

Comparison of the Locus of control in Ordinary and Blind People

Sayyed Mohamad Javad Mirghaderi^{1,*}, Ali Naseri²

¹MA, Department of General Psychology, Arsanjan Branch, Islamic Azad University, Arsanjan, Iran

²Assistant Professor, Department of Clinical Psychology, Firozabad Branch, Islamic Azad University, Firozabad, Iran

*E-mail address: mirghaderi66@gmail.com

ABSTRACT

Locus of control is one of the most important skills that are considered as the main characteristic of individual adaptability. Indeed, an individual with locus of control ability is one who can prioritize his/her goals and keep a balance between his/her emotions and thoughts. The purpose of this study was to compare locus of control in both normal and blind people. For this purpose, a descriptive and cross-sectional research frame was used. Also a comparative frame was employed. A sample of 80 people (40 normal and 40 blind people) was selected randomly. In order to measure the research data, scale of locus of control was used. In order to use this scale, its reliability and validity were measured and confirmed. The research data were analyzed in the SPSS. The findings revealed that the score of locus of control systems in two groups of respondents (blind and normal ones) is not different ($p \leq 0.005$).

Keywords: Blind; Self-control; Locus of control

1. INTRODUCTION

Locus of control is an important skill that shows personal adaptability and normality. The people with locus of control ability are one who makes a balance between their thoughts and emotions (Aghayar & Sharifi Daramadi, 2006). The concept of locus of control has been emerged in different forms during history. For example, ancient tragedies of Greece are full of perceptions of inabilities of human in front of God.

The drama of Shakespeare, for an example, shows tragic fate and autonomous intention of human simultaneously. Indeed, the philosophies were dealing with determination from one hand and autonomous from other hand. In this regard, the sociologists refer to autonomous and alienation and psychologists refer to objectivism and subjectivism.

Nietzsche considers power as the main psychological phenomenon and Adler, in his system of individual psychology, indicates that free intention is the main motivation. According to Samuel Ball and Rater, all of these issues are historical and theoretical roots of control. However, locus of control has been introduced for the first time by Rotter (1966).

This construct has been considered as an important issue in the literature of motivation. The roots of this concept can be found in social learning theory. In this theory, reinforcement is considered as the main determinant of behavior and individual perception of source of reinforcement is the main determinant of future behavior. According to Ater, individual perception of reinforcement (reward or punishment) creates a two-dimensional characteristic. In other words, these values are exclusive. Indeed, internal locus of control and external locus of control are two main factors that cannot be existed simultaneously. Indeed, self-control refers to degree of adaptability of individual characteristics with existing conditions and circumstances.

The concept of locus of control has been developed by Snyder in 1974. Kaushal and Kwantes (2006) refer to locus of control as degree of adaptability or flexibility of a person in a given situation. He indicates that people can be divided in two groups including people with high self-monitoring and people with low self-monitoring. Indeed, some people are sensitive to social situations and adapt their characteristics with existing situation. Such people are known as high self-monitoring people. Some others, in contrast, low self-monitoring people are one who prefers to express their thoughts and feelings so that organize their thoughts and feelings with situation (Snyder, 1974).

Locus of control means that the person can control his/her behaviors, feelings, and needs. A person with locus of control prefers to consume a part of his/her time to think about selections and its potential results to select the best alternative (Friese and Hofmann, 2009). Salovey et al (2002) defines locus of control as appropriate utilization of emotions and believe that such emotions increase personal capability of perceiving anxiety, depression, and other moods.

The people with low self-monitoring ability deal with depression, indifference, anxiety and so on all the time. In contrast, people with high self-monitoring ability to select the best method of thoughts (Safaridehkharghani, 2008).

It should be noted that self-monitoring does not mean avoiding emotions or feelings. In contrast, self-monitoring means that the person has a certain method for expressing his/her feelings which facilitate thinking process (Goleman, 1995). Self-monitoring has several benefits such as increase in the performance, avoiding destructive reactions, and so on. Inability in regulating emotions of social conflicts is another symptom of low self-monitoring (Leen-Feldner et al (2004).

The recent estimations indicate that about 45 million people are blind all over the world and 135 million disabled people who need social, psychological, and economic helps (Thylefors, 1999; Attebo et al, 1996). Also more than 90% of all blind or disabled people live in developing countries (Tabbara & Elsheikh, 2005; Yankeux, 2002). Based on the reports of World Health Organization (WHO), about 1-2 million blind people are added to the existing blinds each year (Tabbara, 2001).

The blind or disabled people experience different problems in their life which make several problems for their communications and interactions. Pathology of blind or disabled child indicates that blindness and its disabilities lead to several cognitive, affective, verbal, social, and even dynamic problems and difficulties for them. Delay in such skills leads to delay in the social revolution and social interactions (Karimidarmani, 2006).

Bahrami Khondabi (2004) in his study “investigating the relationship between self-monitoring and quality of student life” found that there is a significant relationship between self-monitoring of students and their quality of life.

This means that higher levels of self-monitoring lead to higher levels of quality of the life of students. Sawadi (1999) refers to low levels of self-monitoring as the main factor that affects drug abuse in youth people. Kashal and Kontas (2006) found that there is a significant relationship between self-monitoring with conflict, behavior, personality, mental health and welfare. Cheung and Cheung (2008) investigate the predictability of self-monitoring in the criminals.

They found that there is a significant relationship between low self-monitoring and guilty. Based on the review of literature, it is expected that a large part of mental pathology of blinds is derived from self-monitoring. On the other hand, the relationship between personality traits with physical and mental illnesses is one of the most important issues which are considered by many health psychologists.

This is why that the present study aimed to compare locus of control in both normal and blind people. During past decades, many researchers and authors have attempted to develop models for pathology of psychological models such as anxiety. Locus of control and behavioral activation and prevention systems are two main systems in this area. The reflective characteristics of activator system are the main anxious characteristics. In addition, activator system refers to the reward characteristics such as punishment (Wilson et al, 2000).

According to Barkley (1997), behavioral prevention is a cognitive-neurotic process which helps people to delay in the response. Indeed, behavioral prevention consists of three steps including (1) response prevention or dominant event, (2) stop in the current response and creating delay in the opportunity and decision-making, and (3) maintaining delay period. Nowadays, improvement in the quality of life of blind people is considered as a rejuvenation goal. Indeed, there is a significant relationship between locus of control incompetence and anxiety and refers to the inability in thought.

On the other hand, thinking about outcomes of happy behaviors leads to prediction inevitable behavior. If a person achieves a long-term goal, he/she should use self-control. For this purpose, the person should ignore the enjoyment of food, purchase, and so on. It can be done through relaxation and other methods (Gottfredson & Hirsehi, 1990).

Locus of control does not refer to avoiding emotions and feelings. In contrast, locus of control refers to the methods of self-expression (Goleman, 1995). Higher levels of locus of control lead to better quality of life.

The results of past studies such as Blakely et al (2003); Baron (1989), Barrick et al (2005), and Kaushal & Kwantes (2006) indicate that there is a significant relationship between locus of control with other factors such as conflict, behavior, personality, health, and mental welfare. The models of behavioral prevention focuses on the measurement and examination of behavioral prevention in front of other constructs such as attention which can be used for recognizing people with disorders such as inability in dialogue. In the treatment based on the behavioral prevention, time is the central incompetence. Such people cannot observe the gap between events.

Behavioral activation and prevention are two main reaction methods that have considerable relationship with emotion and affect. It can be said based on the congruence-emotion theory that the person prefers to process which stimulus that is consistent with his/her emotions. Therefore, positive emotions are the main base of desirable perceptions and positive interpretation.

The negative emotions, in contract, have relationship with undesirable memories and perceptions (Ross et al, 2002).

Gray (1990) found that the mental-behavioral systems are the main source of behavioral differences and their occurrence leads to different emotional reactions such as fear, anxiety, and so on. The results of past studies revealed that performance of behavioral prevention system leads to several affective feelings such as anxiety and behavioral prevention, avoidance, silence, more attention, and so on (Corr, 2002).

In terms of behavioral prevention and activator systems of blind people, different hypotheses have been developed. Also it is assumed that blind people have higher levels sensitivity in terms of behavioral prevention and activator systems.

This means that blind people react to the signs and symptoms of punishment and also experience more anxiety. However, there is not any comprehensive scientific study in terms of the difference between sensitivity of behavioral prevention-activator of blinds. Regarding the limited studies of behavioral prevention-activator systems of blinds, the purpose of this study is to compare locus of control and behavioral activation and prevention systems in both normal and blind people.

2. METHODOLOGY

The present study is a descriptive and cross-sectional research in which a comparison design was employed. The statistical population of this study includes all normal and blind people with 20-40 years old in the city of Eghlid (one of the cities of Fars Province) in 2013. A sample of 80 people (40 normal and 40 blind people) was selected randomly.

The main criteria of selecting sample members were age (20-30 years old), registration in the blinds association, anxiety and depression disorder and proactiveness, intendency to participation in the study. Also the respondents were permitted to leave the study sessions. Also the criteria of non-participation of population members were age (less than 20 and more than 40), disorders such as depression, and proactiveness, and intendency to participation in the study. In order to collect the research data, the locus of control scale of Tangney et al (2004) was used.

Locus of control scale was developed by Tangney et al (2004) and consists of 36 items. This questionnaire was developed for improving defections of the past instruments. The validity and reliability of the questionnaire were measured and confirmed in the past studies.

In order to conduct the research, a descriptive-comparative and cross-sectional research form was used. A sample of 80 people (40 normal and 40 blind people) was selected randomly. In order to measure the research data, scale of locus of control was used. In order to use this scale, its reliability and validity were measured and confirmed. The research data were analyzed in the SPSS.

3. FINDINGS

The findings of this study are presented in two parts including descriptive and inferential findings. Hypothesis: locus of control ability of blind and normal respondents is different.

Table 1. The summary of results of the first hypothesis.

Measures	t	df	Sig	Standard deviation	Average	N
Groups of respondents						
Blind respondents	0.050	78	0.960	15.67	127.03	40
Normal respondents				15.47	127.20	40

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The results of Table 1 revealed that there is not any significant difference between locus of control score of blind respondents (average: 127.03, SD: 15.67) and normal respondents (average: 127.20, SD: 15.47) ($p \geq 0.05$). It can be said that H_0 is supported. Indeed, any significant difference was not observed between blind and normal respondents in terms of locus of control score ($p \leq 0.05$).

4. DISCUSSION AND CONCLUSIONS

Self-control is an important skill which shows ability of solving conflicts. Since interpersonal conflicts have relationship with emotions, emotions should be recognized to control and manage such conflicts. Such people have more knowledge of conflict by which recognize and direct conflict. As a result, an environment will be created that people have more mental health and efficiency to select the best style of solving conflict. Recognition and determination of emotions is the first step of controlling emotions. Indeed, people with emotional instability do not attempt to control their emotions (Sperry, 1965).

The present study was aimed to investigate the self-monitoring in both blind and normal people. The findings revealed that there is not any significant difference between blind and normal people in terms of self-monitoring ($p \geq 0.05$). Based on the results of this study, it can be said that there is not any significant difference between blind and normal people in terms of self-monitoring.

The results of this hypothesis is supported by findings of different authors such as Bahrami Khondabi (2004); Abtahi (2007); Adalbajarnardotir & Rafnsson (2002); Cheung and Chenng (2008); and Vera & Moon (2013). Based on the results of first hypothesis, it can be said that locus of control ability does not refer to preventing emotions and feelings, but it refers to the method of expressing feelings. Indeed, method of emotions expression is focused in the locus of control (Golman, 1995).

Higher levels of locus of control lead to better quality of life. The results of past studies such as Blakeli et al(2003); and Kaushal & Kwantes (2006) indicate that there is a significant relationship between locus of control with other constructs such as conflict, behavior, personality, health, and mental welfare.

All in all, the results of this study revealed that locus of control plays an important role in the welfare and mental health of people. The results of first hypothesis reveal that there is a significant difference between locus of control score of blind and normal respondents ($p \geq 0.05$).

It can be said that people with blindness disabilities can be an effective and beneficial citizen in action. They have cultural, social, and even political rights like to other people. In this respect, the educational system should provide such people with educational opportunities so much that they can actualize their skills and capabilities.

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