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Systematizing personal goals: The three R's

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In her article (this issue), Gebhardt reminds us that people's varied health goals neither arise from nor unfold in a vacuum. Context matters. And the idea of "context" includes genetic, physiological, developmental, interpersonal, cultural, perceptual, cognitive, motor, and affective "enabling" and "disabling" conditions that interact dynamically to influence our choices, in the short term, and our very mortality, in the long run. Given the enormous complexity of our inner and outer contexts, it is not at all surprising that even our "best laid plans" and most cherished aspirations frequently falter.

Keeping to Gebhardt's theme of complexity in goal pursuit processes, I will briefly illustrate why I believe that success in attaining any valued goal (health-related or otherwise) requires, in addition to prioritization and shielding, a degree of *relational- and contextual sensitivity* to exploit the power of significant others and significant events, sufficient *regulatory flexibility* to support persistent change and maintenance efforts under complex (changing, challenging, and/or conflicting) conditions, and *depth of goal-centred motivational referencing* to maximize our ability to exploit the coordinated interconnection among diverse motivational elements. Although the *Three R's* that I propose (i.e., relational sensitivity, regulatory flexibility, and referential depth) are undoubtedly insufficient to capture all the mechanisms that drive human goal systems, I contend that they are nonetheless central to the concerns of health psychologists and, therefore, merit our careful attention.

Relational and Contextual Sensitivity

Health relevant change efforts usually benefit (a) from an awareness of the opportunities and constraints provided by the environment, (b) from an awareness of the roles played by others with whom one is likely to interact over time, and (c) from an awareness of the relationship between one's goals and (a) and (b). Although context sensitivity has not been ignored by goal theorists (see Boekaerts, 2001), neither has it been widely explored.

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Because other people are frequently the context for the attainment or non-attainment of a great many goals, an appreciation of "self-regulatory relationships" in the form of the three-way linkage between self, significant others, and personal goals holds the potential to enhance the success of motivational strivings. Shah's (2006) "triangular model" of self-regulatory relationships and Salmela-Aro and Little's (2007) social-ecological conception of personal project pursuit are highly recommended as sources of insight into the interactional fabric of goal pursuit in general.

Health behaviour change was the specific focus of a recent study (Okun & Karoly, 2007) in which the Social Contextual Model (SCM) of everyday problem solving served as the conceptual grounding. The SCM proposes that, during goal pursuit, individuals can construe themselves as the solitary owner of a goal, as the creator of a goal that impacts others, or as the pursuer of goal that originates in the social unit. In our study, the possibility that health goals might be perceived as externally imposed (partner-set) was assessed and contrasted to perceptions of self-set and jointly set goals in a sample of college students in a current dating ►

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relationship. Among other things, we discovered that, compared to those with self- and jointly-set goals, participants with *partner-set* health goals were the least likely to report making positive changes in health behaviours (such as exercising, eating well, and getting sufficient rest).

Regulatory Flexibility

The person, noted by Gebhardt, who will not take up an exercise regimen because she feels that she is “not the sporty type”, might well be labelled as *dispositionally inflexible*, with this characterization verified through the use of any number of available self-report instruments (such as those measuring Action-State Orientation, Need for Certainty, or Tolerance of Ambiguity). Or, if self-report assessment seems too limiting, one could also administer performance tests of higher-order, neurologically mediated “executive functions” (such as task-set switching or inhibitory skill) that have been shown to underlie flexible adaptation. Although I would certainly recommend conducting both kinds of individual differences assessment, I would not stop there. From a dynamic, social-cognitive perspective, rigidity/flexibility is conceived as an *emergent system characteristic* as well as a reflection of stable personal capacities.

Therefore, health psychologists (and others) hoping to “motivate people” to persist in their efforts to dampen self-defeating habits and/or to develop and maintain good ones need to go beyond the admittedly difficult tasks of infusing their at risk clients with knowledge, with better ways of problem solving, or even with more or better health-engendering goals. Practitioners must also find ways to build flexibility into their clients’ day-to-day volitional efforts. If I am correct in assuming that flexibility emerges synergistically when system components are synchronized with one another (what I like to call *motivational resonance*), then it is important that practitioners work to identify the most pivotal and readily trainable regulatory facets suggested by contemporary theory, research, and clinical experience. Although space limitations prevent a long discourse on the matter, I will briefly consider two likely flexibility enhancers.

First, I think that many motivation scholars would agree that flexible self-regulation requires a balance between self-reflective and automatic elements. Neither system component should hold sway over the other for too long or in too many situations. Because, within the

health domains considered by Gebhardt (e.g., safe sex practices, cigarette smoking, weight loss, etc.) problems often arise out of premature or self-defeating automaticity, one critical manifestation of flexibility would be *automaticity override*. Despite the power and ubiquity of non-conscious priming, there is every reason to believe that would-be exercisers, dieters, seat-belt bucklers, condom users, and the like can learn to make use of strategies such as implemental mind-setting, self-instruction, mindfulness, distraction, cue-controlled relaxation, thought stopping, among others to de-automate their response patterns in the service of flexible self-regulation.

It is also important to remember that goals are a form of *feed-forward*, a future anticipating, outcome projecting source of tension or disturbance within a system, whose role is to propel the person toward growth (or reorganization). Consequently, health psychologists should seek to nurture the anticipatory and imaginative faculties of their clients. One important feed-forward skill has been called *mental time travel*, the capacity to reconstruct past events and to forecast future happenings. Thus, Gebhardt’s “non-sporty type” woman might benefit from recalling her pleasurable childhood game playing and/or from picturing herself running or swimming, and then being socially rewarded for her efforts.

Depth of Goal-Centred Motivational Referencing

The process of human self-regulation, within which goals play such a significant leadership role, can be thought of as *referential* in the sense that it is organized in reference to a standard or internal guide such that “...interaction with the referent allows determination of the aptness of the current behaviour, which may be used to shape future actions” (Pressing, 1999, p. 714). Because goals lie at the heart of referential control, especially over long time intervals, and because people routinely “juggle” a dozen or more of them, it is imperative that we assess the hierarchical arrangement of current goals (including those that are behaviourally incompatible or “conflicting, and those that lie at the “core” of the system and that implicate or activate others). The occurrence of periodic “switching points” (i.e., when one goal moves to the foreground and a previously dominant one temporarily recedes into the background) also needs to be tracked, along an analysis of the typical strategic elements (means) that people bring to bear in pursuit of their daily ►

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strivings. The use of diary technology (ecological momentary assessment methods) would assist in such efforts.

Moreover, thinking in terms of *goal episodes* would, I believe, assist in the in-depth appraisal of adaptive and maladaptive patterns of goal pursuit. An unfortunate feature of the contemporary motivation literature is that most aspects of self-regulation and goal cognition tend to be studied in piecemeal fashion. Nonetheless, in recent years, scholars have argued that goals are intrinsically or coactively linked to emotions, to action/performance, to thought and memory patterns, and to attention (e.g., Beal, Weiss, Barros, & MacDermid, 2005; Gibbs & VanOrden, 2003). Presumably, then, task-relevant cognitions (plans, evaluations, expectancies), instrumental behaviours (goal pursuit strategies), perceptual processes (attention to relevant environmental cues), and positive and negative affect are *jointly referenced* to personal goals. In addition, people cognitively segment continuous action streams into "episode" (or event) units; and recent models detail how episodic thinking is likewise indexed to goals (see Schneider, 2006; Zacks, Speer, Swallow, Braver, & Reynolds, 2007). Therefore, clinicians are advised to vigorously seek to assess (and to eventually modify) the *health goal episodes* of their clients, because encapsulated within every health goal episode are the focal dimensions (i.e., cognition, affect, and action tendencies) that are of paramount concern to the therapeutic enterprise. The appraisal of goal episodes should enhance the likelihood of "referential depth" by moving the field beyond a focus on goal *content* per se toward a more fully developed and dynamic *process* conception of lifestyle navigation in real time, across varied ecological contexts, and from multiple levels of analysis.

In closing I would also add that when we endeavour to aide our clients in setting, prioritizing, shielding, and juggling their multiple health-related aspirations, we would be well advised to encourage them to adopt an open mind toward the role of chance, instability, variety, and variable solutions in contrast to an adherence to a fixed, "only one right way to do things" mindset (which some therapists may inadvertently instill). Such a complexity oriented way of relating to the world should serve to optimize the functioning of goal systems.

Finally, clinicians might also wish to acknowledge the possibility that the time- and resource pressured lives that most of us lead can place restrictive boundaries on the efficiency with which our most

valued goals can be managed, even with the help of our clocks, Post-it notes, and to-do lists. To aid in the self-regulation of multiple, sometimes conflicting, sometimes weakly articulated health goals, the use of electronic technology (the Internet, cell phones, PDAs, and the like) would seem a reasonable option. I believe that *computer-assisted goal management* has the potential to become a highly cost-effective, convenient, and compelling means of offsetting the limits of working memory and attention, as well as for accurately tracking goal progress and sources of interference, and for obtaining timely supportive feedback, particularly among the substantial subset of individuals who are also burdened by illness fears, growing work and family commitments, interpersonal hindrances, limited self knowledge, and a constricted sense of time and future possibilities. ■

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