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SELF-CONTROL

Psychology has had a long and stormy relationship with concepts relating to issues of human agency. Willpower, will, and self-control have all been part of the battle. Psychology cannot seem to dismiss the concepts summarily and finally; and the terms do not lend themselves to easy conceptual and/or empirical resolution. Over the past two decades, interest in self-control has again increased substantially.

INTEREST IN SELF-CONTROL, AND SOME PROBLEMS

The theme of action with self-discipline and self-control arises in widely varying cultures and religious traditions.

One reason why self-control will not just go away is the

ubiquitousness and relevance of the term philosophically, societally, legally, and from a religious standpoint.

A second reason for the current interest in self-control comes from reports from India and the Orient detailing extraordinary feats of bodily control and altered states of consciousness by meditation masters. These reports were not summarily dismissed because they parallel a rather major shift in Western scientific Zeitgeist and models. These findings cause a reconsideration of the formulations of classical neurology that taught that the autonomic nervous system was beyond voluntary control.

A third reason for the increased interest was the growing dissatisfaction among health care professionals who found themselves treating stress-related disorders exclusively with pharmacological solutions.

Within this context, one of the more promising areas in psychotherapy and the health sciences has been efforts toward the development and refinement of Eastern and Western self-control strategies for the amelioration of clinical problems.

There has been a plethora of research studies showing the clinical effectiveness of these strategies with a variety of affective and physical disorders.

A fourth reason for the current interest in self-control relates to the personal, social, and theoretical importance of control.

Control is mentioned in the *Diagnostic and Statistical Manual (DSM-III)*, under various guises, generally with absence of control or lack of voluntary ability being considered qualities of the impulse disorders, implicated in the depressive and anxiety disorders. Other related concepts in contemporary psychology include the social learning theorist's self-efficacy; delay of gratification; the existentialist's concept of will; Julian Rotter's internal/external locus of control; and the neoanalytic concept of competence suggested by Robert White. Further, there are efforts to bring control theory from mathematics, systems and cybernetic theory to discussions of self-regulation.

A self-control strategy refers to a family of techniques an individual consciously practices in a regular, systematic manner to influence cognitive activity and/or behavioral activity in a desired direction. B. F. Skinner's view is that self-control is a behavioral sequence in which an organism manipulates environmental influences in accordance with learning principles to alter a specific behavior.

M. J. Mahoney and D. B. Arnkoff define self-control as a social label differentially applied to some behavior patterns. Several characteristics are noted: A behavior pattern is not considered self-regulatory if it is apparent to the labeler that the behavior is receiving prompt reward or punishment; people do not receive credit for self-control if it is something they seem to have been doing effortlessly all their lives.

RESEARCH-COMPARING STRATEGIES

Preliminary research indicates the following differentiations among strategies that need to be taken into consideration:

1. For detecting a precise functional relationship between the patient's environment and stress, behavioral self-observation is the treatment of choice.
2. For tension headache, electromyography biofeedback is the treatment of choice; for migraine headache, it is temperature training.
3. Between meditation and biofeedback, for "general relaxation," meditation is the treatment of choice; for a specific stress area, biofeedback is preferable.
4. For cognitive stress, a cognitive strategy such as hypnosis or meditation appears more effective than a somatic strategy.
5. For somatic stress, exercise or progressive relaxation appears to be more effective.
6. For a person with a primarily auditory response system:
 - (a) When using biofeedback, a visual feedback stimulus is preferable.
 - (b) When using meditation or hypnosis, an auditory stimulus is preferred.

One of the reasons why the self-control strategies may be equally effective, names and labels aside, is that almost all of the techniques involve attentional focusing, cognitive statements, and/or imagery. Further, a general antistress response in the individual has been posited, which identifies a common pathway shared by all the self-control techniques that promotes a pattern of psychobiological responding antithetical to the stresses of daily living.

Free Will Versus Determinism

The issue of free will versus determinism cuts right to the issue of self-control and is a critical underpinning and assumption.

Self-control as a construct implies a process movement away from reflexive action to conscious choice and awareness. The belief system upon which the construct is based is that individuals are not absolutely determined, can gain more autonomy and free choice, and do have the ability to effect change in their lives on some level. Even those schools that argue that free will or free choice is a misnomer, if they wish to utilize the concept of self-control, have to agree that an illusion of freedom is important to individuals. Thus the concept of self-control is not possible without recourse to a view of individual choice and freedom, even if only an "as if" view. Further, this assumption of free choice, which is an existential given, may be increased as the individual learns additional skills of awareness, decision making, and so on.

Responsibility

Responsibility is also a critical underpinning of self-control, a movement away from blaming others and the environment, away from an external locus of control, to an internal locus of control and assuming self-responsibility.

Both Sigmund Freud and Carl Jung believed that, in the last analysis, it was up to the patient to change. In a sense, the issue becomes one of self-control: The choice is the individual's.

THE ROLE OF SELF

One of the most difficult and confusing philosophical issues regarding self-control is the question of who or what controls the mind, and who or what is being controlled.

There are many different and competing views with regard to this self, and at this point all they can provide are metaphors, analogies, or viewpoints, as there is as yet no definitive evidence suggesting any one right answer. Therefore, it is critical that one be quite precise in stating the particular viewpoint in discussing the concept of self.

Some views suggest that the concept of self is not needed in understanding human behavior; others, that self needs to be seen as an interaction between the person and environment, whether field theory, social interaction theory, reciprocal determinism, or systems model. Some suggest that the vision of personal autonomy and self-control is located in this "self," whether it is called the centered self as in the existentialist view or the individuated self in Jungian terminology.

Some traditions stress the importance of controlling the "self," developing and enhancing this self so that there is an ability to overcome identity diffusion and low self-esteem. Several traditions discuss the importance of increasing the sense of congruence between self-concept and actual behavior, and increasing a positive sense of oneself (i.e., high self-esteem).

Still other approaches center on the need to lose self-importance, to transcend self-other dichotomies, and to keep the self from becoming exclusively identified.

FURTHER READINGS

- Bandura, A., 1977.
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Shapiro, D. H., & Shapiro, J., 1982.

LOCUS OF CONTROL PERSONALITY RESPONSIBILITY AND BEHAVIOR

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