# The Concise Corsini Encyclopedia of Psychology and Behavioral Science

THIRD EDITION

W. Edward Craighead and Charles B. Nemeroff *Editors* 



John Wiley & Sons, Inc.

(2004)

## SELF-CONTROL

Psychology has had a long and stormy relationship with concepts relating to human agency. Willpower, will, and self-control have all been part of the battle. Late nineteenth century psychology textbooks still discussed will and self-control in terms of the individual as an initiator of action. American psychology after G. Stanley Hall, and German psychology after Ach and Lewin, moved away from those notions toward concepts of drive and motive and voluntary and involuntary physiological responses. This trend represented an effort in psychology to disavow its parent, philosophy, and avoid potential mentalistic and teleological concepts of human action.

But the concept of self-control will not go away. It is an essential component of philosophy related to classic terms such as choice, free will, determinism, and self. Self-control is relevant in law and society in the sense of personal responsibility for one's actions, competence to stand trial, and punishment and consequences for behavior. It plays a role in religious and spiritual traditions where concepts of self-restraint, internal self-regulation, and management of external behavior (e.g., right speech, right action) are integral.

# **Views of Self-Control in Different Psychological Traditions**

Each psychological tradition has been forced to grapple with and define self-control. For the classical Freudian, it was "where id was, ego shall be"; for the ego psychologist, it was for the autonomous ego to learn to regulate and exercise greater independent control and mastery over instincts.

Early radical behaviorists argued that the concept of self-control was unnecessary because all behavior could be determined by environmental causes. More recent views place a prime importance on the capacity of the individual to develop greater cognitive and behavioral self-control and self-regulation. Self-control has been defined by various behavioral theorists as the response of an organism made to control the probability of another response, engaging in a low probability behavior in the absence of immediate external constraints, delay of gratification, and self-efficacy.

Humanistic psychologists have stressed the importance of the individual moving away from other direction toward self-direction and autonomy. Existentialists argue that personal control is realized through exercising our freedom to make choices. Transpersonal psychology holds two seemingly paradoxical views regarding control: (1) Individual efforts are important to gain active control of our self, mind, and passions, and (2) surrendering active control is also essential, and this, too requires a type of self-control—the control to let go, forgive, and accept.

858 SELF-CONTROL

### **Toward Multideterministic Models of Self-control**

The majority of current thinking in psychology has moved beyond simplistic unideterministic, absolute models of personal control that argue that there is only one major variable involved in human agency. Examples of unideterministic models include radical behaviorists (like strict cultural determinists) who posited that there was no such thing as personal self-control. Radical existentialists maintained that the individual was totally responsible for personal self-control. Biological determinists theorized that biology at the cellular, biochemical level determines thought and behavior (control upward).

Current, larger models involve reciprocal (and omnideterminism suggesting that control involves a mutual interaction among many variables. For example, the environment influences the individual, but the individual can exert personal control on the environment (self-controlling the environment). Further, just as biology can influence consciousness, consciousness can influence biology (self [as consciousness] controlling the mind and behavior).

These larger models have also refined thinking about the *self* in *self-control*. Self-control can be seen as potentially occurring on multiple levels. When a person controls him- or herself, what is occurring descriptively is that the self as agent is having an effect on the self as object. From this descriptive viewpoint (not implying self-duality), the self as agent or object can be referred to linguistically as the whole person (totality); one's mind, brain, cognitions, and feelings; one's body; or one's behavior. For example, I (self as agent: totality) am learning to control my anger (self as object: feelings). My mind (self as agent) is helping me learn to relax my body (self as object: body). By practicing meditation (self as agent: cognitive focusing), I am learning to be more forgiving and accepting (self as object: emotions).

Thus, self-control as a multidimensional construct implies a process movement away from reflexive action to conscious choice awareness and personal responsibility. The belief system on which the construct is based is that individuals are not absolutely determined, can gain more autonomy and free choice, and have the ability to effect change in their lives on some level.

# Self-Control Strategies and Goals of Self-Control

A self-control strategy refers to a family of techniques that an individual practices in a regular, systematic manner to influence cognitive and behavioral activity in a desired direction. Self-control techniques include behavioral selfcontrol, hypnosis, biofeedback, meditation, and guided imagery, among others. These techniques utilize certain components, which can be analyzed and compared based on the following variables: nature of cognitive statements and instructions, type of images used, where and how attention is focused, what is self-observed, the nature of breath regulation, environmental strategies (e.g., stimulus cues), and behavioral practices.

During the past three decades psychologists and health care professionals have developed and refined a number of effective control strategies to help individuals change self-cognitions, reinterpret and transform emotions, change perceptions, and modify their behaviors. These strategies involve one of three goals: to help the individual change the environment, to change their behavior, and to change their consciousness (e.g., cognitive control to impose meaning on or interpret events).

Critical in the development of self-control and the use of self-control strategies is the concept of choice, or decisional control: that is, What is the goal for which the person wishes to develop and exercise self-control? Several schools of thought are now beginning to integrate the traditional change model of self-control with an acceptance model of self-control. For example, a person who dislikes his or her body image may make a choice to learn self-control strategies involving an assertive change mode of control such as exercising more and developing healthier eating habits. Or such individuals may choose to learn self-control strategies involving meditation and cognitive instructions of self-acceptance to honor their bodies as they are. Depending on the person and the circumstances, either self-control goal may be healthy and bring about a sense of control and well-being.

Further, the two goals do not need to be an either-or, mutually exclusive situation: An individual can learn to accept and honor his or her body as it is while at the same time developing an exercise program and healthier eating habits. Although there is no comparable concept in Western psychology (or even in English), the Chinese language suggests this possibility of harmonizing change and acceptance modes of self-control through *dongjing*: the proper and balanced combination of the two different modes of control.

By noticing how frequently thoughts, feelings, and actions intersect with issues of self-control, we can begin to realize that this construct, though multifaceted and difficult to grasp, is a critical aspect of our daily lives: personally, interpersonally, and societally.

Deane H. Shapiro, Jr. Johanna Shapiro University of California, Irvine

John A. Astin California Pacific Medical Center

Shauna Shapiro University of Santa Clara