Four Modes of Control

Didactic: Understanding The Four Modes of Control

The next section that is important for trainees to understand is the concept of the “four modes of control”. This concept provides a useful framework for both clients and therapists, and it will be useful at all stages of the therapy. It is important in helping clients identify and explore their “control stories” (which we will discuss shortly). Furthermore, understanding the four modes is especially important when it comes time to review the SCI results with clients.

So before trainees can move into Sessions 2, 3, and beyond, a short didactic training session is helpful, to be followed by some practice exercises.

The four modes can be visually depicted as four quadrants as follows:

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<th>(1) Positive Assertive – Taking charge to express your needs and make things happen in a proactive fashion: “courage to change the things I can” as the saying goes.</th>
<th>(2) Positive Yielding – Letting go when there’s nothing you can realistically do or say to make a change; “accept the things I cannot change”.</th>
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<td>(3) Negative Assertive – Actively getting what you want, but doing so too aggressively, perhaps hurting others along the way, or somehow causing problems that come back to haunt you later.</td>
<td>(4) Negative Yielding – Giving up too easily, not even trying; doormat; feeling helpless and depressed.</td>
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The Modes of Control refer to four related strategies an individual may use to gain a sense of control over a particular life domain, event, or situation. In the results for the SCI, the Positive Assertive scale measures “an individual’s self-description in terms of ability to use an active, altering mode of control to change the environment, others, and oneself. It includes descriptive words and phrases such as ‘decisive,’ ‘communicating needs,’ and ‘leading’” (Shapiro, 1994). Likewise, Positive Yielding “involves knowing when a sense of control needs to come from letting go of active control. Its descriptive words include ‘patient,’ ‘trusting,’ and ‘accepting’” (Shapiro, 1994). Negative Assertive is sometimes referred to as “overcontrolling” (Shapiro & Astin, 1998). It involves active efforts at change, often in an aggressive or hypervigilant manner, based on irrational assumptions, such as the notion that just trying harder will eventually lead to the desired conclusion even when so far such efforts have only failed or made things worse. It can include obsessive-compulsive behaviors such as repeatedly checking the locks on the front door in an effort to assuage anxiety regarding a recent assault. An extreme example is repeatedly drinking alcohol despite lost time at work, alienation from one’s family, and financial disaster. The fourth mode of control, Negative Yielding, includes thoughts and behaviors that promote a sense of helplessness and lack of control where in fact control might realistically be asserted. It tends to be associated with depressive thinking and succumbing to pessimism.

Practice: Exercise for working with the 4 modes -- Mode Dialogue

In preparation for learning to share the SCI results with clients, it is often helpful for the trainees to spend some time interpreting and working with their own SCI Profiles (test results) prior to helping clients understand theirs. They should also review the Manual for the SCI, paying close attention to what all the scales measure and what high and low scores mean. There is a mock SCI answer sheet with its corresponding Control Profile and a full interpretive explanation in the back of the manual.
UNDERSTANDING CONTROL STORIES

Briefly: Problematic control stories fall into Mode 3 (over-control) or Mode 4 (too little control).

Mode 3: Negative Assertive control Story examples:

I caused them to break up (divorced parents). I have too much control in the world and don’t know how to use it in a way that doesn’t cause bad things to happen.

I need to always be on guard or else be harmed. The more control I have, the less vulnerable I will be. I need to rely on myself because no one will be there for me. To be in control, I need to keep myself from getting too close to others, because they will always leave me.

Mode 4: Negative Assertive control story examples:

I am powerless to keep bad things from happening.

The world is not a safe place. Those who are supposed to protect me just abandon me. There is no one I can trust to help me gain control.
WORKING WITH THE FOUR MODES OF CONTROL:

Modes 1 & 2 (the positive modes) can often go together:

A person may help a family member make phone calls to locate a good doctor. She might also pray for the ill family member to help them get through their illness. The first approach is aimed at actively changing the person’s health (find a doctor). The second one involves “turning it over” to God and practicing a hopeful and healthy way of coping with the unknown and unknowable (e.g., the future).

Shapiro & Astin (1998) believe that exceptional (not just normal) mental health involves using a balance and flexible use of both Positive Assertiveness and Positive Yielding.

Modes 3 & 4 can often go together:

A person may alternate between passively tolerating demeaning behavior by another person and then eventually engage in some type of destructive behavior, either acting out (violence, verbal abuse) or acting in (overeating, drinking, drugs, etc.). These two extremes of behavior tend to be unproductive and leave the person feeling more hopeless and stuck at the end of the day.

Mode 3 (Negative Assertive) can be very complex:

A person may believe they are acting in an appropriate assertive way and yet be perceived by another person or group as being out of line. Are they being Negative Assertive or Positive Assertive? Who says? The counselor’s awareness of racial/cultural issues can be important in such instances.

Diagonal shifting:

Often it is helpful to encourage someone who tends to be passive and depressed (Mode 4) to start engaging in activities that are easily within their personal control (Mode 1). In fact, many theories on treating depression start with directing the client to begin exercising and/or becoming more active in some way.

Likewise, someone who tends to use destructive behaviors (Mode 3) could benefit from learning to let go of goals that are just not realistic (Mode 2) and starting to do more “taking care” of one’s self in ways that give new perspective and options.

Making the changes discussed in “diagonal shifting” is a complex process. Kell and Mueller (1966) talk about locating the central conflict for the client through exploration of stories he/she presents and the dynamics he/she brings into the room. Understanding the central conflict often comes through helping the client “unpack” compacted meanings.