

**Aim for The Moon, Reach for The Stars:
The Importance of Desirability and Feasibility Considerations in Health Goals
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Summary

Previous research has emphasized the importance of setting feasible health goals that are relatively easy to attain. The aim of the present studies is to investigate the relative importance of feasibility and desirability considerations and their effect on goal commitment. Study 1 (N = 100) investigated in an online survey the effect of desirability or feasibility consideration on commitment to health goals (eating healthily, safe sex practices, moderate alcohol consumption); and demonstrated that desirability had a greater effect on goal commitment than feasibility. Study 2 (N = 127) examined whether the impact of desirability and feasibility information of health goals (eating healthily and exercise) is dependent on the stage of goal pursuit (i.e., goal setting vs. goal striving stage); and found that desirability considerations were more important during both stages of goal pursuit, although desirability and feasibility equally affected goal commitment. Implications for health behavior interventions are discussed, suggesting that people striving for health goals should not only pay attention to the feasibility of goals, but also need to think about what they desire. Although it is of vital importance to aid people in setting realistic, feasible goals, the present findings underscore that in doing so, it is important to keep track of the desirability of the goal as well.

Introduction

Self-regulation theories assert that health behavior is motivated by commitment to health goals (Carver & Scheier, 1998; De Ridder & De Wit, 2006). Goal commitment is fostered when people consider their goals as highly desirable and feasible (Oettingen, 2000). Desirability of goals is associated with the attractiveness of attaining a goal whereas feasibility refers to the relative ease of attaining the desired end state (Gollwitzer & Oettingen, 1998). Although both desirability and feasibility are important, they may not always be concordant. A highly desirable goal can be quite unfeasible: losing weight until you are able to wear size 8 is very desirable but not feasible when someone is a chocolate lover and currently wearing size 14. In the same vein, highly feasible goals can be low in desirability: the goal of losing one pound is easy to attain but not very desirable when it does not bring about a change in dress size. The aim of the present studies is to investigate the relative importance of feasibility and desirability considerations in the pursuit of health goals.

In the past years, research in health promotion has focused on goal feasibility by encouraging people to set attainable goals when they are trying to change their health-related behavior (Gollwitzer & Oettingen, 1998; Locke & Latham, 1990). By emphasizing the feasibility of achieving an end state, people are better able to monitor progress towards the goal (Latham, 2003). The notion that goals should be feasible has found its way into numerous practical recommendations where it is generally agreed upon that goals should be SMART: specific, measurable, attainable, realistic, and timely (Latham, 2003). The SMART acronym has made its way into the health area, where many interventions advocate the importance of setting feasible goals (e.g., Bovend'Eerd, Botell, & Wade, 2009; Thoolen et al., 2007).

With the current emphasis on setting feasible goals, which is relevant because it supports people in considering the attainability of their goals, the other important aspect of goal striving - goal desirability - is getting less attention. Although personal goals by definition represent desired end states, goals may vary to the degree that they are considered attractive. For example, when people have adopted the highly desirable goal of ten kilograms of weight loss, they are confronted with a concrete sub-goal of eating less, which may be considered less attractive than the ultimate desired end state. We therefore argue that in addition to considering the feasibility of a goal, it is relevant to pay attention to its desirability as well. Obviously, we do not want to deny that there are unequivocal benefits of ensuring that goal striving is feasible. However, there are reasons to question whether a focus on goal feasibility without also contemplating goal desirability is sufficient to ensure commitment to goals.

First, focusing on feasible goals may eventually lead people to lose sight of the bigger (and highly desirable) goal they were actually aiming at, which can have negative effects on goal commitment (Fishbach, Dhar, & Zang, 2006). Indeed, Goal Setting Theory (Locke & Latham, 1990, 2002) suggests that highly desirable goals, accompanied by high expectations of success, are best in increasing goal commitment. Some research even indicates that highly desirable but rather unattainable goals can have beneficial effects. For instance, it has been shown that ambitious weight loss goals tend to be inspirational (Trottier, Polivy, & Herman, 2005) and are related to greater exerted effort (Linde, Jeffery, Finch, Ng, & Rothman, 2004). Further evidence for the importance of desirability of goals comes from Vallacher and Wegner's (1987) research, positing that it is important that people not only should think of *what* they are doing or *how* they are doing it, but also consider *why* they are doing it in order to prevent early disengagement from goals.

To summarize, we argue that for health goals, consideration of desirability is as important for goal commitment as considering feasibility. In order to test this assumption, two studies examined the relative importance of feasibility and desirability considerations and their association with goal commitment.

Study 1

This study tested the effect of desirability and feasibility information on goal commitment by presenting participants with vignettes about decision making about health goals.

Method

Participants and Procedure. Hundred students (65% female) aged between 17 and 29 years ($M = 21.73$, $SD = 2.32$) participated in the study via an online survey with a chance of winning a €15 gift coupon. They were asked to imagine a health goal (eating less unhealthily, controlling alcohol consumption, or engaging in safe sexual practices) varying in levels of desirability (high vs. low) and feasibility (high vs. low) described in vignettes. They were presented with one of the four versions of each health decision problem. The dependent variable was the level of commitment to pursue the health behavior presented in the vignette.

Vignettes. An example of one of the vignettes (healthy snacking) is presented below. It describes the high level desirability, high level feasibility version with the low level versions presented in parentheses.

“Imagine that you (don’t) consider it important to eat healthily. You’re walking in the mall and you’re craving something to eat. The healthy sandwich shop is closer (further away) than the fast food cafeteria.”

Each vignette was followed by a question about the commitment to pursue the behavior described in the vignette (e.g., “To what extent do you intend to get a healthy sandwich in this specific situation?”) with a 10-point scale ranging from *not at all* (1) to *very much* (10). In addition, a question was presented about the extent to which participants could identify with the situation described in the vignette (on 7-point scales ranging from 1 = *not at all* to 7 = *very much*).

Results

Identification. Participants indicated that they were well able to identify with the vignettes on “eating healthily”, ($M = 4.70$, $SD = 1.57$) and “controlling alcohol consumption” ($M = 4.40$, $SD = 1.61$), and moderately for “engaging in safe sexual practices” ($M = 4.02$, $SD = 1.80$).

Vignettes. Commitment to pursue health goals was subjected to three (one for each health problem) 2 (Desirability: high vs. low) \times 2 (Feasibility: high vs. low) ANOVAs. We also examined commitment with identification as a covariate, but as the covariate failed to reach significance in all three vignettes, $ps > .25$, results are reported without the covariate included. All means and standard deviations are presented in Table 1.

Alcohol consumption. Main effects for both desirability, $F(1, 95) = 30.30$, $p < .001$, $\eta^2 = .24$, and feasibility, $F(1, 95) = 7.38$, $p < .01$, $\eta^2 = .07$ were found, indicating that when levels of either desirability or feasibility of this goal were high, the commitment to controlling alcohol consumption was higher than when levels were low. Although both effects were significant, the effect size of desirability was about 3.5 times larger than the effect size of feasibility. A significant interaction effect of feasibility and desirability was absent, $p > .56$.

Safe sex. A main effect for desirability, $F(1, 95) = 11.69$, $p < .001$, $\eta^2 = .11$, but not for feasibility, $F < 1$ was found. This indicates that when the desirability of this goal is high, the

commitment to having safe sex is also higher. A significant interaction effect of feasibility and desirability was absent, $p > .91$.

Eating healthily. Main effects were found for both desirability, $F(1, 95) = 15.50$, $p < .001$, $\eta^2 = .14$, and feasibility, $F(1, 95) = 8.42$, $p < .01$, $\eta^2 = .08$. This again shows that when the desirability or the feasibility of the goal is higher, the commitment to this goal is higher. However, again the effect size of desirability was about twice as large as the one of feasibility. A significant interaction effect of feasibility and desirability was absent, $p > .71$.

Table 1.

Means of the Dependent Variables by Desirability and Feasibility of the Health Behavior Provided in Three Vignettes

		level of desirability		
		low	high	overall
Alcohol consumption				
level of feasibility	low	3.73	6.67	5.35
	high	5.32	7.70	6.39
	overall	4.62	7.14	5.88
Safe sex				
level of feasibility	low	5.35	7.92	6.00
	high	5.64	8.04	6.94
	overall	5.46	8.00	6.45
Eating healthily				
level of feasibility	low	4.37	6.96	5.37
	high	6.33	8.47	7.28
	overall	5.17	7.66	6.19

Note. Entries are on 10-point Likert-type scales: higher values indicate a higher commitment to pursue a health behavior.

Discussion

The findings from Study 1 show that for controlling alcohol intake and eating healthily both desirability and feasibility information are important in influencing goal commitment. Importantly, as can be concluded from a comparison of effect sizes, desirability information affected goal commitment more strongly than feasibility information. In case of having safe sex, desirability was the only goal dimension affecting goal commitment.

The health goals examined in Study 1 pertained to hypothetical scenarios by which participants had to imagine in what way feasibility and desirability would affect their commitment to these goals. To overcome this limitation, Study 2 examined whether desirability considerations are also more important when people report on their actual goal. Moreover, in Study 1 we focused on the initial stage of goal pursuit (motivational stage). However, it has been suggested that during later stages of goal pursuit, feasibility considerations will become more important as people are confronted with setbacks and obstacles that may make them shift their focus to practical issues of goal striving (De Ridder & Kuijer, 2006). Therefore, in Study 2 we will examine whether our findings can be replicated during actual goal striving (volitional stage).

Study 2

This study examined whether considerations about desirability and feasibility of personal health goals are dependent on the stage of goal pursuit (i.e., goal setting vs. goal striving). In addition to examining whether a temporal dimension is relevant to the relative importance of desirability and feasibility of health goals, we investigated whether our findings could be replicated when people report on their actual goal rather than an imaginary goal.

Method

Participants and procedure. Participants from a community sample ($N = 253$) responded to an invitation to participate in an online survey on health goals. Participants first had to indicate whether they had adopted a health goal which could either relate to healthy eating or exercise. Fifty percent of the respondents ($N = 126$) did not have the intention to change their behavior with regard to healthy eating or exercise within the next six months and were excluded from further participation. In the remainder of the sample (60% females; $M = 34.10$ years, $SD = 12.61$) stages of goal setting and goal striving were determined by two questions about goal pursuit (derived from De Vet, De Nooijer, De Vries, & Brug, 2005). Participants who indicated that they had the intention to change their eating behavior or exercise behavior within the next thirty days and had taken some initial steps to do so were categorized as being in the stage of goal setting ($N = 37$); participants who indicated that they had already made changes in their behavior with regard to healthy eating or exercise were categorized as being in the goal striving stage ($N = 90$). They then were asked to write down a few lines about their goal expectations to promote a vivid experience of their goal. Participants subsequently responded to questions about desirability and feasibility of their personal health goal, and reported on the commitment to their goal.

Desirability and feasibility considerations. Desirability considerations were assessed by four items ('It is important to me that my goal is desirable/something I really want/worth striving for/warrants my full dedication') rated on a 7-point scale ranging from 1 (*completely disagree*) to 7 (*completely agree*). Feasibility considerations were also assessed by four items ('It is important to me that my goal is easy to attain/realistic/feasible/within reach') rated on the same 7-point scale. Internal consistencies of the desirability considerations scale and the feasibility considerations scales were computed for the healthy eating goal and the exercise goal separately and proved satisfactory (Cronbach's alpha .78 and .77 for desirability

considerations of the exercise goal and healthy eating goal respectively; Cronbach's alpha .79 and .63 for feasibility considerations of the exercise goal and healthy eating goal respectively).

Goal commitment. Participants were asked to what extent they were committed to their personal goal of exercise or healthy eating on a 7-point scale, ranging from 1 (*no commitment at all*) to 7 (*very high commitment*).

Results

The majority of the sample (60%) indicated exercise as their primary personal goal and 40% named healthy eating. Overall, participants were highly committed to their personal health goal ($M = 5.28$, $SD = 1.17$), regardless whether they were in the goal setting ($M = 5.11$, $SD = 1.08$) or the goal striving stage ($M = 5.36$, $SD = 1.21$), $t = .17$, $df = 125$, $p = .87$. There were no gender differences in the type of goal people had adopted, $t = .19$, $df = 125$, $p = .85$. As there were no significant differences in the desirability considerations of the healthy eating goal ($M = 5.50$, $SD = .99$) compared to the exercise goal ($M = 5.45$, $SD = 1.06$), $t = .30$, $df = 125$, $p = .77$, we computed a general desirability considerations of health goal score ($M = 5.47$, $SD = 1.03$). Significant differences between the feasibility considerations of the healthy eating goal ($M = 5.02$, $SD = .71$) and the exercise goal ($M = 5.16$, $SD = .95$) were also absent, $t = .91$, $df = 125$, $p = .36$). Therefore, a total score feasibility considerations of health goal was computed ($M = 5.10$, $SD = .86$).

A repeated measures ANOVA with stage of goal pursuit as the between subjects factor and desirability and feasibility considerations as within subjects factor was performed to examine whether the stage of goal pursuit would affect considerations of desirability and feasibility. This analysis demonstrated that there was no main effect of stage of goal pursuit, $F < 1$, $p = .56$, nor an interaction effect between stage of goal pursuit and feasibility/desirability

considerations, $F < 1$, $p = .49$. There was, however, a significant difference between feasibility and desirability considerations, $F = 18.63$, $p < .001$, $\eta^2 = .13$, showing that regardless of the stage of goal pursuit desirability considerations ($M = 5.44$, $SD = .89$) prevailed over feasibility considerations ($M = 5.10$, $SD = .91$).

Both in the goal setting stage and in the goal striving stage, desirability and feasibility considerations were about equally strongly correlated with commitment to health goals (.72 and .57 for feasibility and desirability considerations respectively in the goal setting stage; .72 and .67 for feasibility and desirability considerations respectively in the goal striving stage; all $ps < .001$).

Discussion

The findings from Study 2 replicate and extend the results from the first study in two ways. First, we found that desirability considerations were also rated as more important than feasibility considerations when people find themselves actually doing things to realize their goal of eating more healthily or engaging in more exercise rather than adopting such a goal. It has been suggested that during later stages of goal pursuit, goal feasibility will become more important as people are confronted with setbacks and other hindrances that could cause them to shift their focus to feasibility considerations (De Ridder & Kuijer, 2006). Our findings suggest otherwise as even people in the goal striving stage continue to find the desirability of their goal more important than its feasibility. Notwithstanding the importance participants attributed to the desirability of their goal (regardless the stage of goal pursuit), both desirability and feasibility considerations proved to be about equally strongly associated with commitment to goals.

Second, we were able to replicate the findings from the first study that included young students only in a community sample of a more varied age group. Importantly, these

participants reported on their actual goal on which they had been reflecting for a while by writing down a few lines on their goal expectations. We therefore speculate that they were more aware of practical issues related to goal striving than the participants in Study 1 who responded to imaginary goals. Notwithstanding their greater awareness, participants in Study 2 attached greater importance to the desirability of their goal than to its feasibility.

General Discussion

The present research tested the hypothesis that desirability of health goals is as important as their feasibility. Overall, both studies show that desirability considerations are equally important in the pursuit of health goals as considerations about whether goals are attainable, and in some cases even more important. The first study showed that when both desirability and feasibility information are present, desirability has a greater effect on goal commitment than feasibility. One obvious argument against focusing on highly desirable goals, is that these goals may be inspiring during the initial stage of goal setting but, as they tend to be more difficult to attain, the motivation to pursue these goals reduces in later stages and eventually may even result in goal disengagement (Wrosch, Scheier, Miller, Schulz, & Carver, 2003). Our findings do not support that line of reasoning. The second study demonstrated that people continue to attach greater importance to the desirability of their goal when they find themselves actually striving for goals.

Although the subordination of feasibility to desirability consideration of goals has been demonstrated in previous research (Lieberman et al., 1998; Sagristano et al., 2002), the present study is the first to replicate these findings in the domain of health goals. One may wonder whether the continued preference for desirability considerations illustrates an underestimation of the difficulties associated with goal striving or an adaptive mechanism that supports the

investment of efforts in goal striving (Taylor & Gollwitzer, 1995). Whatever may be, in any case it demonstrates that people attach more importance to how much they want something than to how easy it is to get it.

What are the implications of these findings for research on health goals and for interventions that aim to help people realize their health goals? Rather than recommending that people should forget about the feasibility goals, we suggest that on top of paying attention to feasibility they should consider the desirability of their goal as well. Although this may seem a rather obvious recommendation, the recent and important focus on goal feasibility may have resulted in neglecting the other important aspect of goal striving, i.e. considering their desirability. A straightforward complementary approach to interventions that highlight goal feasibility only would be to encourage people to set feasible goals, while making sure that they keep in mind their overarching (desirable) goals. One may even consider focusing directly at the desirability of a goal. Previous studies have shown that in case of desirable but less attainable goals, people adjust their evaluations in such a way that they make their highly desirable goal more attainable in order to reduce the discrepancy between desirability and feasibility considerations (De Ridder & Kuijer, 2006; Kuijer & De Ridder, 2003; Latham, 2003). This implies that setting larger, more ambitious goals should not have negative effects on motivation but can encourage people to make these goals more attainable, eventually contributing to the accomplishment of their goal.

A limitation of the current studies is that we did not include actual goal striving behavior, but focused on goal commitment as an outcome measure. Although goal commitment is an essential prerequisite for goal-directed behavior, high commitment does not automatically translate in successful goal attainment (Gollwitzer & Oettingen, 1998). Viewed in light of the question whether continued preference for desirability considerations is either or not a case of wishful thinking, it seems that desirability considerations support goal striving

rather than compromise it. Future research should address the question of whether framing information about goals also influences the accomplishment of goals. Another limitation is that we assessed goal desirability and goal feasibility with vignettes presenting participants with hypothetical goals. However, it has been demonstrated that scenario methods are equally capable of eliciting valid responses as 'real' recall methods (Robinson & Clore, 2001).

In conclusion, the results from our studies suggest that people should not only pay attention to the feasibility of goals when it comes to goal setting as well as goal striving, but also need to think about what they desire. Although previous research has demonstrated convincingly (Bovend'Eerd et al., 2009; Locke & Latham, 2002; Thoolen et al., 2007) that it is of vital importance to aid people in setting realistic, feasible goals, the present findings underscore that in doing so, it is important to keep track of the desirability of the goal as well. If interventionists focus exclusively on the feasibility of the goals, these goals may become too trivial and desirability may suffer. This may have negative consequences as the present findings highlight that it is at least equally important, and in some cases even more important that people keep their desired end state in mind in order to ensure sufficient commitment to pursue health goals. Additional research should illuminate whether increased goal commitment also energizes people to actually strive for their health goals and whether these findings can be implemented in health behavior interventions.

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