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Personality and quality of life: The importance of optimism and goal adjustment

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Abstract

This article concerns the relations between personality and quality of life. In the first part, we discuss different conceptualizations of personality and quality of life. We argue that personality affects quality of life by influencing how people approach and react to critical life situations. In the second part, we address the beneficial role played by two individual difference variables in promoting quality of life: dispositional optimism and goal adjustment. Literature is reviewed demonstrating that dispositional optimism facilitates subjective well-being and good health, mediated by a person's coping behaviors. In addition, we discuss studies that examine people who confront unattainable goals. The reported evidence supports the conclusion that individual differences in people's abilities to adjust to unattainable goals are associated with a good quality of life.

Key words: Disengagement, Goal adjustment, Optimism, Personality, Quality of life

Introduction

Everyone wants to have a good quality of life. Good life quality is also taken by many as a sign of successful development. There is less agreement, however, about what promotes good quality of life. In this article, we argue that personality factors can significantly affect the quality of life that is experienced. We start with a brief discussion of how personality and quality of life might be conceptualized. In general, we argue that individual differences play an important role in moderating the manner in which they respond to life circumstances. These differences then play out in turn in the quality of life that is experienced. To provide evidence for these assumptions, we focus in the last part of the paper on research concerning the associations between quality of life and two specific individual difference variables: dispositional optimism and goal adjustment.

Personality

Our ultimate interest is in exploring associations between personality and quality of life. Given these aims, it might be appropriate to begin the discussion with a consideration of personality. Unfortunately, there is no absolute or generally agreed upon definition for personality [1] but rather there are almost as many definitions as there are personality theorists and researchers.

Given this diversity, an alternative starting point might be to ask how the concept of personality is used in our everyday lives. Understanding how the term is used may provide insight about what the terms means. That is, the reasons for using the term might converge on an implicit definition.

One reason for using the term personality is to provide a sense of *continuity*, *stability*, or *consistency* about what a person does, thinks, or experiences.

Consistency can take several different forms, each of which tells us something about the manner in which the term personality is used. One type of consistency concerns stability across time (John could not handle unpredictability when he was a child, and he can not handle unpredictability today). Another type of consistency involves consistency across situations (Sarah just talks a lot – she talks at work, at parties, she even talked a lot at her Mother's funeral). One reason for using the word personality, then, is to convey a sense of the consistency or continuity seen in people from moment to moment, and from one context to another.

A second reason for using the term personality is to convey a sense that the cause of whatever it is that the person is doing (or thinking or feeling) is *originating from within*. The behavior (or thought or feeling) cannot be explained on the basis of the external situation alone. Suppose, for example, that you are interviewing someone for a job. You know that the position requires someone who can work independently and is a self-starter. You also know that your applicant knows the nature of the job, because of the manner in which the job was posted. In spite of the job requirements, your applicant comes across as a very timid and dependent person, as someone who needs a lot of nurturing. You are very likely to attribute these characteristics to the person's personality – in that they cannot be easily explained in terms of situational demands.

There is a final reason for using the term personality. Specifically, the term is often used to convey a sense that a few salient characteristics can be used to provide a summary of what the person is like. Saying that Karen is outgoing, for example, conveys a sense that sociability is an important part of who Karen is. Said differently, we use personality characteristics in order to convey a sense of what makes one person *unique*, a sense of what it is that makes up the person's identity. This is one more reason why the concept of personality gets used.

We began this section by noting that there were almost as many definitions of personality as there were personality theorists and researchers. While personality definitions do abound, many of the definitions share common elements. What are these definitions like? To paraphrase Allport [2] slightly: Personality is a dynamic organization, inside the person, of psychophysical systems that create the person's characteristic patterns of behavior, thoughts, and feelings.

It is instructive to compare facets of Allport's definition to the three dimensions of our informal definition that were identified above. First, the systems of interest to Allport reside *inside the person*, implying an internal locus of causation. We would also note that Allport was interested in those systems that created the person's *characteristic patterns of behavior*, *thoughts*, *and feelings*, reflecting the idea that personality somehow represents the embodiment of the person's identity. Although not explicitly stated, we suggest that the notion of consistency is also inherent in Allport's definition. That is, without consistency, it is difficult to understand how the characteristic patterns of a person's behaviors, thoughts, and feelings might arise. In our view, Allport's definition only serves to reinforce the themes introduced above – that the term personality conveys a sense of consistency, internal causality, and personal uniqueness.

When one thinks of personality, one also tends to think in terms of traits and dispositions – stable characteristics that people exhibit across various circumstances and across time. Traits are part of our daily lexicon. When asked to describe someone else's personality, people almost invariably respond in terms of traits and dispositions. Although there have been a few vocal critics over the years [3, 4], more than any other perspective the trait approach has passed the test of time.

When you think of personality in terms of traits or dispositions, a question that immediately arises is which characteristics to use. The difficulty is that the potential list is almost endless. For instance, people differ in terms of activity level, impulsivity, social ability, aggressiveness, talkativeness, warmth, social responsivity, and finickiness, just to mention a few of the characteristics that might be used.

Given the range of the potential pool of traits, researchers and theorists have been preoccupied over the years with the attempt to identify a smaller subset of traits that might be viewed as being more fundamental or basic to the description of personality. Remarkably, a relative strong consensus on what traits are basic has begun to

emerge. The emerging consensus is that the basic structure of personality may consist of five superordinate factors, which are often referred to as the five-factor model, or the 'big five' [5–7].

The evidence supporting a five-factor view of personality structure has been accumulating for over 45 years ([8] for a history of this work), but it has received wide attention only within the last couple of decades. Very early evidence for the five-factor model was published in 1949, when D.W. Fiske reported being unable to reproduce earlier results offered by Cattell [9]. The data set in question involved 171 trait terms, on which Cattell had obtained self-reports from a large number of people. Cattell suggested that a 16-factor solution provided the best fit to the data. Fiske found a five-factor solution instead. Fiske's findings remained largely buried in the literature until the 1960s, when Norman [10], Borgatta [11], and Smith [12] all addressed the same question with different measures. Each reached the same conclusion as did Fiske: Five factors provided the best account of the data.

During the decades of the 1980s and 1990s, there was a virtual explosion of work on this topic. Data from earlier studies have been reanalyzed in new ways [13]. New and diverse samples have also been collected – for example, teachers' ratings of children [14], children's ratings [15], peer ratings [16], and data from multiple cultures and languages [17–20]. Other studies expanded the data base in other ways. For example, Peabody and Goldberg [21]; Peabody [22] used a set of scales grounded in natural language to ensure that the trait words would be readily accessible to non-psychologists.

Others tested the model with different kinds of measures. For example, some studies have used a Q-sort [23, 24]; others assessed frequencies with which people engage in particular kinds of actions [25]; others conducted non-verbal assessments [19]; others tested the model against measures originally developed from entirely different lines of thought [26, 27]. There have been exceptions [28, 29] and some imperfections in the findings [23, 30]; yet the body of literature as a whole is impressive in the extent to which it fits the five-factor model [8, 17, 31–33].

What are the big five? The first factor that emerges is sometimes called extraversion [34], which is a type of social dominance or social adaptability. The second factor goes by the term agreeableness; the opposite of which would be hostility or irritability [10]. This factor also has to do with conformity or a docile compliance [8, 14, 35]. The third factor is most often labeled conscientiousness, but also reflects the will to achieve [8] and to be responsible [27]. The fourth factor is an emotionality factor, dealing with neuroticism, emotional control, and emotionally instable people who tend to be chronically anxious [11, 35]. The last factor, which probably most immediately involves what some people think of as intelligence [21] has to do with culture and being a cultured person [35]. Some people have suggested that this factor more appropriately reflects a person's openness to experience [5,16, 27].

The identification of five basic dimensions of personality has been taken by some to mean that these characteristics are all that ever need to be assessed – that there is no longer a need to investigate traits that are not reflected in the big five. Is this the case? Is there no longer any need to include dimensions in personality research that are not reflected in or subsumed by the big five? We are not content just yet to rely totally on the big five, for two reasons.

First, it is not apparent that the big five accommodates all of the personality dispositions that may be of interest, even if one considers the facets upon which the big five are based. That is, the big five is a model of superordinate traits. Measures of these supertraits often incorporate facets or subtraits within them. For example, Costa and McCrae's NEO-PI [36] has measures of six different facets within each of the five main factors of the model. A review of the 30 facets assessed by the NEO-PI reveals that traits such as masculinity, femininity, self-esteem, and optimism are not directly included. Yet, these variables would seem to be ones that might be useful to investigate.

Second, although those who use the five-factor model sometimes emphasize the utility of examining patterns of traits within each factor [34, 37], this is not always done. The question arises then of whether anything is lost when lower-level traits are combined with each other to form the supertraits. Although there are not a lot of data on the issue, the answer seems to be yes.

Mershon and Gorsuch [38], for example, reexamined the data from four studies relating the 16 Personality Factor inventory [39] to real-life criteria (such as pay, job tenure, change in psychiatric status). In each case, they did a test in which the outcome variable was predicted from the 16 scales, and another in which the outcome variable was predicted from second-order factors. The two sets of analyses were compared, to see whether one accounted for more of the outcome variable than the other. In most cases, prediction from the 16 scales was better than prediction from second-order factors. In fact, the basic scales accounted for twice the variance in outcomes as did the composites.

In retrospect, Mershon and Gorsuch's [38] findings should not be terribly surprising. One might generally expect a predictive advantage for analyses using the component parts rather than the composite. Consider, for example, the case in which only one or two of the component parts bear any relationship to the outcome of interest. Individual analyses of the facets would clearly reveal which facets were involved. Analysis of the composite under these circumstances might obscure significant underlying associations, because facets included in the composite not related to the outcome would serve to weaken the strength of the association with the composite. Indeed, the best-case scenario is when each of the facets contributes equally and independently to the outcome of interest. But separate analyses of the facets would reveal this pattern as well. Indeed, it is hard to imagine when a facet level of analysis would be inferior to one conducted at the composite, super-trait level.

We should make one final point about the big five approach to personality. That is, that the big five were identified empirically, through the use of factor-analytic strategies. It is important to note in this regard that the significance of personality constructs does not necessarily have to be defined empirically, but it can derive from theoretical, practical, and societal criteria as well. For example, an interest in studying the authoritarian personality [40] developed after the terrifying experience of German Nazism. Another example would be the rise of research on anxiety in the 1950s and 1960s driven in part by the cultural concerns of a post-war society [41]. Just because a trait or characteristic is not reflected in the big five does not mean that the trait or characteristic is not worthy of study. Although the big five model of personality certainly provides important insights about what some of the major personality dimensions might be, it is just as certain that there are other personality characteristics not embodied by the big five that are just as worthy of study.

Quality of life

Just as definitions of personality vary, so do definitions of quality of life [42], and these differences in definitions have a subsequent impact on the way in which quality of life is assessed. One important dimension on which definitions vary is in terms of their level of generality [43]. Thus, it should not be surprising that quality of life indicators range from the broad level of community well-being to the evaluation of single individuals in specific contexts. Indeed, Cummins [44a] found more than 100 instruments measuring and defining quality of life in different ways. No doubt the various approaches to quality of life derive at least in part from the fact that researchers differ in what they choose to emphasize as being important in determining people's quality of life [45].

Researchers [46] who have attempted to order the different approaches have argued that quality of life relates to objective indicators (e.g., life conditions) and subjective indicators (e.g., life satisfaction). Both types of indicators are assumed to explain unique proportions of variance in people's quality of life. On the one hand, for example, a serious disease may have a direct impact on a person's health status thereby constraining her/his mobility and life expectancy. On the other hand, people may differ in terms of their life satisfaction, relatively independent of their objective conditions. Such differences in life satisfaction might result from the use of different comparison standards. For example, an 80-year-old person who faces the same level of objective health constraints as a 30-year-old person might be more satisfied with the situation if the older person compares her/his health status with the health status of people who are of similar (older) age.

Some researchers assess quality of life by measuring a person's overall life satisfaction with a single item [47]. However, indicators of quality of life can also be assessed with multiple items across a broad range of life domains [44b]. To identify the most important areas contributing to quality of life, Cummins et al. [48] reviewed 27 definitions of quality of life. Their review suggests that 85% of the definitions included emotional well-being, 70% health, 70% intimacy issues, and 56% work and activities related to productivity.

With regard to domain-specific approaches to quality of life, it has been argued that indicators of quality of life may have to be weighted by the importance of the life domain [43, 49]. For example, negative objective conditions might not compromise a person's quality of life if the target domain is less important to the individual. In contrast, if a specific life domain has a high priority for the individual, failure and dissatisfaction may reduce the person's quality of life to a greater extent; for issues of centrality [50–53].

Obviously, the different theoretical approaches to quality of life research raise important questions in terms of issues of conceptualization. For the purpose of this discussion, however, it is enough to simply note that quality of life measures consist of both objective and subjective indicators that can be focused on domain-general levels as well as on a number of different life domains.

Personality and quality of life

Our perspective on personality and quality of life suggests that personality factors can impact on the way in which people approach life circumstances or on the kinds of outcomes people receive, which in turn can impact favorably or unfavorably on quality of life. For example, a person who is conscientious may overcome unexpected obstacles more easily than a person who is less motivated to achieve important life tasks. Thus, a conscientious person may be more successful in establishing objective indicators of quality of life (e.g., having a successful career, wealth) and may also report high levels of subjective well-being.

With regard to predicting different levels of quality of life indicators (e.g., general life satisfaction vs. domain-specific satisfaction), it might be that personality is particularly related to broader indicators of quality of life, such as general life satisfaction. Given that personality affects an individual's characteristic pattern of behaviors across a large number of life domains, we might be more successful in identifying the beneficial effects of personality if we look at aggregated indicators of quality of life. This does not imply, however, that personality is not also influencing specific facets of life quality. Our only point here has to do with the conditions under which associations are most likely to occur. Other things being equal, we would expect a particularly close relation between the predictor (i.e., personality) and the outcome (i.e., quality of life) if both are measured at the same level of aggregation. Since personality factors tend to be applicable to many situations, prediction might be best for quality of life indicators that are also broad in scope.

It seems important to note that there is a tendency in personality and quality of life research to treat personality factors as nuisance variables [54], as things to be controlled, so that associations between variables of interest might be more critically assessed. A researcher may want to know, for example, how a certain predictor variable (e.g., daily hassles) relates to a person's quality of life (e.g., health), but is afraid that personality factors such as neuroticism or negative affectivity might create spurious results – i.e., that any observed association between daily hassles and health might be due to the correlations of these factors with negative affectivity. To rule out such confounding, the response is to statistically control for the personality factor when the critical association is assessed.

We would like to note that this approach (controlling for personality) involves some potential disadvantages. Most importantly, there is the possibility that personality in fact may be the distal and causal factor that influences the predictor of interest (e.g., daily hassles) and thereby the quality of life factor assessed (e.g., health). If so, controlling for personality may be even disadvantageous because the personality factor is in fact part of the causal network. By controlling for personality under such circumstances, we remove variance from the analyses that is in fact partly responsible for the quality of life that people are reporting. We may improve our understanding of pathways to

quality of life by conceptualizing personality as part of the theoretical model. In doing so, it would be possible to theoretically and empirically distinguish important background variables (e.g., personality) as well as the mediating processes (e.g., coping) that affect people's quality of life.

The importance of optimism and goal adjustment

In the remaining part of this article, we address two individual difference variables that are expected to contribute to people's quality of life: optimism and goal adjustment. We argue that both constructs influence quality of life by the unique roles they play in self-regulatory activities. In particular, both optimism and goal adjustment can be expected to relate to an adaptive management of critical life circumstances and personal goals. Such goals might involve, for instance, recovery from a serious disease or attainment of broader life goals, such as establishing a successful career and building a family.

Why are goals important for understanding differences in quality of life? First, it is noteworthy that some researchers have almost equated successful goal management with quality of life. For example, Emerson [55] has described quality of life as the satisfaction of individuals' values, goals, and needs through the actualization of their abilities or lifestyle. In addition, goals are seen as central building blocks of human development because they structure and direct behavior into particular pathways [56–61].

The importance of goal management for successful development is also captured by the notion of developmental tasks [62]. According to Havighurst [62], the successful attainment of developmental tasks (e.g., finding a partner, establishing a career) leads to successful development and satisfaction, whereas failure in solving developmental tasks may result in social difficulties and dissatisfaction [63]. Goals are also important factors in dealing with critical life events. They structure people's behaviors after experiences of loss and problems and thus may canalize positive adjustment to negative life events. In sum, goals provide the structure that define people's lives and imbue life with purpose, both in the short run and in the long run [51, 64].

We argue that optimism and goal adjustment facilitate the adaptive regulation of critical life situations and personal goals. Optimists, as compared with pessimists, are more likely to persist in their pursuit of goals when confronted with difficult life situations. Optimists take advantage of the opportunities for development to a greater extent than pessimists do. Optimists might also cope more effectively when goals are blocked.

In this regard, we also address the fact that personal goals are not always attainable [65, 66]. As discussed in more detail below, there are several reasons to suspect that people might be better off if they gave up the pursuit of unattainable goals. Thus, successful development and quality of life might be facilitated both by the continued pursuit of goals that are attainable as well as by the ability to disengage from goals that are not.

Dispositional optimism

There are different approaches to the study of optimism. One approach has assessed optimism by examining attributional styles, the characteristic manner in which a person explains prior events [67, 68]. In this approach, optimists, as compared with pessimists, explain negative events in terms of causes that are more time limited, narrow in their effects, and external to the self. The other approach, which we address here, defines optimism as a relatively stable, generalized expectation that good outcomes will occur across important life domains [69]. The important part of the definition is the stability of the expectation. People maintain their optimism and pessimism over time and across different situations. Thus, dispositional optimism is a very general tendency, a disposition that reflects expectations across a variety of life domains.

Dispositional optimism can be measured by using a six-item scale, called the Life Orientation Test – Revised, or LOT-R [70]. Three items reflect expectations for positive outcomes and three items reflect expectations for negative outcomes. Exemplar items include 'In uncertain times, I usually expect the best' or 'Overall, I expect more good things to happen to me than bad.' As compared with the attributional approach to optimism, dispositional optimism does not differentiate the basis of the expectation. For example, people can be positive in their expectations for the future because

they are efficacious or because they are lucky. To the study of dispositional optimism it is merely important to know that a person thinks that good outcomes are going to occur.

We should also note that the LOT-R provides a continuous distribution of scores. Although we often refer to optimists and pessimists as though these persons form distinct groups, such usage is really only a matter of linguistic convenience. There is no empirical criterion for categorizing a person as being an optimist or a pessimist. Most research using the LOT-R uses it to create a continuous distribution of scores, with optimists and pessimists being defined relative to one another.

A large body of research has demonstrated that dispositional optimism has beneficial effects on people's well-being and health; for review, see Scheier et al. [71]. Studies have confirmed cross-sectional and longitudinal associations between optimism and subjective well-being [72, 73], self esteem [74], low depression [75, 76], low negative emotions [77, 78], and life satisfaction [79]. Outcome expectancies have also been linked to objective indicators of quality of live, such as good health [80] and mortality [81]. Given the strong and consistent effects of optimism on people's quality of life, it seems to be important to address the pathways through which optimism operates. Do optimists experience less distress than pessimists just because optimists are more cheerful than pessimists? Considering that differences in quality of life between optimists and pessimists often remain stable even when statistically controlling for constructs such as emotionality, it seems likely that there are other pathways to quality of life. One important mechanism is that optimists use different strategies to manage critical life situations than pessimists do. People who are confident about their future exert continuing effort, even when dealing with serious adversity. People who are doubtful about their future, in contrast, are more likely to try to push the adversity away as though they can somehow escape its existence by wishful thinking. In other words, there are substantial differences in how optimists and pessimists cope with and manage challenging life situations.

Differences in coping methods used by optimists and pessimists have been found in a number of studies. One early project on undergraduates [82] showed that optimists more frequently used problem-focused coping, especially when they experienced controllable stressful situations. If the situations were perceived as uncontrollable, by contrast, optimists tended to rely more heavily than pessimists on positive reframing – trying to place the situation in the best possible light. Other research [83–85] has also shown that optimists reported a tendency to rely on active, problem-focused coping, and they reported being more planful when confronting stressful events.

Similar results have been reported by Scheier et al. [73] who studied the effects of optimism on people's lives after coronary artery bypass surgery. The results showed that in terms of the reactions to the surgery itself, optimists did better than pessimists. Optimism was associated with a faster rate of physical recovery during the period of hospitalization and with a faster rate of return to normal life activities subsequent to discharge. The study also demonstrated that optimists were more likely than pessimists to engage in problem-focused coping and used denial less frequently. Optimism has also been studied among AIDS patients [86]. Optimism predicted positive attitudes and tendencies to plan for recovery, seek information, and reframe bad situations so as to see their most positive aspects. Optimists made less use of fatalism, self-blame, and escapism, and they did not focus on the negative aspects of the situation or try to suppress thoughts about their symptoms.

The aforementioned studies help to establish that optimists cope differently than pessimists. Optimists appear to be actively engaged in the processes of goal attainment and may also reappraise situations in a positive way if an important goal is blocked. However, it also seems to be critical to show that these differences in coping between optimists and pessimists result in differences in quality of life.

Several studies have looked for a mediational role of coping in the relationship between optimism and psychological well-being. For example, one of the studies that we addressed earlier examined the use of attentional-cognitive strategies as ways of dealing with the experience of coronary artery bypass surgery [73]. Before surgery, optimists were more likely than pessimists to report that they were making plans for their future and setting goals for their recovery. Optimists, as compared to pessimists, also tended to report being less focused on

the negative aspects of their experience. Following surgery, optimists more frequently requested information about the recovery process than pessimists did. Results from path analyses suggested that the positive impact of optimism on quality of life 6 months post-surgery occurred through the indirect effect of differences in coping.

King et al. [78] assessed optimism, coping, and negative mood in a study of women undergoing coronary bypass graft surgery. Although their results were not entirely consistent across all of the assessment points in the study, optimists displayed more positive thinking during the week following surgery, engaged in more attempts at finding meaning at 1 month, and employed less escapism at 12 months. Mediational analyses demonstrated that finding meaning and escapism were responsible, at least in part, for the relation observed between optimism and negative mood.

A study of cancer patients examined the ways women cope with treatment for early stage breast cancer during the first full year after treatment [87]. Both before and after surgery, optimism was associated with a pattern of reported coping tactics that revolved around accepting the reality of the situation, placing as positive a light on the situation as possible, trying to relieve the situation with humor, and (at presurgery only) taking active steps to do whatever there was to be done. The coping tactics that related to optimism and pessimism also related strongly to the distress that subjects reported. For example, positive reframing, acceptance, and the use of humor all related inversely to self-reports of distress, both before surgery and after. Further analyses revealed that the effect of optimism on distress was largely indirect through coping, particularly at post-surgery.

Finally, a study by Segerstrom et al. [88] examined mood disturbances among students enrolled in law school. Additional data gathered from the study showed that situational and dispositional optimists engaged in less avoidant coping than did pessimists. Mediational analyses demonstrated that the differences between optimists and pessimists in the degree of mood disturbance they experienced was at least partially due to the differences between them in their use of avoidant coping strategies.

In sum, the reported studies indicate that optimists differ from pessimists in the way they manage challenging situations. Findings from this research suggest that optimists tend to use more problem-focused coping strategies than do pessimists. When problem-focused coping is not a possibility, optimists turn to adaptive emotion-focused coping strategies such as acceptance, use of humor, and positive reframing.

Goal adjustment

Personality variables that support active coping and attaining personal goals are presumably only part of the story of achieving and maintaining a high quality of life. An equally important role is played by processes that lead to precisely the opposite outcome, that is, goal disengagement. In what follows, we point to the critical role in life played by giving up unattainable goals and finding new and meaningful goals to pursue [51, 65, 66, 89]. Specifically, we argue that people who confront unattainable goals are better off if they are able to disengage from those goals and to re-engage in alternative, meaningful activities.

Why are some goals unattainable? One reason goals are not always attainable stems from the sequential nature of development. Socio-structural, biological, and normative factors might reduce a person's opportunities for goal attainment. For example, there are biologically and socially determined rules governing when people should retire, and there are implicit age norms guiding important life transitions [90]. Opportunities for goal attainment are also influenced by other factors, such as negative life events [91] and changes in the socio-structural conditions of development [92–94]. For example, people who face the death of a spouse, a divorce, irreversible stages of disease, or involuntary retirement may not be able to pursue some of their goals (e.g., growing old together, buying a house).

Another constraint on goal pursuits stems from the assumption that selective investment of personal resources is a basic requirement of successful development [95, 96]. That is, personal resources are limited, and once invested in one activity, they cannot be used for an alternative activity. Thus, people have to make decisions about how to invest their time and energy and which goals to pursue. To focus personal resources on managing most important life tasks, individuals may have to stop

pursuing more peripheral goals. For example, people may disengage from leisure goals to secure the attainment of career or family goals. In sum, important life goals might become unattainable, given the multiple constraints on the person's life, or the changing nature of the person's socio-structural environment. In such cases, the goal must be abandoned. This lets the person expend the resources to good effect in other areas of life.

On the most general level, we argue that people differ in the manner in which they react to unattainable goals [66]. Most notably, some people seem to be able to disengage from unattainable goals much more readily than others. Similarly, there seem to be important individual differences in the ease with which people are able to identify and adopt new, alternative goals to pursue – i.e., in the ability to re-engage their efforts elsewhere.

In our view, disengagement is comprised of, at least, two components [66, 97]. First, it encompasses *reduction of effort*. Reduction of effort may simply involve a lessening in the amount of behavioral energy directed toward goal attainment. Reduction of effort can also be more complete, involving a total cessation of goal-directed activity. The second component of goal disengagement involves *relinquishment of commitment*. Relinquishment of commitment seems to involve a decrease in the importance, significance, or value that is attached to the goal.

Disengagement from unattainable goals should be accompanied by an engagement in alternative and meaningful goals. People who have to give up on goals are challenged to reorganize their self-concepts in order to identify new goals to pursue in the future. If a relevant goal proves unattainable, and it is not possible to find alternative means to realize the goal, people need to be able to engage in other meaningful activities. This process also has several distinct components. People should be able to *identify* alternative goals, to *commit* to new goals, and to *initiate activities* directed toward goal attainment (e.g., planning and investment of effort and time).

There are several reasons to expect that individual differences in goal disengagement and goal re-engagement affect quality of life. One potential benefit of disengagement from unattainable goals is to help a person avoid accumulated failure experiences. In some situations, reduction of active effort might help prevent even more serious consequences. For example, a person who stops engaging in a fight that cannot be won may avoid serious subsequent problems [98]. In addition, reducing a goal's importance, helping to redefine it as not necessary for satisfaction in life [99], allows the person to accommodate to the reality of the situation and come to grips with the fact that the goal is beyond reach [100]. In the long run, both reduction of effort and relinquishment of commitment should free up personal resources (e.g., time and energy) that can be used to promote beneficial effects in other areas of life.

People who are able to re-engage in other meaningful activities might also experience different beneficial consequences. First, it seems likely that being engaged in meaningful goals is a basic factor in human development that provides high levels of purpose in life [64, 101–103]. Goal re-engagement may also contribute to quality of life by reducing failure-related thoughts. For example, Heckhausen and colleagues have shown that people shift in terms of thought content and information processing after having decided to pursue a new goal [104, 105]. Thus, if people focus to a greater extent on the positive aspects of a newly selected goal, they might concurrently experience reduced levels of negative states such as intrusions and rumination about failure. Other things being equal, pursuing new goals should be related to high levels of purposeful and future-oriented thoughts and low levels of failure-oriented thoughts.

Researchers from different areas of psychology have provided empirical evidence for the idea that goal adjustment has beneficial consequences on quality of life. Wrosch and Heckhausen [65], for example, studied age-related management of partnership goals in groups of younger and older persons who had recently experienced a separation in their relationships. As compared with younger individuals, older adults face sharply constrained opportunities to realize a new intimate relationship [106]. Thus, it was assumed that disengagement from partnership goals would have beneficial consequences in older persons. Younger separated individuals, by contrast, who face favorable opportunities for establishing a new relationship, were expected to strive for the attainment of a new

intimate relationship. The results showed that older persons in the study had disengaged from partnership goals more fully than had younger respondents, as reflected in the number of partnership goals they reported. Most importantly, longitudinal data showed that deactivation of partnership goals predicted improvement of emotional well-being in older participants, but not in their younger counterparts [65].

Moskowitz et al. [107] have examined disengagement processes in the health domain. Their study provided support for the notion that small-scale disengagement can facilitate moving forward in broader ways. They examined coping and well-being in couples in which one partner was becoming ill and dying from AIDS. Some of the healthy participants initially had the goal of overcoming their partner's illness and continuing to have active lives together. As the illness progressed and it became apparent that those goals would not be met, choosing more limited and manageable goals helped ensure that it would be possible to move successfully toward them. The result was that even in those difficult circumstances, the participants experienced more success than would otherwise have been the case and remained engaged behaviorally with efforts to move forward with life.

In a similar vein, Tunali and Power [108] have discussed how parents cope with the stress of having handicapped children. They argue that when people are in such an inescapable situation, where their basic needs are under threat, they may redefine what constitutes fulfillment of that need. Consistent with this line of reasoning, they found that mothers of autistic children tended to downgrade the importance of career success in defining their life satisfaction, and upgrade the importance of being a good parent, in comparison to mothers who did not have an autistic child [90, 99]. Rated importance of being a successful parent was also strongly related to life satisfaction among the mothers of autistic children.

We have also started to examine empirically our proposed model of goal adjustment (Wrosch et al., in press, Personality and Social Psychology Bulletin). Specifically, we measured people's tendencies to disengage from unattainable goals by asking them how difficult it was for them to withdraw effort and to relinquish commitment from unattainable goals. We also assessed goal re-engagement by asking people to what extent they are able to identify, commit to, and initiate behavioral pursuit of alternative goals when they confront unattainable goals.

In a first study, we examined relations between goal disengagement, goal re-engagement, and subjective well-being in college students [66]. The transition to a university setting may require students to restructure important life goals. In particular, separation from long-standing friends and family, unexpected failure in academic tasks, and time-consuming and resources-intensive responsibilities at school might result in situations in which important life goals are no longer attainable. The results of the study confirmed reliable individual differences in goal disengagement and goal re-engagement. In support of our hypotheses, the study's findings showed that both goal disengagement and goal re-engagement were independently related to indicators of subjective well-being, such as high purpose in life, low intrusive thoughts, low perceived stress, and high self-mastery. These relations were statistically independent from the five-factor personality model [109] and other constructs from the area of self-regulation, e.g., assimilation [100], supporting our theoretical claim that individual differences in goal adjustment play a unique and important role in successful development and quality of life.

We expected that goal adjustment becomes even more important as people face extremely challenging life circumstances. Such situations might include growing into very old age, confronting a terminal disease, or being confronted with a life-threatening disease of a beloved person. To examine this hypothesis, we administered our goal adjustment scales to 20 parents whose children were diagnosed with cancer and 25 parents with healthy children (Wrosch et al., submitted for publication). The study also included a measure of depressive symptomatology [110]. The diagnosis of a life-threatening disease of their own children is definitely one of the most critical events that people might face during their lives. In addition, it may force parents to give up on important life goals (e.g., giving up career goals to spend more time with their children) and sometimes to disengage from being with their children at all. As expected, both goal disengagement and goal re-

engagement predicted low levels of depression, particularly strong among parents whose children were diagnosed with cancer (correlations greater than 0.50).

A final data set has been recently collected in Montreal, examining the importance of disengagement from undoing the negative consequences of young and older adults' most severe omission and commission regrets C. Wrosch, I. Bauer and M.F. Scheier (submitted for publication). We assumed that older adults would face unfavorable opportunities to undo their regrets [111]. Thus, disengagement from undoing the negative consequences of regrettable behavior should be adaptive for older adults and facilitate their quality of life. The study included measures of disengagement from undoing regrets, depressive symptomatology, and physical health problems (e.g., migraine headaches, constipation, diarrhea). The results showed that older, as compared to younger, adults were more fully disengaged from undoing their regrets. However, the results also revealed reliable individual differences in disengagement that predicted quality of life among older adults (and only among older adults). In particular, those older adults who failed to disengage from undoing the negative consequences of their regrets reported high levels of depressive symptomatology and high levels of physical health problems (the latter effect being stronger for commission regrets than omission regrets).

In sum, the reported studies show that people differ in their tendencies to manage unattainable goals. These individual differences in disengagement from unattainable goals and re-engagement in other meaningful activities independently predicted high levels of well-being and low levels of distress and depression, above and beyond other personality constructs. Thus, people who are able to withdraw effort and to relinquish commitment from unattainable goals and people who identify, commit to, and start pursuing alternative goals can be expected to show high levels of quality of life.

Conclusions

We have argued that personality influences quality of life. In particular, personality is expected to reflect characteristic patterns of behaviors that, in turn, relate to individual differences in quality of life. To provide evidence for this assumption, we have discussed the importance of two individual difference variables for attaining high levels of quality of life: optimism and goal adjustment. Both constructs are expected to serve important functions in an adaptive management of personal goals and development, resulting in high levels of quality of life. Optimists, as compared with pessimists, more frequently use active coping tactics when confronted with aversive situations and adaptive emotion-focused coping tactics when important life goals are blocked. People who are able to disengage from unattainable goals and reengage elsewhere seem able to avoid accumulated failure experiences and exhibit a higher quality of life.

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