5. T. Holmes and R. Rahe, *J. Psychosom. Res.* **11**, 213 (1967); J. G. Rabkin and E. L. Struening, *Science* **194**, 1013 (1976).
6. R. S. Lazarus, in *Models for Clinical Psychopathology*, C. Eisendorf, D. Cohen, A. Kleinman, P. Maxim, Eds. (SP Medical and Scientific Books, New York, 1981), pp. 177–214; G. Cohen, G. W. Evans, D. Stokols, D. S. Krantz, Eds., *Behavior, Health, and Environmental Stress* (Plenum, New York, 1986).
7. J. Wolpe, *The Practice of Behavior Therapy* (Pergamon, New York, 1969), M. R. Goldfried, in *Behavior Change Through Self-Control*, M. R. Goldfried and M. Merbaum, Eds. (Holt, Reinhart, Winston, New York, 1973); D. H. Shapiro and S. M. Zifferblatt, *Am. Psychol.* **31**, 7 (1976).
8. R. N. Walsh and D. H. Shapiro, Eds., *Beyond Health and Normality: Explorations of Exceptional Psychological Wellbeing* (Van Nostrand/Reinhold, New York, 1983); M. N. Palsane, S. N. Bhavsar, R. P. Goswami, G. W. Evans, *Indian J. Psychol.* **5**, 1 (1986).

Response: Shapiro, Evans, and Shapiro point out complexity in the construct of control, correctly noting that there are different types of control, and they argue for conceptual and empirical rigor. While there is undoubtedly need for clarity, I am not confident that the several distinctions among types of control that Shapiro *et al.* propose have been shown to have significant heuristic value in generating research questions. One must be careful not to overemphasize the importance of differentiation of terms and concepts when indeed there may be fewer, rather than more, underlying constructs in this area. This remains an empirical question, however, and one that most urgently needs to be addressed.

Shapiro *et al.* comment on the distinction between control-enhancing interventions offered by the environment and *self*-control strategies. They discuss impairment of self control as an essential feature of many clinical problems, for example, obesity, bulimia, and alcoholism, and cite weak results from the use of self-management strategies in these areas. These data are then used to imply that self-control interventions may not work. One must be careful, however, to separate studies of clinical populations from studies of normative samples, for example, the aged or children, who may suffer an impairment in control because of developmental stage and environmental change. In addition, many clinical disorders have been intractable after self-control interventions, not because of problems with self-management as an intervention strategy, but because they often have a large genetic contribution and involve a heavy burden of biological change once the disorder is initiated (*1*). Control-relevant intervention may not work where biological and genetic factors influence the disorder. Indeed, I have argued that teaching self-management strategies in these domains can convey an implicit message of personal blame for the cause of the disorder, leading to feelings of shame and reduced ability to exercise control (*2*).

The study of control in human populations is an exciting and timely one, especially with increasing demonstrations of potential health significance. Like Shapiro *et al.*, I believe strongly that the time has come to understand the underlying similarities and dissimilarities among the various constructs that have been used in the control literature. These are not context-free evaluations, however; setting accounts for a substantial portion of the variance when studying the construct of control. As Bandura (*3*) has suggested, individuals with a high degree of self-efficacy still can recognize when there are no response-outcome contingencies, that is when events in the environment are uncontrollable by anyone, despite the individual's own sense of personal mastery.

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REFERENCES

1. J. Rodin, paper presented at the Master Lecture Series, American Psychological Association, Washington, DC, 1977; *Pers. Soc. Psychol. Bull.* **7**, 147 (1981); *Health Psychol.* **4**, 1 (1985).
2. J. Rodin, in *Human Services in the 1980's; Social Science Perspectives*, A. Johnson, O. Grunsky, B. Raven, Eds. (Auburn House, Boston, MA, 1982).
3. A. Bandura, *Psychol. Rev.* **84**, 2 (1977).

Comparison of High Schools

Luther B. Otto's review (11 Sept., p. 1357) of *Public and Private High Schools: The Impact of Communities* by James S. Coleman and Thomas Hoffer does not stress a problem presented by overall comparisons of public with private and Roman Catholic high schools. It is easy to make a case for private and Roman Catholic schools if one does not take into consideration the superb records of selected public schools.

The public high schools welcome students of all sorts to the extent that the students can meet current standards of admission. Public schools are required to be as inclusive as possible. The students in public high schools in such choice areas as Short Hills or Madison, New Jersey, however, have records of accomplishment that go well beyond those of students in the local Roman Catholic schools.

To compare these school systems without reference to class and area is like treating statistics on elephants, dogs, and cats as comparable.

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