

CHAPTER 10

Techniques for Developing Assertive/Change and Yielding/Acceptance Modes of Control

PREVIOUS CHAPTERS discuss a large body of research that supports the view that people seek therapy because they feel their lives are out of control in some way. They may feel too little control internally in terms of their cognitive, affective experiences, or externally in their work or relationships.

For some clients, at least initially, it is difficult to differentiate general domain from specific domain areas of loss of control. Rather, loss of control in one area can overwhelm all aspects of a person's life. Therefore, it is the task of the therapist to help clients identify with greater precision in which specific areas they feel their lives are out of control and where they desire to gain a sense of control and their preferred way (assertive or yielding) of addressing them.

In Chapters 3, 8, and 9, we show how to identify and refine the client's control-related concerns, develop a precise, multifaceted client control profile, and explore clients' control stories and dynamics. The therapist can learn the specific domains where the client feels out of control and how he or she wants to address those concerns.

Presented in this chapter are specific techniques that clients can use to meet their goals of assertive/change or yielding/acceptance. During the past 3 decades psychologists and health care practitioners have developed and refined a number of effective control strategies to help individuals change self cognitions, reinterpret and transform emotions, change perceptions, and modify their behaviors. Entire books are devoted to particular techniques such as cognitive restructuring, systematic desensitization, med-

itation, hypnosis, biofeedback, behavioral self-control, and guided imagery. Despite all the different techniques, there are (as noted in Chapter 8) basically three strategies for change: change the environment, change one's behavior, and change one's consciousness.

These broad classifications of change strategies closely parallel Averill's (1973) decisional control (availability of choice response options), behavioral control (direct action on the environment), and cognitive control (imposition of meaning upon or interpretation of events). Furthermore, we have identified (Shapiro, 1978, 1992) seven basic components that comprise the myriad control modalities noted above: cognitive statements and instructions, images used, where and how attention is focused, what is self-observed, nature of breath regulation, environmental strategies (e.g., stimulus cues), and behavioral practices.

Finally, we believe that control techniques are used for two fundamental or basic goals in therapy: assertive/change or acceptance/yielding (either alone or in combination). Table 10.1 on page 172 shows parallels with other clinicians and researchers.

The main principles of our control-based approach are to clarify assumptions about personal control brought into the therapy session, including control stories; address the assault to the client's sense of control; examine the control profile of the individual; clearly identify and then monitor the client's area of concern and how he or she is affected by personal, interpersonal, and cognitive environments; help the client determine his or her goals; enhance the client's effort, determination, commitment, perseverance, and motivation to accomplish his or her goals; move from other to self-responsibility (as appropriate) both for behaviors and cognitions; and develop choice—move from a few degrees of freedom to greater degrees of freedom, increasing both flexibility and options; and evolve individually tailored cognitive and behavioral strategies for helping the client (re)gain a sense of control through one or both modes of control, as needed.

The question asked throughout this book is what combination of control-enhancing strategies are most effective for a particular individual with a specific control profile and with a particular control-related problem. In our control-based approach, two positive modes of control are taught: an assertive, active change strategy in which individuals learn to identify, monitor, and gain active control over those aspects of their lives under personal control, and a yielding, accepting mode of control in which individuals learn to positively accept with serenity (without helplessness and feelings of resignation) those aspects of their lives that are not under personal control.

The control strategies outlined in this chapter integrate various features of the myriad therapeutic strategies available today. Our goal is not to reinvent the wheel, but to provide a context in which these techniques can be placed. For example, cognitive self-instructions can be used for an assertive

TABLE 10.1
STRATEGIES FOR GAINING CONTROL: ASSERTIVE/CHANGE AND
YIELDING/ACCEPTANCE

Assertive/Change (Quadrant 1)	Yielding/Acceptance (Quadrant 2)
Rothbaum et al. (1982)	
Primary control (efforts to change external circumstances)	Secondary control (accommodating or changing one's response to external events)
Lazarus (1981)	
Problem-focused/instrumental (efforts to alter circumstance)	Emotion-focused/palliative (regulation of affective response)
Thompson (1981)	
Informational control (knowledge about forthcoming event so change can be made)	Retrospective control (imposition of meaning/ attribution of cause so one can accept past)
Bakan (1966)	
Agency (learning instrumental control)	Communion (interdependent/harmony with others)
Kobasa & Maddi (1982)	
Situational reconstruction	Compensatory self-improvement
Linehan (1993), Hayes (1994), Cordova & Jacobson (1993)	
Change	Acceptance

goal, enhancing feelings of self-efficacy (e.g., "I believe I can make changes in my life to develop a healthy exercise program that will enable me to lose weight"). Cognitive self-instructions can also facilitate the yielding/accepting mode of control (e.g., "I am learning to accept myself and my body as it is. I can love who I am without having to live up to some cultural ideal that defines what one should look like").

In this chapter we describe a five-step process that can be used to facilitate clients' gaining a sense of control through both assertive and yielding modes, offer specific techniques for achieving both modes, and provide clinical vignettes showing how the two modes can be combined. We initially present these techniques generically so that clinicians can apply them to the particular clients they are seeing. As illustrated by our integrative theory of

control (Chapters 2 and 3), regardless of the presenting problem (e.g. depression, generalized anxiety, personality disorders), clients' concerns can be understood and framed in control terms. The clinician can then specifically tailor interventions for each client's control profile and concern.

THE FIVE STEPS FOR GAINING A SENSE OF CONTROL

We have broken the process of gaining control, either through the assertive or yielding mode, into five steps. This five-step model is useful both conceptually and practically as it serves to break down the process of behavior change into its component parts. The five steps are summarized for the assertive and yielding modes in Table 10.2.

The SCI provides two generic at-risk profiles (see Figure 3.1). As noted, one is where clients have too low a desire for control (scale 9), feel helpless and unable to exercise much control over their life (high scale 8, Quadrant 4), and feel a low degree of self as agent. These individuals need to learn Quadrant 1, positive assertive, skills.

The second generic type is where desire for control is too high (excessive or misplaced) and clients are overcontrolling (high scale 7, Quadrant 3). These clients need to learn positive yielding, Quadrant 2.

FIVE STEPS FOR THE ASSERTIVE/CHANGE MODE OF CONTROL

Below we compact dialogue from several sessions of a case in order to illustrate the principles of assertive control. Joyce, a 38-year-old married lawyer with two children, said she felt as though she were balancing so many different areas in her life that her individual self was disappearing. All that was left were two hands whirling madly to keep all the parts of her life juggling in the air.

CLIENT: Everyone has a view of what I am and who I should be. Everyone wants something from me. How can I be a good friend, good parent, good lover, good worker, good citizen, good contributor to my community, good church member. Where is there time for me? It feels like everybody is controlling my life but me.

Step 1: Desire for Control

Joyce has a clear desire for control but it is not very focused and she does not know where to begin.

In this stage the therapist's goal is to affirm, even motivate, the client toward the desire for more control, and then help him or her clarify, through

TABLE 10.2
THE FIVE-STEP PROCESS OF GAINING CONTROL

Assertive/Change Mode (if too low self-agency, high Quadrant 4, too little control or too low desire for control)	Yielding/Accepting Mode (if too high self-agency, high Quadrant 3, overcontrol or too high desire for control)
1. Desire for Control (Burger, 1989) (Addressing fear of loss of control; helping clients focus on choices, goals and awareness of options)	
If too low, need to increase	Need to decrease if motivation is too high or inappropriately focused
2. Right and Responsibility (Alberti & Emmons, 1974)	
Increase right to change, to act assertively, and increase responsibility for ensuring that right	Decrease inappropriate responsibility and excessive belief in one's right to control
3. Belief in Ability (Bandura, 1977, 1989)	
Need to increase and ensure belief that one can make changes assertively	Need to increase and ensure belief that one can learn to let go and accept—address inappropriate belief in one's ability to actively control
4. Commitment and Skill* (Developing strategies to implement goals) (Farber, 1966; Thompson, 1989; Averill, 1973; Lazarus, 1981)	
Deal with obstacles to assertive change	Deal with obstacles to acceptance—address inappropriate or excessive efforts for active control
5. Success (Skinner, 1953; Bandura, 1978).	
Acknowledge sense of control from feelings of competence and mastery	Acknowledge sense of control from equanimity, acceptance

*Skills are required at each step. However, one can have desire, right, and belief, but not, for example, know how to speak assertively or how to relax. Therefore, we have created a separate step for skill.

self-observation, self-evaluation, and goal setting, more specifically what he or she would like.

Without awareness that the current situation is suboptimal, and without a goal or vision that something better is possible, there will be a little desire to change or develop the assertive mode of control.

THERAPIST (*FIRST EMPATHIZING*): It takes a lot of courage to admit that things feel out of control. You should be proud of yourself that you're willing to look honestly at a difficult situation. No matter how unchangeable the person or situation you're dealing with, there is always something that can be done.

CLIENT: But I don't even know where to begin.

THERAPIST: Let's begin by looking at what small changes you could make that you believe would help you begin to feel more in control.

CLIENT: Oh, I don't know, I guess if I had some space to myself.

THERAPIST: Good, and what would that mean to you?

CLIENT: Time just for me. Not my kids, or job, or spouse, or household chores.

THERAPIST: Okay, that seems like a reasonable goal. How much time would be fair?

Step 2: Right and Responsibility for Control

Clients must recognize that they are both deserving of greater control and responsible for realizing this control. If they do not feel deserving of greater control, if they do not believe they have a right to be in control of their lives, it will be difficult for clients to develop the skills of positive assertive control. It is therefore important in this step to examine clients' beliefs about themselves (e.g., the degree to which they feel worthy) for this may directly bear on their attitudes toward having control. What is the nature of the self-statements they now make regarding their right to exercise control and mastery in their lives, their story about their right to control and self-determination?

CLIENT: I'm not sure any amount is fair. No one will like the idea.

THERAPIST: Do you have a right to have your own desires and wants?

CLIENT (*LAUGHING*): Good question!

THERAPIST: I agree! Now, what do you think would be fair?

CLIENT: I'd like an hour a day, 7 days a week, for me—to exercise, read, shop, nap, listen to music, even watch a taped soap if I want.

THERAPIST: Very good. So we agree you have a right to this time. Who is responsible for ensuring you get this time.

CLIENT (*SIGH*): Me.

Thus, the second part of Step 2 is that clients must take responsibility to claim their right as human beings to exercise control. No one can do this for them. As Perls told his gestalt therapy clients, to say "I can't change" is to not take responsibility for yourself. To say "I won't change" is to recognize that the power lies within you, that it *is* ultimately your responsibility. Jacobsen (1929) in his progressive relaxation instructions also emphasized responsibility: "Just as you tense yourself, you can also learn to relax yourself. You are responsible for both"

The following dialogue highlights our four questions about responsibility that are part of our structured interview format (Appendix B):

THERAPIST: In your area of desired control, what aspects of it can you be (or are you) responsible for?

CLIENT: Asking for what I want, and making sure I get it.

THERAPIST: What aspects of this area are outside your control and you are therefore not responsible for?

CLIENT: How upset everyone will be with me.

THERAPIST: Do you believe you can be responsible for your reactions to the aspects that are out of your control?

CLIENT: I cannot be responsible for my internal reactions of anger and fear. They will happen when others get upset with me. But I can be responsible for how I act on these internal feelings.

THERAPIST: In general, do you have difficulty accepting responsibility?

CLIENT: Somewhat. I fear making decisions that might involve other people directly.

Step 3: Belief in Efficacy

There are two types of efficacy beliefs that need to be examined: whether they can exert control over their external environment and their internal environment (control of thoughts and feelings).

THERAPIST: How likely do you feel you will be able to take an hour a day?

CLIENT: Not very.

THERAPIST: So, it's not a very realistic goal?

CLIENT: No.

THERAPIST: Why not? Because you don't really want that much time?

CLIENT: No, I want it. It's that no one else wants me to have it!

THERAPIST: Ah, it looks like we're back to the question of is it fair. Is this a reasonable amount of time?

CLIENT: Yes, okay. I want it. It's reasonable. But I am not sure I can get it. And even if I do, I don't know if I can handle the internal pressure of nobody wanting me to have it.

THERAPIST: Okay, that's honest. Let's see what we can do to help you feel a greater chance of success.

Step 4: Commitment and Skills

Farber (1966) made the distinction between belief one is capable of ("I can") and the subsequent commitment to follow through ("I will"). Furthermore, even if one is determined, in this step it is also important to ensure that clients have the skills to follow through. In Joyce's case this would involve both direct, assertive skills to ask for space for herself (from spouse, children, law practice) and cognitive/affective self-control skills to manage her internal responses of anxiety if they are disapproving.

THERAPIST: There are two important lessons now. One is determination. You need to remind yourself that this goal is important to you.

CLIENT: Of course it is, that's why I'm here.

THERAPIST: Excellent. Efforts for control involve new ways of acting. These require persistence and resilience in the face of the inevitable obstacles, setbacks, and even fears that accompany learning a new skill and making any change.

CLIENT: Okay, "I can" and "I will." You convinced me.

THERAPIST: I'm glad I convinced you to do what you said you wanted to do.

CLIENT: (LAUGHTER)

THERAPIST: Now, the second lesson. There are some specific skills that may help you stay calm and centered in talking to your spouse, family, and law colleagues. Would you be willing to practice them?

CLIENT: Okay.

Here we practiced diaphragmatic breathing, role-played situations, and used guided imagery, self-instructions, and covert self-modeling. (This technique, what we term *control-mode rehearsal*, is described in detail later in the chapter.)

Step 5: Success—The Recognition of Control

The advantage of a clearly stated goal (in Step 1, desire for control) is to help the client see to what extent progress is being made. It is important when clients achieve their initial goals to point out their success and accomplishment. Have clients notice how they cognitively and affectively experience this success. Are they able to enjoy their accomplishments? Or do they start looking for the next area in which to achieve greater control? Therapists should encourage their clients to reinforce themselves for their efforts and success in moving from feeling out of control and helpless to more in control and empowered.

Joyce was able to find 7 hours a week for herself. She did not achieve the 1 hour per day she initially hoped for. But she was flexible, as was her family. Sometimes she would take several hours on a weekend. Once she even went to a music festival overnight by herself. She felt renewed and refreshed. Taking time for herself allowed her to in turn give more back, both to family and work.

FIVE STEPS FOR THE YIELDING/ACCEPTING MODE OF CONTROL

Joyce needed to learn to be more assertive in order to create time for herself, as illustrated by the five steps for assertive control. But Joyce also needed to recognize that her need for control was also a problem that kept her from creating time for herself. Thus, we can similarly illustrate the five steps for yielding control with the same client, albeit from a different angle and goal. The following dialogues are excerpted and compacted from sessions with Joyce.

Step 1: Recognizing Too High a Desire for Control

CLIENT: I feel like everyone depends on me.

THERAPIST: What would happen if you didn't do all that you are doing?

CLIENT: I think everything would fall apart.

THERAPIST: So, part of you feels trapped by the responsibility?

CLIENT: Yes.

THERAPIST: Anything positive you get out of it?

CLIENT: What do you mean?

THERAPIST: Well, are there any positive feelings from being important, even indispensable, to your family's and law firm's smooth functioning?

CLIENT: Hmmm. I never stopped or had time to think about that.

THERAPIST: What would happen if you turned some of your responsibility over to others?

CLIENT: I hate delegating to anyone. I don't even like it when my husband watches the kids. I want to do it all.

THERAPIST: So it sounds like you're a bit of a perfectionist, maybe feeling that you can do the job better than anyone else.

CLIENT: Exactly.

THERAPIST: Why are you here?

CLIENT: Alright, I can't do it all. I can't be everywhere at once. And I am not even sure everyone really wants me to do it all. Part of me realizes that I'm not being fair to my children and the junior colleagues at work when I'm always looking over their shoulders.

THERAPIST: It sounds like at least part of you would like to give your children more freedom and your junior colleagues more control over their tasks.

CLIENT: Part of me, okay.

THERAPIST: Do you feel it might be desirable and bring you a certain peace of mind not to always feel you had to be in control of everyone around you?

CLIENT: (LAUGHTER) Yes, maybe a little.

We created a monitoring chart (Figure 10.1) for Joyce to mark when she intervened, either at work or with her family (e.g., direct advice giving or questioning of a colleague's work or children's plans. Antecedent conditions included whether she was asked for her advice. Consequences were how others reacted to her intervention and how she felt about it. She then commented on the form whether she felt her intervention was appropriate or too controlling. Part of her task was to discriminate between appropriate interventions and interventions based solely on her desire for control. As a result, she was able to begin to understand some of the negative consequences of her overcontrolling behavior.

Step 2: Right and Responsibility

Joyce felt that because of her higher status at work, she had both the right and the responsibility to control the work of her junior colleagues. She felt similarly regarding her children. Part of our task, as shown in the dialogue, was to help her see when she was taking on too much responsibility in each area. Because of her roles, she still had responsibility for both. The task was to recognize when she was overstepping her bounds and being too controlling. Then her task was to accept that she could not do everything, let go of some of her responsibilities, and allow her children and colleagues more freedom.

Step 3: Belief in Ability to Let Go of Control

Joyce acknowledged that she was not very good at letting go of control and wasn't sure she could. We spent some time examining her control story and why having control was so important to her. She realized there were two different dynamics at work. One was that she didn't like it when her father controlled her mother, and as a child she decided she didn't want someone else having that control over her. The second was that often both her parents would become listless and slovenly and she had to step in with her younger siblings to keep the house going. Therefore, early on, she developed the control story that things would fail if she didn't intervene. She realized that a large part of her feared letting go of active control. She said she

would be willing to try because she saw its importance to her. But she wanted to know how she could better let go of active control.

Step 4: Commitment and Skills

At this point, we spent some time explaining to Joyce the positive yielding mode of control.

THERAPIST: The positive yielding mode of control involves learning to accept that many things in life are uncontrollable and that there are inevitable limits on one's ability to control even those things that are, in theory, controllable. This mode is not a sign of weakness, laziness, or irresponsibility. It involves a willingness to acknowledge that you have enough strength and belief in your self-worth that you can acknowledge your limits and let go of the belief that you are indispensable. Further, this mode allows you to start to accept help and support from others, to feel you can look to others as a source of aid.

As our sessions continued, we also shared with Joyce several stories about the yielding mode of control (these teaching stories are detailed later in the chapter).

CLIENT: Can you give me an example of how I would begin to let go of control? I'm not even sure how to do that.

THERAPIST: Life presents many opportunities throughout the day to practice this letting go and trusting mode (the handout for yielding mode is given to her, pp. 199–200, and items 5 and 6 discussed). These all represent opportunities to practice letting go and acceptance (Quadrant 2) rather than annoyance, irritation, and impatience (Quadrant 3). These are times we can practice the art of relaxation rather than the art of becoming stressed. We can also see through the monitoring, areas where there is a mismatch between your control efforts or appraisal and the situation's actual controllability.

Step 5: Success in the Yielding Mode

For Joyce, there were many successes in learning the yielding mode. One success was the positive feedback she received from her children and colleagues. Both expressed their appreciation that she seemed to be respecting them more by allowing them more freedom and independence. Joyce recognized how much she had been run by her control story of needing to always be in control. She saw that the world didn't fall apart when she wasn't there to control it. She also learned that she was valued not just for her indispensability. She felt herself accepted as a person as well as a doer.

Again, it is important for the therapist to help the client recognize the lessons that can be learned through the use of the yielding mode of control. Further, the therapist needs to ensure that the client reinforces himself or herself for the successful accomplishments of this mode. For many who have a high desire for control, this yielding mode is every bit as difficult to learn as positive assertive skills are for those who feel helpless and passive. Clients therefore need to honor and value themselves for their success in learning the skills of this mode.

CLINICAL EXAMPLES OF COMBINING MODES

In Joyce's case, we discussed the five steps for the assertive and yielding mode separately for ease and clarity of presentation of the model. Sometimes a case may involve only or primarily the development of the positive yielding or assertive mode. However, often, as in Joyce's case, both are needed. Following are three brief clinical examples that illustrate the benefits of combining positive assertive and yielding strategies at three different points in the life cycle.

Example 1

John, a 19-year-old college track athlete, had suffered a torn anterior cruciate ligament, which required a one year recovery. The positive assertive mode involved identifying those aspects of the situation that were actually under his control. We used mental imagery and cognitive self-instruction to maintain resolve in his rehabilitation. A Quadrant 2 approach involved trusting and having faith in his body's ability to heal properly and accepting those aspects of the situation that could not be personally changed. It also included placing trust in a powerful, benevolent other (e.g., the doctor) and relying on the social support of others. The following are some of his control-related coping strategies:

"There is nothing I can do about what happened. I need to accept that (Quadrant 2). My job is to be tough, focused, a fighter; to make up my mind that I won't let this get me down (Quadrant 1). I can make the best of a bad situation."

"I can be conscientious about my physical therapy—that is a big part in how successful surgery is. I am determined to become fitter so that after this is over I will be physically and mentally stronger than before. There was a weakness in my body, but I will strengthen it and overcome this setback (Quadrant 1)."

"I can trust those around me to lend their help and support. My friends and family care. The doctor is excellent, and I can trust his skill. Everything will turn out fine. A lot of people are pulling for me (Quadrant 2)."

Example 2

Rebecca, a 52-year-old-woman, faced menopause and felt some depression about this concrete sign that she was aging. "Sometimes it feels as if everything is starting to go. There are changes in my eyesight, hair color, stamina—all signs of aging and bodily decay." We discussed the different ways people can react to loss of control based on the four quadrants. One common reaction to these changes is passive helplessness (Quadrant 4). A second reaction can be a fearful, overcontrolling bodily compulsiveness (Quadrant 3), in which there are frantic efforts to recapture one's lost youth. Although understandable, neither of these responses would serve her well. However, we discussed that there are alternatives to passive helplessness or overcontrol that involve a combination of positive assertive and yielding actions. Positive yielding included allowing time for grieving, acknowledging that there is sadness in saying goodbye to her youth. However, women do not have to silently endure these changes as something which happens to them that they do not understand. Thus, such a transition can be an opportunity to celebrate past accomplishments. For Rebecca, positive assertive actions included eating well and exercising, taking time for herself to assess goals and values, honoring the role of her mind as an important part of life, worrying less about what others want, being more self-directed in choosing her own goals, honoring the potential for new freedom, becoming more informed, and not being afraid to seek assistance and an equal partnership with her doctor.

Example 3

Ralph, a 79-year-old man in our study on aging and sense of control (Shapiro et al., 1995), was told by his physician that he had a deteriorating, inoperable eye condition and had only 6 months of sight left. He accepted that there was nothing he could do about his loss of control of sight (Quadrant 2) and spent those sighted 6 months looking at pictures, places, and movies he found most moving and beautiful, thanking them for their beauty. At the same time he began to build a tape library of the songs and music that he most loved, a Quadrant 1, assertive mode of action to gain increased control in another dimension.

TECHNIQUES FOR GAINING ASSERTIVE AND YIELDING MODES OF CONTROL

In this section we present three sets of techniques and their application to developing both modes of control: self-awareness strategies, including cognitive-behavioral self-observation and body and mind scans; self-modeling

using a technique we refer to as control mode rehearsal; and self-evaluation and goal setting.

Our goal in a control-based approach to therapy is to teach clients both insight and "outsight." All therapists are familiar with the term insight—helping clients learn about their internal dynamics so they can understand why they do what they do. *Outsight* is a term coined by Ferster (1968) and refers to helping clients recognize the relationship between their behavior and the environment (i.e., how they affect the world around, and how the social and physical environment affects them). In this section we present two techniques that can be used to help clients gain both types of sight: self-observation from the Western cognitive-behavioral tradition and mindfulness meditation from an Eastern (Buddhist-Vispassana) tradition.

SELF-OBSERVATION

There are many different types of self-observation within the cognitive-behavioral tradition. Some look at the relationship between affect and cognitions (based on cognitive theory regarding how beliefs create affect); others the relationship between antecedent environmental events (e.g., people, places) and a person's behavior; and the consequences (e.g., reinforcement, punishment) of their behavior.

The self-observation model we use includes both. It is based on the simple A-B-C—antecedent, behavior, consequences—model of Skinner's functional analysis but has been expanded to include cognitions and affect. This model can help clients gain further awareness about their area of concern.

The Shapiro Control Inventory (SCI), as discussed, provides information about a client's sense of control (both overall and in several specific domains), modes of control, agency of control, and desire for control. The SCI data provide initial information about the client's control profile, a valuable cross-sectional snapshot on areas where the client has concerns and the mode by which he or she wishes to address these concerns. For example, Joyce's scores on the SCI indicated that she was feeling a low overall sense of control, and her specific domain areas of concern were those outlined in Table 10.3.

Along with the data from the SCI, self-observation can provide more refined and detailed information about aspects of the client's control profile that are at risk, or areas where the client is concerned about a lack of control. Let us first list several topics that could be monitored and then comment on suggestions for how to help the client perform that monitoring. This list is overinclusive and generic and is only meant to be suggestive. Clearly the

TABLE 10.3
 PRINTOUT FROM JOYCE'S SCI DOMAIN-SPECIFIC
 SENSE OF CONTROL

Areas with a Low Sense of Control That Are a Concern	How Wants to Address Concern
	Body
Physical exercise	Assertive/change
Eating behavior	Yielding/acceptance
	Mind
Stress	Assertive/change
	Interpersonal
Relationship with spouse	Assertive/change
Relationship with children	Yielding/acceptance
	Work
Employment	Yielding/acceptance

exact topic(s) (two at most) that are monitored need to be tailored to the client:

1. General domain: Situations, events, people, and places where the client feels out of control and would like to exert more active control.
 - a. When the client feels others have too much control over him or her and do not like it.
 - b. When the client feels an area should be within his active control (self-agency) but is not (e.g., when the client feels that he relies too much on others when he should do it alone, or is not making efforts that he should).
 - c. Situations when the client may have felt like exercising active control but instead became passive, and the reasons (e.g., fear of being rejected, misunderstood, or drawing attention to self).
 - d. When the client responds to an out-of-control situation by being helpless (e.g., the number of helpless, victim-like self-statements made).
2. Domain-specific areas (e.g., eating, weight, relationships) where the client is feeling a lack of control and would like to gain more control through change.
3. Where and when the client effectively exerts assertive control (this can be used as a basis for modeling and generalizing success to other desired areas).

The following are additional areas related to the yielding mode of control:

1. General domain: Times when the client feels that he or she is acting in an overcontrolling way (e.g., too controlling of others, unable to let go of control when he or she would like to, low belief in others' ability to help, low trust in others, not delegating to others when it would be easier to do so).
2. Domain-specific areas where the client feels a lack of control and would like to gain more control through acceptance of the situation.
3. Situations where and when the client effectively utilizes the yielding mode of control.
4. The number of accepting thoughts, both about one's self and others; the number of judging, negative thoughts, shoulds, and punitive statements.

Because clients are different, it is helpful to have several options for monitoring. For example, some like a more structured approach such as the self-monitoring form found in Figure 10.1. In this form we would first define the B (behavior or cognition) to be monitored. We would discuss how the client knew he was feeling out of control (e.g., his cognitions, physical sensations, how he acted). We would then discuss the intensity required for him to acknowledge that he was feeling out of control (e.g., using a five-point scale, 1 = *a little* to 5 = *very*).

Antecedents would include the people, places, and thoughts that occurred right before and triggered the client's out-of-control feelings. Consequences would be how he reacted to being out of control and how he reacted to the situation (i.e., what he did—eat, drink, leave the situation).

Through this monitoring, the client could gain precise information about when and under what circumstances he felt out of control, and how he knows he feels out of control. He could learn, for example, how many times per week, at what intensity, what times of day, around what people, in what circumstances he feels too little control and recognize his typical way of responding to these feelings.

Other clients do not like the structure of this form. Some do not even like to monitor at all. For those who do not like such a structured form, we suggest carrying around a journal or small notebook. We point out that the way something is monitored is not important. However, we emphasize that it *is* important that one gain increased awareness about his or her areas of concern and therefore some type of monitoring strategy is useful.

For some clients, these instructions in self-observation are sufficient for its successful implementation. Other clients may need more in-depth practice to become sensitively aware of both their mind (cognitions, images,

One of the most important aspects of any change strategy is awareness—learning about oneself. Please use this form between our sessions to monitor the area we discussed.

You may wish to make notes below as you become clearer about what it is you are monitoring (e.g., any specific thoughts, feelings, or circumstances that seem particularly important). Also, note any questions or problems you may have in monitoring (such as differences in intensity of stress, how long it lasts).

Pay attention to what happened right before the observed behavior occurred (i.e., who was present, where it occurred, what you were thinking). Also note what happens right after the behavior you are monitoring. Please be sure to bring these sheets with you to our next session.

Behavior being observed: _____

Intensity (1 = *slightly out of control* to 5 = *very out of control*) _____

Time of day observed _____ Day of week _____

Physical sensations _____

Thoughts and emotions that preceded event _____

Who was present _____ What was going on in environment _____

Consequences of behavior: how did situation change. What happened? _____

NOTE: Therapists can make additional copies of this form, as needed, to give to clients so that multiple events can be monitored over the course of a day or week. Additional copies do not need to include introductory instructions.

FIGURE 10.1
SELF-OBSERVATION FORM

emotional states) and body (physical sensations and cues). In our clinical practice, we therefore draw from some practices (the mind and body scans) that have been developed to deepen awareness of one's internal and external environments. We begin many of these awareness techniques with diaphragmatic breathing.

DIAPHRAGMATIC BREATHING

We begin by asking the client if he or she would be willing to learn a type of breathing—diaphragmatic breathing. We explain that this type of breathing (compared with thoracic and chest breathing) has been most associated

with a state of mental calm and relaxation as measured by EEG alpha waves (Timmons et al., 1972).

Assuming that the client is willing, we first practice and model the technique as the client watches. Then we ask the client to sit in a relaxed, comfortable position, close his or her eyes, and practice it as we watch. We instruct the client as follows:

There are several ways we can breathe. One is where we try to actively control it. For example, draw a big breath in through your nose. Good. Now exhale forcefully. That's it. Once more. Very good.

Now in this exercise we are going to try to let the air come at its own pace—without any active control on your part. For example, your breath comes at its own rhythm during the night when you sleep. You don't have to control it.

Place your hand on your abdomen, middle fingers just barely touching. Allow yourself to feel the air gently entering through your nose. Don't try to draw it in; just let it come at its own pace. Notice how as the air comes in, your stomach inflates, and almost bellows forth. Your two fingers will move slightly apart.

Then as you allow your breath to exhale at its own pace, your two fingers come back together. Good, now just take the next few minutes to allow your breath to come at its own rhythm, noticing your stomach bellowing forth, your fingers parting on the in breath through your nose; your stomach falling, your fingers coming together on the out breath. The goal is to simply let the breath be, not forcing it, simply allowing the gentle rising and falling of the belly with each in and out breath. [Allow a few minutes of practice]. Now, slowly open your eyes.

We then discuss reactions, concerns, and thoughts about the procedure. We suggest practicing the breathing a few minutes per day, noting that the fingers are only necessary at the start to help ensure that the diaphragm is rising. We also point out that the technique can be utilized at any point in the day (e.g., at a time of confusion, stress) to re-center and calm oneself.

BODY SCAN

Body scan is an adaptation of a technique used at the University of Massachusetts Medical Center's stress-reduction/relaxation program (Kabat-Zinn, 1990). It is particularly useful in helping clients be more receptive and sensitive to the signals of the body.

Have clients lie on their backs on a comfortable surface (carpeted floor, firm bed). People can often times get cold during this practice, so it is important for them to have some blanket or sweater they can put over themselves if the need arises. Have them close their eyes and begin diaphragmatic breathing.

Then instruct the client to bring his or her attention or awareness to the toes of the left foot. Without moving or wiggling them, ask the client to simply notice whatever sensations arise in that area of the body, to feel them, to be with the sensations without judging them. Then ask the client to imagine that he or she is breathing into and out of this part of the body, continuing to focus on whatever sensations may be arising there. If there are no distinct sensations present, the client should simply attend to the absence of sensations. Following several rounds of breathing in and out of this region, the client should move to the other regions of the left foot (top, bottom, ankle), repeating the same process, imagining or allowing the breath to move into and out of each area. Then the client should focus on the toes on the right foot and proceed through each part of that foot as well. This process continues, moving up through each region of the body: left calf, left upper leg, right calf, right upper leg, buttocks, groin, left hand, right hand, and so on. It is important to include the regions of the face (eyes, ears, etc.), finishing with the top of the head, allowing the breath to move in and through the entire body at this point.

Throughout the process, it is important to give periodic reminders to bring the awareness or attention back to the present moment, to the area of the body the client is to focus on. The therapist can also give periodic instructions to note whatever feelings arise (e.g., non-acceptance, self-judgment, gratefulness).

In such an exercise, attention *will* wander (usually into thoughts about the past or future) and the goal is to gently bring it back to the object of focus without judging oneself for having become temporarily distracted. Some clients might fall asleep during this process. This should be gently discouraged as the exercise is designed to bring both relaxation and a greater awareness of the bodily sensations, which requires being conscious. Sleep often results because people associate deep relaxation and lying down with sleep states and are unaccustomed to being awake and alert during these times.

The practice of this body awareness exercise can be helpful to clients in increasing their awareness of bodily cues and sensations during their daily lives (i.e., work, interactions with others, how their body feels and responds during times of stress, times when they feel a loss of control or are being overcontrolling).

MENTAL SCAN

In the next technique, the mental scan, the focus of increasing one's awareness shifts to the domain of the mind (i.e., one's cognitions, emotions, intentions). This technique is adapted from meditation techniques. As noted in

Chapter 8, although some clients will be willing to learn techniques labeled as meditation, others may be put off by such terminology and would feel more comfortable with labels such as mental scan or attentional training of awareness.

This process begins with diaphragmatic breathing. The breath is the anchor point. Ask the client to simply pay attention as any emotions or cognitions arise in the field of awareness, noticing any tendencies to try to push away unwanted thoughts or feelings and instead allowing whatever is arising to be there. If fear, sadness, or anger arises and the client notices a desire to run away from these states, the client should notice this tendency to run away, but don't judge it. The purpose of this exercise is to develop greater awareness of whatever cognitive/affective states may be present in the client's experience.

After the client practices for 10–15 minutes (the time can be expanded with continued experience and practice), have the client slowly open his or her eyes, take several deep, diaphragmatic breaths, and then share with you his or her experience, any questions or confusions regarding the practice, and realizations the client may have had.

The client can then be instructed that this type of mindful awareness cultivated during the mental scan exercise can be carried over into everyday circumstances. Through such awareness training, one can gain significant insight into the characteristic, and sometimes reflexive, thinking patterns, emotional reactions, and habitual/automatic ways of responding to certain events.

SELF-EVALUATION AND GOAL SETTING

These techniques—diaphragmatic breathing, body scan, and mental scan—need not be used with every client as part of self-observation. However, if a client is having difficulty recognizing his or her bodily and/or mental cues, these techniques can be helpful additions.

When the client is able to successfully observe the area of concern (e.g., feelings of loss of control) and determine antecedents and consequences, the next step is self-evaluation and goal setting.

By this point, the client will have now determined what circumstances cause him to feel out of control, as well as the frequency, intensity, and duration of his out-of-control feelings. For example, he may realize that he becomes upset about several categories of events:

- Daily hassles (such as stop signs, a light bulb burning out, a pencil breaking, a busy signal)

- Larger societal issues (the fighting in different parts of the world, inflation, stock market fluctuations, undernourished children, apathy in the United States, where fewer and fewer people vote)
- Interpersonal relationships (feeling snubbed by a coworker, negative comments from children or spouse)
- Physical domain (lack of exercise, poor eating habits)

Self-evaluation allows one to step back and see which situations and issues are worth feeling out of control about. Is the intensity of a client's out-of-control feelings proportional to the level of threat? If so, the client can decide how he or she would like to act when such feelings of lack of control arise, which would involve deciding which issues are important to address by assertive means, and which by learning to let go and accept.

With this information therapists can then help clients set appropriate goals. In this instance, we follow a broad-spectrum cognitive-behavioral approach to goal setting. The goal must be something that the client can identify and count; it has three parts: the specific behavior or cognition, the extent of the behavior, and under what conditions the behavior occurs.

For example, a client may decide on the following goals:

1. When I have an out-of-control feeling of intensity 3 or higher about a daily hassle, I will stop and practice diaphragmatic breathing to reduce my negative feelings.
2. In those areas involving large social problems that concern me, I am going to select two areas in which I want to take assertive action and draw up a plan to get involved (e.g., UNICEF and undernourished children; working to increase voter registration). I will devote 2 hours per week to each activity. Regarding other issues, I am going to have to become tougher. I will relax myself, say I cannot do everything at once, and calm myself.
3. Interpersonal annoyances that are daily hassles I will address with diaphragmatic breathing. For those that deserve attention I will practice direct assertive communication to express my concerns. Specifically, for the next 2 weeks I will let my partner know in a calm, yet direct, way when I experience her as being domineering and overcontrolling.
4. I am going to start an exercise program where I walk 20 minutes three times per week, at 60% of my appropriate aerobic capacity (i.e., 220 minus age). For the coming week, I will make one change in eating: shifting from whole milk to low-fat milk.

It is important to help clients be as clear as possible about their goals. For example, if a client says "I want to lose weight," there is no good criterion

for success. The goals also need to be realistic. So if the client says "I want to lose 35 pounds in 6 weeks," it is important to create more realistic short-term goals while still maintaining the 35-pound long-term goal. Similarly, statements such as "I want to accept myself more" can be operationalized as "I will vocalize five self-accepting statements per day" or "Whenever I monitor myself making a punishing self-statement about how inadequate I am, I will practice diaphragmatic breathing and use that negative statement as a cue to make a positive statement about myself."

These are intended to serve as examples of how goals might be set. Therapists will need to work with clients to prioritize concerns as well as identify the appropriate mode(s) for addressing them. The following questions may be helpful in that clarification process:

1. Where do I desire to gain control?
2. Why? Is it a healthy desire? Which of my needs are actually wants? When am I getting upset over trivia?
3. Is this situation or behavior within my active control? Should it be?
4. Do I have the right to exert control in this situation?
5. Are my highest goals and values best served in this situation by an assertive approach, a yielding approach, or a combination?

Although this example focuses on having the client self-observe feelings of loss of control, it often is a good idea to have the client simultaneously monitor feelings of being in control. This can help the client recognize those situations, places and times they do feel a sense of control, and whether such feelings are engendered through assertive actions or through letting go and acceptance.

Finally, we believe in the importance of setting both short and long term goals, and have a form (Figure 12.1, 12.2) that can be used by the client to list one week, one month, six months, one year, and five year goals, and action plans.

CONTROL MODE REHEARSAL

Mode rehearsal is a strategy that combines imagery, visualization, and cognitive self-instruction and can be tailored to help clients gain a sense of control through either the assertive or yielding mode. We will show how these exercises were used with our client, Joyce, but they can be adapted to any specific concern clients may bring to therapy. Although in our presentation we refer to specific images and self-instructions, research (Kazdin et al., 1974) suggests that for some clients actively creating their own imagery and instructions is far more effective than having them predetermined by the

therapist. Depending on a client's profile, therapists can either use examples of their own devising (such as those modeled here) or work with clients to develop their own.

Introduction and Diaphragmatic Breathing

Say the following to the client:

Now that you have a clear goal, you can use some techniques to achieve that goal. Would you be willing to practice one with me? Good. First, take a couple deep breaths, exhale, and as you are willing, let your eyes gently shut. Allow your breath to settle into its natural rhythm and let yourself practice the diaphragmatic breathing we have discussed. Good. Nice and easy. Just let yourself feel the chair holding you up, your breath coming nice and easy.

Visualizing the Situation Where There Is Concern

Say the following to the client:

Now, as you are willing, notice in your mind's eye a situation that is causing you some concern. Try to see the situation in as much detail as possible. Where are you? in a room? outside? Who is present? What time of day is it?

Here are some examples from Joyce's experience:

Joyce's Quadrant 1 situation: Talking to her husband and children about her desire for more space for herself.

Joyce's Quadrant 2 situation: Seeing a task not done correctly, or two junior colleagues talking among themselves about a case.

Becoming Aware of Mental and Physical Cues

Say the following to the client:

Bring your attention to how you are feeling in that situation. Let yourself notice any thoughts you are having, any stress you may be feeling in your body. Note as precisely as you can where there are any anxious thoughts or feelings.

Self-Modeling the Desired Behavior

Say the following to the client:

Now imagine yourself acting in the situation exactly as you would like to act. As you do so, don't forget to keep your breath as an anchor, letting it come in nice and easy, exhaling gently and calmly. As you engage in the desired behavior, let yourself feel proud for being willing to take the action, (whether assertive or yielding) vocalizing to yourself statements such as "This is a brave step I am taking," "I am doing the best that I can," and "I admire my willingness to seek to change (or let go) in this area."

Here are some examples from Joyce's case:

Joyce's Quadrant 1 (Positive Assertive) situation: See yourself feeling calm and confident, talking to your husband and children around the dining room table after dinner: "I've got a problem and I need your help in this. You may have noticed that I've been pretty stressed lately, and I feel it is important that I take some time for myself, about an hour a day. How would you feel about this?" Keep your focus on your breathing, nice and gentle. See yourself speaking calmly and slowly, looking at each of them, and vocalize positive statements to yourself about your assertive action.

Joyce's Quadrant 2 (Positive Yielding) Situation: You are in the office late on a Thursday afternoon, just after the weekly partners' meeting. As you walk out of the conference room, you see two junior colleagues talking about the recent sexual harassment litigation case at a music studio. You are supervising the case, meeting weekly with them. The case is important to you. Part of you wants to ask about the progress they have made in the last 2 days and to review their most recent contacts. Instead, you allow yourself to breathe deeply and gently. You may smile at them as you walk by. You may say nothing, or you may compliment them on the good job they are doing. If they do not ask you any questions, you see yourself continuing to walk to your office. Compliment yourself for having the strength to not have to micromanage them. Feel your breath coming nice and easy. Feel an ease and gentleness throughout your body. You do not have to be involved in every step, you do not have to be indispensable in order to value and accept yourself.

Completing the Process

Say the following to the client:

Take a few moments to notice what you are feeling. As you are ready and willing, let yourself slowly return to the here and now, and gently, as you feel comfortable, let your eyes slowly open.

Discussion and Evaluating the Process

Here it is helpful to ask the client what he or she learned during the process and explore any problems or concerns. For example, it was relatively easy to rehearse and help Joyce learn control of how she presented her initial request to her husband and children. However, there were several alternative scenarios regarding how her husband and children might respond to her request for more space. We couldn't know exactly what they would say. Therefore, we role-played a variety of different responses to her request (e.g., angry, sullen, withdrawn, defensive). In this way, she could practice learning internal control of her thoughts, feelings, and reactions, regardless of their response.

TEACHING THE MODES OF CONTROL WITH STORIES

In many ways, the assertive and yielding modes can be viewed not simply as psychological control strategies, but as archetypal ways of being in or orienting oneself to the world. For some clients, the mythological and philosophical element is uninteresting and they want only the bare-bones techniques described. For others, the myth and stories may help establish a historical context as well as model the different modes of control, vividly capturing some of the grand flavor and character of these approaches to control.

THE ASSERTIVE MODE: PROMETHEUS' WAY OF CHANGE

The positive assertive mode of control, what we have elsewhere termed Prometheus' Way of Change (Shapiro, 1998) is based on the Greek myth that describes the movement of humans from feeling helpless, out of control, and passively resigned to their fate (Quadrant 4) to an assertive mode of control whereby they actively seek to change and alter their lives in a positive direction (Quadrant 1).

In this myth, it is said that humans, created from the mother of earth, Gaia, were like newborn babies: helpless, unprotected, at the mercy of fate. They wandered aimlessly, faced with wild beasts, untamed earth, diseases, and seas that blocked their way. Whereas this was acceptable to other humans, Prometheus was not willing to be a passive victim of fate, and undertook the challenge to change the situation: Exercising the desire (Step 1) and right (Step 2) to use active control, having a belief in his ability (Step 3) and skills (Step 4) to rule other species and the world: plowing, planting, and harvesting the earth and domesticating animals as needed for human's welfare.

Prometheus also felt that fire was necessary to help protect the bare and vulnerable humans from the beasts around. When the gods withheld fire from humans to ensure themselves power, Prometheus stole the divine gift of fire from the throne of Zeus. His act challenged the gods and gave humans godly powers. Legend has it that Prometheus was not modest or subdued about his accomplishment, (success, Step 5) but rather ran joyfully, as if flying, back to mankind with fire.

This myth encapsulates one of the defining control-related legends of Western culture. The archetypal mode of control symbolically represented by Prometheus can be seen in our human quest to understand, adjust, alter, and perfect the world to better meet and accommodate our needs. Rather than expect that others will do it for us, we learn to do it ourselves. We learn

to provide for ourselves, to strive for and manifest our visions and dreams. We become causal agents, shaping our life's destiny rather than merely being its passive victims.

THE YIELDING ACCEPTING MODE: LAO-TZU'S WAY OF HARMONY

Sometimes active control can become a problem. In the myth, there is a price to be paid for the hubris of trying to become like gods: Prometheus is punished by being tied to a rock while eagles eat his liver. Metaphorically, the parable suggests that there can be some negative aspects associated with gaining such control and mastery (e.g., Quadrant 3, overcontrol), or where using only active mastery is inappropriate or ineffectual.

Many areas of clients' lives are not under their active control. There are inevitable losses and stressors: the aging and decay of the body; loved ones passing away; economic problems; and the "daily hassles" such as traffic jams and waiting in lines.

The following stories and examples illustrate the advantages of this yielding, accepting, letting go, surrendering mode as a way to gain a sense of control. This mode does not reflect a helpless resignation or fatalistic giving up, but rather a conscious acknowledgment that to let go of active control or efforts to change may in many instances be the soundest or wisest choice.

There is a story from India that nicely captures the yielding, letting-go mode of control.

In India, the story is told about how to catch a monkey. One places a banana inside a vase that is small at the top, and wider at the bottom. The hole at the top of the vase is large enough for the monkey's hand to reach in and grasp the banana. However, the fist around the banana is too large to get out of the vase. The only way to get free is to let go of the banana. Active control will only keep the monkey trapped.

Another story we use to illustrate the yielding mode comes from China.

According to legend, the martial art of Jujitsu originated during a cold winter in ancient China when several people were watching the snow fall on two trees in the middle of a wide field. The larger tree stood firm and strong as the snow piled on its limbs. Finally the accumulated snow became so heavy that its branches could no longer bear the weight and they cracked. The smaller tree also accumulated snow on its branches. However, its branches were limber enough to bend toward the ground, casting off the snow, and then returning to their original position. Thus, the smaller, more flexible branches lasted throughout the winter; the tree that yielded survived. The Taoist principle of *wu-wei*, yielding and pliancy as a means of strength, was recognized.

We may also tell clients about Lao-Tzu, the 5th century B.C. Chinese philosopher of the school of Taoism, who in many respects can be considered an archetypal representative of the yielding orientation to life. Lao-Tzu states in the Tao Te Ching

The highest good is like water. Water gives life . . . and does not strive . . . and so is like the Tao.

In contrast to Prometheus' way of change, water does not seek to rise to the heavens to steal fire from the gods. Rather, water seeks the lowest place available. Water surrenders and effortlessly yields to the presence of any rock in the stream, but over the course of time, the water paradoxically survives and it is the rock that is worn away.

The positive yielding mode serves to balance assertive change strategies by the emphasis it places on finding satisfaction and a sense of peace with things as they are. We can learn to let go of our desire to always be in control through this mode (Step 1); not to feel it is always our right to have our way (Step 2); to realize that a yielding mode can be effective, and is something we can learn (Step 3). Lao-Tzu's way of harmony teaches that skills can be learned (Step 4). Success (Step 5) is a feeling of peacefulness and well-being gained through humility (as opposed to being boastful, prideful, or arrogant about one's abilities and accomplishments); and a letting go of attachments (to always being right), expectations (that reality matches one's desires), and willingness to bend, to accommodate and harmonize with life and others.

This yielding mode or approach is by no means solely a product of Eastern philosophical thought. The Greek stoic Epictetus (1956), for example, noted in the *Enchiridion*: "Seek not that the things should happen as you wish; but wish the things which happen to be as they are, and you will have a tranquil flow of life" (p. 174).

INTEGRATING THE MODES

There are also stories that illustrate integrating the modes, such as the following:

There is a story of a seeker of knowledge carrying a heavy bundle walking in the Himalayas, who meets the Buddha (disguised as a poor peasant). The seeker greets the Buddha by saying he has been seeking enlightenment for many years, is frustrated and tired, and wonders if the poor peasant has any advice.

"Put down your bundle."

The seeker drops his bundle and in that moment becomes enlightened. He recognizes the essential need to trust in the universe, to let go of his bundle.

With that, he recognizes the Buddha. After a pause, the recently enlightened seeker says, "What do I do now?" to which the Buddha responds, "Pick up your bundle and continue your journey."

CLIENT HANDOUTS FOR THE ASSERTIVE AND YIELDING MODES

In what follows, we have summarized in lay terms some of the main principles and ideas for the positive assertive and positive yielding modes of control. We have written this in a way that will encourage and motivate the client to practice and develop each mode. The therapist may hand a section to the client or share sections as appropriate.

PRACTICAL WISDOM FOR THE ASSERTIVE CHANGE MODE OF CONTROL

One of the ways in which individuals can learn to gain a greater sense of control in their lives is to assert their right to change that which concerns them. The following pages provide a brief overview and reminder of what's involved in utilizing the positive assertive mode of control.

1. Develop clarity on the domains in which you want to effect change and gain greater control. You have a right to your vision. Do not be afraid to dream great things. Don't let life just happen to you. If there are tensions and difficult situations in your life, take active steps to deal with them. Remind yourself: "I am not a victim. I am entitled to and have rights as a person." Don't be afraid to draw boundaries. You count as a person. Don't let others push you around. There is always something you can do to gain more active control in an area through behavioral, cognitive, or decisional control. Create a plan.
2. Almost all decisions are made without enough information. The world is complex, and there are no guarantees that our choices will be correct. However, there is no escape from taking action. To not act is to act. We need to take responsibility for our choices, take calculated risks. Don't be afraid to act, to make a mistake. Indecisiveness and timidity are worse than failing. You can always learn from mistakes.
3. Trust in your skills and competence to succeed. "I am a person of strength and power, a winner within. I will land on my feet. I am competent. I will find a way."
4. Stay determined and firmly committed to your goals. Fight for what you believe in. Turn stress into an active motivator. Use the energy and physiological motivation in a clear-sighted, positive direction to-

ward your goals. Have an image of excellence, adventure, and excitement toward what you are pursuing. See barriers and setbacks as challenges and opportunities. "I can learn, grow, and come out stronger, overcoming previous limitations. I have the courage of my convictions. I will channel my fear and anger into constructive change. I won't indulge in negative thoughts that are unhelpful and hold me back." Stay on track. Do not get distracted by that which is not important by reflexive emotional issues, or by lack of concentration and focus.

5. Recognize how many competent acts you do during the day. As humans we exercise so much more personal control over nature than our ancestors could even imagine. Often we do this mindlessly, only becoming aware (and getting upset) when something goes wrong, focusing on what is not in control. For example, when we turn on a light switch, drive a car, or make a telephone call, we are performing feats of magic in creating light, covering distances physically, and communicating over distances verbally that were unimaginable a century ago. Each act, no matter how small, can be an opportunity to pause and feel our competence. With greater awareness, we can become conscious of how often we actually are empowered, and increase the frequency of feelings of an active mode of control. Let each act be a conscious opportunity to feel a sense of personal empowerment and strength. Seemingly small acts of competence create a foundation to keep us steady on our course as we pursue our vision in the personal, interpersonal, societal, and environmental domains.

Develop a cue of positive assertiveness for yourself, a symbol, from childhood, or a past experience. For some, the sun can be such a cue or reminder. Then imagine yourself in a situation you wish to change (e.g., a relationship, something at work, overcoming some feeling or belief about yourself). See yourself facing this circumstance like a warrior—strong and powerful. Feel your courage to face this difficulty, feel that you have the power to handle this. Visualize the sun up above. Feel its light and strength as it radiates life and warmth to the earth below. Now imagine that same sun within you, its strength and power coursing through you, reaching out and touching life and this difficult situation with brightness and confidence. Know that you have this power within you, to bring life, to shine through all obstacles, to realize and manifest what it is you want to change in whatever area you choose.

The following are additional examples of affirmations you can use for gaining positive assertive control. Feel free to create and tailor additional ones.

I will stay determined and firmly committed to my goals. I feel a sense of excitement and adventure about what I am pursuing. I see any barriers or setbacks as challenges and opportunities enabling me to grow in strength and understanding, helping me move beyond my limitations.

I can learn to be less influenced by other people and trust my own decisions.

I can learn to procrastinate less, not be so passive, be more assertive.

I can practice firm, fair, and relaxed statements of my needs and feelings.

I can limit unnecessary appointments and unachievable deadlines.

I can learn to say no.

I only have so much time: if I fail to protect it, no one else will.

I deserve to exercise positive control in my life.

I have a right to be the master and shaper of my own destiny—I can and must take responsibility for directing the course and direction of my life, for no one else can do it for me.

I will notice all the areas of my life when I am positively exercising active control. These areas give me the knowledge and strength to know that I can make changes in new areas.

I recognize that failure is possible, even sometimes likely, and that I must be willing to persevere in the face of these inevitable setbacks. I see myself handling them well and continuing toward my goal.

I see myself succeeding and enjoying the feelings of accomplishment.

PRACTICAL WISDOM FOR THE YIELDING, ACCEPTING MODE OF CONTROL

Another important way we can learn to gain a sense of control in our lives is to learn to peacefully accept a situation as it is. The following material provides a brief overview and reminder of what is involved in the positive yielding mode of control.

1. Allow feelings and images of self-acceptance and self-love for who you are, just as you are, without trying to accomplish, change, or actively control anything. Feel a caring at a deep level about yourself, a willingness to nurture yourself, and to accept yourself at the most fundamental level, unconditionally, not dependent on what you perform or do or accomplish.
2. Recognize that there are multiple perspectives and that each mode of control, even the negative ones, are trying to help protect you in some way. Learn to befriend your multiple perspectives, even as preparation for later change. Send as much caring and love as you are able to each part of your self, to those who are your friends, and as you are able, to those who are your enemies.
3. Let life happen to you. Take time for softness and relaxation, for goalless daydreaming. Ensure that you give yourself daily stress

- breaks rather than focusing exclusively on the external demand, trying to accomplish. Recognize the blessings you have, not what is lacking. Let yourself open to uncertainty and paradox. Realize that nothing is permanent, that things are always in flux and changing.
4. Be gentle and respectful of your body and mind, being aware of and sensitive to their cues. Trust yourself, your intuition, and your feelings. Do not push yourself beyond your limits. Not everything in life is under your personal control. You are not responsible to solve all the world's problems. It is not your task to finish the repair of the world. Notice if you consistently go after the impossible, demanding perfection and holding unrealistic expectations of yourself. Learn nonattachment to the fruits of your actions.
 5. To increase your awareness of consciously using the letting-go mode of control, you can become more sensitive to times when you trust, when you let go of a letter into a mail slot, decide in a healthy way that a molehill issue is not worth pursuing, consciously say goodbye to your loved ones when you depart from them during the day, allowing ourselves to drift into sleep.
 6. To gain conscious control at a higher level, you can learn how you deal with situations that are out of your active control. For example, what are strategies you use when you need to wait in a line? while commuting? When you get a busy signal? These can all be times to practice letting go and accepting (Quadrant 2) rather than annoyance, impatience, and aggravation (Quadrant 3). Most tension comes from wanting things to be different than they are. You might even hear yourself saying to the red light: "Thank you for providing me the opportunity to let go of active control and take a moment to relax." Learn to let go of the security of your ordinary ways of perceiving reality and doing things, and just experience. Trust your learning, let go, and float on the river, even though you aren't sure where it leads.
 7. Develop a cue or symbol of positive yielding. For some this could be a religious or spiritual symbol:

Imagine letting yourself go and being cradled and protected by a compassionate and trustworthy benevolent other. For some, this positive yielding mode is best expressed within a worldview of God, in which we can accept that we are accepted. For nontheists, there is Buddha's belief that wisdom is already within us. We are already there. There is nothing to attain. We are perfect as we are. We can let go and trust our innate nature.

Or, the following image may be helpful:

Imagine yourself in a boat. The sail is set and you're at the rudder. Look out and see the vastness of the ocean all around you and allow yourself to experi-

ence the boat bobbing gently in the water, just at the right level of depth, and the water holding the boat up as the boat holds you. Imagine being able to let go and relax, knowing that you are safe and secure. Imagine that wherever you go, whichever direction you're going in is the right direction for you. You can trust yourself, you can accept yourself and be with yourself just as you are. There is a feeling that whether you steer or not, you're moving in the right direction. Feel the sense of contentment that comes from accepting this, from accepting yourself without having anything to prove or do or accomplish right now. Simply floating peacefully upon the ocean. Say to yourself now, "I accept myself as I am, I am at peace with myself."

The following are additional cognitions and self-statements that can be used to help facilitate your positive yielding mode of control:

I do not always need to be in control. I can trust that things will be alright. The world will not fall apart; everything will not collapse if I let go of my efforts and relax.

There is a time for action and a time for rest.
I am creating times of safety where I can let go and relax.
I have a right to take time to let go and just be.

I can yield without feeling passive.
I am learning that I can do only so much before I need to pause.

I do not have to have a façade of always being strong and totally confident.
I am not worrying so much about how I look in situations.

It's okay for me to let go and not try to push beyond my limits. I realize that not everything in life is under my personal control. I am not responsible for changing or solving all the world's problems.

Rather than focusing on what is lacking or missing in my life, I will recognize the blessings of all that I have.

FINDING A BALANCE: INTEGRATING THE TWO POSITIVE MODES

The two positive modes can be framed as opposites, but they can also mutually facilitate each other. Sometimes they can work in tandem to help us achieve our goals; sometimes they can serve as a counterbalance for each other; sometimes they can be blended like hot and cold water in a shower.

1. In the Chinese culture we find the concepts of yin and yang, which represent the dual modes of human existence and symbolize our positive yielding and assertive control modes, respectively. But yin and yang each contain aspects of the other one within them. For example, it takes an oftentimes considerable degree of effort and discipline (Quadrant 1) to let go and become more accepting of what is (Quad-

- rant 2). Conversely, the realization that it is time to make assertive change often occurs during times of quiet reflection and relaxation, when we can gain a perspective on and even acceptance of ourselves. We often need to accept and appreciate who and where we are in life (Quadrant 2) before we can begin the difficult work of changing our behavior (Quadrant 1).
2. Feelings of self-acceptance can often provide an important context for further growth and change, both in terms of informing us as to the appropriate direction these efforts should take and in offering us a chance to integrate prior changes that have brought us to this point. To accept ourselves as we are does not mean that no further growth is desirable or possible. In fact, the positive yielding orientation makes it more likely that our use of assertive change strategies will not lead to negative assertive (Quadrant 3) overcontrol. Likewise, the ability to utilize a positive assertive mode helps ensure that a positive yielding approach to control-related issues does not become negative yielding (Quadrant 4).
 3. The Reinhold Neibuhr prayer (used by AA) cited earlier (the courage to change what I can, the serenity to accept what I cannot) has as its final line, "and the wisdom to know the difference." Wisdom comes in part from having the skills of both positive modes, recognizing that each can have a dark or shadow side, learning to channel both the desire for control and fear of losing control into the positive modes, and learning to balance and integrate the different modes.
 4. To balance these two modes is to be willing to set goals and work toward realizing them while also staying open and receptive to the possibility that these same goals may need to be adjusted or even let go of at some point. It is the skill of remaining committed to one's plans and objectives without becoming inappropriately narrowed or trapped by these. It is the ability to be strong and confident in one's convictions (Quadrant 1) while also remaining flexible and willing to let go of no longer useful beliefs or opinions (Quadrant 2).
 5. One can assert oneself, be goal oriented, and actively take control of one's life direction, while at the same time letting go of the need to have the outcome turn out exactly as desired.
 6. The importance of balance can be seen in the interpersonal domain, where the development of effective communication requires that one be both positive assertive (stating feelings and needs) and positive yielding (receptive and open to the feelings and needs of others).
 7. Successful realization of one's change goals (Quadrant 1) requires a degree of patience with and trust in the process (Quadrant 2), a

recognition that there will be both stumblings and rest points along the path toward any goal. As a teacher said, "You fall off the path 1000 times. The trick is to get back on it 1001."

8. "Every exit is an entrance somewhere else," wrote Tom Stoppard. But to be willing to look for alternative entrances (Quadrant 1) requires that we first accept (Quadrant 2) the exit. Otherwise, we will continue to hit our head on exit doors (Quadrant 3) or resignedly wait for the door to reopen (Quadrant 4).

The following are additional affirmations clients can use toward developing greater balance and integration of the two positive modes of control:

I will do the best I can within my limits and abilities.

There is always something within a situation or circumstance over which I can gain some positive control, even if it is simply how I decide to respond to it.

I recognize that there are many areas of my life where I have a great deal of personal control—I choose to focus on these, feeling grateful for the control I already have.

I will do for myself as I am able, and will learn to accept the help and guidance of others.

The process of simply observing the content of my thoughts and emotions, without judgment or evaluation (Quadrant 2), can serve as a basis for subsequent change (Quadrant 1).

I will develop more self-discipline.

I will listen and trust myself more.

I will learn to turn competition and the assertive mode on and off.

By paying attention (becoming more mindful) of my moment-to-moment experience, I can begin to free myself from habitual, reflexive ways of reacting to life situations.

As I learn to observe or witness such reactions without automatically acting on them, I am no longer controlled by such reactive behavior. This awareness of mind and emotions helps me to control both internal responses and my external behavior.

I feel myself developing the flexibility and balance to use and integrate both modes of control.