APPENDIX 10

POSTULATES OF CONTROL THEORY AND THERAPY

OVERVIEW. The primary goal of this manual is to provide an in-depth explication of the "practice" of Control Therapy. Therefore, we have minimized discussion of theory, and the postulates of the theory, although these inform every aspect of the manual. In this Appendix, we offer a figure describing the postulates that guide and undergird Control Theory and Therapy, and provide a few examples from the text of the manual as illustrations.

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POSTULATES OF CONTROL THEORY AND THERAPY

In the opening two chapters of the book *Control Therapy* [1] we provided an historical and contemporary overview of control theories (Chapter One); and then sought to work toward developing an integrated, unifying theory of human control (Chapter Two).

THREE POSTULATES.

There are three postulates of the theory:

1. Gaining and maintaining a sense of control is a major motivational force across the human life cycle.
2. There are both high and lower levels of control-related goals, desires and strategies by which people seek to gain a sense of control
3. There are individual differences with respect to how and why control is sought.

These three postulates are detailed in Chapter Two of *Control Therapy*, and summarized in Figure 10.1 reproduced below. Throughout this manual we have tried to build upon the work in the book *Control Therapy* by "translating" these postulates into practical guidelines and language which the therapist can use with a client. To illustrate this process, we give specific examples of how these postulates are embedded in a) the Frequently Asked Question: What is Control Therapy, both for the client (Introduction) and for the therapist/trainee (Module 1); b) the discussion of the Goal of Control Therapy (Module 4, Module 2).

FIGURE 10.1 POSTULATES OF CONTROL THEORY AND THERAPY: TOWARD AN INTEGRATED APPROACH.

POSTULATE 1: Across domains of life, the behavior and cognitions of individuals can be explained by and are often an expression of their need to gain, maintain, and/or reestablish a sense of control.

1.1. There are control-related developmental and life-cycle issues across multiple domains-personal, interpersonal, and cosmic-that all people, irrespective of culture, have to address.

1.2. When sense of control is lacking in one domain, it can be reestablished through one or more of the following: increasing or decreasing desire for control, developing behavioral competencies (either for self-change, altering the environment, or focusing control efforts in a different domain), altering cognitive appraisals/beliefs in order to reframe the situation, or transforming affect.

POSTULATE 2: There are lower and higher levels of control desires, goals, and strategies.

2.1. When sense of control is not established, there are negative mental and physical health consequences.

2.2. Although a normal control profile emphasizing active, instrumental control and the use of attributions and defenses to maintain a sense of control is more positive than suboptimal lack of control, there can also be negative consequences associated with normal strategies used to gain and maintain a sense of control.

2.3. Higher, more optimal levels of control are reflected in a balanced and flexible use of assertive and yielding modes; the ability to gain control from both self and other; situation-appropriate levels of desire for control; and the directing of control efforts toward furthering the well-being of both self and others.

POSTULATE 3: There are individual differences in people's desire for control and the means whereby they gain a sense of control.

3.1. Biological-genetic, psychological, and sociocultural (Le., biopsychosociaD factors interact to influence people's desire for control, ability to gain control, and means whereby such control is gained.

3.2. There are differences in how and to what extent control is exercised, depending on the particular stage of development one is in and one's gender.

3.3. Although there are biological and environmental influences on behavior, humans can learn, through attentional training and values clarification, to exercise choice through both self-control and environmental control.

EMBEDDED IN FAQ 1 (CLIENT): WHAT IS CONTROL THERAPY?

Looking at the client FAQ 1, you can see that Postulates One and Two are embedded in lay language in the first paragraph, and the idea of individual differences—Postulate Three (reflected in the development of the SCI and an individual "Control Profile") -- is embedded in the second paragraph.

*Control Therapy is based on the belief that all of us want to have a positive sense of control about our lives and feel happier and healthier when we do (**POSTULATE 1).** Therefore, the reason individuals seek counseling is often because there are one or more areas of concern in their life where they feel things are not in as much control as they would like, or where they feel they (or others) are too controlling (**POSTULATE 2)**. Despite their best efforts, these areas are causing them pain and suffering. These areas could include physical health, work, relationships, and personal issues, such as our habits, our feelings, and our thoughts **(POSTULATE 2.1, 2.2).***

*The goal of Control Therapy is to help people gain or regain a more positive sense of control about their lives (**POSTULATE 1)**. Over the course of eight to twelve sessions, we work together to find out what are your areas of concern, and what are your goals for those areas that would help you achieve a more positive sense of control (**POSTULATE 1.1).** For example, are you seeking to alter and change a situation, or to learn to accept and live with more serenity with what is? (**POSTULATE 2.3).** Based on your concerns, your goal, and your unique Control Profile, we then match and tailor the strategies and techniques most suitable to help you reach your goals (**POSUTLATE 3.3).** Together we'll evaluate your progress toward your goals and seek to ensure that your concerns are addressed.*

EMBEDDED IN FAQ 1 (THERAPIST/TRAINEE: WHAT IS CONTROL THERAPY? Similarly, if you look at the first part of our answer to the same FAQ asked by therapists/trainees, we also discuss all three postulates.

WHAT IS CONTROL THERAPY? ***Therapist/Trainee*** *FAQ #1 (Module 1)*

*All of us would like to have a positive sense of control in our life. Each of us—client, student, teacher—also knows from first hand experience that we receive assaults to our sense of control as we go through life. Some of these are the result of inevitable existential suffering inherent in being alive (**POSTULATE 1**). Others are what we might call "unnecessary suffering" brought about by poor choices, lack of skillful responses to events, and/or not having learned appropriate cognitive, emotional and behavioral self-regulation strategies (**POSTULATE 2).** In addition, according to control theory, one of our greatest human fears is losing control, and one of our strongest motivations is to have a degree of control over our lives (from Control Therapy, p. 31) (**POSTULATE 1**).*

*Therefore, according to control theory, we seek to gain or regain a sense of control by our actions, thoughts, emotions, and awareness (**POSTULATE 1.1**). Sometimes we try to accomplish this by changing and altering a situation (and ourselves); sometimes by learning to accept, yield, and develop a peace and harmony with "what is" (**POSTULATE 2.3).***

*Each of these ways to gain a sense of control can be accomplished by the use of self efforts (self as agent) and/or by help from others (others as agent, including our beliefs about the nature of the universe). What is important is that we match and tailor techniques and interventions to a client's clinical concern, his/her goal, and his/her individual control profile (**POSTULATE 1.1, 2.3, 3.3)***

*CT believes that although there is individual variation, **(POSTULATE 3)** each of us has an ability to*

- *learn to pause, reflect, consider and reconsider our thoughts, actions, and behavior*
- *learn to choose, if we wish, to interrupt and override reflexive cognitive, emotional, and behavioral impulses and sequences*
- *learn to create alternative ways of responding--—behaviorally, emotionally, and/or cognitively -- that we feel are more in our (and others') best interest, and which help us gain, or regain a positive sense of control (Module 3.3, pp. 198). **(POSTULATES 1, 2, 3)***

*By integrating theory, research and practice, Control Therapy addresses these issues through an eight to twelve week course of sessions in order to help individuals learn to gain or regain a psychological "sense of control" in the "intended direction"-- by the most skillful means possible. This short term approach provides a systematic way to determine when to use which types of control strategies with a specific client given that person's unique control profile and consistent with that person's particular counseling goals (**POSTULATES 1-3).***

EMBEDDED IN THE GOAL OF CONTROL THERAPY

All three postulates are also embedded in our discussion of the goal of Control Therapy (from Module 4, pp. 266). <We add two additional paragraphs from Module 2 to further round out the "goal" of Control Therapy>

The goal of Control Therapy. Control Therapy attempts to help clients gain a more positive sense of control in their lives. To do this, CT initially helps clients explore highlight, clarify, and understand themes of control that may be directly or indirectly involved in their presenting problem. As a basic premise, Control Therapy would argue that issues of control (and self-control) exist, whether or not we recognize them explicitly" **(POSTULATE 1).** (Module 4, p. 266).[*] Control Therapy didn't create control issues; rather, it helps clients to recognize what is-- the "control factor."

[*] The context of this statements makes it clear that it does not mean that control issues exist as necessarily *the* sole variable and motivation. However, even behavior which can be framed as "just trying to be helpful;" "only trying to be caring" contains an element of control as a variable: i.e., attempting to cause an effect in the intended direction. Further, as noted in the concluding remarks, p. 283, [*] What is "ultimately" important to us as humans? *Meaning* (life's purpose, understanding); *belonging* (love, community, connectedness); *competence* (achievement, work, contribution). We believe that a "sense of control" is both a parsimonious theory and way to understand and umbrella each of these constructs; and that "control" in its various forms (assertive, yielding, self, other) is a critical means for achieving those goals. However, we can understand other approaches highlighting these constructs as paramount (e.g., life's purpose, love, meaning) and sense of control being subsumed under one or more of them. The debate over what is the "truest" most comprehensive theory is beyond the scope of this manual.

POSTULATE TWO, building on Postulate One, notes that *control issues can exist even when a person says they don't, or doesn't recognize them*[*] Thus, there are times when a sense of control in and of itself may not be positive—e.g., when it is maintained through denial, defensiveness, avoidance of issues, a self-deceptive illusion of control. Recognition of the possibility of a detrimental sense of control is critical to begin the process of actually gaining (or regaining) a higher level of positive control (**POSTULATE 2).**.

Following from **POSTULATES 1 and 2** is that *denial, defensiveness, and other misuses of control can be motivated by the very desire to be (or appear) in control.* Because it can be uncomfortable to admit when we're actually "out of control" and need help we may self-deceive, and say we're really in control or there is no problem, when there really is.[**](**POSTULATE 1**). There are times when a sense of control in and of itself is not a positive thing—e.g., when it is maintained through denial, defensiveness, avoidance of issues, or a self-deceptive illusion of control. Recognition of the possibility of a detrimental sense of control is critical to begin the process of actually gaining (or regaining) a higher level of positive control (**POSTULATE 2).**

Recognizing that each person in unique, and there is individual variation **(POSTULATE 3**), the task, then, is to help the client move from less healthy and maladaptive ways of seeking to gain and maintain control to healthier and more skillful ways (again, within an empathic context): e.g., how does this concern affect your sense of control? how do you normally try to gain a sense of control in relation to the presenting concern; how is that working for you?; would you be willing to explore other ways that help you to further regain a positive sense of control**? (POSTULATES, 2,3)** (Module 4)

The meta-goal of Control Therapy, therefore, is, as noted, to help individuals achieve a positive sense of control. Sometimes this can best be achieved through the goal (and practice) of an assertive/change mode; sometimes through the goal (and practice) of a yielding accepting mode; and sometimes through a combination of both; (Module 2, FAQ 6 p. 76) (**POSTULATE 2,3**). sometimes with self-agency, sometimes with other agency. The Control Therapy approach believes in the importance, where appropriate, of integrating the two positive modes: wedding active change methods with a healthy focus on acceptance; self and other agency To do this, Control Therapy teaches clients how to formulate goals and develop interventions that are matched to the specific client's unique Control Profile and clinical concern in a way that maximizes the chance of therapeutic success in gaining or regaining a positive sense of control. (Module 2, FAQ 7, p. 78) (**POSTULATES 1, 2,3)**

[*] Examples of this are discussed throughout the manual (e.g. the vignette about a person who even though he uses wires and twists them over the limbs of the plant to stunt and shape its growth, says he is "not controlling the bonsai"; the mother-in law who says she's not being controlling in just "helping" her future daughter in law plan the wedding.

[**] Examples of this are also illustrated throughout the manual: e.g., the person who said he didn't have a problem with alcohol because he didn't drink before 9 a.m.

Our intent in this Appendix has been merely to show illustrative examples of how Control Theory and the postulates of the theory underlie and serve as a foundation for Control Therapy. As noted, this material is detailed more fully in Chapters One and Two of Control Therapy in which different control theories are analyzed as part of our effort to create an integrated, unifying theory of control and postulates of this theory. We encourage all those interested in the relationship of theory to practice (and research) to wrestle with the theory and postulates, and to critique, refine, detail, and evolve them as you explore the implications and applications of control theory in your own clinical work.