

GOAL SETTING AS A MOTIVATIONAL MECHANISM FOR THERAPEUTIC
INTERVENTION

by

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Submitted in partial fulfillment of the requirements for the degree of

MASTER OF ARTS
in
COUNSELLING PSYCHOLOGY

In the Faculty of Humanities

at the

UNIVERSITY OF PRETORIA

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NOVEMBER 2003

ACKNOWLEDGEMENTS

I have pleasure in expressing my gratitude to the following people for their assistance and support in completing this study:

- Prof. L J Jacobs, my supervisor, for his guidance and inspiration.
- My family, for their constant motivation and support; my son, Mark, who was my primary inspiration; my mother and brother for their encouragement; and in memory of my father who believed in me.
- My friends and colleagues, for their interest, support and assistance.
- My clients, for allowing me into their lives and sharing their world with me.

To Him be the Glory

Title: Goal setting as a motivational mechanism for therapeutic intervention

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Abstract

Numerous theories of motivation have been formulated over decades, but only in the last 25 years has the field of motivation research been dominated by powerful and more sophisticated theories organised around personal agency beliefs and goal-related processes. Goal setting is a motivational technique that is routinely recommended for enhancing task performance. If goals for performance are established that are specific and challenging, substantial increases in performance have been reported. The basic assumption of goal-setting research is that goals are immediate regulators of human action. If goal setting is viewed primarily as a motivational mechanism, it is relevant to ask how it affects performance. Similarly, are there ways to enhance the processes of goal setting and goal attainment, and are there strategies that can be implemented to prolong and maintain motivational levels until the desired outcome has been reached? First and foremost, can theories of goal setting be applied successfully in a psychological therapeutic setting? In psychotherapy, goal setting is usually used to give direction to a treatment plan, and emphasis is seldom placed on the goal-setting process as such. A goal-setting model, with the emphasis on strategies to enhance the goal-setting process, as a motivational mechanism, seems to have application relevancy in therapeutic settings. The application and incorporation of the goal-setting process into the therapeutic process represents a symbiotic relationship, where the two processes function on a parallel level, but are also intertwined. The present study endeavours to apply such a model, as a motivational technique, in the context of therapeutic intervention. The method of research is a qualitative investigation, using a case study strategy of inquiry.

Key terms

Motivation, goals, goal setting, cognitive-behaviour modification, behaviour maintenance, volition, commitment and volition-enhancing strategies.

TABLE OF CONTENTS

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction	1
1.2 Awareness of the problem	1
1.3 Analysis of the problem	3
1.4 Demarcation of the study	8
1.5 Problem statement	8
1.6 Aim of the research	8
1.7 Clarification of concepts	9
1.7.1 Motivation	9
1.7.2 Cognitive-behaviour modification	9
1.7.3 Behaviour maintenance	9
1.7.4 Goals	10
1.7.5 Volition	10
1.8 Research programme	10
1.9 Summary	11

CHAPTER 2

MOTIVATION, MOTIVATIONAL CHANGE AND GOAL SETTING

2.1 Introduction	12
------------------------	----

2.2 Overview of motivational theories	12
2.3 Contemporary goal-oriented theories and approaches to motivation	19
2.3.1 Goal-setting Theory	20
2.3.2 Social Cognitive Theory	22
2.3.3. Theory of Goal Pursuit	23
2.3.4 Motivational Control Theory	25
2.4 Goals and motivation	25
2.4.1 The goal-setting process	26
2.4.2 Important goal mediators	28
2.4.2.1 Effort, difficulty and specificity	28
2.4.2.2 Strategy formation and complexity	29
2.4.2.3 Goal commitment, situational and personal variables	30
2.4.2.4 Feedback	31
2.4.2.5 Potential motivation	31
2.5 Motivational change	33
2.6 Summary	35

CHAPTER 3

MOTIVATED ACTION

3.1 Introduction	37
3.2 Volition and motivation	37
3.3 Volition enhancement and intention maintenance	40
3.3.1 Self-efficacy	41

3.3.2 Self-control	44
3.3.3 Intrinsic motivation and environmental events	48
3.3.4 Epistemic motivation	49
3.3.5 Problem-solving	50
3.3.6 Imagining and inhibition	54
3.3.7 Mind-sets	54
3.4 Summary	55

CHAPTER 4

RESEARCH DESIGN

4.1 Introduction	56
4.2 Aims of the research	57
4.3 Hypotheses	58
4.4 Methodology	58
4.4.1 Qualitative research	58
4.4.2 The case study	59
4.4.3 Setting	59
4.4.4 Selection of participants	60
4.4.5 Information-gathering methods	60
4.4.6 Analysis of information	61
4.4.7 Trustworthiness and validity	61
4.4.8 Ethical implications	62
4.5 Research method	63

4.6 Summary	72
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CHAPTER 5

EMPIRICAL RESEARCH

5.1 Introduction	73
5.2 Case study A	73
5.2.1 Results and conclusions	78
5.3 Case study B	80
5.3.1 Results and conclusions	91

CHAPTER 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction	93
6.2 Research results and core findings	94
6.2.1 Testing the hypotheses	95
6.2.2 Motivation for the hypotheses	95
6.3 Limitations	97
6.4 Recommendations	98
6.5 Conclusion	99
References	100

LIST OF FIGURES

2.1 Example based on Brehm’s theory	32
2.2 Summary of goal-setting process	33
2.3 The Dynamics of Action	35
3.1 Summary of four-stage scheme of volition	38
3.2 Steps in enhancing clients’ self-efficacy	43
3.3 Diagram of the fading procedure used to increase self-control	45
3.4 Diagram of pre-commitment and no pre-commitment choice alternatives	47
4.1 Summary of the motivational process	64
4.2 Summary of the goal-setting process and strategies in session 1	66
4.3 Summary of the goal-setting process and strategies in session 2	69
4.4 Summary of the goal-setting process and strategies in session 3	70
4.5 Summary of the goal-setting process and strategies in sessions 4-8	72

LIST OF TABLES

3.1 Items from an Action Control Scale	40
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GOAL SETTING AS A MOTIVATIONAL MECHANISM FOR THERAPEUTIC
INTERVENTION

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

Why psychological and therapeutic interventions work for some people and not for others, or why they work only on certain occasions or under certain conditions, are questions that have been asked since the beginning of Psychology. Why people go to great lengths to obtain some things but are indifferent to others, are questions still asked today. Why do people set out to do something important in their lives but lack the effort necessary to see things through, even with the help of psychologists or therapeutic interventions? Much has been made of the effectiveness of the various theoretical models, therapeutic techniques, the therapeutic relationship or therapeutic styles of the therapist. Central to these is the interpretation of human behaviour and in particular the “why” in human behaviour – human motivation. These questions are the basis of the inspiration for the researcher exploring this phenomenon.

1.2 Awareness of the problem

Almost everyone is interested in changing some or other behaviour, whether it is a New Year’s resolution or commitment to stop smoking, lose weight, exercise more, spend more time with family and friends, repair a broken relationship or improve mental and physical health. It is all intended as a genuine and authentic effort to change one’s ways for a better life. Apart from changing ourselves, we often want to change others with whom we interact in our everyday life. It could be our partners, spouses, parents, children, co-workers or even the community at large. At a societal level, we would like to see a decrease in violence, criminal activity, aggression, and

cruelty to living things, and at the same time an increase in healthy life styles, prosperity, peaceful co-existence, and respect for to human rights.

We have all known highly motivated people: they are eager, driven, determined, confident, single-minded, and sometimes even obsessed. Strong motives take us in many directions: saints and crooks, the famous and the failures, love and hate, awe-inspiring and disgusting. We have learnt how Lincoln studied law by candlelight, how Gandhi fasted for the sake of freedom for his people, how Lance Armstrong overcame cancer to win the *Tour de France* five consecutive times and how Nelson Mandela advanced from prisoner to president. Why are people prepared to embark on long and difficult paths to reach their ultimate goal? Is it burning need, a striving for meaning and values, or is it pay-offs and self-satisfaction?

In our modern world, television, glossy magazines, newspapers, self-help books and tapes provide us with many quick-fix solutions and instant methods to change our ways, to become rich, stop smoking, stop drinking, get into physical shape, find the ideal partner, stay married or find eternal happiness. The idea is created that achieving our goals or finding solutions to our problems seems easy and reasonable. We are often inspired by these ideas and hope is briefly mobilised. However, hope is usually dashed after a short period of time by the fact that difficult problems usually do not have simple solutions. Nowhere is this fact more relevant than in the psychotherapeutic process, where behavioural change is often the result of great effort and perseverance, on the part of both client and therapist.

How then do we address real world problems – problems such as academic under-achievement, school dropout, low levels of work productivity and job satisfaction, social irresponsibility, juvenile delinquency, family conflict, and chronic emotional distress? All major psychological and therapeutic theories, interventions and techniques aim to achieve effective behavioural change as the ultimate goal. Are they all successful, and do all therapeutic interventions achieve and obtain their goal? Why do so many clients drop out of therapy before they have reached the desired change or solution to their problem? It is an accepted fact among psychologists that a significant percentage of clients fail to return after the first interview.

In the therapeutic environment, clients usually consult with therapists or psychologists to seek help in addressing a particular problem, problematic behaviour of some kind, or internal conflict that causes them distress or discomfort. In most cases, what it means is that change needs to take place for them to reach a state of optimal functioning again. Why then do people's intentions sometimes appear to waver and weaken before they are successfully carried out? This phenomenon is particularly relevant in the therapeutic process, but also in all other facets of human life. Clients often lack the motivation to change or if they do have the motivation, they lack the volition, self-control actions or persistence essential to achieve lasting change. In some cases the direction of change is not completely clear, since no precise and explicit goals were formulated to provide clarity on objectives and desired outcomes. In other cases, clients' coping strategies are inadequate or inappropriate to maintain new behaviour or lasting change. Furthermore, others are combinations of these and inhibit successful behaviour adjustments.

1.3 Analysis of the problem

As a basic principle, Kazdin (2001) postulates that in any behaviour episode, the individual must have the motivation needed to initiate and maintain activity until the goal directing the episode is attained. What then is meant by motivation? Theories of motivation vary widely. Some emphasise physiological mechanisms in the brain and other organs of the body. Others pay particular attention to overt behaviour, relating the behaviour to processes of classical conditioning or operant learning. Some are organised around people's reactions to their social environment. All of them seek to explain behaviour through some process going on inside the person, and they differ from one another mainly in terms of how they interpret and define that internal activity (Geen, 1995).

The history of motivational theorising can be summarised in terms of the basic nature of human functioning and development (Ford, 1992). Early theories of motivation portrayed humans as reactive organisms compelled to act by internal and/or external forces that were essentially beyond their control, such as instincts, needs, drives, incentives, reinforcers, etc. (Aldefer, 1972; Hull, 1952; Maslow, 1970; McDougal, 1933). The emphasis was on homeostatic, stability-maintaining mechanisms, such as arousal reduction, self-preservation, and need satisfaction.

The next face of theorising focussed on motivational qualities associated with incremental and transformational change processes (e.g., motivator factors, actualising tendency, behaviour shaping through contingency management, hope for success, desires for understanding and mastery). Some of these theories include Actualisation Theory (Rogers, 1961), Cognitive Dissonance Theory (Brehm & Cohen, 1962) and Operant Learning Theory (Skinner, 1974).

In the last 25 years, the field of motivation has been led by powerful and increasingly sophisticated theories organised around personal agency beliefs (e.g., Self-efficacy theory, Cognitive evaluation theory) and goal-related processes (e.g., Goal-setting theory, goal-oriented theories) (Ford, 1992). In all these theories, variation in the nature or state of a motivational construct is used to predict variation in the direction and intensity of goal-oriented behaviour (Hyland, 1988).

The following theories had a particular impact on the development of the more recent theories of goal setting: Tolman (1955) developed a variety of formal theories of behaviour and took, as a central concept the notion that what organisms learned was expectancy. His commitment to a purposive goal-directed version of behaviourism remained a leitmotif of his work (Brody, 1983). Like Tolman, Hull (1952) considered the purposive goal-directed quality of behaviour as a basic truth. He believed that drive stimuli became connected to all of the responses in an instrumental sequence leading to goal attainment.

McClelland (McClelland, Atkinson, Clark & Lowell, 1953) argued for the existence of internal motives, such as need for achievement. According to him, goal-directed activity involves instrumental activity and persistence until the goal is attained. Atkinson (1978), a student of McClelland, assumes in his theory that the intensity of a particular action is a multiplicative function of expectancy, incentive, and motive. Deci and Ryan (1985) formulated a theory of intrinsic motivation based on the idea of a reference criterion for self-determination. They argued that if the superordinate goal were self-determination, then subordinate goals would be preferred to the extent to which they were capable of providing a sense of self-determination.

Locke, Shaw, Saari, & Latham (1981) assert that all-encompassing theories of motivation based on such concepts as instinct, drive and conditioning have not succeeded in explaining human action. As mentioned, such theories have in recent times gradually been replaced by goal-oriented approaches to motivation. These include the following prominent approaches: Goal-setting theory (Locke & Latham, 1990), Social-cognitive theory developed by Bandura (1986), Control theory (Carver & Scheier, 1981), and Goal-pursuit theory (Bagozzi & Warshaw, 1990). Goal setting is an important component of all the above-mentioned theories and falls within the broad domain of cognitive psychology (Locke & Latham, 1990). Meichenbaum (1977) affirms that goal-setting approaches are consistent with trends in cognitive-behaviour modification. Pintrich (1991) postulates that most contemporary theories of motivation might be labelled “cognitive” theories in the sense that they emphasise concepts associated with both the goal and personal agency belief components of motivational patterns.

Goal setting is a motivational technique that is routinely recommended for enhancing task performance (Hinsz & Ployhart, 1998). If goals for performance are established that are specific and challenging, substantial increases in performance have been reported (Latham & Locke, 1979). Bandura (1997) noted that people have the power to actively control their lives through purposeful thought; this includes the power to program and reprogram their subconscious, to choose their own goals, to pull out from the subconscious what is relevant to their purpose and to ignore what is not, and to guide their actions based on what they want to accomplish.

Goal-setting theory is not limited to but focuses primarily on motivation in work settings (Locke & Latham, 2002), while Social-cognitive theory and the research that underlies it are primarily focused on self-efficacy, its measurement, its causes, and its consequences at the individual, group, and societal levels in numerous domains of functioning (Bandura, 1997). Social-cognitive theory also discusses the effects of and the processes underlying modelling, cognitive development, and physiological arousal (Locke & Latham, 2002). Control theory (Carver & Schneier, 1981) also emphasises the importance of goal setting and feedback for motivation. This theory is based on a machine model derived from cybernetic engineering in which the source of motivation is asserted to be a negative feedback loop that eliminates goal-performance

discrepancies (Hyland, 1988). The theory of goal-pursuit elaborates the processes by which goals motivate individuals to attain specific levels of performance (Hinsz & Ployhart, 1998).

The basic assumption of goal-setting research is that goals are immediate regulators of human action. Goal-setting theory states that, irrespective of the subconscious, conscious motivation affects performance and is especially true for people who choose to be purposeful and proactive (Binswanger, 1991). Locke (1991) talks of the *motivational hub*, meaning where the action is, consists of personal goals, including goal commitment, and self-efficacy. These variables are often, though not invariably, the most immediate, conscious motivational determinants of action and can mediate the effects of external incentives.

If goal setting is primarily viewed as a motivational mechanism (Locke et al, 1981), it is relevant to ask how it affects performance. Similarly, are there ways to enhance the processes of goal setting and goal attainment, and are there strategies that can be implemented to prolong and maintain motivational levels until the desired outcome has been reached? Further and foremost, can theories of goal setting be applied successfully in a psychological therapeutic setting? A review of the literature shows that answers to these questions are not apparent.

How do goal-setting theories address these questions? The goal-setting theory of Locke and Latham (2002) discusses moderators of goal effects and mentions the importance of goal commitment, feedback and task complexity. Two key categories of factors are identified that facilitate goal commitment, namely (a) factors that make goal attainment important to people, and (b) self-efficacy. According to this theory, the effectiveness of goal setting presupposes the existence of goal commitment (Erez & Kanfer, 1983; Latham & Yukl, 1975; Locke & Latham, 1984). They assert that it is virtually axiomatic that if there is no commitment to goals, then goal setting does not work.

In Social-cognitive theory the focus is directed to the enhancement of mastery and self-efficacy (Kleinke, 1994). Clients are taught to achieve success in confronting new challenges through guided mastery (Wiedenfeld, O'Leary, Bandura, Brown, Levine & Raska, 1990), including evaluation of the client's skills, modelling and persuasion. As a coherent process theory for how

goals influence performance, the Theory of Goal Pursuit argues that the means by which one influences goal pursuit is by changing the beliefs individuals have about trying to attain a goal (Hinsz & Ployhart, 1998).

Some additional concepts, strategies or techniques lend themselves to the enhancement of the goal-setting process, by implication enhancing motivation to succeed in a chosen or required objective. The implementation of these in the goal-setting process would primarily relate to intention and commitment protection, as well as strengthening of volition. They include self-control techniques (Logue, 1995), problem-solving (D’Zurilla, 1986), aspects of self-efficacy (Thompson, 1991) and cognitive evaluation theory (Deci & Ryan, 1985), epistemic motivation (Kruglanski, 1989), imagining and inhibition (Showers & Cantor, 1985), and mind-sets (Heckhausen & Gollwitzer, 1987).

Apart from the world of work, goal setting has been successfully applied to non-work domains, such as sports (Lerner & Locke, 1995) and health management (Reynolds, 2001). In terms of health promotion, goal setting has been identified as one of the strategies with a significant impact in occupational therapy (Reynolds, 2001; Young & Chesson, 1997). Goal setting also forms part of several therapeutic techniques in clinical and counselling psychology, especially in the domain of cognitive-behavioural therapy. In his treatment of depression in people with Avoidant Personality Disorder, Coon (1994) focussed on problem clarification and refining goals, followed by goal setting, decision-making, self-efficacy and coping. Laben, Sneed, & Seidel (1995) used goal setting in short-term group psychotherapy settings to achieve optimum levels of functioning and independence of clients with psychological disorders. Overholser (1996) described the use of problem-solving therapy, in which he defined problems in terms of specific and realistic goals, in the treatment of depression.

However, in psychotherapy, goal setting is usually used to give direction to a treatment plan, and seldom is emphasis placed on the goal-setting process as such. A goal-setting model, with the emphasis on strategies to enhance the goal-setting process, as a motivational mechanism, seems to have application relevancy in therapeutic settings. The application and incorporation of the goal-setting process into the therapeutic process represents a symbiotic relationship, where the

two processes function on a parallel level, but are also intertwined. The present study will endeavour to apply such a model, as a motivational technique, in the context of therapeutic intervention.

1.4 Demarcation of the research

For the purpose of this study, goal setting, as a motivational mechanism, will be explored. The importance it could have for therapy, the therapeutic process and the maintenance of changed behaviour, will also be addressed. Strategies and techniques to enhance the goal-setting process will be discussed. Techniques for self-control, cognitive-evaluation theory, problem-solving and coping strategies, aspects of self-efficacy and epistemic motivation, will be used to formulate a model that can be applied in the helping and therapeutic professions. The use of such a model could assist psychologists and others in the helping professions: firstly, to ascertain whether an individual possesses the major psychological ingredients (goals) for change; secondly, to supply them with a tool to enhance behavioural change in their clients; and thirdly, to equip their clients with strategies to maintain new and adapted behaviour. Such a model has a critical application value for psychotherapy, but can easily be applied in the domains of child-rearing and education, health matters, world of work and community development programmes.

1.5 Problem statement

A motivational model of goal setting that includes strategies and techniques to enhance the goal setting process, will help individuals in therapy to sustain their motivation to effectively attain cognitive-behaviour modification and response maintenance.

1.6 Aim of the research

The model will be implemented to clients at the Centre for Child and Adult Guidance at the University of Pretoria. The model will be evaluated in terms of its effectiveness and practical application. The aims of the research are to determine:

- 1.6.1 the nature and role on goal setting, as a motivational mechanism, in a therapeutic setting.
- 1.6.2 how such a model, comprising of goal attainment principles, self-control strategies, aspects of self-efficacy, cognitive-evaluation theory (intrinsic motivation), problem-solving techniques and epistemic motivation can be used to help individuals achieve effective behavioural change and maintenance of newly- acquired behaviour.

1.7 Clarification of concepts

1.7.1 Motivation

The concept of motivation is inherently broad and multifaceted (Pinder, 1984; Weiner, 1990). In the context of the present study, Ford (1992) offers a definition that suffices the purpose. He defines the concept of motivation as the organized patterning of psychological functions that serve to direct, energise, and regulate goal-directed activity.

1.7.2 Cognitive-behaviour modification

Cognitive-behaviour modification is an approach toward assessment, evaluation, and cognitive-behaviour change. It refers to cognitive and behavioural-based intervention techniques to ensure that change is taking place. Techniques are considered cognitive if they rely on cognitive processes in the theory underlying the emergence of problem behaviour, the theory explaining how treatment works, or in the target focus of treatment, that is, attempts to alter such processes as beliefs, attributions, and self-statements. At a technique or procedural level, many of the cognitively-based treatments rely heavily on direct overt behaviour change methods. In therapy and everyday situations, cognitive processes and overt behaviour often are intertwined in interactive and reciprocally influential ways (Kazdin, 2001).

1.7.3 Behaviour maintenance

The extension of behaviour changes over time is usually referred to as maintenance. The question addressed by maintenance is whether behaviour change is maintained after the programme has been terminated (Kazdin, 2001).

1.7.4 Goals

Goals are the immediate regulators of behaviour. The setting of a goal initiates processes that direct and impel behaviour along a path toward the goal. Goals are states that a person desires and considers attainable, and for which a person is willing to expend effort (Geen, 1995).

1.7.5 Volition

Volition is the expression of the will, the ability to envisage desires and set goals. An individual may attribute meaning to the attainment of a goal but obstacles may arise that restrain him or her from fulfilling his or her volitional act. Such obstacles can include environmental limitations, family restraints, physical and physiological handicaps and psychological experiences (Van den Aardweg & Van den Aardweg, 1993).

1.8 Research Programme

Chapter 1 was devoted to orientation, awareness and analysis of the problem, aims of the research as well as the nature and course of the research.

A brief overview of existing motivational theories, followed by an extensive study of goal-oriented models will be undertaken in Chapter 2. Goal setting approaches to motivation and motivational change will be investigated and described. Special attention will be given to the processes involved in goal setting as a motivational mechanism.

Chapter 3 will be devoted to the transformation of goal setting into motivated action. The important function of volition will be outlined in detail, while the chapter will also focus on strategies to enhance volition and intention maintenance.

Chapter 4 will focus on the research design and development of the model in terms of theoretical application and empirical qualitative research.

In Chapter 5 the model will be applied to two case studies at the Centre for Child and Adult Guidance. The results of the research will also be discussed in this chapter.

The study will end with Chapter 6 where conclusions and recommendations will be discussed.

1.9 Summary

Chapter 1 is a preliminary chapter prompted by the researcher's awareness and resulting contemplation. This gave rise to the analysis of the problem, aims of the research as well as the course of the study. An overview of important motivational theories, followed by goal-setting approaches to motivation, motivational change and the goal-setting processes will be examined in the next chapter.

CHAPTER 2

MOTIVATION, MOTIVATIONAL CHANGE AND GOAL SETTING

2.1 Introduction

The focus of this study is based on the question of why people's intentions sometimes appear to waver and weaken before they have successfully carried them out, and it aims to establish whether goal setting can effectively be applied as an enhancing motivational mechanism in the therapeutic setting. People frequently stop doing what they are doing and move to something else. Behaviour also varies in intensity. People sometimes work vigorously at whatever they are doing, and at other times perform in a slower and more relaxed manner. Finally, we observe that people show great persistence in some of the things they do, whereas in others they are less likely to show such tenacity and may be likely to give up when the going becomes difficult. To understand this behaviour we need to have a closer look at motivation, motivation theories and the processes of motivational change. Goal setting, as a motivational mechanism, will be used as a framework for application in a model enhancing lasting behavioural change. The sections that follow will review existing motivation theories, and in particular address the basic dimensions of motivation in the context of the goal-setting process - in terms of the initiation, intensity, and persistence of behaviour.

2.2 Overview of motivational theories

In the 1950s and 1960s, the study of motivation was dominated by behaviourists who argued that "motivation" lay outside the person in the form of reinforcers and punishers (Locke & Latham, 2002). When drive theory acknowledged internal mechanisms, it was said they were primarily physiological (Hull, 1952). McClelland (McClelland et al., 1953) asserted that internal motives motivated individuals, such as the need for achievement. However, these motives were considered to be subconscious and only measurable by projective tests. Behaviourists, drive theorists, and advocates of subconscious motives all agreed that introspection was not a valid

method of understanding human motivation (Locke & Latham, 2002). The possibility of studying the conscious regulation of action was therefore ruled out.

In the 1970s personal agency belief concepts effectively filled the void that had been created by the demise of drive theory, operant learning and information-processing models. In the decade of the 1980s personal agency belief concepts gained widespread acceptance and became institutionalised in academic journals and textbooks. Soon afterwards, these were replaced by goal concepts on the cutting edge of motivational theorising (Ford, 1992).

A brief overview of motivation theories that have achieved a high level of contemporary or historical popularity follows. It is not intended as a comprehensive list of the entire range of motivation theories that have been developed over the years in a variety of fields of study, but rather as a representation of the most important and influential theories that have dominated the field since the early part of the previous century.

Psychoanalytic Theory

Freud's theorising about the powerful internal forces influencing human behaviour set the stage for many early theories of human motivation. His emphasis on deep, pervasive drives and instincts, such as those related to sex and aggression, as well as ego- and superego-linked motives associated with competence and morality, helped stimulate early efforts to identify the content of relationships among major directive influences. Moreover, the enduring influence of his focus on arousal reduction and pleasure-seeking as fundamental motivational principles is evident in many historically prominent theories of motivation, e.g. drive theory, field theory, operant learning theory (Ford, 1992).

Instinct Theory

McDougall (1933) focussed on instincts and the emotion-laden objects associated with those instincts. He posited a list of 13 instincts (plus some minor instincts) in an effort to account more specifically for the great variety of activity in human behaviour patterns. McDougall's theory of

instinct argues that all individuals inherit the disposition to respond in a purposeful way to various kinds of objects, events or ideas, and that emotions are associated with particular instincts.

Need Theory

Maslow (1970) developed a list of general need categories that introduced the intuitively compelling idea that needs are ordered hierarchically in such a way that the higher-order growth needs (e.g., self-actualisation) can only be attained after lower-level deficiency needs (e.g., physiological and safety needs) have been adequately addressed. These multiple needs and hierarchy of needs are considered motivational forces or concerns that organise human thoughts, feelings and actions.

Drive Theory

Drive theory conceptualises motivation in terms of internal states of arousal. Drive is described as a general energising force caused by deficits in biologically-based needs (primary drives), or conditions associated with a primary drive state. Although drive theory explicitly rejected cognitive structures, one of the major drive theorists, Tolman (1955), insisted on adding cognitive concepts, such as expectancy, to the basic drive theory paradigm. In Tolman's theory, the tendency to perform a particular act is a multiplicative function of three kinds of variables: a motivational variable representing the need or desire for some particular goal object; an expectancy variable that may be conceived as a quantitatively varying belief that some particular act in a particular situation will lead to goal object; and the incentive or the value of the goal object to the individual.

Field Theory

In Field theory, developed by Lewin (Lewin, Dembo, Festinger & Sears, 1944), the choice of a particular task with a particular level of difficulty associated with it is a multiplicative function of the valence or value associated with success at the task and the subjective probability of success

at the task. Lewin discussed two motives that influence the level of aspiration behaviour, the hope of success, and the fear of failure. In both Lewin and Tolman's theory, emphasis is placed on multiplicative relationships among motive, expectancy, and incentive variables.

Actualisation Theory

Actualisation theory focused attention on motives associated with personal growth and development, and laid the foundation for the emergence of "self" theories by emphasising the strong and pervasive human need for positive social and self-evaluations (Rogers, 1961).

Cognitive Dissonance Theory

Cognitive Dissonance theory has as its central premise the notion that contradictory beliefs held by an individual create a state of psychological tension and that individuals will initiate efforts to remove that tension (Brehm & Cohen, 1962). The theory posits further that due to underlying needs for understanding and positive regard, people will be motivated to reduce the tension associated with conflicting personal beliefs, attitudes, or actions.

Operant Learning Theory

The core principle of Operant Learning theory is "selection by consequences," by which incremental change in behaviour occurs through reinforcement, punishment, and extinction (Jordaan & Jordaan, 1992). Because Operant Learning theory fails to consider the role of goals, emotions and personal agency beliefs in shaping such change, it is described more accurately as a historically important influence on motivational theorising than as a major contemporary theory of human motivation (Ford, 1992).

Valence-Instrumentality-Expectancy Theory

Vroom (1964) developed the valence-instrumentality-expectancy theory, which states that the force to act is a multiplicative combination of valence (anticipated satisfaction), instrumentality

(the belief that performance will lead to rewards), and expectancy (the belief that effort will lead to the performance needed to attain the rewards). Other factors being equal, the theory postulates that expectancy is linearly and positively related to performance.

Expectancy-Value Theories of Achievement Motivation

In his theory of achievement motivation, McClelland (McClelland et al., 1953) assumed that there would be a more or less direct relationship between the presence of a motive in a person and the content of a person's thoughts. The presence of a motive state is assumed to be reflected in a thought sequence that mimics actions of an individual engaged in goal-directed behaviour in everyday life. McClelland attempted to relate individual differences in achievement motivation to broad, socially-relevant questions and to such things as economic growth and development. He developed the hypothesis that achievement motivation is in part responsible for the economic growth of societies (Brody, 1983).

Atkinson (Atkinson & Birch, 1978) developed a risk-taking model to deal with level of aspiration or choice behaviour. He assumed that an individual in an achievement-oriented situation, who must choose a task of a particular level of difficulty, is in a conflict situation in which both a tendency to seek success and a tendency to avoid failure were involved. Each of these tendencies was assumed to be determined by a multiplicative relationship among motive, expectancy, and incentive variables.

Weiner (1972) extended Atkinson's risk-taking model to consider changes in motivational tendencies that result from the attainment of a goal or failure to attain a goal. He argued that following success, the motivational tendencies both to seek success and to avoid failure are decreased. However, following failure, there is no corresponding decrement in these motivational tendencies.

Theory of Action Control

This framework, which was developed by Kuhl, and appears to be growing in scope and popularity, accepts the basic orientation and ideas of other expectancy-value theories, but also explicates the specific self-regulatory, goal-evaluation, and goal-orientation processes involved in the initiation and maintenance of behavioural intentions (Kuhl, 1985). It describes ways in which a person initiates strategies and enacts goal-directed intentions, and how the person regulates action voluntarily. This model will be discussed in more detail in Chapter 3, when the transformation of intentions into action is described.

Theory of Reasoned Action

Another version of action theory that has been particularly influential in the fields of work motivation and health psychology is the theory of reasoned action developed by Ajzen and Fishbein (1980). As in the theory of action control, a major focus of this theory is on understanding how people move from relatively global, abstract thoughts about desires and expected outcomes to specific concrete thoughts about desires and expected outcomes, with a strong emphasis on action as the primary dependant variable of interest. Behavioural intentions and expectations are considered the most direct predictors of a person's actions.

Reactance Theory

This theory focuses on the high-amplitude emotional and behavioural responses, such as anger, aggression and defiance, that often result when people believe that their goal-attainment efforts have been thwarted, or when they believe desirable options have been taken away from them (Brehm, 1972). According to Ford (1992), this theory continues to offer valuable insight about a particular kind of motivational pattern that is not fully captured in any other theory.

Discrepancy Theories

The concept of discrepancy in the context of the motivational process refers to the idea that motivation arises from a discrepancy between a desired state and an existing state; the desired state being represented by a goal. When a person has some as yet unattained goal, a discrepancy will exist that needs to be addressed. Discrepancy theory describes discrepancy as an unpleasant state in the individual that can either be corrected by habitual responses or by effort (Geen, 1995). When habitual behaviour fails to obtain the goal and eliminate the discrepancy, the person reacts by mobilising effort for subsequent behavioural adjustments. Effortful, motivated behaviour begins when relatively effortless behaviour is inadequate to new demands, and to new goals, that intrude upon the individual.

Modern models of motivation based on the concept of discrepancy describe a process that begins with 1) the formation of an intention to strive for a chosen goal and the development of a strategy for implementing that intent, 2) specific actions aimed at attaining the goal, 3) a comparison between the outcome of the actions and the goal state, in order to detect any discrepancy, and 4) the attribution of cause for any discrepancy that is detected. Depending on the attribution, the person increases the amount of effort expended, changes the strategy or intention, or denies the discrepancy (Kanfer & Hagerman, 1987).

On a more general level, discrepancy is also found in the context of the self (Markus & Ruvolo, 1989). It is argued that many of the goals people aspire to are instrumental in the attainment of a still higher-order goal: a desired state of the self. People usually want to have high levels of self-esteem. The discrepancy between how an individual is, the actual self, and how he or she wants to be, the ideal or possible self, creates a degree of negative self-evaluation. To achieve high levels of self-esteem, the degree of negative self-discrepancy should be kept as small as possible.

Self-Worth Theories

Self-worth theories are anchored by the premise that people are highly motivated to maintain a fundamental sense of personal value or worth, especially in the face of competition, failure, and

negative social feedback (Covington, 1992; Harter, 1990; Tesser, 1986). This family of theories places relatively little weight on the person-environment goal of self-determination, but focuses primarily on the within-person goal of maintaining positive self-evaluations. They also explain a diversity of self-defeating or even self-destructive behaviour patterns, such as not trying to attain valued goals, avoiding seemingly reasonable challenges or setting unrealistic goals.

Self-Determination Theory

Deci and Ryan (1985) combined and integrated a number of ideas from theories that emphasise personal agency beliefs and the desire for human agency. The core basis of their theory is the idea that people have an innate need to maintain a sense of self-determination. They developed a set of ideas that focussed on the motivational impact of different kinds of experiences and the more enduring motivational patterns that may result from such experiences. They distinguish among (a) experiences that tend to facilitate a sense of effectance and self-determination (i.e., informational experiences that promote autonomous or intrinsic motivational orientation); (b) experiences that undermine a sense of self-determination and tend to facilitate compliance or defiance (i.e., controlling experiences that promote a control or extrinsic motivational orientation), and (c) experiences that signify a lack of competence and tend to reduce both intrinsic and extrinsic motivation (i.e., amotivational experiences that promote an impersonal motivational orientation).

2.3 Contemporary goal-oriented theories and approaches to motivation

“The ancient battles between free will and determinism, between conscious and unconscious forces, and between situational and personality influences on behaviour continue to distract motivation scholars from the basic task of understanding how the person and context work together as a unit to produce coherent, goal-directed behaviour patterns” (Ford, 1992: p.8).

Anticipating the cognitive revolution in psychology, Ryan (1970) argued that human behaviour is affected by conscious purposes, plans, intentions, tasks and the like. These concepts, according to

Ryan, were the immediate motivational causes of most human action. Goal-setting theories are largely based on Ryan's premise that conscious goals affect action.

2.3.1 Goal-setting Theory

Goal-setting theory has emerged in the leading position in the field of work motivation. In addition to its core focus on more versus less productive ways of thinking about task goals, goal-setting theory also includes concepts from self-efficacy theory and expectancy theories of work motivation. Locke and Latham (1990) have also developed the integrative concept of a "high performance cycle" to describe behaviour episodes in which capable people working in a responsive environment commit themselves to challenging goals that they believe they can attain. Goals and intentions are viewed as immediate precursors and regulators of much, if not most, human action. Goals are accounted for by reference to other motivational concepts, such as motives and needs, as well as events and conditions outside the person (e.g., situational factors).

The theory addresses the relationship between goals and action, and the factors that affect this relationship (Locke & Latham, 1990). Cognitive factors, especially feedback and expectancy/self-efficacy and task strategies, play a major role in the theory. Factors that affect goal choice and commitment are also included. Cognitive factors play a role in explaining the choice of action and its degree of success. Goals, if chosen by people themselves, are based on such factors as their beliefs about what they can achieve, their recollections of past performance, their beliefs about consequences, and their judgements of what is appropriate to the situation. And their degree of success will depend on knowing if they are, in fact, performing in line with the goals (feedback) and their knowledge of appropriate task strategies. Value choice would depend on the individual's conscious or subconscious philosophy (e.g., what values should one have?).

Locke and Latham (1990) assert that all knowledge or beliefs are appraised automatically by the subconscious and can be appraised consciously, by choice, as well. This is how knowledge is translated into action. At the same time, all motivation is based on conscious or subconscious cognitive input. Most action is guided cognitively as well as motivationally. Volition, as another

aspect of cognition, is viewed as involving the choice to raise one's level of cognitive focus from the perceptual level to the conceptual level.

In terms of its connection to action, the nature of an individual's thinking will affect whether he or she sets specific or vague goals, long-range or short-range goals, consistent or contradictory goals, personally meaningful or meaningless goals, and realistic or unrealistic goals. It will also affect the degree of commitment to goals and the degree to which rational plans are developed for achieving them. Thinking is also pertinent after goals have been formulated. The individual also has to take action in accordance with each chosen goal by keeping in focal awareness what is to be achieved, the means needed to achieve it, and the reasons for or benefits of such action (Locke & Latham, 1990).

Goal-setting theory postulates that goals affect performance through four mechanisms (Locke & Latham, 2002):

Direction

Goals serve a directive function in that they direct attention and effort toward goal-relevant activities and away from goal-irrelevant activities. This effect occurs both cognitively and behaviourally.

Effort

Goals have an energising function. High goals lead to greater effort than low goals. Since different goals may require different amounts of effort, effort is mobilised simultaneously with direction in proportion to the perceived requirements of the goal or task.

Persistence

Goals affect persistence. Persistence is considered nothing more than directed effort extended over time; thus it is a combination of the previous two mechanisms.

Strategy Development

Goals affect action directly by leading to the arousal, discovery, and/or use of task-relevant knowledge and strategies. Although strategy development is motivated by goals, the mechanism itself is cognitive in essence; it involves skill development or creative problem solving.

The relation of goal dimensions to performance is based on several moderators. They are *goal commitment*, facilitated by two key categories of factors, namely (1) factors that make goal attainment important to people, including the importance of the outcomes that they expect as a result of working to attain a goal, and (2) their belief that they can attain a goal. Another moderator is *feedback* that reveals the progress people make in relation to their goals. A positive, linear relation between *goal difficulty and complexity*, and goal performance has also been found. A core finding in goal-setting theory is that the highest or most difficult goals produced the highest levels of effort and performance (Locke & Latham, 2002). These moderators will be discussed in more detail in subsequent sections.

2.3.2 Social Cognitive Theory

Social cognitive theory is founded on an agentic perspective of human self-development, adaptation, and change (Bandura, 2001). The theory specifies four core features of human agency, which include intentionality, forethought, self-reactiveness, and self-reflectiveness. People form intentions that include plans and strategies for realising them. The temporal extension of agency involves more than future plans, however. People set goals for themselves and anticipate likely outcomes of prospective actions to guide and motivate their efforts anticipatorily. Agents are not only planners and forethinkers, they are self-regulators as well. They adopt personal standards and monitor and regulate their actions by self-reactive influence. They do things that give them satisfaction and a sense of self-worth and refrain from actions that bring self-censure. People are not only agents of actions, they are self-examiners of their own functioning. They reflect on their efficacy, the soundness of their thoughts and actions, the meaning of their pursuits, and make correct adjustments if necessary (Bandura & Locke, 2003).

Bandura's (1986) introduction of the concept of self-efficacy elevated the study of context beliefs to the centre stage of psychological research. Bandura successfully and justifiably criticised self-esteem theorists for focussing their attention on the global assessment of self-evaluative thoughts. Instead, he argued for, and has repeatedly demonstrated the utility of, an approach that focuses on how people think about their capabilities for effective action in specific behaviour episodes – that is, at a level where such thoughts are much more likely to have a direct and substantial impact on behaviour.

Although self-efficacy is only one of a number of motivational constructs in Bandura's larger social cognitive theory, it is regarded as the motivationally most decisive process in terms of regulating what a person actually does. In describing self-efficacy, Bandura (2003, p.87) states: "Among the mechanisms of human agency, none is more central or pervasive than beliefs of personal efficacy. Whatever other factors serve as guides or motivators, they are rooted in the core belief that one has the power to produce desired effects; otherwise one has little incentive to act or to persevere in the face of difficulties. Self-efficacy beliefs regulate human functioning through cognitive, motivational, affective, and decisional processes."

The contributions of context beliefs (e.g., behaviour-outcome expectancies) are recognised, but clearly not to the extent of giving them equal status with self-efficacy expectations (Ford, 1992). Similarly, emotional states are usually included in descriptions of emotional patterns, but not elevated to the level of the cognitive-evaluative processes, as illustrated by Bandura's comment that "thought can guide action without having to depend upon being stirred up emotionally" (Bandura, 1986, p.264).

2.3.3 Theory of Goal Pursuit

The theory of goal pursuit elaborates the processes by which goals motivate individuals to attain specific levels of performance. It argues that task-related outcomes such as goal attainment and task performance occur because an individual tries to attain the goal or a specific level of performance (Bagozzi & Warshaw, 1990). The concept of trying is similar in many ways to the

expectancy theory notion of effort. Unlike other intention models that focus on behaviours, trying is the focus in this approach (Hinsz & Ployhart, 1998).

Trying is not a specific behaviour, but a constellation of activities related to pursuing task outcomes. Trying is considered a psychological construct that leads individuals to attempt to pursue and attain a goal, and is instrumental in the higher levels of performance that are associated with goal setting. Specifically, trying is viewed as representative of the consequences of the mechanisms that have been hypothesised to mediate between goals and performance. Thus, trying is considered the psychological construct representing the collective consequences of effort, directing attention, persistence, and use of appropriate task strategies. Each of these different mechanisms can be considered one part of an individual's trying to attain a specific task outcome. Goals are expected to influence performance because they would influence trying, which represents the processes involved in the goal mechanisms (Locke et al., 1981; Hinsz & Ployhart, 1998).

The theory of goal pursuit proposes that an individual's trying to attain task outcomes results from the individual's intention to attain those outcomes. The basic premise of the research on behavioural intentions is that the best predictor of a person's actions is his or her intention to engage in that action. An intention reflects the person's degree of willingness and likelihood to engage in an action (Warshaw, Sheppard, & Hartwick, 1982). An individual's intention to try to attain the task outcome is believed to arise from two separate factors: an attitude toward trying and a subject norm toward trying. The attitude toward trying reflects an individual's personal reasons for trying, measured as the favourableness associated with trying to attain the goal. The subjective norm reflects the social forces that influence an individual to try or not to try to attain a goal (Hinsz & Ployhart, 1998).

Unique to the theory of goal pursuit is the composition of the attitude toward trying component. The theory argues that the attitude toward trying results from the composite effects of the individual's reactions to a potential success or failure to attain the goal, and the individual's attitude toward the process of trying itself (Bagozzi & Warshaw, 1990).

2.3.4 Motivational Control Theory

Motivational control theory is a branch of engineering that was originally developed to enable machines to do things previously done by (purposive) people. The application of motivational control theory to psychology some 40 years ago was heralded as a revolutionary idea of its time and as a new way of understanding purposive behaviour (Powers, 1978). However, even if it has regained some of its popularity in recent years, it is often criticised as in effect being a mechanistic version of Hull's drive reduction theory (Locke et al., 2002).

In brief, the central unit in control theory is the negative feedback loop that eliminates goal-performance discrepancies. A reference criterion is compared with a perceptual input in a comparator, and the difference between the two generates a signal labelled *detected error*. The detected error elicits behaviour that reduces the discrepancy between the reference criterion and perceptual input. *Error sensitivity* determines the level of behavioural response for any given level of detected error. Like other theories of motivation, control theory also explains the *direction and intensity* of goal-oriented behaviour. In the language of motivational control theory, *expectancy* means anticipated error. Two factors affect the selection of a goal: expectancy and error sensitivity. (Hyland, 1988).

2.4 Goals and motivation

In general terms, a goal is usually defined as a desirable state that people hope to attain somewhere in the future and for which they are willing to invest some effort. Goals are more than merely wishes. A goal is what an individual is trying to accomplish; it is the object or aim of an action (Locke et al., 1981). It is a wished-for end state that is considered to be attainable given some level of ability and some expenditure of effort (Geen, 1995). Usually, some degree of difficulty must be overcome in reaching the goal. Furthermore, any person's goals form a hierarchy that extends from specific or discrete acts to relatively broadly-defined or complex needs (Locke et al., 1981). Usually, goal theorists apply the word *goal* to events higher in the hierarchy of purposeful action.

Locke and his colleagues (Lock et al., 1981) postulate that goals are immediate regulators of human action. To understand the role played by goals in human motivation, it is essential to construct some links between the goal that a person sets and the actual behaviour invested in working for that goal. After a goal has been decided upon, certain processes are set in action that will move the person along the path toward fulfilment of the goal. A number of variables, many of which involve volition and self-control on the part of the person, are involved in these processes.

2.4.1 The goal-setting process

Geen (1995), a prominent proponent of the goal-setting approach to motivation, formulated an integrated framework of the goal-setting process based on the most prominent and contemporary goal-oriented theories. This framework will be used to describe the various stages and concepts that are involved in the goal-setting process.

Motivation arises when a basic motive, or need, interacts with events in the person's environment to produce a condition within the person that is called an incentive. It also assumes that most of the time the person's immediate environment has the greatest impact on the person, that it is social in that it involves people, groups and institutions that are important to the individual. An incentive, once formed, determines the goals that the person is going to pursue. In turn, the selection of a goal necessitates the formulation of a strategy for action, as well as the intentional control of action, so that the strategy can be employed to attain a goal.

The process of motivation involves three steps:

1. Defining a goal to which the person aspires.
2. Choosing a course of action that leads to the attainment of the goal.
3. Carrying out the chosen course of action

It is assumed that motivated behaviour begins with some situation or condition that requires the person to adopt a goal. Such antecedents are of two kinds. One is some need that a person

experiences and that animates action consistent with that need. For example, a woman who feels a strong sense of love for her husband may suddenly kiss him. Her need to love initiates a spontaneous act of goal setting. The other type of antecedent in choosing a goal is some demand on the person that arises in the environment and interacts with one or more needs to motivate action. If for example, if the same woman finds out that her husband is having an affair, she would react instantly with concern. She could either ask for a divorce, or do something to repair the broken relationship or save the marriage. This would represent a situational demand.

The next step in the process involves commitment to a course of action, or an intention. Various variables are at play in forming an intention that will give the person a good chance of reaching the goal. One is the person's belief in his or her own capability of carrying out the course of action, while another involves the complexity of the problems that the person may face or any barriers that he or she may encounter in the activity. There is also the likelihood that a given course of action may in fact lead to the goal.

After a goal has been selected and an intention for attaining it has been chosen, the person must devise and enact a strategy. This strategy is a plan for the initiation of the required behaviour. If the goal is even moderately difficult to attain, the person will be forced to expend some effort in this process. In addition, the situation will have to be assessed periodically in order to measure the progress towards the goal. Should the person, for example, think that progress is too slow, the amount of effort may be increased and that in turn increases the intensity of his or her behaviour.

Terminating the goal-activity can happen in any of the three faces, but it is usually during the last face that people may decide that the effort is not worth the trouble and terminate the pursuance of the goal. However, they may also decide that more effort is needed and worthwhile, and persist in the activity. Termination also occurs if the goal has been attained or the desired outcome has been reached.

2.4.2 Important goal mediators

Several mediators move the person toward the goal, of which the following are of special importance. They are:

- (1) Effort, which is affected by task difficulty and specificity;
- (2) strategy formation, which is influenced by goal complexity;
- (3) commitment to the goal, which is influenced by several situational and personal variables;
- (4) feedback; and
- (5) potential motivation.

2.4.2.1 Effort, difficulty and specificity

Atkinson (1970) showed that goal difficulty, measured as a probability of task success, was related to curvilinear, inverse function. The highest level of effort occurred when the task or goal was moderately difficult, and the lowest levels occurred when the task was either very easy or very hard. Numerous studies support these findings (Becker, 1978; Ness & Patton, 1979; Locke et al., 1981). Tubbs (1986) conclude that performance is generally better when people work for difficult and specific goals than when goals are either easy or ambiguous. This is due to any or all of four mechanisms set in motion by clear and difficult goals: (1) High level of effort; (2) high level of persistence; (3) focusing of attention on the goal; and (4) development of strategies for striving (Locke et al., 1981).

In terms of specificity, Locke and his colleagues (Locke et al., 2002) found that specific, challenging (difficult) goals consistently led to higher performance than urging people to do their best. Do-your-best goals have no external referent and thus are defined idiosyncratically. This allows for a wide range of acceptable performance levels, which is not the case when a goal is specified. Goal specificity in itself does not lead to high performance because specific goals vary in difficulty. Insofar as performance is fully controllable, goal specificity does reduce variation in performance by reducing the ambiguity about what is to be attained (Locke, Chah, Harrison & Lustgarten, 1989).

2.4.2.2 Strategy formation and complexity

A second moderator of goal effects is task or goal complexity. As the complexity of the task increases and higher level skills and strategies have yet to become automatised, goal effects are dependant on the ability to discover appropriate task strategies (Locke et al., 2002). Because people use a greater variety of strategies on tasks that are complex than on tasks that are easy, measures of task strategy often correlate more highly with performance than do measures of goal difficulty. In addition, there are often goal and strategy interactions, with goal effects strongest when effective strategies are used (Durham, Knight, & Locke, 1997).

The research literature also reported the following additional findings:

- When confronted with goals, people automatically use the knowledge and skills they have already acquired that are relevant to goal attainment (Latham & Kinne, 1974).
- If the path to the goal is not a matter of using automatised skills, people draw from a repertoire of skills that they have used previously in related contexts, and they apply them to the present situation (Latham & Baldes, 1975).
- If the task for which a goal is assigned is new to people, they will engage in deliberate planning to develop strategies that will enable them to attain their goals (Smith, Locke & Barry, 1990).
- People with high self-efficacy are more likely than those with low self-efficacy to develop effective task or goal strategies (Wood & Bandura, 1989). There may be a time lag between assignment of the goal and the effects of the goal on performance, as people search for appropriate strategies (Smith et al., 1990).
- When people are trained in the proper strategies, those given specific high-performance goals are more likely to use those strategies than people given other types of goals; hence, their performance improves (Early & Perry, 1987).

2.4.2.3 Goal commitment, situational and personal variables

Commitment is a highly important moderator of goal effect. Goal commitment implies an attachment to or determination to reach a goal. Commitment to a goal is necessary before effort will be spent in striving. When a person is highly committed to a goal, he or she will persist with effort to pursue it despite difficulties. However, when commitment is weak, no such effort will be mobilised (Geen, 1995). Various studies have supported the relationship between goal commitment and performance (Locke, Latham, & Erez, 1988).

Commitment is strengthened by several important variables (Hollenbeck & Klein, 1987).

Conditions that contribute to commitment to goals are: (1) When individuals make a public declaration of intent to work for the goal; (2) when rewards such as money or perquisites are offered; (3) the individual's positive judgement of his or her own ability in terms of the necessary behaviour; and (4) the individual's perception of control over the environment.

After a person has made a commitment to a goal, the mere presence of the goal influences many aspects of the person's life, especially in terms of a person's cognitive system (Geen, 1995). Individuals tend to think about their goals, to remember them, to talk about them and to attend to them. They usually experience a sense of discomfort when they contemplate not reaching them. The goal becomes a current concern for the person and makes the person more sensitive to information and stimuli related to those concerns. They become more emotionally aroused by those stimuli and more likely to attend to such stimuli (Klinger, 1977; Geen, 1995).

The presence of concern, according to Klinger (1977), implies that the individual is highly committed to the goal and remains active until the goal is either reached or abandoned. This is related to the so-called "Zeigarnik effect" – the finding that memory for tasks that have not yet been completed is better than memory for finished tasks (Geen, 1995; Locke & Latham, 1990). The reason for this is that after the task has been completed, the tension that it generated simply dissipates (Geen, 1995). Commitment to a goal, then, brings about a state of inner tension that provides specific cues for behaviour related to the goal.

Whenever internal cues to behaviour do not lead to satisfactory goal-related action, the individual experiences discomfort and stress. These increase as interference with the relevant action increases. The same process will occur when a person is motivated to carry out some action but, for some reason, refrains from doing so (Geen, 1995). In one example of the inhibition of emotional expression, Pennebaker & O’Heeron (1984) found that persons who manifest regular tendencies to inhibit emotion through a repressive style of coping with their problems show higher rates of cancer, hypertension and various other psychosomatic problems.

2.4.2.4 Feedback

For goals to be effective, people need summary feedback that reveals progress in relation to their goals. If they do not know how they are doing, it is difficult or impossible for them to adjust the level or direction of their effort or to adjust their performance strategies to match what the goal requires (Locke et al., 2002). Feedback is a moderator of goal effects in that the combination of goals plus feedback is more effective than goals alone (Becker, 1978). Related to feedback is the notion of discrepancy reduction. Bandura (1989) stated that goal setting is first and foremost a discrepancy-creating process. Motivation requires feed-forward control in addition to feedback. After people attain the goal they have been pursuing, they generally set a higher goal for themselves. This adoption of higher goals creates motivation discrepancies to be mastered again.

2.4.2.5 Potential motivation

Another aspect that has an indirect effect on goal attainment is potential motivation. Based on a theory developed by Brehm and his colleagues (Brehm & Self, 1989) potential motivation is the highest level of motivation that a person can experience in a given situation and is a function of expectancy and value, and can vary regardless of task difficulty. The more valuable an outcome and/or the greater the person’s expectancy of attaining it, the higher the potential motivation for the task will be. A person with high potential motivation for a task will mobilise more effort for the task than will a person with low potential motivation. However, if the person thinks that the task is impossible to perform regardless of the effort expended, no effort will be invested in it.

An example of these ideas is two students who are taking the same first year course in history. Student A plans to become a historian and Student B is taking the course only because it fits into his schedule. Student A has higher potential motivation than Student B in terms of both the value of the course and the expectancy of success. Figure 2-1 illustrates that the effort for Student A will increase in direct relationship to how difficult he/she finds the course, up to the point at which the student considers the course to be impossible to pass. Only at that point will the student give up trying and stop the course. Student B, on the other hand, will work as hard as Student A only if the course proves to be an easy one. Student B's low level of potential motivation places a lower ceiling on the level of effort mobilisation. By illustration, in the case of Student A it stands at 100 and with Student B at 30. Both students will give up trying beyond a certain level of task difficulty. This level of difficulty depends on the individual's potential motivation (high for Student A and moderate for Student B).

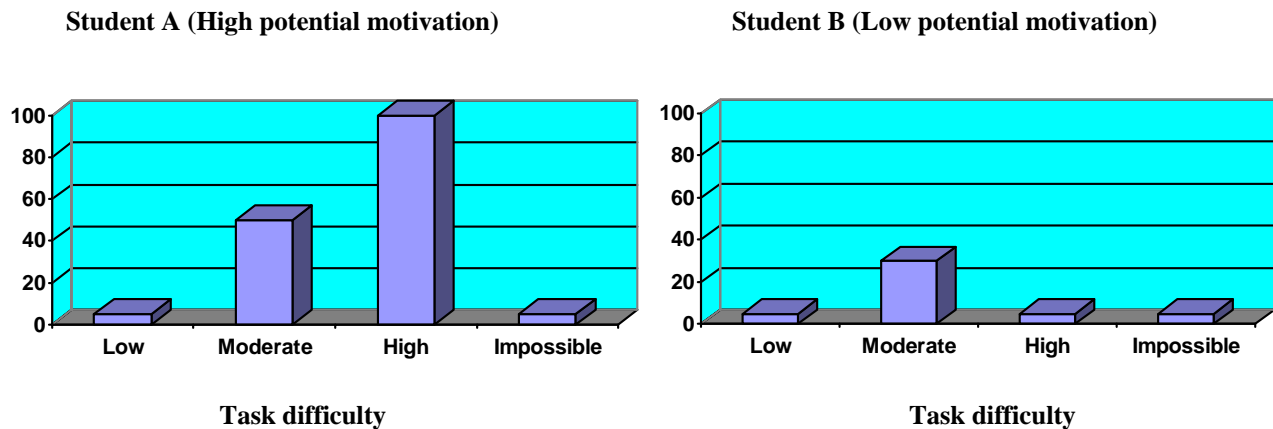


Figure 2-1. Example based on Brehm's theory.

Figure 2-2 gives a schematic summary of the important processes involved in the setting and striving of goals. These processes form the basis of a more complex process that will be discussed in Chapter 3.

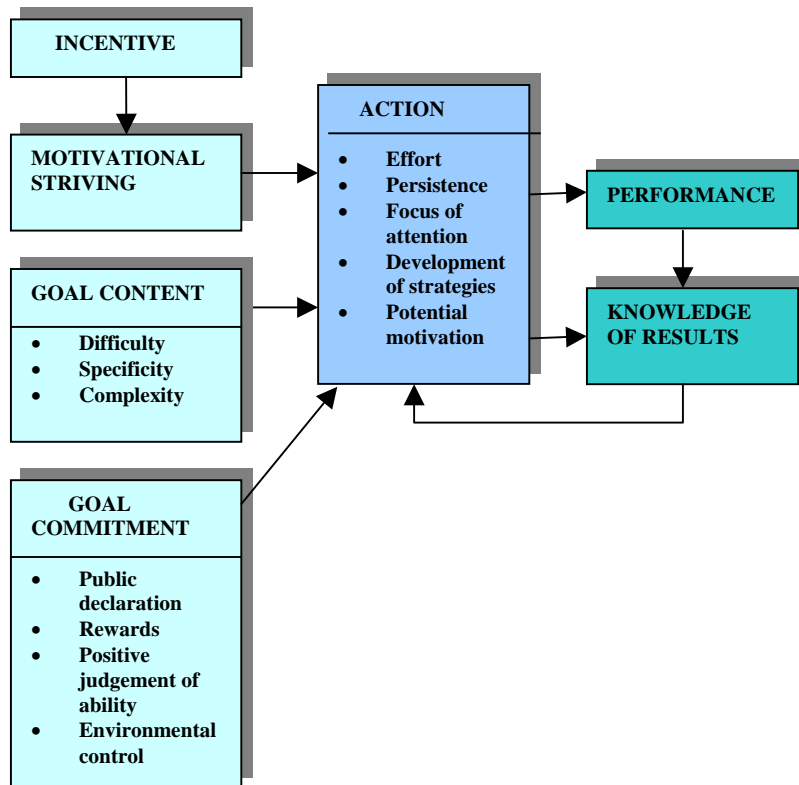


Figure 2-2. Summary of the goal process.

2.5 Motivational change

The dynamics of action theory of Atkinson and Birch (1970) is a theory of how motivation and motivated action change over time. The dynamics of action theory analyses the ongoing stream of behaviour over long periods. The theory emphasises the fact that behaviour over time is characterised by fluctuation and change. This theory is considered relevant to goal setting in that it illustrates the importance of protecting intentions once formed.

Atkinson & Birch (1970) describe the interplay among actual and potential motivational forces in ongoing behaviour. Any particular action is initiated by an instigating force (F) that arises in response to some condition of the person or the environment. This is what is usually meant by goal-directed behaviour: a number of interrelated and directed actions with some common purpose. Theoretically, the instigating force will persist indefinitely as long as no other force comes into play to weaken it. An example might be performing all the coordinated acts required to repair a broken article, for example a broken lawnmower. These actions are instigated by the condition of the lawnmower and the person's desire to fix it. The person doing the repair work will continue to work until some competing force arises to stop the action. The most obvious of these is completion of the task. After the action begins, a consummatory force (C) begins to develop as a reaction to the behaviour itself. The strength of the overall tendency (T) to carry out the action is equal to strength of F minus the strength of C. The longer the person performs the act, the greater the strength of C becomes until it exceeds the strength of F. This will happen when either the broken article is repaired or the person becomes tired of working.

This theory notes that the weakening of the overall tendency to carry out the act begins as soon as force C begins to build. This is shown as behavioural tendency T_A in Figure 2-3. Thus, under normal conditions every action carries the seeds of its own extinction in the consummatory force that it creates (Atkinson & Birch, 1970). A potential behaviour that is not carried out has an instigating force behind it but, because there is no action, it creates no consummatory force. Prolonged exposure to the conditions that elicit this initiating force will therefore cause the strength of the force to build without opposition. This is shown in the progressive development of tendency T_B in Figure 2-3. The person who is repairing the broken lawnmower may early in his work entertain the thought of stopping work to watch television but not to do so because the desire to do the repair work is too strong. As this desire weakens with growth in the relevant consummatory force, however, the relative desire to watch television instead of doing the repair work, increases. Eventually, the tendency to watch television exceeds the tendency to repair the lawnmower, and motivational change occurs. This is shown in the period following time t in Figure 2-3.

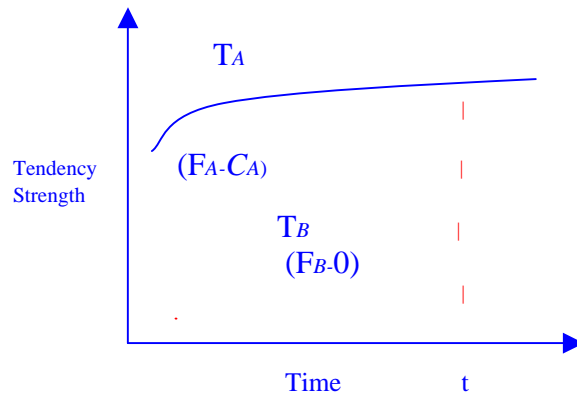


Figure 2-3. (Adapted from *The Dynamics of Action* by J.W. Atkinson and D. Birch, 1970, New York: Wiley.)

To protect the intention, the dominant behavioural tendency (T_A) should be kept stronger than any competing tendency such as T_B until the final goal served by tendency T_A has been reached. One way to do this is to replenish the strength of the instigating force for the desired behaviour. If the magnitude of this force can be increased to offset the growing strength of the consummatory force, this could keep the tendency going and perhaps even increasing (Atkinson & Birch, 1970). By illustration, if the unfaithful husband in the example wants to repair his marriage, the attempt should be to strengthen his desire to be reunited with his wife and rehearsing his commitment to it, while at the same time he should try to ignore thoughts of the mistress' affection (alternative tendency). Various strategies to protect a person's intentions to work for certain goals can be implemented, and will be discussed in Chapter 3.

2.6 Summary

An overview of the most important motivation theories showed the emergence of a new tendency towards goal-oriented theories of motivation. The process of motivation begins with a basic need or motive that interacts with the environment to produce an incentive. Once formed, an incentive determines the goals the individual sets for him or herself, which in turn necessitates strategies to be implemented in order to attain the desired outcome. The dynamics of action theory describes the ongoing stream of behaviour over time and shows the importance of protecting the intention by trying to keep the dominant behaviour tendency as strong as possible. The important role of

goals in the motivational process was discussed with particular emphasis on the moderators of goal attainment. Chapter 3 will focus primarily on how goal setting is transformed in motivated action.

CHAPTER 3

MOTIVATED ACTION

3.1 Introduction

In Chapter 2 the importance of moderators of goal effects was outlined. It was noticed how goal commitment, *inter alia*, functions as a prerequisite for goal effects. This chapter will focus on how the goal constructs of incentive, intention and commitment are transformed into action. The role of volition, not often mentioned in goal-setting theories, will be explained, while strategies to enhance volition and the goal-setting process, will be discussed.

3.2 Volition and motivation

Volition is probably the most fundamental factor in the motivational process. It is usually subsumed by other concepts, such as commitment or intention. However, volition is part of a larger process that begins in the early stages of goal setting and ends with either success or failure in reaching the goal (Gollwitzer, 1990). The process of volition takes place after a decision has been made to seek some goal and after the individual has formed commitment to the goal. Decision, intention, goal content, goal value, judgement of own ability and commitment do not necessarily assure that the actions to attain a goal will be carried out. All of these set the stage for acts of will but do not define them. Volition is what causes action to be first initiated and then maintained, even in the face of difficulties (Geen, 1995).

Gollwitzer and Heckhausen (Gollwitzer, 1990) proposed a theory of volition in which they describe a four-stage scheme beginning with a pre-decisional phase, followed by the post-decisional, actional, and post-actional stages. During the pre-decisional stage, the person is confronted by possible goals to choose from. He or she has to deliberate and decide which goal to choose to bring about the ideal outcome. It involves wishing, hoping, attempting to foresee the

consequences of various courses of action, and weighing the expectancies and values of goal attainment. The phase ends when a decision has been made to seek one of the goals.

During the post-decisional phase the individual's concerns shift away from deliberation and focus on the formation of strategies for implementing the decision. The person concentrates on how he or she may best strive for the goal that has been chosen. The actional phase follows during which the individual implement the strategies that he or she considers necessary to achieve the goal. This is followed by the post-actional phase during which the person evaluates the outcome. If the goal has not been attained, new intentions or plans can be set or the standards related to the original goal lowered.

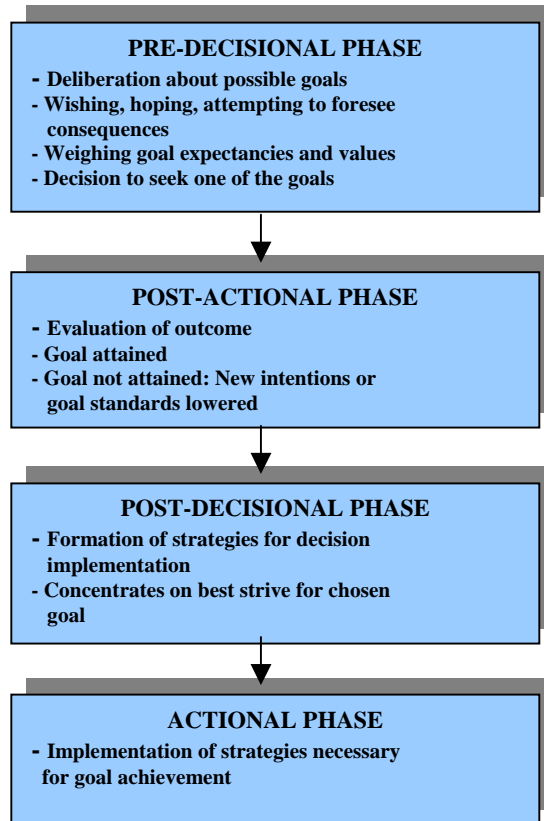


Figure 3-1 Summary of four-stage scheme of volition

How are incentives, intentions and commitment translated into actions? Kuhl's (1985) model of action control gives a possible explanation. In everyday life, people's behaviours are generally routine, well learned and automatic. No great act of will is required to carry it out. A large portion

of human behaviour does manifest just such a routine quality. So much behaviour is outside voluntary control that people often experience difficulty carrying through on voluntary controlled actions. For example, the person who wants to stop smoking may find it extremely difficult to keep his or her intention, because it requires great willpower to overcome the habitual urge to smoke again. In general, whenever goals are especially important to a person, voluntary and strategic behaviour overrides automatic responses. (Showers & Cantor, 1985).

Action control begins only after a commitment to a goal has been made. According to Kuhl (1985), two questions then arise: 1) Is the task required to fulfil the intention sufficiently difficult to require effort? And 2) If it is so, does the individual have sufficient control over the situation that his or her efforts will be rewarded with goal attainment? If a person believes that he or she has no control over the outcomes of his or her actions, volition will not come into play and no effort will be expended. If the task is difficult and the person feels a sense of control over the outcomes of action, then the person may adopt an action orientation. Kuhl (1985) describes action orientation as a state of mind characterised by concentration on the various alternatives for action that the person has, preparatory to exercising one or more of them. The action-orientated person processes mainly goal-related information and tends to experience emotional and affective states that support goal-directed action. He or she often has a high level of control over emotions.

On the other hand, state-orientated people divert their attention away from their goals to certain features of the situation or to their own thoughts and feelings (Kuhl, 1985). For example, an individual who desires to stop drinking excessively may start concentrating on what he or she perceives as the reason for the alcohol abuse, such as financial problems or an unhappy marriage. Another example is a person who has trouble doing a difficult task and, instead of paying attention to what must be done, starts thinking about how stressful the situation is or how much disappointment he or she is experiencing. A state orientation is inimical to action and works against it and can be one of the difficulties that must be surmounted by effort.

Whether a person develops an action orientation or a state orientation depends on four factors. According to Kuhl (1985) an action orientation comes about when the person has a clear understanding of 1) the present state of events; 2) some future state of events that represents the

goal; 3) a discrepancy between the present and future states; and 4) alternative actions available to reduce the discrepancy. If any of these conditions is lacking, the person will adopt a state orientation. Furthermore, people alternate between action and state orientation in everyday behaviour. Personality also plays a role in determining a person's orientation. Some people tend to be action orientated most of the time, while others tend to be state orientated. Kuhl (1985) developed a self-report scale to assess the personal aspect of the two orientations. A few items from the scale are shown in Table 3-1 to illustrate how action and state orientations are operationally defined.

Table 3-1

Items from an Action Control Scale

When I know that something has to be done soon,

--- S --- I often think about how nice it would be if I were already finished with it.

--- A -- I just think about how I can finish it the fastest.

When I have to study for a test,

--- S --- I think a lot about where I should start.

--- A --- I don't think about it too much; I just start with what I think is most important.

When I have a hard time getting started on a difficult problem,

--- S --- the problem seems huge to me.

--- A --- I think about how I can get through the problem in a fairly pleasant way.

S = state-oriented response; A = action-oriented response

Source: Adapted from *Action Control: From Cognition to Behaviour*, edited by J. Kuhl and J. Beckmann, 1985, New York: Springer-Verlag

3.3 Volition enhancement and intention maintenance

The theory of dynamics of action discussed in Chapter 2 describes how motivation and motivated action can change over time, and in what way intentions to carry out activities can weaken and become supplanted by other behaviours. The adoption of a state orientation is yet another reason why goal attainment is often not achieved. In both scenarios the lack of sufficient volition in the motivational process is evident. How then can intention and commitment be protected and

willpower maintained until the desired change or goal has been obtained? It is proposed that the answer to this question lies in a goal-oriented motivational model comprising of various strategies that include self-control behaviour, cognitive-evaluation techniques (intrinsic motivation), enhancement of self-efficacy, development of problem-solving skills, development of epistemic motivation, the use of imagining and inhibition techniques, and mind-sets.

3.3.1 Self-efficacy

One of the most influential frameworks for integrating the concept of mastery and empowerment, is Albert Bandura's concept of self-efficacy (Bandura, 1997). Self-efficacy refers to the perception that one has the ability to execute particular behaviours that are necessary for mastering life challenges. The concept is based on a long tradition of research and theorising about the importance of people's expectations that they can cope successfully with difficult situations (Maddux, 1991). Feelings of self-efficacy come from information that a person receives in the context of relevant actions. In general, success in past performance of the activity being practised will produce feelings of ability to succeed in that activity, whereas recollections of past failures should produce feelings of relative inability (Bandura, 1982).

According to Bandura (1989), self-efficacy has an important influence on a person's cognitions, motivation and moods. On a cognitive level, self-efficacy inspires people to set meaningful goals because they have faith that they can reach them. People with feelings of self-efficacy perceive desirable outcomes in life as possibilities that can be achieved with planning, problem solving and acquisition of necessary skills. In terms of motivation, self-efficacy inspires persistence, perseverance, and patience. People with feelings of self-efficacy don't give up easily after failing. They seek alternative ways of reaching their goals. On a mood level, people with high self-efficacy are less prone to react to life challenges with anxiety and depression, because they have confidence in their coping skills.

People with high self-efficacy are aware of their strengths and limitations. They set realistic goals and they have reasonable expectations. Because they have faith in their coping skills, they do not avoid challenges that are difficult but that they know they can master. They also know how to

recognise unreasonable and unrealistic desires that, if rigidly pursued, are bound to result in disappointment (Bandura, 1982).

The basic process for teaching self-efficacy is to provide clients with experiences of success (Thompson, 1991). The first step in facilitating self-efficacy in clients is to identify the client's goals, in particular those goals that the clients want to attain through therapy. After identifying the client's goals, the therapist and client determine whether these goals are reachable. This is an important step because people often underestimate their capacity to achieve their goals. At the same time, clients must also learn to identify things and events in the world that are beyond their control and to cope with these.

In the next step, the therapist and client analyse what kinds of skills are necessary for coping with a particular problem. Clients who possess the necessary skills must first be aware of their abilities. If the clients do not have the necessary skills, the skills are practised through guided mastery. The client usually benefits best by mastering new skills in small steps and setting goals that can be assessed along the way. Along with mastering skills, clients can learn self-relaxing techniques to cope with the anxiety they are likely to experience in taking the risk of attempting new behaviours. While working with clients to increase their feelings of self-efficacy, the therapist actively involves the client in planning and decision-making, and they encourage clients to take responsibility as well as credit for their progress (Thompson, 1991).

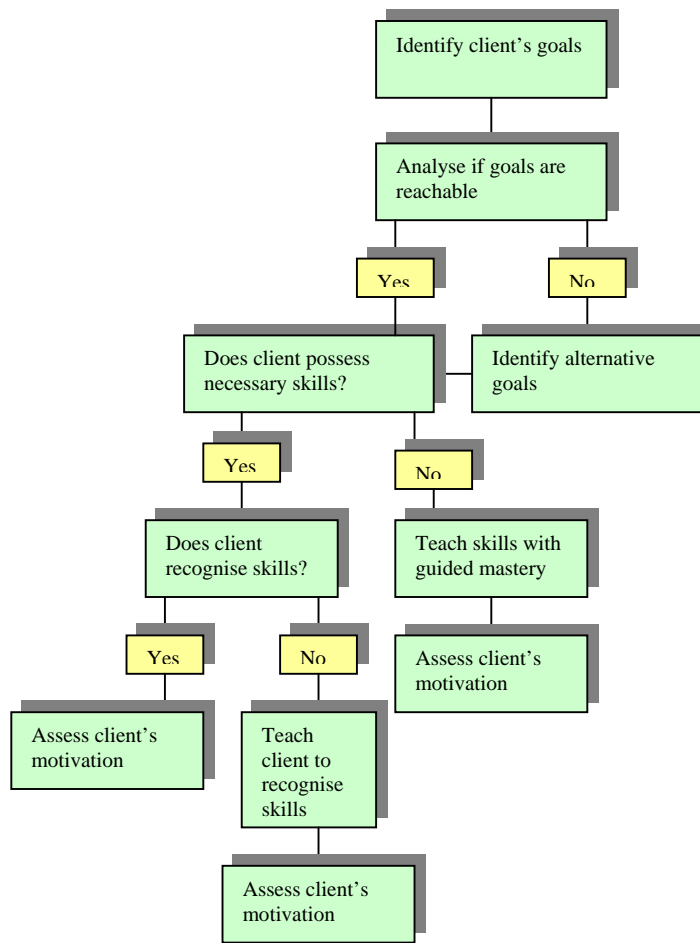


Figure 3-2 Steps in enhancing clients' self-efficacy.

Source: From S.C. Thompson. (1991). Intervening to enhance perceptions of control. In C.R. Snyder and D.R. Forsyth, *Handbook of social and clinical psychology* (pp. 607-623). New York: Pergamon.

Goldfried and Robbins (1982) suggested the following additional ways to enhance self-efficacy:

- 1) *Teach clients to take pleasure in small accomplishments.* Clients need to monitor their progress so that they can appreciate the improvements they are making. These improvements may not otherwise be apparent. Clients should be instructed about the pitfalls of judging their worth against the accomplishments of others. They need to take pride in their own progress and appreciate the fact that accomplishments are often small and obstructed by setbacks.

- 2) *Teach clients to take credit for their accomplishments.* A common goal of therapy is to encourage clients to attribute accomplishments to their own efforts rather than to external factors such as the therapist, other people, or luck.
- 3) *Teach clients to see self-efficacy as part of their identity.* Clients are taught to adopt coping as a life philosophy. They learn to look at their successful experiences in coping not as isolated events but as part of their personal identity.
- 4) *Teach clients to have realistic expectations.* Clients must learn to appreciate the distinction between acceptable coping responses and unpleasant moods and emotions that anyone experiences.

3.3.2 Self-control

People often do things that result in some immediate gratification, but which in the long run are not very beneficial. Engaging in such behaviours, those that result in some immediate gratification at the expense of long-term, greater benefits, can be termed *impulsiveness*. The converse, engaging in behaviours that result in delayed, but more reward, can be termed *self-control* (Logue, 1995). Much of human behaviour is impulsive. In fact, some psychologists are of the opinion that many clinical problems are impulsiveness problems. Many clients seek therapy because they keep performing a behaviour (such as yelling at their spouses) which may have some immediate rewards, but which is probably not the best strategy in the long run (Goldfried & Merbaum, 1973).

Impulsive behaviour is caused by human nature's tendency to discount, or value less, events (or goals) that are delayed as compared with events that are immediate (Logue, 1995).

Various methods can be implemented to increase self-control. Some of them are more directed at influencing the effect of outcome delay, some at influencing the effect of outcome size, and some at influencing the effect of response-outcome contingencies.

Outcome delay

Outcome delays appear to affect outcome value by discounting the physical value of an outcome. Impulsiveness occurs when delay discounts the physical value of a larger outcome to a degree that the perceived value of that outcome is less than that of a smaller, less delayed outcome. Anything that can be done to bring the larger outcome effectively closer in time relative to the smaller outcome should increase self-control. Making the perceived relative delays of the two alternatives appear more similar should result in greater choice of the larger outcome and vice versa (Logue, 1995).

Another way to change the perceived relative values of the delays to the self-control alternatives is to give subjects exposure to particular delays prior to giving them self-control choices. Prior exposure to delays seems to result in habituation to the frustration or aversiveness caused by delay. Such a view predicts that prior exposure to any length of delay should always result in at least some subsequent increased self-control (Logue, 1995). One particular kind of delay pre-exposure involves a fading procedure (see Figure 3-3), where subjects are first given a choice between equally delayed large and small outcomes. Then the delay to the small outcome is very gradually decreased until eventually the subject is choosing between a larger, more delayed outcome and a smaller, immediate outcome.

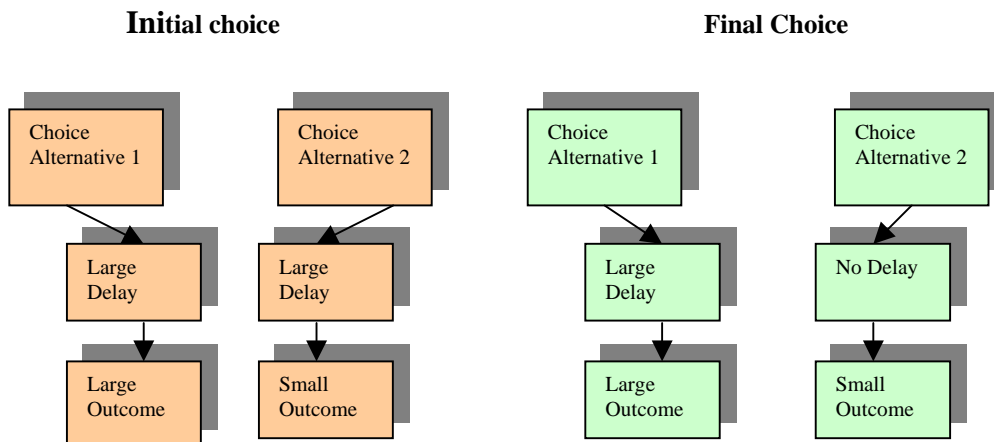


Figure 3-3: Diagram of the fading procedure used to increase self-control.

Source: From A.W. Logue (1995). *Self-control: Waiting until tomorrow for what you want today*. Englewood Cliffs, NJ: Prentice Hall.

One of the most commonly-used methods of increasing self-control through manipulations of outcome delays involves manipulations of the perceived speed of the passage of time. If time is perceived as passing very quickly, then the perceived delay to the outcome will be shorter, and self-control should increase (Logue, 1995).

Outcome size

Manipulations that change the perceived relative sizes of the outcomes can affect self-control. One such technique is to increase the awareness of the larger, more delayed outcome. This can be done by teaching people to think about self-control situations in terms of cost-benefit rules. According to this method, people are taught to analyse a choice situation in terms of all the possible costs and benefits associated with each possible choice, including what opportunities may be lost through making a particular choice. They are also taught to weigh carefully the relative net value of each outcome before making a decision. Instruction regarding this type of decision-making does appear to increase choices of the alternative that provides the most benefit in the long term (Larrick, Morgan & Nisbett, 1990).

The relative size of an outcome can be manipulated by changing the volume of the outcome, the amount of time access to the outcome, or the quality of the outcome. These manipulations can be physical or can be done through thoughts and emotions. In general, a positive mood increases self-control, possibly because such emotions generally increase the perceived speed of the passage of time. Such emotions may also generally influence the perceived relative size outcomes (Logue, 1995).

Another way of helping people to increase self-control through increasing their awareness of the larger, more delayed outcome is the modelling of self-control. Watching someone else make a self-control choice and benefiting by that choice can help to emphasise the presence and availability of the larger, more delayed outcome. Modelling may also make the perceived time to the more delayed outcome seem shorter (LaVoie, Anderson, Frazee & Johnson, 1981). A final way to increase the relative size of the self-control outcome in a self-control choice paradigm is to combine that outcome with another positive or negative outcome, thus increasing or decreasing

the respective net value of the self-control alternative. This can be done, for example, through self-reward or self-punishment (Logue, 1995).

Outcome contingencies

Someone can be aware that various outcomes exist which have specific delays and sizes, but be unaware of what responses will or will not result in those outcomes. The relationships between responses and outcomes are called *outcome contingencies*. Certain response contingencies and the perceived presence of those contingencies can be used to increase self-control. One such type of contingency is pre-commitment. In this situation, prior to having to make a choice between a self-control outcome and an impulse outcome, an individual can make a response that will prevent him or her from subsequently making impulsive response. This prior response is the pre-commitment response. In contrast, not making the pre-commitment response results in the presentation of the usual self-control choice (Logue, 1995).

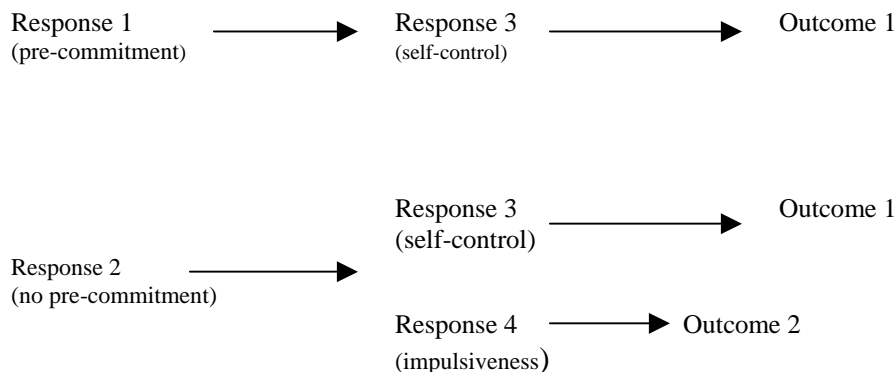


Figure 3-4. Diagram of pre-commitment (Response 1) and no pre-commitment (Response 2) choice alternatives.

Source: From A.W. Logue (1995). *Self-control: Waiting until tomorrow for what you want today.* Englewood Cliffs, NJ: Prentice Hall.

An example of pre-commitment is the habitual use of the alarm clock. In the morning someone has a choice between the larger, more delayed outcome of getting to work on time and the smaller, less delayed outcome of some extra sleep. The night before, the person will pre-commit to making the self-control response the next morning by setting an alarm clock. When the alarm

rings the next morning, it will essentially remove the response of continued sleep, and will make the only possible response, that of getting to work on time.

In addition to having available certain responses that can affect self-control, being aware of what outcomes the different responses lead to, can also affect self-control. For example, experience in the self-control situation. People gain experience with the consequences for the choices in a self-control paradigm by making the responses and receiving the consequences, or by learning about the consequences through watching or speaking with other people who are either involved in a similar choice or who have some knowledge of such a choice (Kendall, 1982). Monitoring, or keeping careful track of one's own responses and the ensuing consequences is another example. Monitoring may assist in the recognition and memory of behavioural consequences, and thus assist self-control (Mischel, 1990). Individual's self-statements also appear to influence their perception of the response-outcome contingencies. Self-statements may increase self-control through providing stimuli that are associated with the response-outcome contingency, thus reminding the individual of that contingency (Logue, 1995).

3.3.3 Intrinsic motivation and environmental events

Deci and Ryan (1985) formulated a general cognitive evaluation theory to describe the effects of certain environmental events on motivation. The environmental events in question are anything that causes people to begin and sustain activity, such as rewards, direct orders, self-administered commands, surveillance and threats. The theory postulates that if such events promote the belief that the person is in control of the outcomes and also foster a sense of competence, intrinsic motivation for the activity will be increased. If, on the other hand, these events promote the person's beliefs that he or she is incompetent and not in control, intrinsic motivation will be weakened. Thus the key to whether or not an event decreases interest in a task lies not in the character of the event, but in the information that it conveys. If the information raises the recipient's sense of competence, it will engender more intrinsic motivation. If the event has a controlling function, interest will be weakened, whereas if it has an informational function, it will be strengthened. Other environmental events that diminish intrinsic motivation are surveillance,

competition, and deadlines for performance. In each of these cases, someone sets conditions and makes demands on the person, thereby controlling the person's actions to some extent.

3.3.4 Epistemic motivation

Epistemic motivation is defined as the motive to seek and obtain information or knowledge (Kruglanski, 1989). The search for information serves as the more basic need to be able to predict and control our surroundings. In the past, epistemic motivation has been described by such names as need for certainty, need for cognitive consistency, need for structure, and intolerance to ambiguity. All of these constructs refer to a need that people have to understand their environments through cognitive organisation and structuring, and all are indirectly linked to the larger and more inclusive need for control. Epistemic motivation rests on the premise that people are limited in their capacity to process stimuli that emanate from a complex environment. An overload of information reduces the person's personal control over events.

Kruglanski (1989) asserts that at some times, such as when they work under pressure, people experience a need to come up with definite answers, in order to avoid ambiguity and confusion, and to resist information that can interfere with the task at hand. It is also called a need for closure. To a person in this frame of mind, once a feasible solution to the problem has been found, he or she becomes close-minded and resistant to all further information. At the same time, however, the person experiences a countervailing need to avoid making errors. The fear of making errors tends to make people open-minded and ready to process any information that helps them avoid errors. Actual behaviour is a trade-off between these two antagonistic motives and is largely determined by the nature of the situation. Need for closure is the dominant motive in problem-solving situations when time pressures are great and fear of failure is weak. The tendency to simplify the environment is a function of a high need for closure and relatively low fear of failure.

3.3.5 Problem-solving

Clinical practice in problem-solving continues to be strongly influenced by the original work of D’Zurilla and Goldfried (D’Zurilla, 1986), who identified what continues to be the core process of an effective problem-solving model. Their model is based on cognitive-behavioural skills that enable individuals to identify effective ways of coping with problems of everyday living. It is suggested that if clients possess and implement these skills in their quest for change, the process of motivational effort will be enhanced.

Most of the literature (Bedell & Lennox, 1997) indicates that a problem exists when a person wants something and does not know how to get it. A problem, then, may be conceptualised as an unmet want, the way to fulfil it yet to be determined. This broad definition enables the concept to encompass problems that are specific or general, positive or negative, and major or minor in importance or scope.

Problem-solving is a process that can help a person find out both what he or she wants and how to obtain it in the most effective way. Problem-solving is distinguished (although intertwined) from the broader motivational process to the extent that problem-solving skills, in the context of the motivational model, focus primarily on effective strategies assisting in personal and interpersonal difficulties (Bedell & Lennox, 1997). Alternatively, effective problem-solving skills strengthen self-efficacy expectations and enhance interpersonal relationships.

Bedell & Lennox (1997) developed “Seven Guiding Principles of Problem-Solving” to help clients establish a practical philosophy of problem-solving. The seven principles are:

1) *Problems are natural.*

It is important to accept problems as a natural part of life. Accepting problems helps people to be more open and less defensive about them. Problems that are seen by clients as “bad” are not freely discussed, and feelings of anxiety, guilt, and shame will hamper effective problem-solving.

2) *Think before jumping to a solution.*

Frequently, once an individual recognises that a problem exists, he or she will act on the first solution that comes to mind. Clients are encouraged to do some thinking about the problem before attempting a solution.

3) *Most problems can be solved.*

People sometimes assume that they are helpless to solve the problems that arise. This is self-defeating behaviour since problem-solving can only be effective if one engages in the process. While it is unreasonable to expect all wants to be fulfilled completely, there is usually a way to have wants at least partially fulfilled.

4) *Take responsibility for problems.*

A person can only solve those aspects of a problem for which he or she is able to take responsibility. Taking responsibility does not mean blaming or criticising oneself and engendering guilt. Rather, it emphasises the importance of recognising both the person's contribution to life events and reactions experienced, and that we are capable agents of change.

5) *State what you can do, not what you can't do.*

This principle applies in particular to interpersonal conflict. Having a goal, or a positive alternative, provides direction and incentive, while merely avoiding areas of conflict leads to inhibition and stagnation. For example, if someone argues with another family member, he or she might decide to solve the problem by "not arguing anymore" or not talking about certain topics. Such an approach may lead to a lot of uncomfortable and unnecessary silence in a relationship as the two participants seek to avoid various topics. A more adaptive solution to the problem of how to deal with differences of opinion is to specify a substitute positive behaviour for arguing in which the family members could engage. This could be a 10-minute relaxation break at the first sign of increasing voice volume, then to return and talk about the issue calmly with each member making at least one empathic statement.

6) *Behaviour must be legal and socially acceptable.*

When trying to solve problems, individuals often extend themselves in new ways and behaviours that push the limits of what is legal and socially acceptable. To stand up for one's rights in a legal and socially-acceptable way would prove to be more adaptive in the long run.

7) *Solutions must be within our power and ability.*

People sometimes try to solve problems that are beyond their ability and power. Such solutions are obviously doomed to failure. People can only control their own behaviour and attempt to control the behaviour of others. Once this principle is accepted, frustration is reduced as individuals learn to appropriately define problems and establish realistic expectations about changing the behaviour of others. This principle also applies to the individual's own personal problem, solutions to which must be within his or her own capacity to execute.

The guiding principles can also be used as standards for evaluating various parts of the problem-solving process. The problem-solving process shows similarities to the goal-setting process and will be discussed just briefly. According to Bedell & Lennox (1997), there are seven steps in the entire problem-solving process:

- 1) Problem recognition.
- 2) Problem definition.
- 3) Generation of alternative solutions.
- 4) Evaluation of alternative solutions.
- 5) Making a decision.
- 6) Implementation of the solution.
- 7) Verification of the solution's effect.

Problem recognition is the process of identifying the problem, preferably when it is of manageable proportions. Problem definition is the process of defining the problem in a solvable form. Once the problem has been defined, the next step is to generate a number of alternative solutions. Because the first solution considered is not always the best, it is important to think of a number of potential ways to solve the problem. In the next step, evaluation of alternative

solutions, each possible solution is evaluated for its appropriateness and potential effectiveness in satisfying the unmet want that is the basis of the problem. This evaluation results in making a decision to implement one or more of the alternatives. In the final steps of problem-solving the alternative selected is implemented, then evaluated to determine its effectiveness.

An aspect related to problem-solving is coping. Coping processes refer to both how an individual appraises or evaluates a situation (e.g., is it threatening?) and the efforts he or she uses to manage the associated effect or to solve the problem (Kliewer, 1997). Emotions are not only evoked by appraisals of what a situation may do to a person, but also by the appraisal of what the person can do to change the situation. Lazarus and Folkman (1984) define coping as constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. It refers to efforts to master conditions of harm, threat or challenge, and thus to situations in which routine or automatic response is not readily available.

Two appraisals precede the process of coping with a situation (Lazarus & Folkman, 1984). The primary appraisal leads to the judgement of whether the situation is harmful, benign or irrelevant to the person. If it is either benign or irrelevant, and therefore harmless, a cognitive representation of the situation is formed in these terms. The emotional state of the person will be relaxed, free of worry, or even joyful. The secondary appraisal is the person's review of his or her resources for coping with the situation. Out of this secondary appraisal emerges a coping strategy, which is the selection of one or more methods of dealing with the situation.

Lazarus and Folkman (1984) distinguish two major functions of coping. Problem-focused coping refers to actions aimed at controlling the problematic situation, locating the course of the problem, and changing these or removing them. Problem-focused coping therefore reflects a tendency to use a rational approach to the problems of life. The emotion-focused form of coping regulates the emotions that arise because of the problematic situation (Last & van Veldhuizen, 1992). Research has shown (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986) that in situations thought to be changeable, people used more problem-focused means, while problem-

focused coping also appears to be more effective in reducing stress than do emotion-focused coping methods.

Roth & Cohen (1986) assert that in the early stages of a traumatic event, emotion-focused coping may hold down the level of stress for a period so that the person can survive. During this time, information can be assimilated and more effective long-range strategies devised. It also provides hope and a feeling of mastery over the situation until other arrangements can be made. When the initial trauma or event has subsided and been managed by these means, more problem-focussed approaches can be made.

3.3.6 Imagining and Inhibition

Imagining is yet another cognitive strategy to protect a person's intention to work for a certain goal. By "playing through" to a goal, the person constructs a script of imagined events and actions. Forming mental images of goals and goal-related acts has been shown to facilitate goal attainment (Showers & Cantor, 1985). A variation of the imagining strategy involves inhibiting the mental images of chosen and alternative goals. For example, Mischel and his associates (Mischel & Mischel, 1983) have shown that children are better able to wait for delayed but preferred rewards if they control their thoughts about more immediate but less desirable rewards.

3.3.7 Mind-sets

Heckhausen and Gollwitzer (1987) asserted that an individual goes through a series of stages of cognitive activity that function parallel to the four stages of action discussed in section 3.2. These cognitive stages represent a series of mind-sets adopted by the person to facilitate the activity going on at each particular stage. In this way, mind-sets work in harmony with motivation and action.

The pre-decisional stage is matched by the deliberate stage of mind-set, during which the person is particularly sensitive and open to any information that can help in decision-making. Information on the probability of attaining goals, on goal values, and on personal ability is of

great importance to the person who is trying to decide what to do. The person is impartial and objective in weighing information at this stage because impartiality is adaptive.

After a decision to act has been made, but before the decision has been implemented (i.e., during the pre-actional stage of motivation), the person is in an implemental mind-set. During this phase, the person's attention shifts away from gathering information and fixes upon ways and means of striving for the chosen goal. The person now becomes close-minded and sensitive only to information that promotes goal-related striving. It is during this stage that cognitive activity is addressed to protecting the intention to act. This state of close-mindedness is maintained throughout the actional stage of motivation, which is what the corresponding stage of mind-set is also called. The person resists processing information that could lead to rethinking his or her decision or strategy that has been adopted. The person also tries not to think about the self during this period, thereby avoiding the adoption of a state orientation. Attention is directed toward cues, both in the person and the environment, that guide goal-directed activity.

The evaluative stage of mind-sets follows when the action has stopped, either because the goal or some other outcome has been reached (paralleling the post-actional stage in motivation). The person again becomes open-minded and sensitive to information in the hope that he or she can evaluate the outcome.

3.4 Summary

Chapter 3 investigated the motivational process in more depth by focussing on the concept of volition. Kuhl's (1985) model of action control explains how individuals translate incentives, intentions and commitment into actions and the development of an action orientation or state orientation. The chapter concluded with strategies to enhance volition and protect intention, which forms part of the core element in the current study.

CHAPTER 4

RESEARCH DESIGN

4.1 Introduction

Motivation through pursuit of goals has been the subject of extensive research. Evidence from numerous laboratory and field studies involving heterogeneous task domains have shown that enhancement of motivation by explicit challenging goals is a remarkably robust effect, replicated across heterogeneous activity domains, settings, populations, social levels and time spans (Bandura, 1990; Mento, Steel & Karren, 1987).

According to Lloyd (1983) goal setting also serves an important purpose in psychotherapy. Goals emphasise to the client and therapist that what they are doing is worthwhile and deserving of their best efforts. Alfred Adler felt that the therapeutic relationship was a collaborative effort between therapists and clients in which clients took responsibility to work toward agreed-upon goals.

In therapy, one important function of goal setting is to assure clients that the therapist understands why the client has come to therapy and understands what the client hopes to achieve. Another is that goals provide direction for therapy. If the therapist and the client are to embark on a journey together, they need a destination.

The application of goal-setting and the goal-setting process to a therapeutic environment has the additional benefit that it provides structure and some measurable mechanisms to the therapeutic process. However, it is important to note that the two processes (the goal-setting process and the therapeutic process) are in a symbiotic relationship. They each function on a parallel level with the other, but are also intertwined and integrated. Goal setting provides the impetus and motivation to maintain the therapeutic process until the desired change or outcome has been attained. If goals are a motivational mechanism to the therapeutic process, then any measures to strengthen the goal-setting process will in effect also strengthen motivation for the therapeutic

process. Therefore, incorporated into the goal-setting model that will be applied in the study, are strategies that will enhance the goal-setting process. These strategies were selected based on their relatedness to motivation and goal setting, but also on the empirical results obtained from research in fields of their application.

The analysis of goal-setting, as well as the goal-setting process and enhancing strategies, have provided the background wherein the most important aspects surrounding goal setting, as a motivational mechanism in therapy, could be contextualized. The theoretical framework was formed primarily from four areas in Psychology:

- Literature on motivation theories.
- Literature on contemporary goal-setting-oriented theories of motivation.
- Literature on the interventative strategies used in managing goal setting.
- The cognitive-behavioural approach to therapy.

In this chapter an outline of the empirical design will be given. The aims of the research, methods used, and the procedures followed will be discussed.

4.2 Aims of the research

The research study will investigate the effectiveness and practical application of goal setting, as a motivational mechanism, in a therapeutic setting. Strategies to enhance the goal-setting process will be implemented to help individuals to maintain their motivation for effective behavioural change and maintenance of their newly-acquired behaviour. These strategies are self-control techniques, problem-solving skills, self-efficacy enhancement techniques, enhancing of intrinsic and epistemic motivation, imagining and inhibition, and mind-sets.

4.3 Hypotheses

- 4.3.1 The application of goal setting and the goal-setting process in a therapeutic setting will increase client motivation to obtain the desired outcome for therapy.
- 4.3.2 The implementation of enhancing strategies will assist the process of goal setting, and by implication also clients' motivated action, in a therapeutic situation.

4.4 Methodology

The research would undertake an in-depth exploration of how goal setting can assist individuals who report for counselling or therapy, to develop, increase or maintain their levels of motivation so that they eventually achieve effective cognitive-behaviour modification. The method of research will be a qualitative investigation, using a case study strategy of inquiry. This method is used because it provides a unique strength to delve in depth into complexities and processes and to understand human actions through the meaning that individuals attribute to their thoughts, feelings, beliefs, values and assumptive worlds (Marshall & Rossman, 1999), and to obtain more specific data from the case study analysis with a smaller number of participants (Yin, 1994).

The rationale for using this method, the participants involved, material used, settings and procedure will now be discussed.

4.4.1 Qualitative research

Qualitative research is interdisciplinary, multi-method and multi-paradigmatic in focus, involving an interpretive, naturalistic approach to its subject matter (Denzin & Lincoln, 1994). In qualitative research the researcher attempts to understand people from their own frames of reference and their experience of reality. Concepts, insights and understandings are developed patterns in the collected data, while the participant's thoughts, feelings and behaviours are examined along a developmental continuum (Taylor & Bogdan, 1998). According to Bryman (1988), qualitative research is conducted in a relatively unstructured manner, where the research process does not excessively rely on prior research or theory

4.4.2 The case study

The strategy of inquiry most suited to the research question is the case study. The most common example of such designs is a therapist monitoring a client's response to therapy (Dane, 1990). Case studies can be used to develop research hypothesis to be examined in later studies. Hypothesis generation is probably the most common purpose of case studies. The case study as a research strategy comprises an all-encompassing method – with the logic of design incorporating specific approaches to data collection and to data analysis. In this sense, the case study is not either a data collection tactic or merely a design feature alone, but a comprehensive research strategy (Yin, 1994).

Stake (1994) makes a distinction between three types of case studies, namely the intrinsic case study, the instrumental case study and the collective case study. The instrumental case study will be most suited to the research question in that it is used to provide insight into a particular issue or to clarify a hypothesis. The actual case is secondary – its aim is to develop our understanding and knowledge of something else. The choice of case is made because it is expected to advance our understanding of that other interest. In the proposed study the research question seeks to explore and understand the relationship between goal setting, as a motivational technique, and successful therapy outcomes

4.4.3 Setting

The study will be conducted at the Centre for Child and Adult Guidance, University of Pretoria. The Centre is a university institution and provides counselling and assessment services to private clients.

4.4.4 Selection of participants

A selection of two participants will be made in accordance with typical case sampling. In keeping with a case study process, an intensive study of the cases will ensure a complete description and thorough understanding of the research topic.

The two participants of the case studies below were randomly selected out of six individuals who reported for therapy at the Centre for Child and Adult Guidance, at a particular time.

Case study A: Case study A is a 16-year old boy in his final year of school. He lives with his mother, who is a single parent, and his sister of 10 years. His mother has a senior managerial position in a big company. His father died when he was nine years old. He attends an exclusive private school in Pretoria. A's mother contacted the Centre to seek help with his changing attitude towards school, loss of track and direction in life, and what she believes is too much pressure and stress being experienced by him.

Case study B: Case study B is a 24-year old male student in his third year of BSc studies. He lives with other students in a commune in close proximity to the university where he studies. His parents are separated, but still have regular contact. His mother and his youngest sister live in South Africa, while his father, older sister and younger brother all live abroad. B approached the Centre to seek help with feelings of anxiety and regular panic attacks.

4.4.5 Information-gathering methods

Data will be collected using qualitative and case study techniques. Information will be obtained by means of process notes, unstructured and semi-structured interviews, direct observation and participant-observation (Yin, 1994). With an unstructured format of interviews, Rubin & Rubin (1995) mention that the interviewer adapts, develops and generates questions as the interview progresses. In semi-structured interviews, more specific information is obtained by asking specific questions. According to this method, the interviewer will introduce a specific topic and then guides the discussion by way of questions asked. The interviews will initially be

unstructured. Semi-structured questions will be introduced towards the end of the interviews if additional information is needed. The purpose of the interviews will be to describe the intention and progress towards a desired outcome. The participants will be encouraged to interpret as precisely as possible their feelings and behaviour regarding the issues being discussed.

4.4.6 Analysis of information

Data will be analysed using the general analytical technique of relying on theoretical propositions. According to Yin (1994) this is the first and preferred strategy in case study data analysis. The original objectives and design of the two case studies will be based on such propositions, which in turn will reflect the research question, review of the literature and guiding the case study analysis. Theoretical propositions about causal relations - answers to “how” and “why” questions - are very useful in guiding case study analysis. The proposition helps to focus attention on certain data and to ignore other data.

As an underlying analytical technique, the program-logic model will be used. This strategy is a combination of pattern-matching and time-series analysis. The pattern being matched is the key cause-effect pattern between independent and dependent variables. However, the analysis deliberately stipulates a complex chain of events (pattern) over time (time series), covering these independent and dependent variables. This strategy is useful for explanatory and exploratory case studies (Yin, 1994), and will be well suited to the proposed research study. When analysing the data the researcher will look for increased motivation levels over the levels prior to the introduction and application of goal-setting principles, and how goal setting impacts upon the participant’s goal-attainment behaviour.

4.4.7 Trustworthiness and validity

The participants will be asked to comment on the researcher’s interpretations after completion of the interviews in order to obtain interpretative validity. Descriptive validity will be obtained by asking the participants to examine the accuracy of the information.

To assure reliability, all steps will be made as operational as possible so that the procedure can be easily replicated.

4.4.8 Ethical implications

The researcher will adhere to the five general principles for psychologist's work-related conduct, stipulated by the American Psychological Association's Ethics Code. These principles are summarised by Struwig & Stead (2001):

- The researcher will be honest, fair and respectful towards others. No attempt will be made to mislead or deceive others or the research participants.
- The researcher will accept the rights and dignity of others. This includes respecting privacy, confidentiality and autonomy of the research participants. The researcher will be mindful of any cultural or individual differences such as age, gender, race, ethnicity, religion, language, and socio-economic status.
- The welfare of others will be a major concern to the researcher. The researcher will seek to avoid or minimise any harm to the participants. The project will be carefully monitored to assure that participants are not adversely affected by it.
- The researcher will accept full responsibility for his research and actions.

The researcher will ensure that the participants voluntarily agree to take part in the research. An informed consent form will be drawn up that needs to be signed by participants, or the participant's guardian where applicable. Participants will be informed that they may withdraw from the research at any point in the research process. They will also be assured that there will be no negative consequences should they not wish to participate (Struwig & Stead, 2001).

Confidentiality of the participants will be respected at all times. No names will appear in the research or be mentioned in any form. Confidential information will not be made available to other parties without the participants' consent, while all confidential information will be stored in a locked cabinet. However, it will be explained to participants that some of the information that they share may be discussed and read by other people (Struwig & Stead, 2001).

Participants will not be deceived or misled. The nature of the research project will be clearly explained to the participants (Struwig & Stead, 2001). The nature of the research is such that the researcher will conduct counselling and be present during all sessions. He will make himself available should any of the participants wish to discuss any aspect of the research project.

4.5 Research method

The researcher will apply goal-setting principles, based on goal-oriented theories, during and as part of therapeutic intervention. Two subjects will be identified and selected, based on typical case sampling. The research will be divided into 4 to 8 sessions with each individual case conducted separately and confidentially. Due to the characteristics of the goal-setting process, various stages are evident that will proceed on a time continuum. Total collaboration and participation between the researcher and subjects will be assured. Data collection will be in the form of therapy process notes, interviews, direct observation and participant-observation. A case study database will be created in the form of case study notes, case study documents or narratives.

Figure 4-1, on the next page, illustrates the goal- setting process in summary format. The model will be used as a theoretical basis to understand the processes involved and subsequently in the application of strategies that will be introduced to enhance motivation and volition in the two case studies in Chapter 5.

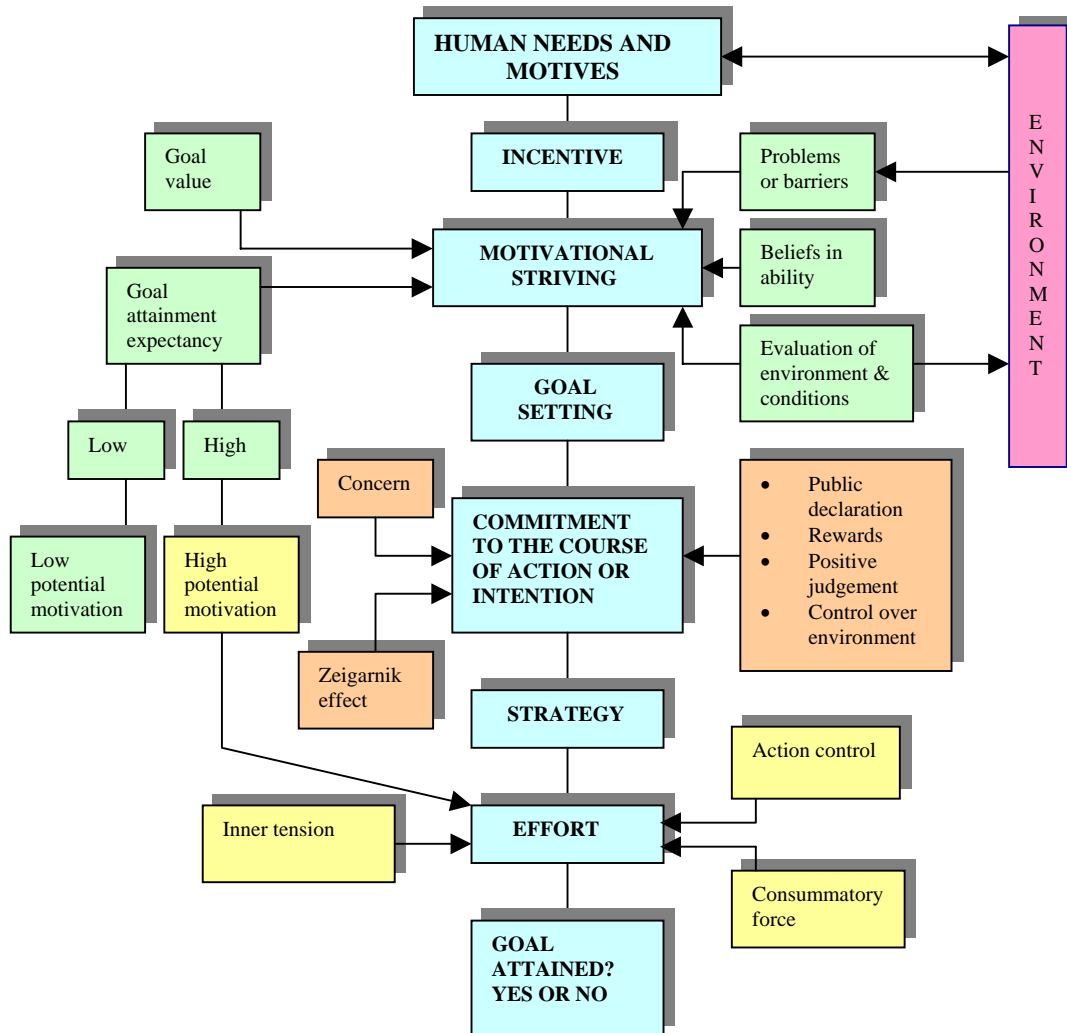


Figure 4-1. Summary of the motivational process. Compiled by the researcher.

For therapists to understand why clients come to therapy and what they hope to change and achieve through therapy, as well as to be able to identify goals and help clients achieve them, it is of significant importance that the therapists are acquainted and well-versed in the processes involved in motivation and goal attainment. Only by understanding these processes and the

various factors that influence them, can therapists afford clients the opportunity to achieve their potential and an optimal level of functioning.

As a first step then, the therapist should familiarise him or herself with the process and various aspects of goal setting to enable him or her to understand the stages, moderators, influences and variables that contribute or deter goal attainment, and by definition behavioural change. This theoretical basis is especially necessary to ascertain which factors influence which aspect or stage in the process so that the strategies to enhance the process can be introduced correctly and timely.

It is preferable that goal setting and the goal-setting process be introduced from the beginning of therapy. This will be the case with the two case studies in the study. As previously mentioned, the goal-setting process and the therapeutic process are in a symbiotic relationship, progressing on parallel levels, but they are also intertwined. Planning of the therapeutic sessions will be in accordance with the process and stages of goal setting. A schematic illustration will be given at each stage to explain the processes at that particular level. The enhancing strategies that can be implemented at each stage will be indicated separately.

Session 1

As we have seen, human needs and motives arise when an interaction between the person and his or her environment takes place and a condition is produced that requires change or adjustment. In the therapeutic context, this is the main reason why clients present for therapy and represents the background to the problem. Exploration of this interaction or background is important so that a good understanding can be obtained in terms of, for example, where and how the problem originated, what effects it has on the client and people close to him, what he or she wants to change and how, where and for what reason the client's motives and needs must be translated into an incentive.

After establishing the needs, motives and incentive of the client, it is important that the therapist explains the purpose of goals to the client. Cormier and Cormier (1991) also emphasise this as an important step to reinforce the collaborative relationship between therapist and client and ensures

that the client and therapist have compatible expectations. It also gives structure to the goal-setting process. Constructs and strategies that can be applied and implemented at this early stage include intrinsic motivation (cognitive evaluation theory) and epistemic motivation. Both can enhance the client's sense of control over his or her situation and environment.

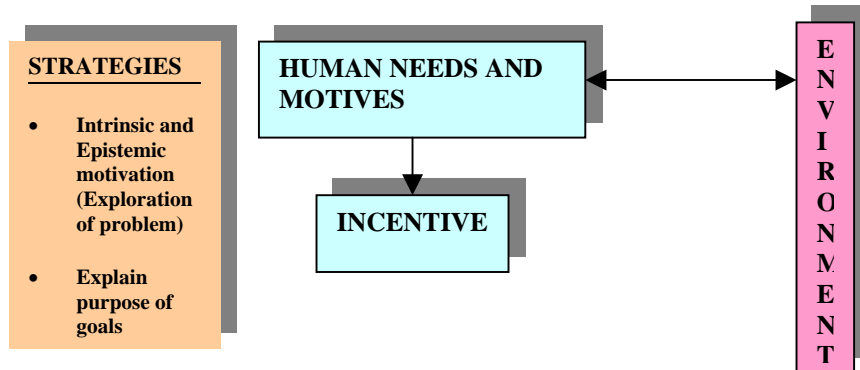


Figure 4-2. Summary of the goal-setting process and strategies in session 1. Compiled by the researcher.

Session 2

Session 2 will focus on motivational striving and goal setting as such. Motivational striving is influenced by various factors that need to be determined and evaluated by the therapist. These include the evaluation of the client's environment and conditions such as social and environmental support, the client's skills and beliefs in his or her ability to engineer the desired change and any problems or barriers that may exist in preventing the client from entering the process of achieving his or her goal. These evaluations represent an extension of the previous phase. The therapist and the client make an appraisal of the client's goal attainment expectancy and determine the goal's value. It is also important to determine the client's potential motivation. Enhancement strategies can be implemented if it is found that conditions or the client's beliefs would deter or prevent him or her from proceeding to the next stage of goal setting. Strategies that can be used are self-efficacy enhancement to alter beliefs in own ability or problem-solving and coping skills for finding solutions to initial problems or barriers.

The above correlates with another aspect of a therapist's role: that of facilitator of hope since a major goal of psychotherapy is to help clients overcome their feelings of demoralisation and gain a sense of hope. Snyder and his colleagues have identified two important components of hope (Snyder, Irving & Anderson, 1991). The first ingredient of hope is a sense of empowerment, energy, and determination to reach one's goals. The second ingredient is a sense of confidence in one's skills and ability to find a suitable pathway for reaching the desired goals.

This goal-setting stage involves various steps to be followed. The first step in identifying goals is to make the distinction between *choices* and *change* (Dixon & Glover, 1984). Some goals require that clients make choices, while other goals necessitate activated change. Furthermore, clients are typically vague about their goals in therapy. This can be due to the fact that many clients may not be able to articulate their specific problems and therefore they cannot define their goals. Clients may also have difficulty specifying goals because goal setting is a skill that many people have not acquired.

Another important step in identifying goals is to be concrete and operational. Clients should be asked to be specific about particular behaviours and thoughts that would change if their goals were accomplished. For example, if a client presents a goal that is difficult to define, such as "I want to be more social," or "I want to feel less depressed," it is necessary to ask them to state specifically how he or she would be doing things differently if this were to happen.

In addition, the therapist should determine whether the goal is owned by the client, and is realistic, and should look at the goal's advantages and disadvantages, and determine if there is goal conflict and ambivalence. The question should be asked if the client really wants to change, or does the client believe other people or circumstances are the cause of his or her problem? In other words, is the client in therapy for himself or herself or for someone else? Although goals can be challenging, they should be realistic. It is the therapist's responsibility to explore with clients whether their goals are feasible. In terms of goal advantages and disadvantages, a cost and benefit analysis can be done to look at the immediate advantages, long-term advantages, immediate disadvantages and long-term disadvantages. This will help clients to take risks and expend the effort necessary to reach their goals. Striving to reach incompatible goals leads to goal

conflict that can cause the person to be less than certain in his or her acceptance or rejection of any goal. Emmons and King (1988) have shown that goal conflict and ambivalence are associated with tendencies toward neuroticism, depression, negative affect, and psychosomatic problems.

Cormier and Cormier (1991) outlined the following additional steps for clients and therapists to follow in defining and operationalising goals:

- 1) *Define overt and covert behaviours with the goal.* Therapists should focus on what clients want to do rather than on what they want to stop doing.
- 2) *Define the conditions and context of the goal.* Clients are asked to specify where, when, and with whom they would like to implement their goals.
- 3) *Define the level of desired change.* The therapist and client agree on a level of change the client can realistically achieve. Clients experience a greater sense of collaboration if they can decide *how much, how often, and how quickly* they would like to implement their goals.
- 4) *Identify sub-goals.* It is generally easier to reach a final goal by identifying sub-goals to accomplish on the way.
- 5) *Review progress.* Therapists and clients need a method of tracking their progress. Apart from the client taking pleasure in his or her accomplishments, it provides therapists and clients with the opportunity to identify obstacles and setbacks so that they can come up with suitable strategies.

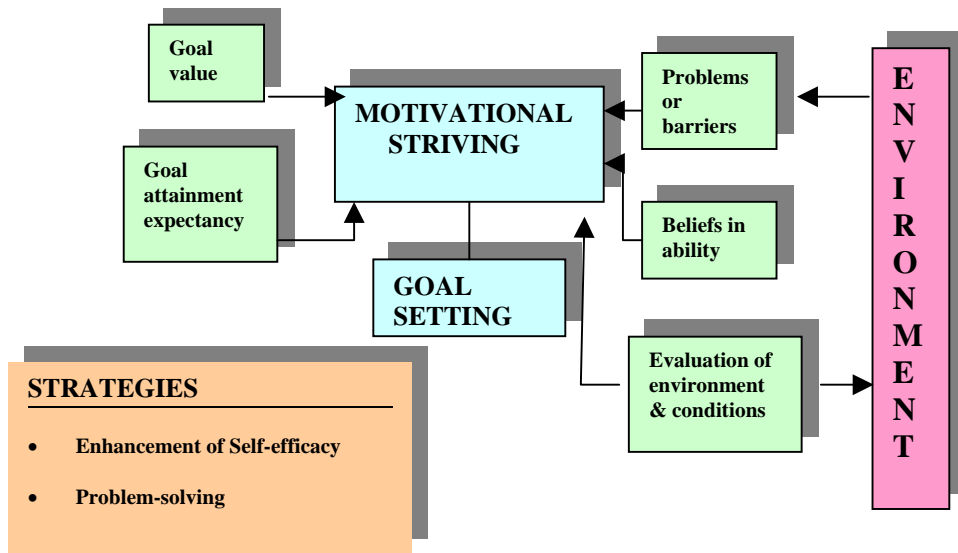


Figure 4-3. Summary of the goal-setting process and strategies in session 2. Compiled by the researcher.

Session 3

After a goal or sub-goals have been selected, it is of critical importance to obtain commitment to the course of action from the client. Commitment is directly linked to effort and persistence (Geen, 1995), and the intention to strive for goal attainment should continuously be protected. To start with, clients should be encouraged to make their goal choice known to family and friends. This public announcement would place pressure on the person to produce results and avoid embarrassment. Secondly, the goal's value should be made as attractive as possible and its reward aspect emphasised. This would have a positive effect on the *implemental mind-set stage* where the person becomes close-minded and sensitive to information that promotes goal attainment striving. Clients can be asked to concentrate on thoughts about how they achieve their goals, or how their lives would be different once they attain their goals (e.g. mind-sets strategy).

Thirdly, commitment to goals is also affected in large part by judgements of personal ability. The sense of one's ability to attain a goal not only influences the choice of goals that one makes, but also helps determine the amount of effort that will be expended. Self-efficacy enhancement has been proven to be the best strategy that can be implemented to strengthen a positive judgement of

ability (Bandura, 1986). Fourthly, the client's perceived control over the environment is of particular importance (Geen, 1995). Strategies to foster a sense of control over the environment are intrinsic and epistemic motivation enhancement, and problem-solving skills.

In addition, at this stage it is important to take cognisance of auxiliary processes, such as the *Zeigarnik effect* (the finding that memory for tasks that have not yet been completed is better than memory for finished tasks), and the presence of a current concern or inner state of tension in respect of goals not yet attained.

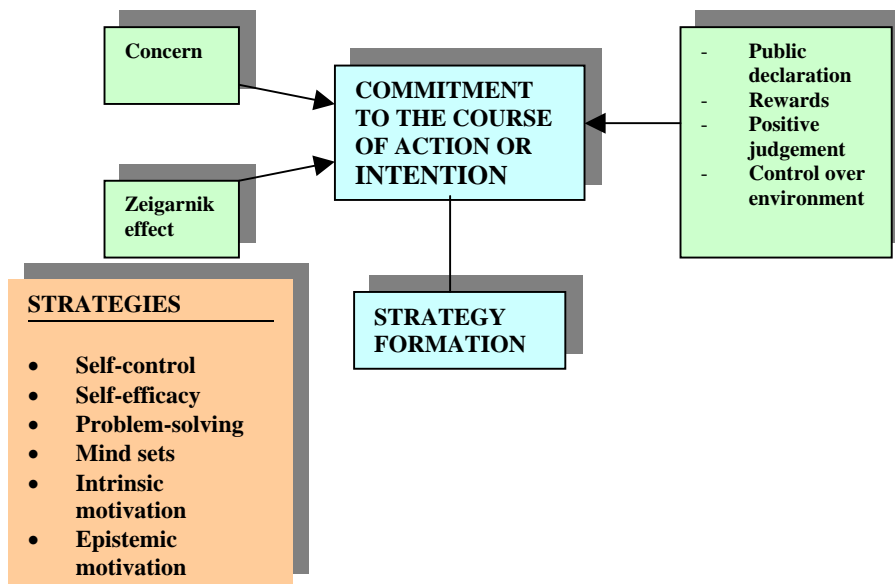


Figure 4-4. Summary of the goal-setting process and strategies in session 3. Compiled by the researcher.

Sessions 4-8

In sessions 4 to 8, time will be dedicated to strategy formation and the implementation of strategies (effort). Strategy formation relies on the effective traverse of previous stages and is based on the client's knowledge and skills, self-efficacy, commitment and circumstances. The choice of strategy options will be at the discretion of the client in collaboration with the therapist.

In terms of effort, it has been found in goal-setting studies that the highest level of effort occurred when the goal was moderately difficult and that performance was better when people worked for difficult and specific goals. High levels of effort and persistence, focusing attention on the goal and the development of strategies are all mechanisms that are set in motion by clear and difficult goals. However, the implementation of strategies to maintain effort is of significant importance. The process of goal attainment is usually prematurely terminated during this stage. As one of the important moderators of goal effects, feedback or knowledge of results reveals progress in relation to a client's goals. Although this aspect of goal-setting theory is usually applied in work settings, the importance it has for therapeutic settings should not be underestimated. Regular, honest and precise evaluation of interim results should be undertaken by the therapist and client in order to determine the progress made up to that point. This provides opportunity to adjust the level or direction of effort, as well as the adjustment of strategies to match the goal requirements.

Depending on the kinds of problems experienced during this stage, strategies that can be implemented are self-control, self-efficacy, problem-solving, intrinsic and epistemic motivation, imagining and inhibition, and mind-sets.

Cognisance should again be taken of auxiliary processes that can have an influence on the level of expended effort, namely Potential motivation (value of outcome and/or expectancy), Consummatory force (the interplay among actual and potential motivational forces in ongoing behaviour), Inner tension (current concern) and Action control (action or state orientation).

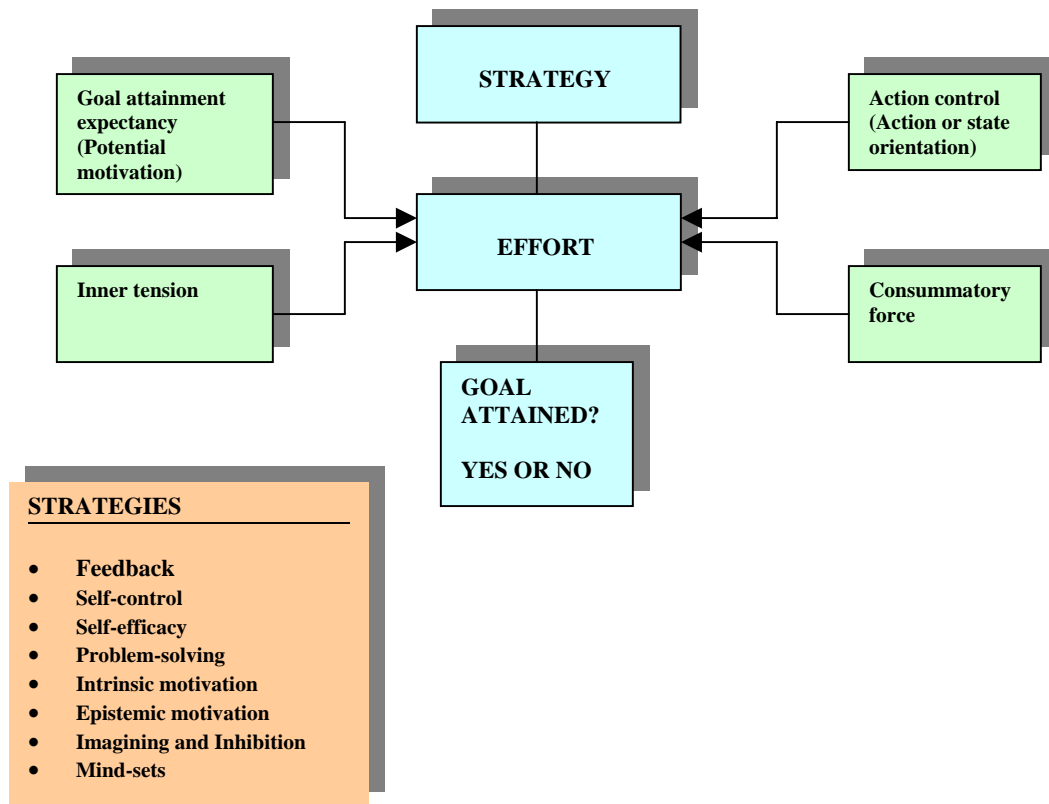


Figure 4-5. Summary of goal-setting process in sessions 4-8. Compiled by the researcher.

4.6 Summary

This chapter served as planning for the empirical study. The research design was described, explaining the rationale for the methods used, material, procedures and analysis and interpretation of data obtained. The following chapter will focus on the execution of the empirical study, and the findings from the study.

CHAPTER 5

EMPIRICAL RESEARCH

5.1 Introduction

The strategy of inquiry most suited to the research question is the case study. The following two instrumental case studies are used to obtain an insight into the relationship between goal setting, as a motivational mechanism, and successful therapy outcomes.

5.2.1 Case study A

A is a 16-year old boy, living with his mother and younger sister. His father died when he was 9 years old and his mother has never remarried. He is in Grade 12 (last school year) at an exclusive private school where he is also a prefect. His mother occupies a managerial position in a large national company. A's family immigrated to South Africa from a neighbouring country in 1992. A seemed to do well at school in his lower grades. He has an honours blazer for achievement, reaching the top four of his class in Grade 11. He was also the top student in Computer Studies in both Grade 10 and Grade 11. He is a keen sportsman and enjoys playing golf, basketball and hockey. As a hobby, A plays the piano and drums. He completed his level 7 piano examinations and plays the drum at his school's chapel masses. Religion is important to the family and they are regular churchgoers.

A's mother approached the Centre for Child and Adult Guidance for help. She mentioned that she had noted a change in A's attitude towards school, also reflected in his grades. She saw the change in attitude last year, but it became worse during the first term this year. All his teachers complained that his school performance had deteriorated and that he was not working to his full potential. She had never before needed to remind him of his schoolwork obligations, but recently it had become routine to lecture him on his schoolwork, to the constant irritation of both parent

and child. A's mother indicated that she had suggested he consult a psychologist. He agreed to come to the Centre for therapy.

Session 1

The first session was used to explore and obtain information regarding A's problem. He said he felt disorganised and despondent about his schoolwork, his life and his future. He had not done well in one of his subjects in the last examination and felt that he was under a lot of pressure because so much was expected of him. He finished fourth in his grade last year, and it appeared he would not do well this year. His mother was also very demanding and did not allow him enough free time or time to spend with his friends. He was taking extra classes in mathematics and science to maintain the same standard as last year. Moreover, he is a prefect and everybody expects only the best results, conduct and behaviour.

A commented that he would like to regain his previous spirit and work ethic. He wished that his mother would stop being so concerned about his scholastic performance and allow him more freedom. A indicated that he was keen to participate in therapy to resolve his problems. The purpose of goal setting was explained to him and it was agreed that he would think about identifying some of the goals he wished to achieve. It was decided that we would discuss them during the next session.

In the framework of cognitive evaluation theory (Deci & Ryan, 1985), the question of intrinsic motivation was addressed. A was encouraged to view information conveyed by events surrounding his studies and school performance in terms of his own abilities and desires. It was emphasised that he was in control of the outcomes and that he no doubt possessed the abilities and competence to successfully determine and achieve what he set out to do. The strategy of intrinsic motivation enhancement was used to foster a sense of control in A and to pave the way for motivational striving and goal setting.

Session 2

Session 2 took place the next day. Session 2 started with identifying A's goals. Long-term goals were first established, followed by more operational and specific short-term goals and sub-goals. The following long-term goals and sub-goals were specified:

1) Main goal: To become a chartered accountant

Sub-goal: To obtain a BCom (Accountancy) degree and to pass the Council's examination

Sub-goal: To obtain a bursary for the BCom studies

Sub-goal: To pass Grade 12 with distinction

2) Main goal: To own a chartered accountancy business

With regard to his current problems, the following goals were set:

3) Main goal: To obtain an average of 75% throughout Grade 12

Sub-goal: To regain his spirit and work ethic

4) Main goal: To convince mother to be less demanding and concerned about studies

5) Main goal: To have more free time

A's goals were concrete, specific and realistic. Except for goal 4 (which was more applicable to his mother) and goal 5 (which was subject to his mother's approval), all goals and sub-goals were owned by him. It was argued that if goal 3 could be attained, he would have a better chance of attaining goals 4 and 5. There was no goal conflict or goal ambivalence. A short cost and benefit analysis was done to evaluate the advantages and disadvantages for each goal and sub-goal. Similarly, an appraisal was made of A's goal-attainment expectancy, potential motivation and each goal and sub-goal's value.

A's social and environment support systems were sufficient and no particular barriers preventing him from achieving his goals were evident. At first it seemed that A doubted his belief in his own ability. However, with emphasis placed on his past achievements and intrinsic motivation, he came to view his skills and abilities as completely adequate.

Session 3

Session 3 took place six days after session 2. Part of A's problem can be ascribed to a lack of motivation and commitment to the goals that he chose for himself. A wanted to obtain good marks in Grade 12, but seemed to have lost the volition to maintain the effort necessary to achieve what he set out to do. He had clear and specific goals, but was not motivated enough to expend sufficient effort in reaching them. One way of increasing commitment, is to make the goal's value as attractive as possible and to emphasise the rewards that the goal may produce (Hollenbeck & Klein, 1987). This was done by identifying, debating and evaluating the rewards and benefits of his long-term goals of becoming a chartered accountant, earning an above-average salary and enjoying the status of a professional person. The costs and consequences of not achieving his goals were also discussed. Next, his short-term goals were brought into relation with his long-term goals to highlight the importance of the former and to stress the great value that is attached to them. The strategy of *mind-sets* was also implemented and A was asked to describe how his life would change if he attained his goals.

In addition, A was asked to state his goals (except goals 4 and 5) to family and friends in order to commit himself firmly to his intentions. Aspects surrounding his *self-efficacy* were again discussed to strengthen a positive judgement of his own abilities. With regard to goals 4 and 5, the concepts and principles of *problem-solving* and *coping* were introduced and explained. A was encouraged to use these principles in addressing goals 4 and 5. It was also decided to formulate certain strategies around these two goals in the next session.

The presence of an inner state of tension in respect of A's lowered school performance, and his concern that he would not achieve sufficiently high marks in Grade 12 to be admitted to his chosen study course at university, was probably the reason why he agreed to come for therapy. He also had the additional problem of his mother not allowing him enough free time, which he hoped to address through therapy.

Session 4

A week later session 4 was dedicated to strategy formation. A seemed very keen to get started and was eager to devise action plans and strategies for his goals. He appeared much more motivated to achieve his goals. First, time was spent prioritising schoolwork and working out a time schedule. Time for sport and recreation was deliberately included. A decided to talk to his mother about wanting more free time to spend with friends and to go out at weekends. It was decided to opt for one evening out at weekends only. Sundays he would go to church and spend time at home with his family. He would also continue with extra classes in mathematics and science, even during the holidays. Extra classes in Afrikaans would also be considered. Regarding goal 4, A decided that action spoke louder than words and that his mother would soon realise that there was in fact nothing to be concerned about. His upcoming test and examination results would speak for themselves.

Session 5

This session took place a week after the previous session. A had started to implement his time and study schedule. The study schedule fitted in well with his preparation for the upcoming middle of the year examination. He had also talked to his mother about more free time and she had provisionally agreed to one evening at the weekend, subject to A improving his marks in the examination. A was continuing with extra classes in mathematics and science.

The following volition enhancing strategy, which can be categorised under the strategies of *imagining* and *mind-sets*, was used for the remainder of the session: A was taken on a tour of the university campus where he intends to enrol for his BCom degree next year. He was shown the lecture halls of the Business Economics faculty (where he will attend his lectures), the Student Centre, the Aula, the library and the various coffee shops and restaurants on the campus. He was prompted to project himself into the following year and imagine himself as a student at the university. He was also encouraged to ask any questions related to the university and life as a student. As homework, he was asked to write a short essay about his impressions of the

university and how he saw life as a student. Coffee at one of the coffee shops concluded the session.

Sessions 6 and 7

Sessions 6 and 7 can be described as “maintenance” therapy, during which time was spent reviewing A’s progress and commitment to his goals. Session 6 took place three weeks after session 5. A completed the mid-year examination and felt much more relaxed. He was enjoying the holidays, although still attending extra lessons in mathematics and science. Between sessions 6 and 7, which were more than one month apart, a discussion with A’s mother on his progress was held. Her comments will be discussed in the next section. She insisted that A continued “maintenance” therapy on a basis of once a month. During session 7, A gave his personal impressions on the progress made during the last three months, which will also be discussed in the next section.

5.2.2 Results and conclusions

During the discussion with A’s mother, she mentioned that A had been admitted to the BCom (Accountancy Science) degree next year. He had also been granted an annual R18 000 bursary from an international accountancy company, which offered him an internship and a permanent position on completion of his studies, provided that he successfully completed each year of study. A’s results for the last examination were also encouraging. He regained his position in the top ten in Grade 12 at his school and was first in mathematics, science and computer science. His marks in Afrikaans dropped one grade, but he nevertheless obtained an average mark of 76%. A’s mother commented on his high levels of commitment and effort expended over the last few months. She said she was less concerned about his performance and indeed very proud of his achievements thusfar. She indicated that she had kept her promise to allow him more free time. She did not, however, want him to become too relaxed since the final examination still lay ahead.

In our last session, A confirmed the above, although mentioning that he was actually fourth in his grade. He had obtained second best marks in accountancy. In reviewing the progress made with

his goals, A stated that he had regained his spirit and work ethic, and felt totally in control of his life and that his future seemed promising and relatively secure. He was looking forward to next year's studies at university and the challenges that lay ahead. He agreed that his mother was less concerned about his studies and indicated that she would even give him a car if he successfully completed his school year. He is also allowed more free time and opportunity to go out on weekends. A mentioned that the renewed awareness of his goals and the active measures taken to reach them, provided him with the inspiration and determination to focus his attention and to work harder at school.

In observing the auxiliary processes during the course of therapy, A's potential motivation seemed to be constantly at a high level. His goal of becoming a chartered accountant was already set before he came for therapy and good marks in Grades 11 and 12 were vital for his admission to the degree of his choice and for obtaining a bursary for his studies. It is evident from his past successes that he probably had an action orientation that was temporarily switched to a state orientation at the time when his mother noted deterioration in his school performance. His subsequent experience of his life, schoolwork and his future as disorganised, or his lack of spirit and work ethic, underlined this diversion of his attention to his own thoughts and feelings. Instead of concentrating on his tasks (schoolwork), he started to think about how stressful the situation was or how much disappointment he was experiencing.

Furthermore, the interplay among his actual and potential motivation forces should be taken into account. According to dynamics of action theory (Atkinson & Birch, 1970), behaviour over long periods is characterised by fluctuation and change. The disposition toward interference among goal tendencies that sometimes underlies the need for the protection of intentions is therefore rooted in the variable nature of motives themselves. Even under normal conditions every action carries the seeds of its own extinction in the consummatory force that it creates (vide Chapter 3). The fluctuation and change in A's action control (from action orientation towards state orientation) could possibly be ascribed to this phenomenon. The subsequent adjustment in action control (from state orientation back to action orientation) can be therefore be attributed to the measures introduced to protect A's intention, volition and commitment.

5.3 Case study B

B is a 24 year-old male student in his second year BSc, majoring in Microbiology. He lives in a commune close to the university with four other students. B wants to become a veterinarian, but was not selected in the first round of applications. By doing a course in Microbiology, he is eligible to apply each year for the veterinary science course based on his performance in his current study direction. He is somewhat older than his classmates. Before studying, he lived in Europe for two years. B's parents are separated. His father and oldest sister live in Europe, his younger brother in the United States and his mother and youngest sister in South Africa. B complained of experiencing intense feelings of fear during the past year. During such times he feels anxious, gets heart palpitations, starts perspiring and hyperventilating, gets a sensation of dizziness and cannot swallow. He does not know what causes the fear and feels confused by the attacks.

Session 1

The major part of session one was used to explore the presenting problem thoroughly and obtain a better understanding in order to make an evaluation. I focussed on the recent and remote history, the signs and symptoms, clinical features and provisional diagnosis and directed my questions in different areas to elicit information.

B was first aware of this in an aircraft. He recalled that he was quite nervous before the flight, but it was during the flight that he became claustrophobic and extremely anxious. An intense fear gripped him and he thought he was going crazy or going to die. Since then he had experienced such attacks, which last for about 15 to 20 minutes at a time, almost daily. They usually happen in the lecture room at university, but also in the cinema, in his car while driving, or at home at night. He has learned to sit on the side of the lecture room, close to the door. He often has to leave the room during lectures when he feels the onset of an attack. B says that he has no idea why he has these feelings or what is happening to him. He has not been to a medical doctor,

because he feels embarrassed to tell anybody about it. However, he spoke to his brother who suggested he consult a psychologist.

B mentioned that at present he has an intense fear of another attack and is extremely concerned about when the next attack will occur. It affects his concentration and he has difficulty with his studies as he is constantly thinking about it. He feels out of control and as if he has lost his identity. He had no previous serious medical illnesses or hospitalisation nor any previous history of emotional problems. He does not take any substances, except alcohol, which he uses moderately during social events. B mentioned that he had had a difficult childhood. His parents separated 6 years ago, but his earliest recollections were that there was always friction at home. Both his parents were alcoholics and his father was drunk most of the time. This affected everyone at home. He felt extremely embarrassed when he had friends over to visit. He thinks that his parents' relationship was a negative role model to him and that it made it difficult for him to build relationships with other people, especially those of the opposite sex. He and his father did not speak for over a year, but have recently started to communicate again.

B described himself as a loner and someone who does not need other people around him. He does not, however, consider himself anti-social or withdrawn. He is worried about his studies and his financial situation. With regard to his studies, B feels that he has to obtain good marks to get selected for the veterinary science course. His mother does not earn much money, and he relies on money that his father sends to him from Europe. He also has a study loan from a bank. B also indicates that he is concerned about the crime and safety aspect in South Africa. His mother lives alone and he is worried that something might happen to her. He is uncertain if he will have a future in South Africa. In addition, he is doubtful if South Africa as a country has a bright future ahead.

The signs and symptoms presented by B are characteristic of Panic Disorder without the presence of Agoraphobic symptoms. Unexpected panic attacks are the hallmark of panic disorder (Kaplan & Sadock, 1998). He is unable to source his fear; feels confused and has trouble concentrating. The differential diagnosis for a client with panic disorder includes a large number of medical disorders, as well as many mental disorders. All differential diagnoses were considered. B was

referred to the campus medical doctor to rule out any medical condition and for the practitioner to consider medical treatment. Research has shown that the two most effective treatments for Panic Disorder are pharmacotherapy and cognitive-behavioural therapy (Kaplan & Sadock, 1998). A combination of the two seems to give the best results. Goal setting, falling into the sphere of cognitive-behavioural psychology, should be in congruence with this approach. A medical condition was subsequently ruled out and a SSRI prescribed by the doctor.

It seems that B experienced pressure to perform well in his studies, with the problems in his relationship with his father, his social interactions in general, and his uncertain financial situation, for some months prior to the onset of the attacks. The subsequent panic attacks, lack of concentration and deterioration in his test marks, were causing him extreme distress. None of the issues prior to his panic attacks seemed to have been resolved completely and left him with a lot of uncertainties in terms of financial support, payment for his studies, selection to the course of his choice, and his future in general.

A treatment plan was introduced aiming at alleviating his distressing symptoms and helping him to achieve greater knowledge and understanding of himself and his problems, as well as creating and establishing more certainty in terms of his future perspectives. Goal setting was incorporated as an integral part of the treatment plan and included identification of goals, motivational striving, commitment, strategy formation and the possible implementation of enhancing strategies when deemed to be necessary. The treatment plan, including the purpose and principle of goal setting, and the goal-setting process was explained to B. He was told that goal setting would provide the impetus for change; his current problems would be a starting point, towards an agreed upon, eventual and desired outcome.

My first objective in the treatment of B was to create a therapeutic situation and establish a relationship with him in which he felt safe enough to explore his feelings, thoughts and assumptions. In this regard, I used a person-centred approach of showing empathy, understanding and unconditional positive regard. In this first session, B seemed to be tense and a little anxious, and I considered it important to let him feel at ease in the counselling environment.

B experiences his panic attacks as a threat and a loss of control over his own body and surroundings. To reintroduce a sense of control where B could, to an extent, predict and control his reactions to the attacks, the enhancing strategies of *Intrinsic motivation* and *Epistemic motivation* were applied at this early stage in therapy. Both strategies focus on the promotion of the person's belief that he or she is in control of his or her surroundings and events (vide Chapter 3). In this respect, I focused on his false beliefs and information about panic attacks. B's tendency to misinterpret his bodily sensations as indicative of impending panic attacks, going crazy and doom, was addressed. Cognitive explanations of what happens during panic attacks, that they are time limited and not life threatening, that he would not stop breathing, that he was not having a heart attack or stroke, were given to B to help him identify and change unrealistic thoughts about the attacks.

B was encouraged to face the introspective sensations and symptoms of a panic attack and allow his body to have its reactions and then let them pass again. In this way he should realise at the onset of an attack that he recognises the symptoms, that he already has an idea how it will feel, and that after a few minutes the symptoms will pass. We looked at coping statements that he could use when he was feeling the onset of an attack, such as "this feeling is not pleasant, but I can handle it" or "I am going to have feelings of discomfort for a few minutes, but it will soon be over." Other coping skills that we paid attention to were respiratory training and applied relaxation. B experienced feelings of dizziness during the panic attacks. Because the hyperventilation associated with panic attacks is probably related to some of the symptoms such as dizziness and faintness, B was trained to control the urge to hyperventilate by focusing on his breathing or using a brown paper bag to breath in. Techniques for muscle relaxation and the imagining of relaxing situations were practised to help B through a panic attack. He was also advised to limit his caffeine and alcohol intake, since taking of these substances has been found to precede panic attacks.

Session 2

The second session took place a week after the first and was used to identify specific goals in terms of what B wants to achieve. The aspect of motivational striving was also addressed,

determining and evaluating B's environmental conditions, skills, problems and barriers, potential motivation, and his belief in his own ability. B went to see the campus medical doctor the week before and underwent a physical examination. No signs of any medical condition were found and the doctor prescribed anti-depressant medication (SSRI's) for the panic attacks. The panic attacks have not subsided, but were no longer so severe. He had his last attack at home the previous evening.

Firstly we looked at choices and changes. B's main desire was for the panic attacks to cease. Apart from the stress they caused, he was extremely concerned about their effect on his studies. B admitted that he felt under immense pressure and that the other issues mentioned in the first session (e.g. relationship problems, uncertain future, high expectations, crime) were contributing to his stressful experience of life. Since there are indications that social factors may contribute to the development of panic attacks (Kaplan & Sadock, 1998), it was decided to concentrate on possible underlying causes and what B felt needed to be addressed. These involved both choices and changes. The following specific goals were identified:

- 1) **Main Goal:** The panic attacks to stop as soon as possible
- 2) **Main Goal:** To become a veterinarian
 - Sub Goal:* a) To pass the semester and year with good marks (at least 70%)
 - b) To be selected for the veterinary science course, either this year or next
- 3) **Main Goal:** To improve the relationship with his father

The following more general goals were set as discussion points until we could be more specific about them. It was decided to proceed with them after attaining goals 1, 2 and 3:

- 4) To improve relationship problems in general
- 5) To have more self-confidence
- 6) To be more in control in terms of falling prey to crime
- 7) To meet a life partner/girl friend

With regard to the specific goals, emphasis was placed on keeping them concrete and operational. Sub-goals were formulated to facilitate reaching the final goal. All the goals are owned by B and seemed to be realistic. The advantages and disadvantages of each goal were discussed and evaluated. The benefits of a life without panic attacks are self-evident; marks above 70% would increase his chances to be selected for the veterinary science course, which would provide an opportunity for a successful and prosperous career; an improved relationship with his father would re-establish close family ties and open up blocked communication channels. There seemed to be no conflict among the respective goals. However, a degree of ambivalence was present with regard to his chances of being selected for the veterinary course, which led to other aspects of goal setting: goal-attainment expectancy, goal value, potential motivation, and environment and social conditions.

It was evident that B's goals had a very high value for him. Therefore, his potential motivation was also high. It was also evident, however, that he placed very high demands on himself without leaving much room for failure or alternative options. Success was synonymous with selection for the veterinary course. Realising that his selection was not totally in his hands, he unsuccessfully tried to gain control over other aspects in his life such as his interpersonal relationships, his and his family's vulnerability in the prevailing crime situation and certain aspects of his own self-concept. He subsequently experienced a sense of being "out of control" and "loss of identity", aggravated by the panic attacks.

We then evaluated B's skills and his beliefs in his ability to bring about the desired outcomes and changes. He agreed that he had the scholastic ability to do well in his present course and that, with the necessary effort, he could obtain marks high enough to make him eligible for veterinary selection. With regard to his relationship with his father, he felt that it was quite possible to put their relationship on an amicable footing. He also indicated, however, that the panic attacks could prevent him from achieving good marks since they affected his concentration. Although his support system was not completely adequate, B seemed to have sufficient financial resources to see him through the course. He has a few friends at university, but nobody to confide in about his problems.

The strategy of self-efficacy enhancement was introduced to strengthen B's beliefs about his own abilities, but also to investigate alternative options were he not selected for the veterinary course. Firstly, we again focused on his anxious responses to his internal thoughts and beliefs about the panic attacks. Relaxation and breathing techniques were exercised, and coping skills were revised. Secondly, we looked at successes in past performances in terms of his studies, study methods and coping with the pressures of study performance. B seemed to underscore the fact that he had passed his first year at university with very good marks. Also that he had obtained good marks in recent tests in the various subjects that he had written. His past successes and abilities were used to establish faith in his quest for reaching his goals, and to inspire a sense of persistence, perseverance and patience with his current problems. Thirdly, we considered alternative options were he not get selected for veterinary studies. B acknowledges that he focussed on the idea of becoming a veterinarian and that he had left himself no alternatives. He agreed to investigate additional career options in line with his present field of study.

Session 3

Session 3, which took place a week after session 2, was a continuation of the previous process of motivational striving. Emphasis was now placed on volition and commitment to the course of action. The session started with feedback on the progress regarding his panic attacks. B mentioned that the attacks were about 50% reduced and were less severe and of shorter duration. He was practising relaxation techniques at home and felt he could cope much better when the attacks occurred. B appeared far more relaxed, he participated more in the session and smiled more often.

B indicated that he felt more in control of himself. Although he still gets the attacks, he was more realistic about them and felt that the tools he obtained (relaxation techniques, etc.) helped him to deal with the situation in a rational manner. He was still hesitant to discuss the attacks or his medication with anybody else. However, he felt that the decreased frequency and intensity of the attacks gave him the confidence to pay more attention to his studies and his ultimate goals. He mentioned that his family and friends were aware of his goal of becoming a veterinarian and he discussed his desire to reconcile with his father with his mother and one sister.

Strategies to enhance his volition and commitment to his goals were implemented throughout the session. *Intrinsic motivation and epistemic motivation* were briefly touched on again, while constant focus was placed on *self-efficacy* and the positive judgement of his own abilities. The concepts surrounding *self-control* were explained and discussed. The principles of outcome delay and outcome size in particular were brought into relation with the personal value he attached to a university degree and an occupational qualification. In terms of his problematic relationship with his father and problems experienced in daily life (e.g. disturbances when he studies, motor vehicle problems, budgetary constraints, crime, etc.), the “Seven Guiding Principles of Problem-Solving” (Bedell & Lennox (1997) were explained to help him deal with difficult situational or interpersonal demands. Problem-solving techniques were also used to explore alternative study directions and career opportunities should he not be selected for veterinary studies, taking into account that the selection was not totally in his own hands.

At this stage, the researcher made an evaluation of B’s mind-sets and his inner state of tension (concern), with regard to his commitment to achieve his goals. He seemed well focused on the tasks ahead and was especially sensitive to information that promotes goal-related striving (e.g. Zeigarnik effect).

Session 4

Session 4 took place 10 days after session 3. In session 4, attention was given to goal-setting strategy formation and implementation. Some of the strategies had already been formulated and implemented (e.g. his current studies). Others were formulated and implemented earlier in therapy due to the urgency of alleviating the symptoms of the panic attacks (e.g. consultation with the medical doctor, prescription of medication and cognitive-behavioural techniques), while others needed greater elaboration and refinement (e.g. what to do if not selected). Some needed renewed commitment and implementation (e.g. relationship with father).

In short, B decided on the following strategies:

Goal 1 : To stop the panic attacks as soon as possible.

- consult a psychologist
- consult a medical doctor
- take medication regularly
- use relaxation, breathing and cognitive techniques to control attacks

Sub-goal 2a : To pass the semester and year with good marks (70% +).

- revise existing study schedule
- work strictly according to new schedule
- pay extra attention to subjects currently below average

Sub-goal 2b : To get selected for the veterinary science course, either this year or next year.

- do well in each test and examination
- show and emphasise interest in the veterinary science course to university lecturers
- prepare for possible selection by reading up on course material and topic

Goal 3 : To improve relationship with father

- communicate telephonically with him more often (at least once a month)
- visit him in Europe during the July university holidays (with the rest of the family)
- resolve any outstanding issues with him

All B's goals, sub-goals and strategies were realistic and specific. Even the selection for the veterinary science course would seem plausible if he could maintain good marks in his current course. B's potential motivation was still very high as he attached great value to the outcomes. He had a strong commitment and his attention was well focused on the tasks at hand.

An additional goal and strategy were added to unlock B's closed options scenario with regard to his goal of becoming a veterinarian. There is still a chance that he will not be selected for the course and we had to be realistic about this possibility. B was asked to investigate and consider alternative career options in line with his current field of study. Although this can be seen as goal conflict, it was emphasised that it is simply an alternative option that would come into effect should the first prize be unattainable. This will have the benefit that he will not feel solely committed to the veterinary science course, and would alleviate the pressure of no options in this regard.

During the session time was also allocated for feedback. B mentioned that the panic attacks had decreased about 50% in frequency and severity. He no longer felt anxious in the lecture room and his concentration had improved markedly. He was, however, still concerned about attacks and always sat close to the door in the lecture room. He was also concerned about the possibility that he or his family could fall victim to violent crime in South Africa.

Session 5

The time between session 4 and 5 was again 10 days. B mentioned that the panic attacks had decreased to a level of about 20%. He had had an attack three days before. The fear of the fear was also much less. In terms of an alternative option to the veterinary science course, B indicated that he considered three options: Microbiology, Biotechnology and Entomology. All three are current subjects. He had had a discussion with one of his professors in Entomology at the university about study and career prospects in the field and was told that with a MA degree in Entomology career prospects looked extremely good in South Africa and internationally. If not selected for the veterinary science course, B said that he would consider becoming an Entomologist as an alternative.

B's fears regarding the crime situation were also addressed in this session. He is particularly fearful that something may happen to his mother, who lives on her own. Ways to implement precautionary and safety measures for him and his family were discussed. He said that there was

a possibility that his mother could re-unite with his father in Europe, which would be a great relief to him in terms of her safety.

Session 6

This session took place two weeks after session 5. B was preparing for the end of term examination and was experiencing high stress levels. He had had two panic attacks in the period between sessions, which he described as quite severe. Commitment and volition-enhancing strategies were again implemented to give support and empowerment during this phase of experiencing extreme pressure. The strategy of *self-efficacy enhancement* again concentrated on his abilities to succeed in his studies, while *epistemic and intrinsic motivation* focused on his newly-acquired skills and ability to control events and his environment. His *problem-solving* skills were again revisited and the strategy of *imagining* was introduced to play through reaching his sub-goal of doing well in the different subjects.

Session 7

Session 7 took place 16 days after the previous session. B completed the first term examination and was preparing to visit his father in Europe during the mid-year holidays. His mother and older sister will accompany him. He was feeling much more relaxed now that the examinations were over and he did not have another panic attack. He felt he had done well in all his subjects.

Issues surrounding his relationship with his father were discussed. Problems in their relationship reached a high when he was working for his father during his time spent in Europe. They could not agree on many work-related and personal issues. Almost two years have elapsed since the fall out with his father and his departure from Europe. He felt a little anxious about the reunification, but at the same time committed to rekindle their relationship. The remainder of the session was used to review *self-control* techniques and playing through possible conversation topics with his father through *imagining*. For example, B tried to foresee what questions his father would ask him, and to frame some mental responses in anticipation of those questions.

Session 8

Six weeks have passed since the last session. B has returned from his holiday in Europe and this session was used to evaluate B's progress in therapy and the progress made in achieving his goals. The results and conclusions are discussed below.

5.3.1 Results and conclusions

B mentioned that he and his father had resolved their relationship problems during the holidays. His mother was also seriously thinking of reuniting with his father and moving permanently to Europe. B had received his examination results for the first term, and had passed all his subjects above 70%, except one, for which he received 56%. Furthermore, he had been invited to a selection interview for next year's veterinary science course. The interview would take place in two weeks time and an answer was expected before the end of the year. He had not had a panic attack for six weeks, but had, however, experienced some anxiety during a short flight in Europe.

B attained his first main goal of having no more panic attacks. His second main goal – that of becoming a veterinarian – is a long-term goal with strategies to achieve it in progress. He is still fully committed to the goal. He attained the sub-goal of passing his examination with marks above 70%, except in one subject. His high average mark qualified him for the selection process for next year's veterinary science course, and for which he received an invitation. His second sub-goal, to be elected for veterinary studies, is therefore part of this process. His third main goal, to improve and establish a good relationship with his father, appeared to have been completely attained. The additional goal introduced in session 4, i.e. to consider and choose alternative career options, failing selection for the veterinary science course, was also achieved and assisted in alleviating the pressure experienced before other options were available.

According to goal-setting research, several mediators assist goal attainment (Locke & Latham, 2002). In B's case, he exerted high levels of effort and persistence, focussed his attention on the goals, and developed and implemented strategies to help him in the process of goal attainment. B's goals can be considered challenging, specific and complex, a prerequisite for generally better

performance. High levels of commitment and volition were also maintained throughout the period of therapy. B commented that the enhancing strategies implemented during the course of therapy had helped him to stay focussed on his goals and action plans, that it created and maintained an inner feeling of faith in his own abilities to succeed, and in general motivated him and taught him to be patient. They had also helped him expend the necessary effort in his quest for change. What was especially helpful, according to B, was the formulation of clear and specific goals, the fact that the whole process was planned, that the therapist believed in his abilities and that he had not felt isolated in the process.

CHAPTER 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

The study explored the effects of goal setting, as a motivation mechanism, in therapeutic context. Simultaneously, it investigated its effect on behavioural change and maintenance within the paradigm of cognitive-behaviour modification. In recent years, goal-oriented theories have overtaken the more classical and traditional theories of motivation that were rooted in mechanistic metaphors, which conceptualised motivation mainly in terms of arousal or intensity of behaviour, and which separated motivation from other processes in behaviour. Goal-oriented theories focus primarily on goal-related processes and personal agency beliefs.

Goal theorists proclaim that goals are immediate regulators of human action (Locke et al., 1981). The word *regulator* used in this context, implies a process, or a number of processes, set in motion by the formation of a goal. Once a goal has been identified and decided upon, a certain process is set in motion that moves the person along the path toward fulfilment of the goal. A number of variables, many of which involve volition and commitment on the part of the person, are involved in these processes. Goal-oriented theories describe the conditions that mediate the relationship between goals and performance. In the pursuit of such goals, individuals utilise their cognitive abilities and their skills, they respond to environmental conditions, and they expend effort. These psychological processes act in concert to promote functional behaviour that assists the person to progress to the goal.

Several goal-oriented theories have been discussed and the important constructs explained to illustrate, in an integrative manner, how variation in the state of motivation affects the variation in the direction and intensity of goal-related behaviour. It was also used to describe the goal-setting process. The importance of goal mediators as a function of forward movement in goal attainment was emphasised. In this regard effort, complexity, goal commitment, feedback, and

potential motivation were identified. It was found that effort is affected by goal difficulty and specificity; strategy formation is influenced by goal complexity; and goal commitment is affected by several environmental and personal variables.

The dynamics of action theory (Atkinson & Birch, 1970) was discussed to explain how motivation and motivated action change over time and that it is characterised by fluctuation and change. This theory, in part, prompted the research in the direction of experimenting with goal-enhancing strategies to protect intention and to obtain and maintain higher levels of volition, commitment and ultimately motivation. The goal-enhancing strategies that were identified included self-efficacy enhancement to ensure strong personal beliefs, self-control behaviour skills, strengthening of intrinsic motivation by creating a sense of control in the person, enhancing epistemic motivation through cognitive organisation and structuring, problem-solving skills, imagining and inhibition by constructing scripts of imagined events and actions, and mind-sets to focus attention on relevant information.

Research indicates that goal setting has primarily been applied to the world of work, and to a lesser extent to sports and health management. Although the setting of goals in psychotherapy is emphasised in many theoretical and treatment directives, it is almost exclusively done to give direction to the treatment plan and is seldom used as an integral process with its many and important motivational components. This study endeavoured to apply and incorporate the goal-setting process into the therapeutic process where the two processes culminate in a symbiotic relationship of interactive effects.

6.2 Research results and core findings

The empirical research design focuses on two case studies as a strategy of inquiry, which in both cases took place over a period of about 4 months. The two cases present divergent problems that illustrate the applicability of a goal-setting model in the therapeutic environment. The goal-setting process was introduced from session 1 in each case, applying the described theoretical constructs. Volition and commitment-enhancing strategies were introduced and implemented throughout the duration of therapy.

The results indicate the following conclusions:

6.2.1 Testing the Hypotheses

6.2.1.1 The application of goal setting and the goal-setting process in a therapeutic setting will increase client motivation to obtain the desired outcome for therapy.

6.2.1.2 The implementation of enhancing strategies will assist the process of goal setting, and by implication also clients' motivated action, in a therapeutic situation.

Both the aforementioned hypotheses are accepted based on the empirical research results. Motivation for their acceptance is outlined below.

6.2.2 Motivation for accepting the Hypotheses

- 1) The goal-setting process and the therapeutic process can successfully be integrated in an interrelated process of parallel functioning and mutual effect.
- 2) Goal setting provides both direction and intensity to the therapeutic process. The procedure proved to be uncomplicated and provides clear structure to the client and the therapist, as well as to the therapeutic process.
- 3) Evidence that goal moderators play a role in goal effects was obtained from both case studies. High potential motivation was present in both cases. In case study A, the interplay between actual motivation and potential motivation was illustrated by the participant's experience of lack of spirit and work ethic, and his subsequent lower grades and levels of motivation. This also confirms the dynamics of action theory's postulation that ongoing behaviour fluctuates and changes, and the presence of a consummatory force in any particular action.

In both cases specific and concrete goals were identified. The goals decided upon can be described as complex and required strategy formation. Both participants focussed their attention on their goals and developed and implemented goal strategies to assist them in the process of attaining their goals. High levels of effort and persistence were evident, while high levels of commitment were maintained throughout the period of therapy and regular feedback on the progress was followed. The presence of these moderators probably contributed to the goal effects.

- 4) Volition or commitment enhancing-strategies seem to have an intention-protective function. These strategies were implemented throughout the entire therapy duration and addressed each phase of the goal-setting process. The participant in case study B commented positively on the value and effect of these strategies.
- 5) Volition and commitment were maintained throughout the duration of therapy. Progress towards goal attainment was constant and concrete. Most of the short- and medium-term goals were attained in both cases.
- 6) The goal-setting process, as well as the volition and commitment-enhancing strategies, focussed on cognitive processes and behaviour adjustments, and therefore fall completely in the realm of cognitive-behavioural modification.
- 7) The positive results obtained from the study give strong evidence that effective behavioural change was achieved and that the newly-acquired behaviour was maintained in both cases. The continued presence of volition and commitment throughout the study, and the steady and constant movement toward their goals, indicate a process of motivated action in both cases. Motivation for change and goal attainment was therefore present. Based on both participants' qualitative responses on the inspirational function of goal setting in their different therapeutic processes, there is a strong indication that goal setting acted as the mechanism for motivated change.

6.3 Limitations

The study endeavoured to explore in depth how goal setting can assist individuals in therapy to develop, increase and maintain their levels of motivation so that effective cognitive-behaviour modification can be achieved. As a qualitative research project, it involved an interpretive approach where the researcher attempted to understand the participants' own experience of reality. The study was limited to two instrumental case studies only, in order to achieve the objective of developing a thorough understanding and knowledge of the two cases, but primarily an understanding of the relationship between goal setting, as a motivational mechanism, and successful therapy outcomes. The limited scale of the research is, however, acknowledged.

Secondly, although the study explored the applicability of goal setting in a therapeutic environment and for therapeutic purposes, the presenting problems are only a limited representation of the array of psychological disorders encountered by psychologists in the therapeutic situation.

Thirdly, various variables are at play in a therapeutic context. The introduction of goal setting to the therapeutic situation was only one such variable. Although the research also endeavoured to focus on environmental and social factors in each case, it was not possible to determine the extent of influence of any other factor on the outcomes.

Notwithstanding the fact that goal-oriented theories focus primarily on goal-setting and agency beliefs, the present study does not intend to negate biological and genotypical aspects, such as emotional arousal or personality traits. Various theories of motivation stating the importance of these factors were not included in this study. Also, Locke & Latham (2002) acknowledged that lack of focus on the subconscious was a limitation of goal-setting theories.

Fourthly, it might seem that the selective use of less recent sources in the research added to the limitation of the study. However, the aim was to rely, as far as possible, on primary

sources to discuss and substantiate original and traditional theories of motivation. With regard to goal-setting theories, the most recent sources were also used.

Lastly, the study did not utilise any motivation instruments to measure the levels of motivation at the start of therapy and at the end of the research. It would have lent greater reliability and validity to the study had pre- and post assessments been implemented.

6.4 Recommendations

Yin (1994) mentions that case studies can be used to develop research hypothesis to be examined in later studies. Although conclusive results were obtained from the current study, the scale of the research was limited to two case studies only. It is therefore recommended that future studies on this topic be extended to undertake research on a wider range of participants that include a broader spectrum of psychological disorders and psychosocial problems.

The current study was also limited to goal setting and strategies to enhance the goal-setting process. Factors such as emotional arousal, personality traits and the unconscious were not investigated. To obtain a complete picture of motivation in general, and in particular motivation in the context of therapeutic intervention, these factors should be included to determine their effects on and role in human motivation.

Volition and commitment-enhancing strategies seemed to have contributed positively to maintaining motivation levels throughout the course of therapy. These strategies formed an integral part of the study and were selected based on their motivation and skill-enhancing modalities. It is not suggested that they make up the entire spectrum of strategies that can be utilised in goal setting or in therapy. Future studies may include these strategies, but it may also be extended to other strategies or techniques that possess similar qualities.

The nature of motivated action, based on the dynamics of action theory and the existence of a consummatory force in any prolonged behaviour, as well as the comments made by both

participants and participant A's mother, necessitate periodic intervention that can be termed "maintenance" therapy. With participant A, maintenance therapy occurs on the basis of once a month, while participant B preferred to consult with the therapist once a fortnight. Although most of the short- and medium-term goals in both cases were attained, both participants expressed the wish to continue therapy (and in effect the goal-setting process) in order to work actively toward their long-term goals. The benefit of maintenance therapy in the context of goal setting is therefore recommended.

6.5 Conclusion

Goal setting has successfully been applied to the world of work, sports and health-management. It is hoped that this study will serve as an inspiration for people in the helping professions to use goal setting, as a motivational mechanism, more often in a therapeutic environment in an effort to assist clients to achieve their full potential and optimal functioning. In addition, goal-setting and volition-enhancing strategies can easily be applied in other domains where motivated action is a prerequisite for success, for example in education, health and lifestyle matters, and social and community development programmes.

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