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Edited by

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CONTROL THERAPY

Control Therapy is an integrated approach to psychotherapy and health care that combines theory, research, and practice. Its theory, test construction, and interventions have been developed and empirically tested over a 25-year period involving research and clinical work with thousands of individuals in more than a dozen countries.

Control Therapy rests on the premise that issues of personal control (e.g., desire for control, fear of losing control, power struggles) underlie most concerns brought to therapy (e.g., Strupp, 1970; Frank, 1982; Shapiro, Schwartz, & Astin, 1996); that there are individual differences in people's Control Profiles in terms of their preferred modes for facing this central issue of gaining and maintaining a sense of control; and that for a specific clinical problem, matching clinical control-enhancing interventions to the individual's Control Profile maximizes the opportunity for therapeutic success (Shapiro & Astin, 1998).

This therapeutic approach incorporates the use of a reliable and valid standardized multidimensional psychological assessment tool, the Shapiro Control Inventory (SCI), to provide a Control Profile for the client, showing sense of control in the general domain, in specific life areas, and in regard to motivation for change, desire for change, and preferred style for gaining control: that is, an assertive/change mode of control; a yielding/accepting mode of control; and agency of control (self and/or other) (Shapiro, 1994). An updated *Control Therapy Training Manual* (Soucar, Astin, Shapiro, & Shapiro, 2008) provides standardized procedures useful for both replicating treatment research and for training clinicians. Both the SCI and the *Control Therapy Training Manual* are available online at no charge to licensed health care professionals (<http://controlresearch.net>).

A Unifying Theory of Control

The theoretical basis of Control Therapy builds upon and integrates several psychological theories and concepts, including Bandura's self-efficacy; Seligman's learned helplessness and optimism; White's concept of competence; Menninger's psychodynamic dyscontrol; Brehm's reactance; Frankl's will to meaning; Adler's will to superiority; Rotter and Wallstons' internal and external locus of control; Schwartz's cybernetic feedback models and dysregulation; and Mischel's self-control/delay of gratification. Shapiro and Astin (1998) have reviewed these theoretical foundations of Control Therapy. Essentially, control theory rests upon a unifying biopsychosocial foundation and has three postulates: (1) all individuals desire a sense of control in their lives; (2) there are healthy and unhealthy ways by which individuals attempt to gain or regain that sense of control; and (3) there are individual differences in people's Control Profiles; therefore it is important to match clinical control strategies to the person to help individuals maintain a healthy sense of control in their lives.

Developing a Client Control Profile: Assessing the Theory

A client Control Profile is based on clinical assessment with the SCI, which has undergone extensive reliability

and validity testing, including an investigation of neurobiological correlates of control using positron emission tomography (Shapiro, Wu, et al., 1993). The 187-item, nine-scale SCI is a clinically reliable and valid multidimensional instrument that measures four primary and interrelated components of clients' sense of control: (1) desire for control (i.e., where they want control and why they want it); (2) current sense of control in both general and specific domains; (3) the modes by which clients seek control (assertive/change and yielding/accepting); and (4) use of both self and other agencies in gaining control. Research shows that this method of assessing client Control Profiles is the most sensitive inventory yet devised to differentiate among clinical disorders and between clinical and normative populations (Shapiro, Potkin, Jin, Brown, & Carreon, 1993).

Control Therapy also includes methods for listening to clients' speech, including client narratives (their "control stories"), control-related beliefs and assumptions, and assaults to their sense of control, and for identifying and monitoring domains where clients feel a lack of control.

Control-Based Interventions

Control Therapy consists of an 8- to 12-week step-by-step treatment program that involves defining the client's area of concern, performing initial and ongoing assessment, monitoring, goal setting, determining appropriate strategies/skills needed for change, teaching the strategies/skills, and evaluating progress. Therapeutic interventions involve detailed and well-defined clinical instructions for matching treatment strategy to the client's Control Profile, thus offering both standardized, replicable techniques while providing flexibility and sensitivity to each client's individual needs and style.

Based on the goal selected, individually tailored cognitive and behavioral strategies are utilized to help clients regain a sense of control through one or both of the positive modes of control. Fostering the assertive/change mode of control, which historically has been emphasized in Western scientific psychology, involves having individuals learn to identify, monitor, and gain active control of those aspects of their lives that are, or should be, amenable to change.

Fostering use of the yielding, accepting mode, which derive primarily from non-Western philosophical and spiritual traditions, means helping clients learn the value of surrendering, accepting, and letting go with serenity (i.e., without feelings of helplessness or resignation) of those aspects of their lives that are not under personal control. Yielding can mean letting go of inappropriate or excessive active control efforts. Practical instructions in each mode are explained, as well as ways to integrate and achieve balance between the two positive modes.

A Control-Based View of Psychological Health: Suboptimal, Normal, and Optimal

Traditional Western psychology argues that loss of control and learned helplessness are unhealthy and suboptimal. Normal control is defined as gaining control (which even includes an illusion of control) and is equated with mental health. This traditional view argues that instrumental control is good, and that the more control one has, the better (e.g., Thompson, 1981), even if this means an illusory, over-inflated perception of control (Taylor & Brown, 1994); or the use of defense mechanisms such as making external attributions for failure (Seligman, 1991).

The theory, research, and practice of Control Therapy agree that normal control is better than suboptimal control. However, some normal control strategies (e.g., external attributions for failure, over-inflated sense of control) can also be problematic. They can keep individuals from being aware of the unconscious, reflexive, and reactive nature of many of their control desires and efforts; they are often insular and self-serving; and they can inhibit people from learning from their mistakes.

Therefore, a concept of optimal control is needed. Optimal control, according to Control Therapy, involves:

- Increased conscious awareness of one's control dynamics, including affective, cognitive, and somatic experiences, in order to learn when and how desire and efforts for control are expressed; when control beliefs, goals, desires, and strategies are reflexive, limiting, and potentially destructive; and when they should be increased, decreased, or channeled in more constructive directions.
- A balanced and integrated use of assertive/change and yielding/accepting modes of control matched to the situation and goals, desires, and temperament of the individual.
- The ability to gain a sense of control from both self (self-regulation of cognitions, affect, and behavior) and from a benevolent other/Other, (e.g., whether from a doctor [cf. Taylor, 1983] or from one's view of the nature of the universe, including religious and spiritual beliefs [Smith, 1983]).

Benefits of Control Therapy

Control Therapy has been shown to be effective in both assessment (sensitivity and specificity) and treatment (clinical outcome) with a wide range of mental disorder diagnoses and health-related concerns. Clinical areas investigated include Generalized Anxiety Disorder, panic attack, depression, borderline personality, eating disorders, and adult children of alcoholics. Control issues have also been investigated in Type-A individuals with myocardial infarction, women with breast cancer, and individuals

at high cardiovascular risk (See Astin et al, 1999; Soucar, 2006; and an updated listing of published articles on Control Therapy and the SCI at <http://controlresearch.net>).

There are several advantages to Control Therapy and the unifying theory upon which it is based. First, a unifying theory helps clinicians understand control as a central component underlying all schools of therapy: the analytic view that humans are governed by unknown and uncontrolled forces; the cognitive-behavioral schools' emphasis on self-control; and the humanistic or existential focus on personal choice, individual freedom, and self-determination.

Second, in addition to the theory's universality and parsimony, it also can be operationalized, thereby providing an empirical foundation for assessing a client's Control Profile. Based on individual variations in Control Profiles, specific techniques can be matched to client needs and clinical problem (Evans et al., 1993). Drawing from both Eastern and Western psychological traditions, Control Therapy involves specific assertive/change and yielding/accepting modes of control intervention techniques, and the matching of these techniques to a client's Control Profile, goals, and clinical problem.

Finally, Control Therapy articulates a control-based vision of mental, physical, and interpersonal health involving suboptimal, normal, and optimal Control Profiles. Thus, although Control Therapy was designed to specifically address individual mental and physical health problems, it can also be used as a means to help promote growth in many contexts, including intrapersonal, interpersonal, and even societal health and well-being.

Future Directions

Further research on the clinical effectiveness of Control Therapy needs to be replicated and extended and compared to other treatment interventions, including behavioral "third wave" approaches such as Hayes's Acceptance and Commitment Therapy, Linehan's Dialectical Behavior Therapy, and Segal's Mindfulness Based Cognitive Therapy to demonstrate its effectiveness as a treatment of choice for specific clinical populations.

Control Therapy has been built upon and owes an enormous debt to other approaches. Thus, it is neither a final ultimate panacea, nor a closed system. Therapists from other theoretical orientations may find Control Therapy provides useful insights into how control processes may be relevant to their own therapeutic work with clients. The Control Profile and control stories may help clinicians think about their clients in new, control-based ways. The modes of control may be valuable as a tool for conceptualizing how a sense of control can be achieved (i.e., emphasizing the two positive modes of control). Finally, specific control-based interventions may prove of use as part of the clinical armamentarium.

As a final note it may be helpful to remember as a context for therapy—and life itself—that we live on a small planet in a small solar system in a small galaxy. On the one hand, we humans are amazingly complex and resilient with vast worlds within each of us. On the other hand, we are also small, fragile, and impermanent physical beings. There is suffering in this world that is part of the life experience, and no amount of control efforts can ever completely ameliorate that. We are all fellow travelers on a temporary journey. This perspective can help us remember that compassion, empathy, and kindness are wise attitudes as a context for our gallant, even noble efforts to teach, learn, and practice positive control in our lives.

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See also: Behavioral Modeling; Perceptual Control Theory; Self-Control