CHAPTER FIVE

FOOLISH ACTION IN ADULTS WITH INTELLECTUAL DISABILITIES: THE FORGOTTEN PROBLEM OF RISK-UNAWARENESS

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Abstract
This chapter explores the importance of the construct of “foolish action.” Foolish action is behavior that has a high likelihood of backfiring, because of a failure to attend to risks that are obvious to most people. A comparison of
actual foolish episodes in three groups (adults with intellectual disabilities [ID],
adults, and youths without ID) illuminates the role of foolish action, especially
induced socially foolish action, as a threat to the successful community adap-
tation of adults with ID. Research and policy implications of the once appre-
ciated, but recently forgotten, construct of foolish action for the field of ID are
discussed. One consequence of this discussion is to move the construct of
“gullibility” (induced social foolishness) from being just one among many
maladaptive behaviors associated with ID to something much more central to
the ID construct.

“Who is not a fool?” [“Qui non stultus?”]
Horace (65–8 BCE), Satires, 2.3.158

1. Introduction

The term “foolish action,” in the title of a chapter aimed at researchers
specializing in intellectual disabilities (ID), is likely to stir up concern among
those old enough to remember when highly dehumanizing nouns such as
“defective,” “imbecile,” “fool,” and “moron” (a term that means “fool-
ishness” in Greek) were in wide currency. I have strongly supported the
move towards more respectful language (Greenspan & Love, 1995a,b) but
feel that it is appropriate to use the term foolish action to describe an
overlooked aspect of human behavior that (a) is found in all people, not
just those with ID and (b) goes to the heart of why people with ID need
services, supports, and protections.

 wrote that “…the social sciences have failed to make a concerted effort to
develop a sociology, or social psychology, of stupidity” (pp. 5–6). By stupidity (which is a harsh pejorative term for which I have substituted
the softer and more descriptive term foolish action), Edgerton meant the
real-world incompetent behaviors that people with impaired intelligence engage in during the course of everyday life. The need to study real-world incompetence stems from the fact that the ID field has tended to use
artificial constructs, such as “adaptive behavior,” that were intended to
tap aspects of incompetence, but that were solidified in measures without
first examining the precise nature of that incompetence as it manifests itself
in real-world settings. As a result, the items on adaptive behavior measures
tend to reflect conventional behaviors (such as maintaining good hygiene)
that, however important for leading a healthy or happy life, do not tap those
“cognitive” and “foolishness-avoiding” behaviors that experienced clini-
cians and family members see as much more central to the ID construct
(Borthwick-Duffy, Greenspan, & Ho, 2006).
The basic position that is developed in this chapter is that the critical struggle of people with ID to adapt in the community—as studied by Edgerton in *The Cloak of Competence*—is to avoid behaving, or appearing to behave, foolishly. A consequence of this position is that if adaptive behavior is to ever become more central to the definition and diagnosis of ID it must be viewed and assessed not in terms of the ability to button one’s shirt or play a game but rather as the ability to avoid behaving foolishly.

By foolish action, I am referring to “behavior that has a high likelihood of backfiring, sometimes with disastrous consequences, because of a failure to attend to risks that are obvious to most people.” If foolish action involves the failure to recognize obvious risk, then its obverse, “wise action,” can be defined as “behavior that reflects an awareness of relatively subtle and hidden risks.” This can be seen in the “wise counsel” to avoid some course of action (such as padding one’s expense account) that is superficially attractive and seemingly safe but which contains risk of consequences that could be catastrophic if realized. Thus, foolish action lacks a “brake” mechanism in the face of any superficially attractive behavioral option, while the majority of people possess such a brake when the risks are obvious, but not necessarily when the risks are subtle and appreciated mainly by the very wise.

These risks fall into two broad categories: “practical” and “social.” Practical risks involve potential physical harm (to person or property). Two examples of foolish action in the practical domain would be eating foods that are dangerous for someone with particular health concerns (Smyth & Bell, 2006), and failing to take proper precautions for severe weather, as was the case with Millard Fillmore Hathaway, the much-loved “town fool” profiled by Nora Groce (1992), who froze to death one winter when he failed to take adequate precautions. Social risks involve potential interpersonal harm (to oneself or others); two examples of foolish action in the social domain would be allowing a suspicious-looking stranger into your home, and being coerced into performing demeaning sexual acts, as in the “Glen Ridge Rape” case profiled by Bernard Lefkowitz (1997). This typology of foolish actions is depicted in Fig. 5.1.

In line with the previous discussion, two forms of foolish action are depicted in Fig. 5.1: practically foolish action (characterized by insufficient awareness of physical danger) and socially foolish action (characterized by insufficient awareness of interpersonal danger). Socially foolish action is further subdivided into “induced” and “noninduced” subtypes.

Induced socially foolish action mainly manifests itself as “gullibility,” which is the aspect of foolish action that first drew my attention (Greenspan, 1998; Greenspan, Loughlin, & Black, 2001). Induced socially foolish action occurs in the context of manipulation by one or more other persons, in which one agrees to a course of action that is not in one’s interest, on the basis of false information or encouragement. An example, from the recent...
movie documentary “The Collector of Bedford Street” (Elliot, 2002) occurred when the protagonist, a 60-year-old man with mild ID named Larry Selman, continued to lend his apartment key to homeless people he barely knew, even after his possessions along with those of others in his building had been repeatedly stolen or damaged.

In theory, one could divide practically foolish action into induced and noninduced subtypes as well, which would have created more symmetry in Fig. 5.1. An example of induced practically foolish action would be ingesting a dangerous chemical substance on the advice of a highly unqualified acquaintance. I prefer to keep the typology as it is, however, as induction is a common, and possibly the most common, variety of socially foolish action, while I believe it to be a relatively uncommon variety of practically foolish action. Furthermore, one might consider every act of induced practically foolish action to be also a socially foolish act. Thus, in the case of a person ingesting a dangerous substance on the advice of an acquaintance, while the danger is physical (death or serious physical harm), the act is social in that it occurs in an interpersonal context. I recognize that this distinction may be unconvincing, however, and it is possible that a future version of this theory will adopt a more symmetrical typology.

Noninduced socially foolish action also is not in one’s own interest, but is not triggered by encouragement, whether deceptive or nondeceptive, from someone else. Several examples of noninduced socially foolish action can be found in a decades-old study exploring why people with ID are fired from competitive employment (Greenspan & Shoultz, 1981). These examples include a hotel chambermaid who told guests to “get your ass out of bed,” an office worker who interrupted formal meetings to talk about what he had seen on TV the night before, and a factory worker who masturbated regularly in a stall in the men’s room.
All human beings behave foolishly on occasion, but people with ID behave foolishly more frequently and in situations where danger signs are evident to most individuals, and their foolish actions are more likely to have serious life-altering consequences. While foolish action in people with or without ID are influenced by numerous noncognitive factors such as emotion, sexual drive, personality, exhaustion, and context, cognitive factors (such as ability to read people or recognize risk) are more likely to come into play whenever a person with ID behaves foolishly. In fact, I shall argue that it is possible to redefine ID as “a condition which, because of significant intellectual limitations, makes it difficult for an individual to anticipate negative consequences of everyday decisions and, thus, causes the individual to need supports and protections to minimize the risks from his or her ‘foolish’ actions.”

In the subtitle of this chapter, I describe risk-unawareness, which I see as the core problem underlying foolish action in people with ID, as a “forgotten problem.” I describe it that way because at one time it was widely discussed, but today one can barely find any mention of the problem. As example, nineteenth century textbooks in psychiatry (Morrison, 1824) and mental retardation (Ireland, 1877) emphasized deficits in “credulity” (a construct closely related to gullibility) as a core characteristic, but today awareness of this problem is just beginning to filter back into the consciousness of the field. Part of the reason why deficits in general, and vulnerabilities in particular, are so little emphasized in the recent ID literature is, undoubtedly a result of the so-called paradigm shift (Bradley & Knoll, 1995) away from “paternalism” (over-control motivated by the need to protect) to supports (under-control motivated by ethics and a need to spur growth). In spite of this shift away from emphasizing risk and vulnerability, concern over the practical and social dangers stemming from foolish action continues to justify two forms of support—legal guardianship and supervised living arrangements—commonly given to many adults with ID but not to people who are considered nondisabled, except, of course, to juveniles (for the same vulnerability-based reasons).

In the balance of this chapter, I shall explore implications of the construct of foolish action for understanding and defining ID. The scholarly literature on foolishness will be reviewed and a multidimensional linear model of foolish action will be presented. This model helps to explain why all human beings, including most readers of this chapter, behave foolishly on occasion. One might ask, then, “what is so unique about ID if any human being can behave foolishly for the same reasons?” The answer, which is similar to that given by Zigler and colleagues (Zigler & Balla, 1982) in describing his “Developmental” (vs. “Difference”) theory, is that people with ID are similar in their susceptibility to being influenced by the same motivational, cognitive, and situational factors that influence all people, but differ in terms of outcomes (in this case, potentially dangerous ones) because
of where they fall on those factors. Hopefully, this explanation will become more understandable as the reader works his or her way through this chapter.

2. A Four-Factor Model of Foolish Action

Although the synonymous words “foolishness,” “stupid,” and “dumb” are very common folk terms, used derisively even by young children, there has been remarkably little scholarly work on the construct. Reflecting the hold that IQ has on the general imagination, and also reflecting the lack of interest that most psychologists have in social or other nonacademic aspects of intelligence, many assume that foolishness equals low IQ and let it go at that. This is seen in the emphasis on low IQ in the first option in most dictionary definitions of foolishness/stupidity (a second option sometimes emphasizes poor real-world judgment). It is also seen in the very meager results of a PsychInfo search using these three keywords. While the keyword “intelligence” turned up over 60,000 hits, a similar search using keywords “stupidity,” “dumbness,” and “foolishness” turned up barely over 100 (overlapping) hits each, with many of these dealing not with the study of individual differences but with literature and history (Ronell, 2002; Van Boxsel, 2003), theology (Manning, 2006), intervention fads (Kozloff, 2005); or social institutions (Welles, 1995). This is in addition to various works of fiction, such as *The Idiot* (Dostoevsky, 1869/1998), a novel dealing with a saintly man whose naively trusting nature, aided by a lack of real-world experience, made him too foolish to survive outside of a monastery.

What little scholarly literature there is on the psychology of foolishness has focused for the most part on foolish behavior in people of average or above-average intelligence, where such behavior seems unexplainable other than as a form of psychopathology. For example, psychoanalyst Edmund Bergler (1998), in his book *A Talent for Stupidity*, labeled foolish patients of his with the acronym “B.I.I.” (“the bungler, the incompetent and the ineffectual”). He suggested that virtually all foolishness, even when rising to the level of “pseudo-mental deficiency,” could be attributed entirely to neurotic processes, such as repressed hostility.

A less extreme treatment of the problem of foolish behavior in people of average or above-average intelligence is found in an edited book by Robert J. Sternberg (2002a), titled *Why Smart People Are So Stupid*. In spite of the word stupid in the title, Sternberg quickly indicated a preference for the word “foolishness” and used that word in his own chapter in the book and in a subsequent paper (Sternberg, 2002b, 2004).

The primary construct used by Sternberg and his long-time collaborator Richard Wagner to explain foolish action is a cognitive one, which they term “tacit knowledge.” This construct, which forms the heart of their
thinking about “practical intelligence,” can be defined as one’s level of understanding of what is likely to work or not work in solving real-world problems or attaining desired goals. When describing highly intelligent individuals who behave foolishly, however, Sternberg and Wagner understood the limitations of a tacit knowledge explanation, and adopted a second factor not dissimilar to the personality/psychopathology explanation of Bregler’s. Thus, Wagner (2002) writing about self-destructive executives (such as a college president done in by a habit of insulting his Board members) attributed their foolishness to deviant personality processes that short-circuited their otherwise adequate cognitive processes. Similarly, Sternberg (2002b), recognizing that former president Bill Clinton possessed more than adequate tacit knowledge about the legal and political prohibitions against sexual contact with an intern in the workplace, attributed his very foolish behavior in the Lewinsky matter to likely arrogance, specifically a sense of immunity and entitlement.

A third explanatory factor has attracted the interest of Keith Stanovich (1999) among others, and that is the role of affect and impulsivity. Under the rubric of “irrationality” (i.e., nonintelligent decisions in people seemingly capable of making intelligent decisions), Stanovich (2002) has concentrated his attention on impulsivity-induced failure to use logic in addressing problems of the kind favored by economists and decision theorists such as Tversky and Shafir (1992). This research, like most of the examples in Sternberg (2002a), has avoided addressing problems that pose grave threats to an individual’s existence or well-being.

A fourth factor that might contribute to explaining foolish action attracted little systematic attention by any of the contributors to Sternberg’s book, and that is the role of context or situation. Obviously, one is more likely to behave foolishly when dangers are less obvious, when there are aspects of a situation (such as an influencer using persuasion ploys) that induce fear or longing, or when there are no others in the immediate context who are able and willing to intervene on one’s behalf.

These four factors—situation, cognition, affect, and personality—are depicted in Fig. 5.2, which is labeled a “Linear Explanatory Model of Foolish Action.” The affect box is expanded to “affect/state,” in order to incorporate another sub-domain virtually unmentioned in Sternberg’s book, and that is the role of “biological disequilibrium” factors such as inebriation, sexual drive, and exhaustion (the last two of which likely were implicated, along with context [an encouraging thong-snap], in the Clinton–Lewinsky example so much favored by Sternberg and other contributors to a book that grew out of a conference that occurred around the time of Clinton’s impeachment trial).

In calling this an “action model,” I mean to indicate that any particular behavior can be explained after the fact as resulting from the confluence of some combination of these four factors, with the weight varying according
to the situation and the person. In spite of recent efforts to devise a multidimensional systems approach to understanding human conduct (e.g., Carver & Scheier, 1998; Ford & Lerner, 1992), a dynamic action model has never really caught the attention of the psychology field. This state of affairs likely explains the continued reliance on single isolated factors, such as tacit knowledge or arrogance, to explain foolish behavior. The particular model in Fig. 5.2 was inspired by the motivational theory of Martin Ford (1992), and was proposed initially by me as a framework for explaining gullibility (Greenspan, 1998; Greenspan, Loughlin, & Black, 2001), in manipulative micro-contexts. As I have come to view gullibility as a subtype of socially foolish action, it is not much of a stretch to expand a narrow explanatory model of gullibility to a broader explanatory model of foolish action.

My interest in expanding my model of gullibility to a model of foolish action grew out of concern over the absence from the Sternberg (2002a) book of any chapter that discussed all four of the major explanatory dimensions of foolish action. Specifically, I was concerned about the absence (except, to some extent, in the contribution by Perkins) of any discussion of how various situational and personological factors work in concert to influence any specific act of foolishness. Although the focus of the Sternberg book was mainly on foolishness in people with average or above-average intelligence, a comprehensive flow model of foolish action can be used to explain foolish action in all people, including adults with intelligence low enough to qualify them for a diagnosis of ID.

In the remainder of this section, I shall elaborate on the four factors in the linear model and explore briefly whether they might be even more likely to pertain to adults with ID. Following this, I shall illustrate how the model can be used to analyze specific foolish acts in people with or without ID.

2.1. Situational demand as a contributing factor

Every foolish act occurs as a failure to solve some situational problem. In a sense, therefore, situations always contribute to foolish behavior. However, some situations pose much bigger challenges than others, and can thus be said to be major contributors to a foolish act, while others do not. Three aspects of situations will be discussed briefly: time pressures, social pressures, and novelty/ambiguity.
2.1.1. Time pressure

Many foolish actions occur in situations where a decision must be made very quickly and almost automatically, with little time for reflection. Under such circumstances, one is much more likely to behave foolishly. An example, given by Perkins (2002), involved a truck driver who at the end of a long day came to a railroad crossing just as the gate was coming down. He made the very foolish decision to drive around the gate and across the tracks, with the result that the train (a fast passenger train, not the slow freight train he perhaps expected) plowed into the body of the truck, killing several people in the process. Perkins (2002) explained this act as a failure of what he termed “self-organizing criticality,” of which an important aspect is “emergent activity switching.” Perkins points out that when having to make a decision on the spur of the moment, foolish action sometimes emerges because of a failure to regulate an impulse which could (as in this case) have disastrous consequences.

Situations requiring quick decision-making obviously place a great strain on the cognitive resources of people with ID (Merrill, 1990). There is considerable research showing that individuals with ID process information at a slower rate, and that under time pressure their accuracy diminishes at a rate higher than is true of the general population (Kail, 1992; Nettelbeck & Brewer, 1981; Nettelbeck & Wilson, 1997). The decreased cognitive efficiency of people with ID suggests, therefore, that when evaluating a behavioral choice in a situation where there is considerable time pressure, adults with ID are more likely to make an inaccurate, that is, foolish, choice.

2.1.2. Social pressure

There is considerable research on “persuasion” by social psychologists attesting to the role of social pressure in inducing people to do things that they do not want to do or that are not in their own best interest (Cialdini, 1984). This research is focused typically on the deceptive and other tactics used by the persuader rather than on individual differences in the outcome, which can be considered foolish in that it is not typically something desired or beneficial. Social pressure can take numerous forms, ranging from sheer numbers (police interrogators, con artists, and other persuaders often work as a group), to various ploys, such as reciprocity tricks (do someone a small favor and they will be much more likely to do a big one back). Social pressure can have a more passive face, as in inhibiting autonomous behavior (often a requirement to act nonfoolishly) as in the famous conformity studies of Solomon Asch (1956).

While social pressure seems most relevant to explaining socially foolish action, it undoubtedly is a big contributor to practically foolish action as well. According to developmental psychologist Lewis Lipsitt (2003) (Lewin, 2006), “more young people die of behavioral misadventure than of all
diseases combined,” and many if not most of these behavioral misadventures take place with the active or passive encouragement of peers. The most prevalent of these fatal misadventures is, undoubtedly, car accidents. It is for a very good reason that many states prohibit newly licensed drivers from having other youths riding in their car, as reckless driving is much more likely to occur when a young person has an audience of peers egging him or her on to take risks.

Individuals with mild ID are especially susceptible to social influence, because of their social neediness (Switzky, 1997; Zigler & Balla, 1982) and because of the tendency of low-IQ individuals to use others as models and benefactors (Edgerton, 1993). Adults with ID tend to have an “external” orientation, in which they look to others for clues as to how to avoid looking foolish. Although this tactic is generally functional, it can be a formula for foolish action when one is in the presence of others who have a malign agenda.

2.1.3. Novelty/Ambiguity
Halpern (2002) addressed the contribution to foolish action of situations that appear on the surface to be familiar but that are changed in important ways. This causes the individual to rely automatically on a response that no longer is really suited to the subtly changed circumstances. Others who have also addressed the mindlessly foolish misapplication of formerly successful schemas are Hyman (2002), who explained why eminent scientists often fail miserably when they move outside their area of specific expertise, and Moldoveanu and Langer (2002), who discussed how learned self-defining negative “scripts” precipitate failure in novel situations where success is within reach.

Some scholars have defined ID in terms of cognitive “rigidity,” that is, in a tendency to rely on learned schemas even when they no longer fit changed circumstances. Herman Spitz (1988) has argued that ID is a disorder of “thinking” rather than learning. By that he meant that while people with, especially mild, ID are very capable of mastering simple learned routines, they have great difficulty in adapting those routines to novel, ambiguous, or threatening circumstances. Furthermore, the cognitive limitations of people with ID make it difficult for them to recognize when some alteration of routine, or call for assistance, is needed. This suggests that situations that are complex, ambiguous, or novel are likely to pose particular challenges for people with ID.

2.2. Cognition as a contributing factor
Any volitional act is affected to some extent by one’s ability to cognitively process a problem situation and evaluate the likely consequences of different courses of action. Thus, cognition enters into most practical or social
behaviors and is implicated, to some extent (less so when the act is relatively automatic and reflexive) in most cases of foolish action.

I have already discussed how one’s information processing style, as reflecting both one’s personality and the role of affect, can contribute to foolish action. Stanovich (1999) has argued that real-world problems can be approached by individuals on one or the other of two levels of cognitive analysis: the algorithmic level (what he terms computational efficiency) and the intentional level (what he terms cognitive disposition or intellectual style). An IQ score only taps thinking at the algorithmic level and fails to address intellectual dispositions, or how people actually think in the real world. Thus, the paradox of smart people behaving foolishly disappears when one realizes that IQ does not directly measure pragmatic thinking.

Whereas “fluid intelligence” (ability to integrate and attend to various aspects of a situation) affects judgment in practical and social situations, most of the emphasis in the literature has been on “crystallized intelligence,” reflecting knowledge and understanding of social and practical phenomena. For example, if it were generally known that cell phones are easily traceable, including placing one at a particular spot at a particular time, then this knowledge should reduce the use of cell phones in criminal acts.

Sternberg and colleagues have discussed content knowledge aspects of crystallized intelligence, with particular use of “tacit knowledge” (Sternberg, Wagner, & Okagaki, 1993) to describe the everyday domain of cognition most relevant to understanding foolish action. Tacit knowledge, involving understanding how to succeed at various tasks (whether cooking a meal or succeeding in a job interview), is typically acquired through experience, including failure experience, and is usually not taught explicitly. Sternberg and colleagues have argued that tacit knowledge deficit plays a big role in explaining foolishness, even in people with relatively adequate IQ.

In Sternberg’s writings about practical intelligence, he uses the term to encompass all of nonacademic (i.e., non-IQ-based) intelligence, while most other intelligence scholars refer to practical intelligence more narrowly, as one half of nonacademic intelligence, with the other half being “social intelligence.” Most models of multiple intelligences, except for Gardner’s (1983) highly idiosyncratic model, are based on E. L. Thorndike’s (1920) tripartite model, in which the three types of intelligences are “academic” (or “conceptual” intelligence, termed “abstract” by Thorndike, and measured by IQ), “practical” intelligence (knowledge of the physical world), and “social” intelligence (knowledge of the interpersonal world). My preference is to keep practical and social intelligence separate, rather than lumping them together as Sternberg has done.

Although significant impairment in IQ is the one universal requirement for diagnosis of ID under existing official definitions, there is considerable evidence that people with ID are also significantly impaired in social and
practical intelligence (Borthwick-Duffy, 2007; McGrew, Bruininks, & Johnson, 1996; Thompson, McGrew, & Bruininks, 2002; Widaman & McGrew, 1996). That in fact is why I have argued over the years (Greenspan, 1981, 1999, 2006) for the use of the tripartite model of intelligence, with a relaxed IQ criterion, as the basis for a definition of ID as well as the second definitional “prong” of deficits in adaptive behavior. Continuing relevance of this formulation is found in the considerable attention paid recently to risk outcomes, such as sexual exploitation and financial exploitation faced by adults with ID as a result of deficits in practical and, especially, social intelligence (Hickson & Khemka, 1999; Khemka & Hickson, 2000, 2006; Suto, Clare, Holland, & Watson, 2005).

2.3. Affect and state as contributing factors

Foolish behavior often occurs when a person is in a condition of emotional or state imbalance. Such dysregulation can act as a “motor” impelling a person to act in a manner that he or she would not when in a calmer or more rested condition. Certainly, most cases of extreme violence, even in individuals with a propensity for violence, can be characterized in this manner (Davidson, Putnam, & Larson, 2000).

Affect refers to the type and degree of emotion one is experiencing, while state refers to how alert, vigilant, or energetic one feels. As a rule, affective disequilibrium pushes one to engage in a foolish act, while state disequilibrium removes inhibitions against acting foolishly. Thus, affective and state disequilibrium both increase the likelihood of acting foolishly, albeit for different reasons.

Affect contributes to the kinds of inefficient information processing style mentioned earlier as a major contributor to foolish thinking and behavior. Stanovich (2002), relying on the ideas of Pollock (1991), emphasized the role of emotion in causing individuals to be stuck in the mode of system 1, or “quick and inflexible” (Q&I), modules rather than more rational, but slower, system 2, or “intellective” modules. In other words, people who think rationally are more able to set strong emotions aside. Most people, when thinking about everyday matters, are stuck in the Q&I mode, and this is especially the case when affect enters the picture. However, Stanovich also points out that there is an opposite case, where an individual is unable to become sufficiently affectively aroused to know that a different mode of thinking is required. An example of this (www.iasa.com) involved the pilot of doomed Swissair Flight 111, who in 1998 wasted 20 valuable minutes going deliberately through a lengthy checklist to locate the source of smoke in the cabin, rather than scrambling to get the plane down on the ground immediately.

As mentioned, a major omission in Sternberg’s (2002) edited book on foolishness was an almost total absence of attention to the contribution that biological state makes to foolish behavior. Among such state factors are
sexual arousal, exhaustion, and intoxication. Roy Baumeister (2001) is the psychologist who has done the most to explore the link between tiredness and foolish action. In a number of studies, both with children and with adults, Baumeister and colleagues (Baumeister, 2001; Munraven & Baumeister, 2000; Munraven, Tice, & Baumeister, 1998) have found a distinct lessening of perseverance and performance occurring on a variety of cognitive and behavioral tasks as one’s energy becomes depleted. Even relatively small demands can result in what Baumeister terms “self-regulatory depletion.” As stated by Baumeister (2001), “the exhaustion theory holds that once the self has become depleted, it lacks the resources necessary for further exertion of volition” (p. 310). Baumeister (2001) argues that “... the self has a single resource that resembles energy or strength ... [and it] is used for a broad variety of seemingly quite different operations, including making choices, taking responsibility, exerting self-control, showing initiative, and avoiding passivity.” Clearly, according to this view, depleted energy, as through sleep-deprivation, can contribute to the making of a foolish choice, as in the well-documented phenomenon of sleep-deprived individuals being more likely to cave in to coercive police or military interrogations (Blagrove, 1996; Gudjonsson, 1995).

A related aspect of state impairment that also likely makes a significant contribution to foolish behavior is the reduced judgment and inhibition that comes from alcohol or drug intoxication. A very large percentage of the foolish behaviors that result in arrest occur under the influence of alcohol or drugs (Newcomb, 1989). There is some evidence in the scientific literature for the connection between intoxication and judgment impairment. For example, Solowij (2002) has found that marijuana use impairs executive function, and other researchers (e.g., Johnson, Malow, Corrigan, & West, 1993; Webster & Jackson, 1997) have found a significant connection between alcohol use and highly impulsive behaviors, such as problem gambling.

There is no research specifically implicating affective or state factors in the foolish behavior of adults with ID. However, there is research suggesting that adults with ID are, as a group, more emotionally reactive, a characteristic which would make them more likely to behave foolishly in situations where emotion is activated. In a review of over 200 peer-reviewed papers on the prevalence of mental health disorders in people with ID, Kerker, Owens, Zigler, and Horwitz (2004), citing a study by Reiss (1990), asserted that the prevalence rate for anxiety disorders among people with mild ID is over 30%, which is three or four times that for the general population. Individuals with ID also show other evidence of much higher rates of emotional instability, as seen in a much higher rate of panic attacks (Ollendick, Oswald, & Ollendick, 1993), a higher sensitivity to anxiety-producing situations (Reiss, 1998, 2001), and also in a dramatically higher rate of psychotic disorders (Eaton & Menolascino, 1982).
The connection between state disequilibrium and ID is less obvious, but many individuals with ID have depleted energy as a result of metabolic and other physical diseases, and such energy depletion likely contributes, along with cognitive and personality factors, to a tendency to “give up” in situations where nonfoolish action requires a considerable expenditure of energy.

2.4. Personality as a contributing factor

The term “personality” refers to habitual dispositions, needs, traits, and intrapsychic tendencies that are peculiar to an individual, and that give his or her behavior a relative degree of self-definition and consistency over time. Two subsidiary constructs are “character” (degree of one’s moral strength) and “temperament” (manner of one’s reacting to stimuli). Personality can be a major contributor to foolish action and thought processes. For example, there is research indicating that people high on the trait of “open-mindedness” are more likely to make rational decisions than are people with similar IQs who are low on that personality trait (Stanovich, 1999). The reason for this is fairly evident: closed-minded people are less able to view the world as it really is as opposed to how they would like to think that it is.

The notion of “character strength,” that is, the extent to which one can maintain moral autonomy in the face of temptation, has obvious implications for socially foolish action, given that manipulators appeal to motives, such as greed or fear, that test moral will power. Although not much emphasized by personality theorists in recent decades (Berrios & Gili, 1995), the notion of conscious will has been making a comeback, particularly in the writings of Walter Mischel and colleagues.

Ayduk and Mischel (2002) cite studies that demonstrate the importance of will power as an aspect of “emotional intelligence” with important implications for life success and avoidance of making foolish choices. Specifically, they argue that there are two forms of self-regulation, an emotional hot system and a cognitive cool system. People with weak willpower, in their view, are more likely to rely on the emotional hot system and, thus, are more susceptible to foolish action.

Another aspect of character strength is “self-efficacy,” also known as “agency beliefs.” This term refers to the extent to which one feels confident in one’s ability to perform various tasks. As conceptualized by Alfred Bandura (1977), self-efficacy is not a general personality trait but is applied very narrowly to specific domains of competence, such as “interpersonal self-efficacy” (the belief that one can prevail in a stressful social interaction). This is a type of agency belief that would appear to be very predictive of foolishness, especially gullibility, as one is more likely to give in to a
manipulator if one does not feel there is any chance of prevailing in such a contest. In fact, as described by Dweck (2002), children and adults with a history of poor academic performance tend to adopt a resigned attitude which makes them likely to be even less competent than one would predict from their IQs.

Although adults with ID have a wide range of personality styles, there are biological (e.g., prenatal alcohol exposure) and experiential (e.g., lifetime of failure) aspects of having ID that increase the likelihood of having a personality style that contributes to foolish action. In a previous subsection dealing with Contextual factors, I mentioned research (Switzky, 1997; Zigler and Balla, 1982) showing that people with ID are easily influenced by social pressure, because of a highly “external” personality style. People with ID also tend to be more impulsive in their approach to academic and everyday problems, as reflected in a comorbid prevalence of Attention Deficit-Hyperactivity Disorder (ADHD) that is three or four times that for the general population (Handen & Feldman, 1992). Moreover, a contributor to foolish action is aboulia, or paralyzed will, and a core aspect of ID, recognized even in medieval times, is a diminished ability to assert will (Goodey & Stainton, 2001). It is for this reason that contracts, confessions, and other legal actions by adults with ID, as well as normally developing children, are typically voided, because of the established principle that their will can be “overborne” (Feld, 2006; Grano, 1979).

2.5. Summary

In all three of the “personal” factors discussed above, adults with ID are more likely than the general population to be affected in a negative manner, with these limitations contributing to increased levels of foolish action, and increased levels of practical and social risk. Because of the fact that cognitive impairment is the one universal characteristic of people with ID, deficits in social and practical intelligence, tacit knowledge, and rational thought processes pose obstacles to making wise decisions. But people with ID are also more likely to have an “external” personality style, to be impulsive, to have anxiety disorders and to lack stamina, and all of these factors, in combination with cognitive factors, increase the likelihood of acting without adequate thought given to practical and social risks. As with any vulnerable person, context can serve a protective function, but with the move to community integration such protections are often not in place. This was termed by integration advocate Robert Perske “the dark side of community integration” as seen in such unfortunate outcomes as the numerous cases of false confession to murder by people with ID profiled so movingly by him and his colleagues (Keyes, Edwards, & Perske, 1997; Perske, 1991).
3. Varieties of Foolish Acts Committed By Different Populations

To move this discussion in a more concrete direction, I have collected 42 examples of real-world foolish action by adults with ID and two comparison groups: non-ID adults and non-ID teens or preteens. These stories all actually occurred as described, although minor identifying details (e.g., gender, setting) have been altered or omitted in some cases.

Table 5.1 lists 14 foolish acts by adults with ID, Table 5.3 lists 14 foolish acts by normally developing young people, and Table 5.5 lists 14 foolish acts by adults with average or above-average IQ. An analysis of these acts helps to illustrate how the four-factor model depicted in Fig. 5.2 can aid in a historical attempt to explain why these people behaved foolishly. Cross-tabulating the nature of the acts and of the factors that appear to contribute to them can also help to generate some hypotheses about the nature and causes of foolish action in people with ID, as compared to foolish action in other populations. These analyses are portrayed in Tables 5.2, 5.4, and 5.6, and a comparison of the frequencies portrayed in those three tables concludes this section.

Two obvious limitations of this exercise are (a) the source of examples differed somewhat for the three groups and (b) this author, with his own conscious and unconscious agenda, was the arbiter of which stories made it into the tables, and there was no effort to test the reliability of the analyses, as by use of one or more other raters. The stories collected should not, therefore, be considered a representative sample of foolish actions in these groups, and the comparisons of actions among the three groups are illustrative and interesting but by no means “scientific.” Basically, these illustrations are intended only to aid understanding of the theoretical framework and also to generate hypotheses for future research, and are not intended to answer research questions.

While two of the stories about ID adults in Table 5.1 came from the media (1D a widely reported crime, 1H a notable documentary film), most came from conversations with colleagues with experience in the field, and from my own experiences as a researcher, clinical consultant, and family member (sibling of a brother with ID) over the years. Stories were generated until I filled my quota of 14.

A couple of the stories in Table 5.3 (young people) came from news articles (story 3A appeared in my local newspaper recently and 3N describes a widely reported incident of a few years ago), but most came from conversations with friends who are parents of teenagers, and from my own knowledge. As with Table 5.1, stories were assembled sequentially until the quota of 14 was reached, and no dropping of entries was necessitated.
Table 5.1 Foolish acts committed by adults with intellectual impairments

<table>
<thead>
<tr>
<th>Foolish Act</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>A young woman asked the head of a vocational agency for help in collecting a debt. When he inquired as to the nature of the debt, the woman said of a young man on her van: “promised to give me ten dollars for a blow job and now he won’t pay up.”</td>
</tr>
<tr>
<td>1B</td>
<td>A man visiting his sister started to cook some fried chicken in a pan on the stove. He sat down on the couch to watch TV and forgot about the chicken. His sister came home to find that the oil in the pan had caught fire and flames were licking up the walls. The house was spared but significant damage occurred.</td>
</tr>
<tr>
<td>1C</td>
<td>An office worker frequently passed gas when riding alone in an elevator, not anticipating that others will get on at the next stop and immediately know that he was the offending party.</td>
</tr>
<tr>
<td>1D</td>
<td>A young woman was tricked into getting in a car with some young men. When she got to a house they went into the basement, where she was talked into performing sexual acts after a threat was made to tell her mother that she had gone to the house.</td>
</tr>
<tr>
<td>1E</td>
<td>A young father noticed that his daughter was unconscious, and had bruises around her face. He called his more competent wife at work and she told him to call 911 but to deny that she had been home when the injury happened. Instead, he was to say that the girl had fallen off the refrigerator. The police did not buy this story and he was arrested and charged with the crime actually committed by his wife.</td>
</tr>
<tr>
<td>1F</td>
<td>Two parents were being monitored on a regular basis by child protective workers. A mirror fell off a wall and shattered, and the parents allowed the broken glass to stay on the floor for over a week, even though it was in an area where their young child often crawled.</td>
</tr>
<tr>
<td>1G</td>
<td>A young woman opened her door at night and allowed in a strange man who said he was selling magazine subscriptions. He terrorized her and stole her belongings.</td>
</tr>
<tr>
<td>1H</td>
<td>A man was living in his own apartment. Friendly to all, he agreed to lend his keys to homeless people, in order that they could use his bathroom. He found his meager belongings ripped off, there was damage to the building from these intruders, and his neighbors became so alarmed that they tried to get him evicted.</td>
</tr>
<tr>
<td>1I</td>
<td>A young man was in jail in a cell adjoining that of a well-known gang leader. He insulted the leader with ethnic slurs and kept him up at night with loud singing. The gang leader asked the man to come close to the bars as he wanted to show him something. The young man complied and the gang leader slit his throat.</td>
</tr>
<tr>
<td>1J</td>
<td>A man was fired from his job after he was discovered masturbating in a men’s room stall.</td>
</tr>
</tbody>
</table>
| 1K          | A man innocent of any crime was persuaded to waive his Miranda rights, and began to sign incriminating statements late at night, after 10 h of an interrogation that included various false threats and promises.

(continued)
The stories in Table 5.5 (average or above-average adults) came mostly from news articles, ranging from very recent (5A and 5N) to decades old (5I), supplemented by a couple of stories from the research literature (5E) or personal knowledge (5F). Again, stories were assembled sequentially until the quota was reached. An obvious source of bias is that different methods were used to generate stories, especially in the heavy use of news sources for Table 5.5 and much lighter reliance on those sources for Tables 5.1 and 5.3. This limitation alone could explain any differences in the nature of depicted foolish acts across groups. An obvious point, which shall be repeated frequently, is that some of the foolish acts (such as caving in to a coercive police interrogation) listed in any table could be performed by members of the other groups. In spite of these limitations, it may still be possible to generate some useful insights and hypotheses from examining these true stories carefully.

### 3.1. Foolish acts in adults With ID

The 14 foolish acts by adults with ID are described in Table 5.1 and analyzed in Table 5.2. To illustrate how the analysis was carried out, one of the stories is singled out for discussion. In story 1A (a young women who asked an agency director to help her collect money promised in exchange for a sexual act), the foolish behavior stemmed not from performing the sexual act (although that could be a separate story, marked by gullibility) as much as in thinking the agency director would respond sympathetically to this request. This behavior can be categorized as “Noninduced Socially Foolish Action”, as the hidden risk was interpersonal (major consternation), but there was no inducement, other than a question, from the agency director. In terms of the contributing factors, a primary cause was cognition, in that the woman failed to take the perspective of the agency director and understand how he would respond. Affect/state was involved as well, in that the woman was very upset about the unpaid debt. The consequence was relatively trivial (nothing bad happen to the girl; the same couldn’t be said

---

**Table 5.1 (continued)**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1L</td>
<td>A man worried about money walks around with all of his cash wadded up in his socks or holding it in his hand. Often, he would lose a lot of money this way, but he could not be talked into depositing anything in his account.</td>
</tr>
<tr>
<td>1M</td>
<td>An elderly woman in the early stages of dementia was tricked into lending her jewels to a crook who offered to get them appraised so she could receive lowered insurance costs.</td>
</tr>
<tr>
<td>1N</td>
<td>A young man makes some money by doing odd jobs in the neighborhood. One neighbor never pays him, or pays only a portion of what is promised. The young man continues to do jobs for this neighbor, and never thinks to ask for payment up front.</td>
</tr>
</tbody>
</table>
### Table 5.2  Analysis of foolish acts by adults with ID

<table>
<thead>
<tr>
<th>Foolish action stories (from Table 5.1)</th>
<th>Type of foolish act</th>
<th>Factors contributing to foolish act</th>
<th>Consequences</th>
<th>Obviousness of risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Practical</td>
<td>Social noninduced</td>
<td>Social induced</td>
<td>Situation</td>
</tr>
<tr>
<td>1A—Asked staff to help collect for van sex</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1B—Fire on stove</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1C—Elevator gas</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1D—Basement rape</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1E—Father call 911</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1F—Glass on floor</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1G—Open door to stranger</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

(continued)
Table 5.2  (continued)

<table>
<thead>
<tr>
<th>Foolish action stories (from Table 5.1)</th>
<th>Type of foolish act</th>
<th>Factors contributing to foolish act</th>
<th>Consequences</th>
<th>Obviousness of risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social</td>
<td>Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practical</td>
<td>noninduced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1H—Lend keys to homeless</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1I—Got throat slit</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1J—Wanking in men’s room</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1K—False confession</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1L—Money in socks</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1M—Lend jewels</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1N—Stiffed by neighbor</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Table 5.3 Foolish acts committed by normally developing youths

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A—Two teenage boys carried out a stunt where they cut the top off a junk car and ran it off a ramp into a pond. They failed to take any lifesaving precautions and one of the boys who was a poor swimmer drowned when the pond turned out to be deeper than anticipated.</td>
<td></td>
</tr>
<tr>
<td>3B—Three high school students got into some beer when alone in a house with no adult supervision. They decided to go to a school basketball game when they were obviously impaired. Their behavior was noticed and they were suspended from school.</td>
<td></td>
</tr>
<tr>
<td>3C—A young man came home from a church meeting to find his mother near death from an assault. Interrogated for many hours, he admitted he might have killed her after being falsely told that a polygraph proved he did it but had blacked out and thus had no memory of doing such a deed.</td>
<td></td>
</tr>
<tr>
<td>3D—A high school couple were necking and got carried away. Even though the boy had a condom on him, they had unprotected sex and the girl became pregnant.</td>
<td></td>
</tr>
<tr>
<td>3E—A group of teenagers played a prank by setting up a bogus web page for their high school principal, complete with picture and a statement suggesting he approved of sexually molesting children. They were suspended.</td>
<td></td>
</tr>
<tr>
<td>3F—A 13-year-old girl with no history of misbehavior became friendly with a 15-year-old girl with a more troubled history. The older girl convinced the younger one to sneak out late at night and take her for a joy ride in the family car, even though she lacked a license or any driving experience.</td>
<td></td>
</tr>
<tr>
<td>3G—An adolescent with no experience with animals decided to adopt a stray male cat. He was surprised to discover the next day that the stray cat had attacked and severely injured one of the cats already living inside.</td>
<td></td>
</tr>
<tr>
<td>3H—Some preteen boys set off a rocket in a park where dry conditions had made for dangerous fire conditions. A spark caused a grass fire that endangered a neighborhood and brought legal consequences.</td>
<td></td>
</tr>
<tr>
<td>3I—At a summer residential sports camp for lacrosse players of differing ages, the younger campers would always come home significantly poorer by being tricked by older campers into buying used lacrosse equipment at greatly inflated prices.</td>
<td></td>
</tr>
<tr>
<td>3J—A 14-year-old boy in a Middle Eastern country was persuaded by supposed religious leaders into making an attempt on the life of a politician they did not like.</td>
<td></td>
</tr>
<tr>
<td>3K—A girl wanted to surprise her dad by shoveling heavy snow off his car. She did not have a broom, so she used a metal shovel. The shovel caused significant damage to the car’s finish.</td>
<td></td>
</tr>
<tr>
<td>3L—A girl was taking a short-cut home from school. She was accosted by an unfamiliar man who took her by the hand and ordered her to come with him. Instead of resisting or screaming, the girl passively got into the man’s car with him.</td>
<td></td>
</tr>
</tbody>
</table>

(continued)
The risk was relatively obvious, in that it is difficult to imagine any average adult thinking such a request of the agency director would be appropriate.

Most of the stories are placed in one “type of foolish act” category but one of them, story 1F, is placed in both the “Practical” and the “Social-Noninduced” categories. That is because leaving broken glass in an area where a toddler can crawl is physically dangerous, but when one’s parenting competence is being monitored on a daily basis by child protective workers looking for evidence of incompetence, that is also very socially foolish.

An examination of Table 5.2 shows that the majority of the examples of foolish acts in these adults with ID involved socially foolish acts, and two-thirds of those were induced (i.e., involved gullibility). While affect/state, personality, and situation were often involved as explanatory factors, cognitive factors were almost always involved. In most cases, the consequences were fairly serious, and in all but one case, the risks involved were fairly obvious.

### 3.2. Foolish acts in normally developing youths

The 14 foolish acts by normally developing young people are described in Table 5.3 and analyzed in Table 5.4. To illustrate how the analysis was carried out, one of the stories is singled out for discussion. Story 3A, in which two boys ran a car off a ramp into a pond with one of the boys drowning, was obviously a form of practically foolish action. However, it was also classified as socially induced foolish action, because one of the boys allowed himself to get talked into it by the initiator, and there was also general encouragement from an audience of peers, most of whom had the sense to decline to participate themselves. Cases 3H (setting off a rocket in dry grass) and 3M (checking text messages while driving) are also classified as both practical and social-induced for the same reasons, although in 3M the social inducement (a peer hoping for an immediate reply) is less direct.
Table 5.4  Analysis of foolish acts by typical youths

<table>
<thead>
<tr>
<th>Foolish action stories (from Table 5.3)</th>
<th>Type of foolish act</th>
<th>Factors contributing to foolish act</th>
<th>Consequences</th>
<th>Obviousness of risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Practical Social</td>
<td>Social noninduced Social induced</td>
<td>Situation Cognition Affect &amp; state Personality</td>
<td>Serious Trivial Obvious Hidden</td>
</tr>
<tr>
<td>3A—Ran car off ramp</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3B—Drunk at school</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3C—Gave false confession</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3D—Unprotected sex</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3E—Prank on principal</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3F—Took parents’ car for joyride</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3G—Kumbaya for cats</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3H—Rocket in dry grass</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

(continued)
Table 5.4  (continued)

<table>
<thead>
<tr>
<th>Foolish action stories (from Table 5.3)</th>
<th>Type of foolish act</th>
<th>Factors contributing to foolish act</th>
<th>Consequences</th>
<th>Obviousness of risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social induced</td>
<td>Social noninduced</td>
<td>Affect &amp; state</td>
<td>Personality</td>
</tr>
<tr>
<td>3I—One-sided lacrosse equipment swap</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3J—Young terrorist recruit</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3K—Clean snow off car with metal shovel</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3L—Going with strange man</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3M—Check text messages while driving</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3N—Tricked into uttering an obscenity</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Foolish Action in Adults with Intellectual Disabilities

Table 5.5 Foolish acts committed by adults with average IQ

| 5A | A prominent judge was obsessed with a woman in whom he had a romantic interest. He started to stalk her and send harassing letters and he eventually lost his career and freedom. |
| 5B | A university president made frequent obscene phone calls from his office. A call was traced and he was forced to resign in disgrace. |
| 5C | A woman fell for the Nigeria internet inheritance scam, and lost a great deal of money as a result. |
| 5D | A truck driver came to a railroad crossing just as the gates came down. Trying to beat the train, he drove around the gate and across the tracks. The train plowed into the body of the truck, injuring and killing many. |
| 5E | A man decided to save money by trimming some overhanging tree branches with his chain saw, rather than calling a tree company. A large branch swung back at him, knocking him off his ladder and killing him. |
| 5F | Several people entered a radio station-sponsored contest to see how much water they could drink without going to the bathroom. A woman was urged to continue drinking, and agreed to do so, even after she started to experience serious physical symptoms which led eventually to her death. |
| 5G | A famous young man took up flying as a way to avoid being approached at airports. Although he was not yet instrument-proficient, he went on a trip late in the day under challenging visibility conditions, became disoriented and crashed. |
| 5H | Two young women were tied up by a burglar whom they encountered when they returned to their apartment. He was about to leave with his loot when one of the young women said that she was certain she could pick him out of a photo lineup, but would not do so if he left the items. He panicked and killed them both. [note: the incompetence under consideration here is the victim’s, not the killer’s]. |
| 5I | A high county official had an affair and exchanged intimate e-mails at work with a female employee who received large pay raises from him. Another employee, incensed over the pay raises, blew the whistle. |
| 5J | The CEO of a biotech firm got advance notice that a promising new drug was not going to be approved for use. He sold his company stock and later went to jail for insider trading. |
| 5K | The superintendent of a school district felt the need to be funny whenever he gave a speech. During an orientation at the start of a school year, he used a doctored video that depicted teachers seeming to sponsor terrorism. This was leaked to the news media and as a result of the ensuing uproar he was fired. |
| 5L | A political leader entered into a disastrous sexual relationship with a college student intern. This began one evening when he was very tired and she snapped her thong flirtatiously at him. |
| 5M | Although on notice that any future episode of illegal behavior would result in disciplinary action, a professional athlete was arrested for domestic... |
In case 3A, the causative factors were cognitive (a lack of basic understanding of how fast a car sinks and a disinclination to find out) and situational (the role of so many peers encouraging the two boys to perform the stunt). The consequences were obviously very serious, but I would consider the risk to be relatively nonobvious (as compared, say, to driving a car into a wall, driving into water could seem rather benign).

An examination of Table 5.4 shows that 12 of the 14 stories involved a social cause, with all of those being induced by one of more other persons. Ten of the stories could be explained causally at least in part by cognitive factors, 11 of the stories could be explained at least partially by situational factors, and 8 of the stories involved both cognitive and situational factors acting in concert. The outcomes were evenly divided between serious and trivial, and 10 of the 14 stories involved risks that could be considered somewhat hidden.

### 3.3. Foolish acts in adults of average or above-average IQ

The 14 foolish acts by mature adults with average or above-average IQ are described in Table 5.5 and analyzed in Table 5.6. To illustrate how the analysis was carried out, one of the stories is singled out for discussion. Example 5G involved a famous young man who took up flying a small plane in part to avoid being approached by autograph-seekers at airports. Like a lot of busy professionals who take up flying, he was not able to put in enough time to become proficient in any and all conditions, but he possessed sufficient intelligence and self-confidence to perhaps think he could handle whatever challenge came up. In this sense, personality (self-confidence and a reluctance to give up) was one of the contributing factors to the foolish decision to fly under difficult conditions and to the tragic outcome. Situation also entered into the equation, in that his departure was delayed until late in the day, but the shift in conditions (an extremely hazy evening) was ambiguous, at least at the point where he set out from. Affect/state was also part of this equation, as he and his passengers were very anxious to get to their destination (a much-anticipated...
Table 5.6 Analyses of foolish acts by average adults

<table>
<thead>
<tr>
<th>Foolish action stories (from Table 5.5)</th>
<th>Type of foolish act</th>
<th>Factors contributing to foolish act</th>
<th>Consequences</th>
<th>Obviousness of risk</th>
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<td></td>
<td>Practical</td>
<td>Social noninduced</td>
<td>Social induced</td>
<td>Situation</td>
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<tr>
<td>5A—Judge stalks woman</td>
<td>X</td>
<td></td>
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<tr>
<td>5B—College president makes obscene calls</td>
<td>X</td>
<td></td>
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<tr>
<td>5C—Woman fall for inheritance scam</td>
<td></td>
<td>X</td>
<td>X</td>
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<td>5D—Truck driver tries to beat train</td>
<td>X</td>
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<td>5E—Man killed while trimming tree</td>
<td>X</td>
<td></td>
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<tr>
<td>5F—Woman killed in water drinking contest</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>5G—Unqualified Pilot exceeding his limits</td>
<td>X</td>
<td>X</td>
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(continued)
Table 5.6  (continued)

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<tr>
<th>Foolish action stories (from Table 5.5)</th>
<th>Type of foolish act</th>
<th>Factors contributing to foolish act</th>
<th>Consequences</th>
<th>Obviousness of risk</th>
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<td></td>
<td>Practical</td>
<td>Social noninduced</td>
<td>Social induced</td>
<td>Situation</td>
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<td>5H—Woman bargaining with a burglar</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>5I—Official giving raises to and e-mailing lover</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>5J—Exec sells stock when drug disapproved</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>5K—School superintendent doctors videos</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>5L—Politician fools around with intern at work</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>5M—Athlete fired for domestic abuse</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>5N—Assistant goes over her boss’s head</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>
wedding party) that evening. The consequences were, obviously, of the most serious kind. The risk was, to me, somewhat hidden, as the conditions at the onset of the flight seemed ordinary enough.

An examination of Table 5.6 shows that the great majority of the stories involved socially foolish action, but three-quarters of them were noninduced. Cognition and situation played a relatively small part in these stories, while personality was a very frequent contributing factor and affect/state was involved in all but one of the stories. Another interesting finding is that 12 of the 14 stories involved risks that could be considered relatively hidden.

3.4. Comparing nature and causes of foolish acts across groups

Before examining differences in foolish acts across the three groups, it is necessary to repeat the caution that this exercise was a heuristic one intended to illuminate the model and to generate research hypotheses about the forms and differences in foolish action across groups. Another obvious limitation is that even if these were representative, we have no idea of the base rate in, say a day or month, of foolish action among the three groups. We can assume (as anyone who has ever been around teenagers can attest) that the normally developing youths act foolishly far more frequently than the average-IQ adults. We can also assume that the normally developing youths act foolishly less frequently than adults with ID (who are probably operating at a much younger "foolishness-age"). But these are assumptions for which we do not have confirming or disconfirming data at the present time.

In examining Tables 5.2, 5.4, and 5.6, we note that all four of the explanatory factors can be found to be operating on all three of the groups. Thus, echoing the point made over the years by motivation researchers (Switzky, 1997; Zigler & Balla, 1982), one must see people with ID as "whole persons" affected by situational, affective, personality, and other forces that affect all human beings, and not just by their low score on an IQ test.

For all three of the groups, socially foolish action was the most frequent type, although there seemed to be a higher frequency of practically foolish acts among the normally developing youths. This overrepresentation of social foolishness likely reflected the bias of the selector (yours truly), but it is the case that there is far more to be found in the ID literature on socially foolish actions than on practically foolish actions (one will look in vain, for example, for anything on cooking, driving, or other physical accidents in people with ID but the literature on, say, financial or sexual exploitation, is extensive).

One interesting difference is that while the socially foolish acts of adults with ID and (even more so) normally developing youths are mainly of the induced variety, the socially foolish acts in adults with average IQ were
mostly noninduced. Cognition and situation played a very small role in explaining the foolish acts of adults with average intelligence, whereas personality and (especially) affect/state played a very big role for that group. In contrast, cognition was a major explanatory factor for normally developing youths and was an almost universal factor for adults with ID.

In terms of seriousness of consequences, an interesting finding is that most of the foolish acts of the normally developing youths were of the fairly trivial variety, whereas the foolish acts committed by adults with and (especially without) ID tended to have very serious consequences. An obvious explanation for this, however, is that more of these stories came from media reports, and these tend of course to focus more on tragic and serious events. In terms of obviousness of risks, the risks ignored by normally developing youths and (especially) adults of average intelligence tended to be relatively hidden, while the risks ignored by adults with ID tended to be relatively obvious.

While not sources of “data,” these comparisons do provide some interesting hypotheses for future investigation. Among the research questions that came out of this exercise are the following: (a) Are adults with ID more likely to exhibit social than practical foolishness?; (b) Is it true that adults with ID are affected by all four explanatory factors, but their foolish action almost always reflects the influence of cognitive limitations?; (c) Are adults with ID more likely to act foolishly in situations where the risks would be relatively obvious to most people?; and (d) Is it true that the foolish acts committed by adults with ID often have very serious consequences for their well-being?

4. Brain Damage and Foolish Action: FASD as an Exemplar

A number of early Renaissance artists, most notably pre-Surrealist painter Hieronymus Bosch, produced paintings or etchings depicting a form of brain surgery (Gross, 1999; image at www.Princeton.edu/~cggross/Trends Neurosci 10 429.pdf). One of Bosch’s most famous works is titled “The Cure of Folly.” The inscription can be translated as “Master, dig out the stones of folly, my name is Lubbert Das” (which according to Stainton, 2004, can be understood to mean “stupid everyman”). For that reason, this category of art works is known as the “Stone Operation” pictures.

According to psychologist C. G. Gross (1999), Bosch likely depicted an actual operation, an early version of “trepanning,” in which a piece of skull bone is removed through a surgical incision. However, there are hints in the painting (e.g., a water tulip being pulled out by a surgeon in clerical garb who is wearing a funnel on his head), that suggest that Bosch was making
fun of what he considered the foolishness of those who would engage or believe in such nonsense. The word “folly,” used by Bosch, included a broad range of behaviors, including “madness,” although in that period (up to less than a century ago, for that matter), a clear distinction was not always made between mental illness and ID. At any rate, this form of psychosurgery, an offshoot of which is the twentieth century practice of lobotomy, reflects a long-standing view that foolish conduct is often an external manifestation of underlying brain abnormality.

A propensity for foolish action, especially in the social domain, is a commonly noted symptom of a wide variety of neurologically based syndromes, even when IQ is noted to be in the normal or low-average range. Probably the best-known example of this is the socially foolish behavior that is associated with Ventromedial Fronal Lobe lesion (also known as Phineas Gage syndrome; Damasio, 1994) and to people with damage to the prefrontal cortex in general, even when IQ remains relatively intact (Wood, 2003). But a high rate of foolish behavior is a common outcome of all sorts of neuro-behavioral syndromes associated mainly with borderline, rather than ID-qualifying, levels of intellectual functioning. As example, a survey of adults with Myotonic Muscular Dystrophy, a chromosomally transmitted neuromuscular disorder associated with learning difficulties, found a homogeneous personality profile, in which “the most frequently encountered type of behavior . . . is saying something foolish” (Delaporte, 1998, p. 338).

Drawing on findings with induced frontal brain damage in animals (Kolb, 1995), there is a strong possibility that “species specific” behaviors (such as abnormal peer or sexual interaction) is a more likely consequence of certain forms of brain damage than is incompetent formal academic problem-solving (e.g., maze memorizing in rats, full-scale IQ score in humans). A strong propensity for foolish action, quite often in the absence of severe global intellectual impairment, especially in the social domain, has been noted among a number of brain-based syndromes, including other forms of Traumatic Brain Injury (McCabe & Bliss, 1996); Williams syndrome (Greer, Brown, Pai, Choudry, & Klein, 1998), Dandy–Walker syndrome, and other forms of hydrocephalus (Dennis & Barnes, 1993); Turner syndrome (McCauley, Kay, Ito, & Treder, 1987); and Attention Deficit–Hyperactivity Disorder (Wender, Wolf, & Wasserstein, 2001).

Although all of the above–cited disorders are associated with much higher than average rates of foolish behavior, the likely explanatory mechanisms are different, depending on the nature of the disorder and the location and globality of the underlying lesion or other biological causes. Thus, in the case of Ventromedial Frontal Lobe lesions, individuals behave in a manner indicating an inability to anticipate social consequences, in spite of doing well on formal measures tapping understanding of consequences of portrayed acts. Writing about a formerly very competent adult subject named Elliot, Damasio (1994) wrote: “we should not attribute Elliot’s
decision-making defect to lack of social knowledge, or to an elementary impairment of reasoning, or, even less, to an elementary defect in attention or working memory . . . . The defect appeared to set in at the late stages of reasoning, close to or at the point at which choice making or response selection must occur.” (p. 50). The problem is that when confronted with a choice among several paths, Elliot lost the ability to select the correct path; this was accompanied by an inability to understand and empathize with the emotional reactions of others. The likely explanation, according to Damasio (1994) is that the prefrontal cortices are very involved in categorization of situations (a prerequisite for making wise choices), and—especially when involving the ventromedial area—have particular importance in the “bioregulatory and social domain” (p. 183).

Whereas the likely explanation for the foolish behavior of individuals with Ventromedial Frontal Lobe lesions may lie in cognitive pathways used to make choices in emotionally charged social situations, other forms of cognitive impairment—such as a basic inability to process social or communicative cues—may be the culprit in autistic-like disorders such as Dandy–Walker or Fragile X syndromes. In other cases, such as ADHD, extreme impulsivity may be the culprit, while in virtually all forms of Developmental Disability, a secondary personality adaptation of compliance and reliance on external social cues is a likely contributor.

Because of space limitations, and because it is a fruitful disorder for exploring foolish action and related policy issues, the remainder of this discussion shall focus on a single disorder: Fetal Alcohol Spectrum Disorders (FASD). This is a birth defect caused by prenatal alcohol consumption that often results in ID but, even when it does not, almost always causes judgment problems that manifest in a high frequency of foolish behaviors. FASD, while not yet in use as a clinical diagnosis, is an umbrella that includes fetal alcohol syndrome (FAS, which always presents with dysmorphic facial features in combination with rather dramatic cognitive limitations), fetal alcohol effects (FAE; with less severe cognitive impairment than in FAS, and without dysmorphic facial features), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD). It is estimated that FASD affects as much as 1% of the population (Fetal Alcohol Spectrum Disorders Center for Excellence; www.fascenter.samsha.gov), although in some at-risk subgroups, such as North American aboriginal populations (Burd & Moffatt, 1994), the prevalence rate is much higher.

Perhaps reflecting the general tendency of psychologists to overemphasize cognitive (i.e., academic) ability, there is very little research or even anecdotal data pertaining to social and practical limitations, particularly in adults where such limitations are especially problematic for long-term life success. In a report by a Committee of the National Research Council (Stratton, Howe, & Battaglia, 1996), it was noted that “. . . there are no systematic studies of adults with FAS. Thus, there is no information about
longevity, sexuality, parenting, vulnerability to disease or mental illness, or other data that would be valuable in planning for these individuals” (p. 166). However, there is some indication that the effects of (particularly moderate doses of) prenatal alcohol exposure may become more apparent later in an individual’s development “perhaps due to the nature of a disorder that may affect behaviors associated with more mature social functioning” (p. 168).

Research on the attributes of individuals with FASD has indicated a number of problems that could help to explain their often-noted propensity for foolish action. Animal studies, and studies with humans using scanning and postmortem analytic methods have shown abnormalities in a number of brain regions in organisms exposed in utero to alcohol (Stratton et al., 1996, p. 169). Studies using psychological methods have shown a pattern of deficits very similar to those found in individuals with frontal lobe injury. “Specifically, those persons with FAS show impaired judgment, lability, poor impulse control, and deficits in social and adaptive functioning similar to the kinds of problems seen in patients who have frontal lobe injuries...” (Stratton et al., 1996, p. 169). All of these impairments can be linked to the three within-person theoretical constructs of cognition, personality, and affect/state and have obvious utility in explaining foolish action.

As is the case with many brain damage-related conditions, the mean IQ of people with FASD fluctuates around the upper boundary of the mild ID subcategory. This means that many affected individuals are not eligible for services available to people with a diagnosis of ID, when agencies (as is, unfortunately, typically the case) rely rigidly on a 70–75 upper cutting score. It has been noted, however, that deficits in nonacademic aspects of life functioning are typically even more dramatic than one might predict from IQ, as reflected for example in low Vineland ratings, particularly on social skill areas (Streissguth et al., 2004).

One is reluctant, however, to argue for a strict reliance on formal adaptive behavior ratings as a preferred method for diagnosing ID in people with FASD for two reasons: (a) studies typically use a mixed sample of individuals with FAS and FAE, meaning that the FAS subgroup is mainly responsible for the lowered adaptive behavior scores and many in the FAE group may not qualify on that basis, and especially as (b) adaptive behavior instruments have few if any foolish action items (e.g., the Vineland-2 has one gullibility item, the Adaptive Behavior Assessment System-2 none), and the concern expressed by clinicians and advocates over the incompetence of individuals with FAE is over their vulnerability stemming from a lack of risk-awareness. This is reflected in accounts such as that by the late anthropologist and novelist Michael Dorris (1989) who, in The Broken Cord, told many poignant stories about his adopted son Adam, someone with FASD whose IQ was at the upper boundary of mild ID but whose penchant for acting foolishly as a young adult made it very risky for him to live outside of the protected environment of a supervised living arrangement.
4.1. Examples of foolish action in adults with FASD

Following are some examples of foolish action, in both social and practical spheres, of young adults with FASD. These have been taken from interviews which I conducted with clinicians experienced in dealing with individuals who have FASD and borderline intelligence. The sources of the stories are not cited, and names are fictitious, in order to protect the anonymity of the subjects. The most important point of these stories is that the foolish actions depicted here as performed by people with FASD but borderline intelligence are also characteristic of people (with or without FASD) who qualify as having ID. Thus, I am using these examples not to create some contrast between people with or without ID, but rather to (a) illustrate the kinds of foolish actions that get people with ID in trouble and (b) buttress a case (made later) for expanding the ID category to include people with borderline intelligence but who make similar kinds of cognitively mediated mistakes.

4.1.1. Criminal victimization

It may seem like victim-bashing to describe criminal victimization as a form of foolish action, but it is often possible to prevent being robbed or otherwise victimized by avoiding risky settings or attending to various warning signs. Nettelbeck and Wilson (2002) have found that people with ID are often at risk of being victimized criminally, for reasons having to do both with their cognitive limitations and associated personality adaptations (especially an acquiescent interpersonal style). A case of criminal victimization of a person with FASD follows. It involves “Sharon,” a woman in her 30s. Sharon lived alone and bemoaned the fact that she did not have a boyfriend. A van driver told her he liked her and would be her boyfriend if she gave him $1,000. Sharon emptied her bank account to give the man the money.

4.1.2. Naïve criminal conduct

While adults with ID are capable of committing crimes with full criminal intent, it is often the case that they lack mens rea, a legal term meaning “guilty mind.” Norval Morris (1982) coined the term “naïve offender” to describe criminal behavior exhibited by people with ID, where the individual is talked or tricked into participating in a crime without fully understanding what is going on. A case of naïve criminal conduct in a person with FASD follows. It involved “Tom” a young man of 19. Tom was asked by his uncle to come along for a ride. It turns out that the uncle planned to break into a home where a woman lived who supposedly kept money in the house. When they got there, Tom was ordered to be the lookout. The woman turned out to be home and she was killed. Tom was convicted of murder, even though he had no history of violence and most likely was duped into participating.
4.1.3. Incompetent parenting
When adults with ID become parents, they run a relatively high risk of having their children removed by a child protective agency for reasons that typically fall more in the category of neglect (i.e., that involve poor judgment) than abuse (Budd & Greenspan, 1984). While such harsh agency action sometimes reflects prejudice, combined with an absence of clear standards for evaluating childrearing adequacy, there are many cases where parents with ID foolishly endanger the welfare of their children. An example involved “Theresa,” a woman in her 20s with FASD who had previously had a child removed by child protective services. Theresa had recently moved into her own apartment, where she was living with her 18-month-old son “Robert.” Several relatives came to visit. Although sexual abuse was rampant in Theresa’s family, she allowed a female cousin to take Robert to his room unsupervised. A visiting social worker happened to come by and found signs that Robert had been molested.

4.1.4. False confession behavior
Although physical coercion (i.e., torture) is now prohibited as a legitimate police interrogation technique, psychologically coercive methods (known to police agencies as the “Reid technique”) have come to be widely used. These methods are quite effective in eliciting confessions from persons who have committed a crime. A major problem, generally not acknowledged by those who advocate for this technique, is that they sometimes elicit confessions from people who are innocent. Minors and people with ID are especially vulnerable to such techniques, and there have been several well-known cases where people with and without ID have later been exonerated of crimes to which they had earlier confessed (Drizin & Leo, 2004; Perske, 1991). A case of false confession by a person with FASD involved “Stan,” a man around 30. Stan was suspected of participating in a murder and he was brought in for questioning. He waived his “Miranda” (right to an attorney and to remain silent) rights because he was innocent and wanted to persuade the police. After being told he had flunked a lie detector test and faced a death sentence unless he confessed, Stan signed a statement that was essentially dictated to him.

4.1.5. Household accidents
People with ID are at increased risk of injury from household accidents caused often by poor judgment about practical activities (Slayter et al., 2006). Here is case of such an accident in a person, named “Mary,” with FASD. Mary was cooking a meal, for herself and her roommate, using a cook book. Mary misunderstood the recipe and put a poisonous substance in the dish. She and her roommate both wound up in the emergency room.
4.1.6. Health mistakes
People with ID often make poor health decisions, owing to mistaken ideas about illness, lack of knowledge about healthy practices, difficulty knowing when to seek help, and lack of ability to follow through on medical regimens (McGuire, Daly, & Smyth, 2007). A health mistake of a woman, “Bridget,” with FASD, is illustrative. Bridget was a sexually active young woman who had contracted genital herpes. During an outbreak of the disease, she became very upset and tried to cut the herpes sores off with a scissor.

4.1.7. Poor driving decisions
People with mild ID are often capable of driving a car, but obtaining a driver’s license, understanding road rules, and driving safely can be a challenge (Gottfredson, 2007). Because having a car is an almost universally desired goal in adults living in first-world countries, people with ID will often drive illegally, without a license. Here is a case involving a poor driving decision by an adult with FASD. “John,” a young man in his 20s with FASD made a poor driving decision. He had obtained a driver’s license after several attempts, but failed to get it reinstated after it was suspended. One evening, John was driving and noticed in his rear-view mirror a police car signaling him to pull over. John panicked and jumped out of his car while it was still moving. His rationale for this dangerous act was a belief that the police would continue to chase the car rather than him.

5. Research and Policy Implications
In the space remaining, I shall address research and policy implications arising from this discussion of the problem of foolish action in adults with ID. The focus of the research subsection will be on the need to develop both descriptive and quantitative methods and measures for studying individual differences in foolish action. The focus of the policy subsection will be on ways of bringing the notion of foolish action, and the risks stemming from it, into ongoing discussions of how to define and diagnose ID.

5.1. Research implications
Although I have cited a great deal of research that pertains indirectly to the problem of foolish action, very little of it specifically addresses foolish action in the general population, and virtually none of it specifically addresses foolish action in people with ID. Given that a high propensity for foolish action is one of the most salient characteristics of people with ID, talked
about for centuries, the absence of modern research on foolish action in that population is rather striking. My main reason for writing this chapter is, in fact, to stimulate interest among researchers in this important but forgotten area of functioning.

There are several reasons that might explain why social scientists have addressed so little attention to the problem of foolish action. The current zeitgeist is one in which any focus on deficits in people with ID, let alone one described by the adjective “foolish,” is likely to be strongly deplored. Related to that is the fact that the field of “disability studies,” which is conducted for the most part with scholars operating out of a labeling theory sociological tradition, have concentrated on the disabling role of social institutions and settings in creating deviance and incompetence, and has little or no place in it for any attempt to locate deviance or incompetence in the individual.

Within psychology, four obstacles to studying foolish action have been (1) the continued preoccupation with IQ as the only aspect of intelligence worthy of concern, (2) the tendency to restrict conversations about the meaning of adaptive behavior (as with intelligence) to the factor structure of existing measures, (3) the absence of action models or methods sophisticated enough to explain complex volitional actions in specific contexts, and (4) the failure to generate adequate measures of foolish action. Because of the centrality of the measurement problem, I shall present some ideas below about how the development of measures pertaining to foolish action might be approached.

5.1.1. Social and practical risk ratings

One very simple approach to measuring social or practical foolishness in adults with ID is in the form of a rating measure, analogous to an adaptive behavior instrument. Such measures would be completed by third-party raters (teachers, direct-care staff, counselors, family members, etc.) much as is the case with existing adaptive behavior measures such as the Vineland. An initial effort to develop such an instrument, focused on induced social foolishness (i.e., gullibility), is the “Social Vulnerability Scale” (SVS; Pinsker, Stone, Pachana, & Greenspan, 2006). Developed at Australia’s University of Queensland, the SVS has 22 items, 2 of which are “talked into giving up money or other objects of value to someone else” and “believes what another person tells him/her even when (s)he knows that person has lied in the past.” There is a 5-point rating instrument, ranging from “never” to “always.” The instrument thus far has been validated with older adults (a particular interest of the lead author, Donna Pinsker) and has been found to strongly discriminate between age-matched older adults with or without Alzheimer’s. However, there is no reason why this scale, or one similar to it, perhaps with practical foolishness content added, could not be used with much younger adults with ID and related disorders.
A somewhat different approach is reflected in the “Adult and Adolescent Vulnerability Index” (AAVI; Greenspan & Stainton, in preparation), a rating instrument being developed for the adult ID service system in British Columbia. The AAVI uses somewhat more molar items, such as “Vulnerability to Appliance Use Mistakes” and “Vulnerability to Criminal Victimization,” with rating items indicting the level of vulnerability on a 4-point scale. Such molarity in items is generally avoided by instrument developers, who tend to believe that narrowly worded items make for greater inter-rater reliability. My view, however, in line with the ideas of Guilford (1956), is that some loss of reliability is occasionally necessary in order to devise valid instruments (because the way that researchers often get high reliability is by throwing out complex but interesting constructs in favor of constructs which owe their ease of measurement to the fact that they are uninteresting and overly narrow).

5.1.2. Measures of foolish behavior frequency

A somewhat different approach involves collecting information about the frequency with which a subject exhibits, or is likely to exhibit, socially or practically foolish actions. Such measures do not yet exist and are not in development, but would be worthwhile. A measure of actual foolish behavior (again to be filled out by a third-party rater) would involve listing many different types of practically and socially foolish behaviors and the frequency with which a subject has performed a similar behavior in the last week, month, or year. An alternative approach would be to describe a challenging situation and then ask a rater to choose from a list of possible (relatively foolish or nonfoolish) behaviors as likely outcomes. A measure, termed the “Predicted Behavior Scale,” was developed and validated for children with ID some years ago (Monson, Greenspan, & Simeonsson, 1979) but could be easily adapted for use with adults, and with a focus more on risk-related behavioral outcomes.

5.1.3. Measures of risk awareness

Although cognitive measures of risk awareness cannot assess foolish action directly, they can be a pretty good predictor. That is because while there are many noncognitive factors (e.g., intoxication, emotion) that contribute to foolish action in people with generally good risk-awareness, an inability to recognize obvious risk would almost certainly suggest a propensity for foolish action; even in someone in a relatively nonimpaired state. The problem is that except for a few specialized applications (e.g., recognition of driving dangers in programs aimed at reducing adolescent car accidents), one will search in vain for cognitive measures of risk-awareness. Cognitive measures, whether of intelligence, or of other (e.g., social) kinds of problem-solving, always ask a subject to generate or identify one or more good solutions. A measure of risk-awareness, on the other hand, would ask a
subject to show that he or she recognizes a bad solution, specifically one that
would put the self or others at risk. An example of such a measure, involving
recognition of sexual-abuse risk, can be found in the research of Khemka
and Hickson (2000).

A recognition-of-risk measure is a type of intelligence test, but one that
could be especially useful in predicting who would be likely to mess up in
the realm of everyday functioning. The closest analogue to such a method
can be found in the area of writing and grammar assessment, when a subject
is asked to find and fix errors.

Given the current advanced state of digital technology, the best—and
probably most ecologically valid—method for devising a cognitive test of
risk recognition would involve video or animated stimulus items. Such a
measure does not, to my knowledge, currently exist, except for at least
one preliminary effort to develop a video measure of practical wisdom.
That measure, developed by an Israeli occupational therapist with my
consultation (Yalon-Chamovitz & Greenspan, 2005), presented video sce-
narios of various everyday tasks (e.g., washing the floor, making a grilled
cheese sandwich, doing the laundry). At various points in a scenario, a bell
would sound and a subject would be asked to identify any mistake (e.g.,
omitting oil in the pan or soap in the washing machine) that had occurred
just prior to the bell. This preliminary measure was predictive of commu-
nity adaptation in adults with mild and moderate ID. Such a method could
be adapted to make it more risk-relevant, by using items that pose some
danger, for example, replacing a burnt-out fuse with a coin.

Similar video-based measures could also be developed in the realm of
social risk-awareness. Video technology has been used to assess social-
cognitive competence in individuals with ID, most notably in research by
Leffert and Siperstein (2002). Such measures have not yet, however, been
converted into clinical assessment instruments, and they tend to focus on
recognition of internal states rather than on recognition of risky behaviors.

A recognition-of-risk measure using photos or drawings accompanied by
verbally presented narratives could also prove promising in identifying
individuals likely to engage in socially or practically foolish behaviors.
One such measure, currently under development, is the “Test of Practical
and Social Intelligence” (TOPSI; Greenspan & Patton, in preparation). The
TOPSI consists of ~100 items, half of them involving practical risks and half
involving social risks. Each item involves a brief story read by the examiner,
in which some problem situation (such as the heat going off) is presented.
Then the examiner shows and describes three pictures to the subject, with
each picture depicting a solution. Typically none of the solutions are ideal,
but only one of them (as determined by a panel during the item development
phase) is very bad and potentially dangerous. The subject is asked to pick the
worst of the three solutions (in the example given above, lighting a charcoal
brazier in a closed bedroom). Three summary scores (practical risk
awareness, social risk awareness, overall risk awareness) are generated, based on number of correct (i.e., wrong) answers identified. Once the development of the TOPSI is complete, these raw scores will be converted to standardized scores on an IQ-like metric, indicating where an individual falls in relation to the general population in his or her ability to recognize risk.

5.2. Policy implications

A heretofore unsolvable problem in defining ID, especially at its upper boundary, is identifying the category’s essential behavioral features (Greenspan, 2006). The criteria that have been developed for differentiating someone with ID from someone without ID—an IQ score approximately two standard deviations below the mean and adaptive deficits in one out of three domains—are artificial, indirect, and arbitrary. Although IQ score is an indirect predictor of behavior (especially in the academic realm), it is a mistake to consider it a direct behavior of interest. Furthermore, no justification, other than statistical elegance, has ever been provided for setting ID’s upper IQ boundary at minus two standard deviations.

This problem of arbitrariness of cutting scores is equally apparent in the realm of adaptive behavior, as rating instruments measure behaviors, such as “has pleasant breath” (an item on the ABAS–2), that in no way are connected to the core behavioral features of ID (sometimes termed its “taxon”). The criteria used (1 out of 3 adaptive skill domains in the tenth American Association on Mental Retardation (AAMR) diagnostic manual, 2 out of 10 or 11 adaptive skills in the ninth AAMR manual and Diagnostic and Statistical Manual, 4th edition Text Revision (DSM 4-TR), respectively) are quite arbitrary, as is the recent suggestion to extend the two standard deviation cutting score standard to adaptive behavior (Greenspan, 2006).

Various recent efforts to devise a better definition of ID (see Switzky & Greenspan, 2006 for an overview) are mainly efforts to devise a better artificial formula. Such efforts are, in my opinion, doomed to failure, until they become more grounded in a quest to understand ID’s natural taxon. That natural taxon, in my opinion, is to be found in a high rate of foolish action flowing partly, but not exclusively, out of cognitive impairments which limit one’s ability to recognize practical and social risk. Decision-making research (see Hickson & Khemka, 1999) also suggests a role for “other possible sources of foolish action, including a failure to generate appropriate alternative actions, a failure to choose the most effective alternative action, or a failure to prioritize safety as a goal” (L. Hickson, February 15, 2008).

A characteristic of most recent efforts to define ID is that there is no single quality in the realm of adaptive functioning that is a universal requirement for a diagnosis. This leaves low IQ score as the sole universal requirement. That makes sense if one assumes that low IQ is the only meaningful index of “impairments in intellectual functioning.” If one
recognizes, however, that intellectual impairment manifests in foolish action and related vulnerabilities in the everyday world, then it would be possible to not only reduce the role of IQ score but also rectify the current tendency to see adaptive functioning as of secondary and peripheral importance. Although the assertion would still prevail that a person with ID can be competent (even above-average) in many areas of life functioning, it would now be recognized that a person who has a normal ability to recognize social and practical risks could not have ID, regardless of what other problems he or she might have.

ID in adults would, thus, be grounded mainly in social and practical foolishness, defined behaviorally as failure to recognize and avoid risk. For children with ID, there would still be a place for emphasizing academic risks, although social risk is also a frequent problem for intellectually impaired children (Siperstein, Norins, & Mohler, 2007). In fact, the ID category is being used with decreasing frequency with children and might even be rethought of as solely an adult disability category. This is in line with suggestions (MacMillan, Siperstein, & Greisham, 1996) for a new category of General Learning Disability as a home for children with learning difficulties that straddle the 70 IQ boundary. In addition to serving borderline IQ students currently often excluded from receiving appropriate services, such a move would "protect the integrity of the [specific] LD concept [by reserving it for students with average IQ] . . . " (Vaughn & Fuchs (2003, p. 137) and promote the notion of "identification of students based on [academic] risk rather than deficit . . . " (p. 137).

A more naturally grounded definition of ID in adulthood would, thus, read something like this: "the term ID refers to a disabling condition that makes one vulnerable to physical and social risk as a result mainly of inability to recognize and understand such risks. Adult services, protections, and supports of an ongoing nature are needed in order to minimize the realization and consequences of these social and physical risks."

One advantage of such a definition of ID is that it would force the field to develop cognitive and behavioral measures—as well as interventions—that are directly relevant to the social and physical risks that form the core of the disability. There could still be a place for IQ assessment, as part of the effort to better understand an individual and his or her cognitive abilities. But the idea that a particular IQ score could define a disability category whose essence is to be found in foolish behavior and failure to avoid social and practical risk would be seen for the absurdity that it is. Two other advantages of such a definition are that it would broaden the ID class somewhat, and it would create a more central home for gullibility, a construct which is attracting increased interest—as in mention for the first time in the AAMR diagnostic manual ( Luckasson et al., 2002) and revised Vineland (Sparrow, Balla, & Cicchetti, 2006)—but whose core importance to the phenomenology of ID is not yet fully appreciated.
6. Conclusion

My purpose in writing this chapter was to stimulate interest in foolish action, a construct that seems to have many implications for the field of ID. As with any initial foray into a relatively unexplored area, there are many questions that I am not yet able to answer fully. Some of these questions cannot be answered because relevant data (e.g., about the prevalence of various forms of foolish behavior) is yet to be gathered, some because the theory is not yet fully developed, and some because the model embraces a degree of indeterminacy that may seem overly fuzzy to some.

Five somewhat overlapping examples of this last set of concerns have been raised by one or more reviewers (J. Leffert, personal communication, January 18, 2008): (a) lack of clear distinction between “obvious” and “nonobvious” risk, (b) inability to separate out the causal contributions of “cognitive” and “noncognitive” factors, (c) artificiality of the distinction between social and practical risk, (d) difficulty of trying to combine social-cognitive (e.g., Bandura) with psychodynamic (e.g., Shapiro) explanations for foolish behavior, and (e) lack of clear delineation between foolish behavior in people with ID and people with mental illness, such as schizophrenia or character disorder.

In time, these questions may be answered more clearly as a result of ongoing empirical and theoretical efforts. Some of the fuzziness which is attributed to the model is intentional, however, and reflects a “historical-contextualist” worldview (see Greenspan, 1998) that is very different from the mechanistic and static “boxology” that still characterizes much of the scholarly and clinical work in the ID field and, for that matter, in psychology generally. The combining of cognitive and personological explanations reflects my belief that neither approach, in itself, is sufficient to explain foolish behavior. The blurring of the distinction between ID, mental illness, and other categories is, furthermore, a good thing, and reflects my oft-stated preference for a more dimensional and functional approach to categorizing human beings.

The construct of foolish action can contribute, I believe, not only to a clarification of the muddy construct of ID but also to the development of a more unified and comprehensive understanding of human disability. Being nondisabled, in my view, involves an ability to function in society with minimal protections and supports against those situations which pull for foolish (i.e., very likely-to-backfire) behaviors. The fact that many people without disability act foolishly is seen by some, such as L. M. Glidden (personal communication, February 25, 2008), as a problem for a proposed definition of ID grounded in foolish action. To the contrary, I see it as very much in line with a “Developmental” view of ID, in which the same explanations can be used to explain behavior in all people, even those
whose vulnerabilities rise to the level where a disability label becomes attached to them. Exploring the varieties and causes of foolish behavior, thus, seems a worthwhile step towards better understanding how one becomes, and remains, “normal” or disabled.

REFERENCES


Foolish Action in Adults with Intellectual Disabilities


