

CHAPTER 11

Technique Refinements for Addressing Client Resistances and Other Difficulties in Gaining Control

SOMETIMES a case is relatively straightforward and the five steps for gaining control can be used effectively, each one providing a foundation for the next step. The evaluation component of our systems model (Figure 8.1) would conclude that our case was successful and that plans for termination of therapy were in order.

However, often there are problems in one or more of the five steps, including resistances, setbacks, and ambivalences within clients. Through evaluation of the feedback loops in the systems model, it is possible to determine which dimensions and steps may need further attention. In this chapter we provide additional techniques and refinements for dealing with difficulties in each of the five steps for gaining control.

IDENTIFYING AREAS OF CONCERN AND CLARIFYING GOALS

Clients frequently have a number of areas they wish to work on, and are often unable to prioritize. Others are focused on a specific area of concern but are unsure what their goal is (i.e., to change the area or learn to better accept it). Here we discuss additional refinements for dealing with both.

IDENTIFYING AND CLARIFYING ISSUES

The exercise below can help further clarify and prioritize information gathered from the control inventory. This guided imagery process is designed to

help clients look more deeply into their thoughts and feelings relative to control in different domains, to understand their affective experience, and to examine the meaning of loss of control for them.

We describe the purpose of the exercise to clients noting it is an eyes-closed exercise that can help further identify, clarify, and prioritize areas where the client is either feeling a loss of control or would like to gain greater control. Once we receive their permission, we ask them to get in a relaxed position, and close their eyes as they feel comfortable. "Just let the chair hold you up. Take a couple deep breaths. Now allow your breathing to go at its own pace. When I ask the following questions, notice in your mind which issues come up first or are most prominent." In the following example, the client is Jane, a 30-year-old white female, married and working toward her master's degree in computer science:

THERAPIST: Is there currently an area in your life in which you desire to gain greater control?

CLIENT: I want to become less intimidated by others and more self-directed.

THERAPIST: Good. Does anyone or any area in particular come to mind?

CLIENT: I would like to learn greater control of my hostile behavior toward my mother-in-law, but find a way to not feel so bossed around by her.

THERAPIST: Let your attention focus softly on any thoughts, judgments, or feelings that arise in your mind as you imagine a situation with your mother-in-law. What reactions do you have in your body?

CLIENT: I feel angry at her for her bossy interference in my life. My throat gets tight. It's even hard for me to talk. My stomach feels queasy.

THERAPIST: Stay with those feelings. Just try to observe them like you're watching a movie. Remember to keep your breathing going nice and easy from the abdomen. Now we are going to try to go one step deeper. Do you have a sense of why your mother-in-law's behavior and interference is so troublesome to you?

CLIENT: She makes me feel like I can't do anything right. Sometimes it seems she's trying to drive a wedge between me and my husband. She also makes me feel like I'm just a small, ineffective child. Every time I come up with a plan in my own life for some direction and goal, she shoots it down.

THERAPIST: Okay, now stay with those feelings for a few more breath cycles, and then as you are ready, gently let your eyes reopen.

This process can be tailored to different client issues regarding clarifying and prioritizing issues of concern. For example, if a person has reported on

the Shapiro Control Inventory (SCI) feeling a low sense of control in several different domains, the therapist could, after the introductory breath focus, say to the client:

THERAPIST: You noted on the SCI several areas are of concern to you that feel somewhat out of control. For the next few moments, just allow whatever issue seems most important to you to come to the surface. Allow your breathing to be nice and easy, relax, and just observe what seems to rise into awareness.

If no particular issue emerges, the therapist may want to comment:

THERAPIST: When you took the control inventory, it seemed that the areas of work setting and interpersonal relations with spouse were ones where you felt the least control. Does that still seem true?

If two different ones come up, the therapist may say:

THERAPIST: You may wish to place the two issues on a balance scale. Place work setting on the left and interpersonal relations on the right. Note which one seems to be heavier, more weighty, of more concern.

CLARIFYING GOALS

Now we return to Jane and her concerns about her mother-in-law. After Jane has opened her eyes, the therapist may comment:

THERAPIST: It sounds like the current situation is a difficult one for you.

CLIENT: (*Nods*)

THERAPIST: How would you ideally like to deal with it?

CLIENT: I have no idea; that's why I'm here.

THERAPIST: What are your choices?

CLIENT: I don't know. I've tried everything. I've yelled and screamed at her. I've tried to ignore her. She's just horrible.

THERAPIST: There are basically only four choices we have in dealing with a situation that concerns us. (At this point we would give the client a handout showing the four quadrants.)

CLIENT: Well, my yelling and screaming are clearly this Quadrant 3; and my feeling so victimized and helpless seems like Quadrant 4.

THERAPIST: Good. Now, how would you like to deal with the situation?

CLIENT: I know that I don't want to keep doing what I've been doing. But I'm not sure which of the two positive ones I'd rather choose.

Positive acceptance just seems like letting her get away with it. But it's hard for me to stand up to her without it escalating into a shouting match. I feel bad that I keep pushing her away. That doesn't seem very gracious on my part. And I know it causes her a lot of pain.

Jane's concerns are not uncommon. Certain clients, for example, may hold particularly negative views toward being yielding or accepting (seeing it as a weakness or shortcoming). Other clients may react negatively toward assertiveness, resisting this mode out of fear, insecurity, or lack of belief in themselves. Clients may also resist letting go of their use of the negative modes if they have come to strongly identify themselves with these life orientations or roles. For example, if one has grown accustomed to adopting a victim stance toward life circumstances, even though such a position creates a great deal of suffering for them, to change or let go of this orientation is even more frightening to them (i.e., it is a safe, albeit dysfunctional, way of being because it is familiar to them).

One way to help clarify a client's goals is through a series of structured exercises focused on the modes: helping the client become aware of the fact that each of the four modes of control are within all of us; and recognizing which mode is creating potential resistance to a positive assertive or yielding choice.

AWARENESS OF CLIENT-MODE STYLE AND PREFERENCE

There are several ways to develop awareness of client mode style and preference. The SCI provides a client's self-perceived mode (Scales 5–9) and preference regarding dealing with their area(s) of concern: assertive/change or yielding/acceptance. The therapist could share these results with clients and see whether they feel they are, in general, more assertive or yielding. Then, in terms of the specific domain on which they are focusing (e.g., the body), would they like to be more accepting of themselves, or would they prefer to make active change efforts to gain a greater sense of control?

Sometimes, however, clients such as Jane are unclear or confused about what mode they would prefer using to address a specific control-related concern. Therefore, to gain further awareness and clarification of the two modes and the control stories they represent, it can also be useful to have clients dialogue with the different perspectives represented by each mode.

Each mode can represent a different story or way of seeing life and events. For example, we saw in Chapter 3 an example of the client Joyce whose four modes were represented by the drill sergeant (Quadrant 3), rag doll (Quadrant 4), judge (Quadrant 1), and puppy dog (Quadrant 2). Therapists can guide their clients to imagine or visualize a symbol for each mode,

a distinct character or personality. Through the process of these “subpersonalities” dialoguing with one another, clients can come to better understand their own reactions and feelings toward each negative and positive mode and how they use them in their lives; gain more appreciation for how the story of each mode attempts to protect and provide them with some sense of control; begin to see more clearly the circumstances in which they may use certain modes inappropriately or reactively based on their prior control stories regarding being assertive and yielding.

Reactions to Negative Quadrants

Generally, clients have an unexamined belief about which mode—overcontrol or too little control—is worse. It is important to ask them if they had to choose, would they rather be considered too assertive and overcontrolling (in Jane’s case, a fierce jungle warrior), or too passive and yielding (Jane’s person lying helpless in a hospital bed)?

We explain that some of us are fearful of becoming overcontrolling, of being too forceful or aggressive. We are afraid of being rejected if we are assertive in our control efforts. We fear failure, and may therefore have resistances to taking positive assertive control over our lives. We would rather remain passive—it is less scary. We may also receive sympathy (“You poor soul in that hospital bed”).

Others of us fear being too passive and complacent. We don’t want sympathy, we see that as wishy-washy and being a weak victim. Therefore, we assert ourselves in all situations. We’d rather have someone say, “You’re an aggressive bitch” than feel we are being walked all over.

We all have dialogues about these sides of ourselves in our minds. Knowing which mode we fear most helps us understand where and why we may be having difficulties in utilizing either a positive assertive or positive yielding mode.

To this discussion, Jane noted: Well, my own mom is very possessive and overcontrolling, and my mother-in-law is so interfering. So I guess if I had to make a choice, I would say that I am more afraid of being too controlling. I’d rather just see things work out. I don’t like the anger in me. It just doesn’t seem to be a healthy use of my energy. I guess that’s a long way of saying that I’d rather be in the hospital bed than be putting someone there!

Recognizing Resistances to Choosing Positive Modes

It is also important to help clients pinpoint and explore reasons why there may be difficulties and resistances to choosing either a positive assertive or yielding mode of control, to explore the part of them that does not want to change. Let’s first look at choosing to use the positive yielding mode. For example, we ask the clients how a Quadrant 3 perspective responds to the idea of acting in a Quadrant 2 manner. Invite this part to speak about its

fears of you having greater control through Quadrant 2, its doubts, insecurities, and beliefs that such control is neither desirable nor possible. Assume that this part of you has a positive, helpful intent. Try to become aware of what that intent is.

Jane noted that “[My jungle warrior self] is having a fit at the idea of my smiling and driving on peacefully (Quadrant 2 perspective) in response to being confronted by my mother-in-law. I hear it saying, ‘Don’t be a wimp. You’re no different than the comatose victim in the hospital bed (Quadrant 4), and that’s where you’ll end up if you let that woman keep pushing you around and beating you up. Can’t you see I’m trying to protect you from being hurt?’”

For Joyce, her drill sergeant said “I want to keep you functioning well in the world. If you take time for yourself, you’re becoming a lazy ragdoll. You’re letting go of responsibility to family and work. If you don’t continue to work hard, you will eventually get killed (by the competition, others getting ahead of you). Your husband might even leave you. You can only be loved for doing and accomplishment in life.”

This process can then be repeated, exploring how the Quadrant 4 subpersonality may resist the idea of gaining control through the positive assertive mode. When we did this part of the exercise with Jane, the hospital-bound patient said to the competent teacher, “Are you kidding? You’re not going to try to talk to your mother-in-law reasonably, are you? Sure, you have control in a high school class, but she’s not a student. She’ll just escalate and you’ll end up fighting and getting beat up. How do you think I got here?”

In the case of Joyce, her ragdoll vocalized, “I want to protect you from being hurt, to avoid danger, give you a safe place where you can rest peacefully.”

Exploring Willingness to Change

We then ask the client to express appreciation for the intent of this resistant, fearful perspective, and to ask this part if it would be willing to look for other ways to reach the same positive goal, without some of the negative consequences. “Acknowledge that you cannot force it to change, but invite its help.”

Jane thanked the hospital-bound patient and the jungle warrior for their efforts to keep her from being beaten up. But she asked if they couldn’t see that despite their best efforts, she was, in fact, getting beaten up and bloodied, as were her mother-in-law and husband. She asked both of these perspectives if they would be willing to let her try additional ways.

Joyce told the drill sergeant that she appreciated its effort to keep her functioning well, and understood the fears of the ragdoll that it is a dangerous world. She then asked if the drill sergeant could learn to “trust some of

the judge's (Quadrant 1) wisdom; to see that time for personal space and reflection might be helpful and creative, even in terms of accomplishing the drill sergeant's own goals."

We have the client ask the resistant part under what conditions does it feel change might be possible. What would have to happen? What would help them to let go of the fears, doubts and resistances they hold?

Joyce's drill sergeant agreed to a short-term trial to see if taking an hour a day would work. The drill sergeant especially liked the exercise part of the time, but looked somewhat askance at the naps, shopping, and soaps. The drill sergeant even admitted somewhat reluctantly that she thought the puppy dog, "though mainly annoying, was kind of cute, and that just maybe it wouldn't hurt the drill sergeant to lighten up just a little bit."

For Jane, both the jungle warrior and hospital patient acknowledged that they felt heard and appreciated, and both admitted that the current ways weren't too effective. The hospital patient conceded that although she felt safe in her bed, she didn't really enjoy feeling so powerless and helpless and was actually quite envious of the teacher's ability to stand up for herself assertively. The warrior too acknowledged that sometimes it was exhausting to always be fighting and battling her way through the jungle of life. Both agreed to try new ways.

We conclude the exercise by having the client acknowledge and even express appreciation for the multiple perspectives—each mode of control within us, and to recognize that even the negative ones, are trying to help and protect in some way. It is important to acknowledge all perspectives as preparation for change.

EXAMINING CONTROL STORIES BASED ON PRIOR EXPERIENCES

Working to understand resistances in mode choices may also necessitate exploring control stories based on experiences and messages received regarding control. This exploration can serve to uncover underlying issues such as internalized messages that one is not worthy of having or exercising control, fears that if one acts assertively, he or she will be rejected by others, or fears that only through active control is the person valued. Were clients told that it was acceptable or desirable for them to have or be in control, or were they led to believe that it was not appropriate behavior to seek control directly?

For example, Joyce realized that her mother was fairly passive, and her father had most of the control in the family. The message for her was that if she was not assertive, she would become a ragdoll like her mother, pulled and pushed by others at their whim. She never wanted to be in a position where another person had such control over her. By working so hard at so

many tasks, no one could control her because she was always juggling, running to the next job. Furthermore, the only time her mother received respect or praise was when she was doing something for Joyce's father. As a result, Joyce developed the story that she could only be loved and valued for doing. Her father would criticize her and her siblings if they were sitting around as lazy good-for-nothings.

Recognizing these stories helped Joyce realize why taking time for herself was so difficult. She also saw that letting go and delegating were frightening to her because these meant giving up the valued control and becoming like her mom—a ragdoll.

The following are questions therapists can explore with their clients in order to shed further light on how past experiences may have shaped current control-related issues (particularly with respect to the negative modes of control):

- Negative assertive control
 1. Can you recall times when you felt that you had to be in control of everything, or something negative would happen?
 2. Can you ever remember feeling aggressive (verbally or physically) toward others; or seeing those behaviors in others? What were the outcomes?
 3. From whom did you get or what experiences gave you the message that aggressive, hypervigilant, and controlling responses were important; that the best response to stress and pressure is to turn up the heat, to try harder?
- Negative yielding control
 1. Have you ever had the sensation of being trapped, unable to do anything, feeling helpless or stuck in the situation?
 2. Can you recall times when you felt that you were a victim, at the mercy of someone else's actions?
 3. From whom did you get or what experiences gave you the message that being passive and letting others make decisions was the best course?
- Positive assertive control
 1. Can you think of times during childhood (or more recently) when you felt adventurous, willing to take risks, to engage in positive assertive action? What were those experiences like? What do you think it was that enabled you to step out into the unknown during those times?
 2. Recall times when you remember feeling particularly confident in your own abilities, situations in which you really believed in yourself.

3. From whom did you get messages to be assertive and self-confident, seeing the rewards of Quadrant 1, positive assertive, behavior?
- Positive yielding control
 1. When in your childhood, or more recently, do you recall feeling a sense of safety and security?
 2. Can you remember times when you felt more trusting?
 3. Were there any people from your early life whom you feel truly accepted you for who you were (without having to perform or prove anything)?
 4. From whom did you get messages to be trusting, to be accepting of yourself and others?

EXPLORING MODE-OF-CONTROL OPTIONS

Sometimes it is clear which mode of control is most appropriate. Other times, as we saw in Joyce's case, some combination of assertive and yielding strategies may be helpful. Jane, to move from the two negative quadrants, learned to selectively choose positive assertive or yielding control (or some combination), depending on the situation.

An effective technique to address the issue is to have clients visualize or imagine themselves responding to some difficult situation, stressor, or person from the standpoint of the four different modes of control.

For example, we worked with a client named Dave, who was struggling with his reactions to a potential employer. In his conversations he had received repeated assurances that a formal job offer would be sent, but none was forthcoming. He found himself becoming increasingly frustrated and exasperated, but was unsure how he should best respond.

We discussed Dave's reactions in terms of control, helping him to see how this was a clear case of feeling a loss of control (with respect to not receiving adequate feedback and not knowing about future outcomes). We had him clarify his goal. He *did* want the job and wanted to maximize his chances of getting it. We then had him imagine and discuss how he might respond from each of the control quadrants.

Dave's Quadrant 4, negative yielding, response would be to simply remain a victim, feeling helpless about the situation, believing he was powerless to do anything about it. A Quadrant 3, negative assertive/overcontrolling, response would have been to tell this potential employer off, to tell him know that he was being irresponsible in not communicating, to express his frustration and anger, or to set a rigid deadline or tell the employer that there were other jobs available.

A positive assertive, Quadrant 1, response to this loss of control would be to continue to reach out and communicate to this employer. Such a position would underscore his continued interest in the job and that hearing back from him was important, without attacking or blaming him for his relatively poor and inconsistent pattern of communicating. A positive yielding approach would be to recognize that much of this situation was out of Dave's active control. He'd done all he could, had acted responsibly, and now needed to let it go and trust that things would work out. He would hear from this potential employer eventually, and it did not help to create stories (e.g., that this employer's lack of communication indicated something negative such as not being interested in hiring our client).

As we worked with Dave using this mode choice imagery technique, he began to see that while both of the negative modes served to validate his feelings (i.e., he *was* feeling angry and resentful as well as victimized and helpless on one level), they would not ultimately provide him with a sense of control long term, nor produce the desired outcome of optimizing his chances of getting the job and developing a good working relationship with this potential employer. For him, the best course was a combination of Quadrant 1 (continuing to stay on top of the situation, expressing interest, requesting updates and time lines) and remaining calm and accepting (Quadrant 2).

Dave also continued to explore other job opportunities and realized that at some point he was going to need to share his concerns and feelings directly. If he didn't get the job, he would let his employer know that the lack of communication was troublesome, and hope this feedback would be helpful for the next interviewee. If he did get the job, he would need to share his concerns to help ensure that there was direct and clear communication with his employer in the future.

The mode-choice exercise can be applied to any domain (work, relationships, body). It can be particularly effective in helping clients see the characteristic ways (assertive or yielding) in which they cognitively frame or interpret situations: their control stories. In this way, it can help them further clarify their goals and actions, learning to develop and integrate the two positive modes of control. Below we provide handouts the therapist can share with the client on decision making.

DECISION MAKING: WHICH MODE TO CHOOSE

Sometimes it is difficult to decide which mode to choose. Should I be assertive for change, or let go and accept. In deciding when to take charge, when to let go, there are four guidelines to consider:

1. Determine what is in your personal control and what is not.
2. Go through the different domains of your life and decide which areas can or should be within your control that are not currently.
3. Determine what is the best way to seek to obtain control in those areas.
4. Examine which areas can or should not be actively controlled. To summarize, "What is in my power to do, with what effort, for what reason, for what benefit."

Almost all decisions involve taking a risk in the midst of uncertainty. Even our cultural aphorisms reflect two sides of decision making: "He who hesitates is lost" versus "Think before you act." Kierkegaard (1944) stated that the leap of faith in making a decision involved fear and trembling.

All choice is made with limited information. We need to learn to trust our decisions. Understanding and wisdom can come both through rational inquiry and through intuition and contemplative ways of knowing. It is helpful to image past wisdom and good decisions in your life, to recognize when you have made healthy choices, to know you are capable of such choices, and to learn to trust your own decision-making process.

Once you've made a decision, it is important that you follow through and act on it with 100% commitment. As the Zen saying goes: "When you walk, walk, when you sit, sit . . . above all don't wobble."

We also need to make sure that we allow for times of reevaluation. We must periodically ensure that goals, once set, which may be appropriate at certain times in life, do not become traps at later times. Each of us will go through periods of transition in which there is not a clear path or direction. At such times, one must be willing to allow time for healing and clarity to emerge.

CLARIFYING AND ENHANCING MOTIVATION

Often clients have difficulty in developing sufficient motivation to utilize and sustain efforts either in the positive assertive or yielding modes. To help clarify and enhance their motivation, clients must: clearly state their goals; examine why they have these goals; develop some understanding of how they benefit from the current situation (secondary gain); and recognize how they might sabotage efforts to reach their goals. The following are questions from our structured interview (Appendix B) that can be used to clarify motivation. We continue with our client, Jane, and her issue with her mother-in-law.

THERAPIST: In order of importance, what are the most important reasons for your wanting to gain greater control in this area?

CLIENT (JANE): 1. "For more positive regard of myself . . . I am bored and frustrated with my old patterns of interacting with my mother-in-law."

2. "For better interpersonal relationships . . . to make my husband happier."

3. "For better health . . . current patterns cause me a lot of stress."

4. "I want to cause my mother-in-law less pain."

THERAPIST: In what ways does this control issue negatively impact your life (i.e. what happens if no change is made)?

CLIENT: If I don't change, I will remain somewhat discontented with myself, my husband will remain unhappy, and my mother-in-law will continue to suffer pain at my hand.

THERAPIST: How strongly motivated do you feel you are to gain increased control in this area. Let's imagine a 4=point scale with 4=*very much*, 3=*somewhat*, 2=*little*, and 1=*not at all*.

CLIENT: Oh, very much, a 4. This is really important to me.

THERAPIST: On the same scale, how motivated do you feel you are to learn and regularly practice self-control strategies?

CLIENT: Well, I'd say a 3—somewhat. I'm not all that good at discipline.

THERAPIST: I appreciate your candor. Although I believe there are powerful techniques that we can all learn to help us change, it is important to honestly assess how willing and motivated we are, for the techniques take practice like anything new we learn.

EXPLORATION OF BARRIERS/RESISTANCE TO GAINING CONTROL

Often it's difficult for clients to see, at least initially, what we are getting out of the current situation. However, without that awareness, there's more chance they will unconsciously resist efforts to gain increased control. The following four questions can be explored with clients (followed by Jane's response):

1. What might be the possible negative consequences if you do succeed in changing?

To this, Jane noted "That is easy to answer. If I get on better with my mother-in-law, the relationship I have with my own mother might be threatened and altered. My own mom is very jealous and possessive and loves that my mother-in-law and I don't get along."

2. What are the difficult times you see ahead if you decide to gain greater control in this area?

Jane noted that [For Quadrant 2] having to control my responses when my mother-in-law does things that irritate me will take enormous will power. [For Quadrant 1] It will also be hard to stay calm while trying to speak to her assertively.

3. What are the potential problems or stumbling blocks you can foresee in trying to develop greater control?

An affinity for my old patterns of interacting with my mother-in-law . . . to ignore her and be fuming inside, or to counter-attack viciously.

4. What excuses might you give to sabotage your own efforts to change (i.e., ways you keep yourself from succeeding)?

I might say the problem's gotten too far out of control to manage and that the situation is basically hopeless, or that it takes too much effort, is too difficult.

ENHANCING MOTIVATION THROUGH VISUALIZING SUCCESS

In enhancing a client's motivation to gain a greater sense of control, it is useful to have the client visualize what it would feel like to have such control. Such a process can be helpful, both in terms of having the client self-model how he or she would like to act in a certain situation, as well as having the client see how reinforcing it can be when they are successful.

A Quadrant 2 positive yielding mode example for Jane was visualizing her mother-in-law making a negative comment to her on a Sunday evening. As she entered Jane's house for dinner, her first words were, "Jane, your car looks so dirty. Don't you ever wash it?" To help her experience a sense of positive yielding control, we had Jane visualize in her mind's eye doing a quick diaphragmatic breathing. She imagined herself smiling at her mother-in-law, realizing this was a trivial issue, and saying to her, "Thanks for the advice." She imagined herself focusing instead on the beautiful afternoon light, and simply saying, "Welcome, we're glad you could come. Let me have your coat."

In her visualization, she noticed that her mother-in-law seemed to soften a bit (after all, this was *her* image to control!), and entered the house. Jane continued to see herself breathing calmly as she followed after her. Later, with eyes open, Jane said that normally she would have responded to her mother-in-law in old ways:

(QUADRANT 3): "How my car looks is none of your business. Just butt out. We're nice enough to invite you to dinner, and these are the first words out of your mouth?"

(QUADRANT 4): Saying nothing, maybe smiling sweetly, but feeling furious inside, wondering why she allows herself to be abused like this.

(A PASSIVE-AGGRESSIVE COMBINATION OF NEGATIVE CONTROL MODES): "Fine, you're right. I do a horrible job of taking care of my things. I'll stop

everything right now. I'll just get out the soap and wax and go clean the car right now. Dinner will be postponed until I'm done."

She agreed that her new Quadrant 2 mode would optimize the chances for a more successful and pleasant evening than any of the other scenarios.

A positive assertive scenario for Jane was sitting at dinner with the kids and my mother-in-law turns to my 8 year old son Johnny and asks him what TV show he was watching this afternoon. Before he can even answer, she turns to me and says: "It's criminal the way you let him watch TV all day. He should be doing schoolwork or outside playing in the fresh air."

She imaged herself initially becoming both embarrassed and furious as a result of the remarks. However, instead of beginning a tirade at the table, she imagined herself practicing diaphragmatic breathing, calming herself, and then saying, "I appreciate your concern. I've been thinking a lot about the children and wonder if we could talk after dinner?"

After dinner, she noted, "I have a concern I'd like to share with you. I know when you make suggestions about Johnny, you're trying to help. But I feel put down by them. It makes me feel like an inadequate mother when you characterize my childrearing as criminal. Therefore, I would like to set some guidelines. I'd like you to stop and consider what you're going to say before you make any remarks to me about how to raise my children. If it is not an emergency, then I'd appreciate if you didn't comment. And in all cases, please be respectful. Thank you for hearing my concern."

Jane kept focusing on letting her breathing continue as she rehearsed and imagined this scenario. She then practiced responding to different responses her mother-in-law might make such as, "How dare you speak to me like that," to which she responded, and repeated as necessary: "Did you hear my concern? Do you understand my concern? Will you agree to my request? Thank you."

ENHANCING MOTIVATION THROUGH THERAPIST ENCOURAGEMENT

For clients who are having difficulty with motivation, there are ways to enhance client motivation. The following are some examples to use with clients, first for those seeking to utilize positive assertive skills to gain control and then for those seeking to develop positive yielding control skills.

For Positive Assertive

Gaining increased active control involves overcoming the inertia and resistance inherent in the status quo. It can be a painful and frightening process

as it requires seeing that things need to be changed to move from the helplessness and lack of control represented by Quadrant 4, negative yielding, toward greater assertive control requires the willingness to step out of security and certainty (even if these are causing pain) into unknown territory.

It takes courage to come face-to-face with potentially self-defeating attitudes of passivity—"oh well, things could be worse. . . ."—of indecision—"I just do not know what I want, I have no direction"—of hopelessness and helplessness—"Nothing I can think of makes a difference. I am the victim of fate"—of avoiding growth and retreating back into apathy or old ways, saying you do not really want to change or do not have a desire for greater control.

There is never a guarantee that choices will be correct, but often we take action without having all the information. The desire for increased assertive control involves facing anxiety, doubt, and fear of change and involves a willingness to risk asserting our right to have control. You should feel proud of yourself for your willingness to have the courage to risk change.

For Seeing Limits of Active Control

Another choice for dealing with an out-of-control situation can also be scary—letting go and yielding. In our culture we generally think of assertive action as taking charge. Having control for many of us is quite positive, and the idea of letting go of control, or just accepting things as they are can seem frightening. Sometimes our intense need for control can end up causing us to feel even more out of control.

As a result of experiencing success at gaining active control, we can begin to feel overly entitled to seek control, believe more in our self-importance and competence, believe others and the world should revolve around us, and be subject to our control desires. The belief in our right to have active control, although it can reflect a healthy degree of esteem and self-worth, when excessive, leads to distorted or grandiose perceptions of our self-importance. We need to begin to notice whether our belief in our right to control has any negative effect on others, causing disharmony and discord. In addition to voicing our own right, are we able to hear, listen to, and empathize with others' views of their own right(s).

Sometimes our prior successes in attaining control can raise the level of expectations. Our mind continues to seek out new vistas to conquer, and the current level of control may seem boring or insufficient. This may lead us to seek levels of control beyond what we need or what we can achieve. We also can become fearful of losing whatever control we have as well as guard against showing any weaknesses or vulnerability for fear of being seen as not in control or competent. We may become overly sensitive to criticism, lack an openness to others' feedback, and tend to blame others.

Do you see areas in your life where desire for active control is misplaced, inappropriate, and potentially destructive to your self or those around you,

or where efforts to exert active control feel excessive and you end up more out of control (controlled by the desire for control)? The greater our belief in our ability to attain control—to cause an influence in the desired direction, to get our way—the greater the efforts and larger the annoyance and frustration at whoever or whatever impedes those efforts.

The Positive Yielding Mode

Developing the ability to yield and accept can be an essential and indispensable control strategy, an antidote to negative assertive, overcontrol. This requires a shift to a basic faith and trust in yourself, in others, and in life—a trust that on some fundamental level, not everything will fall apart, that things will work out, that some positive outcome can occur even if you are not actively controlling everything. Allowing things and people to be as they are can bring a serenity and peaceful sense of order and control.

Here are some questions you may want to ask

1. Do you think it would be desirable to not always be or feel in active control?
2. Can you recognize your desire for control as a want rather than a need?
3. Are you able to see (can you appreciate) the uncontrollable nature of many experiences and situations in life?

Learning the yielding mode of control, moving from overcontrol to positive yielding is no easier for some of us than moving from passivity to positive assertive control. Breaking old patterns and habits and acquiring new ways of acting is seldom easy. Giving up the security of the known for the unknown often involves a short-term feeling of being increasingly out of control. But the yielding mode can not only balance the assertive efforts, it can bring a sense of serenity and contentment in and of itself. Again, you should be proud of yourself for your willingness to try a new way of gaining a sense of control.

COGNITIONS TO ENHANCE CHANGE EFFORTS

The following are several positive self-statements clients can make to facilitate their efforts to change:

- I am willing to give myself permission to act in new ways that will be healthy and life-affirming for me.
- I am willing to explore the potentially negative thought patterns, beliefs, and habit patterns that I have never really critically evaluated.

- I am willing to be proactive and use self-management techniques in my efforts to develop a healthier mode of living.
- I am willing to pay attention to my reactions—emotional, mental, and behavioral—and to use specific focusing techniques to become aware of the subtle and specific feedback my body gives me.

It is sometimes helpful to provide clients model phrases such as these. However, it is also helpful for some clients to develop their own cognitions. Although these affirmations may, on the surface, seem simplistic, we have found that it is sometimes difficult for clients to vocalize such positive self-statements, and the exercise can be quite profound.

REAFFIRMING ONE'S COMMITMENT TO CHANGE

Figures 11.1 and 11.2 show two forms. The first (Figure 11.1) is an intention-to-change and goal-setting form that we used at the Executive Stress and Wellness Center at the University of California, Irvine, founded in 1984. The importance of this form is twofold: in examining clients' intention, it is important to differentiate hope—"I wish"—from belief—"I can"—and commitment—"I will"—(the latter involves strength of intention to make changes); and it emphasizes the importance of specificity in goal setting.

The second form (Figure 11.2) is a self-management contract. This form is a way to have clients put in writing what their goals are and how they plan to accomplish them. The places for a signature and a witness are just a way to reaffirm commitment to the change process. This form can be used as a way to help clients set out their course of action and clarify the ways they plan to accomplish their goals and to reward themselves for their accomplishment(s). Any of these courses of action, of course, can be elaborated on. At the end of therapy there should be an evaluation of how well the goal was or was not met.

FURTHER EXAMINING RIGHT AND RESPONSIBILITY

The area of right and responsibility often is confusing for clients. Therefore, it can be important to spend additional time exploring this area.

RIGHT TO CONTROL

Sometimes clients do not believe enough in their right to exercise control; sometimes they appear to believe too much in this right. We also examine

In the following, please note whether there are any areas in which you would like or intend to make changes. In those areas you have a slight to very strong intention to change (i.e., in which you circle 2, 3, 4, or 5), please write down as specific a goal as possible. Two examples are provided of how you would specify goals, in this case changing nutritional habits and exercising more.

1	2	3	4	5
No intention	Slight intention	Moderate intention	Strong intention	Very strong intention

Example 1: I plan to change my nutritional habits this year.

Intention = 3

Specific goal: Reduce red meat from 5 to 2 times per week.

Example 2: I plan to increase my physical activity.

Intention = 4

Specific goal: walk 3 times per week for 30 minutes, try to cover 1½-2 miles.

I plan to change _____
 Intention = _____
 Specific goal: _____

I plan to change _____
 Intention = _____
 Specific goal: _____

I plan to change _____
 Intention = _____
 Specific goal: _____

I plan to change _____
 Intention = _____
 Specific goal: _____

FIGURE 11.1
 INTENTION TO CHANGE AND GOAL SETTING

Dates of contract: from _____ to _____
I _____ agree to _____

I plan to accomplish this by _____
(note specific strategies, skills,
and change plans you intend to use for your course of action)

If I keep this contract, I shall be rewarded with _____

(Signature) _____ Date _____
(Witness) _____ Date _____

FIGURE 11.2
SELF-MANAGEMENT CONTRACT

whether an excessive belief in our right to control, rather than reflecting a healthy sense of self-worth and confidence, may represent an attempt to compensate for unconscious insecurities and negative self-perceptions. These dynamic processes may need to be explored as well in the course of control therapy because they may be at the root of much negative assertive and negative yielding behavior. For example, the therapist might ask the following of Jane:

THERAPIST: What messages did you receive as you were growing up about your right to control?

CLIENT: I hated it when I was ordered around. I felt like I had no rights whatsoever. Every time I would take any initiative, my parents would criticize me. I didn't like it then and I especially don't like it now when someone feels they have the right to tell me what to do.

THERAPIST: So it's really important to you to ensure that no one tells you what to do?

CLIENT: Yes.

THERAPIST: And do you think that might play into some of your feelings about your mother-in-law?

CLIENT: Of course. But does that mean I should let her boss me around?

THERAPIST: Do you think it does?

CLIENT: No.

THERAPIST: I agree. You need to stand up for your rights. But you need to be aware that you might tend to overreact—get your buttons easily pushed—when you are told what to do, based on your past experience.

CLIENT: I agree . . . no argument from me about that.

THERAPIST: That awareness will help make you more sensitive to how others might feel when you try to impose your right to control on them.

CLIENT: I've been told. They don't like it. But if I don't stand up for myself, I feel like a pushover, dominated by others.

THERAPIST: How confident are you of your right and ability to exercise positive control?

CLIENT: I actually have a lot of doubts. I'm not that confident, but I don't want to show it. Sometimes I actually find myself ordering my kids around when I feel out of control . . . just as a way to reestablish my right to control, and to get myself back in control. But I don't like when I try to control others from that motivation and in that way.

RESPONSIBILITY

A second critical aspect of this step is responsibility: helping clients recognize what is within their active control and what is not. The determination as to when clients are exhibiting an insufficient or excessive belief in their responsibility can be a difficult and subtle one. For example, Jane could not control her mother-in-law's statements and reactions but she could work on controlling how she responded to them.

This points to the subtly and complexity involved in determining how much responsibility one should or should not take on in controlling themselves and their life circumstances.

The ability to let go of control and recognize the limits of one's responsibility represents the skills of positive yielding control. Another client example illustrates this:

CLIENT: Whenever I am at a family gathering, I get uncomfortable when there is some kind of conflict and people are unhappy. I feel I need to try to smooth things over, keep people from arguing with one another, and make sure everyone is happy.

THERAPIST: That sounds like an admirable goal. Do you feel responsible for people being upset, even if your behavior has nothing to do with their feelings?

CLIENT: Yes.

THERAPIST: How does that make you feel?

CLIENT: A lot of stress!

THERAPIST: Do you feel it's appropriate for you to feel totally responsible for everyone's happiness and to control these family dynamics?

CLIENT: No, it's too much. But what can I do?

THERAPIST: Would you be willing to practice letting go of feelings of responsibility next time you catch yourself starting to intervene?

CLIENT: Okay.

Here we would teach the client to: breathe diaphragmatically; notice the internal tension cues and cognitions that form the impulse to intervene (as well as to recognize antecedent trigger conditions); block the impulse by observing the anxiety and discomfort that arise as people become upset with one another and then instructing oneself: "I still care about what is happening, but it is not helpful either to me or to them to try to control this, to stop them from having this particular experience"; and keep focusing on free and easy breathing.

ENHANCING SELF-EFFICACY BELIEFS AND COMMITMENT TO CHANGE

When the area of concern has been identified and monitored, a goal clarified and specified, issues of right to control and appropriate responsibility assessed, the next step the therapist can use to help ensure clients' success with control techniques is to assess and enhance client self-efficacy beliefs.

SELF-EFFICACY BELIEFS

What does the client believe is his or her chance of success? The SCI includes general domain items regarding overall self-efficacy:

#2. "If I decide to, I have the ability to make changes in order to gain more control over my life."

There are also items that address efficacy beliefs for each of the positive modes:

#11. "I am able to calmly accept that which I am not able to change or alter."

#12. "I am able to act assertively and decisively to try to change or alter what I want."

The general domain information from the SCI can be complemented by asking the client to rate his or her beliefs about the ability to make changes within a particular area or domain on the following seven-point scale:

- 1 = *I know I will succeed.*
- 2 = *I am almost positive I will succeed.*
- 3 = *I am pretty sure I will succeed.*
- 4 = *I have some doubts about my ability to succeed, but probably will.*
- 5 = *I don't think I will succeed.*
- 6 = *I'm almost positive I won't succeed.*
- 7 = *I know I won't succeed.*

This rating scale can be used in areas from weight control to interpersonal relationships.

The research literature shows that expectation can affect and influence treatment outcomes; therefore, before teaching any control strategy it is important to assess the individual's beliefs about the possibility of learning a technique and thereby changing his or her cognitions, attitudes, images, and behavior. To explore and enhance self-efficacy beliefs, we have developed a series of structured questions (Appendix B), which are shown in Figure 11.3.

In this structured interview, we examine whether the client feels there is anything that can be done (strategies that can be learned) to help the client gain greater control. We ask these questions because it is difficult to teach a person skills for self-control if he or she doesn't believe he or she can learn them. It is important to assess what the client thinks he or she is capable of—what he or she believes can and cannot be controlled in the internal or external environment.

EXAMINING PAST SUCCESSES TO ENHANCE EFFICACY BELIEFS

One helpful strategy for enhancing self-efficacy beliefs is to have clients brainstorm about areas of their lives where they have been able to feel in control. This process of pointing out control successes and purposely magnifying them serves to counter the negative, globalizing tendency ("I can't control *anything*," or "I *always* fall into being passive in these situations").

Jane commented on the past successes of getting her college degree and her master's, and her relationship with her husband. She had learned "better control of my emotions, so they are not visible to everyone at all times" as well as "to speak up in class." She was particularly proud of a time when she went to a professor to request a reevaluation of her paper: "I asked her calmly, but with intensity, to please reexamine my grade, explaining why I

In general do you believe you have the ability to control your thoughts?

strongly believe	somewhat believe	somewhat disbelieve	strongly disbelieve
1	2	3	4

In general do you believe you have the ability to control your feelings?

strongly believe	somewhat believe	somewhat disbelieve	strongly disbelieve
1	2	3	4

In general do you believe you have the ability to express your wants and needs?

strongly believe	somewhat believe	somewhat disbelieve	strongly disbelieve
1	2	3	4

In general do you believe you have the ability to control your behavior?

strongly believe	somewhat believe	somewhat disbelieve	strongly disbelieve
1	2	3	4

In general do you believe there are skills that can be learned which would enable you to increase your control of thoughts? (question is then repeated for feelings, behaviors, expressing wants/needs)

strongly believe	somewhat believe	somewhat disbelieve	strongly disbelieve
1	2	3	4

FIGURE 11.3
ASSESSMENT OF SELF-EFFICACY BELIEFS

thought my paper was worth an 'A.' After listening to me and rereading it, she agreed."

We use past successes, as well as emphasizing other current areas from the domain-specific section of the SCI, to point out where the client has been and is being effective in gaining and maintaining control. These can serve as models and foundations for the next area being tackled. Further, we emphasize that past failure doesn't necessarily predict current outcomes. We may cite the smoking literature, which shows that those who eventually quit often have had *more* unsuccessful attempts.

MATCHING TECHNIQUES/TEACHING STYLE TO CLIENTS

We have mentioned several issues throughout the book regarding matching. In Chapters 8 and 9, we discussed the importance of matching techniques to person and teaching style to client. In this section we examine: ways of assessing the client's need for control as it affects teaching of strategies; and further matching control techniques to client needs and preferences.

ADDRESSING THE CLIENT'S NEED FOR CONTROL IN THE THERAPY SESSION

People differ in their levels of a freedom reflex (the desire not to be controlled by others) and in their desire for being in control. Assessment of clients' desire for control is also important in determining how the therapist presents and teaches a control technique.

We have devised a series of questions to address how willing a person is to learn from another (The Freedom Reflex Scale, shown in Figure 11.4). Note that these questions were developed as a heuristic device, and in the format below, can be given to the client to take between sessions. Also, the format here is close-ended, but more open-ended responses can either be elicited in the session or on paper.

With clients who have a high need for control, it is important to frame techniques in such a way as to give them as much feeling of freedom and control as possible. (Of course, even then it might not work. As one client said, "I'm not going to talk to an empty chair while you watch.")

To maximize the chance of success, with a client high in need for control, the therapist can use phrases such as the following:

- Let us work together.
- I think it may be helpful for you to consider _____, but it's got to be your choice.
- I don't want you to feel forced; you have to make the decision yourself.
- I want you to know that you are in control and of course have the ultimate power to decide whether you feel it will be helpful for us to work together or to try a specific technique. But I will share with you my view of some things I think may be helpful for you to consider.

For other patients with a lower freedom reflex it may be helpful initially to phrase questions with slightly more force:

Are you willing to be taught?

strongly willing	somewhat willing	somewhat unwilling	strongly unwilling
1	2	3	4

Are you willing to be told what to do?

strongly willing	somewhat willing	somewhat unwilling	strongly unwilling
1	2	3	4

Do you feel out of control when choices are not your own?

always	sometimes	seldom	never
1	2	3	4

If someone tells you the right way to do something, how do you feel?

very bothered	somewhat bothered	very little bothered	not at all bothered
1	2	3	4

If someone tells you to do X, will you automatically tense up and/or do Y?

always	sometimes	seldom	never
1	2	3	4

How easy is it for you to accept personal criticism?

very easy	somewhat easy	very little easy	not at all easy
1	2	3	4

FIGURE 11.4
THE FREEDOM REFLEX SCALE

- I feel if you follow this plan explicitly and practice regularly, it will really help you.
- I believe some techniques are really in your best interest to try. Would you be willing?

We do not mean to imply that it would not be helpful as part of therapy for a person high (or low) in the freedom reflex to examine that issue. But the question here is one of how to best maximize the chances of the client's hearing the issue and then learning and practicing control-enhancing techniques. Maximizing clinical success, generally necessitates meeting the client "where they are."