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Anxiety and Desire for Control

Edward J. Wilkinson and Arnold S. Chamove

University of Stirling and Massey University

Commonly, anxious individuals attribute control to forces external to themselves. Based on Self-Concept Discrepancy Theory, we predicted that the discrepancy between the control that people perceive they have and the control they believe they ought to have would increase with increasing anxiety. In the study reported here greater discrepancies were found in both anxious and non-anxious females when anxiety level was greater. Discrepancy was found to be significantly more strongly correlated with anxiety than was Locus of Control for anxious females.

One characteristic of persons with high anxiety levels is a belief that their Locus of Control (LoC) is external to themselves (Phares, 1976; Archer, 1979). The Self-Concept Discrepancy Theory for psychological disturbances (Higgins, 1987) proposed that agitated emotions (e.g., fear, guilt, unease) are produced when discrepancies occur between an individual's actual self-concept and the attributes they believe they ought to have, their "ought" self-guide. The implication here is that it is the discrepancy that produces or exacerbates at least some of the anxiety.

A common and effective treatment which attempts to control anxiety is progressive relaxation, but it can also lead to a paradoxical reaction—relaxation-induced anxiety (Heide & Borkovec, 1984), characterized by a fear of loss of control. We proposed that progressive relaxation works by decreasing the discrepancy between the actual control and the "ought" control of anxiety. If so then relaxation-induced anxiety might be caused by increasing this discrepancy if the patient perceives that the therapist is in control of anxiety levels because of the therapist's ability to administer and control treatment.

This study attempts to answer the question, "Which is more closely related to level of anxiety: the degree of external LoC or the discrepancy between the control one has (LoC) and the control individuals believe they ought to have (CoH)?" If discrepancy in control (DiC) is more important, then it should more highly correlate with anxiety that LoC.

Address for correspondence: Dr A.S. Chamove, Massey University Psychology Department, Palmerston North, New Zealand

Method

Eleven consecutively referred female anxiety outpatients meeting the DSM-III criteria and non-anxious controls (16 male, 25 female) whose ages ranged from 18 to 52 were asked to complete 3 questionnaires. (1) The tridimensional anxiety scale (Lehrer & Woolfolk, 1982) gives 3 measures of orthogonal sub-components of anxiety—cognitive, behavioural, and somatic, which can also be combined to provide an assessment of general anxiety levels. Cognitive anxiety provides the anxiety measure used in Table 1. (2) the multi-dimensional LoC scale (Levenson, 1974) measures three sub-components of LoC—general control, control by powerful others, and control of cognitive anxiety. These three provide the LoC measures listed on the left of Table 1. (3) While a desirability of control scale (Burger & Cooper, 1979) measures how much control people desire, we altered the questions so they related to control people believed they *ought* to have (CoH). These three provide the CoH measures itemised on the left of Table 1. As an example, "I should/ought to be able to control my breathing". Responses were made on a uni-dimensional Likert scale and were returned anonymously. From these returns we could compute the difference between what control they reported and what they reported that they ought to have, the discrepancy in control (DiC). These three provide the DiC measures presented on the left of Table 1.

Only four males were referred with anxiety, too few to draw confident inferences. Consequently the male controls are presented for comparison purposes only.

Results

A Pearson product moment correlation coefficient showed that over all subjects, the levels of all three types of anxiety, but especially the level of cognitive anxiety (presented in Table 1) was higher in those with greater discrepancies (DiC) between their perception of their own LoC and what they thought that

Table 1: Correlations Between Three Measures of Control with One Measure of Anxiety (i.e., Levels of Cognitive Anxiety).

	Anxious	Non-Anxious	
	FEMALE n=11	MALE n=16	FEMALE n=25
1—GENERAL CONTROL			
LoC	-.60[a]	-.59[a]	-.60[b]
CoH	+.63[a]	+.28	-.40[a]
DiC	**+.70[a]**	**+.78[c]**	+.12
2—CONTROL BY POWERFUL OTHERS			
LoC	-.71[b]	-.81[c]	-.44[a]
CoH	+.32	+.37	-.28
DiC	**+.82[b]**	+.72	+.01
3—CONTROL OF COGNITIVE ANXIETY			
LoC	-.84[c]	-.86[c]	-.79[c]
CoH	+.61[a]	-.05	-.27
DiC	**+.87[c]**	+.79[c]	+.64[c]

[a] P<.05
[b] P<.01
[c] P<.001

Those in bold indicate where discrepancy has the highest correlation.

level of control ought to be, $r(50)=.53$, $P<.001$. Similar results were obtained for total (i.e., general) anxiety levels but at a slightly lower level, $r(50)=.51$, $P<.001$.

As can be seen in Table 1, there was a strong correlation between cognitive anxiety and DiC for both males and females, and in both anxious and non-anxious categories, $r=.60$, $P<.001$ averaging over all three categories of control; and $r=.79$, $P<.01$ for anxious females. For the three measures of control the correlation of cognitive anxiety with LoC for this group of female patients averaged -.72, but was increased to .80 by using DiC. The only sub-group in which discrepancy was consistently more strongly correlated with anxiety than LoC was in anxious females, and in the first two of the three control categories, this difference was a significant one (Jaccard, Turrisi, & Choi, 1990; z analysis for the difference between dependent correlations).

Medication, previous experience of progressive relaxation, severity of disorder, and stage of current treatment were not found to have any significant effect on anxiety levels.

Discussion

The results extend previous findings, that anxiety is associated with a low degree of personal control, by showing that in anxious females anxiety is even more strongly associated with a large discrepancy between personal control and what they report that control ought to be.

The differences between male and female correlations in the control group remain to be explained. Perhaps control males are more sensitive to control by powerful others than are females, but accept control as unalterable.

In the treatment of psychological disturbance in general and anxiety in general, it is reported that improved perceptions of self-efficacy and self-control are important, both in prognosis and in therapy (e.g., Williams, Chamove, & Millar, 1990). If one problem is the discrepancy between the actual locus of control and where that control ought to lie, then this is an area on which therapy might fruitfully focus.

Perhaps anxious persons are accurate in their perception that they lack control when comparing their control with healthy others. If this is the reason for their discrepancy and it is not a characteristic of anxious people, then other ill people should report the same discrepancy.

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