COVER SHEET

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E. Jerry Phares (Ph.D., Ohio State University) is currently Professor of
Psychology at Kansas State University. He is a Fellow of the
American Psychological Association and has served as Head of the
Psychology Department at Kansas State University. His research interests over
the years have centered on locus of control and social learning theory. He is the
author of numerous papers and books including Locus of Control in
Personality and co-author of Applications of a Social Learning Theory of
Personality. He has also authored Clinical Psychology: Concepts, Methods,
and Profession and Introduction to Personality. His hobbies include reading
biographies of historical figures, being a basketball fan, and trying to stay alert.

Hearing a slight cough and then a faint sound of shuffling feet, I looked up
from my desk to see a young man standing outside my office door. He
stood there awkwardly with his head lowered and his hat literally in his
hand.

I asked him, "May I help you?"

"Uh, um, I was told to come here."

"You must be my one o'clock appointment—Mr. Karl Smith (not his real
name)."

My first impression of Karl was that he was a young man in his early to mid-
twenties, shy, awkward, and probably a loser who found it almost impossible to
initiate or sustain any kind of social interaction.

There was little in these first few moments to suggest anything out of the
ordinary. In fact, it had all the earmarks of a routine case. Little did I know that
this case would not only change my professional life forever, but also profoundly
influence the nature of social learning theory!

THE CASE BEGINS

Karl and I talked for about 30 minutes that first day, but it was hard going. He
showed no conversational spontaneity whatsoever and it was next to impossible
to get much out of him beyond a yes or a no. Even questions, such as "What
seems to be the problem?", elicited little in return. As it turned out, he was not
even sure why he was in my office. Apparently, Karl had gone to the VA Claims
Office on the first floor. The clerk quickly realized that he needed more help than
she could provide, so she sent him up to the Mental Hygiene Office.

It seemed, then, that the first order of business was to decide what Karl's
problems were worded, which could make them difficult to understand. The research was conducted to assess the effectiveness of a new treatment method. The results showed that the new method was more effective than the traditional method.

In this study, a group of patients was divided into two groups. The first group was treated with the new method, while the second group was treated with the traditional method. The results showed that the patients in the first group had a faster recovery rate and fewer side effects than those in the second group.

The research also showed that the new method was more cost-effective than the traditional method. The costs associated with the new method were lower than those associated with the traditional method.

In conclusion, the new treatment method is more effective and cost-effective than the traditional method. It is recommended that this method be used in future research and clinical practice.
THE NATURE OF THERAPY

In its essence, therapy is a collaborative process where a therapist and a client work together to address the client's concerns. This process involves the exploration of the client's experiences, emotions, and thought processes to help them develop a deeper understanding of themselves and their circumstances. Therapy can be approached from various perspectives, including psychological, behavioral, and existential. It aims to help clients gain insight, manage symptoms, and improve their overall well-being.

There are different methods and techniques used in therapy, such as cognitive-behavioral therapy (CBT), psychodynamic therapy, and humanistic therapy. Each approach has its own focus and strategies for change. For example, CBT emphasizes the role of thoughts and behaviors in shaping emotions and experiences, whereas psychodynamic therapy focuses on exploring unconscious conflicts and relationships.

During therapy sessions, clients are encouraged to express their feelings and thoughts openly, fostering an environment of trust and safety. Therapists use various tools, such as active listening, reflection, and feedback, to help clients gain clarity and insight into their experiences. The relationship between the therapist and client is a crucial aspect of therapy, as it provides a foundation for understanding and change.

Therapy progresses through various stages, including assessment, exploration, and development of a treatment plan. It is often recommended to engage in therapy for a specific period, with regular sessions to ensure continuous progress. The effectiveness of therapy can be measured by improvements in symptoms, increased self-awareness, and enhanced coping strategies.

In conclusion, therapy is a powerful tool for personal growth and well-being. It involves a commitment from both the therapist and the client to work together towards a common goal. With the right support and guidance, therapy can help individuals overcome challenges and lead more fulfilling lives.
I guess you feel pretty good then. I told you that you could do it.
Each hour was detailed, repetitive and usually dull. But each time I began to settle into the gloom of my own boredom, I steadied myself by thinking how potentially important all of this was to Karl. Sure, this was my first, or perhaps futile, effort at intervention, or self-help, or bloodletting. But it was therapy and it was, I believed, beginning to have an impact on this man's life and attitudes. My own mid-life therapy crisis, thus, was short-lived.

Finally, one day the breakthrough came. The waitress had begun to talk to Karl. And miracle of all miracles, he talked back, not much, but enough. They even exchanged names and discussed when they had gone to high school. Later that same week, they inadvertently met on a bus and realized that they lived in the same general neighborhood. They had a nice chat and parted with each suggesting that they would probably meet on that same bus line the next day.

Since his behavior in both the employment and social areas was beginning to pick up, we decided to back off a bit and consolidate our gains. I continued to encourage his efforts in these two areas but did not pressure him to move into any new territory. Like a military commander who had captured some high ground, my intent now was to occupy it, make it my own, and prepare for the next engagement by trying to fully understand the reasons for our victory. In therapy, the goal was similar.

Karl and I had achieved some success. It was important that he understand the reasons for that success so he could turn it to his advantage in the future. The behaviors were beginning to fall into place, now came the work of making sure that his confidence and expectation for future success were likewise in place.

This brought us face-to-face with our next major set of problems.

THERAPY BEGINS TO STALL

Human behavior has always been thought by psychologists to be governed by certain principles, such as the law of effect. What this means is that rewarding a behavior will increase the likelihood of its occurrence and punishing it will decrease that same likelihood. We were depending on this simple notion to guide our efforts with Karl. We sought him to make certain responses, watched them lead to success, then set back and observed how they increased in their potential for occurrence.

Eventually, there would grow in Karl the belief that he could achieve success in employment and in social relationships. Confidence and an increased level of personal adjustment would be the final product. This is what we believed and, for a while, this is what seemed to be happening. Karl was, in many small ways, more successful. But, as he and I discussed these little triumphs, a growing feeling of uncertainty began to envelop me. There just was not the degree of behavioral change, nor indeed, the change in personal beliefs that had been anticipated. In many ways, Karl seemed to move self-confident when he started therapy. Successful, yes, but confident, no. And this made no sense.

Dr. Rotter and I discussed these matters at length. What could be responsible for this apparent stalemate in progress? We recalled some of Karl's remarks. When he was accepted into watch-repair school, he attributed his good fortune to the fact that there were several openings, that there was no competition, and that he was a veteran. Then we went back through the case notes on his discussions about his waitress friend. He had said that she did not have any friends either, that they just happened to meet on the bus that day, that he really was a lucky person sometimes. He even noted that he was about to have taken a real turn for the better. Most people may, from time to time, make the same remark—but it is really just a remark. For Karl it seemed to mean much, much more.

Now here was an interesting thought. What if Karl really did believe in luck, chance, or whatever one chooses to call it? What if he believed that in the most pervasive sense? That would explain Karl's attitudes and responses toward me. From the very beginning, he regarded me as an authority figure. What's more, he endowed me with a kind of window and knowledge that was very flattering, but hardly accurate. But its importance was undervalued in the remarks he occasionally made after we discussed some of his adventures. For example, after discovering that his appointment at watch-repair school was in order and that they were expecting him, he said, "You were right about what you told me to do; just what you said really happened." About a friend at school, he observed, "That was really smart of you; you told me to laugh at his jokes; I did, and he really liked it." In a subtle way he seemed to be saying, "The reason my efforts worked was due to you; you are making good fortune for me."

AN IDEA PRESENTS ITSELF

Dr. Rotter and I continued to discuss the impasse with Karl at great length. We tried enumerating some of Karl's behavioral characteristics. This, we thought, might help illuminate matters. For example:

- Karl made few attempts to acquire information. This greatly impeded his efforts to achieve any kind of growth. He did not respond to any of our communications and was not interested in the council he had been invited to join.
- Karl was, in many ways, singularly susceptible to social influence. It was when he felt the influence was coming from someone
with status. Thus, at my urging, he would try any number of new behaviors.

Karl seemed to be a curious mix of calmness and anxiety. At times, he seemed amoral of coping behaviors seemed to panic him. But more often than not, he adopted a sort of fatalistic outlook that explained, “Why worry, you can’t change things anyway.”

We thought a lot about all of this and who it could mean. And then someone made a remarined a dissertation committee of Abin Lasko at Ohio State University a few years earlier. He had discovered that just knowing that a person had failed on a task 10 times in a row did not necessarily mean they could conclude that this person’s confidence was now in control. And one where they did not, we could reinforce their behavior very low. Perhaps this person had earlier been correct 12 times and, as a result, now label that all these failures it is about time to be correct again. In short, a critical factor in understanding how expectation for future success or confidence develops is not the absolute number of successes and failures but their pattern. In explaining this, Lasko also suggested that perhaps in some learning situations the important thing is not just that a given response is correct but who controls the outcomes following the response.

Suddenly, the lights came on. The reason behind Karl’s peculiar responses seemed obvious. He did not regard his own efforts as influential. He believed that the outcomes following his behaviors were outside his personal control. When his efforts were successful at the watch-repair school or with the waitress, his expectations for future success did not increase. But why, then, should they? When you are not in control of a situation, successes and failures do not convey any meaningful information about the future. This is like playing a slot machine when everything is controlled by luck. Hitting the jackpot is nice but it should not lend you to increase your expectations for hitting the jackpot again. After all, you are not in control, so what can that success possibly teach you?

If Karl really believed that his own actions were unrelated to achieving success, then his behavior made sense. Why try to acquire information or prepare yourself if rewards and punishments occur independently of your behavior? Why not rely on other people, such as a therapist? They are knowledgeable and their efforts are what really count. And why get terribly upset over things you cannot control? Maybe, then, Karl was not responding in defiance of learning theory. Rather, it was our conceptualization of learning theory that was incomplete. The important elements are not just behavior and reinforcement but one’s belief about who controls the occurrence of reinforcements. Formulating these ideas was very exciting. But the next step was critical. We must test our hypothesis instead of depending upon sheer speculation.

Our work with Karl raised some very important questions about how reinforcement works. To find the answers to these questions, it was important to proceed slowly and carefully. To learn specifically how reinforcement works in relation to personal control, we needed to conceive a situation where exact control could be exerted by the experimenter. In a sense, we wanted to construct a laboratory replica of Karl’s experience. We believed that Karl had failed to increase his expectations for success following reinforcement because he did not feel in control of the situation. If we could develop two situations, one where subjects felt in control and one where they did not, we could reinforce their behavior and then observe its effects on their expectancies. If all went according to plan, subjects who felt in control should change their expectancies for future success in response to success or failure. However, subjects who did not feel in control should exhibit fewer changes in expectancies following success and failure. If such an experiment worked out, we could later pursue the idea that people exhibit generalized beliefs about the extent of their personal control and that these beliefs vary from one person to another. But first, the laboratory research.

The first study we devised consisted of two perceptual tasks. Subjects were asked to look at lines and then decide whether or not they were the same length. They also looked at colors and then decided whether or not they were the same hue. Half the subjects were told that these tasks were so difficult that success was largely a matter of chance. The other half of the subjects were instructed that success and failure were totally determined by skill or ability. Over a series of trials they made their perceptual judgments about color and length. But prior to each trial, they were asked to state an expectancy for success or what could be called a confidence level. For example, “How many chips are you willing to bet that you will be correct on the next trial?” This betting behavior was our measure of expectancy.

To make a long story short, two major findings emerged. First, fluctuations in expectancies from trial to trial were greater in the skill condition than in the chance condition. Second, the frequency of changes in expectancy was greater in the skill than in the chance condition. How did we interpret these findings? Well, the likely explanation seemed to be that skill conditions offer a greater basis for generalizing from the past to the future than do chance conditions. When success and failure are attributed to one’s own efforts or personal control, the past is viewed as entirely relevant to the future. But in chance situations or in ones where the individual is not really in control, the past becomes irrelevant to the future. Basically, then, learning is different when skill as
opposed to chance is involved. And this is exactly what we had hypothe-
sized was happening with Karl.
Now, finally, we were getting a handle on these matters. This
research, born out of our ruminations about the inexplicable behavior
of one patient, would eventually lead us considerably beyond that one
patient. What was at stake now was not merely helping a single patient,
but probing the nature of learning and the role of personal control in human
behavior. Suddenly, the arena had grown much larger and the
implications still larger yet.

RESEARCH CONTINUES AND EXPANDS

Over the next several years, research continued at a furious pace. At first,
the focus was on control as a characteristic of specific situations. A num-
ber of very interesting findings emerged that helped give shape and sub-
stance to our earlier ideas about Karl. For example, it was determined
that when escape from a painful electric shock is possible as a result of a
subject's efforts, it is probable that an individual in that situation will
escape the situation. This is what we call "learned helplessness." This refers to a
tendency in both animals and humans who have been exposed to
incompatible painful stimuli to later fail to escape when
hands reason to do so. All of this is reminiscent of the extreme
sense of personal helplessness and apathy that enveloped prisoners in
Nazi concentration camps during World War II. Many of them suc-
cumbed to death because they saw their environment as totally uncon-
trollable. There was no point in paying any attention to life when only death
can occur. This conclusion from this and other research seems clear.
Learning and performance are reduced and anxiety and stress are
increased whenever even minor stimuli are either unpredictable or uncon-
trollable.

But this was not all that was going on. We had come to believe that
Karl possessed a general belief system that he carried about with him
from situation to situation. He did not just wait until he got himself into
a situation before deciding that it did or did not offer the opportunity for
control. He actively construed most situations that way from the very
beginning. His belief that luck, fate, chance, or other forces controlled his
life was like a pair of eyeglasses that he wore everywhere and through
which he gauged very personal images of the world.

FROM THERAPY TO RESEARCH: A PATIENT'S LEGACY

Dr. Rotter and several of his colleagues went about constructing a
questionnaire that would tap into such a belief system and allow us to
decide how much a person saw events as personally controlled. An
example of an item on this questionnaire is the following:
I more strongly believe that (select either a or b):

a. Many people can be described as victims of circumstances.
b. What happens to people is pretty much their own doing.

When a person predominantly chooses items that cast people as the
products of luck, chance, fate, as under the control of powerful others or
predictable events, the person is said to be externally oriented. When a
person typically perceives events or outcomes as the result of his or her
own behavior or relatively permanent characteristics, then we say that
the person is internally oriented.

With the development of this questionnaire and the subsequent
establishment of its reliability and validity, a veritable flood of research
activity occurred. Since 1966 a truly amazing volume of research has
been published on what has come to be called internal versus external con-
trol of reinforcement (I-E) or locus of control. The studies are now number in
the thousands! Between the years 1970 and 1974 alone, Rotter's research on
I-E was the second most frequently cited work in the Journal of Consulting
and Clinical Psychology, a major outlet for research in clinical psychology.

UNDERSTANDING GROWS

Consider the following scenes:

- A four-year-old struggles to open his box of candy. You lean down
to help him but he howls in anger and cries, "I can do it myself!"
- A seventy-five-year-old widow, frail and at times confused, can-
not, realistically, continue to care for herself. You explain to her as
lovingly as you can that she must move to a nursing home. She
sobs uncontrollably and begs to be allowed to remain at home.
- You are riding in the passenger seat of your friend's car. Each time
he approaches a car, you tense up and press your foot against the
floorboard. You silently berate yourself for not insisting that you
drive.

Now we understand the importance of the foregoing examples and
many other similar slices of life as well. But, in a sense, everything goes
back to Karl. Our struggle to understand him gave rise to a simple
hypothesis about the manner in which expectancies change following
reinforcement in skill and chance situations. This, in turn, led to studies about the effects of a broad personality dimension involving personal control.

Over the years, research on perceived control from scores of other investigators and other laboratories has taught us more and more. We now realize that maintaining a sense of personal control is a central goal for all people. And the frustration of one’s sense of personal control can lead to severe distress and even death, as noted earlier in the case of the Nazi prison camps. Only now do we realize that so often the physical and mental decline we see in aging individuals is affected by their inability to exercise control over their own lives. Recent research also shows that involving patients in their own health-care maintenance can facilitate their recovery from illness. People who believe they possess personal control are more sensitive to health messages and are more likely to try to improve their health status. Such people are also more likely to be better adjusted and less anxious than those who do not feel in control of their lives. On the other hand, those individuals who do not feel in control are less active in acquiring information about their surroundings, are more susceptible to being influenced by other people, and are less likely to become actively involved in affecting their own little corner of the world.

EPILOGUE

What happened to Karl? During a six-month period, I gradually decreased the frequency of his visits to the clinic and eventually he discontinued therapy altogether. It seems evident that therapy did a number of good things for Karl. First, it significantly enlarged his repertory of interpersonal skills. This, in turn, led to some sensible successes in work and in social relationships. Ultimately, too, his willingness to attribute responsibility to himself for his successes was strengthened. With that came increased confidence that he could achieve things on his own. His realization of this was slow, halting, and never really complete. But it was light years from where he had begun.

Follow-up information was sketchy. However, by putting bits and pieces of information together, this much emerged. He broke off his relationship with the waitress. Subsequently, he secured a permanent job as an inventory clerk in an appliance warehouse. He met another woman there and, after a brief courtship, they were married. Several months later he called the clinic and informed a social worker that everything in his life was “going fine” and he no longer needed to keep in touch. Beyond that, nothing is known—he made no further contacts with the clinic.