

Pushed by Symptoms, Pulled by Values: Promotion Goals Increase Motivation in Therapeutic Tasks

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While many therapies focus on the reduction of disturbing symptoms, others pursue behavior consistent with personally held values. Based on regulatory focus theory (Higgins, 1997), reducing symptoms is a type of *prevention goal* while pursuing values is a *promotion goal*. In the current study, 123 undergraduate students elicited a negative, self-focused emotion-laden cognition. They were then randomly assigned to construe their negative thought as either (a) an impediment to valued behaviors, (b) a cause of unpleasant symptoms, or to one of two control conditions: (c) distraction or (d) no intervention. Then, participants in all groups completed a series of repetitive therapeutic tasks that targeted their elicited negative cognitions. Results showed that participants who construed treatment in terms of valued behavior promotion spent more time on a therapeutic task than all other groups. The group in the unpleasant symptom promotion condition did not differ from either control group. The motivational advantage of value promotion was not accounted for by differences in mood. The present findings suggest that clients may be better motivated through value promotion goals, as opposed to symptom prevention goals.

Keywords: regulatory focus theory; cognitive behavior therapy; acceptance and commitment therapy; values; motivation in treatment

“Man is pushed by drives. But he is pulled by values.”

—Viktor Frankl (1969, p. 57)

Psychotherapies differ from each other in their therapeutic goals, but many aim for the reduction of suffering, typically by the prediction and control of psychological symptoms (Arch & Craske, 2008; Wampold, 2001). However, despite its prominent position in psychotherapy, the reduction of suffering derived from symptoms is not necessarily the most effective motivator of client behavior.

Higgins's (1997) regulatory focus theory suggests that a prevention goal (e.g., reducing the harm of symptoms) might be effective in certain contexts, but it is not the only one available. Self-regulation may be focused on goals oriented around avoiding negative experiences, or alternatively, around approaching positive ones. Thus, in therapy, clients may also benefit from promotion goals (e.g., pursuing one's chosen values; Wilson & Murrell, 2004). Prevention and promotion work along parallel regulatory systems (Higgins, 2000; Spiegel, Grant-Pillow, & Higgins, 2004), and may initiate two different patterns of client behavior. The aim of the current analogue study was to examine how setting treatment goals in terms of prevention

This research was supported by Israeli Science Foundation Grant 961/10 to Iftah Yovel.

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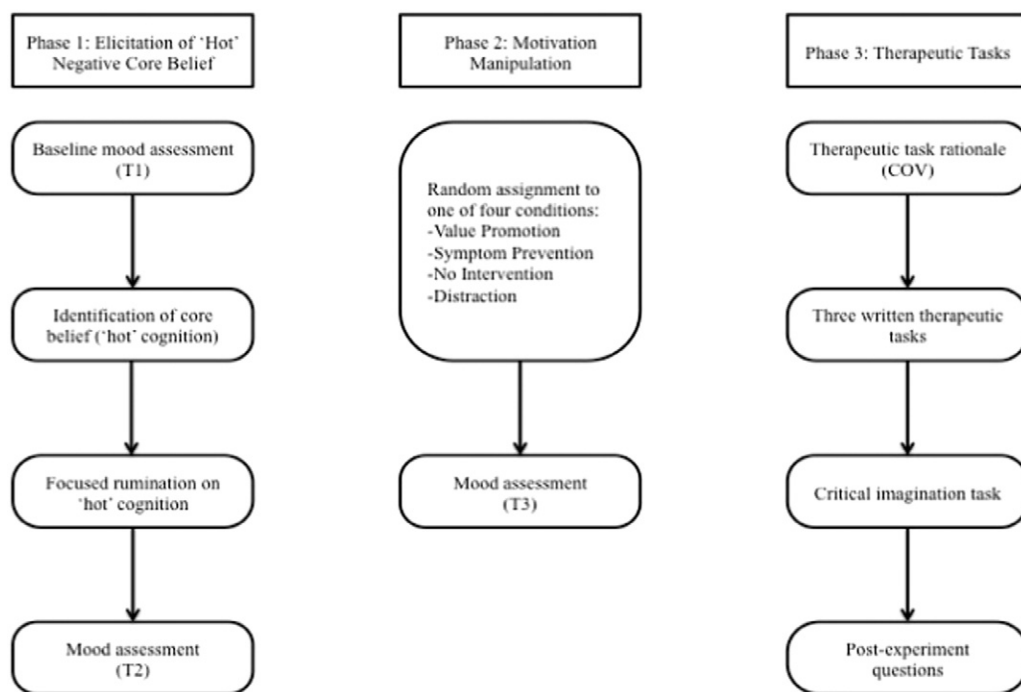


FIGURE 1 Schematic representation of experiment.

versus promotion goals would impact engagement in therapeutic interventions.

Regulatory focus theory (Higgins, 1997) suggests that motivation influences the orientation of cognitive, social, and emotional self-regulation. The *promotional goal* of increasing access to a desired end-state encourages an *approach orientation* of regulation, and is linked to proactive behaviors, such as taking a risk to ensure maximizing the amount of rewards received (Crowe & Higgins, 1997; Friedman & Förster, 2001). The *prevention goal* of decreasing exposure to an undesired end-state, on the other hand, encourages an *avoidance orientation* of regulation. Behavior becomes more reticent, with potential mistakes being evaluated as having a worse cost (Higgins, 2006). The two regulatory foci are effective for two distinct definitions of success. In an approach orientation, success is defined as receiving rewards, and incurred punishments are secondary costs. In an avoidance orientation, on the other hand, success is avoiding punishment, and potential rewards can be sacrificed as necessary.

Approach and avoidance orientations can be activated by an immediate incentive such as trying to either list the benefits of eating healthily or the costs of eating unhealthily (Spiegel et al., 2004). Alternatively, longer-term motivators such as personal values also play a role in regulatory orientation (Janoff-Bulman & Carnes, 2013). Due to their subjective importance and broad application, values can serve as powerful and effective motiva-

tors (Brekke, Kverndokk, & Nyborg, 2003). Values work, for example, has been found to be particularly effective in motivating persistence in pain tasks (Páez-Blarrina et al., 2008), even beyond the effect of commonly associated emotion regulation strategies (Branstetter-Rost, Cushing, & Douleh, 2009).

Although values may be applied in both approach and avoidance orientations, they have been primarily incorporated as ways to encourage more approach-oriented work, in therapeutic contexts (Wilson & Murrell, 2004). This is in opposition to most types of cognitive and behavioral approaches that have adopted the medical model for psychotherapy. These treatments typically define psychopathology in terms of categorized symptomatology, and therapy in terms of its ability to relieve those symptoms (Wampold, 2001). As such, cognitive behavioral therapies do integrate promotion goals into therapy, such as becoming more independent or improving social functioning (Heimberg & Magee, 2014). They often, however, focus on reducing negative affect in such situations, itself a prevention goal.

Normative functioning, however, extends beyond prevention goals, and contrary to conventional wisdom, negative affect is not always maladaptive (Bonanno, 2004). Victor Frankl (1969), for example, argued against the psychoanalytic standard of his time, stating that psychotherapy should aim higher than the mere reduction of psychosexual drives. In response, his logotherapy (1969) built upon the therapeutic potential of valued living. The beneficial

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