

Sociological Comparison of the Self-Control and Behavioral Activation and Prevention Systems in Normal and Blind People

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Abstract

Self-control is one of the most important skills that are considered as the main characteristic of individual adaptability. Indeed, an individual with self-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 self-control and behavioral activation and prevention systems in both normal and blind people. For this purpose, a descriptive and cross-sectional research frame was used. A sample of 80 people (40 normal and 40 blind people) was selected randomly. In order to measure the research data, scales of self-control and behavioral activation and prevention systems were 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 the score of behavioral activation and prevention systems in two groups of respondents (blind and normal ones) are different ($p \leq 0.001$). Also findings showed that the scores of self-control systems in two groups of respondents (blind and normal ones) are not different ($p \leq 0.001$). It can be concluded that self-control and behavioral activation and prevention systems of blinds are more sensitive than normal people.

Keywords: Blind, Self-control, Behavioral activation, Prevention systems.

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1. Introduction

Health has been recognized as an important right of humans and as a social goal in the world during past years (Carver and White, 1994). In this regard, self-control, behavioral activation and prevention systems are the main determinant factors of ability of environmental adaptability, psychological welfare and public health. These affairs are considered as important issues from health psychologists. On the other hand, the role of self-control and behavioral activation and prevention systems, as the important factors which paves the ground for people's preparation for behavioral and emotional problems, is the main issue which shows people's normality and adaptability characteristics. This issue is considered as an important subject in the past years. The people, who can prioritize actual goals and make a balance between emotions and thoughts are self-control ones (Aghayar and Sharifi Daramadi, 2010).

Self-control refers to the people's ability in adapting his/her behavioral characteristics with existing conditions and circumstances. This concept, which has been introduced by Snyder (1974), refers to the individual's adaptability (Kaushal and Kwantes, 2006). The results of different studies in terms of self-control revealed that individuals with higher levels of self-control ability have more social skills than others (Day and Kilduff, 2003). The individual's ability to exert self-control is considered as one of the most powerful abilities which results in adaptability in the human mind. When people can create and maintain adaptability and coordination between self and environment, then the most health and happy conditions will be achieved. Indeed, adaptability is a factor which can be achieved through changing adaptation with surrounding environment (Bolum et al., 1986). In addition, self-control provides the ability of avoiding anti-social events and adapting with the needs of group life. Nowadays, it seems that a large part of individual and social problems are generated from defection in the self-control (Bowmister et al., 1994).

Loog (2010) refers to self-control from different dimensions. For example, self-control can be seen as delay in happiness and as a time which should be passed for achieving happiness and rewards (Rodrigues, 1989). Based on that definition, it is expected that a large part of mental pathology of blinds

generates from their self-control abilities. On the other hand, health psychology is one of the most important research areas which are considered by researchers. Some psychologists believe that personality is based on the neurotic system.

The recent estimations indicate that about 45 million people are blind all over the world and there are 135 million disabled people who need social, psychological, and economic helps (Attebo, 1996; Thylefors et al., 1999). Also more than 90% of all blind or disabled people live in developing countries (Yankexu, 2002; Tabbara et al., 2005). Based on the reports of World Health Organization (WHO), about 1-2 million blind people are adding 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 indicate 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 (Karimi Darmani, 2006).

The recent estimations reveal that based on the definition of World Health Organization (WHO), about 45 million people all over the world are blind and also about 135 million people have disabilities in terms of eye. They need several social, psychological, and economic helps (Attebo et al., 1996; Thylefors et al., 1999). More than 90% of blind or disabled people live in developing countries (Yankexu, 2002; Tabbara et al., 2005). World Health Organization (WHO) reports that about 1 to 2 million blinds will added to the existing blind population in the future years (Tabbara, 2001). The blind population experiences several problems and difficulties in their life especially in terms of their interaction with others. Cognitive, affective, verbal, social, and dynamic problems are the main problems of child in terms of blindness. Indeed, delay in such skills leads to delay in the social revolution and also damages appropriate interaction with others (Karimi Dermani, 2006).

During past decades, many researchers and authors have attempted to develop models for pathology of psychological models such as anxiety. Self-control and behavioral activation and prevention systems are the 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 self-control incompetence and anxiety which refers to the inability in thought. On the other hand, thinking about outcomes of happy behaviors leads to prediction of 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 (Godfredson, 1990). Self-control does not refer to avoiding emotions and feelings. In contrast, self-control refers to the methods of self-expression (Golman, 1995). Higher levels of self-control lead to better quality of life. The results of past studies such as Baron (1989), Blakely et al. (2003), Burrick et al. (2005), and Kashal et al. (2006) indicate that there is a significant relationship between self-control and 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 is consistent with his/her emotions. Therefore, positive emotions are the main base of desirable perceptions and positive interpretation. The negative emotions, in contrast, relate to 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 of sensitivity in terms of behavioral prevention and activator systems in the society. 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.

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 criterion for selecting sample members was age in 20-30 years old. Also the respondents were permitted to leave the study sessions. In order to collect the research data, the prevention-activator scale of Caror and White (1994) and self-control scale of Tangney (1994) were used. The first scale, which has been developed by Caror and White (1994), consists of 24 self-administrated items. The BIS of this questionnaire has 7 items which measure sensitivity of behavioral prevention system and so on. The BAS scale consists of 13 items which measure sensitivity of behavioral activator system.

Caror and White (1994) report that inner stability of BIS scale is 0.74 and inner stability of BAS scale is 0.70. The characteristics of this scale have been reported by Mohamadi (2008). In addition, validity of BAS and BIS are reported 0.68 and 0.71 respectively (Mohamadi, 2008).

Self-control scale was developed by Tanjeni 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. The results of this study have been presented in table 1 (Tanjani et al., 2004).

Table 1. The average and standard deviation of Tanjeni et al., study

Study step	Standard deviation	Average	Alpha
First study	18.81	114.47	0.89
Second study	18.19	102.66	0.89

A sample of 80 people (40 normal and 40 blind people) was selected randomly. In order to measure the research data, scale of self-control and behavioral activation and prevention systems 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.

First hypothesis: Self-control ability of blind and normal respondents is different.

Table 2. Summary of results of the first hypothesis

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

The results of table 2 revealed that there is not any significant difference between self-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 confirmed. Indeed, any significant difference was not observed between blind and normal respondents in terms of self-control score ($p \leq 0.05$).

Second hypothesis: There is a significant difference between behavioral activator and prevention systems of blind and normal respondents.

Table 3. The summary of results of the second hypothesis

Measures Groups of respondents	t	df	Sig	Standard deviation	Average	N
Blind respondents	-4.42	70.10	0.001	4.85	41.10	40
Normal respondents				6.88	35.20	40

The results of table 3 revealed that there is a significant difference between self-control score of blind respondents (average: 41.10, SD: 4.85) and normal respondents (average: 35.20, SD: 6.88) ($p \geq 0.05$). This difference is significant ($p \leq 0.001$; df: 70.10; and t: -4.42). It can be said that H_0 is not accepted. Also the results of Loin test revealed that the variation between variables is significant (f: 2.78 and $p \leq 0.05$). Based on the results of this hypothesis, it can be said that there is a significant difference between behavioral activator and prevention systems of blind and normal respondents.

4. Discussion

The role of self-control and behavioral prevention and activation systems, as the main factors which pave the ground for people preparation for emotional and behavioral problems, has been considered during past years. Self-control is one of the most important skills which refer to the main characteristic of normality and adaptability. The people with higher levels of self-control are able to prioritize the goals and keep balance between emotions and thought. Indeed, self-control refers to the degree of adaptability of individual characteristics with situation and circumstance (Aghayar and Shariati Daramadi, 2006). On the other hand, sensitivity of behavioral prevention and activation systems reflect the individual differences from nautical system (Gray, 1972). The first hypothesis indicates that there is a significant difference between self-control score of blind and normal respondents.

The results of first hypothesis reveal that there is a significant difference between self-control score of blind and normal respondents. The results of this hypothesis are confirmed by findings of different authors such as Savadi (1999), Adabradotir and Rafenson (2002), Bahrami Khondabi (2004), Chiong and Chiong (2008), Abtahi (2010), Kosar et al. (2011), Wera and Moon (2013).

Based on the results of first hypothesis, it can be said that self-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 self-control (Golman, 1995).

Higher levels of self-control lead to better quality of life. The results of past studies such as Baren (1989), Belekli et al., (2003), Berick et al., (2005), and Kashal and Koantes (2006) indicate that there is a significant relationship between self-control and other constructs such as conflict, behavior, personality, health, and mental welfare. All in all, the results of this study revealed that self-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 self-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.

The second hypothesis indicates that there is a significant difference between behavioral activator and prevention systems of blind and normal respondents. The findings revealed that this hypothesis is supported and it can be said that there is a significant difference between behavioral activator and prevention systems of blind and normal respondents. The results of this hypothesis are supported by the previous studies such as Gray (1990), Pickering and Gray (1999), Favls (2000), and Moris et al. (2005), Mansori et al. (2010), Abdi et al. (2011), Alimoradi et al. (2011), Shahnde and Agha Yousefi (2012).

Based on the results of the second hypothesis, it can be said that behavioral prevention and activation systems react to the secondary reinforcing factors. Indeed, behavioral prevention system is motivated in symptoms such as punishment and discouraging factors such as fear and depression (Pickering and Gray (1999). Slobodskaya (2001) found that people with powerful behavioral activation system avoid punishment and undesirable outcomes. Behavioral activation system acts to achieve rewarding outcomes. Gray (1990)

found that the behavioral-mental system is the main source of individual differences. The results of the previous studies revealed that behavioral activation system leads to different outcomes such as anxiety, avoidance, silence, more attention and so on. The findings of other studies revealed that performance of behavioral prevention and activation system play the important roles in different psychological senses such as anxiety, fear and so on.

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