



Painful engagement in deliberate self-harm: The role of conditional goal setting

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ARTICLE INFO

Article history:

Received 28 December 2009

Received in revised form

15 May 2010

Accepted 20 May 2010

Keywords:

Goals

Deliberate self-harm

Conditional goal setting

ABSTRACT

Conditional goal setting is the tendency for people to see attainment of their future personal goals as necessary for their well-being. It has been argued that this represents an unhealthy way of relating to one's goals, as well as being particularly problematic when goals are perceived as unlikely. High conditional goal setting has been found to be related to depression and to hopelessness. The present study examined conditional goal setting in deliberate self-harm, where problematic thinking about the future is very prominent. A group of individuals attending hospital for a recent episode of deliberate self-harm ($N = 25$) were compared with controls attending hospital for minor injuries ($N = 25$) as well as a psychologically disordered but non-suicidal control group ($N = 25$). Participants generated goals and rated goal likelihood, the extent to which those goals were seen as necessary for their future well-being (conditional goal setting), and also the extent to which the goals were seen as sufficient for their future well-being (goal sufficiency). Deliberate self-harm patients showed a higher degree of both conditional goal setting and goal sufficiency than did both of the other groups, further confirming the idea of painful engagement with personal goals, rather than disengagement, as characterising deliberate self-harm.

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Suicidal behaviour represents a major health concern. A key goal of government health policies in recent years has been to reduce suicide rates (Department of Health, 1999; US Department of Health and Human Services, 2001). Suicide reduction represents the ultimate goal, but because of suicide's relative rarity and the difficulty of targeting at-risk individuals, attention has focused on deliberate self-harm. Deliberate self-harm, as well as being important in its own right, is a focus because of its link to suicide: approximately half of those who die by suicide have had a previous episode deliberate self-harm (Cavanagh, Carson, Sharpe, & Lawrie, 2003; Hawton & van Heeringen, 2009) and the risk of suicide is greatly increased in those with a history of deliberate self-harm (Haw, Hawton, Casey, & Bergen, 2007). However, the evidence to date is that, with some exceptions (e.g., Brown et al., 2005), interventions to reduce suicidal behaviour are mainly limited in their effectiveness (see Mann et al., 2005, for a review). Studies have also shown no evidence for accurate prediction of who is at risk of suicidal behaviour (Hawton, 2005; Oquendo, Currier, & Mann, 2006). This is undoubtedly partly because of the difficulty in predicting low base-rate behaviours. However, another reason for these disappointing findings is that not enough is known about the psychological processes involved in suicidal behaviour; most

research has focused on describing social and demographic factors associated with suicidality. A valuable aim for research is therefore to understand more about the psychological processes in suicidal behaviour. The main aim of the present study is to understand more about one aspect of the psychology of suicidal behaviour – future-directed thinking, and, in particular, qualities of personal goals in those who are suicidal.

Common to both the clinical and non-clinical literature is the idea that how people think about the future constitutes a key element of their well-being. In the area of suicidal behaviour, hopelessness about the future has been shown to be the particular element of depression that relates to suicidal behaviour (Beck, Steer, Kovacs, & Garrison, 1985; Salter & Platt, 1990). More specifically, MacLeod and colleagues (MacLeod, Pankhania, Lee, & Mitchell, 1997; MacLeod, Rose, & Williams, 1993; MacLeod, Tata, & Evans, et al., 1998; MacLeod et al., 2005) have shown that individuals who have a recent history of deliberate self-harm are distinguished from controls by having reduced anticipation of positive future experiences rather than an increase in their anticipation of negative experiences in the future. The finding of the importance of lack of positive thoughts about the future is consistent with the literature on the relationship between goals and well-being in the general population. Telic theories of well-being take the view that people experience a sense of well-being when they are engaged in striving towards valued goals (Schmuck & Sheldon, 2001). The ability to

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effectively pursue and progress towards valued goals has been found to be associated with psychological and physical well-being (Sheldon, Ryan, Deci, & Kasser, 2004). The present study aims to extend knowledge of future-directed thinking in deliberate self-harm by further examining aspects of the goals for the future held by individuals who have recently engaged in an episode of deliberate self-harm.

In a series of studies, MacLeod and colleagues have found that those who are suicidal (MacLeod & Conway, 2007; Vincent, Boddana, & MacLeod, 2004) or high in hopelessness more generally (Hadley & MacLeod, *in press*) do have personal goals for the future but are characterised by believing that those goals are relatively unlikely to come about. This lack of belief is underpinned by a lack of ability to think of plans to bring the goals about (Vincent, Boddana, & MacLeod, 2004). Thus, rather than being disengaged, these individuals seem to be 'painfully engaged' (MacLeod & Conway, 2007) with the future. This pattern fits with Melges and Bowlby's (1969) description of hopelessness as a state of having goals but feeling that these goals are unattainable, at the same time as being unable to relinquish the goals. The lack of relinquishing goals may mean that other goals are not pursued. O'Connor, Fraser, Whyte, MacHale, and Masterton (2008) using a self-report measure of general attitude to goals, found that when faced with goals that were unlikely to succeed, a lack of self-reported effort and commitment to alternative goals predicted suicidal ideation in a group of attempters.

One of the key questions, then, seems to be why parasuicidal individuals persist with attachment to a goal in the face of feeling that that goal is unlikely to be achieved. A possible answer lies in the concept of conditional goal setting (CGS) (Street, 2002). Conditional goal setting theory is developed from a hierarchical model of goals (Carver & Scheier, 1990). At the bottom of the hierarchy sit the most concrete goals, with the most abstract goals at the top. These high level abstract goals often include notions of an idealised self, for example, to be a good person. Intermediate level goals in the hierarchy (e.g., to be generous) are direct sources feeding into the higher level goals and in turn they provide guides to particular actions that demonstrate that intermediate goal (e.g., giving to charity, which would demonstrate generosity which is then evidence of being a good person). According to conditional goal setting theory, there are two sources of problems. The first is to focus on happiness as being a higher order attainable goal rather than being a side effect of living one's life in a particular way. The second problem is seeing the attainment of happiness as being dependent on achieving particular lower order goals (e.g., to have a baby, to be promoted at work). This second problem, which is the focus of the present study, is closely related to McIntosh's idea of linked goals (McIntosh, 1996, chap. 3), where higher order goals are linked directly to lower order ones. Linkers are vulnerable to depression due to the possibility of their linked lower order goal not being attained but also because they put their happiness on hold throughout the process of goal pursuit. McIntosh (1996, chap. 3) further suggests that if the individual does not achieve their particular goal, they may have problems of disengagement due to the importance of the goal in the hierarchy, a feature that has been emphasised by O'Connor et al. (2008) in the context of deliberate self-harm. Thus CGS/Linking theories may be useful in understanding the apparent paradox of self-harming individuals maintaining an investment in goals they feel they are not going to attain.

Hadley and MacLeod (*in press*) measured conditional goal setting – the extent to which people believed their happiness, fulfilment and self-worth were dependent on achieving particular goals – in a sample of individuals belonging to a depression self-help group, many of whom reported high levels of hopelessness. Conditional goal setting was strongly correlated with hopelessness.

As hopelessness is strongly linked to suicidality, this finding supports the idea of conditional goal setting being involved in suicidal behaviour. However, Hadley and MacLeod (*in press*) noted the need to examine conditional goal setting directly within a deliberate self-harm sample. The first aim of the present study was to see whether those with a recent episode of deliberate self-harm show higher conditional goal setting than matched non-suicidal controls. However, believing goals are necessary for well-being does not necessarily mean that they will be seen as sufficient. Therefore, a second aim of the study was to measure the perceived *sufficiency* of goals for well-being. It may be that there is an additional problem where, for those who have engaged in deliberate self-harm, goals are seen as necessary but not enough for future happiness. For example, someone may believe that they do not have the capacity for happiness whatever happens. On the other hand, there may be a quite a different problem of a people being unrealistic in seeing the attainment of particular goals on their own as guaranteeing happiness, self-worth and fulfilment. As goal sufficiency had not been measured in previous studies it was unclear how the groups in the present study were going to differ, if at all, on this variable. So, in addition to measuring conditional goal setting, the present study measured the extent to which participants felt that they *would* be happy, fulfilled and have a sense of worth if particular goals were achieved.

Individuals with a recent history of deliberate self-harm and two groups of controls – medical patients in the same setting as the self-harm group and a psychology outpatient group – were recruited. Including both control groups allows not only for the standard practice of controlling for setting and the impact of presenting at Accident and Emergency but also allows the examination of whether effects are specific to suicidality as opposed to psychological disturbance more generally. It was predicted that, consistent with previous research, compared to both control groups, deliberate self-harm patients would have a similar number of goals, but would have lower perceived likelihood of achieving their goals. In terms of the main, novel aspects of the study, it was also predicted that the self-harm patients would have higher CGS than controls, but there were no grounds for making clear predictions about goal sufficiency.

Method

Participants

Twenty-five individuals (16 women, 9 men, mean age 36 years) presenting to St Mary's Hospital Accident and Emergency (A&E) Department in London, following an episode of self-harm, were recruited. These participants were assessed within 4 days of the self-harming behaviour, as close as possible to the time of the act of deliberate self-harm. The mean duration between self-harming and research interview was 36 h ($SD = 31$). Twenty three of the group had taken an overdose, fourteen of these had also consumed alcohol or cut themselves at this time, and two had cut themselves, both with alcohol consumption. Seven were presenting at A&E after their first self-harming act, six reported between one and four previous episodes and twelve estimated that they had more than four previous episodes. A group of medical controls ($N = 25$; 13 women, 12 men, mean age 34 years) was recruited from those attending A&E for reasons other than self-harm. All controls were assessed whilst in A&E, and had a minor condition, such as a sports injury. Also, 25 psychological disorders controls (18 women, 7 men, mean age 40 years) were recruited from a nearby Adult Psychology Outpatient Department, where they were being seen for a variety of Axis I depressive or anxiety related disorders. Only participants who reported no history of suicidal behaviour were included in the

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