

Control Therapy

AN INTEGRATED APPROACH TO PSYCHOTHERAPY,
HEALTH, AND HEALING

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As we approach the third millennium, we have gained remarkable control of the external world. We now face the daunting task of learning a similar degree of control over our internal world.

Gaining the wisdom to know when and how to control both worlds may be our most critical task. Such an effort is necessary to ensure our individual and collective health and well-being.

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Introduction

IN THE book *Ordinary People* (Guest, 1974), a therapist asks an adolescent boy what he hopes to gain from therapy:

"I want to be more in control" the young man responds.

The therapist glances at him askance, and replies, "I'd better tell you, I'm not big on control." Then he reaches for his appointment book and says "How's Tuesdays and Fridays?"

"Twice a week?"

He shrugs. "Control is a tough nut." (pp. 39–41)

Control has been defined as "the ability to cause an influence in the intended direction" (Rodin, 1986; Rothbaum & Weisz, 1989). Our theory states that one of our greatest human fears is losing control, and one of our strongest motivations is to have control over our lives.

The therapist in *Ordinary People* may not be "big on control," but he certainly assumes a controlling attitude with his client by determining the frequency and timing of therapy sessions, by devaluing the client's interest in control and thereby defining the agenda for therapy, and by implying that he has the expertise and competence to "crack the control nut."

Perhaps the therapist should put on "control glasses" to see his own actions in a new light. By acting as if seeking to gain more control over one's life is not a worthy goal (and perhaps only a tough problem to be solved), he does both himself and his client a disservice. Similarly, some clients who are struggling with control issues also may have trouble recognizing them.

Emphasizing the significance of control can be a two-edged sword. On the one hand, research has shown the importance of control as a critical variable in physical and mental health. Studies indicate that a sense of control can positively affect our immune system and increase our resistance to the negative effects of stress, enhance psychological well-being, and even increase longevity. Some researchers, such as White (1959), Averill (1973),

and Bandura (1989a) have even argued that control is essential for our species' survival.

On the other hand, one of the reasons that individuals have difficulty examining control issues is related to the connotations of control. Control is sometimes thought of as manipulation, implying deceit or coercion (e.g., a controlling person). Individuals are sometimes embarrassed to express their desire for control because they don't want to be thought of as manipulative. Others may wish to temper their need for control, and allow themselves to be more spontaneous. Still others may actually fear having control: They don't want the responsibility, choice, and accountability that come with it.

The premise of this book is that a sophisticated understanding of control can be helpful to clinicians and clients. Framing concerns in control terms and developing a client control profile can be helpful in describing the problem and offer clear guidelines for addressing clinical and health-related concerns.

GOALS OF THE BOOK

Control is a central aspect in all schools of therapy, health care, and indeed, our human existence. This book presents, and then integrates, a unifying theory of human control with a clinically relevant control-based approach to psychotherapy, health, and healing.

At its most basic level, this book will help make clinicians and health care professionals more sensitive to the topic of control in working with patients and clients. Among the central questions in every psychotherapeutic encounter are: How much control does the patient have over his or her life? Are control efforts functional or dysfunctional? and How can the patient learn higher levels of effective control in cognitive, behavioral, and affective realms? We argue that control can be viewed as a connecting piece among therapies, providing a metacontext for understanding and utilizing imaginal, cognitive, and behavioral self-control techniques.

Our research demonstrates that people have different control profiles and styles. Some modes of control are more effective in certain domains than others, and the salience and utility of these modes change over the course of the life cycle. Mastery in one area at one time does not ensure mastery in other areas at the same or different times. This book outlines different modes by which control can be gained and offers guidelines for choosing the optimal mode of control in a given situation for a particular person.

The book will help therapists and health care professionals provide their clients and patients with the tools and understanding needed to gain a

healthy sense of control in their own lives. It will help those who feel like victims overcome that victimization, and those who are too controlling to learn more balanced ways of living. To do this, we address Paul's (1966) classic formulation for psychotherapy research, restated in control terms: "What control-related intervention is most effective for this individual patient with this specific control profile and with this particular control-related problem?"

The book helps refine and make more precise the matching of particular control strategies to individual patients with specific clinical problems. It describes a set of general principles for framing and interpreting therapeutic situations; identifies and defines control assumptions; illustrates how control is both a personality variable and an outcome measure; and offers practical, control-based therapeutic techniques. These principles and interventions provide a therapeutic, theory-based metamodel for use with a wide variety of clinical issues across multiple domains. Thus, the most practical goal of this book involves widening the base of clinical practice. As Garfield and Bergin (1986) note, the majority of clinicians today are eclectic. This book provides them with one more tool in their armamentarium. It shows how control can be integrated into the therapists' own theoretical orientation—whether cognitive, behavioral, psychoanalytic, existential, family systems, or other.

The answer to Paul's question is equally applicable in examining the role of control in physical health. Control is a central concept within health psychology and behavioral medicine. It is especially salient with the current emphasis on prevention, changing behavior, and lifestyle and health attitudes, and in coping with the loss of control that can accompany physical illness.

ADVANTAGES OF INTEGRATING THEORY, RESEARCH, AND PRACTICE

Thousands of articles and hundreds of books have been written about the role of control in mental and physical well-being. What is needed is a refinement of the existing work and an integration of theory, research, and clinical application.

In an ideal world, theory, research, and clinical practice would create a synergistic effect. In this ideal world, theory would be used to create research programs and to inform and enhance clinical practice. On the practical end, case studies would provide field experience for heuristically developing hypotheses and inductively assisting theory-building. A bidirectional influence would occur and the different ends of the theory/

research/practice continuum would be mutually reinforcing and perfectly complementary.

However, clinical cases are often too complex and idiosyncratic to allow generalization to other clinical cases or satisfactory inductive theory building. Further, the research literature (often involving single-variable interventions) is not sufficiently rich to provide enough information to deal with a clinical case. Another potential disadvantage of reductionistic research is that it is possible to get lost in the minutiae of information and detail and lose the larger picture.

Control bridges cognitive-developmental and behavioral variables (i.e., having control, efforts for control, coping strategies) and motivational factors (i.e., desire for control, fear of loss of control). Individual disciplines of human inquiry have taken narrow, one-dimensional views of control. Like individuals examining an elephant in the dark, each discipline has come away with a limited understanding of control. But in dealing with a topic as multifaceted and essential as human control, we cannot rely on partial understanding.

The theory component is essential. As Darwin said, "a geologist without a theory is just a collector of rocks." Theory helps to understand and organize information into a map for those who wish to use control effectively in clinical practice. Yet the map is not the same as the actual landscape. Therefore, clinical experience is critical to help enlarge and refine the theory. A more detailed map enables the clinician to help the next client more successfully navigate the terrain.

This book weaves theory, research, and clinical practice into a coherent framework. General principles, postulates, and axiomatic theory as well as specific problem-focused case studies are presented in an effort to create bridges among them.

THE STRUCTURE OF THE BOOK: CONTROL AND A JOURNEY OF TRANSFORMATION

The process of psychological growth and therapy can be conceptualized as a journey of transformation. Such a journey has three dimensions: (a) a theory (e.g., beliefs, assumptions) about human nature "as it is" and a method of assessing and evaluating the theory; (b) the goal, or endpoint; and (c) techniques to help individuals reach the goal of gaining and maintaining a sense of control. This metaphor of the journey of transformation forms the structure of the book.

Part One examines the first dimension of the journey. Chapter 1 summarizes different therapeutic schools and theories—analytic, behavioral, humanistic/existential, and transpersonal—and their relationship to control. In Chapter 2, we present an integrative theory of human control. Our biopsy-

chosocial theory of control draws from and helps unify previous theoretical efforts to examine control. Chapter 3 shows how to assess a person's control profile: sense of control, modes of control, desire for control, and agency of control.

Part Two examines the mental, physical, and interpersonal goal of a control-related journey of transformation. Chapter 4 discusses the relationship between mental illness and a lack of control and the benefits and problems with mainstream psychology's model of a "normal" control profile. Chapter 5 suggests directions toward optimal control and its relationship to exceptional psychological health and well-being. Chapter 6 applies this information to behavioral medicine and health psychology, reviewing literature relevant to self-regulation and lifestyle, control and physical health, and psychological adaptation to physical illness. Chapter 7 explores control issues involved in couples therapy and posits a control-related model of relational health.

Part Three describes specific control-based techniques for reaching the goals outlined in Part Two. Chapter 8 provides a systems approach to the clinical use of control-based strategies in the health care and psychotherapy settings, and examines therapist control dynamics and orientation as they affect assessment of the clinical problem, selection of techniques, and teaching of techniques. Chapter 9 investigates client control dynamics and control stories. Part of the health care professionals' task is to unravel the narrative of our patients' control stories, which include patients' beliefs about their ability to exert control over themselves or others, their explanations about why events happen, their current sense of control over their lives, the areas where they would like to gain more control, and the means by which they would like to increase (or sometimes decrease) their control.

Chapters 10 and 11 describe a five-step process of gaining control, including strategies to assist clients in gaining a greater sense of control through both a positive assertive and a positive yielding mode of control. The assertive mode involves using strategies to effect positive change. The yielding mode is used to gain feelings of acceptance and equanimity. Chapter 11 examines technique refinements for addressing client resistances and other difficulties in gaining a sense of control.

Chapters 12 and 13 illustrate our control-based approach to therapy using case studies involving mental health (generalized anxiety disorder); physical health (lifestyle modification and cardiovascular risk); and marital conflict. Topics include clarifying assumptions about personal control and individual responsibility; addressing specific assaults to the patient's sense of control; examining individuals' different control profiles; and tailoring individual strategies for helping patients regain (or achieve balance) in their sense of control.

CAUTIONS AND GUIDING THOUGHTS

Before we begin, we would like to share several cautions and guiding thoughts.

First, when applying models and principles, it is an important rule to be flexible and sensitive to the client's style. We in no way advocate a one-size-fits-all or cookbook-model approach. We are aware of the dangers of psychology as ideology (Mahoney, 1976, 1977, Sampson, 1981), and are not trying to inappropriately fit either clients or individuals into rigidly pre-arranged profiles. We hope that the principles, lessons, and views expressed here can be helpful tools in relieving the suffering of those in pain and enhancing the quality of life of those around us.

Second, these principles apply not only to our clients, but to our own lives. Therefore, we hope the book might help each of us deepen our own healthy sense of control.

Third, an examination of control can also help us as clinicians to better recognize the control dynamics in the therapeutic relationship, such as control-related power struggles, transference, and countertransference issues. When we feel we must be omnipotent and take away the patient's pain, we can feel panic, anger, frustration, or helplessness. When our efforts are not successful, or are only partly so, we are often forced to address our own feelings of mastery, competence, vulnerability, and personal power.

Finally, amid all the theory, postulates, and techniques, we need to remember that the therapeutic encounter is a human one. It is a "sacred trust" when individuals come to us for guidance and help. As Carl Jung (1973) advised, "Learn your techniques well and be prepared to let them go when you touch the human soul."