

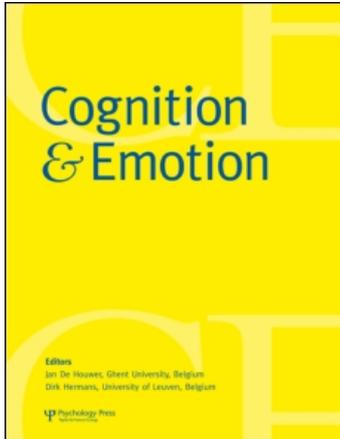
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BRIEF REPORT

Conditional goal-setting, personal goals and hopelessness about the future

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Those high in hopelessness retain personal goals but believe that those goals are relatively unlikely to come about. The present study attempted to understand why people remain in this state of painful engagement rather than detaching from unattainable goals. Within a sample of volunteers from a depression self-help organisation levels of hopelessness, as expected, were unrelated to number of goals people were able to think of but were related to a lack of belief in the likelihood of those goals being achieved. Those higher in hopelessness also showed conditional goal setting—they believed more strongly that they would only be able to be happy, fulfilled and have a sense of self-worth if those particular goals were achieved, which was related to hopelessness rather than depression or anxiety. Conditional goal setting helps to explain why people remain engaged with goals they perceive as unattainable and suggests opportunities for interventions for hopelessness.

Keywords: Goals; Hopelessness; Depression; Anxiety.

Setting and pursuing personal goals is an important aspect of human functioning and well-being. There has been a considerable amount of research on how goals are related to general well-being (e.g., Schmuck & Sheldon, 2001); there has been less attention devoted to understanding clinical phenomena from a goals-led, motivational approach, some exceptions being the earlier work by Klinger (1987) on goal disengagement and of Lecci, Karoly, Briggs, and Kuhn (1994) examining the relationship between personal projects and depressive experiences. More recently Johnson and colleagues have attempted to understand the

role of goal dysfunction in mania (Johnson, 2005). The way a person orients to their future is clearly seen as an important component of clinical problems, although this has not typically been seen within a goals/motivational framework. For example, a negative view of the future is one of the elements of Beck's cognitive triad for depression (Beck, 1967). More specifically, hopelessness about the future is a central element of depression, being especially important in suicidal behaviour (Beck, Steer, Kovacs, & Garrison, 1985), and is the central focus of a theoretical approach to depression (Abramson, Metalsky, & Alloy, 1989).

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The aim of the present study is to further the understanding of hopelessness by relating it to a goals framework.

How is hopelessness related to goals? One possibility is that hopelessness and suicidality are related to a *lack* of goals. Another is that people who are high in hopelessness and even people who are suicidal may have intact goals but these goals are perceived differently. Vincent, Boddana, and MacLeod (2004) examined goals in a sample of parasuicidal individuals who had recently engaged in suicidal behaviour. They found that those in the parasuicidal group were able to list as many positive life goals for themselves as controls but differed by viewing those goals as being less likely to come about and by being less able to think of plans that would make the goals happen. Thus, it appears that rather than being disengaged from the future through a lack of personal goals, those high in hopelessness, even to the extent of being suicidal, are engaged with the future but in a way that produces distress, what MacLeod and Conway have called “painful engagement” (MacLeod & Conway, 2007). This idea is consistent with Melges and Bowlby’s view of hopelessness as arising when people no longer see their plans of action as capable of achieving their goals but at the same time they are unable to detach from those goals (Melges & Bowlby, 1969). Similarly, Oatley and Bolton (1985) presented a view of depression as arising when goals are no longer seen as being effective in pursuing roles that define the individual’s self-worth.

One key question that remains unanswered in this general scheme is why people remain attached to goals that they see as being relatively unattainable. Why not disengage and engage with different, new goals, a capability that has been shown to be associated with well-being (Wrosch, Scheier, Miller, Schultz, & Carver, 2003)? A possible answer lies in the concept of conditional goal setting (CGS; Street, 2002). Conditional goal setting theory is based on a hierarchical model of goals (Carver & Scheier, 1990) with the most concrete goals at the bottom and the most abstract goals at the top. Goals at the top of the hierarchy incorporate a sense of the idealised self (e.g., to be a

good person). Goals at the intermediate level are used as a reference point for goals on the higher level (e.g., to be kind, to be honest, etc.). These intermediate goals provide behaviours that people can enact in order to achieve abstract goals. The lowest level of the hierarchy consists of concrete goals that are low-level activities or actions (e.g., cook a meal, go to supermarket, etc.) According to conditional goal setting theory, there are two sources of problems. The first is to see happiness as being a higher order attainable goal. The second problem, and the focus of the present study, is to see the attainment of happiness as being dependent on achieving particular lower order goals (e.g., to have a baby, to be promoted at work). This latter concept is closely related to McIntosh’s idea of linked goals (McIntosh, 1996), where higher order goals are linked to the attainment of lower order goals. Linkers are vulnerable to depression due to the possibility of their linked lower order goal not being attained but also because they put their happiness on hold throughout the process of goal pursuit. The concept of conditional goal setting may then provide the explanation for why people remain painfully engaged with particular goals—because they believe those goals are essential for their happiness.

The present study aimed to test the idea that hopelessness would be associated with the presence of intact goals that were perceived as relatively unlikely to be attained. This prediction was derived from the previous findings in suicidal patients high in hopelessness (Vincent et al., 2004) and Melges and Bowlby’s account of hopelessness (Melges & Bowlby, 1969). The main novel aspect of the study was testing the idea that hopelessness would be linked to conditional goal setting. The study recruited members of a depression self-help organisation (Depression-UK) who would be likely to have a history of depression and a range of levels of hopelessness, including some within the high range. Participants completed measures of depression, anxiety, and hopelessness. They also listed their own personal goals and completed a measure of conditional goal setting and a subjective probability judgement relating to those goals. We predicted that: (a) there would be no relationship

between hopelessness and the number of goals people were able to list; (b) hopelessness would be related to lower perceived likelihood of goals happening; and (c) hopelessness would be related to conditional goal setting. We also anticipated that hopelessness, rather than anxiety or depression more generally, would be the key variable related to both likelihood judgements and conditional goal setting. Finally, because Vincent et al. (2004) found that parasuicidal patients differed from controls on two other qualities of goals—they provided less-specific goals and tended to provide more goals that were about internal states rather than external outcomes—these two aspects (specificity and domain) were measured in the present study in order to check that any relationship found between CGS and hopelessness was not confounded by these two variables.

METHOD

Participants

Participants were 86 members of Depression-UK (a registered charity). There were 42 men and 44

women, with a mean age of 51 years ($SD = 13$ years; range = 20–84). Table 1 shows demographic characteristics of the sample. Three hundred society members were selected on a stratified random basis (150 men and 150 women) and sent questionnaires. After four weeks, 86 (29%) had returned questionnaires and these 86 formed the sample for the study.

Measures and procedure

Potential participants were sent a pack of questionnaires containing the measures listed below. Participants completed the measures themselves and returned them in pre-paid envelopes.

Beck Hopelessness Scale (BHS; Beck, Weissman, Lester, & Trexler, 1974). This is a 20-item, true–false measure of generalised negative expectancies about one’s own future. Eleven items are negatively phrased (e.g., My future seems dark to me) and nine items are positively phrased (e.g., I can look forward to more good times than bad times). The scale has demonstrated good reliability and validity (Beck et al., 1974).

Table 1. Demographic details for the sample ($N = 86$)

	Mean	
Age	SD	51
	Range	13.32
	Female	20–84
Gender	Male	44 (51%)
	Married	42 (49%)
Marital status	Single	30 (35%)
	Divorced	39 (45%)
	Widowed	11 (13%)
	Separated	4 (5%)
Ethnicity	White	2 (2%)
	Indian	81 (94%)
	Other	2 (2%)
Educational attainment	No formal qualifications	3 (4%)
	“O” levels/GCSEs or equivalent	10 (12%)
	“A” levels or equivalent	20 (23%)
	Degree or equivalent	15 (17%)
Occupational status	Employed	21 (48%)
	Unemployed	25 (29%)
	Student	29 (34%)
	Self-employed	6 (7%)
	Retired	11 (13%)
		15 (17%)

Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983). This is a 14-item scale that assesses anxiety (7 items) and depression (7 items). In a large-scale study (51,000 participants) the scale has been shown to have the predicted two-factor structure and to have good internal consistency (Mykletun, Stordahl, & Dahl, 2001). In a review of 747 papers, Bjelland, Dahl, Haug, and Neckelmann (2002) concluded that the HADS was a valid instrument for assessing the symptom severity and caseness of anxiety disorders and depression in both somatic, psychiatric and primary care patients and in the general population.

Measure for eliciting positive future goals and plans (MEPGAP; Vincent, Boddana, & MacLeod, 2004). The MEPGAP was adapted for this research. First, participants were asked to write down as many goals as they could think of, and were encouraged to take at least 60 seconds to do so. It was explained that goals meant things that they would like to happen or be true of their life in the future. Further cues (activities of daily living, vocational/educational, financial/monetary, social life/friendships, close relationships/friendships, physical health/fitness, emotions/feelings, spirituality/sense of community, other), based on Rapp's (1998) identified life domains, were provided to help participants to generate goals. For six of the goals generated above (the first six), the participants were asked to answer four questions. "What is the likelihood of achieving this goal" (1 = *not at all likely*; 9 = *very likely*) assessed belief about the perceived probability of the goal being achieved. The three remaining questions assessed conditional goal setting following Street (2002). Participants were asked to circle one of two statements that was closest to how they thought about the goal (e.g., "I can only be happy if I achieve this goal" or "Even if I do not achieve this goal I can still be happy"). They were then asked to rate how strongly they agreed with the statement they circled on a 4-point scale (1 = *very strongly*; 2 = *strongly*; 3 = *moderately*; and 4 = *slightly*). An 8-point scale was then derived from the combination of answers. For example, if

someone endorsed "I can only be happy if I achieve this goal" and rated their agreement as "strongly" that would give a CGS score of 7; if they said that they could still be happy without achieving the goal and then rated the strength of their belief in that as being to a "slight" degree that would give a CGS score of 5. The same procedure was followed substituting "feel fulfilled" and "have a high sense of self-worth" for "be happy". If participants provided fewer than six goals their scores were based on their mean ratings of the goals they provided.

Coding of goals. The life domain of the goal was coded based on an expanded version of Rapp's (1998) identified life domains (daily living activities—including leisure, vocational/educational, financial/monetary, social life/friendships, close relationships/friendships, physical health/fitness, emotions/feelings, spirituality/sense of community, other). Specificity coding followed Vincent et al. (2004). Each goal written down by participants was assigned a 0–3 rating based on the extent to which it provided detailed information and defined a concrete goal that could not easily be broken down into further subgoals. Examples are: "to feel more in control" (0); "to get fit" (1); "to go to the theatre more" (2); "to lay a patio in the back garden in the spring" (3). Reliability of coding by a blind, independent rater on 10% of the elicited goals was good ($\kappa = .84$ for domains; intraclass correlation = $.85$ for specificity). Following Vincent et al. (2004) goals with scores of 2 or 3 were considered specific, and a proportion specificity score was calculated by dividing the total number of goals by the number of specific goals.

RESULTS

Responses across the six goals were combined to produce mean scores for each participants for likelihood ($\alpha = .80$), CGS-happiness ($\alpha = .78$), CGS-fulfilment ($\alpha = .78$) and CGS-self-worth ($\alpha = .85$). Scores on the three CGS variables were highly intercorrelated ($r_s = .82$ to $.90$) therefore they were summed to produce a total CGS

rating. Means for the variables were as follows: hopelessness ($M = 11.10$, $SD = 5.95$); anxiety ($M = 11.96$, $SD = 4.25$); depression ($M = 8.92$, $SD = 4.77$); number of goals ($M = 6.80$, $SD = 2.53$); likelihood ratings ($M = 5.28$, $SD = 1.80$); CGS-happiness ($M = 4.63$, $SD = 1.70$); CGS-fulfilment ($M = 4.70$, $SD = 1.70$); CGS-self-worth ($M = 4.36$, $SD = 1.91$); CGS-total ($M = 13.69$, $SD = 5.07$). Over half the sample (55%) scored in the HADS-D probable depression range (8+) and 62% met criteria for moderate to severe hopelessness on the BHS (9+).

There was no correlation between age and any of the goal-related variables, the highest correlation was with efficacy, $r(81) = .18$, $p = .09$. Between-subjects analyses of variance (ANOVAs) found no differences on the goal-related variables as a function of marital status ($F_s < 1$), educational level ($F_s < 1$), or employment status ($F_s < 1$). Therefore, it was not necessary to take these demographic variables into account in subsequent analyses.

The results from the main analyses are shown in Table 2. Consistent with the first hypothesis, there was no significant relationship between the number of goals people were able to think of and levels of hopelessness. The second hypothesis was also supported—those high in hopelessness perceived their goals as being less likely to happen. The third hypothesis was supported—conditional goal setting was highly related to hopelessness.

To examine the independent relationships of CGS and likelihood to hopelessness, a multiple regression was carried out. As well as examining

independence of contributions, this regression also examined whether likelihood was a possible moderator of the relationship between CGS and hopelessness. That is, does high CGS link to hopelessness to a greater extent if the goals in question are perceived as relatively unlikely to happen. As recommended for moderation analyses (Howell, 2007), variables were centred and a CGS \times likelihood interaction term calculated. CGS and likelihood ratings accounted for 60% of the variance in hopelessness, $F(2, 77) = 60.4$, $p < .001$, but adding the interaction term did not increase the amount of variance explained (F change < 1 , R^2 change = 0). In the final model, likelihood, $\beta = -.47$, $t(74) = 6.1$, $p < .001$, and CGS, $\beta = .48$, $t(74) = 6.3$, $p < .001$, made significant independent contributions to hopelessness. The results were similar for depression and anxiety. CGS and likelihood significantly predicted anxiety, $F(2, 76) = 12.6$, $p < .001$, $R^2 = .50$, and depression, $F(2, 76) = 13.3$, $p < .001$, $R^2 = .51$, with no increase in contribution from the interaction in either case (both F change < 1). In the final model, anxiety was predicted independently by conditional goal setting, $\beta = .26$, $t(74) = 2.4$, $p < .05$, and likelihood, $\beta = -.33$, $t(74) = 3.1$, $p < .01$; for depression, conditional goal setting, $\beta = .36$, $t(74) = 3.4$, $p < .001$, and likelihood, $\beta = -.25$, $t(74) = 2.4$, $p < .05$, were independent predictors in the final model.

The question of whether hopelessness specifically rather than anxiety or depression more generally was related to CGS was also addressed through a multiple regression. Hopelessness,

Table 2. Correlations between affect variables and the goal-related variables

	BHS	HADS-D	HADS-A	Number	Likelihood	CGS
BHS	1.00	.61**	.51**	-.15	-.65**	.64**
HADS-D		1.00	.47**	.00	-.41**	.50**
HADS-A			1.00	.05	-.45**	.38**
Number				1.00	.01	-.14
Likelihood					1.00	-.35**
CGS						1.00

Notes: **Correlation is significant at the .01 level (2-tailed). BHS = Beck Hopelessness Scale; HADS-D and HADS-A = Hospital Anxiety and Depression Scale Depression and Anxiety, respectively; CGS = Conditional Goal Setting.

anxiety and depression, accounted for 41.6% of the variance in CGS scores, $F(3, 75) = 17.8, p < .001$. Hopelessness was the only significant variable that related to CGS after controlling for the other two variables, $\beta = .55, t(75) = 4.73, p < .001$. Depression, $\beta = .09, t(75) = 0.82, ns$, and anxiety, $\beta = .07, t(75) = 0.70, ns$, were both non-significant after controlling for the other variables. For completeness, likelihood was also subjected to a similar analysis: all three variables accounted for 45% of the variance, with only hopelessness having a unique relationship to perceived likelihood, $\beta = .58, t(75) = 5.12, p < .001$. Depression, $\beta = .03, t(75) = 0.23, ns$, and anxiety, $\beta = -.18, t(75) = 1.7, ns$, were not significant predictors after controlling for the other two variables.

Finally, to check whether either of the other two measured properties of goals—specificity and domain—were partly responsible for the findings, scores on these variables were correlated with the main variables. Specificity correlated with CGS scores, $r(82) = -.27, p < .05$, but did not correlate with BHS, $r(82) = -.03, ns$, and therefore could not account for the relationship between BHS and CGS. The only significant correlations involving goal domain and CGS were that high scores on CGS were associated with fewer work, $r(82) = -.23, p < .05$, and home goals, $r(82) = -.29, p < .05$, and more intrapersonal goals, $r(82) = .23, p < .05$. However, no domain scores correlated with BHS and therefore goal domain could not account for the BHS–CGS relationship. Likelihood did not correlate with specificity or with any of the domain scores.

DISCUSSION

The results showed that levels of hopelessness were unrelated to number of goals people were able to think of but were related to a lack of belief in the likelihood of those goals being achieved. Those higher in hopelessness also showed conditional goal setting—they believed more strongly that they would only be able to be happy, fulfilled and have a sense of self-worth if those particular goals were achieved. Conditional goal setting was

related to hopelessness rather than depression or anxiety and its relationships to anxiety, depression and hopelessness were independent of perceived likelihood. The results were independent of the specificity or life domain of the goals that participants produced.

The present study adds to the understanding of hopelessness by bringing to bear a goals/motivational framework, a dimension that has been relatively lacking in the understanding of hopelessness. The findings support Melges and Bowlby's view of hopelessness (1969), and the earlier results of Vincent et al. (2004), who found that parasuicide patients high in hopelessness had intact goals but had lowered expectations that those goals were going to be attained. MacLeod and Conway called this configuration "painful engagement", but one part of the picture that remained unexplained was why people remain attached to goals, even when those goals are seen as relatively unlikely to come about. The answer suggested here is that people cannot disengage because they believe that their future well-being (happiness, self-worth, fulfilment) is dependent on those goals being achieved.

CGS and likelihood were independently related to hopelessness. At first glance this finding seems slightly puzzling—perceiving one's happiness as conditional upon a goal should only be a problem if the goal is seen as unlikely to be achieved. However, the lack of effect is coherent with the model. A low belief in the likelihood of goals can contribute to distress but is not necessary for it. Individuals can pursue and think about their goals in a ruminative and depressive way even when the goals are seen as likely or actually are attained. This kind of process of pursuing goals represents a maladaptive attachment to goals that is independent of the perceived or actual outcome.

The strength of the correlation between CGS and hopelessness ($r = .64$) suggests a very close relationship. Correlations of this magnitude can sometimes arise because of content/conceptual overlap between the variables being measured, rendering the relationship prosaic. However, there is no explicit conditional goal-setting element in

either the construct of hopelessness as described by Beck or the measurement of hopelessness as assessed by the BHS. Thus, the relationship appears to be a real one. However, the strength of the relationship does raise the possibility that CGS may be better thought of as a previously undefined element of hopelessness rather than a separate variable that is strongly related to hopelessness. The belief that one can only be happy if certain goals are achieved might be an element alongside the traditional expectancy-based view of hopelessness that helps to explain the motivational force underlying hopelessness. This conceptualisation of hopelessness could be further developed in future studies.

The outcome of the present study is empirically fairly simple but is conceptually important by incorporating a goals/motivational framework to complete an unexplained part of the picture of individuals who are high in hopelessness. A strength of the study was the use of participants own, idiographic, goals, something that is not standard in the measurement of conditional goal setting where participants are more often provided with goals. Use of participants' own goals increases the validity of the study but provides more variability through people's goals differing. Two aspects of this were measured in the present study and the effects were demonstrated to be independent of the specificity of goals and the life domains that goals came from. However, future research may need to account for other ways in which goals vary.

The findings are clear in pointing to hopelessness rather than depression or anxiety as the key variable for conditional goal setting. Hopelessness is an important impediment to a person living a full and happy life and therefore is important to understand. There is also now overwhelming evidence that hopelessness is a key variable in suicidal behaviour (Brown et al., 2005). The present study did not measure suicidal thoughts or behaviour in the sample as it was not the focus of the study. Future research could usefully look at conditional goal setting within a sample of suicidal individuals, for example, those who have recently engaged in parasuicidal behaviour. The study

participants were all members of a depression self-help organisation. The membership consists overwhelmingly of sufferers of depression rather than relatives and so it is very likely that the study was accessing a sample of people who had experienced depression to a serious degree. They may, of course, not be representative and generalising from this sample is limited by the relatively low response rate. No information about non-responders was available but there is no obvious reason to believe that the relationships between variables found in the present study would arise from some sampling bias. Finally, future research could also look at the relationships found in the present study to see if conditional goal setting predicts hopelessness over time.

Street (2002) proposed an additional perspective to improve the traditional cognitive behavioural approach to depression. She highlighted the need to identify goal hierarchies responsible for motivation and pursuit of certain goals, and then challenge the importance of specific goal achievement as a means to gain and maintain happiness. Individuals vulnerable to depression would be encouraged to think of goals in terms of process rather than outcome, and that this process should be for enjoyment rather than expectations of achievement and outcome. The present study suggests that this extension of CBT could also be applicable to individuals with high hopelessness. As well as increasing the understanding of hopelessness the present study also suggests a way in which interventions might work to reduce levels of hopelessness.

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