

การวิเคราะห์โน้ตศัพท์การควบคุมตนเองในผู้สูงอายุ

A Concept Analysis of Self Control in Older Adults

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บทคัดย่อ

แนวคิดเรื่องการควบคุมตนเองมีความสำคัญในผู้สูงอายุ เนื่องจากผลของการควบคุมตนเอง ส่งผลกระทบโดยตรงต่อผลลัพธ์ด้านสุขภาพในประชากรกลุ่มนี้ อย่างไรก็ตามแนวคิดเรื่องการควบคุมตนเองในผู้สูงอายุยังไม่ได้มีการอธิบายอย่างชัดเจนจากมุมมองทางการพยาบาล วัตถุประสงค์ของการศึกษานี้เพื่อชี้แจงแนวคิดเรื่องการควบคุมตนเองในผู้สูงอายุ การวิเคราะห์โน้ตศัพท์การควบคุมตนเองในผู้สูงอายุครั้งนี้ ใช้วิธีการของ Walker และ Avant มีแปดขั้นตอนประกอบด้วย 1) การเลือกแนวคิด 2) การกำหนดจุดมุ่งหมายหรือวัตถุประสงค์ของการวิเคราะห์ 3) การระบุการใช้งานทั้งหมดของแนวคิด 4) การกำหนดคุณสมบัติที่กำหนด การสร้างแบบจำลองกรณี 5) การสร้างกรณีขัดแย้ง 6) การสร้างกรณีที่เกี่ยวข้อง และกรณีที่มีความไม่ชัดเจน 7) การระบุก่อนเกิดและผลที่ตามมาและ 8) การกำหนดการอ้างอิงเชิงประจักษ์ แนวคิดของการควบคุมตนเองในผู้สูงอายุมีดังต่อไปนี้ 1) ความรู้ 2) การรับรู้ถึงประโยชน์ 3) การประมวลผลทางปัญญา 4) ความเชื่อในตนเองหรือความเชื่อส่วนตัว 5) การควบคุมแรงกระตุ้นหรือแรงจูงใจ และ 6) ความสามารถและความจำเป็นในการควบคุมตนเอง การวิเคราะห์แนวคิดนี้สามารถขยายความรู้เรื่องการควบคุมตนเองในผู้สูงอายุได้ พยาบาลสามารถใช้แนวคิดของการควบคุมตนเองเพื่อส่งเสริมให้ผู้สูงอายุบรรลุเป้าหมายด้านการรักษาพยาบาลได้

คำสำคัญ: การวิเคราะห์โน้ตศัพท์/ การควบคุมตนเอง/ ผู้สูงอายุ

Abstract

The concept of self-control is crucial in older adults because the consequence of high or low self-control directly impacts health outcomes in this population. However, the concept of self-control in older adults has not clearly been described from a nursing perspective. The purpose of this study was to clarify the concept of self-control in older adults. The Walker and Avant methodology was used for this concept analysis. There are eight steps in this method 1) selecting a concept 2) determining the aims or purpose of analysis 3) identifying all uses of the concept 4) determining the defining attributes 5) constructing a model case 6) constructing contrary, related and borderline cases 7) identifying antecedents and consequences and 8) defining empirical referents. The concept of self-control in older adults is defined as the following; 1) knowledge, 2) perceived benefit, 3) cognitive processing, 4) self-beliefs or personal beliefs 5) impulse control

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or motivation, and 6) capability and need to control. This concept analysis can expand the knowledge of self-control in older adults. Nurses can use the concept of self-control to encourage older adults to reach their healthcare goals.

Keywords: Concept Analysis/ Self Control / Older Adults

Introduction

Self-control refers to the ability to exert control upon habitual or dominant responses when distal motives and proximal motives directly conflict.¹ As a result, it is related to the ability to delay, stop or change behaviors which may be related to reaching long-term goals.² Researchers suggests that high self-control leads to better health behaviors, health outcomes, and longevity.³ However, low self-control is linked to problematic behaviors and outcomes.⁴ Thus, the concept of self-control is a crucial factor to understanding people and how they intend to change their behaviors. This is because the consequence of high or low self-control directly impacts physical and mental health outcomes in this population.

The concept of self-control is a subjective and complex phenomenon. Because of its varied aspects, self-control has been studied and described by diverse healthcare disciplines. However, the results from the work of these disciplines have not clearly described the self-control concept directly from the nursing perspective. Consequently, the clarification of the concept of self-control is needed. This is because this concept might be a significant factor in the individual dealing with chronic diseases. Better understanding about the concept of self-control will help nurses to foster in older adults a desire to stay on track of being healthy and reach their goals. One way of knowing more about self-concept in older adults is through a formal concept analysis. The aim of this article was to identify the concept of self-control in older adults.

Concept Analysis

Concept analysis is a formal, linguistic exercise to determine those defining attributes. The analysis itself must be rigorous and precise, but the end product is always tentative. Contributing to the tentativeness of concepts is that they also change over time often slowly, but occasionally very quickly. Therefore, anyone undertaking concept analysis should be aware of the dynamic quality of ideas and the words that express those ideas.⁵ A concept is a term or label used to describe a phenomenon or a group of phenomena. Concept analysis has been proposed as a way to clarify meanings and uses of concepts in the nursing discipline, and ultimately, to enhance the theoretical soundness of nursing knowledge. Concepts have been described as the ‘building blocks of theory’ and are therefore also fundamental to research and theory development.

Sources of Information

Using the Walker and Avant’s⁵ eight-step method of concept analysis, dictionaries, thesauruses, and current nursing literature are studied for meanings, usages, and attributes. Model, borderline, and contrary cases are also presented.

Walker and Avant⁵ procedures for concept analysis; the steps are as follows: 1) Select a concept, 2) Determine the aims or purposes of analysis, 3) Identify all uses of the concept that you can discover, 4) Determine the defining attributes, 5) Identify a model case, 6) Identify borderline, related, contrary, invented, and illegitimate cases, 7) Identify antecedents and consequences, and 8) Define empirical referents.

Step 1: Select a concept

Selecting a self-control in older adult concept is the first step. The term of self-control is widely used throughout nursing and allied health literature; however, the meaning of the term in older adult is not clear.

Step 2: The aims of this concept analysis

The purpose of this analysis was to clarify the meaning of self-control by differentiating it from other related concepts such as perceived control or personal control thereby providing a better understanding of it, using the concept analysis method described by Walker and Avant.⁵ The goal of the analysis is to provide a clearer definition of self-control for use in the creation of operational definitions.

Step 3: Identify all Uses of the Concept

After selecting a concept and determining the purpose of the analysis, the analyst must begin by identifying as many uses of the concept as possible⁵. After distinguishing all usages, one may then consider which aspects of the concept are pertinent.⁵ We started with the process by consulting dictionaries, thesauruses, and nursing literature to determine the meanings of “self-control”. Walker and Avant⁵ claimed that once you have identified all the usages of the concept, both ordinary and scientific, you may have to decide whether to continue to consider all aspects of the concept or only those pertinent to the scientific use. Moreover, review of literature helps you support or validate your ultimate choices of the defining attributes. The searching and consulting nursing literatures are limited to articles published in English within the last 12 years.

Method of Sample Selection

Rodgers acknowledges that “investigators cannot identify the actual, entire population of relevant literature that exists (on the concept of study)”⁶ Therefore, systematic procedures must be utilized to achieve a reasonable and representative sample. Because the concept self-control is used in a wide classification of disciplines, literature samples were obtained from three fields. In order to establish the most representative sample of self-control, literature was considered across nursing, education, and psychology. Databases searched were the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Science Direct. Keywords included “self-control”, “personal control” and “perceived control”. To arrive at the final sample, literature results from among the three fields required narrowing from the approximately 6,260 items. Query limiters (qualifiers) placed were the following: the literature must be written in English, have an abstract for review, have been published between the years 1999 and 2011, and have come from peer-reviewed sources. After the addition of these qualifiers, the search yielded 1,975 results. The query limiter self-control only word was added to the CINAHL search that has 15 articles. A final total of 35 articles met the criteria for inclusion in the analysis.

Step 4: Determine the defining attributes

Definitions and Uses of Self - control

Self-control is used as both a noun and an adjective. When used as a noun, self- control is the ability to behave calmly and sensibly even when you feel very excited, angry etc. In the similar definition, self- control is the ability to remain calm and not show your emotions even though you are feeling angry, excited, etc.: to lose/regain your self- control. Self -control is control of oneself, or of one’s own

emotions, desires, actions, etc. (Webster's New World College Dictionary).

Synonyms for self-control are located in Longman Dictionary Thesaurus⁷ and include: control, self-discipline, restrain yourself, snap out of it, get a grip on yourself, and yourself together.

A number of authors cite self-control definitions congruent with the dictionary definitions above; self-control is the ability to control one's emotions, behavior and desires in order to obtain some reward later, and is the capacity of efficient management in the future. In psychology, this concept is sometimes called self-regulation (Wikipedia encyclopedia). Self-control is a person's ability to maintain goals by suppressing any tempting alternatives, and even if these alternatives are based upon their self-related need structure.⁸

Self-control helps a person to pursue goals which have a high priority but are not embedded in their personal need structure. This is typically the case if goals are imposed from others (e.g., a doctor's advice to reduce drinking or a supervisor's request to develop alternative leadership behavior by participating in a management training course). Self-control is a set of skills enabling a person to shape behavior without external coercion, out of his or her own free will, while replacing one type of behavior with another more desirable one. Self-control derives from the assumption that a person's behavior is goal-oriented, and is always undergoing a process of change and development. Self-control is especially important when a person must learn new behavior patterns or make decisions, or when a previous behavior is no longer as effective as it was in the past. Self-controlled behavior fosters feelings of power, confidence, comfort, and independence in terms of the ability to direct one's own life. Self-control can be conceptualized as a behavioral repertoire of skills for regulating one's choices or behavior.⁹ Self-control

refers to capability and the need to control others,¹⁰ capacity to willingly alter one's behavior, emotions, and thoughts,¹¹ capacity for altering one's own responses, especially to bring them into line with standards such as ideals, values, morals, and social expectations, and support the pursuit of long-term goals.¹² Theoretically, Self-efficacy (SE) can be distinguished from Self Control (SC), but in reality, it is difficult to separate the two, and the perception emerged in the 1990s that the two concepts are interconnected. SE emphasizes expectations, whereas SC emphasizes skills. Perceived SE is individuals' subjective assessment of their capacity to carry out an action necessary to achieve hoped for results.¹³ It relates to a person's belief about whether he or she can use that certain behavior to reach the desired outcome (Can I do this?) and to a person's capabilities to organize and execute the courses of action required to produce given attainments.¹³ This belief may differ from a person's expectations about the probability that a certain type of behavior will lead to the result (What will happen if I do this?). Children's SE develops through their interactions with their surroundings and as they learn about their own abilities in diverse areas of functioning.¹³

Defining Attributes

At the heart of concept analysis is the identification of defining attributes. The next step is to show the critical attributes of self-control through the development of case examples, referred to as a model case, a borderline case, a related case, and a contrary case. The purpose of highlighting characteristics that exemplify the concept of study is to allow one to clearly identify self-control in older adults as self-control in older adults and not a similar concept.⁵ After careful scrutiny and clustering, among all uses, four defining attributes were identified. 14-40

1. Capacity or ability to willingly alter one's

behavior, emotions, and thoughts

2. A set of skills enabling a person to shape behavior without external coercion person must learn new behavior patterns or make decisions.

3. A person's behavior is goal-oriented and maintains goals by suppressing any tempting alternatives.

4. A process of change and development

Step 5: Identify a model case

Model Case

A model case is "an example of the use of the concept that demonstrates all the defining attributes of the concept"⁵ Model cases may be real, taken from the literature, or fabricated⁵. The following model case is constructed.

The visiting nurse was assigned to visit a 62-year-old male, who was unmarried and lived alone. He was diagnosed with hypertension and diabetes last year. The nurse explained strategies for control such as controlling eating, controlling always exercising and controlling stress. He can control blood pressure and glucose level in plasma. He controls eating behaviors and exercise. He tries to control sweet food and high calories. He perceives and believes that sweet diet control is good for himself. Moreover, he can maintain exercise behavior and eating behavior and he is goal-oriented to control blood pressure and glucose levels in plasma for good health. Patient perceives healthy and monitoring intention control.¹⁴⁻⁴⁰

Step 6: Identify borderline, related, contrary, invented, and illegitimate cases

Borderline case

A borderline case is defined as an example that contains most of the elements of the concept, but not all of them⁵ Such cases help to clarify the defining attributes of the concept.⁵ The following

borderline case is invented.

A 70-year-old man was diagnosed with hypertension and diabetes 5 years ago. He lived with family. He cannot control blood pressure and glucose levels in his plasma. He has a nurse to visit him who gives him advice. The nurse also discusses the disease severity if the patient cannot control their behavior. Strategies for being healthy, such as diet, exercise, and stress reduction. The patient is not aware about his health problem because he thought that he took medicine. He always exercises with his son. He also restricts his diet especially before doctor appointments. As a result, his blood pressure and glucose level in plasma are in fluctuation.¹⁴⁻⁴⁰

Related Case

Related case is instances of the concept that are related to the concept being studied but that do not contain all the defining attributes.⁵ The following related case is invented.

A 75-year-old woman lived with family. She had a history of hypertension and diabetes for around 10 years. She gets confused sometimes. Thus her daughter prepares food and medicine. She is not concerned about the kind of food because her daughter prepares it.

The daughter manages certain foods that are appropriate to control diabetes and hypertension by following a nurse's advice. Sometimes, the older adult does not like it and is bored with the food because she is not involved in choosing a menu. She eats sweet food when her daughter goes to work. Therefore, her blood pressure and glucose are good sometimes, but sometimes they are not balanced.¹⁴⁻⁴⁰

Contrary case

A contrary case is a clear example of "not the concept" that is often very helpful to the analyst because it is often easier to say what something is not than what it is. Discovering what a concept is not helps

us see in what ways the concept being analyzed is different from the contrary case.⁵

The patient is a 65-year-old unmarried male who lived alone. He had a history of hypertension and diabetes for around 2 years. A nurse explained about strategic for control such as control eating, control always exercise and control stress. He can't control blood pressure and glucose level in plasma. He can't control eating behavior and exercise. He feels no ability to control eating behavior and exercise because he believes he is too old to change behaviors. Moreover, he does not always take his medicine. His blood pressure and glucose level in plasma are in fluctuation.

Step 7: Identify antecedents and consequences of self-control in older adults

Antecedents

Antecedents “are those events or incidents that must occur prior to the occurrence of the concept”⁵ Those incidences that come before the concept are termed antecedents. Self-control in older adults have six antecedents which were identified as: 1) Knowledge 2) Perceived benefit 3) Cognitive processing 4) Self-beliefs or person beliefs 5) Impulse control or motivation and 6) Capability and need to control

Consequences

Consequences “are those events or incidents that occur as a result of the occurrence of the concept”⁵ Self-control in older adults has three consequences, which were identified as: 1) Action positive change, 2) Behavioral positive change, and 3) Certain behavior to reach the desired outcome

Step 8: Define empirical referents

Identification of empirical referents

Determining the empirical referents answers the question, “If we are to measure this concept to

determine its existence in the real world, how do we do so ?”⁵ It is acceptable in concept analysis for defining attributes and empirical referents to be identical.⁵ For this reason, the provision of tangible evidence in the form of the attributes persistent behaviors and statements of a belief in positive achievements were labeled as empirical referents. Empirical of self-control ageing is behavior positive change, activity change, and maintaining positive behavior.

Implications for practice

Self-control in older adult have six antecedents that were identified; 1) Knowledge 2) Perceived benefit 3) Cognitive processing 4) Self-beliefs or person beliefs 5) Impulse control or motivation 6) Capability and need to control. Self-control can help older adults achieve their goals and improve their physical and mental health, a lack of self-control can have adverse effects on their esteem, education, career, finances, relationships, and overall health and well-being. Reminding themselves of these consequences can help older adults stay motivated as they work to maintain them self-control. Self-control is a key variable when it comes to promoting the uptake and maintenance of behaviors associated with good health. This is because many health-related behaviors, such as following a diet low in saturated fat, sustaining a physical activity regimen, adhering to proscribed medication, cutting down on alcohol, quitting smoking, and attending appointments to see medical specialists, all require individuals to engage in long-term, goal directed behavior at the expense of short-term gains or resist some sort of immediate temptation or urge. This could be the temptation to opt for a sedentary pastime (e.g., watching television) instead of going out to jog after a hard day's work or resisting the urge to smoke if trying to quit smoking. A key recommendation for intervention designs is that

simple self-control exercises can have a facilitative effect on behaviors that require self-control. To date much of the research on practice with self-control has used contrived behaviors such as controlling speech or using a non-dominant hand. Such behaviors may be considered impractical or seemingly trivial, the success of the training in promoting better self-control notwithstanding, so research needs to be conducted into more practical means to train self-control.¹⁴⁻⁴⁰

Conclusion

The aim of this concept analysis was to determine the meaning of self-control in older adults in the context of nursing care. This concept analysis has been a challenging exercise to differentiate control behavior in older adults from other concepts. The analysis has identified common attributes, antecedes and consequences and differentiated the concept from similar and related concepts which has led to greater clarification of self-control in older adult. This analysis of self-control in older adult has implications for nursing practice, given that health professionals use self-control in older adults. Health professionals have an important role to play in facilitating this process.

References

1. Fujita K. On conceptualizing self-control as more than the effortful inhibition of impulses. *Personality and Social Psychology Review* 2011;15(4):352–66.
2. Chapman BP, Hampson S, Clarkin J. Personality-informed interventions for healthy aging: Conclusions from a National Institute on Aging work group. *Developmental Psychology* 2014;50(5):1426–41.
3. Turiano NA, Chapman BP, Gruenewald TL, Mroczek DK. Personality and the leading behavioral contributors of mortality. *Health Psychology* 2015;34(1):51–60.
4. Hill PL, Roberts BW. The role of adherence in the relationship between conscientiousness and perceived health. *Health Psychology* 2011;30(6):797–804.
5. Walker LO, Avant KC. Strategies for theory construction in nursing, 6th Edition Pearson Prentice Hall; Upper Saddle River, NJ: 2019.
6. Rodgers B-L. Concept analysis. An evolutionary view, chapter 6. In *Concept Development in Nursing: Foundation Techniques, and Applications*, 2nd edn (Rodgers BL, Knaf KA eds), 2000, W-B Saunders Company, Philadelphia, 77–102.
7. Summers D. *Longman dictionary of contemporary English* Harlow: Pearson : Longman; 2008.
8. Kehr HM, Bles P, Rosenstiel LV. Self-regulation, self-control, and management training transfer. *International Journal of Educational Research* 1999;31:487- 98.
9. McGovern JA, Rodriguez D, Tercyak KP, Neuner G, Moss HB. The impact of self-control indices on peer smoking and adolescent smoking progression. *Journal of Pediatric Psychology*, 2006;31(2):139-51.
10. Winstok Z. From self-control capabilities and the need to control others to proactive and reactive aggression among adolescents. *Journal of Adolescence* 2009;32(3):455 - 66.
11. Gailliot MT, Schmeichel BJ, Maner JK. Differentiating the effects of self - control and self-esteem on reactions to mortality salience. *Journal of Experimental Social Psychology* 2007;43(6): 894-901.

12. Baumeister RF, Schmeichel BJ, Vohs KD. Self-regulation and the executive function: The self as controlling agent. In Kruglanski A, Higgins, ET. (Eds.), *Social psychology: Handbook of basic principles* (2nd ed., pp. 516–539). New York: Guilford. A recent and thorough overview of the research in a broad context; 2007.
13. Hamama L, Ronen T, Rahav G. Self-control, self-efficacy, role overload, and stress responses among siblings of children with cancer. *Health & Social Work* 2008; 33(2):121-32.
14. Alberts–Hugo JEM, Martijn C, De Vries NK. Fighting self-control failure: Overcoming ego depletion by increasing self-awareness. *Journal of Experimental Social Psychology* 2011;47:58-62
15. Archer J, Southall N. Does Cost–Benefit Analysis or Self-Control Predict Involvement in Bullying Behavior by Male Prisoners? *Aggressive Behavior* 2009;35(1):31–40.
16. Barry LM, Haraway DL. Behavioral self-control strategies for young children. *Journal of Early Intensive Behavioral Intervention* 2005;2(2): 79-90.
17. Bath HI. Calming together: the pathway to self-control. *Winter* 2008;16(4):44-46.
18. Battaglini M, Benabou R, Tirole J. Self-control in peer Groups. *Journal of Economic Theory* 2005;123:105 – 34.
19. Benda BB, Toombs NJ, Corwyn RF. Self-control, gender, and age: a survival analysis of recidivism among boot camp graduates in a 5-year follow-up. *Rehabilitation Issues, Problems, and Prospects in Boot Camp* 2005; 40(3-4):115-32.
20. Butler GKL, Montgomery AMJ. Subjective self-control and behavioural impulsivity coexist in anorexia nervosa. *Eating Behaviors* 2005;6:221–7.
21. Chapple CL, Hope TL, Whiteford SW. The direct and indirect effects of parental bonds, parental drug use, and self- control on adolescent substance use. *Journal of Child & Adolescent Substance Abuse* 2005;14(3): 19-38.
22. Cole J, Logan TK, Walker R. Social exclusion, Personal control, self-regulation, and stress among substance abuse treatment clients. *Drug and Alcohol Dependence* 2011;113(1): 13-20.
23. Cramer P, Jones CJ. Defense mechanisms predict differential lifespan change in Self-Control and Self-Acceptance. *Journal of Research in Personality* 2007;41:841–55.
24. Friese M, Hofmann W. Control me or I will control you: impulses, trait self-control, and the guidance of behavior. *Journal of Research in Personality* 2009;43:795-805.
25. Fujita K, Roberts JC. Promoting prospective self-control through abstraction. *Journal of Experimental Social Psychology* 2010;46: 1049-54.
26. Hershberger PJ, Zryd TW, Rodes MB, Stolfi A. Professionalism: self-control matters. *Medical Teacher* 2010;32: e36–e41.
27. Jeong SH. A model of family background, family process, youth self-control, and delinquent behavior in two-parent families. *Journal of Family Social Work* 2009;12: 323–39.
28. Khan ZH, Watson PJ, Cothran DL. Self-control in Pakistani Muslims: Relationships with Religious Orientation, Depression and Anxiety. *Journal of Beliefs & Values* 2008;29(2):213–6.

29. Kim JY. Hyperbolic discounting and the repeated self-control problem. *Journal of Economic Psychology* 2006;27:344–59.
30. Laird RD, Marks LD, Marrero MD. Religiosity, Self-Control, and Antisocial Behavior: Religiosity as a Promotive and Protective Factor. *Journal of Applied Developmental Psychology* 2011;32:1-8.
31. Lee Duckworth A, Kern ML. A meta-analysis of the convergent validity of self-control measures. *J Res Pers* 2011;45(3): 259–68.
32. McCullough ME, Willoughby BLB. Religion, self-regulation, self-control: associations, explanations, and implications. *Psychological Bulletin* 2009;135:69–93.
33. Mead NL, Baumeister RF, Gino F, Schweitzer ME, Ariely D. Too tired to tell the truth: self-control resource depletion and dishonesty. *Journal of Experimental Social Psychology* 2009;45(3): 594–7.
34. Muraven M. Brief report autonomous self-control is less depleting. *Journal of Research in Personality* 2008;42:763–70.
35. Muraven M. Building self-control strength: practicing self-control leads to improved self-control performance. *Journal of Experimental Social Psychology* 2010;46, 465–468.
36. Muraven M, Gagn M, Rosman H. Helpful self-control: autonomy support, vitality, and depletion. *Journal of Experimental Social Psychology* 2008;44:573–85.
37. Nakkula MJ. Transforming self-control through peer relationships. *Winter* 2009; 17(4):35-40.
38. Oaten M, Cheng K. Improvements in Self-Control from Financial Monitoring. *Journal of Economic Psychology* 2007;28:487–501.
39. Tittle CR, Botchkovar EV. The generality and hegemony of self-control theory: a comparison of Russian and US adults. *Social Science Research* 2005;34(4):703–31.
40. Tullett AM, Inzlicht M. The voice of self-control: blocking the inner voice increases impulsive responding. *Acta Psychologica* 2010;135: 252-56.