

Control-Mastery Theory Meets Depth Psychological Theory: A User-Friendly and Advantageous Relationship

by

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Abstract

Control-Mastery theory has proven itself to be a wonderful theory that is extremely user-friendly for therapists and exquisitely beneficial to clients. Depth Psychology is also a wonderful theory with a deep philosophy that is culturally and personally empowering for all its participants. This article offers a brief overview of some of the primary elements of both theories and how they relate and augment each other in the therapeutic setting. Attention is given to the basic elements of each theory, the conceptualization of pathology in each theory, and offers an introductory look at the connection between Control-Mastery “testing” and Depth Psychological “countertransference.”

Introduction

Initially my training has been an amalgamation of studies in mythology and Depth Psychology from Pacifica Graduate Institute and transpersonal psychology from the Institute of Transpersonal Psychology in California. Later at my internship site I was presented with the theory of Control-Mastery by my supervisor in a little book with a bold title called: “How Psychotherapy Works”. The title seemed a bit ostentatious but also intriguing. I was not ready to trade my many years and a passionate love of Depth Psychology for something totally different and new until I realized that the two theories actually work very well together. Even better than very well, they actually compliment and even augment each other in a wonderful way. I found that together they promote the instantaneous opportunity to begin therapy with intent and focus and the ability to continue in therapy with a solid base of depth and philosophy that continues and strengthens the therapeutic experience. This article is an initial attempt to weave together the two theories bit by bit at an introductory level. First I will look briefly at some of the primary elements of the theories. Next I will touch on each theory’s basic definition of pathology, and lastly I will provide an overview of the connection between Control-Mastery “testing” and Depth Psychology “countertransference.” This is not intended as an in-depth summation and comparison of the two theories, but as an initial exploration into their highly advantageous and user-friendly relationship.

Primary Elements:

Control-Mastery was formulated by Joseph Weiss, M.D. in the 1960’s. The theory Weiss created is about the origins of psychopathology and how the patient works in psychotherapy to overcome his or her problems and concerns. He proposed that in attempting to adapt to unhealthy psychological environments people develop invalid, negative beliefs about themselves and others that make them unhappy and prevent them from living effective and satisfying lives (Weiss, 1993). It is these beliefs that form the basis of psychopathology.

There are many main ideas in CMT, but the top two salient elements in this theory are that people have unconscious control over their defenses and that people have a wish to master their problems and unconsciously organize their behavior in an attempt to do so. Hence we see the origin of the words “control” and “mastery” in the title. CMT

assumes that the person has an unconscious plan to rid themselves of these self-limiting thoughts. Thus in psychotherapy the therapist's task is to understand the patient's unconscious plan to solve his or her problems and help the patient to carry out that plan. Most important, CMT is a theory about psychotherapy, and how, from this stand point, psychotherapy "works" (Weiss, 1993).

Depth Psychology has many different off-shoots and relations. Depth Psychology comes from the gathering of psychological theories that refer to the school of psychology originating from the ideas of Swiss psychiatrist, Carl G. Jung. Depth Psychology has been advanced through the years by others both following and being actively creative with the theory. Like CMT, it is distinct from Freudian psychoanalysis, but also shares many similarities with other psychoanalytic theories. Depth Psychology refers to any approach that examines the depth and the subtle or unconscious parts of human experience. Depth Psychology explores underlying motives and approaches various mental disorders with the belief that these frames of reference are intrinsically healing and can lead to wholeness. It seeks the deep layers underlying behavioral and cognitive processes.

There are many elements to this theory. The following are what I believe to be the top four salient elements of Depth Psychology. The first is that the psyche contains conscious and unconscious elements. The unconscious contains personal, collective and transpersonal elements and complexes. In this case the "collective" elements are "more or less invariant universal fantasies and patterns of behavior (the archetypes) in an area of the deep psyche" (Stein, 1998). Transpersonal elements are those which go beyond the personal spheres of interest and move to affect the whole of humanity and our continued existence. While CMT does not necessarily concern itself with collective and transpersonal levels, it certainly meshes with the Depth Psychological idea that our psyche is made of conscious and unconscious elements working sometimes in harmony and sometimes not.

The second Depth Psychology idea is that along Jung's proposed continuum of instincts and archetypes, the psyche is both "spiritual" and "instinctive" in nature. In this case the 'instincts' are defined as, "innate, physically based sources of psychic energy (or libido) that are shaped and structured in the psyche by an archetypal image" (Stein, 1998). The archetypal image then is, "a psychic pattern, mental or behavioral, that is common to the human species. Archetypal images are found in the dreams of individuals and in cultural materials such as myths, fairy tales and religious symbols" (Stein, 1998). Therefore the psyche naturally generates mythico-religious symbolism, that is, symbolism in conjunction with the above-mentioned archetypal image and related to the myths and religions of humanity developed through the ages. The choice is not whether we are a spiritual person or not, but where we put our spirituality. Here spirituality is defined as the connection to the transformative numinous, not by religio-dogmatic practice. The transformative numinous is that emotion and experience that makes us 'feel' connected to the divine, however we define it, and changes or transforms us for the better and towards wholeness. CMT supports the Depth Psychological perspective that we have instincts that allow us to adapt to situations for better or worse. Depth Psychology then moves beyond adaptation and into transformation and wholeness. By utilizing good CMT approaches in psychotherapy, the therapist can begin to unravel the underlying myths that lie at the core of the client's unhappy and unhealthy attitudes and

behaviors. While Depth Psychology may frame this as a question of “spirituality” and/or “individuation”, CMT may frame it as that unconscious knowledge of each client that leads them to heal themselves. This is the “mastery” part of the theory where people have a wish to master their problems and unconsciously organize their behavior in an attempt to do just that.

The next two aspects of Depth Psychology move farther afield of the CMT theory itself. However, by adopting a therapeutic stance from a CMT practice of psychotherapy, we are still able to activate and engage these two healing aspects. One Depth Psychology belief is that all people are embedded in myth-making. Mythology is not defined as old explanations and worn out stories, but as the collective richness of human experience. Many therapies, including the two we are discussing, are involved in the attainment of a new perspective and the gaining of insight into the myths and stories of our lives. With the help of the therapist, the client can feel empowered to turn traumatic stories and events into the living and evolutionary myths of their endurance and lives. Depth Psychology would then include a connection to transpersonal and collective mythologies that are, again, the shared psyches of humans from the beginning of our cognitive reality. Finally Depth Psychology offers the *weltanschauung* that we are not separate from the world/universe around us. Indeed we are only really whole to the degree that we care for ourselves, our environment and tend responsibly to the world in which we live.

For Depth Psychology, analysis is a way to experience and integrate the unknown, unconscious material. It is a search for the meaning of behaviors, symptoms and events. The therapist’s task is to identify the archetypal complexes that are present, attempt to assist in the conscious integration of their meaning, and keep the client held in a “transformative” and healing therapeutic relationship. The complex, then, is defined in the next section on pathology. While we noted that CMT is a theory about how psychotherapy works, Depth Psychology is a theory about fulfillment of potential. Like CMT, it is concerned with how we can heal ourselves personally and subjectively. However Depth Psychology moves beyond CMT, but not contrary to it, in that it includes the collective and transpersonal level of the human psyche and how we can heal the world beyond ourselves as well.

Pathology:

CMT theory assumes that the patient’s problems stem from “frightening unconscious maladaptive beliefs” (Weiss, 1993). These beliefs are called *pathogenic* in this model. They are considered to impede the functioning of the client by adversely affecting his self-esteem and prevent his pursuit of adaptive and desirable goals. Weiss proposed that, “in attempting to adapt to unhealthy psychological environments people develop invalid, negative beliefs about themselves and others that make them unhappy and prevent them from living effective and satisfying lives. It is these beliefs that are the basis of psychopathology” (Rappoport, 2002). On the face of it, we will see that this is not so very different from the Depth Psychological approach.

In CMT psychopathology stems from pathogenic beliefs that typically originate from traumatic childhood experiences. Pathogenic beliefs are believed to be an attempt at adaptation to the life circumstances of the given moment. A person’s response to trauma, no matter how dramatic or subdued, and his or her propensity to develop pathogenic

beliefs in response to it, is influenced by a variety of factors. These factors include: the basic personality of the individual, the well-being of those around them, the specific nature of the trauma, and, of course, and social context. Pathogenic beliefs are powerful, emotion-laden, painful belief structures that can cause severe emotional distress.

CMT theory believes that people are highly motivated to relinquish or disconfirm their pathogenic beliefs, but are impeded from doing so by their perceptions of danger. Pathogenic beliefs are conscious and unconscious ‘anticipatory ideas’ that derive from traumatic childhood experiences which then are constantly repeated in new relationships throughout a person’s life. However, disconfirmation of pathogenic beliefs can happen in love relationships, friendships, work relationships or the therapeutic relationship (Silberschatz, 2005).

As we turn our attention to the Depth Psychology theory of the *complex*, we will see many similarities that allow for a beautiful ‘in tandem’ use of the two theories. For Depth Psychology it is the *complex* that blocks our connection to the healing and fulfilling feelings redolent in the psyche. “They are instigated by interpersonal traumata like emotional abandonment, sexual abuse, and lack of adequate mirroring, and then they grow by gathering associations of a similar nature around themselves and by binding them to the core of the complex with emotion” (Stein, 1996). It takes no stretch of cognition to see the clear link with CMT theory.

The complexes can result in an eventual build-up like a psychic barrier between the ego and the deeper, instinctive/archetypal levels of the psyche. It is this barrier layer of complexes that can severely block the healing compensations of the natural psyche from reaching ego consciousness. According to Jungian theory, ‘compensation’ is the “self-regulatory dynamic process whereby ego-consciousness and the unconsciousness seek homeostatic balance, which also fosters...the progressive movement toward wholeness” (Stein, 1998). For example, if we are too stressed and over-worked, but continue to forge ahead and consciously deny that we are out of balance and overly stressed our unconscious might send us a dream wherein a murderer is blowing up the office and we must flee for our lives away from work and towards an ocean beach. This hypothetical example suggests that we are not paying enough attention to emotional, non-work related aspects of our lives, and thus the dream attempts to create a balancing effect in the psyche. The intent of which is to be made conscious and compensated for in the waking life. Much like CMT pathogenic beliefs which can cut one off from a naturally fulfilling outlook and functioning in life, complexes can create ‘fracture points’ in the structure of the developing ego. In these cases, developing consciousness is disturbed and the integration of experience is blocked. This may foster the chronicity of defensive and neurotic psychic patterns, and block the client from the fuller, balanced expression of the underlying archetypal power, the expression of which leads one towards health, wholeness and balance of the psyche.

Again, complexes and pathogenic beliefs share many attributes. Complexes are the result of “life”, and the more pathological and disturbing are usually caused by early childhood trauma or thwarted developmental experiences. Complexes can arise out of the relationship between the experience, context, feeling of safety and an attempt to understand and adapt to the life situation. The form a complex takes varies from person to person depending on several factors. Some of these factors are shared with CMT theory and, again, some move beyond it to postulate a deeper vision of the psyche beyond just

the function of psychotherapy. These shared factors include: the personality of the individual, several temperamental variables (including Jung's typologies), the specific nature of the trauma, and, of course, the familial, social, geographical, cultural and temporal contexts (Stein, 1996). Where Depth Psychology moves beyond CMT theory is in its more philosophical type of psychological theorizing. Complexes engender intense emotions and are mental and "spiritual" by nature since they connect us to the larger, underlying archetypal pattern that goes beyond the individual.

Depth Psychology theory also supports the belief that people are highly motivated to resolve complexes. Among several aspects of the psyche, two prominent aspects are the 'ego' and the "Self". The "ego" is the center of consciousness, the "I", and the "Self" is the center and the source of all archetypal images and of innate tendencies toward structure, order, and integration. Since the ego and the Self are on the same axis, it is the nature of the psyche to compensate for unhealthy behaviors, thoughts, and feelings by moving the person towards the rectification and healing, and thus the empowerment, of the archetypal pattern and experience. However, the complex is not necessarily viewed as "negative" per se, but as mythological, even mythopoetic in some Depth Psychology theories, but it is always an integral part of the healing and journey of individuation. In this instance 'mythopoetic' is the exact opposite of the medical model 'pathological'. Where pathological means something is wrong or diseased and needs to be fixed or healed, mythopoetic respects the hardships and mental/emotional struggles as a divine and intended part of the individual's journey towards individuation and life fulfillment. Where pathological is seen as purely negative, mythopoetic views struggle as inherent and necessary. Thus our difficulties are used to compel us towards betterness, not to mark us as evil, broken or diseased.

Thus, like pathogenic beliefs, the complexes are conscious manifestations of unconscious experience. The negative behavior of a complex can be repeated over and over again if the individual does not become aware of the sometimes subtle messages from the psyche in dreams, synchronicities and relationships. Depth Psychology believes we are constantly presented with opportunities to move towards individuation which is, "the process of psychic development that leads to the conscious awareness of wholeness" (Stein, 1998). Also, similar to CMT, Depth Psychology emphasizes that these opportunities to resolve the negative complexes and neurosis are available at every moment. However we must learn how to become aware of and utilize the tools that the psyche provides.

Control-Mastery "Testing" and Depth Psychology "Countertransference"

According to CMT theory, testing is, "a fundamental human activity prominent in everyday life and in therapy" (Weiss, 1993). CMT testing is a way in which each person explores the world to determine the risks and advantages of relating interpersonally with those around him. In therapy the person tests the therapist in many ways to see if the therapist is on board with the plan to disconfirm the pathogenic beliefs and begin a new life without the negative adaptations. Likewise, collected from the Jungian literature, Murray Stein offers "three containers into which empirical material can be entered. These containers can offer images and models that will help others sort through their countertransference attitudes and reactions and perhaps find some clarification" (Stein,

1996). Without too much effort and a little creative thinking, it is easy to see how Jung's countertransference "containers" work very well with CMT's "testing" types. This next section is not meant to indicate an exact correlation between these thoughts, theories or attributes. It is meant to be a comparison of like elements that can provide a fuller, more cross-theoretical understanding of how these two schools of thought may be used together.

"Transference" Testing Meets "The Power Type"

One of the most common tests, not only in CMT, but in other psychological theories as well, is "transference". In the CMT transference test, the client places himself in the historical role that he played as a child. The therapist thus becomes representative of the parent or other figure of authority. In this test, the client may attempt to discover if the therapist will act in accordance with those early figures of import and re-confirm his pathogenic belief, or, as is hoped, the therapist will act in a better way than that figure and offer a corrective emotional experience to disconfirm that early experience. In the Depth Psychology therapeutic environment, the therapist may feel strong or subtle pressure to take command of the situation and wield power over the analysand. This is aptly named, "The Power Type" of countertransference. The therapist is put in a "power over" position. Obviously the therapist must be aware of this dynamic and act accordingly so as not to dis-empower the client. In this way, both these two types of testing and countertransference are similar in that the client puts him or herself in the vulnerable role and is hoping to deserve and to obtain the mercy and compassion never received or dispatched from the original situation.

"Passive into Active" Testing Meets "The Shamanic Type"

The passive-into-active type of testing is just the opposite of the transference type. In this situation the client turns the tables and treats the therapist in a way that mirrors the abusive or rejecting ways the person was treated as a child. In this way, the client wants to see if the therapist will be able to handle the stress that they had felt. The therapist may pass the test by disconfirming, by example, that they do not feel the need to succumb to the negative influence or treatment. Instead of succumbing, the therapist is able to administer healing by showing the client that it is not only possible to weather the storm of the negative experience but also show them compassion throughout while also modeling healthy boundaries. Likewise in the Shamanic type of countertransference, the analyst becomes "infected" by the analysand's "illness" and then effects a cure by healing themselves and administering the "medicine" to the analysand via influence. It is called "shamanic" as a reference to many indigenous practices of healing. In such cases the shaman goes into the "other" world and finds the cure or the reason for the patient's illness. By taking that illness into the shaman's own body and bringing back a cure, the patient is thus healed. In both cases of this type of CMT testing and Depth Psychology countertransference the analyst becomes like, or is treated like, the client in the original scenario and shows that the situation and feelings can be overcome and worked through successfully, *in vivo*.

“Pro-plan/Corrective Emotional Experience” Meets “The Maieutic Type”

For CMT then, it is the therapist’s duty to offer an overall attitude where the client is provided with an atmosphere of safety. The client uses this safe environment to test and disconfirm pathogenic beliefs and move away from pathology and into healing. To allow clients to test and disconfirm pathogenic beliefs and offering a corrective emotional experience in regards to the pathogenic beliefs presented is called being pro-plan. In the same way, the Maieutic type of countertransference is neither an “over” nor “under” place of therapist power, but a co-creating of safe space. In this type of countertransference the analyst sits as midwife to a psychological birthing process. In this process something deeper, fairer and more embracing arises within the analysand. Analysts experience themselves as assistants to a creative process that is taking place within the client. In these two instances, the therapist is called upon to create a trustworthy and reliable environment where the client may safely and openly begin the birthing or correcting of experiences that led to uncomfortable or damaging complexes or outmoded pathogenic beliefs and patterns of behavior.

Conclusion

As a new clinician I had had a good background in the Jungian psychologies. I also really wanted something that would afford a more instant and available opportunity to build the therapeutic alliance. What I found was that these two theories not just complemented each other, but actually enhanced each other in the practice of psychotherapy. Control-Mastery is an exceptionally user-friendly theory that allows the therapist to enter the room and begin therapy in an instantaneously safe and aware way. Depth Psychology allows the therapist to take that foundation and build upon it to a deeper, more creative and integrated healing and wholeness. The two theories together form a well-rounded embrace of theory and practice that is able to continually provide the client and the therapist with a secure and beneficial base from which to work towards wholeness and health.

**Chart One:
Control-Mastery “Testing” and Depth Psychology “Countertransference”***

Control Mastery “Testing” types	Depth Psychology “Countertransference” types
Transference: When the patient experiences himself to be in the historical role he had a child, and the puts the therapist in the role of the parent or authority figure	The Power Type: The therapist may feel strong or subtle pressure to take command of the situation and wield power over the analysand. The therapist is in a “power over” role and must be aware of this situation
Passive-Into Active: The patient turns the tables and treats the therapist in the abusive or rejecting ways the patient was treated as a child. The patient wants to see if the therapist will be able to handle the stress they felt as a child and disconfirm (administer healing) by example of not succumbing to the negative influence or treatment	The Shamanic Type: Analysts become “infected” by their analysand’s illnesses and then effect a cure by healing themselves and administering the “medicine” to the analysand via “influence.” The analyst becomes “like” the analysand, and feels the illness as well, then shows that it can be overcome.
Pro-plan/ Corrective Emotional Experience: An overall attitude where the therapist provides an atmosphere of safety where the patient may uses tests to disconfirm pathogenic beliefs and move out of pathology and into healing.	The Maieutic Type: The analyst sits as midwife to a psychological birthing process, in which something deeper, fairer and more embracing arises within the analysand. Analysts experience themselves as assistants to a creative process that is taking place within their analysands.

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