

# REGULATION OF CONSCIOUSNESS

Authored by  
**mohammad looti**

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## REGULATION OF CONSCIOUSNESS

**Primary Disciplinary Field(s): Psychology, Neuroscience, Criminology**

### 1. Core Definition and Scope

The **regulation of consciousness** refers to any deliberate or habitual action taken by an individual with the specific goal of altering, maintaining, or achieving a particular subjective state of awareness. This concept is foundational to understanding human behavior, as the ability to manage one's internal emotional and cognitive environment is critical for functional adaptation. Regulation involves monitoring the current state of consciousness--whether it is characterized by anxiety, boredom, excitement, or pain--and then implementing behavioral or cognitive strategies designed to shift that state toward a more desirable or tolerable equilibrium.

This process is intricately linked to the broader psychological construct of **self-regulation**, which encompasses the capacity to manage thoughts, feelings, and impulses in pursuit of long-term goals. However, the regulation of consciousness focuses specifically on the management of the immediate subjective experience, or the "state of being." When the internal state becomes overwhelming or intolerable, the drive to change it becomes highly motivating, often overriding rational decision-making processes. This desire for state change is a primary driver behind a vast spectrum of human activities, ranging from meditative practices to high-risk behaviors.

While some regulatory actions are conscious and intentional, such as actively engaging in exercise to elevate mood, many forms of consciousness regulation become automatic or habitual responses to internal distress. These regulatory actions serve as a bridge between internal psychological experience and external observable behavior. The effectiveness and health of these regulatory mechanisms are key determinants of psychological resilience and overall mental health, distinguishing between constructive coping and destructive maladaptive patterns.

### 2. Functions and Motivations

The actions aimed at regulating consciousness generally serve two primary motivational functions, often occurring simultaneously: **pain circumvention** and the pursuit of **pleasure or variety-seeking behavior**. Pain circumvention involves actions taken to escape, suppress, or numb negative internal states, which can include overwhelming anxiety, intense sadness, or physical pain. This avoidance motivation underlies many behaviors seen in clinical populations, where the immediate need to escape discomfort outweighs future negative consequences.

The motivational drive toward pleasure or variety-seeking is rooted in the human need for optimal stimulation, a concept often explored through Arousal Theory. Individuals strive to maintain an ideal level of physiological and psychological activation. If the internal environment is too

monotonous or under-stimulated (e.g., profound boredom or depression), the individual seeks out external stimuli--such as high-adrenaline sports, excessive social interaction, or novelty--to increase arousal and achieve a more balanced or exciting conscious state.

The interplay between avoidance and approach motivations defines the specific regulatory strategy chosen. For instance, a person experiencing intense social anxiety (avoidance motivation) might regulate their consciousness by consuming alcohol to decrease inhibition and numb their fear. Conversely, an individual experiencing emotional flatness (approach motivation) might engage in impulsive, high-risk behaviors to inject novelty and emotional intensity into their subjective experience. Understanding the dominant underlying motivation is crucial for predicting the types of regulatory behaviors an individual is likely to adopt.

### 3. Adaptive vs. Maladaptive Strategies

The effectiveness of consciousness regulation is measured by whether the chosen strategy enhances long-term well-being and allows for functional coping, or if it provides only temporary relief while compounding problems. **Adaptive strategies** are those that successfully modify the state of consciousness without introducing significant collateral damage. Examples include engaging in mindfulness meditation to decrease autonomic arousal, utilizing cognitive restructuring to manage anxious thoughts, or pursuing artistic expression to process complex emotions. These methods are integrated and often lead to mastery over one's emotional landscape.

In contrast, **maladaptive strategies** provide rapid, powerful, but ultimately destructive changes to consciousness. While they temporarily achieve the desired outcome (e.g., instant relief from anxiety), they undermine physical health, social relationships, or psychological development. These strategies often involve external agents or self-harm and are characterized by a reduced capacity for forethought and reliance on immediate gratification. Maladaptive regulation represents a failure of the broader self-regulatory system to utilize sustainable coping mechanisms.

The distinction between the two is not always clear-cut; a behavior can exist on a continuum. For example, binge-watching television can be a mild, temporary maladaptive strategy for escaping stress, whereas chronic, excessive video gaming resulting in social isolation becomes a severe form of maladaptive regulation. The self-destructive means mentioned in the source material--such as substance abuse and self-mutilation--represent the extreme end of this maladaptive spectrum, utilized when all other internal resources for coping or state change have failed or been exhausted.

### 4. Maladaptive Behavioral Manifestations

Two of the most profound examples of maladaptive consciousness regulation are **self-mutilation** (or Non-Suicidal Self-Injury, NSSI) and chronic **drug use**. NSSI is frequently employed as a drastic measure to regulate overwhelming emotional distress. For many individuals who engage in self-

injury, the physical pain serves to interrupt an intolerable psychological state, such as extreme dissociation or emotional numbness, providing a powerful, immediate feeling of being grounded in reality. The act of self-harm rapidly shifts the focus of consciousness from internal psychological turmoil to external physical sensation.

Similarly, the development and maintenance of substance use disorders are strongly linked to the effort to regulate consciousness artificially. Psychoactive substances offer a reliable and swift method to induce a desired state--whether it is the sedated calm provided by depressants, the euphoric high of stimulants, or the oblivion achieved through dissociatives. The pharmacological effect bypasses the need for difficult internal cognitive or emotional work. This predictability is highly reinforcing, leading to a cycle where the individual becomes dependent on the substance to manage even mild shifts in emotional state, thus eroding natural coping mechanisms.

The self-destructive nature of these behaviors is rooted in their short-sighted effectiveness. While the immediate goal (state change) is achieved, the long-term cost is significant, including physical dependency, permanent scarring, mental health deterioration, and social isolation. The repeated use of these extreme regulatory strategies indicates a deep-seated deficit in internal resources for managing affect and stress, highlighting a profound need for therapeutic intervention focused on developing healthier coping skills.

## 5. Key Dimensions and Components

The process of regulating consciousness can be broken down into several key dimensions that characterize the action taken and its effect:

**Target State:** This is the desired outcome or change (e.g., from anxious to calm, from bored to excited, from alert to fatigued). The specificity of the target state influences the behavior chosen.

**Means of Regulation:** This describes the method employed, which can be internal (cognitive suppression, distraction, meditation) or external (behavioral change, substance ingestion, environmental modification).

**Temporality of Effect:** Regulatory actions vary in how quickly they yield results. Maladaptive actions (e.g., drug use) offer immediate effects, while adaptive actions (e.g., therapy, exercise) require time and consistency.

**Depth of Change:** The degree to which the regulatory action alters the subjective state, ranging from minor shifts in focus to complete alterations of consciousness, such as dissociation or intoxication.

**Consciousness vs. Habitual Action:** Whether the regulatory action is a deliberate, reasoned choice or an automatic, reflexive habit formed through repeated use of a previously successful

short-term coping strategy.

## 6. Theoretical Frameworks

The regulation of consciousness is a central theme across multiple psychological theories. Within **Self-Regulation Theory**, regulatory behaviors are understood as efforts to close the gap between one's current state and one's ideal standard. Failure to effectively regulate consciousness often occurs when the individual lacks the capacity to monitor their state accurately, or when the resources needed for effective coping (such as willpower or cognitive capacity) are depleted, leading to reliance on immediate, easy, but destructive means.

In the context of trauma and attachment theory, the need for consciousness regulation is often linked to early life experiences. Individuals who experienced unpredictable or hostile environments may develop rigid or chaotic regulatory styles. The development of **dissociation**, a profound alteration in consciousness involving the detachment from reality, is a powerful, though often involuntary, regulatory mechanism used to manage overwhelming emotional pain stemming from trauma.

Furthermore, clinical frameworks, particularly those addressing personality disorders, view poor regulation as a core feature. **Dialectical Behavior Therapy (DBT)**, developed specifically for Borderline Personality Disorder, explicitly defines the disorder as a pervasive difficulty in emotional regulation, which necessitates the teaching of consciousness regulation skills (like mindfulness and distress tolerance) to replace self-destructive actions.

## 7. Clinical Relevance and Intervention

Recognizing that many problematic behaviors, including addictive disorders, impulse control issues, and mood disorders, are fundamentally rooted in attempts at consciousness regulation is vital for effective clinical treatment. When a patient presents with self-destructive behavior, the immediate focus should shift from merely stopping the behavior to identifying the underlying subjective state the patient is attempting to change and then offering functional alternatives.

Therapeutic interventions emphasize skill-building in affective regulation. This includes psychoeducation on the relationship between thoughts, feelings, and actions, and the explicit teaching of techniques designed to modulate consciousness adaptively. Mindfulness training, for example, is highly effective because it teaches individuals to observe their internal states without immediate reactive judgment, decreasing the overwhelming feeling that necessitates a drastic regulatory action.

The long-term goal of intervention is to empower the individual to develop a resilient internal toolkit for coping. This allows them to move away from relying on external, often harmful, agents or

actions (like drug use or self-harm) to change their state, and instead utilize sustainable cognitive and behavioral strategies that foster psychological health and emotional stability.

## Further Reading

[Self-regulation Theory \(Psychology\)](#)

[Altered State of Consciousness](#)

[Non-Suicidal Self-Injury \(NSSI\) and Emotional Regulation](#)

[Arousal Theory](#)

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