

## Control Theory

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**C**ONTROL THEORY explains how all living organisms function. This book deals mostly with human psychology, but since control theory also provides a good explanation of physiology, the book includes several cases that explain how psychology and physiology blend in what is popularly called psychosomatic illness. Control theory is also practical. Reality therapists not only use this theory to identify what is wrong with their clients and in what direction to go to help them, but, as is shown over and over in this book, they also make an active effort to teach control theory to any client they believe may be receptive to these ideas. These clients are then able to use control theory to make more responsible choices in their lives, which both shortens therapy and extends its effectiveness.

Almost all clients come to counseling because they are not able to cope successfully with what is going on in their lives. In

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most cases, they believe that they are suffering because they are the victims of people or events over which they have no control. Control theory does not deny that many of us are treated badly and that we may, indeed, be victims of events that seem to us to be beyond our control. But what control theory teaches, and what is illustrated in this book, is that the only behavior we can control is our own. This means that the only way that we can control events around us is through what we can do. As you read these cases, you will see the therapists, using the patience and compassion that is the core of good reality therapy, teach clients, many of whom have suffered greatly, to begin to take effective control of their own lives despite what has happened to them.

Clients are able to do this because, through counseling, they have gained the strength to see that what they are doing to cope with the painful reality of their lives is not working, and to see that they can do better. Regardless of what is happening to them, most people are able to learn that they are rarely forced to do anything, good or bad. We choose all the important things we do with our lives which, as I will shortly explain, includes how we feel and, to a great extent, even our health. Almost all the people who come or are sent for counseling are not making the best possible choices regardless of the situations they are in.

This is what makes control theory hopeful. If people choose what they are doing and feeling, with the help of a good counselor they can learn to make better choices. The message of control theory is that once we understand its basic ideas, specifically the needs, the pictures in heads, and the concept of total behavior, no matter how bad things seem, we can choose to do better with our lives—providing we are willing to make the effort to do so.

Most people, however, do not believe they have a choice. They follow an age-old, common-sense idea of how we behave which is called the stimulus-response theory. For example, most people believe that they do not choose their behaviors, especially in the sense that they do not choose how they feel or how their body functions. They believe that what they feel and what goes on in their bodies are natural responses or reactions to things outside of them, the stimuli, over which they have little

or no control. Most people believe, for example, that when they are disappointed, they have no choice but to feel bad, to get an upset stomach, or to be unable to sleep or work.

Control theory explains that the disappointment, for example, over an unhappy marriage, does not make us feel bad or get sick or, for that matter, do or think anything. All the disappointment is information. In fact, all we ever get from the outside world is information. For example, if we find out that our child failed an important examination and will not graduate, it is up to us to choose how to act on that information. What we decide to do is our choice, and the goal of reality therapy is to help clients figure out and put into practice better choices than those they have been making.

Nowhere is this more clearly seen than in the case of Sarah, in the chapter "I'm Not Going to Let Them Affect Me." When this seventeen-year-old high school girl, who had been physically and sexually abused by her parents and her brothers since she was a small child, started counseling, she did not have any sense that she could do anything except "react" with suffering to the terrible situation (the stimuli), in which she thought she had to live. Her counselor was able to teach her that she had a whole series of choices that could lead her to a better life. It was also made clear that if she did nothing to change her life, this also was her choice. To make this choice clear, the counselor asked Sarah over and over, "Is this what is best for you?"

Reality therapy, augmented by the insights of control theory, teaches that we need not be victims of our past or our present unless we choose to be so. Whether we do well or badly, we have much more control over our lives than most of us believe, and the more effectively we exercise this control, the more fulfilled our lives will be.

As all the cases in this book bring out, control theory is based on the concept that we are all driven by basic needs and that all of our behavior is our best attempt to deal with the world so that we can best satisfy these needs. These needs—survival, love, power, fun, and freedom—are built into our genetic structure and are just as much a part of our genetic heritage as our arms and legs. This means that when we are born, driven by these genetically based needs, we must learn to live in the best

way we can to satisfy them. We are not born a blank slate that must learn to adapt to the world: we are born driven by these needs, and they will drive us relentlessly to try to control the world around us all of our lives. To control, however, does not mean to dominate. It means control as when we steer (control, not dominate) our car.

At birth, we know neither what these needs are nor how to satisfy them. What we do know at birth, and will know for the rest of our lives, is how we feel. From this knowledge, most of us gain some idea of what our needs are. For example, a little baby does not know anything about food or eating or survival. But he does know that he hurts a lot, and when he is fed, he usually feels better. As this occurs over and over, the baby begins to learn about food and much later about eating for survival. But long before we know what our needs are, our desire to feel better leads all of us constantly to attempt to satisfy them. And even if we never find out what our needs are, we will still try to satisfy them through our efforts to feel good.

Starting at birth, we begin to behave in the world, and all we will do for the rest of our lives is behave. And while we are always clearly aware of how we feel when we behave, we are usually unaware that our feelings are not separate from the rest of our behavior. In fact, as I will explain shortly when I introduce the concept of total behavior, they are always an integral part of our behavior itself.

For example, JJ, in the chapter "Why Bother Going On?" came for counseling after one son was killed playing football and another was found to be using drugs. Her complaint that she was very depressed was an understatement. What she did not know, which she learned in counseling as the counselor introduced her to control theory, was that she was choosing a behavior that included the misery she complained about. She thought that she was going to be miserable forever because of what had happened. It is unlikely that she or anyone else in her situation could have chosen anything but misery at the time she was seen, but with skillful help, she gradually learned that there were other behaviors she could choose that would allow her to feel much better.

Keep in mind that control theory does not contend that

anyone chooses pain or misery because he or she wants to feel bad. JJ chose it because she had discovered, as almost all of us do, that she could deal with the tragic events of her life better through behaviors that included pain than with any other behavior. Pain, terrible as it is, gave her more control over her life, but until she learned some control theory, she had no idea that this was going on. She thought she had to continue this choice indefinitely.

I have now explained enough so that it makes sense to define the term *control theory*, because this definition will further clarify what I am trying to convey. Control theory contends that *our behavior is always our best attempt to control the world and ourselves as part of that world so that we can best satisfy our needs.*

To cope with the events of her life, JJ chose the misery and pain in a desperate effort to see if the world had some compassion for how much she had suffered. She also chose the misery because it immobilized her and, in doing so, restrained the anger that she could barely keep under control. If, for example, she had not controlled the anger to the extent she did, she might have committed suicide.

The tragic events of her life were tremendously frustrating to her needs for love and power, and when a need is frustrated, we cannot be passive: we must do something. What we all learn to do, usually as very small children, is to choose some sort of misery to deal with frustration. We learn that when we are miserable, people reach out and try to help and also that we can better control the anger that could lead to destructive acts that make things even worse. As I explain this, I am in no way minimizing JJ's suffering, but only setting the stage for an understanding of how therapy helped her.

This brief explanation of control theory will become much more clear as you read the cases. Every client, at the time that therapy begins, is choosing some sort of painful, self-destructive behavior in a misguided or misunderstood attempt to regain control over a poorly controlled, need-frustrated life. What the counselor does in almost every case is teach the client that he or she has needs that must be satisfied and that there are better ways to satisfy them than what he or she is choosing to do now.

Another concept that will be covered throughout the cases is the idea of the pictures in the client's head. This is a vital control theory concept because these pictures, which together form a special world of pictures in the client's memory, are the most important part of the client's life or, for that matter, anyone's life. These pictures are stored in a special part of our memories and begin to be introduced into this special world shortly after birth. This starts a process that continues all our lives.

For example, driven by the needs for love and survival, a small baby may discover that whenever she hurts and chooses to cry in pain (we seem to be born with the ability to cry), something outside of her seems to take over, and soon her pain is replaced by pleasure and satisfaction. The baby, using her senses, soon learns who this outside something is and stores that knowledge in the special world in her memory.

This special world, also called the internal world or the all-we-want world, represents a world in which we would want to live. The image of ourselves in that special world is also the image of what we would like to be. This world of pictures could be likened to our personal Shangri-La or the ideal world that we would like to be a part of. Gloria, in the chapter "Starved for Affection," had severe eating and dieting problems, but she also had a picture of herself as a person who was attractive both physically and socially; unfortunately, she had no effective behaviors to attain this ideal picture in the real world. What she had was a group of physically and socially self-destructive behaviors that were completely ineffective for her. The therapist put her in touch with these pictures and helped her to understand that what she was choosing to do with her life would not get her close to what she wanted. Until we have a good idea of what it is we want, we are not able to understand how badly the behaviors we are choosing are working for us. It is not easy for most clients to tell even a caring counselor what they want, especially if they fear that they have little chance of getting it. The skill of the reality therapist is to counsel in such a noncriticizing, accepting way that clients will reveal what is in their special world.

As stated earlier, all we ever do is behave, but what initi-

ates this behavior is not readily apparent. It all starts with the pictures in our heads, the pictures in the special world that I have just described. Whenever we want something, no matter what, we are then forced by the way we are built to sense (look, listen, touch, taste, or smell) the world to determine how close we are to getting what we want. If we want to be thin and attractive, for example, we must continually look into a mirror to see how thin we are. If we want to be rich, we must continually check how much money we have and what we are doing to make more.

Our behavior, then, is actually generated by the difference between what we want, the pictures in our heads, and what we have, which is what we sense is going on in the world that is related to what we want at the time. When there is a difference, we must behave to try to reduce this difference. Therefore, when I say we choose our behavior, what I mean is that when this difference exists, we must make a choice to do something. What we do is our choice in almost all cases, but that we always must do something is not our choice; it is the biology of our existence. Whether we like it or not, we will behave in some way or other. Our behavior may be sensible or it may be crazy, it may be prosaic or creative, but whatever it is, it is always the best we can generate at the time.

When our behavior is generated by huge differences between what we want as compared to what we have, we may not even be aware of the fact that we are choosing it. Sometimes, as when we are depressed, anxious, phobic, or psychotic, it seems to be happening to us, but there is still a large element of choice even in these behaviors, as I will shortly explain. There are rare instances, however, when we may be totally unaware of what we are actually choosing to do. When we get to the case of Sarah in Chapter 5, I will explain the fascinating control theory that underlies these rare occurrences.

As I have been explaining control theory, I have used the word *behavior* as if the reader knew exactly what I meant and as if I accepted the dictionary definition of this word. The dictionary defines *behavior* as "conduct or action" or as "a response to stimulation." I have already explained that it is not a response to stimulation, but to be very accurate I must now ex-

plain that behavior is much more than conduct or action: it includes thinking, feeling, and physiology. Unless this expanded concept of behavior is completely understood, the idea of choosing our behavior when, for example, we are depressed or anxious, will not make sense. Control theory explains that our behavior is always made up of four individual components: acting, thinking, feeling, and the concurrent physiology, all of which always blend together to make a whole or a total behavior. This means that when a client says he is depressed, the pain or misery he is complaining that he feels is only one of the four components that make up the total behavior. This is the feeling component. The other three components, which are always present, are his actions, thoughts, and physiology. His actions may be that he is sitting around lethargically. The thoughts may be, "What's the use? There is nothing I can do." And his physiology may be that his stomach hurts or that he is having trouble sleeping.

When a client with this total behavior says that he is depressed (and most would), what he is really saying, although he is not aware that he is saying it, is that he is choosing to depress. This is because depressing is the best total behavior that he can figure out to satisfy his needs at this time. Notice that in the previous two sentences, I changed the word *depressed*, which is an adjective and should not be used to describe behavior, to either *depressing* or choosing to *depress*, which are both verb forms. Since control theory explains that we choose all of our behaviors, in this book you will see that we always use the more accurate verb form to designate a total behavior. And just as we do not use the adjective *depressed*, we do not use the noun *depression*. We always use the verb form to describe behavior.

When using the verb form, we usually describe the total behavior by the component that is most obvious. For example, we will use the feeling component to describe most miserable total behaviors because, when people are miserably, the feeling component is much more obvious than the acting, thinking, or physiologic components. We would say that a person who is moving fast on his feet is running, because in this instance the acting is most obvious. If we see a statue of a seated man



supporting his head with his hand, we would say that he is a thinker who is thinking, because this seems most obvious.

As we learn to do this, it begins to feel natural for us to take responsibility for what we are complaining about, and we usually complain a lot less and spend our time figuring out a better total behavior. For example, if I say I am depressing or I am choosing to depress, it is very hard for me to think that this is happening to me. I have to begin to think that I have a choice and that maybe I could do something better.

If a client were psychotic, then the most obvious part of his psychosis would be how he thinks and acts. We would say that he was choosing to hallucinate or delude or catatonic or, in an overall sense, to crazy. If the client suffered from a peptic ulcer as did Susan in the chapter "Finding Her Own Way," we would say, as did the therapist, that she was mostly involved in the physiologic component of her total behavior. She was choosing to ulcerate or, in an overall sense, to sick.

But most people do not understand the concept of total behavior and vehemently deny that they have any choice in the misery, sickness, or craziness about which they or others complain. Even people who commit crimes of action like murder often try to convince juries that they had no choice in what they did. They say that their crimes were a product of a mental illness that caused them to lose control. But control theory rejects this argument by claiming that any action that has a discernible purpose is always voluntary. If there is no discernible purpose, then it might, at least in theory, be involuntary, but this would eliminate crime. Crime always has a discernible purpose. If, for example, a man raped a tree and then claimed insanity, I would accept that defense.

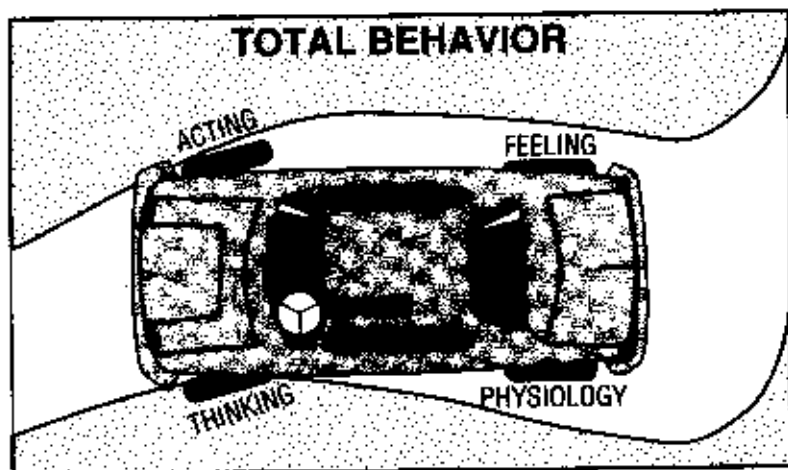
From the standpoint of therapy, it is safe to say that of the four components of our total behavior, two of them, actions and thoughts, are always voluntarily chosen. If you picture your total behavior as a four-wheel drive car, each component would be one wheel of the car. The needs would be the engine, and the car would always be steered in the direction that you, the driver, thought would get you closest to the picture you wanted at that time from your special world. The following diagram

should help you to understand this concept. It is taken from the larger diagram that we use to teach control theory in our intensive seminars.

As in a car, you have total and voluntary control over where you steer the front wheels of your "car" which in this analogy are your actions and thoughts. As you will see in the cases, this is what each therapist eventually teaches the client. No matter what the client is complaining of, if he wants to make the effort, he can choose to steer his life in a better direction than he is steering it now. We know from our own lives, and from the observation of many others, that we have nowhere near the quick or arbitrary control over our feelings and/or our physiology as we have over our actions and thoughts.

For example, Tim, in the chapter "Father and Son Learn Together," angered a great deal when his father would not let him live with him, but he did not think he could stop angering until he learned in therapy that it was getting him nowhere. When he began to choose more responsible actions and thoughts like going to school and getting a job, he stopped angering and got what he wanted.

All of us learn, usually early in life, how to add misery,



craziness, sickness, and aberrant actions like fighting to a wide variety of total behaviors. Do you know a small child who has not learned to pout and depress to control an adult, or to fight to try to control another child? These lessons are not forgotten, and we continue to improve this ability to add misery or anger to our lives in an attempt to control ourselves or others for the rest of our lives. The cases in this book run the gamut of the miserableness and the disabling that people who see counselors typically have learned as total behaviors in an unfortunate attempt to gain better control over their lives.

Exactly how each of us learns to do this is not clear, but the next time you are severely frustrated and choose to depress, stop and introspect for a moment. If you do, I think you will admit that you are more than a little aware that you are actually choosing the misery as well as the temporary inactivity and hopeless thoughts that usually accompany this choice. It is not important that you know exactly how this is done: my book *Control Theory*<sup>1</sup> provides a more in-depth explanation of most of what is described here. What is important to understand is that not only can misery be chosen, but it also can be relieved through better choices, a process clearly illustrated by every case in this book.

Keep in mind the axiom that total behavior, the whole, is always the sum of all its parts. Therefore, when we choose a symptomatic total behavior like depressing, there is more going on than just feeling. We are also acting and thinking, and our physiology is active and appropriate for the total behavior. But as we also know, the corollary to the axiom is that if you change any part, you necessarily change the whole. Therefore, reality therapy focuses on the parts of the total behavior that can be changed because, in doing so, the whole will also be changed. New and usually better total behaviors will then emerge. Nowhere is this better illustrated than in the case of Everett, in the chapter "Value Judgments Sometimes Don't Come Easily." When this seemingly incorrigible inmate of a maximum-security prison learned control theory, he chose physical fitness work-

<sup>1</sup>William Glasser, *Control Theory* (New York: Harper & Row, 1964).

outs and art and gradually was able to subdue the angering that threatened to keep him locked up forever.

In all the cases in this book, the clients changed their actions and thoughts to new actions and thoughts that were better able to satisfy their needs. In doing so, they all got much closer to the pictures in their special worlds. So it is the actions and thoughts (the front wheels), much more than the feelings and physiology (the rear wheels), that reality therapy focuses upon. As previously stated, it is not that we deny the existence or downgrade the importance of feelings or physiology, but since the goal of all counseling is change, there is no use focusing on what the client cannot change.

You will notice in most of the cases that the therapist stays as much as possible in the present when talking to the client. This is because all of our problems can be solved only in the here and now. This does not mean that all problems are new: to the contrary, most problems have their origin in the past, some in the far-distant past. But no matter how frustrating the past was, and in many of these cases the past was indeed very frustrating, there is no way that any therapist can undo the frustrations of the past. All that can be done is to help the client to make more need-satisfying choices now.

If clients are able to satisfy their needs now, then they will gain the ability to surmount what happened in the past. It is when the present is still filled with frustration that the past remains fresh and painful. It is unlikely that many clients will be able to forget their past; certainly Sarah, the abused seventeen-year-old girl previously mentioned, will never be able to forget her past no matter how well she is able to satisfy her needs in the present. But the better the choices she can make now, the less she will dwell in the past, wishing in vain that her family had been different.

Still, many people have a natural tendency to want to tell the counselor how bad things were and what should have been different in the past. The client wants the therapist to realize what she has suffered and to be compassionate for that suffering. But the client may also want the therapist to excuse her for what she does now on the basis of how much she has suffered

in the past. And the client, recognizing that it is very hard to face the present because so much has to be done, may want to stay in the "safe" past to avoid the hard work of dealing with the present.

So the counselor is caught in a dilemma: she must be a compassionate person so that the client will gain the strength to work in the present while communicating to the client what the client may not want to hear, which is that her needs must be satisfied and her problems solved in the present. The case of June in the chapter "The Little Girl Grows Up" in particular illustrates this therapeutic dilemma and how it may take a while for the counselor to lead the client away from the past and into the present.

If this counselor had not eventually done this, it would not have been reality therapy. Although she does spend a great deal of time in the past, she still is able to get to the present, demonstrating that what we teach is flexible and that there are no hard and fast rules. What we ask is that our counselors have a clear control theory reason for doing what they do. If they seem to differ from the usual practice of reality therapy, dwelling a long time on the past or listening a long time to feelings, it will usually be to solidify the relationship between client and therapist, which in turn helps the client to gain the strength that he or she needs to move ahead.

Another aspect of reality therapy shown clearly in these cases is that we do not give up easily. Since we know that it is almost always possible to help clients to satisfy their needs now, we do not become discouraged by a long history of misery. We are not trying to do the impossible, which is to change their history. We also try to teach our clients that the only person's life they can control is their own, so we do not spend much time focusing on what others are doing. This might lead the client to believe that he or she could change other people, which is impossible. Others in the client's life may and usually do change as the clients change, but still it takes a long time for many clients to learn this difficult lesson and we must be patient with them as they do this.

What we continually try to transmit to the client when they

ask, as they frequently do, "Can you help me?" is that we can. But what we really do is to help them to help themselves. And since we believe that almost everyone can help himself, we do not include "giving up" as one of our options. Clients have depended on people in the past, and many of these people have given up. Clients need from us a clear message that we are not going to do the same. It is not so much that we talk about not giving up as that we just don't do it. The message is our actions, not our talk, because actions are what get the message across. The case of Rachel, in the chapter "A Priceless Gift," illustrates this action message clearly. Here is a five-year-old who eventually blossoms, but it took years, and no one involved in her treatment ever thought of giving up.

Over and over as you read these cases, you may ask, "How did the counselors remain so constant and so upbeat in the face of so much frustration?" The answer is that they did because they are strong. It takes a lot of strength to be a good counselor. They need this strength because they know that although it is almost always self-destructive, many clients try to frustrate the therapy in an effort to prove that the therapist is inadequate. These clients then can say to themselves, "See, it isn't my fault. The therapist is unable to help, so how could I possibly help myself?"

Reality therapists are familiar with this ploy, and they do not fall for it. Once the client discovers that he cannot control the therapist, he begins to get the idea that he really cannot control anyone else but himself. As soon as he gets this idea, therapy proceeds at a good pace, but it takes a lot of effort before some clients get this idea. It may also seem to take a lot of time, but some of these cases, difficult as they were, were handled in less than six months of counseling.

Finally, as you observe the process of therapy, so well illustrated in this book, you will see clearly that reality therapists counsel in the true sense of the word. That is, they help the clients make the better choices that need to be made; in many cases, they even suggest what might be a course of action for clients. The only caution is that they do not do this until the client has answered the basic reality therapy question, "Is what

you are doing (or choosing to do) getting you what you want?" This question may be asked in a variety of ways, or it may be implied so strongly that it is not actually asked, but it always precedes the suggestion of what to do. If the client has not made the judgment that what he or she is doing is not working, then suggesting something else is premature.

Regardless of the presenting problem, most clients have problems getting along as they would like with other people, usually their families or loved ones. That they need to get along better with or to move away from these people is usually obvious, so many of the therapists' suggestions are also obvious. Nevertheless, therapists realize that people are sensitive about being "told what to do," so they do not "tell." They "suggest," and usually say, "If this is not a good idea, then what do you think might be better?" Sometimes they do not say this precisely, but the way they make the suggestion makes it clear to the client that this is what is meant.

What therapists want to achieve in counseling is for their clients to override their past and learn how to live effectively in the present without them. The break need not be clean; the door is always open. Some of the cases, especially "Finding Her Own Way," illustrate this open door. But more and more the therapist teaches the client, "It is your life, and you have to make the many hard choices that it takes to live it in a satisfying way. I cannot live your life for you or solve your problems, but I can, and will, help." This message should be loud and clear as you read this book.

All of us hear many people deride counseling and say that it does not help; all it does is make people dependent. As control theory clearly points out, nothing makes people anything; they make themselves what they are. In my experience, when you have a problem that has led you to make wrong choices and as a result have led yourself into a miserable life, good counseling is the best, quickest, and least expensive way to get the help you need to turn your life around. It gets to the core of the problem and leaves you better prepared either to avoid or to solve problems in the future. If these cases point out anything, they point out the truth of this contention.