency

Therapy is about change—or, at least, we hope it is. Yet considerable evidence from cognitive-social psychology indicates that individuals are often motivated to maintain consistency. One may be driven to achieving balance or consistency in one's beliefs, maintaining stability in one's roles, avoiding surprise, maintaining control, or committing to sunk-costs.

Consider the following: A woman has been involved with a married man for 2 years. He has continually suggested that he will leave his wife, but he has made no attempts to leave her. During this period, the woman has foregone opportunities with other men and has grown accustomed to seeing her paramour only when it is convenient for him. As time has passed, however, she has become more frustrated with this arrangement and their arguments have increased. He tells her that he is talking with his wife about separation, but that now is not the right time. The woman has threatened to break off with him, complaining that he is never going to leave his wife, so “why should she bother to stay?”

Her own marriage had ended in divorce. Her husband had been unfaithful with many partners over several years. She was devastated and promised herself that she would never let this happen to her again. She indicates now that, with the married man, at least there are no surprises. Getting into the relationship, she already knew that he was involved with someone else. She believed she could compartmentalize her life with him, see him when she wanted to, but not be betrayed as she had been with her ex-husband. Now, however, she is frustrated and angry at her lover, and she claims she knows it has to end.

But she nonetheless finds herself trying to convince him that he will not leave his wife. She confesses to her therapist that she hopes in these

arguments that her lover will convince her that he actually will leave his wife, but of course he never does. She claims, "If he did leave her, it would prove I was right for having been with him these last 2 years. It would not have been wasted time."

Why would an intelligent, attractive, personable woman stay in a no-win situation for so long? Her experience demonstrates the power of the consistency of one's beliefs, maintaining stability in one's roles, avoiding surprise, maintaining control, and commitment to sunk-costs. She is consistent in her belief that it is worthwhile. She is able to maintain a fixed role with which she is familiar and, at times, comfortable. There are no surprises, since she discounted the downside of the relationship from the start. She had felt that she was in control, since she knew "exactly" what she was doing. But she had invested a lot of time, energy and, among friends, her reputation in this affair, so now she was overcommitted to sunk-costs. She was trapped by her past behavior.

COGNITIVE CONSISTENCY

Familiarity does not always breed contempt. In many cases, familiarity results in comfort, decrease in anxiety, and liking of others. This same attraction to familiarity is found among chronically depressed patients who find their negative thinking familiar, consistent, and predictable. Swann (1983; Swann, Stein-Seroussi, & Giesler, 1992) has proposed a *self-verification* model that suggests that individuals seek out information that verifies their self-concept—regardless of the positivity or negativity of the self-concept. Individuals are motivated to pursue the familiar and the consistent.

Most of us want our belief systems to have internal consistency—what Fritz Heider (1958) would have called *cognitive balance*. In fact, we often become anxious and embarrassed when someone points out the inconsistency of our beliefs. (Cognitive therapy draws upon this desire for cognitive consistency, as Socrates did with his students; therapists, like Socrates, promote the desire to change beliefs by pointing out their inconsistency.) Similarly, the depressed patient's negative cognitive biases may become even stronger and more resistant when the patient is confronted with information contradicting their negativity. Rather than change the negative belief, the patient may reject the positive evidence—and perhaps fire the therapist.

The patient's investment in the consistency of his negative beliefs is illustrated by the fact that many chronically depressed patients, when presented with evidence inconsistent with their negative beliefs, will aggressively search out any evidence to support their negative schema,

thereby becoming even *more* depressed. One might even view their problem as the *need for negative consistency*.

Why is inconsistency so troubling? First, there may be innate needs for perceptual and cognitive consistency as evidenced by gestalt principles of perception (e.g., closure, fitness, etc.; see Koffka, 1935/1963; Kohler, 1929). Second, structure (such as the negative categories of the depressive schemas) reduces uncertainty and complexity. Evidence from infant perception studies suggests that there may be innate predispositions toward categorical perception of speech sounds, color, and form (Bornstein & Arterberry, 1999; Bornstein, Kessen, & Weiskopf, 1976). The predisposition to *impose categories* on perception and cognition may, for the chronically depressed, result in rigid, categorical, *but consistent*, schemas. Third, stereotypic (or categorical) thinking reduces “information-processing” demands. If most information can be assimilated to a single schema—for example, “failure”—then there is less need to make exceptions, resolve contradictions, or develop differentiated schemas. Consistency makes processing quicker and more efficient, but not necessarily more accurate. Fourth, cognitive consistency may result in the belief that events are predictable and controllable, factors that may be viewed by the perceiver as reducing helplessness (see Peterson, Maier, & Seligman, 1993).

PREDICTABILITY AND MAINTAINING CONTROL

Many people enjoy surprises. They seem to add novelty and excitement to their lives. Others, however, view surprise and change as disturbing, difficult to assimilate, and requiring unwanted adjustments. The idea of surprise or the unexpected has been of interest to behavioral theorists like Berlyne (1978), social-psychodynamic writers like Fromm (1941), and cognitive social psychologists like Langer (1990) and Taylor (1990). The unexpected may increase anxiety, defensive posturing, and withdrawal. One could argue that there may be an innate human resistance to surprise and the unexpected, since the unexpected may confer danger or loss. One can imagine the mixed emotions accompanying hearing someone say “Something unexpected happened.” Of course, the unexpected may be a positive windfall, but it can also be a disaster. Patients who are chronically depressed will view the unexpected as a probable negative.

The desire for control is illustrated by the fact that people will tolerate much higher levels of shock if they can administer the shock themselves (Geer, Davison, & Gatchel, 1970; Geer & Maisel, 1972). People will tolerate more pain if they believe it is predictable and that they can

control the pain themselves. Depressed individuals believe they are not in control of positive reinforcements, but that they are in control of negatives. Depressed people often blame themselves for negatives, but do not take credit for positives (Abramson, Seligman, & Teasdale, 1978; Alloy, Abramson, Metalsky, & Hartledge, 1988; Abramson, Metalsky, & Alloy, 1989). The depressed individual may attempt to gain some predictability and control in his life by holding to the belief that he is to blame for the negative events that occur—that is, *he controls and produces negatives*. This may be interpreted as a hidden agenda for these patients: they know how to be depressed, they know how to fail, they know how to avoid. The fact that they feel they have some control (even if it is for negatives) may be an added inducement to their investment in resistance and negativity.

One reason change is resisted is that the patient may not believe he will have control over the new situation or the new self that arises from the change. The patient knows how to reject help, complain, and think negatively. He may protest about the consequent depression, but he may also fight the therapist's attempt to control his negativity. Clinicians who have worked with resistant patients sometimes sense that the patient gains some satisfaction and a sense of victory by assuring that his negativity is not adequately modified.

SELF-JUSTIFICATION

Cognitive dissonance theory proposes that individuals are motivated to reconcile their “psychologically” inconsistent beliefs (Festinger, 1957). For example, the individual who has been asked to perform a boring task for very little reward might resolve this “dissonance” by changing his evaluation of the task: “It was interesting. You should try it yourself.” Interpretations of dissonance theory (e.g., Aronson, 1995) have emphasized that people are motivated to view themselves as rational, fair, and justly compensated. Consequently, people would be expected to reduce dissonance by viewing their actions as sufficiently justified even when their actions are not sufficiently justified. The dissonance effect, however, does not always hold up for people with low self-esteem: if they are not sufficiently justified, then this is not inconsistent with their view of themselves (see Aronson, 1995, for a discussion of these data). I propose that this may be due to the fact that dissonance studies are designed to create conflict with a “positive self-image,” a conflict that the depressed person with low self-esteem will not experience.

How does dissonance theory relate to depression? Consider the depressed person who lacks motivation and interest in activities. He is con-

fronted with the opportunity to go to a party. He decides not to go. How can he justify this decision? Many chronically depressed people will justify such a decision by claiming that the party was not worth going to, that things would have gotten worse, and that they are *better off* to conserve their energy by avoiding parties. Further self-justification might be that the person believes that he lacks the skills or looks to enjoy parties no matter what the occasion.

When the depressed individual is confronted with a choice to do something positive, he can “justify” his decision by devaluing the alternative not chosen (the party), increasing the value of the chosen alternative (staying home to conserve energy), and/or attempting to convince others that he is right (i.e., trying to convince the therapist that the party was a bad idea). For example, an intelligent, successful, attractive male continued to pursue a woman for over a year after she rejected him. He had generally viewed himself as someone who could get whatever he wanted—except her. With each rejection by her he tried to convince the therapist that the woman had “special qualities”—for example, physical and sexual qualities. Or he tried to convince the therapist that he was somehow alienating the ex-girlfriend and that if he could only figure out how, he would be able to win her back. Because the facts were inconsistent with his image that he was an effective person, he tried to reduce the dissonance by idealizing her qualities (so she was worth all the pain) or by blaming himself (he was doing something wrong) so that he could mobilize himself to get her back. This kept him in a continual rejection–reconciliation script for many months.

INTERACTIVE REALITIES

Maintaining control and predictability is not simply an *intrapsychic phenomenon*—that is, something going on inside the patient’s head. Most chronically depressed patients have constructed an interpersonal reality that supports their negative thinking. We refer to this as an *interactive reality* (Leahy, 1991). Specifically, the patient selects an interpersonal world that will either allow him to confirm his negative beliefs or to obtain compensation for these beliefs. I view these as *life scripts* (Leahy, 1991, 1995).

Most chronically resistant patients are invested in the consistency of their negativity. Consequently, exposure to information inconsistent with these beliefs is disturbing to them. An examination of the interpersonal networks of resistant patients often indicates that many of their friendships are focused on shared complaining, negativity, and blaming. For example, as noted earlier, a single woman spent hours each week

with another woman sharing negative impressions of the “men in New York.” When her therapist asked her if she spent any time talking with friends who had a positive view of men, she replied that she did not know people like that. (Similarly, a woman-hating male either isolated himself from friends or spent time with other men who hated women.)

Another manner in which consistency is maintained is through provoking others to conform to the negative belief. For example, a single male who had negative beliefs about women would provoke women he dated by personalizing almost anything that they did. Alternatively, he was able to support his negative view of women by visiting prostitutes, thereby confirming his view that women were inferior.

The interpersonal selectivity of these patients, who reinforce their negative life scripts, is reflected in the fact that they often find it very disturbing to be around people who do not share their views. For example, a woman who had negative views of relationships often felt enraged when she saw “happy lovers.” They not only exemplified what she did not have (a positive relationship with a man), but also challenged her “safe” belief that good relationships are a fraud. The cognitive dissonance created by viewing happy couples led her to avoid situations where she would see happy couples or to create stories that would demean their happiness (“They’re just shallow yuppies”).

Interactive realities may also serve as *compensations* for negative schemas. For example, the dependent person, who views herself as helpless, may seek out powerful, narcissistic men whom she believes will protect her and take care of her. The initial infatuation, however, gives way to being exploited and rejected by the narcissist, further reinforcing her view that she is helpless and alone. Other compensations may involve the reversal of the feared role. For example, a 32-year-old man, who had been abandoned and threatened by his mother when he was a child, became a compulsive caretaker and an expert in martial arts (see Leahy, 1995). His caretaker role and martial arts skills served as compensations for his underlying sense of abandonment, distrust, helplessness, and vulnerability. He would select people who would become financially dependent on him so that he would not need to confront his own dependence and so that he could “guarantee” that they would never abandon him.

Because interactive realities and life scripts of negativity are so powerful, the chronically depressed patient may have considerable evidence that people really do reject him or treat him unfairly. In other words, many of their automatic thoughts are true: “I’ve been rejected,” “All my relationships failed,” “People take advantage of me.” Rather than giving the patient a Pollyannaish interpretation that he is viewing events too negatively, the therapist should accept the truth that his view is valid.

The questions that arise then are: “What is this person doing to confirm his underlying negative views?” and “What is the negative point that he is trying to prove?”

SUNK-COSTS

Ideally, in making a decision, we consider the future benefits that may result from a course of action. However, substantial evidence indicates that individuals may place greater emphasis on their prior costs and use these costs to determine whether they will continue to pursue action that already has proven to be unrewarding (Staw, 1976, 1981; Staw & Ross, 1987; Thaler, 1980, 1992). Moreover, the greater the investment (sunk-cost), the greater the tendency to reinvest in the initial commitment.

For example, the patient described at the beginning of this chapter had already committed substantial behavior, at high cost, to a relationship with a married man that seemed to be going nowhere. Classical learning theories, guided by a reinforcement or extinction model, suggest that she would abandon the relationship, even if no other rewarding relationship was available. From reinforcement theory, the reinforcements would be seen as diminishing as the costs increased. Longer learning history in the relationship would predict even greater impetus to abandon the relationship. However, she resisted abandoning the high-cost, long-history relationship.

Individuals are not always guided by reinforcement history, nor are they easily convinced by cost-benefit analysis. Her current decision point—whether to continue or to quit—is determined by her prior investment in the relationship. Research and theory on the *sunk-cost effect* indicates that individuals are more likely to continue in a course of behavior the *greater* the prior cost has been (Arkes & Blumer, 1985; Garland, 1990). Furthermore, if she views a change as having a high cost relative to her existing “assets,” she will continue longer in the behavior (Garland & Newport, 1991; Kahneman & Tversky, 1979). The longer she is in a costly relationship, the *fewer* her remaining assets may be, since the relationship undermines her self-esteem and decreases her opportunities to pursue alternatives.

Commitment to Sunk-Costs

According to normative models of decision making, that is, how a rational person would make a decision, individuals should evaluate future utility in making current decisions. Thus, an individual deciding to sell her house should ignore the money she spent on improving her house

and should consider the current market for selling the house. If Susan bought the house for \$200,000 and put \$50,000 into improving the house, she should not demand that she get *at least* \$250,000 in the sale of the house. Rather, she should try to get what the market will pay—say, \$225,000. However, individuals often act as if their past investments—sunk-costs—demand recovery, thereby leading many people to stick with a losing proposition.

Consider this example from one of several studies by Arkes and Blumer (1985). Subjects are told the following:

“As the president of a company you have invested 10 million dollars of the company’s money into a research project [a plane that cannot be detected by radar]. . . . When the project is 90% completed, another firm begins marketing a plane that cannot be detected by radar. Also, it is apparent that their plane is much faster and far more economical than the plane your company is building. The question is: should you invest the last 10% of the research funds to finish your radar-blind plane?”

The authors found that 85% of the subjects in the study recommended finishing the airplane. However, another group, who was not told about the prior investment, overwhelmingly decided not to invest the money. For most people, making a prior investment that was a mistake became an overwhelming justification for adding to the bad investment.

There have been a number of attempts to explain the sunk-cost effect. Honoring sunk-costs has been explained by commitment theory (Kiesler, 1969), cognitive-dissonance, self-perception theory, and cognitive bias (see Arkes, 1991, 1996; Arkes & Blumer, 1985; Arkes & Ayton, 1999; Baron, 1994). Furthermore, some have argued that individuals do not want to appear “wasteful” (Arkes & Blumer, 1985), and therefore may continue in a losing course of action in order to demonstrate that they still have an option to make it work out. Increasing the individual’s sense of personal responsibility for the original action increases the sunk-cost effect (Staw, 1976; Whyte, 1993). Conversely, if the individual is able to attribute part of the responsibility to someone else, then he is less likely to honor the sunk-cost. Staw and Ross (1987) found that bifurcating (or separating) the initial and subsequent decision making for a project decreased sunk-cost effects, presumably because the individual considered the utility functions of each decision independently of the other.

Over the short term, taking action to change the status quo is more likely to result in regret than remaining inactive (Gilovich, Medvec, & Chen, 1995). Thus the individual who is already prone to regret may be more likely to avoid a change in order to avoid further regret. Some indi-

viduals clearly articulate their commitment to sunk-costs: “I can’t walk away. I’ve invested too much”; “If it’s so easy to change, then why didn’t I change before? This would make me look like an idiot”; “Giving up now would mean that I had wasted all that time”; or “I have a responsibility to make it work out.”

There may be some validity in many of these concerns. If the individual can “easily” change now, then it does raise questions about why the change did not occur earlier. Many people have difficulty integrating the idea that intelligent people can make foolish decisions. The therapist can help the patient by pointing out that making a decision that does not work out does not mean that one is a fool, nor does it mean that all one’s decision making is impaired. Furthermore, since the original decision may not have been based on all the information the patient knows now, it may have been a reasonable decision given what he knew at the time. Moreover, conditions change over time, thereby leading one to continually reevaluate further costs and benefits.

It is an unusual course of action that does not have some benefits, no matter what the costs. The woman involved with the married man, did derive substantial benefits from the relationship, but was now faced with diminishing returns given the higher costs. Finally, it is also true that absorbing sunk-costs and moving on may lead to a decrease in reputation among others, since the public admission of a mistake may result in criticism. This is especially true for politicians, who are loath to admit that prior decisions to invest tax money may have been misguided. Perhaps this is why there is no federally sponsored dam that was left incomplete, regardless of the costs and the utility of the project.

Backward-Looking Decisions

The sunk-cost is the hidden agenda from which the individual cannot escape. In fact, the sunk-cost creates even greater future sunk-costs in a sequential, debt-building model or escalation of commitment (see Leahy 2000b). Current decisions become ever more backward-looking. The Vietnam War is a tragic example of a sunk-cost that resulted in heightened resistance to change. In contrast to a reward–punishment model that would suggest a greater inclination to pull out with a greater cost, there was overwhelming popular support for a president (Nixon) who maintained the war past his first administration. American justifications for the war changed each year, always “honoring” the sunk-costs of previous commitments.

Individuals may attempt to redeem themselves from sunk-costs by trying to make the unworkable finally work. Thus the woman whose relationship with a married man continued to be a source of depression for

her described how she argued frequently with him about how he would never leave his wife. He would argue that he would leave the wife and the woman would insist that he would not. When I asked her what motivated these arguments—that is, how did she want them to turn out—she indicated that she wanted to lose the argument and be convinced that he would leave his wife. If she could lose the argument, she reasoned, then she had not wasted all her time in a no-win relationship.

Reversing Sunk-Cost Traps

As blinding as sunk-costs may be to the decision maker, many individuals are able to recognize the power of their commitment to prior decisions.

- *Explain the concept of sunk-costs.* Most people understand the concept of “throwing good money after bad money.” They understand the experience of having a car whose increasing need for expensive repairs eventually exceeds the cost of buying a new car. They understand how difficult it is to walk away from something they have invested in—that is, an *investment trap*. And they understand the simple question, “If you had to do it over again, what would you do?”

- *Contrast sunk-costs with future costs and benefits (future utility).* The investment trap of sunk-costs implies that the individual is *retrospective* in deciding about costs, rather than *prospective* about costs and benefits. Expected utility theory proposes that individuals (should) consider the costs and benefits for the future for a current decision. The patient can examine the costs and benefits of basing current decisions on past sunk-costs versus the costs and benefits of basing these decisions on future utility ratios. Furthermore, the therapist can ask the patient, “Would you feel comfortable if the current situation continued for 1 year? Where would you like to be a year from now?” By extricating the individual from the experience of a recent sunk-cost, the therapist can help the patient make a decision that is more prospective than retrospective. Future backward looking is more effective than current backward ties.

- *Contrast past and future utility ratios.* A woman who was attached to a man who was an alcoholic and with whom she shared a 6-year relationship had difficulty ending the relationship:

THERAPIST: What would it mean to accept that the relationship is not worth continuing?

PATIENT: It would mean that I've wasted all that time, all those years.

Here, as is true with many people committed to a sunk-cost, the patient's perception is about dichotomized gains and losses: "If I accept it's not working, then it was a total waste." Regret often entails all-or-nothing thinking about a past behavior—as if there were no rewards in the relationship.

THERAPIST: So, if you decided now that the relationship was not worth pursuing, then it means that it was entirely a waste of time. That sounds like all-or-nothing thinking. I wonder if you can think of a shifting balance of positives eventually outweighed by negatives? (*Draws the graph shown in Figure 5.1 for the patient.*) If we look at the graph, it seems that the positives outweighed the negatives for much of the relationship. How is that consistent with the idea that it was a waste of time?

PATIENT: I guess that's true. There were many positives. But I feel sad when I think of that, because I no longer have those positives.

THERAPIST: Well, you still have some of them, but it seems that the negatives have outweighed the positives for some time now.

PATIENT: That's true.

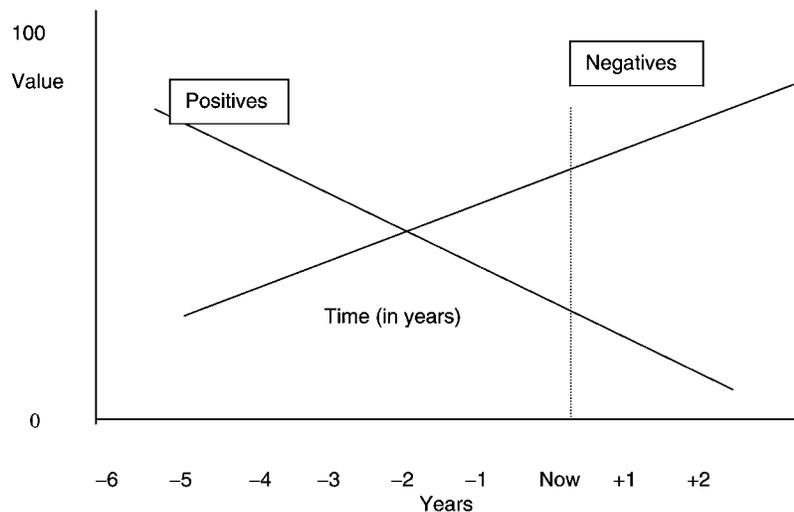


FIGURE 5.1. Graphing utility ratios.

THERAPIST: And, if we extend the graph into the future, then that difference between positives and negatives might even get greater.

PATIENT: Yeah. Things seem to be getting worse.

THERAPIST: So, if we look at the graph, it seems that the past had many positives—especially in the beginning—but that these positives have declined and the negatives have gotten greater.

PATIENT: I wish I could have the things that we used to have.

THERAPIST: But if you had more positives than negatives for part of the relationship, then that doesn't seem consistent with the idea of "total waste."

PATIENT: Right.

THERAPIST: So, the question would be, "What will the difference be between future costs and benefits in the relationship?"

PATIENT: I'd be better off without it. That's pretty clear. I can't go on like this.

THERAPIST: Sometimes we make decisions based on the past, sometimes we make decisions based on what will be good for us in the future. What would be good for you in the future?

PATIENT: To move out and get my own place.

- *What are the advantages and disadvantages of abandoning sunk-costs?* The patient may be inordinately focused on the "costs" of abandoning the sunk-cost investment. He may identify these costs as appearing to have been wasteful, he may recognize that the goal is hopeless, and he may admit he has failed. The benefits, however, might entail the ability to change to more controllable and achievable goals and to avoid the problem of wasting more time and effort in a lost cause.

- *Does the individual believe he "owes" the honoring of sunk-costs to an observing audience?* Many people are concerned that acknowledging that they have made a mistake will result in condemnation by other people. Certainly, this is true in many political contexts. Dawes (1987) recounts a senator saying, "We cannot walk away from this project after we have put so much money into it," to justify spending more money on an out-of-control project. Quite possibly constituents will forget the extra cost of the project and will at least give the senator credit for getting the project completed.

In marital interactions, individuals are often concerned that, should they admit to their partner that their own past behavior was wrong, their partner will use this information to punish them. In some cases this

concern is not altogether ungrounded. The therapist can examine with the “observing partner” the costs and benefits of allowing the partner to acknowledge a past mistake without having to continue being punished for it.

Sometimes the individual finds himself engaging in maladaptive behavior that he knows is maladaptive. He has made a commitment to something he knows will not work. Now, finding himself out on a limb with a maladaptive response, he thinks, “Either I acknowledge that I’m acting like an idiot or I must prove that I was really right.”

- *Challenge self-justifying sunk-costs as a “need to win.”* Consider the following “self-justifying sunk-cost” script. John is arguing with his wife, Katherine. In the middle of the argument, he realizes that he is wrong. However, he believes that he must “win” and that he should never “acknowledge defeat.” The dilemma is that if he continues to hold tight to his absurd position, his wife will win. He resolves this dilemma by bringing up past “mistakes” that Katherine made that are unrelated to the current issue. By doing this, he is able to provoke Katherine into a defensive position, distracting both of them from his current absurd position, and “rescue” himself. As a consequence, he is able to justify his anger toward Katherine by provoking new defensive behavior in her and by bringing up past “wrongs.”

Many of us are highly invested in “being right,” which to many of us means that our partner must be “wrong.” Couples who are locked in prosecutor–defendant scripts generally find it difficult to acknowledge their role in the problem, thereby making it difficult to produce change. Being committed to defending a lost cause results in replaying old accusations and, often, escalating the conflict in order to provoke the partner so that the previous resentment and anger can be justified.

The therapist can use a “*stop-frame*” intervention to demonstrate the patient’s investment in “proving a point” rather than making a change. For example, Ron and Ellen were constantly in conflicts. As I observed their typical prosecutor–defendant–judge script, I saw that both of them felt self-righteously “right” about their positions, even though their relationship was collapsing. I asked each of them to describe to me a typical recent argument. As Rob described “I said–she said,” I stopped him at one point where he recalled saying, “You’re just a crazy bitch.”

THERAPIST: What would you predict would happen when you label Ellen as a “crazy bitch”?

RON: She’ll get angry at me and maybe hit me.

THERAPIST: So, it might be fair to say you know by telling her that she's a "crazy bitch" that she will act like she's out of control?

RON: And I was right—she did.

THERAPIST: So, why is it more important for you to be "right" than to avoid having Ellen act out of control?

RON: (*long pause*) Because I know that I've failed her in a lot of ways. I know that I've been acting like a jerk.

THERAPIST: Sometimes we get ourselves involved in defending a past mistake by getting our partner to make a bigger mistake.

RON: I do that all the time.

ELLEN: He's always doing that. Provoking me.

THERAPIST: Let's take a short pause right now. I'd like each of you to write down the mistakes you have made and are making even now. Don't focus on your partner's mistakes, just list your own mistakes.

After Ron and Ellen wrote down their respective mistakes I asked each of them to read their statements to the other. This "confessional" intervention was helpful in getting them past the "no-win" script of provoking the partner to justify a past mistake.

- *Does the individual believe that accepting a sunk-cost implies he cannot make any decisions?* Some people believe that finalizing the sunk-cost and moving on is a statement that "I cannot make any good decisions." For example, one individual, ruminating about a past relationship that did not work out, said: "The fact that the relationship did not work means I can't trust my judgment. Therefore, how could I have any other relationships in the future? How could I trust my judgment?" The rational response that worked for this person was: "Even people who are good at many things—including making decisions—make mistakes." The patient can be told that good decision makers are good at recognizing their mistakes and extricating themselves from the mistake.

- *If you went back in a time machine to the initial decision to make the investment or decision to enter into the sunk-cost, would you make the decision to get involved?* Current decisions to change are often predicated on the justification of a sequence of prior decisions that form a trap, a kind of "magnet to the past." The therapist can ask the patient to imagine going back in time, with the value of hindsight knowledge, and ask, "Would you make the decision to get involved, knowing what you know now?" For example, a man who was involved with a married

woman, and who complained that he felt caught in a trap, described his lover as selfish, unpredictable, dishonest, and demeaning. The therapist suggested that the patient enter a time machine that went back in time. He was now reading a personal ad that said “Married woman who will not leave her husband is dishonest, unpredictable, selfish, and demeaning. Seeks kind and sensitive man for a no-win relationship.” The patient laughed, recognizing that he would never get involved.

- *If you allowed three other people to make the decision for you, what would be their likely decision?* The advantage of arbitrating the decision by bringing in new “deciders” is that other people are not committed to honoring the sunk-costs. The patient may object: “But they haven’t gone through what I have. They don’t have the commitment that I’ve built up. They aren’t as attached as I am. They don’t have my *history!*” These objections highlight precisely why arbitrating the decision is useful. Since the other person has not gone through what the patient has gone through, he or she can look toward future utility rather than backward to sunk-costs. Further, the purpose in making a decision is to determine whether commitments are worth keeping. If the reason for a commitment to a sunk-cost is simply that a commitment has been made, then no change would be possible. The real question should be, “Is it worth maintaining these commitments in the future?”

- *Is the sunk-cost related to a core schema?* Many people get trapped by sunk-costs in one area of their lives, but not others, because the sunk-cost activates a core schema. For example, the woman “trapped” by the sunk-cost intimate relationship with a married man recognized she was not similarly trapped by sunk-costs at work. She was able to cut her losses on business projects and even move from job to job. However, her sunk-cost risk in relationships was the result of her core schema that she was undesirable as a woman—especially, her view that she was not attractive, interesting, or enticing to a man. Ironically, staying in relationships in which she was a second choice for the man reinforced and maintained her core schema. Thus, it is often helpful to have the patient examine how sunk-cost traps are schematically related, since it assures the patient that not all sunk-costs are traps.

- *Examining opportunity costs from sunk-costs.* Backward-looking decisions, in which the individual attempts to redeem and recover a loss, often overlook the prospect of future opportunity costs. Again, the irony is that staying in a bad relationship, as an example of a sunk-cost, can not only cut off realistic opportunities for other more rewarding relationships, but it can also undermine the ability to perceive that an op-

portunity could be achieved elsewhere. A woman who stays in an abusive relationship experiences a drop in self-esteem and general feelings of efficacy, thereby further discouraging her from the belief that other men would want her—or from the belief that she would be better off without a man. The question of opportunity cost can be addressed by asking the patient the following questions: (1) “If you were not pursuing this sunk-cost, what opportunities for reward would be available?”; (2) “How does staying in this sunk-cost perpetuate the belief that you are not able to produce other positives in your life? How does it reduce your perception of yourself as an effective person?” The therapist can suggest that the patient has been banging her head against the wall for a long period of time. It is now time to walk around the wall and pursue other goals.

- *Does the patient believe the acceptance of loss in giving up on a sunk-cost will result in overwhelming affect?* Some people believe they will never recover from the sense of sadness they feel when they abandon the sunk-cost. The patient may believe he will be overcome with depression and hopelessness, and these feelings will last forever and destroy him. The therapist can remind the patient of how he was able to give up on other lost causes and that his experience of loss was temporary and not overwhelming. Furthermore, by pointing out other decisions to abandon sunk-costs, the therapist may ask, “What would your life have been like if you had continued in [the other] sunk-cost?” The therapist can compare the sudden and quick pain of pulling a splinter out versus the long steady pain of leaving it in. The therapist can ask, “How would you feel 1 week, 1 month, 6 months from now, if you gave up on this?”

- *Expand social support for positive change.* The patient can examine alternative sources of support for positive change. For example, encourage the substance abuser to enter a 12-step program, rather than spend time with friends in bars. The patient can examine her support network to determine which friends or family members facilitate change and which seem to deter it. The patient can assign more time to spend with facilitators of positive change.

- *Identify specific steps toward change.* Similar to the model advocated in motivational interviewing (Miller & Rollnick, 1991), the therapist should help the patient to problem solve specific behaviors and discover resources necessary to produce change. For example, the patient who has been relying on alcohol to reduce his anxiety should be trained in anxiety-management techniques (Barlow & Craske, 1988) and should be encouraged to reduce sources of unnecessary stress. By adapting a problem-solving strategy to modify past negative consistency, the thera-

pist can focus the patient on achievable goals. This strategy may assist the patient in overcoming feelings of helplessness and low self-esteem. For example, a woman who was focused on how terrible it would be to leave her husband (a major sunk-cost!) was able to refocus on taking specific steps toward change such as arranging her finances independently of him, getting a new place to live, and renewing her contact with friends. This approach diverted her thinking away from the uncontrollable qualities of her husband and toward behaviors and outcomes she could control.

SUMMARY

Social-cognitive processes focusing on self-consistency, predictability, control, and interactive realities also result in resistance in that the depressed patient may be highly invested in maintaining the stability, internal consistency, and control that his negative thinking allows him. The attempt to maintain consistency in behavior may be related to backward-looking decision making focused on sunk-cost effects.

In this chapter, I examined the tendency of individuals to honor sunk-costs, thereby continuing them in a condition of hopelessness. The sunk-cost process appears to allow the individual to maintain some hope that failures, which are not final, can be redeemed as a success sometime in the future. Thus, the individual may appear to discount future opportunities for change and for reward, focusing more on the disutility of his prior mistakes.

I have examined a number of interventions that allow the patient to examine the meaning of a sunk-cost and his resistance to giving up on behaviors that no longer are effective. In the next chapter I will discuss how individuals become trapped in resistance due to their personal and interpersonal schemas.