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A faulty compass: Why do some people choose situations that are not good for them?

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ABSTRACT

Why do some people seem to be drawn to situations that are not good for them? While we all regularly end up in situations that we would have preferred to avoid, we tend to not choose situations or other people that are not good for us, and with time most of us get better at recognizing and avoiding these situations. However, it is a well-known clinical phenomenon that some people have a faulty compass when it comes to these situations, increasing the likelihood of repeated exposure to negative experiences and even trauma. In this paper, we reflect on the relationship between adverse experiences early in development and dysfunctional choices in adulthood, with the aim to reinvigorate interest in this clinically important phenomenon, which is in need of rigorous empirical study. Based on the literature and clinical observations, we distill four categories of hypotheses: people make dysfunctional choices 1) to process or master previous trauma, 2) out of habit and because of preferences for what is familiar, 3) to maintain a coherent view of themselves and the world, and 4) to avoid difficult emotions. We end with concrete questions that can help narrow down the heterogenous set of observations and explanations, providing a first step towards a better conceptualisation and systematic documentation of (factors contributing to) maladaptive situation selection. We dedicate this essay to Jack Rachman, who was a great inspirator for the field of experimental psychopathology with his essays highlighting phenomena that were overlooked and drawing attention to fresh ideas.

1. A faulty compass

Adverse life events contribute to the development of psychopathology, including for example major depressive disorder, post-traumatic stress disorder, and, more persistent, personality disorders (Arntz, 2020). Using a variety of techniques, psychological treatments aim to reduce the impact of memories for such adverse events, either by focusing on symptoms (e.g., low mood) or by directly targeting distressing memory representations (e.g., by rescripting of/exposure to traumatic mental images). While many individuals benefit from these treatments, not everyone does, and relapse rates remain high, especially in treatment of depression, where underlying traumatic experiences are generally not addressed (Arntz, 2020; Vittengl, Clark, Dunn, & Jarrett, 2007). On the other hand, clinically we see patients after successful treatment starting to make functional choices, which deviate markedly from the previous choices, e.g., of work or partner. This suggests that successful treatment can address factors that underlie dysfunctional choices, although we have little knowledge about how optimal our techniques are in addressing this issue. Of the factors that contribute to maintenance of psychopathology and relapse after successful treatment, one question has received relatively little attention in empirical science: why do some people seem to be drawn to situations that are not good for them?

In a prominent framework on emotion regulation (Gross, 1998), ‘situation selection’ is the first step and the most forward-looking strategy to regulate one’s emotions. It involves taking actions that make it more (or less) likely that one will end up in a situation that one expects will give rise to desirable (or undesirable) emotions. While we all regularly end up in situations that we would have preferred to avoid, most people have a reasonably good sense of what situations and people are good for them, and what can be better avoided. Moreover, with experience and with help of others we usually get better at recognizing and avoiding situations that create problems. Apparently, during development we learn to detect the red flags. However, it is a well-known clinical phenomenon that some people seem to miss the red flags time and again, increasing the likelihood of repeated exposure to negative experiences. It is as if some people are equipped with a faulty compass.

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In this paper we will explore the topic of repeated maladaptive situation selection from an emotional memory perspective (our background), more precisely from unsatisfactorily processed emotional memories (Freund, Arntz, Visser, & Kindt, 2022; Rachman, 1980). We will put forward a number of hypotheses that, with a bit of work, can be tested empirically. We are aware that this topic may be sensitive and would like to stress that we do not in any way mean to suggest that 'situation selection' is a fully deliberate process, and/or that individuals exposed to repeated trauma are somehow to blame for what happens to them. Our sole purpose, in the spirit of Jack Rachman's life and work, it to draw attention to an elusive, understudied, yet clinically very relevant, phenomenon.

2. What do we mean by 'maladaptive situation selection'?

Our definition of 'situation' encompasses the selection of other people (e.g., friends or partners), selection of physical locations (e.g., neighbourhoods, pubs, clubs), digital environments (e.g., chat rooms, dating sites), and choice of education and profession. With 'maladaptive' we mean that the situation is not good for a person, in the sense that being in the situation increases the probability of emotional and physical suffering and even of experiencing (new) trauma. Assessing whether a situation is good for another person or not is far from straightforward. There are countless behaviours that to an outsider seem naïve, or even self-destructive, and without knowing someone's motives or experience, labelling such behaviour as 'maladaptive' is prone to all sorts of biases. In addition, what may be a bad situation for one person may be completely fine for another. Therefore, the following examples of maladaptive situation selection are merely based on our own observations in treatment-seeking populations and may not generalise to other cases inside and outside the clinic. This list is also by no means exhaustive. Furthermore, we only consider examples where individuals seem to have (had) a choice. While we are not going into the issue of free will, there are plenty of cases where people obviously do *not* have a choice in the situations they end up in, because of external forces or because of lack of viable alternatives. Here, we are specifically interested in those situations where people seem to be drawn to dangerous situations that most others have no trouble avoiding. Thus, in order to qualify, 1) there need to be clear indications that the situation involves a risk, 2) there need to be better alternatives available, and 3) someone needs to be physically able to choose these alternatives. Note that people may vary in the degree to which they are aware of 1 (risks) and 2 (viable alternatives), and different mechanisms may underlie more deliberate vs automatic maladaptive situation selection.

3. Examples of maladaptive situation selection

A first prominent example of maladaptive situation selection relates to partner choice. It is not uncommon that people who have been emotionally, physically and/or sexually abused as a child end up being abused by their romantic partners in adulthood. It might even happen that after having received treatment of trauma related to these abusive relationships, an individual keeps falling for the same type of abusive partners and exposes themselves to new trauma. Although abusive behaviour may take a while to emerge, general red flags could include a history of criminal behaviour, addiction, previous partner abuse, extremely jealous or controlling behaviour, or a pattern of unemployment due to work conflicts.

A second example of maladaptive situation selection relates to the link between early aversive experiences and occupational choices. Some occupations, for example in the sex industry, are associated with high incidence of violence and abuse (Deering et al., 2014). While obviously some individuals choose the profession because they genuinely like it (rather than as an implicit response to past trauma), the rates of prior trauma are higher among people working in this industry (Lalor & Mcelvaney, 2010; Mccarthy, Benoit, & Jansson, 2014). In this context it is especially important to consider to what degree a person has alternatives to choose from. That is, if working in the sex industry (or robbing a bank or even joining a dangerous military mission) is the only way to provide for one's children or because one is being blackmailed, the unacceptable costs of alternative choices (e.g., starving; risking death) outweigh those of the selected situation. This is not considered 'maladaptive situation selection', as there is not much of a choice. An arguably greyer area are the professions that are not necessarily associated with higher risks of exposure to trauma, but that may be harmful for a particular individual in terms of mental health, for example due to the pressure that comes with it. There are the stories of top athletes who passionately hate the sports they excel in (Jeffries, 2009), or individuals choosing professions to conform with certain family values (e.g., the generations of physicians, politicians, competitive academics), while loathing what they do and not being able to cope with the pressure it involves. It is important to realise that each environment limits the selection of opportunities available, and that sometimes drastic changes are needed to be able to make functional choices. This may involve breaking with one's social circle and culture (e.g., friends who use drugs or engage in criminal activities; a deeply religious community; academia), and exchanging this environment for a new, unknown environment, involving new, unknown risks (Table 1). Oftentimes, the estimated costs of such a leap into the dark will outweigh the risks of staying in a dysfunctional environment, although plenty of examples exist of people who took such a leap, and thereby managed to change their lives for the better.

Finally, there are also neurological and psychological disorders where 'maladaptive situation selection' is a central feature. For example, in addiction (e.g., to substances or gambling), behaviour is repeated despite it not, or no longer, being rewarding, and despite its adverse consequences. In psychosis and mania, individuals also frequently put themselves in dangerous situations, leading to high prevalence of trauma. In some neuro(psycho)logical conditions, such as dementia, traumatic brain injury, but also Attention Deficit Hyperactivity Disorder, control over impulsive action tendencies is compromised, which

Table 1
Examples of maladaptive situations, and the hypothetical costs of alternative choices.

Examples of maladaptive situation	Potential costs of alternative choice
Conforming to stifling family values and traditions, staying in dysfunctional social circle (e.g., friends who use)	Social exclusion, loneliness, financial insecurity, identity disintegration
Continuing substance use	Withdrawal, emotional pain
Staying with abusive partner	Financial insecurity, loneliness, escalation of conflict, loss of custody
Staying in risky profession/ neighbourhood	Financial insecurity, social exclusion
Not seeking, or rejecting, professional support	Confronting problems. Financial burden
Pursuing a risky profession	Financial insecurity (if no viable alternatives), or boredom (if alternatives are present but not exciting)
Experimenting with drugs	Missing out on exciting experiences, rejection from peers
Seeking out and/or engaging with individual who exhibits 'red flags'	Missing out on potential new friendship/romantic relationship, social isolation

Note: examples of maladaptive situations, and the hypothetical costs of alternative choices, highlighting how the psychology of maladaptive situation selection could interact with the environment. The hierarchy of costs is dependent on idiosyncratic situations (e.g., the costs of divorcing an abusive partner who is particularly violent may be higher than getting off drugs), but the costs of *getting out of* a maladaptive situation (top rows) may usually be higher than the costs of *not getting into* a maladaptive situation (bottom rows). In the end what matters is how situations are perceived i.e., the "felt costs": Problems may arise from either an inability to recognise risky situations or alternative choices and/or failure to properly weigh them against each other, or from compulsive tendencies to make suboptimal choices despite awareness of the risks.

obviously can lead to maladaptive choices. However, for the purpose of this essay, we focus on behaviour that was never obviously rewarding in the first place (which drug use is), and where the sense of reality and/or impulse control is not obviously distorted. That is, we are interested in contradictory (unpleasant or risky) behaviour in cases where agency is seemingly unaffected.

4. Hypotheses to explain maladaptive situation selection

Although 'maladaptive situation selection' is an elusive and understudied phenomenon, the notion that dysfunctional patterns repeat themselves is not new. In fact, this phenomenon is central in both psychodynamic theories and schema theories. For example, Freud introduced the term "Wiederholungszwang" (repetition compulsion) to describe the phenomenon of repeated behaviour that apparently contradicts the organism's search for pleasure (Freud, 1950, p. 21), which includes the type of behaviours we would define as 'maladaptive situation selection'. However, the term encompasses a broad range of behaviours, many of which would not meet our definition, such as the contradictory behaviour of a child repeatedly throwing their favourite toy from their crib and getting upset, and even the involuntary reexperiencing of intrusive images and nightmares of traumatic events. In the theory underlying schema therapy, Young formulated some interesting ideas about why people with personality problems often choose situations and other people, including partners, that create problems for them and often lead to a repetition of early childhood experiences (Young, Klosko, & Weishaar, 2003).

In this section, we discuss four overarching themes that we distilled from existing theories describing phenomena that are related to maladaptive situation selection complemented by clinical observations. These themes are not mutually exclusive. Within each theme, we mention different hypotheses, some of which are quite broad and need to be narrowed down further before they can be tested empirically. In the section on Future directions we make concrete suggestions on how we can start narrowing down the constructs of interest.

4.1. *Processing negative memories*

The first category of hypotheses relates to the idea that an individual may (unconsciously) seek out experiences that are similar to the negative experiences they had in the past in an attempt to repair or retrospectively master these experiences. Mastery, or controllability, has been proposed as a core need (Dweck, 2017), and experiences of helplessness can be profoundly traumatic. Given that we are talking about events in the past, we argue that it is more about mastery of the experience of helplessness represented in the *memory* of these events, not so much about mastery of the current situation *per se*, which instead one could have chosen to avoid (though obviously, once the situation is there, mastery of the situation becomes imperative to both processing the trauma memory and preventing further trauma).

4.1.1. *Corrective experiences*

The idea that recurrent dysfunctional behaviour stems from a desire to master a previous experience first emerged in psychodynamic theories. For example, Erikson hypothesized that "the individual unconsciously arranges for variations of an original theme which he has not learned either to overcome or to live with" (Erikson, 1950, p. 189). In theories underlying schema therapy, Young suggested that people might be driven by a hope to repair early adverse experiences by situations and/or people that are highly similar to the original situation or person (Young et al., 2003). For example, a person who as a child suffered from lack of affection and unconditional love by their parents, might choose people who are emotionally cold in the hope that these persons will ultimately change and express affection and love to them. If the experience of lack of affection and unconditional love was combined with high achievement standards, the person might choose situations (e.g. a study, a university, a job) with high levels of competition, cold interpersonal culture, and high standards of achievement. Chances are low that such environments will offer the corrective experiences the person needs. Rather, such choices will probably lead to experiences that maintain or strengthen the dysfunctional schemas. It is as if people insist on having their unmet needs met by those people and situations that initially did not meet their needs, and that wish is extrapolated to new people and situations that highly resemble the originals. The wish for a corrective experience by the culprit is thus hypothesized to underlie the choice of situations and others.

4.1.2. *Pavlovian and operant conditioning, extinction learning and counterconditioning*

Basic science theories on emotional learning and memory may be relevant to consider here. The typical paradigm to study fear learning and memory is Pavlovian conditioning (Pavlov, 1927). In this model, a neutral stimulus (i.e., a conditioned stimulus; CS+; e.g., a geometric shape] is paired with an aversive outcome (unconditioned stimulus; US; e.g., electric shock). Over time, the neutral stimulus acquires an aversive association and elicits a conditioned fear response. When the conditioned stimuli stop being negatively reinforced, or are being paired with positive outcomes (e.g., a reward) instead, the individual learns that the previously dangerous stimuli no longer predict threat and the conditioned response usually extinguishes with time. It is this extinction learning, or counterconditioning, that is clinically most interesting as it provides means to treat negative reactions to trauma-associated stimuli. In the case of maladaptive situation selection, there may be the implicit hope that exposing oneself to a situation that resembles the trauma context, in the absence of the earlier negative outcomes/in the presence of positive outcomes (e.g., receiving recognition and validation instead of being ignored or criticized), leads to a weakening of the dysfunctional memory associations. Moreover, from an operant conditioning framework it can be hypothesized that people hope to gain control over negative consequences (hence repairing the experience of helplessness) by behaving in new ways. In other words, individuals may instinctively engage in a type of real-life exposure therapy, with the hopes of unlearning, controlling, or correcting previous negative associations.

4.1.3. *Trauma play*

Whether we look at 'corrective experiences' from a psychodynamic/schema theoretical perspective, or from the perspective of basic associative learning principles, the paradox is that if such experiences are sought after outside a safe treatment context (i.e., by exposing oneself to a dangerous context), outcomes may again be negative, thereby further confirming existing negative associations and schemata. However, there is also evidence suggesting that some forms of actively seeking out situations resembling previous trauma contexts, or even recreating a traumatic experience, can be beneficial, even when done outside of therapy. This is referred to as 'trauma play' and has been studied mostly in children. While trauma play can be repetitive and harmful, it also provides children with opportunities to express emotions that they may not have been able to express during the trauma, and to increase understanding of what happened (Terr, 2013). As others have summarised it "By playing, children organize their memories, integrate fragmented sensory experiences, and reconstruct them to increase comprehension. This allows the construction of a coherent and meaningful narrative that is satisfying and re-assuring" (Cohen & Gadassi, 2018, p. 2). In addition, it allows children to "experience self-efficacy by changing the passive victim role into an active one and by showing off in fantasy one's power and capabilities.", in other words, it increases feelings of mastery. In adults, trauma play is less common, but some anecdotal evidence comes from people engaging in BDSM. Though on average childhood trauma is not more common in BDSM communities, some individuals use BDSM to 'work through the event', in a relatively safe setting. For example, one autoethnographic report describes a BDSM act in which they were submissive as a type of exposure therapy, the pain and humiliation acting as a multi-sensory

gateway to a traumatic childhood memory (Thomas, 2020). As with exposure therapy, first the negative emotions associated with past trauma emerged which faded with time, akin to extinction of distress during a therapy session. In addition to this process of extinction, other aspects reportedly enhanced the beneficial effects of the play, such as the submissive receiving compassion from the dominant partner after the act, and the bystanders (it was in a club) 'bearing witness' to a representation of one's traumatic past, counteracting the loneliness of trauma-associated shame. Of course, such corrective experiences are only possible if the people involved are trustworthy, which in turn requires a working compass. In a sense this creates a Catch 22, with people most in need of corrective experience not being able to judge in which contexts they can let themselves be vulnerable.

4.1.4. Role reversal

Finally, a distinction could be made between the examples described above, where someone selects a situation with the hopes of having a corrective experience, and more explicit forms of striving for mastery, where one literally becomes the person in control. In the latter case, one might even see role reversal, where a person who experienced humiliation becomes a dom/dominatrix, someone who experienced social exclusion for being shy becomes the loudest voice in the room, or where someone who has been a victim of abuse, now becomes the perpetrator (Fazel, Smith, Chang, & Geddes, 2018; Hailes, Yu, Danese, & Fazel, 2019). It is an empirical question whether such behaviours are associated with similar risks of suffering (and thus qualify as 'maladaptive situation selection'), and whether such behaviour could be explained from a memory processing perspective, or whether other frameworks may be more useful (see below).

4.2. The comfort of habits and encountering sameness

A second group of hypotheses relates to the idea that we all prefer the known over the unknown, even if the known is toxic. A difference with the first group of hypotheses is that it does not assume that there is anything potentially adaptive about seeking out situations that resemble the context of previous trauma. It is merely a by-effect of people being neurobiologically programmed to mimic or create old environments, even if those environments were bad for a person.

4.2.1. Mere exposure

One explanation why people tend to repeat earlier experiences by their choice of situations is the mere exposure effect. According to this theory, familiarity with stimuli leads to a positive evaluation of these stimuli, and a tendency to approach, whereas novel stimuli rather elicit fear and a tendency to avoid (Zajonc, 1968, 2001). Thus, a simple explanation of the tendency of people without a troubled developmental history to choose for more healthy situations and people, is the familiarity with them. Conversely, people with prolonged adverse experiences early in their development might choose for situations and people that show resemblance to the situations and people they are familiar with from early on in their life, hence increasing the chance that these are dysfunctional and will lead to repetition of adverse experiences. However, this explanation would not be valid for experiences that were not often repeated or prolonged. More importantly, while evidence suggests that we prefer familiar over non-familiar situations, our knowledge about the field is too limited to know whether this goes beyond physical characteristics. Thus, while mere exposure effects might explain why we continue to hang out around people and places that are part of our (sub-)culture, we do not know whether the theory is useful for explaining preferences for individuals with certain personality characteristics.

4.2.2. Sexual attraction

Psychodynamic theories suggest that early attachment figures (whether biologically related or not) influence mate selection in adult life (the Oedipus complex, or positive sexual imprinting). Yet, there is not a lot of empirical evidence that supports this idea, and in fact lot of support for the opposite (negative sexual imprinting) (Rantala & Marcinkowska, 2011). A more nuanced idea about why people with personality problems often choose situations and other people, including partners, that create problems for them and often lead to a repetition of early childhood experiences was developed by Young (Young et al., 2003). Specific for romantic partner choice, he hypothesized that early relationships with dysfunctional caregivers (as opposed to any caregivers, as proposed in theories on positive sexual imprinting) underlie sexual attractiveness of potential partners. In other words, if the relationship between the caregiver and the child contributed to the development of an early maladaptive schema, the schema tends to be sexualized, in the sense that potential partners that activate the schema have increased sexual attractiveness. For example, a person with early experiences of being repeatedly abandoned by a parent, might feel especially attracted to partners who are unwilling to form a stable and secure relationship, and will abandon the person (or repeatedly leave, come back, etcetera). Although Young also suggested other explanations, this one is unique in that it emphasises automatic sexual attraction, leading to difficult to handle feelings of infatuation and later on very painful experiences, as the early traumatic experiences are repeated.

4.2.3. Role-relationship models

Partly related to the idea that we select partners who resemble early caregivers, there is a lot of literature describing our tendency to confirm to our role-relationship models, that is, a schema representing how people in different roles (are supposed to) interact. In such frameworks, it is not necessarily the characteristics of the other person that resemble characteristics of previously encountered individuals, but the role we assign to them, and to ourselves (Horowitz, 1989). For example, if we expect romantic partners to be dominant, then we may be inclined to interpret their behaviour as such and take a submissive role (which further elicits dominant behaviour). Likewise, we are attracted to people with attachment styles similar to our own (Frazier, Byer, Fischer, Wright, & DeBord, 1996). Such frameworks also account for role reversal: if our template of a parent is associated with authoritarian behaviour, we will comply to this template when we become parents ourselves. Likewise, if we believe that the world is divided in aggressors and victims, we can at some point decide to take the role of the aggressor rather than the victim.

4.2.4. Avoiding surprises

Another area of research focuses not so much on the appeal of familiar situations and people, but on the negative effects of exposure to unfamiliar situations. Novel situations require deliberate decision making, thereby occupying more cognitive resources (Haith & Krakauer, 2018). Especially under stress, we tend to prefer habitual over goal-directed decision making (Packard, Goodman, & Ressler, 2018). Furthermore, neurobiological studies in animals identify unpredictability (e.g., of electric shocks) as one of the greatest stressors, more so than (predictable) pain (Quelhas Martins, Mcintyre, & Ring, 2015; Rachman & Arntz, 1991). Translated to real-life situations, if something is at odds with what is expected (e.g., a job is fun without being stressful; a partner responds with empathy), this may raise suspicion, in the sense that the situation may seem 'too good to be true', which in turn increases anxiety. In this context, it is conceivable that many situations are initially not objectively bad, but that by expecting the worst, a person elicits behaviour from their environment that confirms the expectations, i.e., the self-fulfilling prophecy. Although such behaviour worsens a situation, the appeal may lie in increased predictability and additionally an increased sense of control (actively destructing something means you don't have to fear someone else destructing it for you).

4.3. *Maintaining a coherent view of ourselves and the world*

A third group of hypotheses is closely related to the familiarity hypothesis, but specifically regards how people view themselves in relation to their environment.

4.3.1. *Mental coherence*

In general, it has been hypothesized that self-views are related to choices in two ways. First, there is the tendency to increase self-esteem by making choices that would imply a growth in self-esteem: self-enhancement. Second, another tendency is towards self-verification, reflecting the desire to confirm existing self-views (Leary, 2007). With negative self-views, choices have a high risk to be dysfunctional (for examples in choice of goods people buy, e.g., Stuppy, Mead, & Van Osselaer, 2020) because with low self-views, self-verification is dominant above the self-enhancement tendency. However, what would be the benefit of self-verification when it leads to dysfunction and inferior choices? Usually, it is argued that matching choice to self-views helps the individual to maintain mental coherence, and creates safety and predictability, whereas choosing better options (such as a better good or a better person to meet) is perceived as risky and threatening (Stuppy et al., 2020). However, as far as we know, this self-verification theory has not been investigated in people with severe levels of psychopathology. Yet, we can think of plenty of examples where self-view, especially self-esteem, plays a central role in dysfunctional choices (also by patients explaining their dysfunctional choices; *personal observation AA*). For instance, patients might explain that they did not want to relate to healthy people, but rather prefer a partner with mental health problems, as they do not feel valuable enough given their own mental health problems. Or, they feel too much of a burden to a healthy person, whereas a person suffering from mental health problems creates a balance in the burden to each other, freeing them from the pressure of displaying socially desirable behaviour. Indeed, there is empirical evidence suggesting that we prefer mates with similar personality traits, a phenomenon described as 'positive assortative mating' (Botwin, Buss, & Shackelford, 1997). If findings among the nonclinical population can be extended to clinical populations, it is clear that there is an increased risk for toxic relationships when highly neurotic people prefer each other, when highly paranoid people prefer each other, when aggressive people prefer each other, etc.

4.3.2. *Internalized norms and values*

Related to mental coherence are internalized norms and values. For instance, internalized high achievement demands might still drive adults in their choices of education and jobs. If dysfunctional, the associated (internalized) schemas are called *punitiveness* and *unrelenting standards* (Young et al., 2003). It seems that the more severely rigid norms and values were enforced early in development, the more difficult it is for people to not base their choices on them even when the consequences are extremely negative. For example, parents from families with medical professionals over generations might demand that their children also become medical doctors, even when the child is not interested or does not have the capacities. This might lead adolescents to choose for a medical study. Sometimes students see no other choice than death to liberate themselves from the burden of failing to meet the standards that were put on them. Similar processes can take place in choice of partners when children are brought up with strict norms about partner choice and sexual preference. Thus, in contrast to the hypothesized process in which the person seeks corrective experiences by choosing dysfunctional situations or others, here the choice is directly motivated by the schema (i.e., resignation to the schema). However, we don't believe that resignation to schemas in general explains active dysfunctional choices. Rather, resignation explains that people once in a dysfunctional situation (or with a dysfunctional person) don't opt for leaving the situation (or person), as the schema tells them that this is the normal situation so no alternative is conceivable. For instance, if a person has a strong unfairness schema (Arntz et al., 2021), they might not actively choose unfair situations, but once in such a situation, do not recognise that this is not normal and hence not liberate themselves.

4.3.3. *Schema inversion*

Choices can also be related to an opposite process, that is, rebellion against a schema. The intrapsychic process of fighting against a schema (or the schema activation) was originally called "overcompensation" by Young et al. (2003), as this way of coping with schema activation was only applied to schemas that are related to vulnerability (e.g., inferiority, loneliness, weakness). In a reformulation of the theory, the label "inversion" was proposed so that the mechanism to deny a schema by believing and feeling the opposite could be applied to all schemas (Arntz et al., 2021). How can inversion of early maladaptive schemas explain dysfunctional choices? The idea is that choice of situation (and other people) serves to strengthen the self-deception that people use in inversion. As they deny the underlying schema by believing the opposite, they will choose situations that prove the opposite is true. For example, individuals who experienced painful abandonment threats in childhood might think of themselves as hyper-autonomous, pretending to be completely independent of others to deal with the underlying abandonment schema. This inversion is supported by for instance actively choosing to not attach to other people, and choosing a job that requires constant moving around the world. The negative consequence is that the positive experience of a stable and secure relationship is unavailable, and that a lonely and emotionally empty life results.

4.4. *Distraction*

Seeking out maladaptive situations, or creating problems in an otherwise healthy situation may be a way to avoid having to deal with previous trauma. In other words, a distressing experience may cloak a similar, more distressing experience (O'Connor, 2019; O'Connor, Fell, & Fuller, 2010). For example, helping to 'fix' a partner with mental health problems provides purpose, distracts from other problems and validates self-worth. Others might choose highly arousing but risky situations, or use substances, to distract from, or to self-sooth emotional pain. Thus, people might make unhealthy choices to distract themselves from emotional problems they feel they cannot cope with.

5. Future directions

The above comprises a heterogenous set of observations and explanations. A good psychological theory would require disentangling this heterogenous collection, so that we can a) assess whether the clinical observations constitute a robust phenomenon (or multiple distinct phenomena), b) improve construct validity and c) examine causal relationships between the variables of interest (Eronen & Bringmann, 2021). Obviously, establishing a new theory about such an elusive, and ill-defined phenomenon was beyond the scope of the paper, and we merely see this exploration as a first step for arriving at a better conceptualisation of the problem. The following questions may help narrow down and define the clinical phenomena of interest, which is required to operationalise and empirically test some of the hypotheses mentioned above.

1. To what degree is the situation objectively maladaptive? E.g., what is the balance between short-term and long-term benefits/costs for a particular individual?
2. Were there (more or less) objective indications that a situation would be dangerous, as recognised by others? If not, how did the situation transform from safe to harmful, and what was the person's role in this transformation?
3. To what degree does an individual seem to have (had) a choice in selecting the situation?

4. To what degree is a person aware of their dysfunctional choices? How deliberate or even compulsive are these choices?
5. To what degree does the current maladaptive situation resemble a previous situation in that person's past?
6. How long is the time between that previous situation and the current situation?

In the systematic documentation of (factors contributing to) maladaptive situation selection it is imperative to reduce biases, which requires properly controlled studies instead of the mostly anecdotal clinical evidence that we have now. For example, when assessing whether there were any indications (red flags) that a situation would be risky, prospective studies are needed to prevent hindsight bias. Or when exploring the resemblance between a current situation and someone's past, it is crucial to test any resemblance to events from the life of a random other person, to avoid seeing patterns where there are none (confirmation bias). Finally, when trying to come up with mechanistic explanations for why some people select situations that are not good for them, it is useful to always consider the alternative: why do so many people make adaptive choices? Particularly when thinking about people who have experienced recurrent interpersonal trauma, how do so many manage to escape these vicious cycles?

A systematic research program could integrate different methodologies, for instance in-depths interviews with patients and therapists using qualitative methods, up to and including experimental studies in which for instance characteristics of potential partners, friends, educations, and jobs are experimentally manipulated to study whether people with specific (adverse vs favourable) learning histories or specific (maladaptive vs adaptive) schema's make specific choices.

6. Conclusion

In this essay, we have tried to reinvigorate interest in a clinically important phenomenon that is in need of rigorous empirical studies. Based on the literature and clinical observations, we have distilled four categories of hypotheses to understand seemingly paradoxical maladaptive situation selection: people make dysfunctional choices 1) to process or master the memory of previous trauma, 2) out of habit/because of preferences for what is familiar, 3) to maintain a coherent view of themselves and the world, or 4) to distract from painful emotions. We hope to inspire the field of psychopathology research to deepen our understanding of this poorly understood clinical phenomenon, similar to how Jack Rachman shared (and welcomed) fresh ideas and inspired many researchers to investigate understudied topics.

CRediT authorship contribution statement

Renée M. Visser: Conceptualization, and formulating ideas expressed in this manuscript, and to writing the text. **Arnoud Arntz:** Conceptualization, and formulating ideas expressed in this manuscript, and to writing the text.

Declaration of competing interest

The authors report no conflict of interest.

Data availability

No data was used for the research described in the article.

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