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UNIT-V

FIELD THEORY AND LIMITED DOMAIN APPROACH

FIELD THEORY - KURT LEWIN: LIMITED DOMAIN :

Julian Rotter:

Locus of Control

Rotter (1916–) was born in Brooklyn, New York, the youngest of three brothers. He said they "fi t quite well into Adler's descriptions of the oldest, the middle, and the 'fighting' youngest child" (1993, p. 273). The family lived comfortably until the 1929 economic depression when Rotter's father lost his business. This dramatic change in circumstances was a pivotal event for the teenage boy. He wrote, "It began in me a lifelong concern with social injustice and provided me with a powerful lesson on how personality and behavior were affected by situational conditions" (1993, p. 274). In high school Rotter discovered books about psychoanalysis by Freud and Adler. As a game, he would interpret the dreams of his friends, and he decided he wanted to become a psychologist. Disappointed to learn that there were few jobs for psychologists, however, he chose to major in chemistry at Brooklyn College. Once there, he happened to meet Alfred Adler and switched his major to psychology after all, even though he knew it was impractical. He hoped to pursue an academic career but the widespread prejudice against Jewish faculty thwarted that goal. "At Brooklyn College and again in graduate school," he wrote, "I had been warned that Jews simply could not get academic jobs, regardless of their credentials. The warnings seemed justified" (Rotter, 1982, p. 346). After Rotter received his Ph.D. from Indiana University in 1951, he went to work at a state mental hospital in Connecticut. He served as a psychologist with the U.S. Army during

World War II and then accepted a teaching position at Ohio State University, where George Kelly was director of the clinical psychology program. (It is interesting that two personality theorists who emphasize cognition should have developed their work at the same institution. Kelly's ideas, however, were already well formulated by the time Rotter arrived.) At Ohio State, Rotter advanced his social-learning approach to personality. His research program attracted many outstanding graduate students who went on to productive careers. One of them later referred to that time at Ohio State as the "glory days," with "Rotter and Kelly right in the midst of refining their theoretical positions and writing their magnum opuses" (Sechrest, 1984, p. 228). In 1963 Rotter left Ohio State for the University of Connecticut at Storrs. In 1988 he received the Distinguished Scientific Contribution Award from the American Psychological Association.

Internal versus External control of Reinforcement:

Rotter sought explanations for behavior and personality outside and inside the organism, looking both to external reinforcements and internal cognitive processes. In the course of an extensive research program, he found that some people believe that their reinforcers depend on their own actions and that other people believe that their reinforcers are controlled by other people and by outside forces. He called this concept locus of control. People who have been characterized as **internal locus of control** personalities believe that the reinforcement they receive is under the control of their own behaviors and attributes. Those with an external locus of control think that other people, fate, or luck controls the rewards they receive. In other words, they are convinced that they are powerless with respect to outside forces. You can see how the source of our locus of control can have a considerable influence on our behavior. **External locus-of-control** people, who believe that their behaviors and abilities make no difference in the reinforcers they receive, may see little value in exerting any effort to improve their situation. Why should they try when they have little or no expectation of controlling present or future events? In contrast, internal locus-of-control people believe they have a firm grip on their situation and behave accordingly. They perform at a higher level on laboratory tasks than do external locus-of-control people. In addition, internals are less susceptible to attempts to influence them, place a higher value on their skills, and are more alert to environmental cues that they use to guide behavior.

They report lower anxiety and higher self-esteem, are more responsible for their actions, and enjoy greater mental and physical health.

Assessment of Locus of Control

Rotter developed self-report inventories to assess locus of control. The InternalExternal (I-E) Scale (Rotter, 1966) consists of 23 forced-choice alternatives. From each pair of items, subjects select the one that best describes their beliefs (see Table 14.1). It is not difficult to determine which of each pair of alternatives represents an internal or an external locus of control. Another scale to assess locus of control is the Children's Nowicki-Strickland Internal-External Scale, a widely used 40-item test that has been translated into two dozen languages (Nowicki & Strickland, 1973; Strickland, 1989). An adult form of the scale is available, as well as a cartoon version for use with preschool children (Nowicki & Duke, 1983). Variants of the I-E Scale measure specific behaviors such as the relationship between locus of control and factors relating to successful dieting and weight loss.

Age and Gender Differences Studies have shown that attempts to control our external environment begin in infancy, becoming more pronounced between ages 8 to 14. A study of 223 14- and 15-year-olds in Norway found that girls scored significantly higher than boys did on internal locus of control (Manger & Ekeland, 2000). More college students have been found to show an internal rather than an external orientation. People apparently become more internally oriented as they grow older, reaching a peak in middle age (Heckhausen & Schulz, 1995; Milgram, 1971; Ryckman & Malikiosi, 1975). In terms of overall scores on the I-E Scale, no significant differences between adult men and women subjects in the United States were documented (see, for example, DeBrabander & Boone, 1990). However, men and women respond differently to certain test items. In one study, men displayed greater internal locus of control than did women on questions relating to academic achievement (Strickland & Haley, 1980). External locus of control appears to increase in women after divorce, followed by a return to an internal locus of control (Doherty, 1983). Women who have been physically abused tend to show an external locus of control (Baron & Byrne, 1984). In China, research demonstrated that men scored higher in internal control than did women (Tong & Wang, 2006).

Racial and Socioeconomic Differences In early research with the I-E Scale, significant racial and socioeconomic differences were found. In general, the test performance of lower social classes and minority groups showed an external locus of control. This was confirmed in a study with children. Lower-class Black children were shown to be more externally oriented than were lower- and middle-class White children or middle-class Black children (Battle & Rotter, 1963; Coleman, Campbell, Hobson, McPartland, Mood, Weinfeld, & York, 1966). Studies conducted in Africa found that native Africans, like American-born Blacks in general, scored higher in external locus of control than did American-born Whites (Okeke, Draguns, Sheku, & Allen, 1999). In the African nation of Botswana, Black male and female adolescents scored higher in external locus of control than did White adolescents in the United States. In both countries, teens higher in socioeconomic status scored higher in internal control than did teens lower in socioeconomic status (Maqsud & Rouhani, 1991). A study of American high school students found that Hispanic American and Native American adolescents were more likely to be externally oriented than were White adolescents (Graves, 1961). In general, Asians were shown to be more externally oriented than were Americans, a finding that may be explained in terms of cultural beliefs. Whereas American culture traditionally prizes self-reliance and individualism, Asian culture emphasizes community reliance and interdependence. Therefore, for Asians, success is viewed more as a product of external than internal factors. The more contact Asians have with Americans, the more internally oriented they seem to become. For example, Chinese residents of Hong Kong measured higher in external locus of control than did Americans of Chinese heritage, and Americans of Chinese heritage were more externally oriented than Americans of European heritage (Uba, 1994). A study of 443 college students in South Africa and in Lebanon found that the South African students scored significantly higher in internal locus of control than did the Lebanese students. This provides another example of the difference in locus of control between an individualistic culture (South Africa) and a more collectivist and structured culture (Lebanon) (Nasser & Abouchedid, 2006).

Behavioral Differences Internally oriented people are more likely than externally oriented people are to engage in significantly more daydreams about achievement and fewer daydreams about failure. They acquire and process more information in different situations, experience greater personal choice, and are more popular. In addition, internals are attracted to people they can

manipulate, have higher self-esteem, and act in more socially skillful ways (Abdallah, 1989; Brannigan, Hauk, & Guay, 1991; Lefcourt, Martin, Fick, & Saleh, 1985). Studies of workers in China and of athletes in Sweden found that those who measured high in internal locus of control were more able to adapt and commit to change, and also scored higher on tests of mental skills, than did those who were more externally oriented (Chen & Wang, 2007; Fallby, Hassmen, Kentta, & DurandBurand, 2006). People high in internal locus of control are less likely to have emotional problems or become alcoholics. They cope better with stress, as was demonstrated in a study of 361 nurses in Germany. Those who reported higher levels of work-related stress and burnout scored higher in external locus of control than did those less bothered by stress and burnout (Owen, 2006; Schmitz, Neumann, & Oppermann, 2000). College students in Greece, a family-oriented and highly protective culture, were followed as they dealt with the social and emotional challenges of leaving home, many for the fi rst time. Students who scored high in internal control adjusted more readily than did those high in external control (Leontopoulou, 2006). A study of first-year college students in Turkey found that those high in external locus of control were far more indecisive in new situations than were those high in internal locus of control (Bacanli, 2006). Research also shows that people high in internal locus of control experience less anxiety and depression, and are less likely to commit suicide (see, for example, Benassi, Sweeney, & Dufour, 1988; Keltikangas-Jaruinen & Räikkönen, 1990; Kulshrestha & Sen, 2006; Lefcourt, 1982; Petrosky & Birkhimer, 1991; Spann, Molock, Barksdale, Matlin, & Puri, 2006). A study was conducted of 109 Israeli teenagers (69 males and 40 females) during the 1990 Persian Gulf War when the explosion of 40 SCUD missiles caused widespread injury and destruction. The researcher found that adolescents who scored higher on perceived control experienced significantly less anxiety and fewer stress-related symptoms than did adolescents who scored lower in perceived control (Zeidner, 1993). Other research showed that people higher in internal locus of control earned higher grades in school and scored higher on standardized tests of academic achievement. They were more resistant to attempts at persuasion and coercion, more perceptive, and more inquisitive (Findley & Cooper, 1983; Lefcourt, 1982).

Physical Health Differences Internally oriented people may be physically healthier than externally oriented people are. Research showed that internals tend to have lower blood pressure and fewer heart attacks. When they do

develop cardiac problems, they cooperate better with the hospital staff and are released earlier than patients who are externally oriented. A study of more than 1,000 patients recovering from coronary artery bypass surgery found that those high in internal control had achieved a higher level of physical functioning at 6 weeks and 6 months after surgery than had those low in internal control (Barry, Kasl, Lichtman, Vaccarino, & Krumholz, 2006). Internals tend to be more cautious about their health and are more likely to wear seat belts, to exercise, and to quit smoking (Phares, 1993; Seeman, Seeman, & Sayles, 1985; Segall & Wynd, 1990). Overall, the evidence seems clear that people who think they have control over their lives pay more attention to their health. One study delineated four aspects of locus of control as it relates to physical health: self-mastery, illness prevention, illness management, and self-blame. The factor most closely associated with physical well-being was self-mastery, defined as a belief in one's ability to overcome illness (Marshall, 1991).

Developing Locus of Control in Childhood Evidence suggests that locus of control is learned in childhood and is directly related to parental behavior. External control beliefs were likely to be expressed by children reared in homes without an adult male role model. Also, external control beliefs tended to increase with the number of siblings. This researcher concluded that children in large single-parent families headed by women are more likely to develop an external locus of control (Schneewind, 1995). Parents of children who possessed an internal locus of control were found to be highly supportive, to offer praise (positive reinforcement) for achievements, and to be consistent in their discipline. They were not authoritarian. As their children grew older, these parents continued to foster an internal orientation by encouraging independence (Wichern & Nowicki, 1976).

Reflections on Locus of Control A large-scale research program conducted on 1,689 college students and 175 sales representatives for a pharmaceutical firm reported a strong relationship between Rotter's concept of locus of control and Bandura's concept of self-efficacy (Judge, Erez, Bono, & Thoresen, 2002). Thus, it can be suggested that both ideas deal with our perception or belief about the degree of control we have over the events in our life and our ability to cope with them. A major difference between the two concepts is that locus of control can be generalized over many situations whereas self-efficacy tends to be specific to a particular situation. However, Bandura insisted there was little overlap between the concepts of self-efficacy and locus of control. He wrote,

Beliefs about whether one can produce certain actions (perceived self-efficacy) cannot, by any stretch of the imagination, be considered the same as beliefs about whether actions affect outcomes (locus of control). (1997, p. 20) Nevertheless, it is clear that Rotter's research has been highly rigorous and well controlled and that he used objective measures wherever possible. Studies have provided considerable empirical support. The I-E Scale has generated a wealth of research and has been applied in clinical and educational settings. Rotter noted that locus of control has become "one of the most studied variables in psychology.

MARVIN ZUCKERMAN : SENSATION SEEKING :

Beginning in the 1970s, psychologist Marvin Zuckerman (1928–), at the University of Delaware, has conducted research on a limited-domain aspect of personality that he calls sensation seeking. This trait has a large hereditary component initially noted by Eysenck. Zuckerman describes sensation seeking as a desire for "varied, novel, complex, and intense sensations and experience, and the willingness to take physical, social, legal, and financial risks for the sake of such experience" (Zuckerman, 1994a, p. 27).

Assessing Sensation Seeking To measure sensation seeking, Zuckerman constructed the Sensation Seeking Scale (SSS), a 40-item paper-and-pencil questionnaire. When developing this test, he administered it to many people whose behavior corresponded to his definition of sensation seeking. These included people who volunteered for psychological experiments that exposed them to novel experiences, people whose jobs involved physical danger (police officers and race-car drivers), and people who admitted to experimenting with drugs or varied sexual experiences. Their SSS scores were compared with the scores of people who chose to avoid novel or risky activities. Those people who deliberately sought unusual activities scored high on the SSS, and those who preferred less venturesome activities scored low.

Using the method of factor analysis, Zuckerman (1983) identified four components of sensation seeking.

■ Thrill and adventure seeking: a desire to engage in physical activities involving speed, danger, novelty, and defiance of gravity such as parachuting, scuba diving, or bungee jumping. ■ Experience seeking: the search for novel experiences through travel, music, art, or a nonconformist lifestyle with similarly inclined persons.

■ Disinhibition: the need to seek release in uninhibited social activities.

■ Boredom susceptibility: an aversion to repetitive experiences, routine work, and predictable people, and a reaction of restless discontent when exposed to such situations.

Zuckerman later proposed good and bad kinds of sensation seeking. The so called good type, or non-impulsive socialized sensation seeking, involves the thrill and adventure-seeking component. The bad kind, impulsive unsocialized sensation seeking, consists of high scores on the disinhibition, experience seeking, and boredom susceptibility components as well as high scores on Eysenck's psychoticism scale (Roberti, 2004; Zuckerman, 1994b).

MARTIN E. P. SELIGMAN: LEARNED HELPLESSNESS AND THE OPTIMISTIC/PESSIMISTIC EXPLANATORY STYLE:

In the mid-1960s, psychologist Martin Seligman (1943–) at the University of Pennsylvania began research on a limited-domain aspect of personality he calls learned helplessness. He observed this phenomenon in a laboratory experiment on dogs on his first day as a graduate student. The dogs were subjects in a two-part conditioning experiment. In the first part, they were being conditioned to associate a high-pitched sound with an electric shock. This was a simple Pavlovian classical conditioning situation involving respondent behavior (the pairing of the tone with the shock). In the second part of the experiment, the dogs were put individually in a large box that contained two compartments divided by a low wall. A shock was delivered through the floor of the compartment in which the dog was placed. To escape the shock, the dog needed to emit the appropriate operant behavior—simply to jump over the low barrier into the other compartment where there was no electric shock. Once the dogs learned to jump the wall—something dogs can be expected to do quickly—they would be tested to see if the high-pitched tone without the electric shock would bring about the same response. The experiment's goal was to determine whether learning in the first situation (pairing the tone with the

shock) carried over to the second situation (pairing the tone with the escape behavior).

The research did not work out the way it was planned. The dogs did not cross the barrier to escape the shock. Instead, when the shock was administered through the floor of their compartment, they lay down, whimpered, and made no effort to escape. The experimenters were baffled, but Seligman thought he had a clue. He suggested that during the first part of the experiment, the dogs had learned that they were helpless. When the tone sounded, there was nothing they could do to avoid the paired shock. Why even try? This learned reaction apparently generalized to the second part of the experiment, even though a means of escape was available. Seligman wrote, I was stunned by the implications. If dogs could learn something as complex as the futility of their actions, here was an analogy to human helplessness, one that could be studied in the laboratory. Helplessness was all around us—from the urban poor to the newborn child to the despondent patient with his face to the wall. Was this a laboratory model of human helplessness, one that could be used to understand how it comes about, how to cure it, how to prevent it, what drugs worked on it, and who was particularly vulnerable to it? (1990, p. 20) Determined to find the answers to these questions, Seligman launched an intensive research program on learned helplessness, a condition he described as resulting from the perception that we have no control over our environment, that there is nothing we can do to change our circumstances. Later, Seligman expanded his research interests to include the larger personality issue of optimism versus pessimism.