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Goal Disengagement and Goal Reengagement: Associations With Depression, Anxiety, and Satisfaction With Life

Alice Verschuren and Céline Douilliez
Psychological Sciences Research Institute, Université catholique de Louvain

Goal adjustment is an important mechanism of self-construction. When pursuing goals, people are sometimes confronted with situations in which goals are unreachable and they need to adjust by disengaging from them and reengaging in alternative goals. A growing literature suggests that people's capacity to adjust when confronted with unattainable goals is associated with subjective well-being. The main purpose of this study was to examine whether goal disengagement, goal reengagement, and their interaction are associated with depression symptoms, anxiety symptoms, and satisfaction with life (SWLQ). A supplementary purpose was to examine the factorial structure and psychometric properties of a French version of the goal adjustment scale (GAS; Wrosch, Scheier, Miller, et al., 2003). One hundred and seventy-five adult volunteers completed measures of flexible goal adjustment, depression, anxiety, and SWLQ. Confirmatory factor analysis indicated an acceptable model fit, good internal consistency, and convergent validity for the GAS. Goal disengagement is associated with depression and anxiety symptomatology, whereas reengagement is associated with life satisfaction. The interaction between disengagement and reengagement appeared to be significant in predicting anxiety but not depression and life satisfaction. The two processes of goal adjustment should be further explored jointly to better understand their effects.

Public Significance Statement
It has been suggested that being able to disengage from unattainable goals and reengage with new ones is positive for well-being. Combined disengagement and reengagement capacities could be all the more positive for well-being. Results of our study support this by showing that people who are able to both disengage from unattainable goals and reengage in other goals have lower levels of anxiety than people who are only able to disengage but not to reengage.

Keywords: goal disengagement, goal reengagement, depression, anxiety, life satisfaction

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In everyday life, people are guided by all kinds of goals that they identify for themselves, and they behave in ways to attain these goals (Carver & Scheier, 1998). Selecting, pursuing, and adapting personal goals according to life changes fosters successful development, which is why goal regulation is an important mechanism of self-construction (Heckhausen et al., 2010). While pursuing personal goals, individuals are sometimes confronted with challenges that hinder the pursuit of their goals or make them unattainable (Wrosch et al., 2011). These experiences of unattainable goals may emerge because of limited resources, limited lifespan, life obstacles, personal or social constraints, or the goal itself being inconsistent with individual abilities (Chang & Lee, 2019). There is growing evidence to suggest that people's capacity to adapt to experiences of unattainable goals by disengaging from them and reengaging in new goals is associated with psychological well-being (Wrosch et al., 2007, 2009, 2011). Moreover, interventions targeting adjustment and goal regulation processes have been developed, such as the self-system therapy (Strauman & Eddington, 2017), and proved to be effective in the treatment of depression, underlining the clinical utility of understanding goal regulation processes.

The contribution of the self-regulation theory developed by Carver and Scheier (1981) is central to the understanding of goal adjustment processes. According to self-regulation theory, individuals control their behaviours by constantly comparing their actual state to salient reference values (i.e., their goals). A perceived gap between an actual state and a desired state triggers negative affect and rumination (Martin & Tesser, 1996). These outcomes inform individuals that they must make the needed adjustments to minimize the perceived gap (Carver & Scheier, 1990). The ability to flexibly adjust responses in order to meet desired states contributes to well-being (Morris & Mansell, 2018).

According to Brandtstädter and Renner's (1990) theoretical framework, discrepancies between actual and desired states may be eliminated by the use of two complementary modes of coping. On the one hand, the assimilative process modifies environmental circumstances in accordance with personal goals. This process refers to tenacious goal pursuit (TGP) and involves pursuing goals

Alice Verschuren https://orcid.org/0000-0003-1670-3889
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Correspondence concerning this article should be addressed to Alice Verschuren, Psychological Sciences Research Institute, Université catholique de Louvain, place du Cardinal Mercier, 10, B-1348 Louvain-la-Neuve, Belgium. Email: alice.verschuren@uclouvain.be

with commitment and determination by modifying the environment in order to achieve goals. On the other hand, the accommodative coping process is implemented by adjusting personal goals to situational constraints. In contrast to the assimilative process, the accommodative process refers to flexible goal adjustment (FGA) and involves pursuing goals with flexibility by disengaging from goals when necessary and modifying them. These two processes are especially activated when individuals face stressful life events (Brandtstädter & Renner, 1990). Previous research has suggested that both tenacious and flexible goal pursuit is important for well-being (Brandtstädter & Rothermund, 2002). This model thus states that if a goal is considered attainable, the assimilative mode is optimal because it increases the chances of goal attainment. However, when efforts to adjust the environmental setting in accordance with a goal are no longer efficient, individuals need to switch to a goal-adjusting mode (Brandtstädter & Renner, 1990; Carver & Scheier, 1998). A second theoretical model of goal adjustment postulates that positive adjustment to unattainable goals requires individuals to disengage from the unattainable goal and to reengage in other goals (Wrosch, Scheier, Carver, & Schulz, 2003; Wrosch, Scheier, Miller, et al., 2003). Disengagement refers to the reduction of efforts toward the attainment of a goal and the reduction of commitment to this goal. Difficulty in disengaging from goals that are no longer relevant is associated with negative outcomes such as persistent rumination (Klinger, 1975), psychological distress, and reduced well-being (Arends et al., 2016; Bailly et al., 2014; Carver & Scheier, 1990). Adequate self-regulation of unattainable goals also depends on the availability of alternative goals on which people can refocus. Reengaging in new goals involves the capacity to identify, commit to, and initiate actions that are directed towards alternative goals (Praskova et al., 2013). Being able to reengage in alternative and accessible goals would reduce the distress associated with competing unattainable goals (Shulman & Nurmi, 2010; Wrosch, Scheier, Miller, et al., 2003). In addition, the ability to reengage in new goals reflects a positive approach to dealing with stress (Eddington, 2014) and has been shown to be associated with greater life satisfaction (Barlow et al., 2020), whereas difficulty in reengaging reflects a form of distress and a lack of control in the face of stress (O'Connor et al., 2009). Overall, it has been highlighted that disengagement is linked to reduced negative indicators, whereas reengagement is linked to enhanced positive indicators (Barlow et al., 2020).

Proponents of the goal adjustment approach have highlighted that individual differences in goal adjustment predict subjective well-being, and several studies have investigated the effects of goal adjustment on psychological outcomes. As an example, Wrosch, Scheier, Miller, et al. (2003) have shown an association between disengagement difficulties and depression, showing that the most successful people are at disengaging, the less depressed they are. However, not all studies have consistently shown this association. A meta-analysis by Barlow et al. (2020) focused on the complex relationship between goal disengagement and depression. While goal disengagement is generally linked to lower levels of depressive symptoms, the association is reversed when the sample is at risk for depression (Koppe & Rothermund, 2017; Wrosch & Miller, 2009). This means that depression can sometimes be seen as an adaptive function that increases quality of life by facilitating the disengagement of unattainable goals. Consistent with this assumption, another study found that compared to controls, people suffering from depression are more likely to disengage from their goals, whereas they have more difficulty in reengaging with new goals (Dickson et al., 2016). High disengagement skills have also been shown to be associated with lower levels of anxiety in a sample of patients suffering from cancer (Lam et al., 2016). However, in the same study, higher reengagement skills were associated with higher anxiety. The authors explain that the uncertainty of the future for these cancer patients may increase anxiety about pursuing new goals.

Goal disengagement and goal reengagement are independent constructs, although they can interact with each other (Chang & Lee, 2019; Praskova et al., 2013). Indeed, the low correlation obtained between these two dimensions in most studies suggests that disengagement and reengagement may interact (Mens et al., 2015). However, different patterns of interaction have been identified. Firstly, Wrosch et al. (2013) suggested that the combination of high disengagement capacities and high reengagement capacities may be the most beneficial for well-being. This has been especially explored in the medical field among breast cancer survivors, showing that high disengagement and high reengagement capacities were associated with increase in positive affect over time (Wrosch & Sabiston, 2013). This suggests that in specific life circumstances, such as medical diseases, high levels of disengagement and reengagement combine to increase well-being (Wrosch et al., 2013). Secondly, Creed and Blume (2013) found that low levels of disengagement and reengagement were associated with higher levels of career-related distress, but in the same study, they also found that career distress might emerge among people with high levels of disengagement and reengagement. Thirdly, some studies have found that reengagement capacity can act as a protective factor in the negative association between disengagement difficulty and well-being (Wrosch, Scheier, Miller, et al., 2003). These latter results were only found in samples of young adults. Mens et al. (2015) explain that this may be because young adults are less likely to deplete their resources by committing to new goals, unlike older adults who may have fewer reserves due to life experiences. Finally, in contrast with the previous pattern, when the interaction is tested in an older population, it is observed that reengagement difficulties are linked to a decrease in well-being among people with a high capacity to disengage (Wrosch, Scheier, Miller, et al., 2003). This highlights the importance of being able to reengage in new goals when disengagement from unattainable goals occurs, especially in older adult populations, as they are particularly vulnerable when they abandon meaningful goals (Mens et al., 2015). So far, these results suggest that the combination of high disengagement and high reengagement is the most beneficial for mental health, whereas the combination of low disengagement and low reengagement is the most deleterious. In addition, it appears that being high in reengagement may protect against the negative effects of being low in disengagement and that being low in reengagement may reduce the well-being of being high in disengagement. However, this latter result seems to depend on age. In young adults, high levels of reengagement can act as a buffer against the negative effects of low levels of disengagement on well-being. In older adults, high levels of disengagement may have negative effects if they do not have good reengagement capacities. Moreover, the specific domain in which the goal is active also seems to influence the interaction results. In certain circumstances of medical illness, high levels of disengagement and reengagement can combine to increase

well-being (Wrosch et al., 2013), and in some cases, such as career domain, being strongly able to disengage and reengage would be associated with distress (Creed & Blume, 2013).

Overall, few studies have explored the joint effects of goal adjustment dimensions, leaving an unclear picture of how goal disengagement and goal reengagement interact. Therefore, the main purpose of our study was to further examine whether the interaction between goal disengagement and goal reengagement would be associated with depression symptoms, anxiety symptoms, and satisfaction with life (SWLQ). Based on the assertions of goal adjustment theory regarding the adaptability of disengagement and reengagement capacities on well-being, we expected that among people with high levels of disengagement, those who also have high levels of reengagement would report less depression, less anxiety, and higher life satisfaction than would those with low levels of reengagement. We also expected that the combination of low disengagement and low reengagement would be the most deleterious, by reporting more depression, more anxiety, and less life satisfaction. For the low disengagement–high reengagement and high disengagement–low reengagement combinations, we did not have specific hypotheses given that the literature shows mixed results depending on the sample characteristics. In order to explore our hypotheses, we needed a valid instrument measuring disengagement and reengagement in the French-speaking population. A preliminary aim of this study was therefore to examine the factorial structure of the goal adjustment scale (GAS; Wrosch, Scheier, Miller, et al., 2003) after translating it into French. We expected the bifactorial structure of the English version to be confirmed in the French translation.

Method

Participants and Procedure

A total of 226 adult volunteers were recruited on the internet via posts on social networks, and each one accessed a Qualtrics survey. They were informed that they would be participating in a study to better understand how people set and pursue their personal goals in life. Inclusion criteria were being older than 18 years and being a French speaker. After reading the information letter, six individuals didn't give their consent to participate. After having provided informed consent to participate in the study, participants were invited to complete sociodemographic questions (age, gender, education, professional status, and nationality), after which they filled in the questionnaires. Forty-five participants dropped out of the study after completing the sociodemographic data and before starting the questionnaires. Participants who dropped out did not differ from completers in terms of gender (male, female, or other), $p = .075$, Fisher's exact test, age, $U = 2{,}934$, $z = -.1.37$, $p = .17$, education level (secondary school or less, bachelor level, or master and PhD levels), $\chi^2(2) = 1.44$, $p = .49$, occupation (unemployed, employed, student, or other), $\chi^2(3) = 4.94$, $p = .18$, or nationality (Belgian, French, Swiss, or other), Fisher's exact test, $p = .24$. The final sample included 175 participants (119 women), whose mean age was 35.49 years ($SD = 16$). It comprised mainly Belgian (129) and French (38) participants, who were primarily students (38.9%), employees (25%), and managers (10.7%). The Research Ethics Committee approved the study (approval number B403201838387).

Questionnaires

GAS

The GAS (Wrosch, Scheier, Miller, et al., 2003) consists of 10 items assessed on a 5-point Likert scale ranging from *almost never true* to *almost always true*. Four items evaluate goal disengagement (GAS-D) and six evaluate goal reengagement (GAS-R), with higher scores indicating a better ability to disengage from goals or to reengage in alternative goals when faced with the need to stop pursuing an important goal. In adherence with Vallerand's (1989) guidelines for the transcultural validation of psychometric instruments, three independent bilingual translators converted the items from English into French. Three different independent bilingual translators converted the French version back into English, and we compared this new version with the initial English questionnaire. We supervised the process and reached a consensus about the language structure and meaning of each item. Finally, 19 participants were asked to complete the questionnaire and provide comments about the wording of instructions and items, which did not result in any changes (see Supplemental Material, for the French version of the GAS). In the present study, the internal consistency was good for both subscales, with Cronbach's $\alpha = .83$ and McDonald's ω (see Hayes & Coutts, 2020) = .84 for the GAS-D and $\alpha = .82$ and f $\omega = .81$ or the GAS-R.

TGP and FGA Scales

The French version of the TGP and FGA scales initially developed by Brandtstädter and Renner (1990) consists of 20 items assessed on a 5-point Likert scale ranging from *strongly agree* to *strongly disagree*. Ten items evaluate the TGP dimension, and the other 10 items evaluate the FGA dimension. The TGP scale measures a tendency to tenaciously pursue goals even in the face of obstacles. The FGA scale indicates a tendency to positively reinterpret situations and to disengage from unattainable goals easily. Higher scores on the two dimensions indicate high tenacity and high flexibility in goal pursuit. The French validation study obtained satisfactory internal consistency for FGA, Cronbach's $\alpha = .76$, and for TGP, Cronbach's $\alpha = .78$ (Bailly et al., 2014). In the present study, Cronbach's α was .81 and McDonald's ω was .82 for FGA and α was .75, and McDonald's ω was .77 for TGP.

Generalized Anxiety Disorder-7 Scale

The Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., 2006) scale consists of seven items rated on a 4-point Likert scale ranging from *never* to *almost always*. A high score indicates a risk of GAD. The French version of the scale has a one-dimensional factorial structure and good internal consistency with Cronbach's $\alpha = .80$ (Micoulaud-Franchi et al., 2016). In the present study, Cronbach's α was .88, and McDonald's ω was .89.

Center for Epidemiological Studies–Depression Scale

The Center for Epidemiological Studies–Depression (CES-D; Radloff, 1977). Scale consists of 20 items evaluated on a 4-point Likert scale ranging from *very rarely* to *frequently*. In the French validation of the scale, the internal consistency for the total items is

satisfactory, with Cronbach's α = .85 (Bouvard et al., 2013). In the present study, Cronbach's α was .81, and McDonald's ω was .86.

Satisfaction With Life Scale

The Satisfaction With Life Scale (Diener et al., 1985) consists of five items assessed on a 7-point Likert scale, ranging from *strongly disagree* to *strongly agree*. The internal consistency is good, with Cronbach's α = .84 for the French validation of the scale (Blais et al., 1989). In the present study, Cronbach's α was .86, and McDonald's ω was .86.

Results

Preliminary Results

Preliminary analyses of participants' scores on the different questionnaires revealed one univariate outlier. Moreover, analyses of participants' responses to the GAS items revealed six univariate outliers and one multivariate outlier, in adherence with the guidelines of Tabachnick and Fidell (2019). All outliers were removed from the analyses, leaving a total sample of 167 participants. The characteristics of the sample did not change after removing the outliers. We examined the normality of distribution using Kurtosis and Skewness indexes. These values are presented in Table 1. Values indicated no significant deviation from normality for all variables except for the GAD score (Skewness and Kurtosis > 1). We, therefore, computed the logarithm of GAD and reassessed the normality of distribution. Since the violation of the normality assumption was minor, and since the results obtained showed no difference between the raw and transformed anxiety scores, we decided to present the raw scores.

Factor Structure and Psychometric Validity of the GAS

To examine the factor structure of the GAS, we conducted a confirmatory factor analysis on the 10 items of the GAS by using the R package Lavaan. A one-factor model was tested with the 10 items of the GAS against a two-factor model with the four items for GAS-D and six items for GAS-R. We used the maximum likelihood method of estimation. Different model fit statistics were assessed: the root-mean-square error of approximation (values ≤ .08 indicate an acceptable fit; Kline, 2016), the standardized root-mean-square residual (values of ≤ .08 indicate a good fit; Kline, 2016); the comparative fit index, and the Tucker–Lewis index (TLI; values of ≥ .95 indicate an acceptable fit; Kline, 2016). The one-factor model did not show acceptable indices. The root-mean-square error of approximation was .19, the standardized root-mean-square residual was .149, the comparative fit index was .61, and the TLI was .49. In contrast, almost all calculated statistics indicated good model fit for the two-factor model. The root-mean-square error of approximation was .08, the standardized root-mean-square residual was .067, the comparative fit index was .93, and the TLI was .91. Analysis of chi-square difference showed that the two-factor model fits significantly better the data than de one-factor model, $\chi^2(1) = 191{,}471$, $p < .001$.

To examine the convergent validity of the scale, we computed Pearson correlations between the subscales of the GAS and indicators of goal adjustment (FGA and TGP scales). The results of the Pearson correlations are presented in Table 2. The disengagement and reengagement subscales were positively correlated. As expected, the disengagement subscale was also positively correlated with the FGA dimension and negatively correlated with the TGP. The reengagement subscale was not significantly correlated with the indicators of goal adjustment.

Table 1
Means, Standard Deviations, Skewness, and Kurtosis of the GAS, FGA, TGP, CES-D, GAD, and SWLQ Scores

Variable	*n*	*M*	*SD*	Skewness	Kurtosis
GAS-D	167	9.97	3.33	.662	−.126
GAS-R	167	22.41	3.52	−.446	.701
FGA	153	32.78	6.16	−.422	−.341
TGP	153	31.98	5.89	−.215	−.987
CES-D	148	38.31	8.07	.847	.305
GAD	146	12.40	4.41	1.088	1.086
SWLS	146	26.13	6.13	−.924	.520

Note. GAS = Goal Adjustment Scale; GAS-D = Goal Adjustment Scale–Disengagement; GAS-R = Goal Adjustment Scale–Reengagement; FGA = Flexible Goal Adjustment scale; TGP = Tenacious Goal Pursuit scale; CES-D = Center for Epidemiological Studies–Depression scale; GAD = Generalized Anxiety Disorder; SWLQ = Satisfaction With Life Questionnaire; SWLS = Satisfaction With Life Scale.

Associations of Goal Disengagement and Reengagement With Depression, Anxiety, and Life Satisfaction

The Pearson correlations of the subscales of goal adjustment (GAS), depression (CES-D), anxiety (GAD-7), and SWLQ are presented in Table 2.

Moderated regression analyses were performed by using the PROCESS macro (Hayes, 2013), with depression symptoms (CES-D), anxiety symptoms (GAD-7), and SWLQ as dependent variables. We entered goal disengagement and goal reengagement scores, which were mean-centred, and their interaction as predictors. When anxiety was the outcome, the association with goal disengagement ($B = -.35$, $SE = .11$, $p < .005$, 95% CI [−.566, −.141]) was significant but not the association with goal reengagement ($B = .04$, $SE = .109$, $p = .71$, 95% CI [−.176, .256]). Results showed a significant interaction between goal disengagement and goal reengagement when anxiety was the outcome ($B = -.090$, $SE = .031$, $p < .005$, 95% CI [−.151, −.028]). The overall model showed a medium effect size, $F(3, 142) = 7.437$, $p < 0.001$, $f^2 = .157$. The observed statistical power was .99. In order to probe the interaction, we used the pick-a-point approach by estimating the conditional effect of disengagement on anxiety when reengagement is equal to 1 standard deviation below the mean and 1 standard deviation above the mean (Hayes, 2013). As illustrated in Figure 1, disengagement capacities significantly predicted lower levels of anxiety among participants who also had high capacities for reengagement (1 *SD*; $B = -.638$, $SE = .136$, $p < .001$, 95% CI [−.906, −.369]), but not when they had low capacities for reengagement (−1 *SD*; $B = -.070$, $SE = .155$, $p = .654$, 95% CI [−.376, .237]).

With depression as the outcome, the association with goal disengagement ($B = -.333$, $SE = .213$, $p = .121$, 95% CI [−.754, .089]) and goal reengagement ($B = -112$, $SE = .217$, $p = .61$, 95% CI [−.541, .317]) were both not significant. The

Table 2
Pearson Correlations Between the GAS, FGA, TGP, CES-D, GAD, and SWLQ Scores

Variable	1	2	3	4	5	6	7
1. GAS-D	—						
2. GAS-R	.31**	—					
3. FGA	.33**	.14	—				
4. TGP	−.25**	−.06	−.07	—			
5. CES-D	−.16*	−.08	−.48**	−.21**	—		
6. GAD-7	−.28**	−.03	−.38**	−.10	.73**	—	
7. SWLQ	.05	.16*	.40**	.13	−.47**	−.22**	—

Note. GAS = Goal Adjustment Scale; GAS-D = Goal Adjustment Scale–Disengagement = GAS-R: Goal Adjustment Scale–Reengagement; FGA = Flexible Goal Adjustment scale; TGP = Tenacious Goal Pursuit scale; CES-D = Center for Epidemiological Studies–Depression scale; GAD = Generalized Anxiety Disorder; GAD-7 = Generalized Anxiety Disorder-7 scale; SWLQ = Satisfaction With Life Questionnaire.
* $p < .05$. ** $p < .01$.

interaction between goal disengagement and goal reengagement was not significant ($B = -.101$, $SE = .061$, $p = .097$, 95% CI [−.221, .019]). The overall model was not significant, $F(3, 144) = 2.362$, $p = .074$, $f^2 = .049$. The observed statistical power was .60.

Finally, when predicting life satisfaction, the association with goal disengagement ($B = -.016$, $SE = .156$, $p = .918$, 95% CI [−.325, .293]) was not significant but the effect of goal reengagement ($B = .32$, $SE = .159$, $p < .05$, 95% CI [.004, .633]) was significant. The interaction between goal disengagement and goal reengagement was not significant for predicting life satisfaction ($B = .055$, $SE = .045$, $p = .224$, 95% CI [−.034, .145]). The overall model was not significant, $F(3, 142) = 1.830$, $p = .145$, $f^2 = .039$. The observed statistical power was .48.

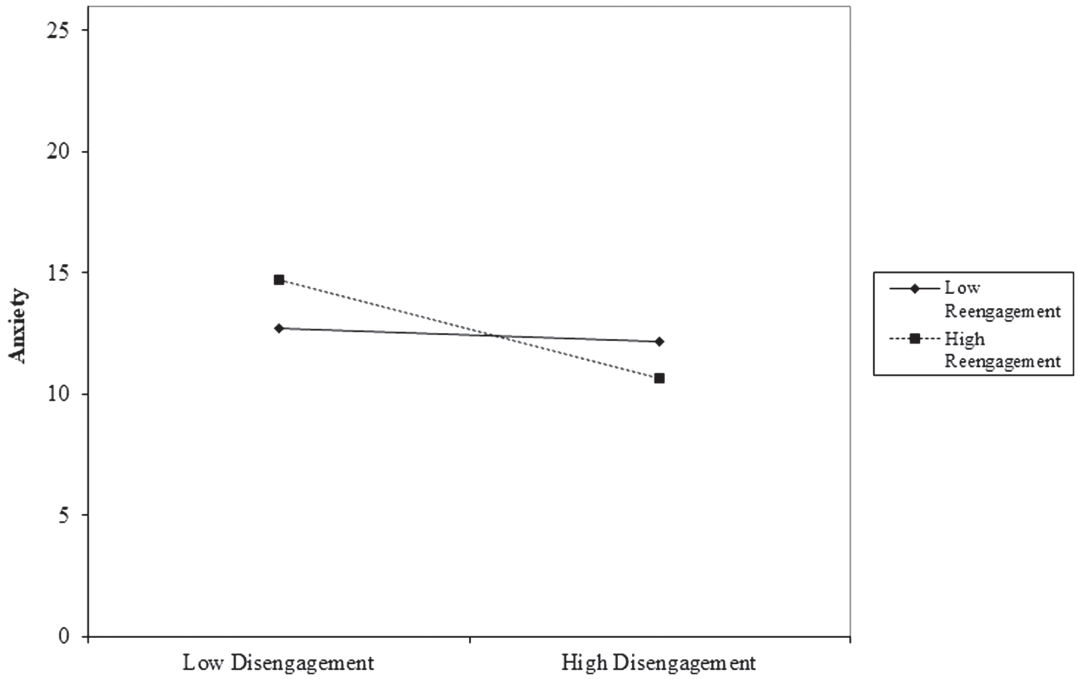
Discussion

The aim of this study was to examine whether the interaction between goal disengagement and goal reengagement would be associated with depression symptoms, anxiety symptoms, and SWLQ. The additional aim of this study was to examine the factorial structure and psychometric properties of the GAS (Wrosch, Scheier, Miller, et al., 2003) after translating it into French.

Psychometric Exploration of the French Goal Adjustment Scale

We first examined the factorial structure and psychometric properties of a French version of Wrosch, Scheier, Miller, et al.'s, (2003) GAS in order to provide a brief valid measure of goal disengagement and goal reengagement in the French-speaking population. The factorial structure of the scale was analyzed by confirmatory factor analysis, our results confirming that the GAS has a two-factor structure and that this two-factor model better fit than a one-factor model. The internal consistency was good for both subscales, with Cronbach α's and McDonald's omega's greater than .80, which is similar to the internal consistency obtained in the English version. In addition, the two subscales correlate positively with each other. The convergent validity of the scale was tested with the FGA and TGP scales, other well-established measures of goal adjustment that reflect an individual's capacity to flexibly adjust goals and an individual's tendency to pursue goals tenaciously

Figure 1
Visual Representation of the Moderation Effect of Goal Reengagement on the Association Between Goal Disengagement and Anxiety at a Standards Deviation Below and Above the Mean of Goal Reengagement Score



(Brandtstädter & Renner, 1990). As expected, our results indicated that high capacities in disengaging from unattainable goals were positively associated with flexibility in adjusting to goals and negatively in staying tenacious in the pursuit of a goal. However, our results did not reveal significant correlations between the reengagement subscale and the FGA or TGP scale. To our knowledge, only two studies have evidenced a correlation between the FGA or TGP scales and reengagement scale and found that reengagement was positively associated with flexibility and tenacity (Arends et al., 2016; Ramírez-Maestre et al., 2019). Taking a closer look at what the scale measures, it can be noticed that the flexibility scale, which is considered an analogue of the GAS, measures a tendency to reinterpret initially aversive situations positively and to disengage easily from unattainable goals. While it should conceptually capture both disengagement and reengagement, it seems to focus exclusively on the aspect of reappraisal and disengagement, ignoring the ability to reengage with new alternative goals. This could account for the absence of correlation obtained with reengagement. Moreover, whereas the GAS allows us to distinguish between two goal adjustment processes, the FGA does not enable the identification of unique and specific psychological consequences of each adjustment process (Barlow et al., 2020). Other studies would be relevant to better understand how the constructs are related. Overall, our results suggest that the French version of the GAS has adequate psychometric properties and could further be used. However, the comparative fir index and the TLI show an index below the threshold recommended by Kline (2016). Unfortunately, the absence of previous confirmatory analysis on the GAS items does not allow us to make a comparison with previous analyses. Our results suggest that it would be useful to further explore the factor structure of the GAS.

Associations Between Goal Adjustment, Depression, Anxiety, and Satisfaction With Life

When looking at the correlations between the goal adjustment capacities and indicators of symptomatology and well-being, distinct associations seem to emerge from our results. The disengagement subscale was negatively correlated with both measures of anxiety and depression symptoms. Indeed, the ability to flexibly disengage from goals when they become unattainable is a sign of effective adjustment and is therefore assumed to be negatively related to clinical symptoms. In contrast, the reengagement subscale was not significantly correlated with depression and anxiety scores, although, as part of an adjustment process, the same negative correlation was expected. In line with this result, previous studies have also found an absence of significant correlations between goal reengagement and measures of depressive symptoms, whereas they did find that disengagement predicted a reduction in depressive symptoms (Wrosch & Miller, 2009). In the same vein, Koppe and Rothermund (2017) showed that depressive groups are more able to disengage from some tasks than nondepressive groups are and that this observation did not occur with reengagement. The meta-analysis by Barlow et al. (2020) highlighted that disengagement could be more linked to reduced negative indicators, whereas reengagement could be more linked to enhanced positive indicators. This finding suggests that reengagement is expected to be less strongly associated with the reduction of negative indicators such as depression and anxiety symptoms. This seems all the more relevant as the reengagement dimension was correlated with the life satisfaction scale, whereas disengagement was not.

Interactive Effects

Previous assumptions considered goal disengagement and goal reengagement as two independent constructs that may contribute either independently or jointly to well-being (Mens et al., 2015; Praskova et al., 2013). Indeed, the ability to reengage in alternative goals has been found to moderate relationships between goal disengagement and well-being (Wrosch, Scheier, Miller, et al., 2003; Wrosch et al., 2007). The results of the interaction analyses support this observation, showing that disengagement capacities significantly predict the lower levels of anxiety among participants who also have high capacities for reengagement but not among those who have low capacities for reengagement. These results are in line with our assumptions regarding the beneficial effect of combined high disengagement capacities and high reengagement capacities for distress. Indeed, this supports the central idea of Worsch's theory, which suggests that disengagement and reengagement are both appropriate ways to respond to an unattainable goal situation. Our results also suggest that those with a low level of disengagement combined with good reengagement skills will be the most anxious. Although we did not establish a precise hypothesis in this regard, it is not surprising considering that when a person is unable to let go of unattainable goals but continues to commit to new ones, high anxiety may result. Furthermore, our results also show that being low in reengagement does not significantly influence the effects of disengagement on anxiety levels.

However, the interaction was not significant when predicting depression and life satisfaction, nor has this moderating effect been systematically found in other studies. For example, Wrosch, Scheier, Miller, et al. (2003) reported a significant interaction between goal disengagement and goal reengagement for perceived stress and self-mastery but not for other aspects of subjective well-being (intrusive thoughts and purpose of life) and concluded that other factors might influence adaptive self-regulation of goals. Although our sample size was larger than that of the Wrosch, Scheier, Miller, et al. (2003), it cannot be excluded that this interaction effect, if it exists, is so small that it could not be detected due to the low power observed in this analysis (see limitations below). In addition to this, we may speculate about which factors could intervene in these variations. Firstly, specific aspects of the symptoms we measured may influence adjustment capacities. For example, previous research highlighted that differential associations between depression and disengagement can emerge depending on the sample's likelihood to experience depressive symptoms (Barlow et al., 2020). Goal disengagement is generally linked to lower levels of depressive symptoms, but when the sample is at risk for depression, this association is reversed given that depressive symptoms can make it easier to disengage from unattainable goals (Koppe & Rothermund, 2017; Wrosch & Miller, 2009). Our sample had an average depression score below the CES-D critical threshold, meaning that the negative correlation we obtained with disengagement is consistent with what is found in the literature. Secondly, the action readiness theory (Frijda et al., 1989) may also be useful in considering specific aspects of the symptoms that could influence adjustment capacities. Action tendency activates behavioural scripts that aim to change the relationship between individuals and their

environment (Frijda et al., 1989). The propensity for action may be different depending on the symptoms at stake, with action tendencies being more likely to promote goal reengagement with anxious symptoms than with depressive symptoms.

Finally, the adequate self-regulation of unattainable goals not only depends on self-regulatory abilities but also on the availability of alternative goals on which people can refocus (Wrosch et al., 2013). Indeed, Wrosch, Scheier, Miller, et al. (2003) found that the ability to reengage in new goals was positively correlated with the availability of alternative goals. They also pointed out that engagement with new goals can be influenced by a variety of personal and contextual factors. Barlow et al. (2020) suggest that more research is needed to identify processes that could influence goal disengagement capacities. Hence, individual or contextual factors, such as age, personality dispositions, and financial or family situations, may be involved to make it more complicated to consider alternative goals. It would be of great interest to identify such factors.

Some limitations can be raised in the present study. The first limit is the correlational nature of our study that does not allow for causal inferences to be made and therefore simply highlights the existence of associations. A second limitation we can identify is the small size of our sample. Indeed, the power analysis revealed low power in the prediction of depression and life satisfaction, suggesting that we cannot rule out the possibility that an effect exists but that the sample size was not sufficient to detect it. The absence of significant results for depression and life satisfaction should therefore be taken with caution. Finally, the new nature of our translated goal adjustment measure also appears as a limit. Although the psychometric evidence and factorial analysis are compelling, the lack of possible comparison with other studies leads us to remain cautious.

Conclusion

Goal disengagement and goal reengagement have been shown to interact to predict anxiety, highlighting that the two processes of goal adjustment should be explored together to predict well-being. However, the interaction was not significant in predicting depression or life satisfaction. Whereas depression has often been at the forefront of the goal regulation literature, this study highlights specific associations between goal adjustment and anxiety. The role of reengagement in goal adjustment and well-being should be explored by further examining and clarifying its moderation effect. In a broader sense, by providing a better understanding of goal processes, the results of this study may provide leads for interventions that could be used when patients face goal adjustment difficulties and may improve on adequate and flexible goal attainment, which has been shown to be largely involved in well-being. Finally, the French version of the GAS has overall adequate psychometric properties and may therefore be a valuable measure for researchers and clinicians who are interested in exploring goal adjustment processes.

Résumé

L'ajustement des buts est un mécanisme important de la construction de soi. Lorsqu'ils poursuivent des buts, les gens sont parfois confrontés à des situations dans lesquelles les buts sont inatteignables et ils doivent s'adapter en s'en désengageant et en se réengageant dans des buts alternatifs. Un nombre croissant d'études suggère que la capacité des personnes à s'adapter lorsqu'elles sont confrontées à des buts inatteignables est associée au bien-être subjectif. L'objectif principal de cette étude était d'examiner si le désengagement des buts, le réengagement des buts et leur interaction sont associés aux symptômes de dépression, aux symptômes d'anxiété et à la satisfaction à l'égard de la vie. Un autre objectif consistait à examiner la structure factorielle et les propriétés psychométriques de l'échelle d'ajustement des buts [version française de Goal Adjustment Scale (GAS; Wrosch, Scheier, Miller, et al., 2003)]. Cent soixante-quinze volontaires adultes ont rempli des mesures évaluant l'ajustement flexible des buts, la dépression, l'anxiété et la satisfaction à l'égard de la vie. L'analyse factorielle confirmatoire de l'échelle d'ajustement des buts a révélé un modèle acceptable, une bonne cohérence interne et une validité convergente. Le désengagement des buts est associé à la dépression et à l'anxiété, tandis que le réengagement est associé à la satisfaction à l'égard de la vie. L'interaction entre le désengagement et le réengagement semble être significative pour prédire l'anxiété mais pas la dépression et la satisfaction à l'égard de la vie. Les deux processus d'ajustement des buts devraient être explorés conjointement afin de mieux comprendre leurs effets.

Mots-clés : désengagement des buts, réengagement des buts, dépression, anxiété, satisfaction à l'égard de la vie

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