

Tracking the Leading Edge of Self-Regulatory Failure: Commentary on “Where Do We Go From Here? The Goal Perspective in Psychotherapy”

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Michalak and Grosse Holtforth (2006) have provided a scholarly review of how personal goals link to well-being, aspects of psychological disorder, and especially to the psychotherapeutic enterprise. The present commentary elaborates on the pathogenic role of goals by defining psychopathology as dysfunctional goal-guided self-regulation, and casting goals, goal episodes, and goal-striving support processes as the key components of both effective and ineffective adjustment. The conceptual and practical implications for clinical science of what I term a “life-task engineering approach” are briefly considered.

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The contention that personal goals are critical elements of the adaptive process and should, by extension, play an important role in rehabilitation or psychotherapy is

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being increasingly voiced by contemporary theoreticians and applied psychologists, often without recognition of its historical provenance. Consider Alfred Adler’s early-twentieth-century advocacy of the “fictional final goal” as the key to understanding both normal and abnormal behavior (Adler, 1927; Ansbacher & Ansbacher, 1956), Allport’s (1937) teleonomic approach to personality, Lewin’s (1935) field-theoretic studies of the dynamics of context-bound goal striving (level of aspiration), and the work of the German action theorists such as Ach (1905; see also Gollwitzer, 1990). Despite the absence of a clear historical bridge to these motivation pioneers, the target article by Michalak and Grosse Holtforth (2006) nonetheless provides an important and timely touchstone for twenty-first-century clinicians who, like their intellectual forebears, have come to appreciate that the provision of precise descriptive accounts of psychosocial order and disorder, and of their distal (i.e., life historical and neurobiological) antecedents, does not encompass all the necessary constituents of a mature clinical or motivational science.

The target article traces the role that personal goals play in several adjustment disorder domains, with particular emphasis on goals that are avoidant in nature, that are perceived as externally imposed, and that are judged to be incongruent with basic needs or personality characteristics. Also nicely illustrated is the importance of certain goal contents (e.g., specificity and expectations of attainability) and goal structure (e.g., low levels of intergoal conflict) to successful psychotherapeutic endeavors. Readers should come away with a renewed appreciation for the “motivated” nature of many clinical phenomena.

However, what Michalak and Grosse Holtforth (2006) do not fully convey, in my opinion, are the epistemic and practical advantages that would accrue to viewing

psychological disorders of all sorts as well as the paths to their remediation from a broad, multilevel conceptual scaffolding built around *self-regulatory failure*; that is, disturbances to the normal processes and structures by which humans consciously and nonconsciously guide their actions, emotions, and thoughts in the service of achieving meaningful life goals (Bandura, 1986; Boekaerts, Pintrich, & Zeidner, 2000; Carver & Scheier, 1998; Ford & Urban, 1998; Mansell, 2005; Vancouver, 2005).

Although the personal goal unit is aptly depicted in the target article as an “elaborate cognitive representation” and a “source of subjective well-being” that can, on occasion, run counter to basic needs, it is much more. Goals are hierarchically organized admixtures of affective, evaluative, and attentional responses with immediate and long-term implications for the activation and inhibition of purposive activity (cf., Compton, 2003; Dweck, 1996; Ford, 1987; Frijda, 1986; Johnson, Chang, & Lord, 2006; Lazarus, 1991; Lewis & Todd, 2005). Goals are presumed to possess a *directive focus* and a *regulatory target*, with the *focus* being the generation, maintenance, alteration, or termination of a *targeted* pattern of thought, feeling, action (in oneself or others), or some modification of a physical state of the world. Goals are “future-casts,” imaginatively scripted constructions of states and state transitions yet to be, and they are formulated, reformulated, achieved, and abandoned within the social ecology of lifespan development (the enculturation and identity construction that occurs over extended periods). Goals provide the answer to such questions as why humans locomote, why they seek both change and stability, why they interact with other humans, why they daydream, why they cogitate, and, under conditions usually termed *stressful* (provocative, challenging, or transitional), why some may ruminate, agitate, overreach, shut down and, ultimately, self-destruct. Goals and their regulatory support networks have gradually taken up residence in contemporary motivational theory, accompanied by the emergence of a systems-oriented metatheory that is working to displace the vitalistic and linear cause-and-effect thinking that has dominated the study of conation since the advent of behaviorism (Cziko, 2000).

In light of these premises and an expanding empirical literature, it seems reasonable to suppose that the onset and maintenance of most human adjustment problems (such as those chronicled in the *Diagnostic and Statistical*

Manual of Mental Disorders [DSM-IV-TR]) can be linked to experiential and biogenetically mediated deficits, dysfunctions, or disruptions in the *selection and cognitive structuring* of targeted life goals as well as in the basic *goal striving support functions* (e.g., self- and context-monitoring, error detection, self-evaluation, attention control, working memory, forethought, set shifting, self-efficacy attributions) typically classified as components of self-regulation (see Baumeister & Vohs, 2004). Notwithstanding the complexity inherent in top-down and bottom-up (i.e., conscious and associative, experiential and behavior genetic) self-regulatory processes, invoking the goal concept provides a natural pivot point, bridging mechanism, or final common pathway for the cross-situational coordination of both adaptive and maladaptive processes (Karoly, 1999; Little, 2006; Mischel, 2004; Toates, 2006). In fact, it can be asserted that, in place of symptoms, syndromes, aberrant states, pathological internalizing and externalizing traits, or other decontextualized, variable-oriented units currently positioned at the descriptive center of psychopathology, we could profitably substitute *goal episodes*, defined as situation-specific, idiosyncratic scenarios organized around strivings toward a focal type of valued outcome (e.g., achieving a social or vocational aim, a particular feeling state, or a valued instrumental performance). With situated goals and their attentional, emotional, and behavioral concomitants serving as the governing branch of self-regulation (Ford, 1987) and with disruptions in self-regulatory functions providing the definitional and explanatory anchors for the science of psychopathology, the mental health disciplines are currently poised to achieve a *life-task engineering*-based understanding of psychological order and disorder. I shall endeavor to spell out the gist and some of the clinical implications of these potentially paradigm-shifting ideas in the remainder of this commentary.

PSYCHOPATHOLOGY AS SELF-REGULATORY DYSFUNCTION: THE MEDIATIONAL ROLE OF GOALS AND REGULATORY CAPACITIES

Either implicitly, via clinical and personality theories built around such regulatory constructs as control, self-determination, or human agency (see Barone, Maddux, & Snyder, 1997), or explicitly, by the introduction of notions such as “dyscontrolled maladaptivity” (Widiger & Sankis, 2000), “dysregulatory psychopathology” (Wallace & Newman, 1997), the “self-regulatory executive

function model” of psychological disorder (Wells & Matthews, 1994), “emotional excesses and deficits” (Gross & Munoz, 1995; Kring & Werner, 2004), and “emotion dysregulation” (Keenan, 2000), psychologists have been giving voice to the general premise that self-regulatory dysfunction is an apt characterization of most forms of child and adult maladaptation. Attaching even moderate heuristic value to this broad proposition, clinical scientists should be strongly attracted to the merits of an idiographic, process-oriented examination of the *course of everyday goal pursuit and its links to major and minor life transitions* (see also Cantor & Kihlstrom, 1987). Such an undertaking would serve at least three key functions. First, it would constitute a framework for apprehending successful life-task navigation (normal development), a much-needed vantage for converging on the nature of “abnormality.” Second, it would shift the analytic spotlight from psychological symptoms per se to the impact of symptom experience/display on everyday role enactments. As a consequence, symptoms (along with their cognitive and neurophysiologic correlates) would be examined not in isolation from meaningful lifespan task pursuits, but rather as part of the fabric of our socially embedded and socially constructed lives—as the dark threads that become woven into and around goal episodes (in ways that we have yet to understand). In fact, goal episodes, in concert with their pre- and postepisode evaluative appraisals, might well provide the long-sought-after interpretive scheme with which mental health professionals could define and codify the relative functionality and dysfunctionality of human emotions, thoughts, and actions, while keeping within culture-specific and evolutionarily plausible bounds. Third, when underlying goal-striving support functions are challenged or overwhelmed, thus threatening to precipitate a “storm” of symptom expression, the careful, within-person analysis of compromised goal pursuit would serve as a “psychic barometer” capable of tracking the leading edge of self-regulatory failure.

An Example: Tracing the Motivational Parameters of Depression

Depression is among the most common forms of psychopathology, and a disorder that would seem to readily lend itself to a self-regulatory analysis. After all, affective flattening and affective lability, two symptoms of mood disorder, clearly bespeak a breakdown or disruption of emotion regulation. Although clinical and subclinical

forms of depression have been illuminated over the years by genetic, biological, psychodynamic, developmental, social, cognitive, learning theory-based, evolutionary, control theoretic, and other models, the mystery of mood disorder is far from solved. Notably, what makes the goal-centered self-regulatory perspective so exciting is, in part, its ability to coalesce or contextualize multiple analytic levels nonreductionistically around the day-to-day pursuit of multiple goals as they unfold within family, work, school, career, recreation, spiritual, and related life settings.

Using the model advocated here, the clinician/researcher would approach the problem of persistent depression with the intent of uncovering (among other things) (a) how depressed persons think about and organize their personal goal strivings (e.g., Do they set goals that are too stringent from a performance standpoint, focused exclusively in one or two domains of their life, built on avoiding rather than approaching an end state, lacking a clear connection to higher values, associated with low levels of self-efficacy, etc., or do they, in fact, perceive the goals as externally imposed?); (b) how levels of positive affect and negative affect fluctuate before, during, and immediately after goal pursuit episodes undertaken in social, vocational, or family domains; (c) how domain-specific affective fluctuations are linked to offline temperamental or personality characteristics (e.g., neuroticism or perfectionism) and to such online processes of attentional focusing, working memory, self-evaluation, and the like; (d) the degree to which goal contents and emotional reactions are primed by situational cues, and the degree to which the individual possesses the capacity to recognize and override the effects of automaticity; (e) the emergence, over time, of alternative goals designed to compensate for (replace) those that have been abandoned or postponed owing to their tendency to either antedate or follow depressive experience; (f) the emergence of defensive justifications for old goal termination and new goal instantiation; and (g) the patterns of social exchange that, over time and across settings, serve to support desogonic goals, goal episodes, and goal episode schemata.

I anticipate that motivationally oriented investigators will discover that daily well-being is contingent upon the flexible management of culturally mandated and self-selected goals, and that in the face of challenge or transition, persons who have been objectively shown (via

laboratory, interview, questionnaire, and diary-based within-person methods) to possess the functional capacities for effective goal guidance will outperform those whose skills are lacking, underdeveloped, or inaccessible. I also anticipate that emerging from a life-task engineering approach to psychopathology will be an appreciation for the double-edged causal sword poised at its center; specifically, that the genetic, situational, and/or physiological assaults on the efficient operation of biobehavioral systems of self-regulation can result in clinical symptoms, and that symptoms, once entrenched, can undermine self-regulatory functioning at the microlevel of everyday task engagement (including the “task” of therapeutic change).

WHERE DO WE GO FROM HERE?

A strong, cross-disciplinary foundation of child and adult clinical research supports the contention that dysfunctions of goal-centered self-regulatory processes represent an experiential staging ground for the emergence of psychopathology. Yet, perhaps because the term “self-regulation” so closely mirrors the constructs of “adaptation,” “intelligence,” and “competence,” the mounting number of demonstrations of dysfunctional regulation across many of the *DSM-IV-TR*’s 300+ categories of adjustment failure may simply be construed as reflecting fundamental clinical truisms—offering illustrations of what *everyone already knows* mental illness to be; that is, the harmful loss of control over one’s emotions, thoughts, or behaviors. To be taken more seriously as a practical explanatory medium for clinical science, goal-centered self-regulatory constructs will need to be unambiguously linked to symptom choice/specificity, comorbidity, endophenotypes, symptom resilience, conceptions of stress (allostatic load), and to the relatively neglected question of temporal and cross-situational symptom maintenance.

Assuming that goal episodes, as directive units operating within a self-regulatory system, can provide a pragmatic, integrative, and pluralistic explanatory grounding for the science of psychopathology (cf., Kendler, 2005), a spate of dynamic (change-sensitive) questions may come to occupy our empirical efforts in the years ahead, including those directed at understanding life-space navigation in the face of uncertainty, the formative power of episodic and stage-linked turning points, the neural architectures

that permit the continuous coordination of multiple constraints, the temperamental (biogenetic) basis of goal selection, the role of emotional trade-offs and preference realignments in long-term motivation, and the real-time enactment of person–environment interactions that gradually, sequentially, and naturalistically define the health-engendering and illness-predisposing trajectories of our lives.

Moreover, the asking and answering of dynamic questions about the day-to-day flow of goal episodes, particularly in symptomatic or vulnerable persons, should also have practical implications for life-space modification (psychotherapy and prevention) because goal episode units are *fully transparent* and *contextually sensitive*—that is, they are neither abstract signs that require intensive interpretation, indirect indicators of something covert, nor value-laden ascriptions about unalterable and “essential” human tendencies (Károly, 1993; Little, 1987). With the goal episode unit at the forefront of the psychotherapeutic agenda, the patient and therapist should seek to function as a team of discrepancy (or failure) management engineers with the job of assessing the affordances and demands of the patient’s life settings as well as the patient’s knowledge base, current skills and strategies for multiple goal coordination, reactions to failure and disappointment, and the like. The accomplishment of such life-task analytic work will enable the team to knowledgeably engineer appropriate and manageable therapeutic goals that “fit” within the larger self-regulatory system—a system whose functional characteristics should be the prime epistemic target of clinical investigation.

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