Perceived Control and Mindfulness: Implications for Clinical Practice

Francesco Pagnini
Harvard University and Università Cattolica del Sacro Cuore

Katherine Bercovitz and Ellen Langer
Harvard University

A broad range of studies conducted over the past 50 years suggest that perceived control is an important construct to physical health and psychological well-being. When people feel that they can exert control, they demonstrate better immune responses, cardiovascular functioning, physical strength, increased longevity, increased life satisfaction, and decreased anxiety and depressive symptoms. The authors discuss how perceived control can be understood through lens of mindfulness without meditation. In this framework, mindfulness is defined as the act of noticing new things, a process that promotes flexible responding to the demands of the environment. It is the opposite of mindlessness, which describes the overreliance on previously learned categories. Both lack of perceived control and mindlessness are rooted in rigidity and a view of the world as unchangeable. The authors present insights into how clinicians can use Langerian mindfulness to improve the perception of control, and therefore well-being, in their clients.

Keywords: perceived control, mindfulness, mindlessness, well-being, health

Perceived control refers to an individual’s belief about his or her own capability of exerting influence on internal states and behaviors, as well as one’s external environment (Langer, 1977; Lefcourt, 1966; Pearlin & Schooler, 1978; Wallston, Wallston, Smith, & Dobbin, 1987). The sense of control that one can exert over life events is one of psychology’s most explored constructs. Starting in the 1960s, it became clear that the effects of aversive events and distress could be mitigated by the perception of being in control (Glass, Siger, & Friedman, 1969; Langer & Saegert, 1977; Pervin, 1963). Following these original studies, researchers discovered that increasing perceived control in a more general sense facilitated well-being (Langer, 1977; Langer, 1983; Langer, Pagnini, & Wolfer, 1975). For example, nursing home residents having control over the scheduling of their daily activities not only improved their health but also their longevity (Langer & Rodin, 1976; Rodin & Langer, 1977). Over the past five decades, researchers from many fields, including social, clinical, and health psychology, have investigated the varied implications of perceived control.

Early investigations considered globalized perceived control (Haidt & Rodin, 1999; Rotter, 1966), whereas recent contributions have stressed the integrative nature of the construct to specify the complexities that arise from different aspects of control (Gallagher, Bentley, & Barlow, 2014; Weems & Silverman, 2006). The multifaceted nature of the construct has produced many nuanced definitions (Burger, 1989; Langer, 1975; Rodin, 1990; Skinner, 1996); moreover, there are similar constructs under the larger umbrella of “control.” Despite their varied emphases and specifics, self-efficacy, mastery, attributional style, and locus of control have all often been used interchangeably with the notion of perceived control (Keeton, Perry-Jenkins, & Sayer, 2008; Ledrich & Gana, 2013).