

The Concise Corsini  
Encyclopedia of  
Psychology and  
Behavioral Science

THIRD EDITION

W. Edward Craighead and  
Charles B. Nemeroff  
*Editors*



WILEY

John Wiley & Sons, Inc.

(2004)

three postulates: (1) All individuals want a sense of control in their lives; (2) there are healthy and unhealthy ways by which they attempt to gain or regain that sense of control; and (3) there are individual differences in control profiles of individuals and in how they face this central issue of maintaining 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). The 187-item, nine-scale SCI inventory is a clinically reliable and valid multidimensional instrument that measures four primary and interrelated components of clients' control profiles: (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 they 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.

Assessment also includes methods for listening to clients' speech—including the clients' narratives (their "control stories"), control-related beliefs and assumptions, and assaults to their sense of control—and identifying and monitoring domains where they 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 area of concern, performing assessment, monitoring, goal setting, determining the appropriate strategies, teaching the strategies, and performing evaluation.

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 and 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. The assertive/change mode of control, which has historically been emphasized by 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.

The yielding, accepting mode, which has historically been emphasized by non-Western philosophical and psychological traditions, helps clients learn the value of surren-

## CONTROL THERAPY

Control therapy is an integrated approach to psychotherapy and health care that combines theory, research, and practice. It is based on the premise that issues of control (e.g., fear of loss of control, desire for control, power struggles) underlie most concerns brought to therapy. A reliable and valid standardized psychological assessment inventory (the Shapiro Control Inventory, or SCI) was developed to both measure the theory and provide an individual client "control profile." Control-based therapeutic techniques, including an assertive change mode of control and an accepting/yielding mode of control, are matched to the client's control profile and taught as interventions. The theory, test construction, and interventions have been developed and empirically tested over a period of 25 years involving research and clinical work with thousands of individuals in over a dozen countries.

### A Unifying Theory of Control

The theoretical basis of control therapy builds upon and integrates several literatures, including self-efficacy; learned helplessness; optimism; competence; dyscontrol; reactance; will to meaning; will to superiority; cybernetic feedback models and dysregulation; internal and external locus of control; self-determination; and self-control/delay of gratification.

Thus, control theory is based on an unifying bio-psychosocial theory of human control and self-control and has

dering, 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, or of inappropriate 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, the better.

The theory, research, and practice of control therapy agree that "normal" control is better than suboptimal. However, normal control strategies (e.g., external attributions for failure) 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 keep people from learning about their mistakes.

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

- 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
- A balanced and integrated use of assertive/change and yielding/accepting modes of control matched to situation and goals, desires, and temperament
- The ability to gain a sense of control from both self (self-regulation of cognitions, affect, and behavior) and others (including religious and spiritual beliefs)

### **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.

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.

Third, 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, including intrapersonal, interpersonal, and even societal health, healing, and well-being.

DEANE H. SHAPIRO  
*University of California College of Medicine*

JOHN A. ASTIN  
*California Pacific Medical Center*

SHAUNA L. SHAPIRO  
*University of Santa Clara*

**See also: Psychological Health; Psychotherapy**