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# NEVER GIVE UP?

## *When Letting Go of Goals Works*

BY ELIZABETH THOMPSON

*Research across different illness contexts has demonstrated that goal adjustment, defined as disengaging from a blocked goal and reengaging in new or pre-existing goals, is an adaptive process that is associated with psychological and physical well-being.*

**S**PEND A MOMENT REFLECTING ON some of your important life goals. They may be career-oriented goals, such as earning a degree or publishing a manuscript, or they may be interpersonal goals, such as finding a partner or having a child. They may be related to an avocational interest, such as running a marathon or planting a garden, or they may be financial goals, such as buying a home or saving for a vacation. Once you have your goals in mind, identify one goal that is particularly meaningful to you right now.

Now, imagine that you are told that you have a chronic illness or condition that will prevent you from achieving this goal. In addition to any medical treatments, emotional repercussions, and

financial burden that you must endure because of this condition, you must adjust to the reality that it is highly unlikely that you will achieve your goal, given physical limitations or the need to prioritize resources. Your illness will not only add challenges to your daily life, but it will also impede your ability to achieve this cherished goal.

### **ADJUSTING TO GOAL BLOCKAGE**

Given this punishing circumstance, is it more adaptive for you to keep striving for your goal, or to give up on it? Will holding on to your goal allow you to maintain a sense of purpose and identity, or will it lead to frustration and disappointment? At what point do you abandon your goal and decide to put effort towards alternative goals? If you were the mental health

professional or physician working with an individual in this situation, would you advise her to hold on to her goal, or would you aim to facilitate the adoption of more feasible goals?

While healthy adults report giving up on average one goal per year (Wrosch, Scheier, Miller, Schulz & Carver, 2003); living with a chronic illness often causes considerable interference with primary life goals. Research across different illness contexts has demonstrated that goal adjustment, defined as disengaging from a blocked goal and reengaging in new or pre-existing goals, is an adaptive process that is associated with psychological and physical well-being (Wrosch, 2011). In contrast, dogged goal pursuit in the face of goal blockage has been associated with

a variety of negative outcomes, including depressive symptoms, dysregulation of the stress hormone cortisol, and indication of chronic inflammation (Miller & Wrosch, 2007; Wrosch, et al., 2003).

Along with Professor Annette Stanton of the Department of Psychology, I am examining goal adjustment in the context of chronic health stressors. In our first study with 114 women with metastatic breast cancer (Thompson, Stanton & Bower, 2011), 78% reported having given up a cherished life goal since their diagnosis. These goals ranged from starting a family, to finishing a degree, to walking the family dog around the block each night. Women who endorsed a greater ability to disengage from their blocked goal and reengage with alternative goals reported greater life satisfaction, greater sense of purpose, and fewer cancer-related intrusive thoughts than women who reported low goal adjustment abilities. This finding suggests that being able to focus on alternative goals in the face of goal blockage is adaptive.

### **WHEN THE GOAL IS BIOLOGICAL PARENTHOOD**

We collaborated with Dr. Julia Woodward of the Duke University Fertility Center to examine the process of goal adjustment in women and couples receiving treatment for infertility (Thompson, Woodward & Stanton, in press; Thompson, Woodward & Stanton, 2011). Although having a child

is a major life goal for many individuals, more than 10% of married couples confront infertility (Abma, Chandra, Mosher, Peterson, & Piccinino, 1997). Infertility is defined as the inability to conceive a child after one year of engaging regularly in unprotected sexual intercourse (Mosher & Pratt, 1982). When the goal of biological parenthood is obstructed, frequently after years of trying to prevent conception, partners often experience considerable psychological distress (Clark, Henry, & Taylor, 1991; Greil, 1997). Researchers have noted that resolving the tension between goal striving and acceptance of infertility may be one of the most arduous tasks faced by couples (Clark et al., 1991). In a culture that reveres perseverance and determination, when is it adaptive for a couple to disengage from the goal of biological parenthood and invest in other meaningful goals? Do partners generally share the same appraisals of goal blockage? How does one partner's process of goal adjustment influence the other partner's well-being? As a mental health professional or physician working with couples facing infertility, how do you promote realistic appraisals of the likelihood of pregnancy, navigate differences in partners' appraisals, foster goal adjustment, and bolster marital relationship quality during the experience of treatment for infertility?

We first examined goal adjustment processes in a sample of 97 women re-

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ceiving treatment for infertility. Women who reported higher levels of disengagement from the goal of biological parenthood and engagement with pre-existing goals evidenced better adjustment (fewer depressive and anxiety symptoms, as well as greater positive mood) than women reporting low goal disengagement and engagement. For women who reported maintaining the goal of biological parenthood, having additional goals in other domains was psychologically protective. Women who endorsed high engagement with pre-existing goals in areas such as careers or relationships experienced more positive moods and fewer symptoms of depression and anxiety as they pursued these goals than women who reported a lack of alternative goals.

Role accumulation theory (Sieber, 1977) posits that having multiple valued

roles is protective for women's mental and physical health, and empirical data support this theory (Barnett, 2004; Ruderman, Ohlott, Panzer, & King, 2002). Heckhausen, Wrosch, & Schulz (2010) highlight the protective value of goal diversity and posit that maintaining varied goals is a critical facet of adaptive goal pursuit. Our data support these theories by indicating that engagement with goals outside the parenthood domain is protective against the development of depressive symptoms and anxiety and promotes positive emotions during a chronic health stressor.

Impetus for pursuing an alternate goal may be pre-existing and spontaneous, or it may be provoked by goal blockage. For example, one woman facing infertility might focus on meaningful career goals, whereas another woman might have anticipated that motherhood would constitute

her career and develop specific vocational goals only in the wake of infertility. Redirecting attention to existing goals may be less taxing and more immediately rewarding than deliberately identifying new goals or intentionally reviving prior goals. Our data indicate that reengaging with a pre-existing goal is more strongly associated with positive adjustment than is adopting a new goal specifically in response to goal blockage.

### **WHEN THE GOAL IS SHARED: FROM THE INTERPERSONAL TO THE INTRAPERSONAL**

As facing infertility is most often a dyadic stressor, we also examined goal appraisal in 37 married couples receiving treatment for infertility ((Thompson et al., 2011). We asked partners to assess their level of experienced goal blockage ("How blocked do you feel in your goal of becoming a par-

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ent?”), perceived goal attainability (“How likely do you think it is that you [or your partner] will become pregnant?” which was answered from 0-100%), and goal importance. Based on previous research, we hypothesized that partners’ psychological adjustment to infertility would be significantly associated with their own goal appraisals and their partner’s goal appraisals.

We found that goal appraisal variables were moderately correlated within partners. Although women reported significantly higher goal blockage and lower expectations for attaining pregnancy than men, partners did not differ on the importance of becoming a parent. For both women and men, higher goal blockage was associated with more symptoms of depression. Surprisingly, couples’ goal appraisals were not correlated with their number of unsuccessful treatment attempts, suggesting that additional factors beyond treatment failures play a significant role in how couples assess their chances of conception. Overall, women demonstrated more distress than their partners, which is consistent with previous research on infertile couples.

Women’s well-being was related to both their own goal appraisals as well as their partners’, whereas men’s adjustment was related solely to their own goal appraisals. This finding is in line with other work that suggests that women are more affected

by their partners’ perceptions of infertility than men, whose distress tends to be primarily influenced by their own perceptions of infertility (Benyamini, Gozlan, & Kokia, 2009).

Greater perceived chance of becoming pregnant was protective for women, but their partners’ high rating of pregnancy likelihood was associated with higher distress in women. If a woman believes that her partner is overly optimistic about her becoming pregnant, she may experience his confidence as invalidating or burdensome. A partner’s efforts to exude confidence, as may be his socially prescribed role, may be perceived as not fully appreciating the demands of a treatment cycle or the challenges of conceiving. Incongruence of appraisals between partners may leave one partner feeling isolated in her concern. Other studies have found significant interactions between women’s and men’s perceptions of infertility that support the hypothesis that women are prone to distress when their partners perceive infertility as less serious than they do (Benyamini et al., 2009).

### **TRANSLATING RESEARCH TO PRACTICE**

Implications from these findings include the value of asking individuals facing chronic medical stressors about their goals that are threatened, perceived chance for goal attainment, and additional goals that are important to them. Although clinicians

may be inclined to focus on an identified stressor, like infertility, and the individual's response to that particular stressor, assessing and promoting life goals in unrelated domains may be an effective way to counter the frustration and loss associated with threatened goals.

Ideally, our research will inform effective interventions designed to facilitate goal adjustment, which will provide opportunities for life satisfaction and the sense of purpose that accompany striving towards attainable goals. Future studies should incorporate diverse groups to expand generalizability and to examine potential differences across subsamples. In a world where many potential roadblocks to goal achievement exist, including health conditions, disabilities, socioeconomic limitations, or unexpected life events, this line of research has relevance to all of us as motivated beings. We hope it will benefit society through broadening opportunities and increasing psychological well-being and physical health for women and men confronting disadvantages and hardships that result in unattainable life goals.

**Elizabeth Thompson is a doctoral student in the Clinical and Health areas of the Department of Psychology at UCLA. She received CSW's Elizabeth Blackwell, M.D., award in 2010.**

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