CHAPTER 30

INTERVENING TO ENHANCE PERCEPTIONS OF CONTROL

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Luck, chance, or fate may fortuitously bring about the ends we seek, but a far surer route is to have the ability to gain those ends through our own actions. Not surprisingly, the sense that one has this ability, termed personal control or mastery, has been proposed as an important component to one's self-concept and a necessary part of mental health. For example, one view of depression is that it is the result of learning that one's outcomes are not contingent on one's actions; in other words, believing that one does not have the control required to achieve desired ends (Seligman, 1974).

Research on the effects of situationally specific enhancements of control and on more enduring dispositions, such as a sense of mastery, has confirmed, for the most part, the importance of feeling that one has the ability to obtain desired ends through one's own actions. A sense of agency serves many important functions, including providing a sense of hope for positive future outcomes (Snyder, 1989). Interventions that give individuals control over some part of a stressful or noxious event have been found to reduce anxiety and stress while awaiting the event and to improve poststress performance (Thompson, 1981); moreover, individuals with a generalized sense of control or mastery are better able to cope physically and psychologically with stressful life events (Kobasa, 1979; Taylor, 1983).

There is a general tendency for individuals to overestimate the amount of control they can exercise in their lives and to assume that they have control in areas where the objective evidence indicates otherwise (Langer, 1983). Presumably, a modest degree of overoptimism about the amount of control one can exercise is one of a number of illusions that serve adaptive functions, such as maintaining feelings of hope (Snyder, 1989) and a positive self-image (Taylor & Brown, 1988).

In contrast to this general illusion of control, some individuals experience debilitating feelings of helplessness and hopelessness due to very low estimates of the amount of control they have over the outcomes that are important to them. According to the theory of learned helplessness (Seligman, 1974), these feelings are due to previous experience with a lack of contingency between
one's actions and one's outcomes. In the reformulated helplessness theory, the role of attributions that the actor makes for outcomes is emphasized (Abramson, Garber, & Seligman, 1980). Helplessness is seen as resulting from the attribution of negative experiences to internal, stable, and global causes. Thus, the new view is that just being exposed to noncontingency does not produce helplessness; rather, the individual's judgment that she or he has little possibility of affecting future outcomes is critical.

Learned helplessness theory proposes that feelings of helplessness are the source of chronic depression, but the depressed are not the only group for whom perceptions of low control over outcomes may be an issue. Feelings of helplessness and a loss of control are common among those who have experienced a major traumatic event, such as disability, diagnosis of a serious disease, or loss of a family member (Janoff-Bulman & Frieze, 1983). Some groups, such as the lonely or those with marital problems, may feel helpless in one major area of their lives, but may not have such feelings in other areas. For other groups, such as the aged, feelings of helplessness may gradually increase as health and mobility decline (Schulz, 1980). Thus, there are a number of groups for whom feelings of helplessness may be a major problem.

The purpose of this paper is to use the body of theory and research in social and clinical psychology to analyze what is involved in the process of exerting control and to use that analysis to suggest an intervention to help alleviate low perceptions of control. In keeping with the health focus of this volume, the emphasis will be on how individuals generate and maintain feelings of mastery and control and how to enhance these perceptions, rather than on the genesis of feelings of helplessness.

**CONTROL-RELATED CONCEPTS**

A variety of terms that are synonymous with or close in meaning to control, including self-efficacy, locus of control, self-control, and perceived control, are used in the literature.

Self-efficacy is one of three basic concepts in Bandura's theory of human behavior (Bandura, 1977; also see Maddux, this volume). It refers to a belief that one has the ability to execute a particular behavior. Self-efficacy in combination with outcome expectancies (beliefs that a particular behavior will lead to certain outcomes) and outcome values (the value placed on the outcomes) determine the behavior undertaken by an individual. Because control over an outcome is a function of both the ability to perform an action and the degree to which the outcome depends on the action (Weisz, 1986), self-efficacy, as originally defined, is one component of a sense of personal control.

Locus of control is a concept derived from Rotter's (1966) social learning theory. Internal locus of control refers to an enduring disposition to believe that events are contingent on personal action. Locus of control is equivalent to outcome expectancies in self-efficacy theory, beliefs that actions will produce certain outcomes. It is not the same as self-efficacy or a sense of personal control. Internals in locus of control, for example, believe that personal action determines the reinforcements one receives, but also may feel incapable of executing those actions and, therefore, have a low sense of personal control.

Self-control is defined by Blankstein and Polivy (1982) as "a person's influence over and regulation of his or her own psychological, behavioral, and physical processes" (p. 1). Thus, self-control refers to a subset of personal control, one that is concerned with influencing one's own actions and reactions and not with the control of external environmental events per se.

Situationally specific perceived control refers to a belief that one can influence the outcome of an event in a particular situation. It has been investigated by making available a response that the individual can use to affect the event, such as being able to self-administer a stressor, making a decision relevant to the event, or getting instructions in cognitive techniques that can help modulate one's reactions (Averill, 1973; Thompson, 1981). It is assumed that the availability of these options increases perceptions of control, although that is usually not measured as part of the research.

The perception of control, as it will be used here, refers to a broader concept than situationally specific perceived control. Perceived control is defined here as the belief that one can obtain desired outcomes through one's own actions. Feelings of control may be influenced by features of the situations, but the perception of control resides within the person, not within the situation.
FACTORS THAT INFLUENCE PERCEPTIONS OF CONTROL

People have a sense of personal control when they are able to recognize what can and cannot be influenced through personal action in a situation, when they focus on the elements that can be controlled through personal action, and when they believe that they possess the skills necessary to successfully complete those actions. For example, an aspiring author would have a strong sense of personal control if she felt that she was aware of what affects whether or not a manuscript gets accepted by a publisher, believed that some of the causes of acceptance could be affected by authors' actions and focused on these controllable causes of acceptance (e.g., strong story line) rather than the uncontrollable causes (e.g., an editor's personal taste, distrust of first authors), and believed that she could successfully undertake those actions that could affect the controllable elements (e.g., could write a strong story line).

On the other hand, the potential author would not feel that she had much control in this area if she had no idea why manuscripts get accepted or rejected, believed that there was little that authors could do to affect the probability of acceptance, focused entirely on the causes of acceptance that were out of her control, or did not believe that she possessed the skills that would make a manuscript more acceptable.

Awareness of and Focus on Controllable Causes

Being Aware of Causes

Some knowledge about the causes of events is necessary if we are to feel that we are able to exert some control over them. That knowledge need not entail a deep understanding or an elaborate theoretical perspective on the topic, but, at a minimum, may consist of a simple observation of contingencies that can suggest possible causal influences.

The importance of awareness or knowledge of contingencies is emphasized in most analyses of the process of self-control. Knowledge about the thoughts, people, and situations that lead to certain reactions and behaviors is essential if one is eventually to develop control over one's actions and reactions (Mikulas, 1986). Rosenbaum sees this ability to monitor events as one type of process-regulating cognition by which individuals regulate their own behavior (Rosenbaum & Smira, 1986). For this reason, the first step in a number of self-control enhancement programs is to develop clients' recognition of potentially risky situations and understanding of the influences that shape their choices and actions (Gilchrist & Schinke, 1985; Kanfer & Karoly, 1972; Omizo, Cumberly & Longano, 1984).

Knowledge of the contingencies that guide external events is equally important if some control is to be exerted on them. A feeling of control in the area of academic achievement, for example, would not be possible if one was not aware of what kinds of answers on exams or what kinds of papers are likely to be evaluated highly by teachers. Not surprisingly, a common reaction when faced with a new situation is for individuals to avidly seek information about the influences that affect various outcomes in order to exert control in the situations. For example, many people respond to a diagnosis of cancer with an intense search for information about its causes and treatment (cf. Fay, 1983, p. 52).

What is important for a sense of control and mastery is that individuals be able to identify causes of desired outcomes that may be influenced by personal action. This is related to Bandura's (1977) concept of outcome expectancies, beliefs about the outcomes associated with various actions. Individuals need to believe that there are one or more actions with high outcome expectancies for the desired outcome.

How do people identify influences on an outcome and judge what is and is not controllable through personal action? This, of course, is the crux of the often-repeated advice that was first given in a sermon by Reinhold Niebuhr (cited in Lefcourt, 1976). It calls for individuals to have the ability to control what can be controlled, to accept what cannot be controlled, and to have the wisdom to know the difference.

One way people may learn the influences and the "difference" is by observation. We can discover for ourselves what thoughts, persons, and situations influence our behavior by attending to the covariation between our reactions and various internal and external events. That is the logic behind the cognitive-behavioral technique of self-monitoring (Meichenbaum, 1985) in which clients are engaged in a conscious strategy of self-observation in order to identify influences on their behavior and actions.
Some studies have examined the effects of making it obvious that one's outcomes are contingent on one's performance. Heightening the contingency between action and outcome improved health status and increased activity in the elderly (Schulz & Hanusa, 1979) and reduced depressive cognitions in a student group (Stern, Berrenberg, Winn, & Dubois, 1978). Presumably, these positive effects came from participants' heightened perceptions that some of their actions were effective in controlling outcomes.

Another way that people learn what actions have high outcome expectancies (i.e., are likely to lead to desired outcomes) is through instruction or information from others. Several studies have examined the effect of telling subjects that the "broken record" technique, a strategy of continually repeating one's desires, is an effective assertiveness technique. Those who get this information have higher outcome expectancies for the technique and higher intentions of using the method than do those who hear it is not effective or who get no information (Maddux, Norton, & Stoltenberg, 1986; Maddux, Sherrr, & Rogers, 1982).

Psychotherapy is an experience that often provides both information about controllable outcomes and direct experience with the contingency between one's actions and outcomes. Many therapies emphasize the individual's contribution to and ability to control emotional reactions. In addition, changes induced by the therapeutic experience enable clients to have control over emotional responses that they previously experienced as being out of their control. A number of studies find that various types of psychotherapeutic interventions increase internality in locus of control, the disposition to perceive a contingency between personal behavior and outcomes (Craig & Andrews, 1985; Gillis & Jessar, 1970; Omizo, Cubberly, & Longano, 1984; Swink & Buchanan, 1984). Training in relaxation techniques also has been found to encourage a more internal locus of control in those with a diagnosis of alcoholism (Marlatt & Marques, 1977) and in hyperactive children (Porter & Omizo, 1984), perhaps because the training allows some control over reactions to stressful situations.

Focusing on Controllable Causes
Believing that some desired outcomes can be influenced by individual action will not contribute to a sense of control if the person does not focus on the causes that are controllable. Those who emphasize uncontrollable influences will feel helpless and unable to act to get what they want, despite the fact that they recognize that some causes are open to influence by personal action. For example, an overweight individual may believe that weight control is influenced both by uncontrollable factors, such as heredity, and by factors that can be influenced by personal action, such as exercise and diet. If the person focuses on the uncontrollable factors, he or she will feel helpless about weight loss or control.

Incomplete or Biased Processing
People are presumably motivated to perceive themselves as having control and to act to get the outcomes they desire (e.g., deCharms, 1968). Why does this process of searching for and focusing on controllable causes sometimes go awry, resulting in people who are seemingly unaware of ways they could influence the outcomes they desire? We will consider several reasons why someone's search for causes, especially for controllable causes, may be incomplete or biased.

For one, an incomplete search for causes may be linked to a coping style of denial or repression. Those who manage the anxiety associated with a potential loss or failure by denying the seriousness of the situation or by refusing to think about it are unlikely to invest much energy in a search for causes. Repressors do not seem to be interesting in obtaining information about an upcoming stressor. Field, Alpert, Vega-Lahr, Goldstein, and Perry (1988), for example, found that among children hospitalized for minor surgery, repressors were less likely than sensitizers to observe the medical procedures or to seek information about them. Not only are repressors not likely to want more information about a stressor, but they seem to cope better without it (Andrew, 1970).

A second influence on the completeness of a search for causes is individual differences in the disposition to be introspective and concerned with causality. Fletcher, Danilovics, Fernandez, Peterson, and Reeder (1986) have developed a measure of attributional complexity, the disposition to consider the causes of behavior, to prefer more complex causal explanations, and to reflect on the process by which one generates causal explanations. Attributional complexity is not related to intelligence within the normal range. Psychology
students, for example, are probably not more intelligent than natural science students as measured by standardized test scores, yet psychology majors score twice as high as their natural science counterparts on a measure of attributional complexity (Fletcher et al., 1986). Those who are low in attributional complexity are probably less likely than more complex individuals to be aware of a variety of causal influences.

In addition to an incomplete search in which both uncontrollable and controllable causes are overlooked, some individuals may be especially prone to overlook controllable causes. This may occur if these individuals have some psychological investment in attributing their past failures and misfortunes to external, uncontrollable causes. Snyder and Higgins (1988; Higgins & Snyder, this volume) proposed that there is a general motivation to decrease linkages between the self and negative outcomes, so people tend to offer excuses, deny responsibility, and point to external causes when their actions have undesirable consequences. The identification of internal, controllable causes may be threatening if one has maintained self-esteem in the past by denying responsibility. The idea that personal action could control a current outcome raises the question of whether or not one was responsible for failures related to similar outcomes in the past.

Those who have low self-efficacy for actions that could influence an outcome may be another group that is unaware of ways that personal action could influence the attainment of goals. An important source of information about contingencies comes from our own experience with the consequences of our actions. People who do not possess a skill or who do not believe that they possess the skill may be missing information about the effectiveness of personal action.

Low feelings of efficacy also may motivate individuals to discount and not focus on those ways in which personal action could influence the outcome. One reason this could happen is because the perception that others can control an outcome, but you cannot, called personal helplessness, is seen as more devastating than universal helplessness, the feeling that no one can control the outcome (Abramson et al., 1980). Focusing on causes that no one can control may be less stressful than feeling unique in one's helplessness.

A second reason why low self-efficacy individuals may focus on uncontrollable outcomes is because identifying and focusing on controllable outcomes may make them feel obliged to try to exercise control, an effort that in their assessment is bound to fail. In the example of overweight people who see both heredity and a lack of exercise as contributing to obesity, those who focus on heredity as the cause need not try to do anything to change the situation, but if the lack of exercise is a focus, then the message is that they should begin an exercise program, something they may be loathe to do if they have low self-efficacy. There is some evidence that, at least in animals, it is more stressful to attempt to have control and fail than never to make the attempt (Weiss, 1971). By focusing on uncontrollable outcomes, low self-efficacy individuals may be protecting themselves from the stresses of trying to exercise control and failing. Snyder, Smoller, Streng, and Frankel (1981) make a similar point in their analysis of giving up following a failure. If the chances of success are seen as slim, some people may protect their self-esteem by not trying to succeed.

This suggests that many people may be unaware of or not focus on controllable causes of an outcome they are seeking because their coping style is one of denying or ignoring an impending stress, because they tend not to be predisposed to identifying causal influences, or because they have had little success themselves in influencing this outcome. In addition, some individuals may be motivated to focus on uncontrollable influences because they have externalized responsibility in the past to maintain self-esteem or because they feel that they personally lack the skills to affect an outcome and do not want to feel obliged to attempt the actions and fail.

**Focusing on Controllable Outcomes**

What happens when people face situations in which there does not appear to be any way for them to get their most desired outcome through personal action? Irretrievable losses, such as permanent disability or the death of a loved one, represent situations in which the most desired outcome, full restoration of faculties or the return of the loved one, is not possible. Relationships sometimes deteriorate beyond the point where one person's actions could save them. In many other instances, people lose or fail to obtain desired outcomes and have no realistic reason to hope for eventually getting what they want.

These are situations in which control over obtaining the most desired outcome does not seem to
be possible, but they are not situations in which people necessarily feel helpless and hopeless. Rothbaum, Weisz, and Snyder (1982) suggested that one way of asserting control when one cannot directly get what one wants is to use what they term "secondary control." This is achieved by identifying with powerful others, aligning oneself with fate, predicting events to avoid disappointment, or by reinterpreting the meaning of events. Although people who use these techniques may appear to have given up, Rothbaum et al. (1982) argued that people need not feel helpless if they use these secondary control procedures.

Another way in which some individuals maintain a sense of personal control in uncontrollable circumstances is by finding and focusing on alternative outcomes that can be influenced through personal action. It is not uncommon for individuals who have undergone some major loss to re-evaluate their goals and focus on outcomes that can still be reached despite their loss. For example, when stroke patients and their caregivers were asked if they had found meaning in their experience, some of them responded that they had done so by changing to goals, such as living life one day at a time and appreciating family and friends, that can be reached even in their diminished circumstances (Thompson, Sobolew-Shubin, Graham, & Janigian, 1989). Thompson and Janigian (1988) suggested that one way in which people find meaningfulness in a traumatic event and restore a sense of control is by redirecting their energy to outcomes that are still reachable.

These ideas are consistent with Victor Frankl's (1963) perspective on the search for meaningfulness in everyday life. Frankl maintained that a sense of meaningfulness and control is possible whatever the restrictions of the circumstances. Even in the most extreme circumstances, it is possible (although it may not be at all easy) for people to choose the attitude with which they face their future. Thus, people can maintain a sense of control by focusing on their ability to control their approach to the situation.

Even in less extreme circumstances, people may have valued goals that turn out to be unreachable or unlikely to be attained. To the extent that they focus on less valued but still attainable goals, a sense of control can be maintained. The alternative goals may be substitutes for the original goal, such as switching from a premedicine concentration to other career goals, or they may involve focusing on alternative outcomes that do not substitute for the original goal, such as focusing on going through an unavoidable painful medical procedure with a minimum of pain and emotional distress.

Why do people not always find and focus on an alternative controllable outcome when it appears that a desired goal is not reachable? One major reason is that one cannot focus on alternative, competing goals if one is still heavily invested in and committed to the original goal. Klinger's (1977) Incentive Disengagement Theory predicts that there are five stages to the process of giving up a goal: invigoration, aggression, downswing into depression, depression, and recovery. When goal attainment appears to be permanently blocked, disengagement from the goal is not immediate. It is only after going through this sequence of increased effort to get the goal, anger about the blockage, and depression over the realization that it is unattainable that one is able to disengage from the goal and invest one's energies in other alternatives. Thus, immediately after a serious loss and perhaps for some time after that, people will find it difficult or impossible to find and focus on substitutes for the original goal. They may, however, be able to focus on outcomes that are not substitutes for the original goal and use that to maintain a sense of control. For example, those who have lost a spouse may be unwilling or unable to redirect their interest to other potential partners for a considerable amount of time, but they may be able to focus on actions they can take to deal with feelings of loneliness and depression.

A second reason why people may not focus on alternative controllable outcomes is because consciously or unconsciously they derive some secondary benefits from having others see them as victims. The behavioral concomitants of helplessness—apathy and expressions of depression—are an indication of the extent of someone's loss and serve as signals to others that the person needs and deserves sympathy and help. Others may withdraw their material and emotional support if the person suffering the loss exerts control by focusing on other, reachable outcomes. The benefits of regaining a sense of control may not seem worth the loss of a favored status as someone deserving attention and care.

Thus, one way to exert control is to find and focus on reachable outcomes. Individuals may fail to do this, however, because they are unable to disengage from the original goal or because they derive secondary benefits from being helpless.
Self-Efficacy for Relevant Actions

In addition to being able to identify and focus on causes and outcomes that can be influenced through personal action, it is also important to believe that one has the ability to perform those actions. This third component to perceptions of control is self-efficacy, the belief that one possesses the ability to carry out relevant personal actions.

Why would people have low self-efficacy beliefs for a particular action? One possible reason is that the perception is accurate and they do not possess the needed skill. However, there are also many instances in which people have the skill and have had successful experiences using their ability, but have not internalized this experience. Bandura (1977, 1982) suggests that experience is the best source of efficacy information, but it may not always have the impact it should on beliefs about self-efficacy. The processing of information about experience needs to be considered. This involves interpretation, inference, and attention.

Processing Information
About Experience

Interpretation. For some events in life, one receives clear feedback on the level of one's performance and whether or not that performance constitutes a success or failure. Placing first in a race or contest, for example, can clearly be labeled a success. For many other experiences, however, this type of explicit feedback is rare; it is far more common not to get any information on how one performed. Even for situations in which there is a clear rating of performance (e.g., grades in school or number of pounds lost in a week), there is considerable variability in what gets labeled a success or failure. For one person a grade of B+ is a success; to another person it is a failure. The interpretation of an outcome as a success or failure is important because performance that's not seen as successfully enacted will not increase feelings of self-efficacy regarding one's ability to reach a goal.

Inference. Causal attributions for direct experience are presumed to play an important role in judgments of self-efficacy, but there is no clear statement linking specific attributions to self-efficacy.

The important question is, What attributions are associated with high self-efficacy? According to Bandura (1982, p. 29), self-efficacy is enhanced by attributions of success to ability, especially in combination with attributions that discount other explanations for success, such as effort, low task difficulty, or luck. The reformulated learned helplessness model states that feelings of control are the result of internal, stable, and global attributions for success (Abramson et al., 1980). Thus, both self-efficacy theory and helplessness theory agree that ability attributions for success are associated with high control, but they make different predictions about the effects of effort, which is an internal attribution and can be stable and global.

There is evidence that both ability and effort attributions play an important role in judgments of self-efficacy. Schunk (1982) found that children who were encouraged to attribute their performance to the effort they expended showed increases in self-efficacy relative to those for whom the need to work hard was stressed and those who received no feedback. In a second study with a factorial design, he compared the effects of both ability and effort attributional feedback on perceptions of self-efficacy for math problems (Schunk, 1983). Ability feedback by itself resulted in the greatest increase in self-efficacy. The effort alone and effort plus ability feedback groups did not differ from one another and were both superior to the no feedback group in enhancing self-efficacy.

A related issue concerns the attributions that actors make for failure. Again, there is some confusion as to which attributions have the greatest effects on perceptions of self-efficacy. Presumably, external attributions would indicate that the failure can be dismissed as not reflecting on one's ability to perform the behavior and so would be least destructive to perceptions of self-efficacy or control. Learned helplessness theory proposes, for example, that external, variable, and specific attributions for failure are most adaptive (Abramson et al., 1980). However, an attribution of failure to an internal factor, lack of effort, has several advantages over some external attributions. One, effort is usually seen as a controllable factor, so if a lack of effort is the problem, success can be attained on future tries if the actor chooses to exert the needed effort, whereas if the failure is due to external factors, such as the difficulty of the task, bad luck, or unfair circumstances, then the actor has no control over the outcome of future performances. Two, although effort is an in-
ternal factor, it is less central to a person's sense of self than is ability. In their analysis of the effects of excuses, Snyder and Higgins (1988) proposed that lack of effort can be an adaptive attribution for failure because it is an acceptable excuse that does not threaten a central part of one's sense of self. In their review of the literature, they found that manipulations that promote the attribution of failure to low effort have positive effects on future performance. Thus, low effort attributions for failure may be more consistent with high self-efficacy beliefs than are external attributions.

Attention. A performance can be interpreted as a success and attributed to internal factors, but may not affect self-efficacy judgments if the performance is not remembered, is not the focus of attention, or is dismissed as unimportant in the light of past failures (Bandura, 1982). Individuals need to focus on their successes and see them as more relevant than past failures in order to enhance perceptions of efficacy. However, this may be particularly difficult to do for those with a pattern of past failure. Those who expect failure may ignore or discount successes because they are inconsistent with a negative self-image.

Thus, people may have low self-efficacy because they quite accurately perceive that they do not possess a skill. Alternatively, low self-efficacy may reflect the person's tendency to interpret achievement events as failures, to attribute success to external, uncontrollable factors, and to focus on failures rather than on successes.

INTERVENING TO ENHANCE PERCEPTIONS OF CONTROL

A model of the process of perceiving and exerting control with the three components of finding controllable causes, focusing on controllable outcomes, and perceiving oneself to have the skills necessary to enact the control has been presented here. This analysis suggests how to intervene to increase perceptions of control for those who are temporarily or chronically experiencing feelings of helplessness. This intervention is presented as a series of questions that individuals should ask themselves when faced with situations in which they might wish to have control. These are laid out in a flow chart in Figure 30.1.

There are eight questions that can be addressed in this process, but whether or not a particular question is relevant depends on the answer to previous questions. The eight questions refer to goal identification, the identification of controllable influences, the identification of alternative goals, an assessment of skills, identification of ways to acquire skills, an assessment of the accuracy of one's self-efficacy judgments, identification of ways to increase self-efficacy, and an assessment of the costs and benefits of exerting control. The idea is that learning to address control-relevant issues in this fashion will increase perceptions of control.

In the discussion that follows, it will be assumed that the intervention is administered by a therapist or other psychologically trained professional, either in individual or group sessions. However, many individuals, in particular those who are functioning well in most areas of their lives, may be able to acquire these techniques on their own through instructional materials or brief instructional interventions.

Goal Identification

Before people can consider exerting control in some area of their lives, they need to have a clear idea of what outcomes they wish to bring about or to avoid. It is difficult to take concrete action toward obtaining what you want unless you have a good sense of what that goal is. In many cases, of course, people are quite clear about what they want. The stroke patient's most preferred outcome is likely to be full recovery of functioning, and an untenured assistant professor has no trouble identifying a positive tenure decision as the outcome of choice. Frequently people know that they are dissatisfied with the current situation, but have only a very vague idea of what they want. For example, some depressed individuals may know that they are unhappy, but do not have a clear idea of how they want things to change, and an unhappy spouse may have difficulty saying what specific changes he or she wants in the partner's behavior. The first step toward achieving control is to define the outcome concretely enough so that it is possible to identify specific actions that can be taken to achieve it.

The consideration of desired outcomes should not be limited to goals that in the past people thought themselves capable of influencing. It is premature to reject goals before there has been a new look at the possibility of attaining them within the current framework. The idea here is to give serious consideration to what one wants regardless
Figure 30.1. Flowchart of the components to control enhancement training.

of whether or not it seems that it would be easy to get one's desire. However, there probably does have to be some weight given to how realistic the goal is. Individuals who consistently identify very unlikely events and very difficult goals as desired outcomes may need to consider if they are setting themselves up for disappointment. They can be encouraged to focus on less spectacular but more realistic ambitions. For example, a person who thought that winning the lottery was a main goal may need to focus on other more easily obtained goals, at least for the purposes of this training.

Identification of Controllable Influences

The second step is to begin to identify ways that the outcome could be influenced through personal action. The key question is, Are there some ways that a person who wanted that outcome could influence her or his chances of getting it? The consideration of controllable causes should not be limited to actions that participants personally believe themselves capable of performing. They should be encouraged to save the question of
their ability to carry out the action for a later part of the process.

There are a number of techniques that could be used to widen the pool of possible causes that are brought into consideration. Participants might be given an exercise to systematically observe and keep a log of their own behavior or of an external event they wish to control. It might be a topic that one could get written information on or it may be possible to ask knowledgeable others about the sorts of factors that influence one's chances of getting the desired outcome. For example, someone who was interested in getting his manuscripts published could ask editors about influences on whether or not papers get accepted or could talk to published authors about their experiences.

The analysis presented earlier of how the search of controllable causes can be incomplete or biased suggests that there are a number of difficulties some people will have with this step. If some individuals appear to be unable or unwilling to think about the causes of a stressful experience because they typically repress thoughts about this type of situation, then they might profit from a discussion of this tendency and a consideration of the costs and benefits of approaching stressful situations in this manner. They might decide that the use of repression or denial to manage anxiety is not worth losing the chance to control some part of the process. Or they might conclude that benefits of avoiding some anxiety are worth passing up the opportunity to have control in this area and consciously decide to continue using repression. Even if they make the latter choice, feelings of control are likely to be enhanced because the use of repression is now a conscious choice. The alternatives were considered and a decision was made, one that can be reviewed at a later date if there is a desire to do so.

Participants can be encouraged to make similar analyses of other blockages to considering controllable causes. If some people find it threatening to identify controllable causes because it implies responsibility for other failures, they can be helped to reconsider the beliefs and assumptions underlying that threat. It is likely that some of the irrational beliefs identified by Ellis make taking responsibility particularly threatening (Ellis & Harper, 1975). The rational-emotive perspective on these types of beliefs and their effects can be presented. Another approach is for those who find controllable causes threatening to think about using the distinction between responsibility for a cause and responsibility for taking action to remedy a situation (Brickman, Rabinowitz, Karuza, Coates, Cohn, & Kidder, 1982), which may be a less threatening way to conceive of controllable causes. They also may be asked to consider whether or not there are advantages of feeling responsible for a misfortune and if the benefits of not feeling responsible are worth giving up the chance to exert control and have an opportunity to get what they want.

In a similar fashion, if fear of failure appears to be an issue, participants can analyze with the help of the therapist whether or not that is a realistic concern. Even if it is, alternative perspectives on failure can be discussed, such as the idea that courageous people take more chances, so perhaps they experience more failure: Being willing to fail is a sign of courage. Another approach to countering fear of failure is to have participants use a technique like paradoxical intent (Frankl, 1963), in which people intentionally try to bring about some outcome that they have been trying to avoid out of fear. In this case, they might allow themselves two free failures, in which they are allowed to fail without any self-recriminations.

The point in all three of these examples of blockages to considering controllable causes is to get people to examine their assumptions and implicit choices and to have them work on changing the assumptions so that they can exert control or to at least make the choices explicit so they have a sense of control over the choice process.

**Alternative Goal Identification**

For some desired outcomes, there is obviously not any way that an individual can increase the chances of getting the desired outcome. The death of a family member, some disabilities, or losses of valued objects are permanent. In other cases, people may decide that although the chances of getting their primary outcome is not zero, the probability is low enough that for them it is not worth the effort that would be necessary. In those circumstances, it is important that people find and focus on alternative controllable goals in order to maintain a sense of personal control. The question that they need to ask themselves is, Given that I can't get what I most want, what can I do to get other goals that are also important to me or to improve my situation? (See also Heppner, this volume.)

Those who have suffered a major loss may not
be ready to look for a substitute goal for a considerable length of time, but their feelings of control can be increased in two other ways. A number of studies find that predictability is a factor that increases feelings of control (Miller, 1979). Information about the feelings that one is likely to experience following a loss and the process of adjusting to that loss help people anticipate what the experience will be like. The predictability increases perceptions of control because one is better able to deal with situations when they are expected. So, one way to increase control is to get information from others who have been in similar situations about what to expect. Another way to gain control when one's primary outcome is not possible is to focus on getting through the experience of dealing with that loss with a minimum of suffering and distress. For example, some cancer patients may not be able to get the most desired outcome—complete remission of the disease—but can focus on ways to reduce negative feelings or the amount of stress caused by the treatment.

Knowing when to give up a goal because the probability of ever obtaining it is low is a difficult decision and one that individuals need to make for themselves. Clients can benefit from an open consideration of the advantages and disadvantages of persistence in their situations. Perceptions of control will be enhanced if the goal is given up on the basis of an explicit choice to do what is in one's best interests, given the situation.

The goal of the therapist is to help people disengage from a goal that they have decided is unreachable, to help them consider a number of alternative outcomes, and to focus on these alternatives rather than on the lost outcome. Through group discussion or conversations with others in similar situations, additional possible goals can be identified so that people are basing their decisions on a view of the range of possibilities.

Assessment of Skills

Given that people have identified what they want and have some idea about how the outcome could be obtained through individual action, the next question is whether or not they possess the necessary skills to enact those actions. If people judge that they possess or could easily acquire the skills, then they need to decide whether or not the costs of exerting control are worth the potential benefits. This process of weighing costs and benefits will be discussed later in the paper. If self-efficacy perceptions are low, then the next step to consider is whether or not those judgments are accurate.

Assessing the Accuracy of Self-Efficacy Expectations

Because it is possible for people to be able to successfully execute an action and still feel doubtful about their ability to do so (Bandura, 1982), some consideration needs to be given to whether or not one's feelings of low self-efficacy are justified. Questioning and feedback from the therapist would be useful here to help people decide whether or not they possess a skill. For example, some students might have a very low rating of their ability to write well. Through questioning about past experiences, however, it may be determined that in the past some papers have received good grades. Gently pushing someone to explain a discrepancy between performance and feeling may help reveal to them ways in which they discount success.

If the assessment made at this stage indicates that the person probably does not possess the needed skills, then the next question is whether or not the skills can be acquired. This will be considered following the next section. If the person decides that it is likely that he or she has the needed abilities, but lacks confidence in those abilities, he or she needs to work on increasing his or her self-efficacy.

Ways to Increase Self-Efficacy

For those who have unrealistic ways of evaluating their performance, more adaptive interpretations can be encouraged by calling attention to and challenging perfectionistic standards for the self. Many individuals may not realize that their standards are inappropriately high. Goldfried and Robins (1982) suggest that clients benefit from comparing their distorted subjective views of their own behavior with their more objective perspective of others' achievements. Appropriate comparison models to use to evaluate one's performance can be discussed. For example, those who use difficult to match comparison models may recognize the arbitrariness of the standards they use if they role play what their reactions to a performance would be if they used less difficult comparisons. Practice in finding and giving proper appreciation to the elements in a performance that were suc-
ccessful also may be useful. Strecher, Devellis, Becker, and Rosenstock (1986) suggested that therapists break target behaviors into easily managed components, arrange components so that initial tasks are easily mastered, and highlight clients' relative progress toward the target behavior.

Some individuals may need to learn to attribute their successes to their own behavior and their failures to external factors or to an internal, controllable factor (lack of effort) where appropriate. Forsterling (1986) has proposed that maladaptive attributions arise when individuals either do not have needed sources of information (consensus, consistency, and distinctiveness) or have inaccurate estimates of their values. He discussed how therapists can encourage clients to make correct, adaptive attributions by providing expert opinion about other people's behavior and by pointing out overlooked sources of consistency and distinctiveness information. For example, through examples and persuasion, a therapist may help a dieter to see that almost everyone occasionally violates his or her diet (high consensus for failure; therefore, not to be attributed to a lack of ability), that on many occasions the dieter has been able to resist temptation (high consistency for success; therefore, it can be attributed internally), and that the dieter is very successful at not eating between meals and at other times although he or she occasionally fails to follow the diet at mealtimes (high distinctiveness for failure; therefore, not to be attributed internally).

Goldfried and Robins (1982) suggested that clients can profit from a discussion of their tendencies to discount success so they are aware that they do not give themselves full credit for accomplishments. In addition to awareness of one's propensity to discount success, keeping a written log of successful experiences and periodic reminders from the therapist of past effective responses can serve to keep accomplishments in attention so they are incorporated into the self-schema.

Assessing Skill Acquisition

In many cases, people may simply not possess the skills that they need to exert control and increase their chances of getting a desired outcome. For example, some students may need to learn adaptive study techniques, some dieters may be lacking in skills that help them to avoid forbidden foods, and some parents may not have acquired successful parenting abilities. For those who do not possess the requisite skills for a successful experience, the first step may involve instruction and practice in a technique, such as social skills training, relaxation or stress-reduction techniques, self-control management, cognitive restructuring, systematic desensitization, assertiveness training, decision-making, parenting skills, or role-playing of a target behavior. The acquisition of skills need not involve formal training, however. One might improve one's writing abilities, for example, by having colleagues read one's paper and getting feedback that can be incorporated into the next draft.

An important part of a feeling of control and mastery is to be able to recognize when one does not possess needed skills and to be willing and able to find out how one goes about acquiring them. The therapist's role is to encourage this kind of questioning and to serve as an expert source of information about the types of training that may be helpful.

If people decide that it is not possible for them to acquire the needed abilities, then the process should be focused on the identification of alternate goals. If skill acquisition seems to be a possibility, then the next step is to assess from the participant's perspective whether or not the benefits of learning a new skill are worth the costs.

Assessing Costs and Benefits

Although a number of theorists assume that possessing control is always desired and beneficial, there are indications that people do not always prefer to have control over some event that may affect them. Thompson, Cheek, and Graham (1988) reviewed the evidence that perceptions of control sometimes have negative effects. They found four types of situations in which a fair number of individuals would prefer not to have control: when the effort involved in exercising the control was not worth the outcome, when having or exercising control would adversely affect other goals, when failure seemed possible or probable, and when a more effective agent was available to get the desired outcome. Thus, there will be circumstances in which people will choose not to seek control or not to exercise it if they have it.

It is important to note that having no option available to influence a desired outcome is a very different situation in terms of overall feelings of control and mastery from a situation where one perceives that an opportunity to influence the out-
come is available, but one chooses to forgo it. In the latter case, the individual has had some say in whether or not he or she has control, so would be aware of having some control over the process, especially if the decision not to attempt to influence the outcome has been consciously made. The point of this stage of the training for control is for individuals to consider the costs and benefits of gaining or using control and to be aware of their choices.

The role of the therapist is to encourage individuals to consider the advantages and disadvantages of gaining or exercising control in that particular situation, to make sure that they are aware of the full range of costs and benefits, and to highlight the idea that they are choosing for themselves whether or not to have control.

**Additional Considerations**

**Iterative Progress**

For the sake of simplicity, the process of enhancing feelings of mastery has been presented as a matter of progressing through discrete stages. A more realistic view, however, is that this is an iterative, rather than a linear, progression. Decisions made at one point in the process may lead one back to an earlier stage. For example, deciding not to exercise one’s control brings one back to the point of considering other ways to influence the outcome or other goals one might try to influence.

The process is iterative in another way as well. The outcomes of efforts to exercise control provide valuable feedback about how effective an action is in obtaining an outcome, the costs and benefits of exercising control, and the accuracy of one’s judgments of self-efficacy. Probably most important is the feedback regarding the effectiveness of one’s efforts to exert control. As Carver and Scheier’s (1981) cybernetic theory of control makes clear, an important part of the process of controlling an outcome is the use of feedback from earlier attempts at control. The feedback helps one to learn how to adjust actions to better exert control. The goal is for participants to see gaining control as an ongoing process of trial actions that are evaluated for their success and used to adjust future efforts.

**Style of Therapy**

A final consideration in enhancing client’s perceptions of control is whether or not the interac-

tions between the therapist and the participants in this training encourage or discourage the internalization of control. Types of therapies and styles of therapists differ in the attributions of control they convey to clients (Brehm & Smith, 1982). To the extent that a therapy leads clients to attribute the source of change to the therapist rather than themselves and teaches them to rely on the therapist’s skills to help them change rather than learning to initiate change on their own, the therapy is not likely to produce lasting increases in perceptions of control (Blittner, Goldberg, & Merbaum, 1978).

There are three ways to encourage the internalization of control. First, participants should be actively involved in the process of training. Whenever possible, decisions about the problems to focus on and the course of treatment should be choices that are made by participants. Not only is client involvement with the decisions made in therapy more likely to increase feelings of control, but it is also the case that client-generated cognitive strategies are more effective than those provided by a therapist (Shumate & Worthington, 1987). This does not mean that direction or guidance is not provided by the therapist. Making decisions without a framework for change or without needed information or guidance from experts is not likely to increase feelings of control (Thompson et al., 1988). The therapist presents the framework and is available for expert advice, but whenever possible choices are up to the individual. For example, the therapist can provide information about the advantages and disadvantages of starting with a difficult to achieve outcome rather than one that is easy to obtain and leave the choice up to the participant.

Second, dependency on the therapist should be minimized. The intervention can be presented as a way to learn a skill that one can use in everyday life. There can be an explicit discussion of how one would go about using this procedure by oneself. Problems that might be encountered, such as the need for an objective perspective, can be discussed and alternatives can be identified.

Third, the therapist should continually throughout the intervention encourage clients to make internal attributions for change. Successes in exerting control should be explicitly tied to clients’ skills at using this framework. Therapists can provide positive feedback for clients’ abilities to master all parts of the process, including gathering information about controllable causes and finding alternative
goals. When clients choose not to exert control because the benefits do not outweigh the costs, it can be emphasized that they are not exerting control because of a conscious choice that can be reevaluated at a future date. The decision to have or not have control is one that they are making, based on their assessment of the situation.

Illustration of Control Enhancement Training

To illustrate how these ideas can be applied, we will consider a young man whose feelings of helplessness stem from loneliness. The first step is to identify the specific outcome he would like to have: Is it more social contacts for leisure activities, a close friend, or a romantic relationship? If he has a number of goals, which one would he most prefer to start working on? The second step is to consider what factors might influence whether or not people in general get that outcome—a friendship, for example. During the discussion, the following influences might come up: having an outgoing personality, working around a lot of people so it is easy to meet others, being willing to approach others and suggest activities, having good social skills. The next question is, Which of those influences could someone change or develop so he or she could increase the chances of having a good friend? The client and therapist might agree that being willing to initiate contact with others seems like a controllable influence, but the client states that he has tried this and it does not work. This leads to an exploration of what exactly the client has tried and whether or not those attempts were unsuccessful. It turns out that the client has initiated contact with others twice in the last year and was turned down one of those times. The other time the new acquaintance did not reciprocate with an invitation, so they have had no more contact. At this point, the discussion can go a number of different directions, including whether or not that should be labeled a failure, how often one would want to be the initiator before one abandoned the attempts, or whether or not one's style of approaching others needed work. If the client decided that the attempts had not been a total failure, but proposed that feeling rejected when an acquaintance did not reciprocate an overture was not worth taking the chance, the discussion might move into an examination of the costs and benefits of initiating contact. The client's feelings about rejection and ways of handling those feelings can be discussed. The focus of the discussion would switch to why one felt rejected and whether or not there were things one could do to deal with those feelings. Eventually the discussion would return to whether or not it was worth initiating social contact with others. If, after considering the costs and benefits, the client decided that it was worth trying this strategy again, the session could focus on how he was going to do this and what problems might come up. He would report back on how it went at the next session. If, however, he decided that the benefits of trying this did not outweigh the disadvantages, then the next step would be to consider other ways of increasing one's chances of having friends. If the discussion of these other ways also results in a decision that the attempts would not be worth the effort, then the session could move to a consideration of what one does when there is no way to act to get a desired outcome. A discussion of the issues and his feelings about them can help the client to decide whether or not he wants to give up the goal of having close friends. If giving up the goal is unacceptable, it might be useful to return to a consideration of the costs and benefits of different ways of influencing the outcome. One can have a different perspective on the disadvantages of some ways of exerting control if the alternative is to give up a highly desired goal. If the client decides that it is very unlikely that he will get what he wants and the best course is to adjust to that idea, then the discussion can cover several issues: how one goes about accepting the loss of a highly desired goal, what one can do to minimize the pain associated with the loss, and what the alternative goals are.

One of the therapist's goals throughout this process is to turn over the decision-making to the client while at the same time providing the guidance and information necessary to make informed decisions. Another goal is to make the framework (assessing what one wants, figuring out how to get it, assessing the costs and benefits, and making a decision about what to do) explicit so the client can begin to adopt this approach as a way of dealing with problems on his or her own.

SUMMARY

An approach to enhancing perceptions of control among individuals who feel a lack of control in one or many areas of their lives has been presented. This framework was generated from re-
search and theory in both clinical and social psychology in areas such as self-control, self-efficacy, self-handicapping, and the search for meaning following a loss. The approach is based on an explicit consideration of ways to influence desired outcomes, of the skills that one has to do that, and of alternative goals when one cannot control the most desired outcome. The idea is that using this framework people will be more likely to find ways to exert control when that is possible and to have feelings of control even in situations where they cannot or choose not to act to get their most desired outcomes. The next step is to test the intervention with various groups, such as the aged, those with chronic illness, or those who have experienced a major loss, to see if it has the predicted effects on long-term perceptions of control.

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