

DOCUMENT RESUME

ED 400 492

CG 027 376

AUTHOR Lichtenberg, James W.; Wettersten, Kara B.
 TITLE Relational Control: Historical Perspective and Current Empirical Status.
 PUB DATE Aug 96
 NOTE 46p.; Paper presented at the Annual Convention of the American Psychological Association (Toronto, Ontario, Canada, August 1996).
 PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
 DESCRIPTORS *Counseling; Counseling Psychology; *Counseling Techniques; *Counseling Theories; Counselor Attitudes; Counselor Characteristics; *Counselor Client Relationship; Counselor Role; *Interpersonal Communication; Interpersonal Relationship; Therapeutic Environment
 IDENTIFIERS *Relational Concepts; *Relational Models

ABSTRACT

The notion of relational control in therapy has evolved as a concept over the past 30 years. This paper reviews the evolution of the construct of relational control as it relates to counseling and therapy. It analyzes the various ways that relational control has been used in process research and explores the manner in which counselors and clients communicate messages as they define their relationship. Also considered are the interactional coding systems that are intended to capture "relational control." It is suggested that the concept of relational control--although central to interpersonal and interactional perspectives within counseling and psychotherapy--is not as clear or unified a concept as either theorists or researchers might like. Some of the confusion arises from the use of different and inconsistent relational coding schemes, the use of different definitions and operationalizations for deriving indices of relational control from the various coding systems, and the analysis of treatment sessions without clear indications of whether the outcome of therapy was successful. It is suggested that programmatic research which formally takes into consideration the differences in relational control perspectives and operationalizations is needed. The paper concludes with a summary of research findings. Contains 83 references. (RJM)

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Running Heading: Relational Control

Relational Control: Historical Perspective and Current Empirical Status

James W. Lichtenberg Kara B. Wettersten
University of Kansas

Presented at the annual convention of the American Psychological Association, August, 1996,
Toronto, Canada.

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Relational Control: Historical Perspective and Current Empirical Status

Abstract

Haley (1963) proposed that a fundamental problem confronting counselors and therapists is the question of "who is to control what is to take place within the [therapy] relationship and thereby control the definition of the relationship" (p. 9). Haley further suggested that if clients gain control in therapy, they will perpetuate their difficulties since they will continue to govern by symptomatic means. This paper reviews the evolution of the construct of relational control as it relates to counseling/therapy as well as the various methods by which it has been operationalized in process research. Attention is given to interactional coding systems intended to capture "relational control" (e.g., Ericson & Rogers, 1973; Penman, 1980; Strong, Hills, & Nelson, 1988; Tracey & Ray, 1984) and the various statistical operational definitions of control that are presumed to reflect the construct within the verbal interaction of therapists and clients. It concludes with a summary of the research findings and the current empirical status of this construct which is so central to "the interactional view" of counseling (Claiborn & Lichtenberg, 1989).

Relational Control: Historical Perspective and Current Empirical Status

Within a zeitgeist of "non-directive" and client centered therapy (e.g., Rogers, 1951), Haley (1963) proposed that a fundamental problem confronting counselors and therapists is the question of "who is to control what is to take place within the [therapy] relationship and thereby control the definition of the relationship" (p. 9). Building upon a notion--now well-articulated by interpersonal therapists (see Anchin & Kiesler, 1982)--that psychological symptoms may be construed as "tactics" in interpersonal relationships, Haley suggested that "(a)lthough therapy involves many factors, such as support, encouragement of self-expression, and education, it is of crucial importance that therapists deal successfully with the question of whether they, or the client, is to control the type of relationship they will have" (p. 19). He proposed that if clients gain control in therapy, they will perpetuate their difficulties since they will continue to govern by symptomatic means.

The notion of relational control in therapy has evolved as a concept over the past 30 years, and it has been a point of theoretical and empirical focus (e.g., Friedlander, 1993; Lichtenberg & Barké, 1981; Heatherington & Allen, 1984; Tracey, 1991; Tracey & Miars, 1986). This presentation reviews the evolution of the construct of relational control as it relates to counseling/therapy as well as the various methods by which it has been operationalized in process research. Attention is given to interactional coding systems intended to capture "relational control" (e.g., Ericson & Rogers, 1973; Penman, 1980; Strong, Hills, & Nelson, 1988; Tracey & Ray, 1984) and the various statistical operational definitions of control that are presumed to reflect the construct within the verbal interaction of therapists and clients. The presentation also summarizes research findings and the current empirical status of this construct which is so central to "the interactional view" of counseling (Claiborn & Lichtenberg, 1989).

Relational Control: Theoretical Rationale and Historical Perspective

When counselors and clients (or any two individuals) meet for the first time and begin to establish a relationship, a wide range of behavior is potentially possible between them. They might exchange pleasantries, insults, sexual advances, or statements that one is superior to the other, and so on. As the therapist and client define their relationship with each other, they work out together what type of communicative behavior is to take place in their relationship. From all the possible messages (verbal and nonverbal), they select certain kinds and reach agreement that these shall be included. This line they draw which separates what is and what is not to take place in this relationship is their mutual definition of the relationship. Every message they exchange either reinforces this line or suggests a shift in it to include a new kind of message. In this way the relationship is mutually defined by the presence or absence of messages exchanged between the therapist and client--by the kind of messages that they mutually agree are acceptable between them. This agreement is never permanently worked out; rather it is constantly "in process" as one or the other interactants proposes a new kind of message or as the environmental situation changes and provokes changes in their behavior.

The manner in which counselors and clients communicate messages one another are maneuvers by which they define their relationship. By what is said and the way it is said (i.e., how it is qualified), they are indicating, "This is the sort of relationship we have with one another." When one of the individuals communicates a message to the other, the recipient is then posed with either accepting or rejecting the other's maneuver and thereby either accepting the other's definition of the relationship or rejecting it and countering with maneuver to define the relationship differently. The person may also accept the person's maneuver but "qualify" the acceptance by indicating that s/he is letting the other person set the relationship definition.

In any exchange between two people, it is important to consider not only with what kind of behavior is takes place between them, but also with how that behavior is qualified. In this regard, messages exchanged between people do not exist separately from the other messages which

accompany and comment on those messages. For example, if a therapist says to a client, "I'm glad to see you," the tone of the counselor's voice qualifies that verbal statement and therefore constitutes a "metacommunication." That tone may indicate the therapist truly is glad to see the client, or it may be said in a tone that indicates that the client's arrival is quite a bother. In either case, the verbal statement and the accompanying relational qualifying message tone (a metacommunication) define the relationship between them; and when the client responds to the counselor's message with her/his own definition of the relationship, the response is to the counselor's multiple levels of the message.

Watzlawick, Beavin and Jackson (1967) assert that within a social context, "one cannot not communicate" (p. 51). Activity or inactivity, words or silence all have message value. Haley (1963) and others (e.g., Watzlawick, Beavin & Jackson, 1967) further emphasized that one cannot fail to qualify messages. With respect to verbal behavior, individuals must speak their verbal messages in a tone of voice; and even if they do not speak, they must present a posture or appear in a context which qualifies their silence. Even the absence of a message may qualify another message. A hesitation or a pause can qualify a statement and make it a different one that it would be without that pause. And if a person is silent in a context in which he or she is expected to speak, this silence becomes a qualifying message.

Everyone faces the issue of what kind of relationship he or she will have with another, and also the issue of who is to control what kind of relationship they will have. Attempts to gain control of a relationship (or its definition) is natural. We all would like to be in relationships that meet our expectations of what we want or need. In this regard, the negotiation of relationships is a fact of our interpersonal lives. Two people inevitably work out together what kind of relationship is to take place between them; and by behaving in certain ways, they define the relationship as one where that type of behavior is to take place.

From a relational control perspective, communicative behavior is roughly classified into behavior that defines a relationship as symmetrical and behavior that defines a relationship as complementary. This relational typology was introduced by Bateson (1958) when he described a

theory of human interaction based primarily on his anthropological observations of natives in New Guinea. These concepts were subsequently used by Bateson and his research group at the Mental Research Institute (MRI) in Palo Alto. In particular, Jackson and Haley (Jackson, 1968a, 1968b) used these terms in the context of what they called "control theory." Control theory assumes that all persons implicitly or explicitly are constantly attempting to define the nature of their relationships, and that these attempts to define the nature of relationships consist of labeling a relationship (or aspect of a relationship) in two ways: complementary or symmetrical. A symmetrical relationship is one in which two people exchange the same type of behavior (e.g., each person initiates actions or topics, criticizes the other, offers advice, asks questions, etc.). A symmetrical relationship is one between two people who behave as if they have equal status. A complementary relationship is one in which two people exchange different but "complementing" behaviors that fit together in some way (e.g., one person gives advice and the other takes that advice, one person asks questions and the other answers). Complementary relationships carry with them participant roles of unequal status (Haley, 1963; Watzlawick et al., 1967). The person whose communicative behaviors are contextually recognized as being "superior," is said to be "in charge" or "in control" and is considered to hold a *one-up* or *primary* relationship position with respect to the other (e.g., the therapist in the counselor-client relationship). The other person whose communicative behaviors communicate acceptance or being taken care of, is said to be in the "inferior," *one-down* or *secondary* position (e.g., the student in the teacher-student relationship).

Although this division of relationships may be useful for classifying different communicative patterns, people do not consistently have one type of relationship in all circumstances, even with the same partner. Relationships (and positions within relationships) shift in nature, sometimes rapidly and sometimes slowly. Within counseling, these relationship changes are thought to be reflective of "stages" of therapy (e.g., Tracey, 1993).

By keeping in mind that messages exchanged within interactions are understood simply as proposing a definition, reinforcement, or redefinition of the nature of the relationship, one avoids

the erroneous notion that one person defines the nature of the relationship while the other simply accepts that definition. Relationships are by definition bi-directionally defined. Symmetry and complementarity both are defined in terms of the similarity or dissimilarity (respectively) of the reciprocal communicative behaviors of the interactants. In this regard, it is impossible for a person to hand over to another person the entire initiative on what behavior is to be allowed in the relationship and therefore the definition of the relationship. When this is done, that person is indicating that she or he is attempting to control what kind of relationship it is to be--one in which the other person is to indicate what is to take place.

Watzlawick (1964; Watzlawick, Beavin, & Jackson, 1967) makes clear that the relational positions within complementary relationships should not be interpreted to imply or refer to anything about the respective strength or weakness *per se* of the partners in the relationship. Indeed, individuals' weaknesses can be the very elements or maneuvers by which they define relationships; e.g., relationships in which others are to protect them. One may behave in a helpless manner and control whatever behavior is to take place in the relationship, just as one may act authoritarian and insist that the other person behavior in circumscribed ways. The helpless behavior may influence the other person's behavior as much, if not more than the authoritarian behavior. If one acts helpless, he may be taken care of by another and in a sense be under the control of the other; but by acting helpless, he defines what kind of relationship this is to be--the kind where he is taken care of.

Haley (1963) and Watzlawick et al. (1967) recognized that there are ordinary way of dealing with issues of defining interpersonal relationship. At the same time, relational control theorists and interactional theorists (e.g., Claiborn & Lichtenberg, 1989; Haley, 1963; Strong, 1982) view psychological symptoms as a type of "extra-ordinary" strategy or maneuver for setting the definition of relationships. Haley asserted, "If the patient gains control [of the definition of the relationship] in psychotherapy, he will perpetuate his difficulties since he will continue to govern by symptomatic methods" (p. 19). A similar point of view has emerged from therapists following

the seminal work of Sullivan (1953), and it is a repeatedly expressed view among more contemporary interpersonal psychotherapists (Anchin & Kiesler, 1982).

As Strong (1982) noted, not all relationship control strategies are symptomatic of psychological problems.

"Strategies identified as symptomatic are extreme, unusual, and dominant in interactions with others. People use many and varied strategies of control in interactions, and a person becomes identified as in need of help when one or a few strategies become his or her dominant method of coping with others. Symptomatic control strategies are marked by components that are personally destructive to the person, clearly the case with depression, hysteria, anxiety, helplessness, delusions, and withdrawal. Strategies classifiable as symptoms fail to maintain relationships because of their extreme nature and punishing impact on interactants. (p. 195)

In taking the view that symptoms as tactical maneuvers for dealing with other people, therapists work to prevent clients from using their inappropriate symptomatic methods to structure and define the relationship and to encourage clients to develop other, "healthier" ways of dealing with relationships.

It has been inferred from the writings of relational control theorist (e.g., Haley, 1963; also see the writings of interpersonal and interactional theorists [e.g., Anchin & Kiesler, 1982; Claiborn & Lichtenberg, 1989; Strong & Claiborn, 1982]) that therapy (at least successful therapy) should be characterized by a complementary relationship in which the therapist is in the "one-up" position. While this may be the case (and indeed, given the current usage of the term "one-up" it is difficult to think differently), a careful reading of the literature reveals it is not so much the type or definition of the therapy relationship per se that is at issue, but rather it is who controls the definition of the relationship--whatever that definition might be.

To reiterate Haley's (1963) comment,

(I)t is of crucial importance that the therapist deal successfully with the question of whether he (sic) or the patient is to control what kind of relationship they will have No

form of therapy can avoid this problem, it is central, and in its resolution is the source of therapeutic change. (p. 19)

Although a logical or empirical case may be made for the necessity of the therapy relationship being complementary (and for the therapist to be in the one-up position), we believe it is more accurate to say that the view of relational control theory is that it is the therapist who should control the definition of the relationship--whatever that relationship type may be.

Having said this, it is important to keep in mind that messages exchanged within therapy interaction simply propose a definition, reinforcement, or redefinition of the nature of the relationship. In this regard, one person (the therapist or the client) cannot unilaterally define the nature of the relationship while the other simply accepts that definition. Relationships are by definition bi-directionally defined. Symmetry and complementarity both are defined in terms of the similarity and dissimilarity (respectively) of the reciprocal communicative behaviors of the interactants. Sluzki and Beavin (1965/1977) commented, however, that the lack of a strict definition of complementarity and symmetry in the interactional literature has led to the creation of such terms as "meta-complementarity" (in which the person in the one-down position "lets" the person in the one up position be "one-up" and so is really in charge) and "pseudosymmetry" (in which the person in the one-up position defines the situation as symmetrical). The concept of "meta-complementarity" in relationship--especially as regards to therapist lets [or forces] the client to take the one-up position--has been of particular interest to counselors and therapists; and it forms the theoretical and practical basis for much of interactional and strategic therapy (e.g., Fisch, Weakland, & Segal, 1982; Strong & Claiborn, 1982; Watzlawick, Weakland & Fisch, 1974; Haley, 1987).

The concept of relational control (and specifically who is "in control" in therapy) has been the focus of considerable study within the therapy literature (e.g., Friedlander, Heatherington, & Wildman, 1991; Heatherington, 1988; Lichtenberg & Barké, 1981; Lichtenberg & Kobes, 1992; Tracey, 1985, 1986, 1987, 1991; Tracey & Miars, 1986; Wampold & Kim, 1989), and with the foregoing as background, we now would like to offer an overview of the ways in which relational

control (within therapy) has been operationalized and studied. We will conclude with a review of the findings of some of those investigations.

Coding Interaction for Relational Control

There is no shortage of methods for coding communication/social interaction within therapy (e.g., Greenberg & Pinsof, 1986; Kiesler, 1973; Russell, 1987; Russell & Stiles, 1979), however remarkably few have been use with any consistency in the counseling literature for studies of (or related to) relational control. In his analysis of the structure of control in counseling, Tracey (1991) identified and compared four behavioral/response coding systems that have been used in studies of relational control in therapy. To these we would add two others.

Relational Communication Coding System (RCCS; Ericson & Rogers, 1973). The RCCS was derived from Mark's (1971) adaptation of Sluzki and Beavin's (1965/1977) operational definition and typology of dyads. Although not specifically designed for the coding of therapeutic communication, this system has been used in a number of studies of counselor-client interactions (e.g., Heatherington & Allen, 1984; Lichtenberg & Barké, 1981; Tracey & Miars, 1986).

Following the lead of Sluzki and Beavin (1965/1977), utterances are coded (generally from audio tapes and/or transcripts) in terms of their grammatical form and the response style (metacommunication) of the message. Table 1 summarizes the coding categories. Each message is coded according to its grammatical form--a decision that is believed to require little inference on the part of the coder. The message is also coded with respect to the response mode of the speech. These classifications are thought to involve more inference and to reflect (or metacommunicate) the relational intent of the speaker.

Insert Table 1 about here

Each coded speaker message or utterance is viewed as relational control maneuver toward defining the relationship, carrying with it the speakers' respective positions relative to the other in that relationship (one-up/superior) or one-down/acquiescing. Based on a Ericson and Rogers'

rational/cultural assumptions, the messages/utterances are assigned control direction codes (see Table 2).

Insert Table 2 about here

Consistent with the approach taken by of Sluzki and Beavin (1965/1977; also see Bateson, 1958), each verbal response is viewed as being a response to the preceding message, as well as stimulus for the following message. In a series of two-message exchanges, the second of a pair of messages confirms or modifies the definition of the relationship offered by the first message. Transaction codes (which are used to indicate the patterns of control similarity or dissimilarity between dyad members) are derived from these individual response maneuver codes--allowing for the typing of transactions as symmetrical, complementary or "transitional" (see Table 3) Use of the individual response and transaction codes allows for studying the nature of the relational maneuvers of the interactants. This in turn allows the desired or intended relationship definitions and relational positions the interactants have for themselves and for the other to be inferred.

Insert Table 3 about here

Topic Initiation/Topic Following (TI/TF; Tracey, et al. 1981). Tracey's topic initiation/topic following response coding system is premised on the notion that (at least within counseling) relational control is to a large extent evidenced in counselors' and clients' vying for what is to be talked about. That is to say, relational control maneuvers are evidenced in the way the two vie for who controls topic flow within their interaction. Responses are coded as *topic initiations* whenever a speaker's utterance is different from the topic of the other's preceding utterance by (a) introducing different content, (b) referring to a different person as the subject of the utterance, (c) containing a different time reference, (d) moving to a different level of topical specificity, or (e) constitutes an interruption. If none of these criteria are met, the utterance is coded as a *topic following* response (see Table 4).

Relational control is generally inferred from the speakers' relative proportions of topic initiations (which are considered maneuvers for control) or from a topic determination index (the proportion of the speaker's topic initiations that are followed by the other speaker).

Insert Table 4 about here

Penman's coding system (Penman, 1980). Penman's coding systems categorizes verbal utterances on two dimensions--power and involvement. Both dimensions are interpreted with respect to speaker intent; and responses are coded at both the manifest (explicit) and latent (relationship) level. The manifest level of coding, which is based largely on the grammatical form of the response, involves each message being assigned to one of nine categories reflecting three levels of power and three levels of involvement. At the latent level, messages are categorized into 16 categories reflecting four levels each of power and involvement (see tables 5 and 6). Relational control is derived from the utterances' level on the manifest and latent power dimensions.

Insert Tables 5 and 6 about here

Interpersonal Communication Rating Scale (ICRS; Strong, Hills, Nelson, 1988). Generally coded from video tapes and transcripts (however, see Tracey & Guinee, 1990), verbal responses are coded onto a circumplex defined in terms of Leary's (1957) interpersonal response dimensions of dominance (dominance/submission) and affiliation (friendly-hostile). Responses are coded into one of eight circumplex categories (leading, self-enhancing, critical, distrustful, self-effacing, docile, cooperative, nurturant) and one of four levels of extremity (see Figure 1). Although relational control is not specifically coded from this system, relational control maneuvers may be understood in terms of the degree of response extremity along the dominance/submission dimension (Friedlander, 1993; Tracey, 1991).

Hill Counselor and Client Verbal Response Category Systems (HCVRMS; Hill, 1986). Intended more to capture and describe the unique response modes of counselors and client in their respective roles than their relational responding, Hill's system of coding is unique in that it

provides separate systems of coding for therapist and client verbal behaviors. The counselor system has 14 nominal response categories representing a mutually exclusive and exhaustive set of therapist behaviors that may be observed across all theoretical orientations (i.e., pantheoretical). The nine response categories which comprise the coding system for client responses similarly are mutually exclusive and exhaustive and relevant to client behavior across the variety of different orientations and approaches to counseling (see Table 7).

Insert Table 7 about here

Relational control maneuvers, whether those be active or passive attempts at control on the part of the therapist or client, must be inferred from the descriptions of the response categories. For example, within the counselor response category system, direct guidance is defined as "Direction or advice that the counselor suggests for the client or for the client and counselor together, either within or outside of the counseling session" (p. 134). Within the client response category system, a request is defined as "An attempt to obtain information or advice or to place the burden or responsibility for solution of the problem on the counselor" (p. 136).

Verbal Response Modes (VRM; Stiles, 1979; 1986). Stiles' taxonomy of verbal response modes classifies verbal responses into eight response categories (disclosure, advisement, edification, confirmation, question, interpretation, acknowledgment, reflection) based on a conceptual system of classification principles which consider (a) the sources of the experience being reported in the utterance, (b) the frame of reference or view point used in making the utterance, and (c) the focus of the utterance or whether the speaker, in speaking, presumes to know the other's perspective or frame of reference. Each of these three classification principles can have a value of "speaker" or "other," thereby yielding a 2x2x2 classification schemes (see Table 8). Coding is done for both the form of the utterance and speaker's intent --the latter reflecting the metacommunicative level of the message.

Insert Table 8 about here

Although Stiles himself does not specifically do so, one can reasonably classify each of the eight types of utterances (whether in terms of form or intent) according to its implied control direction. Stiles has also three schemes for collapsing the response codes into participant "role dimensions." Two of which have particular relevance with regard to relational control. These are the role dimensions of directiveness/acquiescence and presumptuousness/unassumingness (see Table 9).

Insert Table 9 about here

Operationally Defining Relational Control

Each of the above response coding systems breaks the behavior of the counselor and client into units (generally these are speaking turns or utterances), and codes these units for the control meaning which they imply. As we hope our brief review of coding systems shows, a variety of assumptions must be made regarding what is and what is not a "controlling" behavior. Each of the systems described defines controlling and noncontrolling behaviors somewhat differently--most reflecting some culturally or contextually stereotypic view of what it is to be "controlling." Additionally, not only do the coding systems vary in the way in which they define and code control, but there are also differences in the ways in which the coded responses are analyzed to derive a relational control determination.

And finally, within the relational control literature, at least as relates to counseling, being "in control" and being in the "one-up" position frequently have been confounded. As suggested earlier, relational control (particularly as relates to complementary relationships) can be an elusive concept. One can be in the "one-up" position in a complementary relationship because the other person has maneuvered he or she there, and is therefore "in control" (metacomplementarity); or one can hold equal status and exchange symmetrical behaviors with another because the "one-up"

person defines the situation as symmetrical (pseudosymmetry). This conceptually confusing state of affairs is a by product of the lack of strict definition of complementarity and symmetry (Sluzki & Beavin, 1965/1977) and the confounding of the "one-up position" with relational control.

There appear to be four different approaches to defining relational control found in the counseling literature. Each is reviewed below. The sequencing of their presentation and the use of each definition reflects an attempt at the clarification of this construct.

Relational Control as Social Position

The simplest definition, and in perhaps the one most consistent with the views of Bateson (1958), is the notion that therapists are in a one-up or superior position with respect to clients simply as a function of the social role they occupy. That is, they are there as a function of their status as "socially sanctioned healers" (Frank, 1973). Therapists are, by role definition and by the modes of verbal behavior ascribed to them (see Hill, 1986), in a relationally "superior position" to their clients. This sense of being "in control" and being "one-up" (in contrast to a focus on interactive behaviors of therapist and clients) is frequently viewed as one of the common factors accounting for therapeutic change on the part of client (e.g., Frank, 1973; Hobbs, 1961; Stiles, Shapiro & Elliott, 1986; Orlinsky & Howard, 1995). As most therapists know, however, despite the clarity in therapist-client role definitions implied by this view, the role of therapist does not by itself confer the power to control or influence the definition of the therapy relationship. While therapists are necessarily involved in negotiating the nature of their relationships with clients, the mantle of "therapist" does not insure that the clients' symptoms will allow the therapist to put forth an unquestioned relational definition of the therapeutic relationship.

Relational Control as an Intrapersonal Construct (Domineeringness)

A second way in which control has been defined has been in terms of the frequency or proportion of interactants' "controlling" behaviors or their attempts to control the other (i.e., control maneuvers). The assumption is that the individual with greater number (or proportion) of controlling behaviors is the one with the greater control. For example, in terms of the previously presented coding systems, this would be the person with the greater number of one-up (↑)

responses (RCCS; Ericson & Rogers, 1973), the greater number of topic initiations (TI) (Tracey et al., 1981), the greater number of manifest and/or latent high power responses (Penman, 1980), the greater number of dominant responses (Strong, Hills & Nelson, 1988), the greater number of "directive" responses (Hill, 1986), or the greater number of directive and/or presumptive role dimension responses (Stiles, 1986).

The limitation to defining relational control in this manner is that it disregards the subsequent response of the other person--that is, the effect of the control maneuver on the other person's relational behavior. In this regard, it has been suggested (see Lichtenberg & Barké, 1981; Tracey, 1986) that a more valid measure of control would be one in which the other's responses are considered--thereby allowing one to determine whether "controlling" behaviors on the part of one person do in fact lead to or are followed by ↓ responses, topic follows, low power responses, submissive responses, or otherwise acquiescent responses by the other. For this reason, some have advocated referring to frequency counts of the occurrence of "controlling" behaviors as indices of "domineeringness" rather than of dominance or control (e.g., Courtright, Millar, & Rogers-Millar, 1979; Tracey, 1986).

Relational Control as an Interpersonal Construct (Dominance)

Consideration of the other's subsequent responses to a person's control maneuvers changes control from being an intrapersonally defined construct to being one that is interpersonally defined. Rather than considering the behaviors of each person individually and without regard for the effect of those responses, control can be viewed as actual control ...at least to the extent that control maneuvers are followed by appropriate control accepting or acquiescing responses by the other. Definitionally, the person "in control" is the one with the greater proportion of ↑ responses being followed by ↓ responses, topic initiations being followed by topic follows ("topic determination"), high power responses being followed by low power responses, dominant responses being followed by submissive responses, directive responses being followed by acquiescent responses followed, and so on. In distinguish this interpersonal definition of relational

control from the preceding definition, some theorists have referred to it as relational "dominance" (Courtright, Millar, & Rogers-Millar, 1979; Tracey, 1986).

Relational Control as Statistical Dependence

As Tracey (1991) noted, all of the currently used response coding systems involve coding the form or intent of each the speakers' behavior with respect to the control or relational position each implies. The control direction or relational position of the coded behaviors is based on the extent to which the behavior appears to be controlling in nature, which may vary as a function of the context or culture in which the utterance is made.

Avoiding at least some of the difficulties inherent in the assigning of control directions to utterances based on their grammatical form or implied intent, Gottman (1979; Gottman & Ringland, 1981) proposed that determination of relational control focus not on the control implied in interactants' utterances, but rather on the predictability of the individuals' behaviors--however they may be coded, and regardless of whether they imply control or acquiescence. Relational control (or dominance) is operationalized as an "asymmetry in predictability; that is, if B's behavior is more predictable from A's past behavior than conversely, A is said to be dominant" (Gottman & Ringland, 1981, p. 395). Instead of considering the implied meaning of the behavior (as is the case when considering relational control from an intrapersonal or interpersonal perspective), the statistical dependence and predictability of the behavior is considered and determines which of the interactants is in control of the definition of the relationship. A variety of statistical approaches have been devised and used to evaluate relational control in this manner (e.g., Allison & Liker, 1981; Attneave, 1959; Castellan, 1979, Lichtenberg & Paolo, 1988; Wampold, 1984), but each approach defines relational control in a similar manner.

The following section selectively reviews the studies that have empirically examined the status of relational control within the therapeutic dyad. The first half of this section focuses on those studies who have used interpersonal and intrapersonal definitions of control, and the second half of this section focuses on those studies that have used statistical dependence as definitions of control.

The Empirical Status of Relational Control

Control as Intrapersonal and Interpersonal Behaviors

In perhaps the first study of its kind, Lichtenberg and Barké (1981) investigate the relation between successful counseling and the complementary/symmetrical relationship. Under the assumption that Carl Rogers', Albert Ellis', and Fritz Perls' interactions with clients in demonstrations films exemplified good (or successful) counseling, Lichtenberg and Barké examined Haley's (1963) hypotheses that successful counseling involves a complementary relationship between therapist and client in which the therapist has the greater relational control.

Using Ericson and Rogers' (1973) RCCS coding system, Lichtenberg and Barké analyzed single session transcripts from two different clients for each of the above named therapists. They found little support for Haley's hypothesis. Instead, the authors found that most verbal response exchanges fell into the symmetrical and transitory (neutral) categories. Like studies done by Lichtenberg and Heck (1979) and Tracey et al. (1981), Lichtenberg and Barké examined only the initial sessions of therapy cases, thereby leaving questions about the implications of the results of their study. These questions include whether the results were a function of the initial stage of therapy (as classified, for example, by Cashdan, 1973, Strong & Claiborn, 1983, and Tracey, 1987) and whether there were changes in the nature of the relationship across time.

Tracey and Ray (1984) addressed these questions in their investigation of stages in successful and unsuccessful counseling cases. Using the TI/TF topic determination ratio as a means to operationalize symmetry and complementarity in a counseling relationship (Tracey et al., 1981), Tracey and Ray compared the levels of complementarity and symmetry across sessions of three successful and three unsuccessful therapy cases. The authors hypothesized that successful, time-limited therapy cases would follow a pattern of high complementarity, low complementarity, high complementarity. Tracey and Ray's rationale for this pattern was based on the premise that counseling is a system (see also Claiborn & Lichtenberg, 1989); and that in order for the system to change, it has to move from its homeostatic state to a state of flux, and finally to a new homeostatic

state. Thus, there should be (a) the beginning stage of homeostasis (initial complementarity—perhaps encouraged by matched role expectations [Tracey et al., 1981]), (b) a middle stage of flux or change (symmetry--in which new definitions of the relationship are put forth by the therapist and subsequently rejected by the client resulting in interpersonal conflict), and (c) an ending stage of new homeostasis (complementarity--in which a new relationship definition is agreed upon and a new point of homeostasis is reached).

Analyzing each case individually, Tracey and Ray (1984) found support for their hypothesis. First, they found that topic determination (by both client and therapist) fluctuated in level significantly across sessions in the three successful counseling cases, but remained constant in the three unsuccessful cases. Further, in two of the three dyads, Tracey and Ray noted a pattern of high topic determination (high complementarity), low topic determination (low complementarity) and high topic determination (high complementarity). In the third successful dyad, an initial hesitancy on the part of the client was believed to produce an extra pattern of high complementarity followed by low complementarity in the beginning sessions. However, Tracey and Ray maintained that the third successful dyad fell into the same pattern (after the initial high–low anomaly) found in the first two successful dyads.

Tracey and Ray (1984) found that topic determination levels for client and therapist decreased and increased together over the course of the counseling process. However, while the levels covaried, there were noteworthy differences in the level of topic determination and topic continuation (continuation of an already determined topic) between clients and therapists. In both successful and unsuccessful cases, counselors were found to have higher topic determination than clients; and clients were found to have higher topic continuation than therapists. According to Tracey and Ray, these results supported the interactional premise that counselors have more relational control (in this case to control topics of discussion) than do clients.

Tracey and Ray's (1984) study highlights two potentially significant factors in the examination of relational control in therapy. First, therapists show more control over what is to be discussed during therapy than do clients. Second, clients' and therapists' interactions with each

other change over the course of therapy. Tracey and Ray examined this change in terms of complementarity and symmetry. The authors defined complementarity as an unequal status relationship, the definition of which is agreed upon by both client and therapist; and they defined symmetry as an equal status relationship, the definition of which is not agreed upon by both client and therapist (because agreement would necessitate compromise by either party thereby rendering the relationship complementary). The authors found support for the notion of an initial stage of complementarity.

Several writers have speculated on this initial stage. Cashdan (1973) theorized that this initial stage was a connection point in the relationship where the counselor "hooked" the client into feeling understood and supported. Other writers have termed this process as the formation of therapeutic or "working alliance" (Friedlander & Phillips, 1984; Greenson, 1967; Strong & Claiborn, 1982; Tracey & Ray, 1984). After the formation of the working alliance, the therapist may then go on to challenge the client's definition of the therapeutic relationship (and the maladaptive behaviors therein) with less likelihood of premature termination (Tracey, 1986).

Friedlander and Phillips (1984) specifically addressed this issue when they examined the interactions between client and therapist in initial therapy sessions in order to identify ways in which a working alliance is established. Using a Markov Chain analysis, the first two interviews of fourteen counseling dyads were analyzed. Friedlander and Phillips found a high level of topic shifts occurring fairly frequently, about once in every six verbal transactions. The authors suggested that this may be indicative of two things. First, it may be indicative of an in-depth exploration of the client's presenting concerns. Second, it may be indicative of relationship negotiation and the struggle for control of the relationship definition. While Friedlander and Phillips maintained that a high level of topic shifts may be indicative of a struggle for relational control, they did not examine how the struggle played out in the context of this particular study.

Lichtenberg and Kobes (1992) conducted a similar study, using topic control as an index to test Haley's hypothesis that counselor's control of the relationship definition is crucial to the success of therapy. Unlike Tracey and Ray (1984), Lichtenberg and Kobes found the counselor's

control over the relationship definition did not differentiate successful from unsuccessful therapy. However, they did not take into account the possibility of stage differences in the therapeutic process. The author's stated that their results may have been "blurred" (p. 400) because whole cases were summarized, and individual sessions within cases were not studied. By considering whole cases, changes that have been shown to appear in stages (Tracey & Ray, 1984) may have canceled each other out leaving any differences across whole cases undetected.

Heatherington and Allen (1984) analyzed the communication patterns between male and female therapists with both male and female clients in initial therapy sessions. They hypothesized, among other things, that male counselor and female client dyads would be characterized as a complementary, client one-down, relationship. Using Rogers and Farace's (1975) Relational Communication Coding System to code interactions, the authors found that their hypothesis was not supported. Additionally, they found little difference in relational control between any of the possible gender combinations of therapist/client dyads. The exception to this was among male clients with therapists of either gender. These dyads revealed a greater percentage of complementary client one-up positions. Female client dyads were somewhat more likely to be "one-across" than one-down.

In addition to looking at differences between possible combinations of gender dyads, Heatherington and Allen (1984) reviewed the general communication patterns between therapists and clients in initial therapy interviews. They noted that in these communication patterns were marked by a large percentage of complementary behavior, most of which involved the client in a one-up position. One might hypothesize, then, that at least in the initial interview, clients show more relational control than counselors do.

In a done study by Tracey and Miars (1986), a comparison of two different definitions of control were examined by analyzing the same set of data (three psychotherapy cases) in accordance to the prescriptions of each definition. The first definition, called "pure dominance" by the authors, involved the Ericson and Rogers' (1973) coding system (one-up, one-down, one-across). In this definition, separate tabulations were made of every counselor initiated and every client

initiated verbal exchange that involved a one-up verbal response immediately followed by a one-down verbal response. These calculations were then examine to determine whether the counselor or client were involved in more purely dominant exchanges. Tracey and Miars reported that using this first definition, clients were found to be greater relational control, or to have more pure dominant responses, then were counselors. These results were found for all three of the cases examined.

In their second definition of interpersonal control, Tracey and Miars (1986) used the topic determination ratio (Tracey & Ray, 1984) to index who had more relational control across cases in the therapeutic dyad. Similar to the procedure used above, Tracey and Miars made separate tabulations for the number of times each counselor and each client initiated and obtained a successful bid at topic determination. However, unlike the results obtained above, the authors found that counselors were found to be in greater relational control, or to have more topic determination, than were clients. These results were also found for all three of the cases examined.

Tracey and Miars (1986) noted that the conflicting results might be "attributable to the different control assumptions that underlie each of the coding schemas" (p. 590). They argued that pure dominance definition of control is based on "culturally stereotypic conceptions of power and control" (p. 590). Tracey and Miars suggested that while both definitions of interpersonal control provide a "valid perspective, " they do so from different viewpoints. They noted that topic determination may provide a less culturally biased evaluation of the interpersonal control found in the therapeutic relationship.

Control as Statistical Dependence

In 1985, Tracey did a reanalysis of the data already reviewed in Tracey and Ray's (1984) study. In this analysis, Tracy (1985) examined components of control in terms of statistical dependence rather than just who had the highest topic determination ratio. By determining which member of the therapeutic dyad was more likely to respond in a predictable pattern given the other's immediately preceding response (thereby showing the greater behavioral dependence and lesser relational control), Tracey was able to provide a reassessment of the relation between

counselor dominance (relational control) and positive outcome, and between counseling stages and counselor dominance.

Tracey's (1985) examination of counselor (and client) statistical dominance across the stages of therapy revealed some support for Haley's (1963) hypothesis that therapists need to control the definition of the therapeutic relationship. Specifically, Tracey found that each of the successful dyads was characterized by a significant amount of counselor relational control, but that none of the less successful cases was characterized by such dominance. Additionally, Tracey found support for stage differences in relational control within the counseling relationship. The most significant control was found in the middle conflict stage in which Tracey found a "clear difference" in counselor control in all three successful counseling cases. This finding was generally supportive of the notion of stages in therapy and specifically supportive of the notion that the conflict stage is a stage of increased demands made by the counselor regarding the definition of the therapist/client relationship (see also, Lichtenberg & Semon, 1985).

Lichtenberg (1985) analyzed several components of the structure of a single counseling case in a pilot study geared toward the examination of structure in counseling. Like Tracey (1985), Lichtenberg looked at the statistical dependence among the verbal responses in counseling dyads; however, unlike Tracey (1985), Lichtenberg used the RCCS (Ericson & Rogers, 1973) as a means of coding the verbal exchanges between counselor and client.

In this study, Lichtenberg looked at the first interview and the eighteenth interview of a single 20-session counseling case and found that the therapist was less influenced by the client's immediately preceding verbal behavior than was the client by the therapist's immediately preceding verbal behavior. This occurred despite the fact that, at least in the initial interview, the client was recorded as having more one-up responses than the therapist. Lichtenberg concluded that it is a "temptation" to consider the measure of statistical dominance as a meta-level of control of the therapeutic relationship (i.e., the therapist was letting the client be in the overtly "one-up" position). He noted, however, that the generalizability of his study was limited by its small n, both in terms of subjects (=1) and number of sessions (=2).

Similar to Lichtenberg (1985), Lichtenberg and Semon (1986) examined social influence and relational control across a single therapy case using the RCCS (Ericson & Rogers, 1973) for coding, and using domineeringness and statistical dependence as measures of relational control (or influence). While they found that the most likely response by both counselor and client was a one-across responses (neutral with respect to relational control), they also found that the counselor tended to make more one-up responses than the client. In regard to statistical dependence, they found that neither the client nor the therapist were consistently more controlling than the other. The authors concluded that, similar to the findings of Lichtenberg and Barké (1981) and Lichtenberg and Kobes (1992), their findings were in contrast to Haley's (1963) proposition.

While Lichtenberg and Semon (1986) did not consider the notion of therapeutic stages in their study, Tracey (1987) once again hypothesized that the successful counseling relationship would be made up of a series of stages. According to Tracey, these stages should involve a move from a state of limited reactivity (counselor and client acting independently of each other's influence), to a state of high reactivity (counselor and client reacting to each other's influence), and finally to a state of both reactive and independent behavior on the part of both counselor and client. Tracey based his hypothesis on the work of Jones and Gerard (1967) and on the work of Kelley et al. (1983).

Jones and Gerard (1967) argued that there are four categories of interpersonal interactions, including (a) independent (not reacting to what the other person has done), (b) reactive (reacting to what the other person has done), (c) consistent (reacting consistent with one's own previous behavior), and (d) mutual (reacting consistent with one's own behavior but also in response to the other's behavior). Kelley et al. (1983) labeled consistency and mutuality as *intrachain dependency* (individual behavior is determined by that same individual's previous behavior), and they labeled reactivity/independence as *interchain dependency* (individual behavior is determined by another individual's previous behavior). Thus, Tracey's (1987) hypothesis was that therapy moves from low interchain dependency, to high interchain dependency, and finally to high interchain and

intrachain dependency (or mutuality). This hypothesis is consistent with the previous work of Tracey and Ray (1984) regarding stages in therapy.

Tracey (1987) examined 16 therapy cases, each consisting of five or more sessions. Eight of the cases were determined to be successful on the basis of outcome measures, and eight of the cases were determined to be unsuccessful by these same measures. Eight therapists and 16 clients made up the subjects, with each therapist being involved in two cases--one successful and one unsuccessful.

Tracey examined interchain and intrachain dependency in terms of topic initiation/topic following sequences (Tracey & Ray, 1984). For example, if a client's topic initiation/topic following were not consistent with his or her previous behavior, and similarly if it were not dependent on the counselor's preceding response, the client would be said to have low levels of both interchain and intrachain dependency.

Tracey (1987) found that there was high interchain dependency across all three theoretical stages of therapy (stages were identified by dividing each individual case into thirds) for both successful and unsuccessful therapy cases. However, higher intrachain dependency on the part of the counselor was indicative of successful cases as compared with unsuccessful cases. Clients tended to have high interchain dependency across successful and unsuccessful cases; however, successful cases were differentiated from unsuccessful cases in that clients' intrachain behavior (consistency) increased significantly in the successful cases.

One can speculate that this high intra-chain dependency is reflective of more counselor control over the relationship definition. Specifically, that the therapists reacted more consistently with their own previous behavior, but also in response to the clients' behaviors (in contrast to the clients' behavior which was more environmentally determined and less "dependent" on their previous behavior) is reflective of the therapists' amount of control over the definition of the relationship.

In regard to stages, Tracey found that successful therapeutic dyads were comprised of significantly higher counselor interchain dependencies in the beginning and end stages. He also

found that increased counselor intrachain dependency at the final stage was correlated with successful therapy. Clients' intrachain dependency also increased in the final stage, but this occurred irrespective of therapy outcome.

Tracey (1987) maintained that these findings were supportive of his notion that the end stage of successful therapy cases reflects mutual dependency (interchain and intrachain). However, Tracey's hypothesis that initial behavior would be relatively independent was not supported. Tracey argued that this may be due to the lumping together of the first three therapy sessions as an estimate of the initial stages for each case. As Tracey went on to suggest, this stage may be much shorter than three sessions.

Tracey's findings compare with those of Tracey and Ray (1984). Specifically, that Tracey (1987) found evidence of lower therapist interchain dependence during the middle stage of therapy is similar to Tracey and Ray's (1984) finding of lower complementarity during the middle stage of therapy. Tracey and Ray speculated that this may reflect the therapists' attempt to redefine the definition of the relationship. Tracey's (1987) findings likewise may be indicative of this same process, adding support to the argument that therapists must control the therapeutic process, and must make special efforts to redefine the therapeutic relationship after initial rapport has been established (Cashdan, 1973; Friedlander & Phillips, 1984; Tracey, 1993; Tracey & Ray, 1984).

Wampold and Kim (1989) reanalyzed the counselor-client interaction in a case study reported earlier by Hill, Carter and O'Farrell (1983). In the previous study, Hill et al. had coded the counselor and client verbal behaviors within a single time-limited therapy case using Hill's Counselor Verbal Response Category System and the Client Verbal Response Category System (Hill, 1986). Hill et al. selected this system in order to study the mechanisms of change within the therapy process by studying the effect of counselor verbal responses on subsequent client verbal responses.

Using sequential analytic methods (Wampold, 1984; Wampold & Margolin, 1982), Wampold and Kim reanalyzed Hill's data to investigate the relative influence of counselor and client verbal responses on the immediate responses of the other. In addition to casting some doubt

on certain conclusions that Hill and her colleagues drew regarding the therapy case, Wampold and Kim found that with respect to certain high probability patterns in the counselor-client interaction, the counselor's behavior was more predictable from the client's behavior than the client's behavior was from the counselor's behavior. That is, it was the client, rather than the counselor, who was in relational control.

How these findings relate to the outcome of the case was not determined by Wampold and Kim, nor (as was done in the Hill et al. [1983]paper) was there speculation on the helpfulness of certain verbal behaviors on treatment. To the extent that the frequency of occurrence of certain counselor or client behaviors do correlate to positive ratings of the counseling relationship and/or the outcome of counseling, one is left to wonder whether it was the counselor or the client whose behaviors were largely responsible for those positive outcomes.

Lichtenberg et al. (1996) recently completed a study the relationship between relational control and therapy outcome. For the study they reanalyzed seven of Hill's (1989) eight previously analyzed cases of time-limited therapy, using Stiles' (1986, 1987) verbal response role dimensions and a response dependency index of relational control derived from information theory (see Attneave, 1959). Their results suggested that for both successful and less successful counseling cases, therapists' verbal responses were more predictable from the clients' responses than vice versa (i.e., the client was more in control)--although the control differential between the counselor and client varied according to the role dimension studied.

Summary and Conclusions

As suggested throughout this paper, the concept of relational control--although central to interpersonal and interactional perspectives within counseling and psychotherapy--is not as clear or unified a concept as either theorists or researchers might like. Part and parcel of the confusion with regard to relational control are the following:

1. the confusion or confounding of relational control with the "one-up" position within complementary relationships--a confusion that has spawned the creation of terms such as "metacomplementarity" and "pseudosymmetry" to describe how a person in

an otherwise "one-down" position may nevertheless be in control of the definition of an interpersonal relationship.

2. the use of different and inconsistent relational coding schemes (Ericson and Rogers' RCCS; TI/TF; Strong, Hills and Nelson's ICRS; Penman's manifest and latent response coding system; Hill's CVRMS; Stiles' VRM).
3. the use of different definitions and operationalizations for deriving indices of relational control from the various coding systems.
4. the analysis of individual sessions vs. the analysis of full-length cases
5. the analysis of sessions/cases without clear indications of whether the outcome of therapy was or was not successful--which relates to a significant assumption within relational control theory as applied to therapy.

The result of these factors is confusion (or at least a lack of consensus) regarding the empirical status of relational control in therapy. Relational control theory as applied within interpersonal and interactional psychotherapy suggests that for therapy to be successful, therapists need to be in control of the definition of the therapy relationship. The theory suggests that if clients gain relational control within therapy, improvement is unlikely as they will perpetuate their difficulties by defining and governing the relationship using the same symptomatic maneuvers that brought them into therapy.

The premises that (a) clients' presenting concerns stem from maladaptive (symptomatic) interpersonal strategies, (b) clients employ those same maneuvers to define their relationships with therapists, and (c) unsuccessful therapy is characterized by clients controlling the definition of the therapy relationship through the use of these symptomatic strategies generally have not been explored, and were not the focus of our review of research. Instead what was reviewed were the nature of relational control within therapy and the relative positions of the therapist and client with respect to their control of the definition of the therapy relationship.

The results of our review suggest the following:

1. While the preponderance of studies regarding relational control in therapy may be ascribed to Tracey and his use of his Topic Initiation/Topic Following coding system, his studies also are the only ones which consistently support the notion of therapists being "in control" of the definition of the therapy relationship.
2. Tracey's studies also consistently show a pattern of stages of relational control across successful therapy. While consistently showing counselors to have more control than clients (both within successful and unsuccessful therapy), his studies also suggest that with respect to successful therapy, counselors are less in control during the initial and final stages, and more in control in the middle (or conflict) stage of therapy. These stage differences have not been found to characterize unsuccessful (or less successful) therapy.
3. The above findings seem to hold across at least two operationalizations of relational control: interpersonal dominance and response dependence (asymmetry in the predictability of therapist and client behavior).
4. That Tracey's finding of stage differences in relational control holds across two different operationalizations of control and at the same time seems to fit with various theoretical perspectives regarding the therapy process (e.g., Cashdan, 1973; Strong & Claiborn, 1982; Tracey, 1993), offers a certain construct validity for the TI/TF coding system.
5. The consistency of Tracey's finding (which is based on his research using his TI/TF coding system) also suggests that the variable along which relational control in therapy is defined is "who decides what is to be discussed." While the relational issue of who determines the content that is discussed across therapy certainly is an important one, we have to admit a level of uncomfortableness with the simplicity of this notion.
5. Studies using Ericson and Rogers' (1973) Relational Control Coding System (RCCS) generally have shown clients, rather than therapists, to be in the "one-up"

position--at least using intra- and interpersonal definitions of relational control. The exception to this finding is the case study by Lichtenberg and Semon (1986); however that particular study used a response dependency operationalization of relational control.

6. Studies using any of the other coding systems are sufficiently few (and in some cases limited to a single study), and no pattern in results can be determined.

It probably goes without saying that the coding system used and the operationalization of the construct creates the results. It is true in every science, and is certainly true of the empirical literature regarding relational control. In this regard, Friedlander (1993), in her recent review of the empirical literature on the related construct of "complementarity" in brief therapy, remarked on a similar state of affairs with regard to that construct. Specifically, she found the research to be characterized by

1. an array of different instruments used to operationalize the construct.
2. differences in sampling strategies used by researchers--some studying demonstration interviews, others studying individual sessions, others using full-length cases, still other using session segments as samples on which to conduct their studies.
3. differences in the ways that patterns of complementarity are identified and analyzed.
4. a blurring of the meaning of the construct of complementarity.

As was suggested with regard to research on complementarity (Friedlander, 1993), we believe that programmatic research that formally takes into consideration the differences in relational control perspectives and operationalizations is needed. Doing so should enhance the clinical relevance of future research and avoid the conceptual and methodological confusions of previous research in the area.

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Table 1
RCCS Coding Categories (Ericson & Rogers, 1973)

<u>First Digit</u>	<u>Second Digit</u>	<u>Third Digit</u>
1. Speaker A	1. Assertion	1. Support
2. Speaker B	2. Question	2. Nonsupport
	3. Talk-over	3. Extension
	4. Noncomplete	4. Answer
	5. Other	5. Instruction
		6. Order
		7. Disconfirmation
		8. Topic change
		9. Initiation-termination
		0. Other

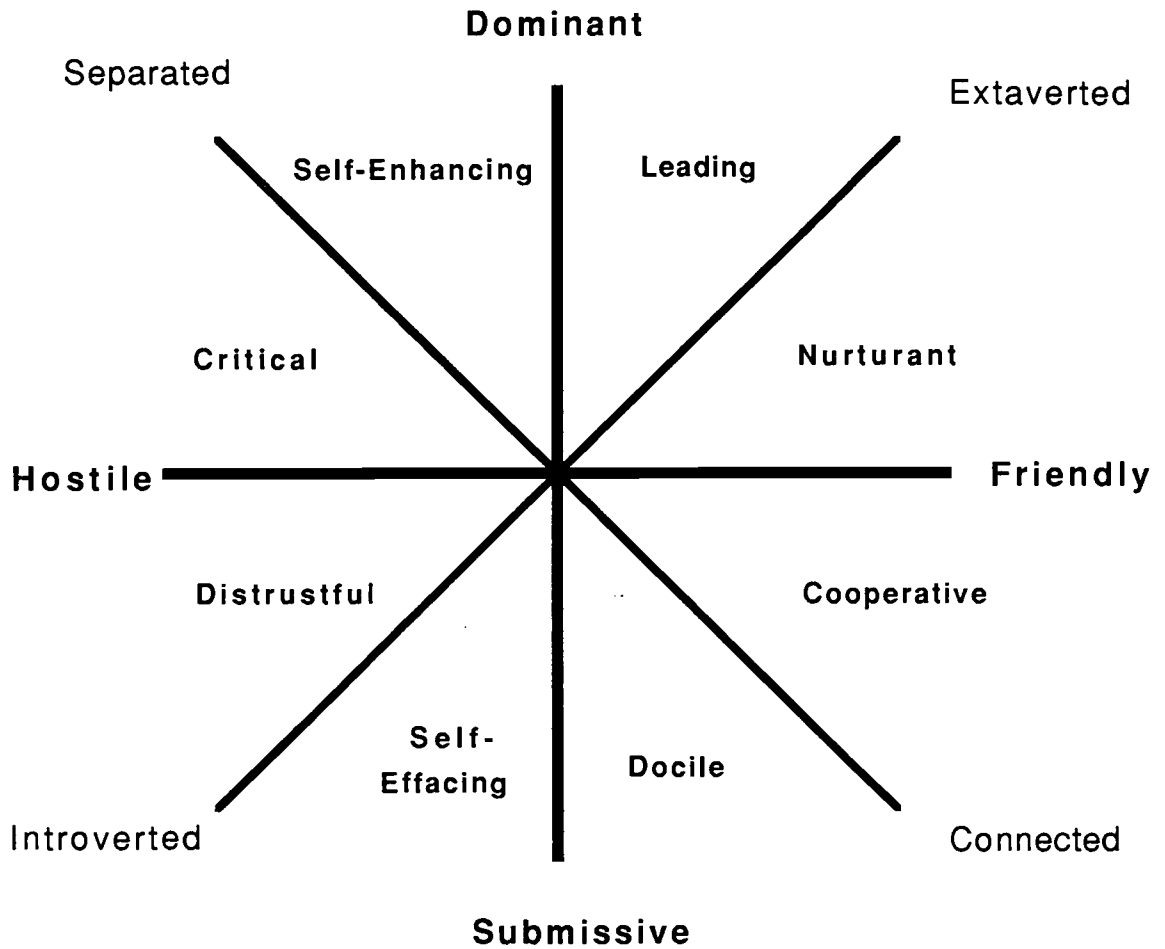


Figure 1

Interpersonal Communication Rating Scale (ICRS; Strong, Hills & Nelson, 1988)

Table 3Matrix of Transactional Codes (Ericson & Rogers, 1973)

<u>Antecedent</u>	<u>Consequent</u>		
	<u>One-up</u>	<u>One-down</u>	<u>One-across</u>
One-up	↑ ↑	↑ ↓	↑ →
One-down	↓ ↑	↓ ↓	↓ →
One-across	→ ↑	→ ↓	→ →

Table 4**Criteria for Topic Initiations (Tracey & Ray, 1984)**

Code an utterance as a **topic initiation** whenever it is different from the last topic in the previous speaking turn in any of the following ways:

1. contains different content
2. refers to a different person as the subject
3. contains a different time reference
4. contains a different level of specificity
5. is an interruption.

If none of these criteria is met, code as a **topic following** response.

Table 5

Penman's Scheme for Coding Communication at the Manifest Level (Penman, 1980)

Power Dimension	Involvement Dimension		
	High	Middle	Low
High	Aggress	Advise	Support
Middle	Disagree	Exchange	Agree
Low	Avoid	Request	Concede

Table 6

Penman's Scheme for Coding Communication at the Latent Level (Penman, 1980)

Power Dimension	Involvement Dimension			
	High		Low	
High	Reject	Control	Initiate	Share
	Counter	Resist	Offer	Collaborate
Low	Evade	Abstain	Seek	Oblige
	Remove	Relinguist	Submit	Cling

Table 7Hill Counselor and Client Verbal Response Categories (HCVRMS; Hill, 1986)

Counselor Verbal Response Categories

1. Minimal encourager
2. Silence
3. Approval-reassurance
4. Information
5. Direct guidance
6. Closed question
7. Open question
8. Restatement
9. Reflection
10. Interpretation
11. Confrontation
12. Nonverbal referent
13. Self-disclosure
14. Other

Client Verbal Response Categories

1. Simple response
 2. Request
 3. Description
 4. Experiencing
 5. Exploration of Client-Counselor Relationship
 6. Insight
 7. Discussion of plans
 8. Silence
 9. Other
-

Table 8

Taxonomy of Verbal Response Modes (Stiles, 1987)

Source of Experience	Frame of Reference	Focus	
		Speaker	Other
Speaker	Speaker	Disclosure	Advisement
Speaker	Other	Edification	Confirmation
Other	Speaker	Question	Interpretation
Other	Other	Acknowledgment	Reflection

Table 9VRM Role Dimension Response Categories (from Stiles, 1986, p. 178)

(a) Utterances concerning the other's experience:

Attentiveness (Question, Interpretation, Acknowledgment, Reflection) vs.

Informativeness (Disclosure, Edification, Advisement, Confirmation)

(b) Utterances using the other's frame of reference

Acquiescence (Edification, Confirmation, Acknowledgment, Reflection) vs.

Directiveness (Disclosure, Advisement, Question, Interpretation)

(c) Utterances focused on the other

Presumptuousness (Advisement, Confirmation, Interpretation, Reflection)

Unassumingness (Disclosure, Edification, Question, Acknowledgment)



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Organization/Address: Counseling Psychology 116 Bailey Hall Univ. of Kansas Lawrence, KS 66045-2336	Telephone: 913-864-3931	FAX: 913-864-5076
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