

CHAPTER 12

An Overview of a Control-Based Approach to Clinical Treatment: Mental and Physical Health Case Studies

IN ORDER for an intervention to compete in the marketplace of therapeutic treatment, it must be standardized and replicable. However, the treatment package must also be sufficiently flexible to recognize individual differences and address the question we have been discussing throughout the book: "What control-related intervention is most effective for this individual patient with this specific control profile and with this particular control-related problem?"

In previous chapters we have shown how our control-based treatment intervention can be tailored and applied to specific individuals, depending on their control profiles.

At the beginning of Part Three in Figure 8.1, we provided a systems model of our control-based approach. Table 12.1 details the assessment (Dimension 4) and intervention techniques (Dimension 5) of that system approach in a generic, template form. It contains all possible combinations that may be used with a client. However, what is actually used depends on the client's control profile and clinical concerns. Not every aspect of the assessment and intervention techniques will be needed with each client.

Several published case studies show the evolution and development of a control-based approach to therapy. These include studies of patients with stress and anxiety (Shapiro, 1978, 1990); depression (Shapiro, 1978, 1980, 1998) and manic depression (Shapiro, 1978); insomnia (Shapiro, 1980); and marital therapy (Shapiro & Shapiro, 1984, 1992). Research with different physical health populations (patients with one myocardial infarction each; patients at cardiovascular risk; (Shapiro, Friedman & Piaget, 1991) and

TABLE 12.1

OVERVIEW TEMPLATE OF A CONTROL-BASED APPROACH TO CLINICAL TREATMENT

ASSESSMENT

Identifying Areas of Concern, Assault to Sense of Control

Shapiro Control Inventory (SCI): Control profile: Desire, modes, agency
(Chapter 3, Appendix A) Semi-Structured Interview (Chapters 10, 11,
Appendix B)

Content analysis of language (Chapter 9, Appendix C)

Desire for control (Chapters 10, 11)

Eyes closed: Clarifying issues, affect, meaning (Chapter 11)

Finding the root issue (Chapter 12, Case 1)

Increasing Awareness: Insight and Outsight

Control dynamics and assumptions (Chapter 9)

Control stories: Sources and examples (Chapters 9, 11)

Eyes closed mode dialogue: Awareness of preference (Chapter 11)

Right and responsibility (Chapters 8, 10, 11)

Diaphragmatic breathing (Chapter 10)

Body scan (Chapter 11)

Mind scan (Chapter 11)

Self-observation, self-evaluation (Chapters 10, 11)*

Clarifying Goals

SCI (Chapter 3)

Mode dialogue with resistances (Chapter 11)

Envisioning which mode to choose (Chapter 11)

An external Rorschach vignette (Chapter 8)

Client handout for decision making (Chapter 11)*

Client handout for short and long-term goals (Chapter 12,
Fig. 12.1)*

Self-management contract (Chapter 11)*

women with breast cancer (Shapiro, Anton-Culver, Schwartz et al., 1998) has also been discussed (Chapter 6).

Training interventions have included both individual and group format. Our control-based approach can be utilized in short-term consultations of one to three sessions; in 8- to 12-week treatment interventions, or in long-term therapy with clients (up to 3 years). Table 12.2 (pages 232-234) provides a generic overview of an 8- to 12-week treatment intervention that can be used in either individual or group format.

In this chapter we present and illustrate principles and applications of our control-based approach with two cases. These cases highlight some of the main principles of our control-based approach, examine clients' struggles to

TABLE 12.1 (Continued)

TECHNIQUES**Clarifying and Enhancing Motivation**

- Proactive exploration of barriers to control (Chapter 11)*
- Enhancing motivation for positive assertive mode (Chapter 11)
- Recognizing limits of overcontrol (Chapter 11)
- Enhancing motivation for positive yielding mode (Chapter 11)

Enhancing Self-Efficacy Beliefs and Commitment to Change

- Self-efficacy beliefs (Chapter 11)
- Examining past successes (Chapter 11)
- Thoughts to enhance change (Chapter 11)*
- Reaffirming commitment to change (Chapter 11)

Matching Techniques to Client

- Selecting techniques (Chapter 8)
- Five steps for assertive/change mode of control (Chapter 10)
- Client handouts for positive assertive mode (Chapter 10)*
- Five steps for the yielding mode of control (Chapter 10)
- Client handouts for positive yielding mode (Chapter 10)*
- Client handout for integrating and balancing two modes (Chapter 10)*
- Rewriting and editing control stories (Chapter 9)
- Teaching with stories (Chapter 10)
- Control Mode Rehearsal (Chapter 10)
- Positive Control Modes in Relationship (Chapter 13)

Matching Teaching Style to Client

- Importance of relationship (Chapter 8)
- Addressing client's control needs in session (Chapter 11)
- Meeting clients where they are (Chapters 8, 11)
- When should the therapist challenge the client (Chapter 8)
- Teaching of techniques (Chapter 8, 11)

*= Client handouts and forms

gain and maintain a sense of control, clarify assumptions about control brought into the therapy session; address the initial assault to the client's sense of control; examine the different control profiles of the clients; and develop individually tailored strategies for helping clients regain a sense of control.

A CASE OF GENERALIZED ANXIETY DISORDER

The first case comes from our research with generalized anxiety disorder. The subject criteria for inclusion followed *DSM-III-R* and *DSM-IV* guidelines and were determined by a complete client and family psychiatric history

TABLE 12.2

MODEL OF AN 8- TO 12-WEEK CONTROL-BASED TRAINING INTERVENTION

SESSION ONE

Focus on identifying areas of concern, assault to sense of control. Where desire for greater control (Chapters 10, 11); where desire for less; listening to client speech (Chapter 9, Appendix C); expressing empathy, developing rapport and relationship (Chapter 8); taking control-related history, starting to understand control story (Chapter 9) Shapiro Control Inventory (SCI) given to obtain control profile (Chapter 3, Appendix A).

SESSION TWO

Discussion of SCI results and exploration of control profile, including the four modes of control. If needed, utilization of eyes-closed exercise to further clarify area of concern, its affect and meaning to client(s) (Chapter 11). Further discussion of control story, dynamics, and assumptions. As appropriate, exploration of teaching stories.

Homework: Self-observation data collection on area of concern and some aspect of control profile (Chapters 10, 11).

SESSION THREE

Exploration of self-monitoring information. If needed, eyes-closed mode dialogue for awareness of preference (Chapter 11); clarification of right and responsibility (Chapters 8, 10, 11). If appropriate, teaching of diaphragmatic breathing (Chapter 10); body scan (Chapter 10), and mind scan (Chapter 10).

Clarification of goals and goal setting. If needed, mode dialogue with resistances (Chapter 11); envisioning which mode to choose (Chapter 11); an external Rorschach vignette (Chapter 8); client handout for decision making (Chapter 11); *self-management contract (Chapter 11).

Reviewing five steps for assertive/change mode of control (Chapter 10); client handouts for positive assertive mode (Chapter 10); Review of five steps for the yielding mode of control (Chapter 10); client handouts for positive yielding mode (Chapter 10); client handout for integrating, balancing two modes (Chapter 10). Teaching of overt and covert rehearsal of modes (Chapter 10).

TABLE 12.2 (*Continued*)

Homework: Continued self-observation, practice of breathing and body/mind scans as indicated, practice of overt and covert rehearsal of modes, selection and matching of techniques to client concern.

SESSION FOUR

Discussion of practice of control-based techniques. If needed, further clarification and enhancement of motivation, including, as needed, one or more of the following: proactive exploration of barriers to control (Chapter 11); enhancing motivation for positive assertive mode (Chapter 11); recognizing limits of overcontrol (Chapter 11); enhancing motivation for positive yielding mode (Chapter 11).

Homework: Continued self-observation and control-based technique(s) practice.

SESSION FIVE

Further discussion and evaluation of effects of control-based techniques. As needed, exploration of enhancing self-efficacy beliefs and commitment to change, including self-efficacy beliefs (Chapter 11); examining past successes (Chapter 11); examining thoughts to enhance change (Chapter 11); reaffirming commitment to change (Chapter 11); as needed, discussion of rewriting and editing control stories (Chapter 9).

Homework: Continued self-observation and control-based technique(s) practice.

SESSIONS SIX AND SEVEN

Research suggests that self-control practices can be effective within 4 to 8 weeks, depending on clients issue, practice, adherence, and compliance. Weeks 6 and 7 can be devoted to exploring the efficacy of the intervention, discussing issues that arise, evaluating success based on self-observation data. Retaking the SCI to evaluate change pre and post (end of session 7). For some clients, four additional sessions (sessions 8–11) may be needed, during which practice of control-based techniques continues and progress to effect change is monitored and evaluated.

TABLE 12.2 (Continued)

FINAL SESSION (EIGHT OR TWELVE)

Exploration and evaluation of progress. Rechecking written handouts and guidelines for continued practice once intervention is over. Summarizing and reinforcing lessons learned and examining opportunities for generalization for addressing future control-related issues as they arise. Opportunity for conscious goodbye. Plans for follow-up and/or booster session in 3 or 6 months, as needed.

and mental status examination. Inclusion was also qualified by a Hamilton Anxiety Scale (Hamilt, 1959) total of 18 or more, a Covi Anxiety Scale of 9 or more (Lipman, Covi, & Shapiro, 1979), and a Covi Anxiety scale score greater than the Raskin Depression Scale score (Raskin & Crook, 1976). Patients had normal electrocardiograms and vital signs; no clinically significant abnormality in hematology, chemistry, and urinalysis; and no alcohol or drug abuse or any medically unstable illness, or suicide attempts within the past year.

PRESENTING PROBLEM

Stephanie was a 29-year-old white female, in her second marriage. She had two children, ages 7 and 9. She was an elementary school teacher whose presenting problem was pervasive stress and anxiety. She noted she was not interested in formal religion: "nature is my religion." She was an avid hiker and camper. She was seen for 17 sessions over 5 months.

Stress and anxiety were a long-standing problem for her. She remembered as an adolescent having difficulty sleeping; always scanning hyper-vigilantly for what might go wrong. Her family had a history of heart disease and breast cancer, and she was nearing the age when her mother was first diagnosed with breast cancer. Her strong fears and concerns regarding her potential illness precipitated her visit, but she acknowledged that "there is always something that stresses me." Her presentation was clear and coherent, although she often pulled at the skin under her chin in a nervous habit.

CONTROL PROFILE

Stephanie's profile was similar to those of other generalized anxiety disorder clients (Chapter 3, Table 3.2). Most of her sense of control came from

self-efforts, and almost none from others—family, friends, religion. Her positive assertive, Quadrant 1, score was in the normal range, but her Quadrant 3, overcontrol, score was quite high. She had a strong desire to be in control, made a great deal of effort to stay in control, and had an extremely high fear of losing control. She vocalized statements such as, “Sometimes I’m afraid I just can’t keep it all together” and “I have a fear of things I might not be able to control.” “Things often seem to be coming unglued.” She was also very low on the Quadrant 2 mode.

There were many areas where Stephanie was evidencing positive control. From a health/wellness standpoint, she was a nonsmoker/nondrinker, ate no red meat, and did regular exercise: “I do everything I can to keep myself healthy.”

SELF-OBSERVATION

Based on the body and mind scan, stress in Stephanie’s body involved tightness around her heart, a feeling of a “lump in my chest” (“once that stress lump comes, there is nothing I can do to make it go away”), and uncomfortable tautness in her arms. Mental stress involved lots of worrying thoughts, rumination, and a constant scanning and hypervigilance to what might go wrong. There were no stress images, just cognitions.

She kept meticulous self-observation records of her stress (its intensity on a 10-point scale), duration, antecedent conditions, and how she dealt with it (consequences). Although sometimes she would go for several hours without worrying, generally she had seven stress episodes per day, with intensity varying from moderate (mode 4–6) to intense (7–9). She noted that these episodes seemed to occur during unstructured times—upon awakening in the morning, while driving to work, during a coffee break, and so on. When she was working or taking care of the kids, her mind was “too filled with doing to think.” She noticed that once she started to become stressed (or recognized it), she responded by cycling into a self-escalation of statements and body feelings, making her even more stressed. She wondered after the first week of monitoring whether such careful noticing of stress might be making her feel even worse. We discussed how sometimes it may seem worse because we are becoming more sensitive to the issue, but that awareness was a necessary step to subsequent change.

We also reviewed the antecedent conditions to discriminate those stressors that she could do something about (e.g., making sure her children got their homework done; preparing a classroom lesson to ensure it was as good as possible, maintaining a healthy diet and exercise program) and those about which she had no control (whether her children would be hap-

pily married, if the economy would go into a recession, what deadly illness she or her children or husband might eventually contract).

CLIENT GOAL

Stephanie wanted to learn stress management to address her anxiety in a variety of situations. Her previous therapist, a psychiatrist, had put her on Valium and she said she took it, but "I'd rather do it myself. I'm hoping there is more that I can do." Her global goal was simple: "Peace, harmony, naturalness . . . not to be so driven by my fearful and anxious thoughts." Her specific goal was to learn to recognize her signs of anxiety as early as possible; make a choice about whether the area was one about which she could (or should) take assertive action; relax, if possible; and then formulate an action plan, or; if she couldn't take assertive action, to relax and let it go, learning to accept herself and realizing that she can't do everything and protect everyone.

MOTIVATION-TO-CHANGE DYNAMICS

Stephanie's reasons for wanting to learn stress management were obvious, but she recognized that she did have some ambivalence about letting go of some of her stress. She laughed at the Ashleigh Brilliant witticism "Don't tell me to relax, it's only my stress that is holding me together." She saw that in some ways she felt she needed her hypervigilance. Stress was a sign that she was being watchful and careful, keeping herself and her family protected.

In an imagery exercise, this ambivalence became a dialogue between Quadrant 3 (overcontrol, represented by the color black to her) and Quadrant 2 (positive yielding which was represented by the color yellow):

Yellow wants to change, to let go of active control more, to stop scanning. Black says something might catch me unaware; you need to anticipate things going wrong. Yellow is sunnier, brighter, more positive, black more superstitious, expects the worst, yet it's worked. If I hadn't been so vigilant, things would be much more out of control.

BLACK: Yea, sunshine is nice, but I've kept you safe.

YELLOW: I'd like to ask permission to let go where I don't have any control anyway. Can you see that being so vigilant, at least sometimes, might cause me more stress?

She noted during her self-observation intervention phase that black and yellow are in conflict all day long.

SELF-EFFICACY BELIEFS

Stephanie felt that she very often was able to act effectively to gain control of her life. She felt it was up to her to be responsible for her life, and that in general, she could do things herself (self-assertive, Quadrant 1). On the other hand, she frequently felt helpless and out of control (Quadrant 4), and so was ambivalent about her ability to succeed in maintaining control. She wasn't sure she really had the ability to learn to manage her stress, and she commented that even though she didn't want to be taking medication, "I kind of asked the psychiatrist for it . . . just in case." One side of her felt that she could gain assertive control or learn to let go and relax. The other felt, "I need help, the doctor, the medication. I can't protect myself." In addition, she felt confusion about making choices: "Sometimes I can't make decisions at all. Should I take my medication? Am I trying too hard to relax? Should I scan the world less for problems? I sometimes feel that if I worry enough, maybe bad things won't happen."

CONTROL STORY AND CONTROL DYNAMICS

We explored several assumptions embedded in Stephanie's control dynamics and looked for their source:

- People are counting on me. It's up to me to hold things together.
- The world is a dangerous place.
- I must be hypervigilant, constantly scan for where we are vulnerable and things might fall apart.
- I can do anything if I try harder.
- I'm not doing enough. My efforts are inadequate.

Stephanie is the oldest of five children, and often was given the responsibility to watch the other four when her parents went out for the evening. Even when both parents were home, she was the surrogate parent: "I was the responsible one. I felt like I had to try so hard to keep all my brothers and sisters neat, dressed, clean. I was always looking to see who was going to fall off a stool, or who wasn't eating enough."

"There was almost no affection expressed in my family. My father drank some; no one said he was an alcoholic. But he demanded that everything be in order: the house completely neat, the car perfect, no pine needles from the tree were allowed to fall on it. He wanted everything organized. He was also tough, setting high standards." She remembers his yelling at her as they played softball, trying to make her better, while she thought, "Let me be a little girl and play; let me be myself. I try so hard. I'm not good enough."

"Her mother's breast cancer came out of the blue. I was only 8. It made me feel that there was no safety anywhere. I began to ask questions, and when I was older I read what I could about cancer. I wanted to know if I could have prevented it in her, in myself. And now, in my children." When her father had a heart attack several years ago, she again felt the fragility of the world.

CONTROL-BASED INTERVENTIONS

Interventions with Stephanie consisted of four parts: general relaxation strategies as preventive measures; recognizing antecedents (e.g., stress cues) in the natural environment and using them as cues for relaxation; determining whether a Quadrant 1, assertive/change strategy or a Quadrant 2, yielding/accepting strategy was needed; practicing Quadrant 1, assertive strategies; and practicing Quadrant 2, yielding strategies.

Formal General Relaxation

Stephanie wanted to learn meditation, so she was taught meditation with a breath anchor (i.e., diaphragmatic breathing). For her, it was helpful to add a sound to help block cognitions. Although she wasn't religious, her family was Jewish, and she liked the idea of using a word from that tradition. We used the word *Shalom* (meaning peace, whole). She would vocalize a *Shhh* sound as she breathed out; an *mmmm* as she breathed in.

She was also taught progressive relaxation, with an emphasis on the statement "I can control tension, I am learning to allow myself to relax."

Her husband agreed to give her twice-weekly back rubs.

Contingent Relaxation

Contingent on recognizing stress as a cue (usually it was at least a 3 before she noticed it), Stephanie would utilize a brief diaphragmatic breathing; a "thank you to my body and mind for letting me know I am stressed. . . . It is time for me to take a brief informal break to see what is going on."

Pinpointing the Issue

When she felt the stress and breathed, Stephanie would then notice what she was saying to herself, what she was feeling, and try to pinpoint the issue about which she was concerned, as well as the root issue. "This stress is teaching me that I am at a choice point. Do I want to act on this, and try to change it (Quadrant 1) or let it go (Quadrant 2). We went over past experiences in her life when she felt she had evidenced wisdom and good decision making:

- Divorcing first husband
- Deciding to be a teacher
- Marrying current husband
- Helping guide her children in their school and summer programs

Quadrant 1: Positive Assertive

Here we began by developing images from Stephanie's past when she felt effective and able to deal with issues constructively. She listed

- Being a good student and getting A's
- Respect from my peers and professors in graduate school
- Organizing new programs for kids at my school who were having difficulties
- Learning to swim and overcoming my fear of water in my early 20s
- Now learning that I can control my tension through meditation and relaxation

We practiced our assertive control mode rehearsal technique in several current situations where she wanted a Quadrant 1 response to stress: talking to the principal at school, a parent conference, and talking to her doctor about a child's flu.

We also explored the feeling of her stress as a lump in her chest. When she first mentioned this, we thought it might be related to her fear of breast cancer. But the lump was in her solar plexus, and in an eyes-closed exercise, she was asked "What would you like to release from that area?" and she said "the tightness, the discomfort, the anger . . . about all the responsibility my parents thrust on me." We did some anger dialogue work in which she was able to directly confront her parents about her past hurts and the pain they had caused her.

Quadrant 2: Positive Yielding, Self-Acceptance

"In the past, images of self-love and self-acceptance were hard for me to find. They generally centered on being valued after doing something." It was hard for Stephanie to accept herself just as she is. After some further probing, she began to recall several accepting situations that involved nature: "once, waking up, I looked out my window and saw some doves flying. It felt like things were okay just as they were." Other images were hearing birds singing and watching a flower grow. "Nature seems to sometimes work so perfectly. When I see that, I feel a great relief. Things are being taken care of without my having to do anything."

She learned that she could focus attention on stress in her body and not be afraid of it. Through meditation and the body scan, she learned that she

could “observe nonjudgmentally, even when I become stressed.” We practiced this nonjudgmental observation specifically with the stress lump in her chest. She said that normally when she feels it, she panics and becomes more stressed. This time she just observed its tautness, shape, and form. Once while practicing this in the natural environment, she commented that the lump just disappeared. “That had never happened before. It’s almost like once I could accept it, it didn’t need to be there!”

Once she had expressed her anger and concerns toward her parents (above Quadrant 1) we then worked on healing the wounds from the past and working on forgiveness and acceptance that her parents, too, were not perfect.

Finding the Root Issue

Although Stephanie’s stressors were multifaceted, there was an interesting 6-week stretch in which each week she came in with a new death stressor. The first week it was reading about the higher incidence of deadly melanoma and worrying that she was at risk for it because of all the times she had gone without sunscreen as a child and worrying about her children on the playground at school without sunscreen. The next week she read that a certain type of sunscreen may be toxic. The following week she read about Lyme’s disease from ticks and was concerned that her family might have contracted it because they had been out hiking recently. The fourth week she was concerned about the safety of airbags in cars, after reading that they might be a problem and cause deaths. We discussed that each of these issues was worth some attention and she should make appropriate investigations and take whatever assertive action might be helpful. However, we also explored the root issue underneath each content story, which was vulnerability and lack of control. No matter how much attention we put on these many areas, there is no way to ever ensure a risk-free life.

She began to use the root issue as a metaphor so that when she started to panic about an event, she would look beneath the content story of the event to its root. If the root were vulnerability, Stephanie would say “Hello, again. I’m doing all I can to deal with you. But I am learning to no longer fear you so much. We’re going to have to learn to live together. You’re just part of life I am going to learn to better accept.”

Quadrant 2: Positive Accepting Cognitions

Stephanie also vocalized broad, general cues to herself regarding Quadrant 2:

- I love and accept myself just as I am. (Initially there was resistance to this statement: “It sounds corny. I don’t always love myself the way I am. I hate the way I get so stressed.” She agreed to shift it to “I want to

(and then later, I am trying to, and then I am beginning to) love and accept myself just as I am."

- I am learning to let go of control more in areas where it is dysfunctional.
- I do not need to try to control everything. Beware of the perils of trying to be in complete control.
- My intellectual mind can't control everything; the unknown, sunrises. That is okay.

Some Comments about Meditation

Meditation became a daily part of Stephanie's life. Every evening she would set aside specific times to practice, and often during a stressful period she would say to herself, "At least I have my meditation as a time of peace to return to. The detached observing of meditation has also helped me not be so impulsive once I start to get stressed."

During the 12th week of therapy, Stephanie had a particularly healing meditation experience, in which she felt surrounded by people who cared about her: her husband, her children, her therapist, and even her parents. They were forming a healing circle around her. "I realized that always before I felt I had to do it all myself, but just like my breathing works without me having to do anything, I saw all the people who were there to help support me and who have kept me breathing."

THERAPY RELATIONSHIP

She expressed fears several times throughout therapy that she would be deserted by or thought poorly of by the therapist. Her parents, as noted, set somewhat harsh and exacting standards for success, and she felt that her being valued depended on her accomplishments. She commented that it was not easy to share so many vulnerable sides, to always appear like a mess. In some ways the therapist utilized a positive transference as the soft father who gives her permission not always to try harder and just to accept herself.

TERMINATION AND FOLLOW-UP

Stephanie's anxiety levels decreased as measured by both the Covi and Hamilton. Further her SCI overcontrol scale score decreased, and her positive yielding Quadrant 2 increased substantially, both clearly back in the normal range. Her self-as-agent score stayed the same, and her other-as-agent score, which had been quite low, increased into the healthy range.

Stephanie was invited to and accepted a 6-month booster session (with retesting). At a follow-up 1 year later, she took the posttests but said no more booster sessions were needed: "All is going according to plan . . . more or less. And even when less, that's okay!" Her follow-up scores stayed in the healthy, normal range.

CONTROL AND PREVENTIVE HEALTH CARE: A CASE OF LIFESTYLE MODIFICATION

The client, George, was seen at the Executive Wellness Center at the UCI Medical School for lifestyle modification to decrease cardiovascular risk factors. The case illustrates how understanding a person's control history—his or her control story and control dynamics—as well as assessing motivation and self-efficacy issues can be important adjuncts to standard risk intervention.

George was a 35-year-old stock broker with an M.B.A.; he was married and had one child on the way. He was seen for 17 sessions over a course of 8 months. He was well groomed and attractive, and his presentation was extremely articulate. His range of emotions was small and well modulated. He had a nice smile and was always pleasant. "I have an inability to express emotion. I get very uptight, but I don't feel much . . . subtle cues don't work for me."

PRESENTING PROBLEM

George's initial presenting problem concerned health issues. His family had a history of cardiovascular disease and he felt that he had too many risk factors himself: "I'm overweight and out of shape. (He currently weighed 225 and was 6 feet tall) I smoke a pack a day and do no exercise except for an occasional hard, competitive game of racquetball." His blood pressure was 162/103; his triglycerides 335; and his total cholesterol 265.

GOAL

George had high awareness and was easily able to articulate his goals. He decided that this was the time to take more control over his health because he had a child on the way and wanted to be around to see it grow up.

We used a 5-year goal-setting sheet applied specifically to physical health.

FIVE YEARS:

I want to weigh 175–180 lbs, be a trim nonsmoker, maintain a regular health program, be a good club-level tennis player, and be involved in fishing and other outdoor activities.

ONE YEAR:

Within 1 year I want to weigh 175–180 pounds, be a nonsmoker, be in a regular exercise program, and play tennis regularly (three times a week).

SIX MONTHS:

I want to weigh 200 pounds, be a nonsmoker, be in a regular health program, play tennis regularly, and take a fishing trip.

ONE WEEK:

(blank)

FIGURE 12.1

GOAL SETTING FORM (GEORGE'S PLANS IN PARENTHESES)

MOTIVATION

He evaluated his motivation as mixed. "On the one hand I feel like a fat, overweight baby 90% of the time. I know I need to change and I want to for my wife and kid, and for me."

Yet, on the other hand, he noted that it was much easier for him to write down the long-term goals than the short-term ones because short-term goals were more immediate and would involve more pressure and accountability (Figure 12.1). He also said it was hard enough to set the goals of a healthy lifestyle and that "moving to the action part of the form is not something I'm looking forward to."

George also showed psychological insight when he offered, unprompted, that he wasn't sure he felt himself good enough. "Maybe I don't take better

care of myself because I don't think I'm worthy of changing and getting healthy."

He also commented that if he did succeed, he would have to be more responsible and worry more about his health. "Now I can just sort of drift, eat what I want, play sports when I want. My life would start to become rigid and too disciplined. I'd have a standard of success I'd have to maintain. Also, looking better would bring more (unwanted) attention to me. I'm already very self-conscious, and don't want people to have higher expectations of me."

CONTROL PROFILE

George's mode profile was the exact opposite of psychological health: He had a high Quadrant 4 (too little control) scale score, a high Quadrant 3 (overcontrolling) score, low Quadrant 1, positive assertive, and Quadrant 2 positive yielding, mode scale scores, and a low self-control score. Both his self- and other-as-agent scores were similarly low. His desire for control was high, particularly in the area of achievement.

He commented that he had always had problems in the discipline area including making choices and assuming responsibility. He also noted "Often my excessive awareness inhibits my action." His Quadrant 3 profile was unusual in that on the one hand George saw himself as being withholding and critical, but also wanted to be more impatient, pushy, and aggressive.

In terms of Quadrant 4, he added, "My body seems to reflect where I am on a number of dimensions." "I am coasting, drifting," "I need to start taking charge," "I'm stuck, playing it safe," "I'm sitting on the fence," and "I feel like I'm on a slide into ruin."

SELF-EFFICACY BELIEFS

In terms of weight, we created real and ideal snapshots and had George describe both. The real was love handles and a fat stomach. The ideal snapshot (self-modeling) was slim, trim, and dressed well. When asked, "What does the real say to the ideal snapshot?" he responded, "You'll never attain it; you're a loser, a dreamer; you lack the discipline to get it done." He then noted, "I'm always skeptical, sitting on the fence. I want to succeed but I don't want to take it too seriously, for fear I won't succeed."

He thought that it would be difficult for him to change his lifestyle because he was not that disciplined. "I sort of lack self-control. I've adjusted to

who I am and am skeptical I can change. What I want from you is a magic, a quick, effortless fix, like hypnosis or neurolinguistic programming, that will cause me to lose weight instantly and easily." And regarding smoking: "I really need to get locked in a cell for several days and cold turkey it. I really have no discipline."

SELF-OBSERVATION AND FIRST FOUR WEEKS OF INTERVENTION

When asked which of the three areas he felt was most important to focus on first—exercise, eating habits, or smoking—George said he wanted to "work on everything at once." I asked him if he would be willing to help both of us by gathering baseline self-observation information. He thought it unnecessary, but after explaining how we often don't know ourselves as well as we think, he agreed to try it. We spent time going over the self-observation form, and he agreed to monitor exercise, smoking, and food intake. The following week he forgot his form but said he would bring it the week after. The next week he said that he had started to do it, but that "it's really stupid and unnecessary . . . I know what I'm doing already. Let's get on with the program." I had asked him to take the NIH's smoker's self-test kit (test 3), which he agreed to do but didn't the first 2 weeks, so he took it in the office. The test noted that he smoked primarily for craving (psychological addiction), tension reduction (crutch), and stimulation. He smoked least out of habit.

Using that smoking information, and his views of his exercise and eating habits, we tried to get him to set short-term goals in each of the areas and went over what would be our standard behavioral interventions. With smoking we would monitor smoking antecedents, prioritize levels of craving, and start removing those cigarettes where craving was lowest, to substitute stress management for the tension-reduction component and look for alternatives to stimulation. In terms of exercise, moderation was discussed—to begin with slow aerobic workouts, with limbering and stretches, and to try to achieve an initial goal of three times per week, 60% of aerobic capacity, adding in some weight training for strength and toning. I pointed out, and he acknowledged, that it was not wise to go weeks with no exercise and then play a hard game of racquetball. About food, he said he ate red meat (including fast food cheeseburgers) at least once and sometimes twice a day, drank only whole milk, and seldom ate fruits or vegetables.

When asked whether he had ever practiced any kind of stress-management technique, George said no. When I asked where he generally felt stress, he said he wasn't sure. I asked him if he would be willing to do an eyes-closed exercise to help us pinpoint it. "I'd rather not, but if you think it would be helpful, I will." We did a body scan/mental scan. He said it was

hard for him to do. "I'm not much in touch with my emotions, and I don't really like to focus on my body . . . all I do is focus on how fat I am."

We discussed the idea of nonjudgmentally bringing awareness to his body and thoughts, simply noticing what is present. He agreed to practice the body/mind scan daily for 10 minutes, to walk three times that week for 30 minutes, to eat fruits and vegetables at least once a day, to see if he could cut red meat to once per day, and to try to decrease from one pack of cigarettes (what he thought he smoked) by at least one cigarette per day.

The following week he returned, saying he had practiced the body/mind scan maybe once during the week, hadn't changed his eating or smoking habits, had done no walking, but did join a gym, even though he hadn't yet used it.

"All this stuff seems so laborious and time-consuming. The weekly goals are so small and trivial. Isn't there an easier and faster way?"

We discussed the dangers of all-or-nothing thinking, noting how it had taken several years to get to where he was, and it was going to take at least a few months to reverse it. He agreed, and said he would try harder the coming week. We went over all the instructions again carefully. He visualized himself taking the walks; pinpointed times when he would practice the body/mind scan for relaxation; stated when he would go to an organic farmer's market to buy the fruits and vegetables.

The next week he said he had practiced the body/mind scan a couple times before he got up in the morning; he had played hard racquetball once, but hadn't gotten around to the other areas.

Then George said, "By, the way, Doc, I guess there's some information I haven't been telling you about my situation in other areas."

CONTROL ISSUES IN OTHER DOMAINS: WEEKS 5 AND 6

I asked if George would like to share what was going on in the other areas, to which he responded: "I haven't really told you everything that is going on. When I first came in, I said my income was \$40,000–50,000 a year, but that's not really true. I feel like I am losing control in a lot of areas of my life, not just health. I am lazy and unmotivated everywhere. My life has no structure. I am going broke. God forbid anyone should know I'm not making any money."

It turned out that even though he had an office in a stock brokerage firm, he wasn't earning anything as a stock broker because he was fearful of calling clients. He stated that he felt high anxiety in a number of situations related to his work, his life goals, and in particular, his failure to see clients and get accounts, and therefore earn a living. He had been given an

inheritance of \$800,000, and had spent \$600,000 of it in 4½ years, leaving \$200,000.

His wife was pregnant, and he feared that if in the near future he didn't pull himself together, he would be broke. His current daily schedule was more focused on controlling appearances than building a clientele. He would get to work early, at about 7 a.m., and read financial reports and journals avidly until 1. Then he either went to the library or home. But he never did anything with the information he was gathering. Not only did he never make a sale, he never called a client.

I asked him if he would like to work on these areas, too, as part of the therapy. He agreed, and we went back to our goal-setting chart and added other domains, refining what the issues were in the professional/career and relationship realms (Figure 12.2 on page 248).

MOTIVATION

If no change is made, "I not only will have lower self-esteem, but be a failure and go broke, unable to support my family. . . . I've got to stop coasting and get more strict and disciplined with myself."

Positive benefits and advantages of changing included higher self-esteem, better life and lifestyle, happiness, and financial rewards. Possible negatives of success included being more in the public eye, more visible.

But then George said maybe he was procrastinating because he had the money and no pressure; because he was working for someone else and if he were his own boss, he would be tougher on himself. He said he felt he showed motivation in some ways: he read voluminously, had taken a telephone seminar on cold calling, and had brought himself to therapy. "I think if I could get this part of my life together, it would help motivate me in the health area. Every time I started to take a walk, or go to the gym, I'd feel guilty because they seemed to me like just another way to avoid making a living."

We discussed that they didn't need to be either/or and that we could work on both the health and professional areas together. He might feel that without changes in the career area, it was no use to get healthier physically. However, without better physical health, all the financial changes and success would be moot.

We discussed how success in either area could help give him confidence and motivation for the other (e.g., change in his physical health could help him realize he could develop the discipline in his life to make substantive changes, and changes in work habits could help motivate and show him how change in physical health would be possible).

FIVE YEARS:

Community involvement: active contributor to political, civic, and charitable causes

Financial: \$20 million net worth; so I don't have to count; numerous business endeavors; house on beach in San Diego, plus homes in Wyoming and New York City. Travel and see the world. Resume flying

Family: Two children, good marriage, good father

Social: Six close friends, numerous acquaintances, highly esteemed

ONE YEAR:

The only concessions George made to the difference between 1 and 5 years were that he wanted a \$759,000 net worth, a \$150,000 income, and four close friends. He also wanted to take a trip to Australia and New Zealand.

SIX MONTHS:

Sell current house; earn \$10,000 per month.

ONE WEEK:

(blank)

FIGURE 12.2
GEORGE'S GOALS IN OTHER DOMAINS

GOAL SETTING

We discussed how in order to reach George's goal of earning \$10,000 per month within 6 months, we needed to set more short-term goals and develop an action plan. I asked how many calls he should be making to start moving toward his financial goals. He said he'd like to make 25 cold calls per day, 5 days per week, for a total of 125. So, a goal of 125 calls was set for the coming week.

INTERVENTIONS

We began by making a list of tension-provoking situations in general (Table 12.3). George noted that "The level of anxiety is a function of the time taken for the events and the amount of attention it draws, especially in displaying my level of competence."

We rehearsed in imagery having George make the calls. We role-played different situations and practiced rejection. We did an assertive control mode rehearsal exercise to different scenarios that caused him stress (see Table 12.3), focusing primarily on cold-calling scenarios. We even made an hour-by-hour schedule for him for a day, noting when he would make the calls.

The next week, he came in and had written on the schedule "Stayed

TABLE 12.3
ANXIETY-PROVOKING SITUATIONS/FEARS

 BUSINESS RELATED

- Public speaking to groups caused the highest anxiety
- Fear of phone call in sales
- Meeting a client face-to-face
- Confrontations with authority
- Confrontations with peers, especially where anger or emotions are involved
- Losing control in general
- Fear of being confronted with failure to perform

SOCIAL RELATED

- Social situations with unfamiliar people
 - Forgetting names and having to meet people or make introductions
 - Meeting a stranger and having to say something; saying the wrong thing
 - Being singled out for an achievement or being complimented; anything that is attention getting; making a toast at a wedding; circulating in a crowd; not circulating in a crowd, thus drawing attention; saying something in a crowd and not having it well received
 - Talking and becoming self-conscious of body reactions and quality of content and presentation
 - Awkwardness in physical displays of emotion
 - Greetings and farewells
-

busy, but no new calls, nor did I keep track. I kind of semi-blanked out." He also had done no exercise.

When asked how he felt about that, he said "Kind of frustrated, but that's just me. I'm just not disciplined."

CONTROL STORIES AND DYNAMICS: SESSIONS 7 AND 8

At this point, after 6 sessions, it was clear that George was resisting all tasks (whether phoning or health-related areas). On the one hand, he said he wanted more discipline and direction in his life. Yet, when taught certain self-control techniques (self-observation, relaxation, imagery, self-modeling, goal setting), he didn't seem to find them helpful nor would he practice them.

It seemed necessary to step back and gain more control-related history. We spent the next couple sessions examining times when George felt he had had the most self control—defined by him as sustained effort in a task—when he felt he had had the least, the messages he received from his parents about the value of self-control, and his previous experiences in dealing with authority.

He stated that others think he evidences self-control in his low drinking and lack of drug use, "but that's not really discipline because it's easy. I don't really enjoy either. . . . When I think about it, I can't remember any times in the past when I have been personally disciplined." Even when he was in the most disciplined setting—the military—he found ways to get around the tasks and work the system. He ended up avoiding combat duty and became a ski instructor doing public relations with other countries.

He said his normal strategies in life were either to avoid the situation, wing it, or bag it. He described himself as a rebellious youth who was sent away to school; he was suspended from high school. He also flunked out of college before going back and finishing his B.A. and getting his M.B.A. But even in getting his degrees, he says he never studied.

"I had little contact with my father. A good memory of him is his taking me camping and fishing once in Wyoming. He was a brilliant engineer, who told the bureaucracy to cram it. I have had no contact with him now for the past 20 years. He's an asshole who deserted us when I was 10 and left for Spain. He's out; I will never let him in again."

George's mother was a research scientist who was unemotional. "She was very withholding. She showed affection by shaking hands with me. She taught me stoicism. Although she would constantly say 'here's what you should do,' she basically had no way to control me and was never able to discipline me. Once she tried to lock me out of the house, and I put my hand through the door to get in. The way she showed love was through tolerance

and I learned to use that so she really couldn't control me at all." She also gave George the messages that he was capable and could be a corporate president, and that money is the ability to do things. His mother constantly admonished that he shouldn't lose control; therefore, he was fearful of losing control.

We discussed how his past may have affected his current dynamics: He was a person who feels rejected by his parents, who feels unlovable, a failure, worthless, and angry at the authorities who rejected him. Part of him still wants to please the parents who rejected him to see if he can win them back, but he feels helpless to do so, and he certainly isn't willing to put much effort into the task.

CONTROL DYNAMICS, HIS CURRENT PROFESSIONAL SITUATION, AND OUR RELATIONSHIP

We examined how in some ways George was still an adolescent who needed reparenting and boundaries. But now he was also the adult who needed to become the parent to himself, and to his about-to-be newborn. In hearing these words, for the first time, his hale-hearted facade started to crack and showed some tearful sadness.

George acknowledged that he had an enormous fear of responsibility about his wife and child: "I really feel trapped. I just don't know what to do." Part of me wants and knows I need a mentor that I never had. I want to be part of a buddy system. But I hate, fear, and almost reflexively rebel against being told what to do. I want to be my own man, self-accountable, with no one to lean on. I fear freedom. I want structure. Then as soon as someone gives me a structure, I rebel against anyone telling me what to do."

He saw his control dynamics clearly in terms of whether he should stay in the corporate, institutional structure or become an entrepreneur. In the former, he said he felt that realistically he could make \$80,000 to \$90,000 a year for the next 10 years. But there were problems: It would be excruciatingly dull. "I'd feel owned or possessed by the company. I don't want to work regular hours; my job is becoming more and more structured, and things that become routine I don't like. Basically I just want the freedom to explore."

He said that although it would be more risky, the pluses to self-employment would be that he'd be totally on his own and things would be done his way. "It would give me money and self-esteem, and thus comfort with myself and others." He also said "I like the image of being a freewheeler, creative type. I want to make something happen. I want immediate results. There is a greater upside potential." But then when we pursued practically, the entrepreneurial option, he would say, "Am I really an entrepreneur? I

don't think it can work; can I sell myself and my projects? What if I don't have the discipline to sustain the entrepreneurial drive?" George said that he couldn't do anything now because he was feeling insecure and fragile about his professional ability; but he was also unwilling to not be a star, to be a worker bee for a while.

THERAPIST: You have a third choice . . . to do nothing, and continue to use up your financial reserves. Why not enjoy your money until it runs out? Then you'll truly have the motivation to put yourself in the harness.

CLIENT: I can't possibly choose that.

THERAPIST: But that is exactly what you have been choosing for the past 4½ years.

CLIENT: But I feel guilty about that.

THERAPIST: Part of you does. But maybe the pressure really isn't enough right now to motivate you to change. In some ways your guilt gives you the illusion that you are doing something about the problem: You are worrying about it. What would happen if you stopped worrying and feeling guilty?

CLIENT: Are you trying to mess with my mind?

THERAPIST: Of course! I'm trying to help you find ways to get around your resistances. Paradox may be a helpful strategy!

CLIENT: (*Laughing*). It's true. Here I am asking you to tell me what to do, to teach me techniques, to help me structure my days, and then I reject your suggestions and don't do it!

We both laughed about this and wondered if it might work best if he were instructed "Don't make any phone calls this week; don't exercise." We discussed in control terms how paradox took away the control dynamics in which the therapist's suggestions for discipline were just one more system for him to "beat"; and paradox made him be more responsible for what he wanted. If he was given permission to not exercise, there was no one to rebel against, and he had to decide what he wanted. His natural freedom reflex might be to do the opposite of what he was told—and he might even begin to exercise!

BACK PAIN AND BODY MIND SCAN

During the 2 sessions we spent exploring control dynamics, George developed excruciating back pain. He could barely walk. He wasn't sure what it was from since he hadn't done any exercise or anything differently. I told him that while sometimes a cigar is just a cigar, the timing of his back pain

concomitant with our exploring his control dynamics was at least worth looking into. One problem was obviously that all the different goals he had, from health to career, were literally going to be a pain in the back to try to achieve.

THERAPIST: As you are willing, close your eyes and imagine the pain.

CLIENT: This seems silly. (*Then laughing*) There I go, resisting again.

Okay, I see a knot, a binding, uneven flow.

THERAPIST: Is there a message it has for you?

CLIENT: It's telling me I need to loosen it or it'll get worse. There's too much strain for an unused muscle. I'll need to learn to stretch it in the future.

Later, he said he had actually enjoyed the image exercise. Since he couldn't physically exercise because of his back pain, and since he didn't want to try making sales calls in pain, he would be willing to spend some time daily doing the body/mind scan as a type of meditation.

The next week when he came in, he said at first he'd been angry at me, feeling like I was forcing him to do the body/mind scan. But once he could say "I'm doing this myself for myself, I was willing. When I could choose not to do it, I did it!"

He said he had actually cried during the past week for the first time he could remember. "I felt sadness in my stomach. I realized that part of the reason I didn't or wouldn't feel anything is that I have been numb for so long. Maybe to protect myself. Emotions seem too scary, like such a loss of control. But I'm really just like my mother, so stoic, so excessively controlling of my emotions. I saw that the sadness was not as bad as the numbness, the avoiding feeling. I realized that the boredom that I sensed every time I would try this body/mind scan was my trying not to feel how sad and even scared I am. It was incredible to get out of my head and into feeling. I was even able to feel anxiety and watch it, not being so afraid of it."

George also recognized during this period his push/pull toward success. Part of him wants to take risks, to challenge himself, to change and grow (Quadrant 1, positive assertive): "I believe I am made for great things. So many people keep telling me what great potential I have to excel, stand out, and shine." But part of him fears the loss of control involved in change: "I'm also afraid of it, and the effort it requires. What if I give my all and fail? What if I'm really only average and mediocre and don't live up to their—or my—view of my potential. It seems safer to just let it remain as unmet expectations." We explored how change and risk through positive assertive (Quadrant 1) mode can be facilitated and balanced by feelings of self-acceptance and caring for himself just as he is (Quadrant 2). That way, he doesn't have to prove his greatness in order to accept himself; rather,

the risk and change are a way to grow and improve within a context of self-acceptance.

TRYING AGAIN: SESSIONS 9 THROUGH 17

George decided he was willing to try again in both the health and career areas. With the new information from the control-based history, we made a list of his problematic control-related cognitions and ways to address them. These include his low level of self-reinforcing statements: his procrastination, his unreasonably high goals, and his almost magical thinking and desire for instant success. These cognitions related to increasing both acceptance of himself (Quadrant Two, positive yielding) and to making progressive changes (Quadrant 1, positive assertive) in the professional and physical health area (Table 12.4).

Over the next several weeks, George made substantial progress on both the health lifestyle and career front. In terms of career, the 10th week I told him I would be happy to call him at work at 11:00 to see how he was doing. He made 5 calls that day before 11, and 5 each day that week, for a total of 25.

THERAPIST: Good for you. That's an excellent start.

CLIENT: It's no great shakes. (Then he laughed, pulled out his notecard, and reread the first item in Table 12.4.)

By session 11, George had made 125 calls. And by session 17 his work was beginning to pay off. His income was rising, and his supervisor had recommended that he be offered a company franchise.

On the health front, he quickly achieved walking four times per week at 60% aerobic capacity, using it as a way to spend time with his wife. He also began working out twice per week at the health club and playing tennis or racquet ball about twice a week. (He even found a couple clients at the health and tennis clubs.) George stopped eating fast food burgers and decreased his red meat consumption to three times per week, only lean cuts, and substituting fish and chicken. He went from whole to low-fat milk, and added substantially more fruits and vegetables to his diet. He continued to practice his stress-management techniques, both formal body/mind scan and informal relaxation when he felt a desire for a cigarette for tension reduction.

George also had a dream that he remembered: "One of the first I've ever remembered—for a long time I felt I never dreamed. I was standing at a lectern, naked, exposed. It may have been a dream from high school where I

TABLE 12.4

NEGATIVE COGNITIONS REGARDING THE ASSERTIVE AND YIELDING MODES OF CONTROL AND WAYS TO CORRECT THEM

NEGATIVE	POSITIVE
I must be a star now; see instant progress. (Quadrant 3 Overcontrol)	I'm learning to accept myself as I am. Even if progress is slow, it is only making me better. (Quadrant 2 Positive yielding; Quadrant 1 Positive Assertive)
I am undisciplined, lazy, noncommittal, a procrastinator (Quadrant 4).	Careful of all-or-none thinking. I'm becoming increasingly disciplined. I look for small actions to take. (Quadrant 1)
I've always been a failure. My performance is poor. (Quadrant 3, Quadrant 4)	I don't really believe that. I may not have been as successful as I would like, but I'm working toward greater success. Also, setbacks that I learn from can be stepping stones to greater success. Don't panic! (Quadrant 1, Quadrant 2)
I'm a fat baby (Quadrant 3, Quadrant 4)	Aren't we being just a tad bit critical here? I don't need to punish myself into change. (Quadrant 2, Quadrant 1)
I need dynamite to get me out of my habits. (Quadrant 3)	Dynamite for me is slow, steady progress. Trust myself. (Quadrant 1, Quadrant 2)
On making a losing stock transaction: I'm bad, inadequate. (Quadrant 3, Quadrant 4)	I made an error in judgment; what can I learn from it for next time? (Quadrant 2, Quadrant 1)
I'm socially inadequate. (Quadrant 4)	I'm who I am. I'm improving my communication skills. (Quadrant 2, Quadrant 1)
Slow effort is only for suckers. (Quadrant 3)	Slow effort is for disciplined, courageous individuals. I'm proud of my new-found discipline. (Quadrant 2, Quadrant 1)
When turned down by cold call: See, this will never work. (Quadrant 3, Quadrant 4)	It takes 100 calls to get 5 prospects. I'm one step closer to those 5. (Quadrant 1, Quadrant 2)

was being taunted. I realized when I woke up that I have always tried to find ways to avoid putting myself in a position where I could be judged. That was my big fear: being found out that I was naked, inadequate, without potential. Well, I've looked at my nakedness and it's okay. I'm not all that perfect, true. But I'm not half bad to look at! I can accept the flaws and see that I'm no longer so afraid of my imperfections that I have to hide them."

SAYING GOODBYE AT TERMINATION

Termination can be an opportunity for practicing a conscious letting go and saying goodbye (for client and therapist), a part of the Quadrant 2, yielding mode of control. In some cases, this issue can involve several sessions and address how the client has said goodbye in the past, including issues of death and loss, where the person would like closure with others, or with part of the self that has been lost. George noted that the "way I left situations and people in the past was always to create a sense of distance: leaving in anger from my fear of pain or closeness." He spent the last couple weeks saying goodbye, which, as he noted in Table 12.3, was not one of his strengths. He said goodbye to his father—remembering the positive (the fishing trip, which his father could never take away from him) and mourning and letting go of the loss. He said goodbye to the unemotional numbness he felt he had learned from his mother. He said goodbye to his baby fat and baby way of acting.

We both acknowledged the battles we had fought together the past several months, and, with expressions of sadness, affection, and a feeling of accomplishment, said goodbye to each other.

TERMINATION AND FOLLOW-UP

At termination, George had lost 20 pounds (to 205); had reduced his smoking level about 80%. At follow-up 6 months later, he had lost an additional 15 pounds (to 190). He was continuing his exercise, and had stopped smoking. His blood pressure had dropped to 132/80; his cholesterol level was at 195; and his triglycerides at 205. He had been offered the franchise, and his income was exceeding his 6-month goal.

SOME COMMENTS

Therapy brought George more in touch with his inner life in two ways. First, he learned to recognize self-sabotaging control stories and to repro-

gram those cognitions. Second, he learned more about his emotional life, from which he had cut himself off. His control history and dynamics were central to understanding his ambivalence in lifestyle modification and career issues.

This case shows the importance of being sensitive to the context and other domains in which physical health and lifestyle modifications are occurring. One client (i.e., Jack, Chapter 6) used physical health as a way to gain a sense of control while coping with the real-estate recession, but for George addressing physical health issues was not possible without addressing his career concerns. However, he also acknowledged that it was the therapist taking at face value his physical health concerns that made him feel safe enough to trust and share issues in his professional life.

Having a child of his own was a major shift for George. He needed to be ready to take care of his new daughter. Doing so meant becoming in touch with the vulnerable, sad part of himself, feeling his unparented wounds that he tried to pretend didn't exist. He also noted in follow-up that his wife said to him that I am letting her in more; am "more affectionate and chitchatty (ugh). Before she felt I was just tolerating her." George ended by saying he hopes he can be a good father. "But I guess that is still that insecure part of me. The first time I held my daughter, I was afraid I was going to drop her. But I'm slowly improving. I carry her around a lot now."