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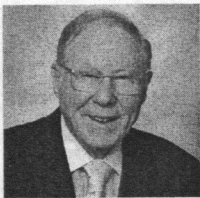
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Choice Theory: An Interview With Dr. William Glasser

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Dr. William Glasser is a renowned psychiatrist, lecturer, and author of more than 20 books, including Warning: Psychiatry Can Be Hazardous to Your Mental Health; For Parents and Teenagers; Every Student Can Succeed; Counseling with Choice Theory; The New Reality Therapy; Choice Theory; and Getting Together and Staying Together.

He is the founder and president of The William Glasser Institute, an international organization that provides training in choice theory, reality therapy, quality performance in schools, and lead management in the workplace. Educated at Case Western Reserve University, Dr. Glasser became certified in psychiatry in 1961. His current emphasis is on helping people to improve their own mental health, as explained in his 2003 book Warning: Psychiatry Can Be Hazardous to Your Mental Health.

Dr. Glasser maintains a very active schedule and is a much sought-after speaker. Dr. Glasser has been listed in Who's Who in America since the 1970s. In 1990, he received an honorary doctor of humane letters from the University of San Francisco and is presently an adjunct professor at California State University, Northridge. In March of 2003, he was presented with the American Counseling Association (ACA) Professional Development Award, which recognizes the significant contributions he has made to the field of counseling throughout his professional career. In April of 2004, The ACA presented him with the A Legend in Counseling Award for the development of reality therapy. In January of 2005, the American Psychotherapy Association presented Dr. Glasser with the prestigious Master Therapist designation, the highest honor that can be bestowed on a member.

This article presents the work of William Glasser. The interview addresses his current emphasis on helping people to improve their own mental health as explained in the 2003

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book, Warning: Psychiatry Can Be Hazardous to Your Mental Health.

Keywords: *choice theory; happiness; mental health; reality therapy*

Onedera: Dr. Glasser, thank you for taking the time to talk to us on behalf of *The Family Journal* today.

Glasser: Well, I am more than happy to.

Onedera: My colleague, Bill Greenwalt, and I have watched your DVD, *Treating Mental Health as a Public Health Problem*, as well as read the booklet that accompanies it.

Glasser: That's the most important thing I've ever written. It's not that it replaces anything, but it adds what I never figured out before.

Onedera: Well, after we read it, we were wondering a little bit about how you look at, explain, and talk about how we look at mental health and how is that different from how you may have looked at it in the past.

Glasser: It's not much different for me, but it's different from the way most people do it. I've been thinking about mental health since . . . my first book in 1961 was called, *Mental Health or Mental Illness*. And I, even in my residency, I was seeing people, mostly they were diagnosed with schizophrenia. I said [to my psychiatric teachers], "These people have nothing wrong with their brains, they have a lot wrong with their lives." And I have been doing that ever since, and all the books I've written and everything else keeps pointing out what's wrong with their lives. They can't get along with the important people in their lives to the extent they want or in some cases they are like homeless people. They have no important people in their lives. And they may behave in all kinds of creative ways, but they know what they are doing. I have had great success from the very start, and I created what I call reality therapy to do deal with them. I have been using that except now it's expanded because it has now, as a theoretical base, which I call choice theory. That is what I do, and that is what I can explain. And I'd be happy to explain it to you.

Onedera: Well you've mentioned and we read in the booklet the importance of healthy relationships.

Glasser: That's the definition of *mental health*; it is healthy relationships and especially relationships that are so healthy that you don't try to change people around you. You try to adjust your life to theirs, live and let live, and in the end what you don't do, what the booklet explains, is you eliminate the use of what I call "external control psychology" from the relationship. And as you do, and you can do that, you can learn to do that as in public health, you can learn to improve your mental health, or you can be taught to improve your mental health, and that's not really very hard by just learning choice theory which is the theory that I have created. And there are other theories that are good too. I don't say it's the only one, but if you start putting choice theory to work in your life, especially in all of your relationships, then you become mentally healthier and you become happier. And so it's a triple metaphor, *mental health equals happiness equals choice theory*. You could run it any way you want, but that's what I am teaching and teaching a lot of people to use now, and trying to teach the whole world this because I am a mental health professional, as are many others, but I am the only mental health professional I know of that defines and then focuses on helping people to improve their mental health. Other mental health professionals don't talk about mental health, don't think about mental health. They focus on what psychiatrists and other people now believe are mental illnesses and focus on telling you that there is something wrong with your brain, that you need some kind of psychiatric drug to correct what's wrong with your brain, which they claim is some sort of a chemical imbalance. And third [they] tell you that you can do nothing to help yourself. You should never tell anyone that he or she can do nothing to help himself or herself. That's a terrible thing to say. And certainly if you diagnosis people as mentally ill who are not, and treat them with drugs that could harm them, this is a disaster in the country where we are not only spending billions of dollars doing that, which is bad enough, but the billions of dollars actually harm the mental health of the people we are spending it on.

Onera: So in some ways mental health . . .

Glasser: Mental health exists, just like physical health exists.

Onera: So it exists within relationships rather within an individual context then.

Glasser: Yes, you cannot be mentally healthy by yourself in my opinion. We are social creatures, we need each other, and if we don't have a good relationship with each other we're going to come up with a whole variety of psychological symptoms. You cannot predict what symptom, but when you focus on the mental health and forget about the symptom, the symptoms will all go away. And if you improve your relationships and in doing so improve your mental health, choice theory is the theory that you can follow to do this. You can learn it and put it to work in your life. I live my whole life according to choice theory. My marriage is choice theory, all the people I teach are starting to live their lives with choice theory, and these people are becoming mentally healthier. They may never have been mentally ill, but there is a difference between being mentally healthy. *Mentally ill* means there is something wrong with your brain like Parkinson's disease. That's mental disease.

Almost all of the people in the world get married, and half the marriages don't work out so they are unhappy.

Unhappiness is the underlying cause of psychological symptoms. And you can sometimes, as you counsel people, you can teach them, I have a book called, *Counseling with Choice Theory: The New Reality Therapy*, where in the actual counseling process I teach the people choice theory. And I teach them about mental health and that is what helps them.

Greenwalt: Dr. Glasser, if a person has that internal control they are using choice theory . . .

Glasser: Right, the basic premise of choice theory, there is more to it than this, but if you learn this, you have learned a lot. [That is,] in my relationship to other people I can only control my own behavior. Any attempt to control their behavior will harm the relationship between us and in doing so will harm our own mental health.

Greenwalt: Okay, if a person has that as a basic premise within his or her life, but chooses not to have close relationships . . .

Glasser: Then you are not mentally healthy.

Greenwalt: Then you are not mentally healthy.

Glasser: No. An analogy to physical health, take this, it is easy to understand. We have a group of people in the country who are called couch potatoes. A couch potato will go the doctor, most of them get physically examined for physical diseases or illnesses, and the doctor will say, "No, you have no physical illness." And then the couch potato might say, although he knows, "Well, what's wrong with me?" And the doctor will tell him, because he knows it himself, "You're out of shape. And if you are out of shape, you know what to do. I'm not saying it's easy to do but, you know what to do. You should eat less and exercise more." And that will get any out-of-shape person back into shape. But you and I and everyone knows that is very difficult for people to do. But still, if they do it, they will improve their physical health.

Now, if you are looking at mental health, the equivalent to out of shape in mental health is unhappy. And you are unhappy not because you are overweight and things like that, you are unhappy because you don't have satisfying relationships in your life. You may have, let's say, approximately, I'd say about 75% of the people in the country who are married are unhappy in their marriage. That means that they are not as mentally healthy as they would like to be. And if they don't learn how to get along better with their mates, they are going to continue to be unhappy and may or may not have symptoms, but they will certainly be very, very unhappy. So I have written book called *Getting Together and Staying Together*, and that is applying choice theory to finding a mate and keeping a marriage going. And that is choice theory in the social sexual reign.

I have written a book called *Fibromyalgia* which is choice theory with people with chronic pain. The symptoms are all based, however, on unhappiness and unsatisfying relationships including an unsatisfying relationship with themselves. That is the major cause with chronic pain, they expect more of themselves than they can deliver, and mostly it is women more than men. There are about six million around the country with that diagnosis. But they have no pathology that is the cause of the pain. The cause of the pain is they are attempting to do too much for themselves, and in doing so they develop the pain as their way of kind of warning themselves, take it easy and accept yourself a little more and don't try to be perfect. Perfect is a very, a very hard goal for all people.

Greenwalt: In your understanding of mental health, as you have defined it, and then as you discussed it here, it sounds like a distinction is almost being made where a person could be mentally healthy but not mentally fit, and you are really advocating more for a mental fitness?

Glasser: No, no. If a person is mentally healthy, he or she is mentally fit. But they could be mentally healthy and not be physically fit. Now just using that as a way to help you understand it, if you are mentally healthy, you are mentally fit and you are happy. And if you use the choice theory that I recommend that you learn and put to work in your life, either you learn from reading one of my books or you learn it by seeking counseling from a good counselor or you join together in a group of people. In my book *Warning: Psychiatry Can Be Hazardous to Your Mental Health*, I call these choice theory focus groups. And these are the ways you learn to get along better with important people, and you improve your own mental health. The difference is if you are physically out of shape and you have to diet and exercise, it's hard to do. If you are mentally out of shape or unhappy, I use these terms in the same sense, then as you put choice theory to work in your life, your life becomes easier, your life becomes more pleasant. Choice theory is a very pleasant way to change your life so once you start doing it, you want to keep doing it. So mental health is literally widely available if people would follow the procedures, especially as outlined in that little booklet.

CONTROL THEORY AND CULTURE

Onedera: Dr. Glasser, around the world mental illness or mental health may be viewed in different ways, how do you account for how different cultures perceive satisfying relationships or happiness?

Glasser: Well, I work in many countries around the world. I work in the Orient, I work in Europe, I am giving some lectures at Oxford University this summer.

Greenwalt: I've heard that a high percentage of people in Ireland have been trained in choice theory.

Glasser: Yes, a significant number of the population. Of the three million people, we have probably affected one tenth or 1%. Thirty thousand people have been trained over there. That is a lot for a little country. That's where we are having our International Convention this summer (2005) in Dublin. And the European Psychological Association is going to be invited.

I don't see that this has anything to do with cultures. If you read the little booklet carefully, it is very short, the whole world using external control psychology which I explain in the book. It is a psychology which says "I know what's right for you. And if necessary, I am going to try to force you, or coerce you to behave the way I want you to." And in that process, certainly you can do that, but in that process you will destroy the relationship that you are using coercion in. So when you stop trying to change the behavior of other people; for instance, I counsel a married couple and in response to the first question I ask, "What's wrong with your marriage," they immediately point at the other person. And that is all explained in some detail in several of the books and in the book *Warning: Psychiatry Can Be Hazardous to*

Your Mental Health. So if they make their effort to change someone they have destroyed the relationship and in doing so harm their own mental health.

So mental health is something that you can learn. You can learn it and put it to work in your life. And in a variety of countries I find that the unhappiness is all the same. The unhappiness is within the Japanese, the Koreans, the Singaporeans, the Irish people, Slovenians, Croatians, and in the major places that I work, the Norwegians and, of course, in the United States and Canada, all of these people are unhappy because they are trying to change the behavior of other people.

Other people resist this change, and then they will develop a variety of symptoms. Psychiatrists have gotten those symptoms together in a big book, I describe that earlier in the booklet, called the *DSM-IV (Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition)*. They describe the symptoms, but psychiatrists are in the forefront of this. I am a board certified psychiatrist, I know what I am talking about. But I don't do this. Psychiatrists will tell people with symptoms that "You can do nothing about your symptoms. Nothing has gone wrong with your brain or your brain chemistry and you are the victim of a defective brain." Well, that is just not so. John Nash was as crazy of a person as ever were. John Forbes Nash Jr., the man from the *A Beautiful Mind*, he was more of the unhappy people. He didn't get what he wanted in his profession. But when they finally recognized him after he had been crazy for 25 or 30 years wandering around Princeton with his crazy behavior, they said, "Well, we will give you the Nobel Prize." And they said, "Will you be sane at the ceremony with all the big people here?" He said, "Absolutely." And he has not been insane a day since.

Now had he taken psychiatric drugs which are harmful to your brain, he may not have made that sudden and rather complete recovery from a so-called mentally ill person to a mentally healthy person. But for someone like himself who was a very creative and brilliant scientist to be awarded the Nobel Prize and he had good relationships with his wife (she divorced him but she still kept house for him and helped him along), he became mentally healthy like instantly.

Onedera: So becoming mentally healthy is based on improving relationships, maybe your state of well-being.

Glasser: Right, and doing the things with your life that you want to do and being recognized for it is also part of it.

Onedera: And would it also include this idea of "positive thinking?"

Glasser: Well, people call it positive thinking, but what they call *positive thinking*, I don't really know exactly what that is. Choice theory is positive thinking in the sense that it helps you to become mentally healthier when you put it to work in your life. So positive thinking is kind of a widespread concept, but who is to say what's positive unless you literally define what's negative is doing things to harm your relationships, what's positive is behaving in ways that help your relationships. So if you would explain it that way, I would accept positive thinking. But to call positive thinking just being a good person or being a moral person or being a wealthy person, that doesn't add up for me because it is not defined, "What is positive thinking?"

Positive thinking is behaving in ways that you improve your relationships and don't try to change the behaviors of

important people in your life. You have to accept them and learn to live with them as in any successful marriage. People who marry are different people, and certainly after they get married more people like to change the other, and in doing so their marriage goes downhill, and they never get divorced but they won't be happy.

Greenwalt: So acceptance and adapting are two key ingredients within a relationship.

Glasser: Well acceptance, yes certainly. But learning to use choice theory in your relationships is very specific. It can be defined, I explain it, it can be taught to people, like I am teaching it to you now. I think you have some idea about what I am saying after you read the booklet. You could actually change your life from that little booklet if you wanted to. And you can do it from a public health standpoint and public health which is teaching people to change differently. Like teaching people to wear their seatbelts; that's a huge public health benefit for people in terms of becoming physically healthy by not getting injured in accidents.

WORKING WITH CLIENTS

Ondera: I am wondering, as a counselor and having a bit of familiarity with your theory, what would be some of my first steps in working with clients to get them on board with becoming mentally healthy?

Glasser: First of all I start out by asking people, [I have a whole book on this which is called *Counseling With Choice Theory*] "Well tell me the story." Everyone who comes for counseling or even people who are dragged into counseling, everyone of those people has a story. They know that something in life is not going the way they would like it to go. Usually they are blaming other people for it, but the essence of your counseling would explain that you cannot change other people. You can only control your own behavior.

So when you started you would say, "Tell me the story." And you would listen to the story and they would say this, that, or something else, and the story would be usually and very obviously that unhappiness is in their story. And you would listen and say, "Well it seems to me like you're just not a very happy person." And they would say, "I'm not." And then you could say to them, "Well, what if we stay together by counseling and you being here to be counseled, I am able to help you to understand why you are unhappy and how you can change your behaviors so you are happy and improve your relationships?" And in a moment or two you would say, "Let's take a look at your important relationships and tell me about your important relationships." Well in no time at all you'll find out that they do not have the kind of relationships that they would like. And then you would say, "Well we have to talk about your relationships." And then they would say, "I am unhappy because of what happened to me in the past." Well you'd say, "That's very unlikely because all the people that I have ever seen (I would tell them that and it would be the truth) when they are unhappy, they have an unsatisfying relationship now or perhaps no relationships at all. So let's focus on your present relationships because that is something that you can change. If you were abused as a child, you cannot change that. That happened. You may have learned not to

trust people because of that but if you become able to trust people now, and certainly we will talk about that, and then you will become happier."

I would say that in the first couple of sessions you could help a person a great deal. Certainly in 8 or 10 sessions you could do a tremendous amount of good counseling if you will read the book *Counseling with Choice Theory*. It explains it there with a whole group of people that I counseled over the many years of my practice.

Greenwalt: Dr. Glasser, several years ago I heard you talking about really what I would call, modeling that from the counselor's standpoint, how the counselor is to accept the clients where they are without trying to coerce or trying to get them to change. Can you speak a little bit about that, namely, the framework the counselor needs to have to help without trying to change the client?

Glasser: That is the choice theory. That's in the booklet, that's in several of the other books that you may have read. The choice theory teaches the person that if you attempt to control other people and change them you are going to harm their relationship, and in doing so you are going to increase your unhappiness. And my job is to help you to understand all of this because I'll teach and explain choice theory to you, and we'll talk about it. We'll talk about the relationships. We'll talk about specifically how you can change your own behavior, which all of us can, we have control of our own behavior and in doing so you are going to become mentally healthier and happier than you are now.

It's not like you work differently with people, you work the same with all the people, but you develop the technique of making a good relationship, which is the foundation of good counseling with all the people that you counsel and then from that good relationship teaching them to improve their own mental health by, in my case, other people like Albert Ellis and other important people, they have their methods and theories, and mine is choice theory. I don't say that mine is better than theirs or anything like that. Albert Ellis and I are very, very close friends, and he is very supportive of what I do even though he behaves somewhat differently than me. It's still not that much different. So, I don't want to say that I'm the other one that does this, but since I developed choice theory and since it works very well, and we teach it to people all over the world. Right now, people are learning it all over the world. I am going to England this summer to do a lot of teaching of choice theory at Oxford University. So people are interested in it and that is what I do. So that's my approach.

Ondera: So in some ways, choosing choice theory and improving your own mental health would be based in changing your behaviors.

Glasser: Absolutely. Because, all we can do, all of us, from birth until death, is behave. And, therefore, our behaviors are all chosen. There isn't a thing all day long that you don't choose except maybe suddenly a large noise startles you and things like that. You don't choose startled behaviors. But pretty much every behavior that is important to you is chosen, and certainly as part of the counseling, you would talk about that. You would start using the terms, "Now, you tell me you're not getting along well with your wife." For example, {when} you are counseling an unhappily married

person. And then you would say, "What do you choose to do as you live with this particular wife or husband? What do you choose to do?" And the person may say, "But I don't choose it." And then you say, "Well, tell me what you do and tell me what you do that you don't choose." And they can't. And they will say, because this is common, "But, I'm only behaving that way, I'm only choosing that behavior because of the way the other person is behaving. The other person is always criticizing me so I get angry and I fight back." "Well, of course that could be very true that the other person is always criticizing you, but if you fight back against the criticism, then you're making the situation between and them worse. Let's you and I talk about how you can deal with this criticizing person in ways that improve your relationship with the person. Fighting back harms the relationship, and of course, you do that by, of course, when the person criticizes you, could I suggest you do something besides fight back? I mean the fighting back works if you continue to do it." And they'll say, "No it doesn't work." "Well, what could you do?" I explain to the person that the way I deal with your criticism is harming our relationship, my fighting back, but I'd like to stop doing what I do, fighting back when you criticize me I don't like it, but I'm not going to fight back because if I fight back it will harm our relationship. So even though you criticize me I'm going to try to treat you with kindness and respect and listen to you and things like that. So this is how it works.

Greenwalt: When the person who is still thinking in that external control model . . .

Glasser: Everyone you meet in counseling is thinking in that way. They are either trying to control others or they are trying to escape from the control of others. It is one or the other, but it is basically the same thing.

If you know what's going on, what you have to do is figure out how to deal with it and what I suggest is written in several of my books. And I suggest you guide your behavior on the basis of choice theory which I do in my life completely. So my wife and I get along just great all of the time.

Greenwalt: It's nice to have a relationship where there's no discord then.

Glasser: Right, right. And none of my relationships actually have any discord in them right now.

Greenwalt: Good. How do you see counselors working with today's environment with the strong emphasis on the *DSM* and third-party payment? And then you've got your evidenced-based practice models. How do you see them being able to effectively incorporate choice theory into their practice?

Glasser: Well, they can incorporate it into their practice, and people are doing it all the time and we are teaching them. Let's say they have insurance. What we tell people, not only me, but quite a few people told me they do this as they learn choice theory, is I would advise you (the client) if you could afford my treatment not to report it to your insurance company and get reimbursed for it. Because if you do that then the fact that you have a psychiatric diagnosis is now on your record and that record can never be expunged or anything. It's going to stay forever, and it's going to stigmatize you, and it can harm you in getting a further job or harm you in doing a lot of things. So my advice to you (client), I can counsel you without diagnosing you, but if you want

reimbursement I have to diagnose you with a *DSM-IV* diagnosis which I will do even though I believe it is wrong.

And then in terms of the other thing, the reimbursement you say, "evidenced-based treatment"; well, I have a lot of evidence about what I do, it's in my books, it's in other books, it's written at the end of the booklet. There's a group of references that will support what I am saying. And therefore when you use choice theory, you have tremendous evidence. But the biggest evidence of all is that it works. The people will say to you, "My goodness gracious, I'm much happier than I was, and I owe it to you because I've changed the way I'm living my life." So it's not hard, it's kind of fun. It just makes counseling people a very, very enjoyable process and a very effective process.

Even though I've stopped my practice, occasionally I have to see someone because it's a family member or something, and I counsel with choice theory. I had a family member, an important member of my family, a very important man, the chief of surgery at a huge hospital here in Los Angeles, a member of my family. And he began to have great difficulty in a relationship, and he dealt with it by literally going crazy. And he got to the point where he had to come to my house for counseling, "I can't find your house anymore." He had come here like a hundred of times. These were his symptoms among other things; he couldn't hold his legs still. And initially he was given a drug called Paxil, which he then labeled, "Pax-kill" because he thought it was doing just terrible harm, which, of course, it was. And when people are given that drug, they do a lot of unusual things that aren't good for them. Because he is a member of the family, I counseled him and he came. But he was an intelligent person, obviously chief of surgery, he got so he was afraid to go in the operating room because he couldn't remember what to do. So he had to go on leave. But within a couple of months he read the book that I wrote, *Warning: Psychiatry Can Be Hazardous to Your Mental Health*, which was in manuscript form at the time. We talked about it, and within 3 months he was perfectly back to normal. He resumed his role at the hospital and is doing fine. Now, this occurred because he learned to put choice theory to work in his life, especially in his close relationship in his life and the other person learned a little bit too and things got a lot better.

It's not that I am saying something that is difficult to do, it's easy to learn it, but it goes against everything that most people have learned. Being a big shot doctor, he said, "Well I'm suffering from mental illness." And I said, "No, you're not suffering from mental illness. You are suffering from unhappiness," and we quickly found out about his relationships, and he began to behave differently in the relationship. And he is now not only normal but mentally healthy. He deals with that relationship in a much better way than he ever did, and that's good for him, and good for the family, and good for the children, and good for everybody. So it's not like I talk about this and don't practice it. I do. I do it all the time, plus I teach it, and write about it.

Greenwalt: Do you think that it's possible for a counselor to start practicing using choice theory before they have started applying it in their own lives?

Glasser: Probably not. The way you learn this is to put it to work in your own life. And if you are arguing and not getting

along in your relationships, I suppose it would be theoretically possible, but it would be very unlikely. And you are not going to be a very successful counselor. If you yourself can't model practicing choice theory or model the mental health that you are talking about, you have got to be a model for it.

Ondera: In your opinion, then, what should counselors do in order to prepare themselves to effectively teach this to their clients but also first applying it in their lives?

Glasser: Well you start by reading the book *Choice Theory*. You start by reading the book *Warning: Psychiatry Can Be Hazardous to Your Mental Health*. If you are a counselor, you could start by reading *Choice Theory*. I mean there is a set of nine books, all of which have been written since 1998 when I figured out choice theory and put it to work in my life. I always put it to work in my life, but I put it to work in my practice and talked about it and taught choice theory. But that's how you do it.

So if you go to counseling school and learn to be a counselor it's very unlikely that you are going to learn this the way I am teaching it now, although if you go to Adlerian psychologists, they learn this pretty well. Alfred Adler practiced these ideas reasonably well. I've worked with Adlerians. I've given their keynote address in 2 of the past 4 years for their main convention. They are very conversant with choice theory, and they say, "Well, that's kind of what we've been doing." But there are some differences. And also like I say, I have talked a lot to Albert Ellis who is a senior man, but still very much around. The world needs to learn this is what you want to learn to be mentally healthy person and teach it to others, then you teach it and learn it and come to us for training. My wife is a trainer and does it right here in our house. We teach people this, and we have about 50,000 people who have gone through our program or have taken 1 week of the 3 weeks. I think about 15,000 of them have gone through the whole program. This is what we teach. You may have not have heard of this, but if you wanted to you could learn it. It's very easy to learn and it's fun.

Ondera: So it sounds like, one of the ways for counselors to adopt this model is to begin the reading and probably begin talking to others and continuing to listen to you about some of these ideas and what choice theory is all about.

Glasser: Yes.

CHOICE THEORY IN CLIENT CASES

Ondera: I do have a question that is a little bit off of what we are talking about now, but I am wondering if you could help me understand specifically how you would incorporate choice theory in a particular counseling case, such as parents who are having a child who is very disruptive in school and very disobedient. I am wondering if you could, again, help me understand how you would specifically use choice theory in a case like that.

Glasser: Well that's really the same as everything else. First of all, let me just say that I have written a book, among the nine books that I have written, called *Every Student Can Succeed*. And that's choice theory for teachers and principals to put to work in the school. And we now have about 20 or 25 Glasser quality schools in the United States, Canada, and in other

places of the world. And in these schools, everyone succeeds. And they have no discipline problems, they have no learning problems, they have no attention deficit disorder, none of those things are occurring in these schools.

So what a parent does, I have written a book called *Between Parent Teenager: Dissolving the Barrier between Them*. That is choice theory in the parental relationship. You can use the same book for small children as well as large ones. But the book explains how you, as a parent, stop using external control as you deal with your child and try to protect the child, if the child is in school, from the external control that is normally the heart and soul of every school program in the country. The very first chapter of *Between Parent and Teenager: Dissolving the Barrier between Them* is called "The Less You Control, the More Control You Gain." And if a school sends a child home with a note, which they will, the note may say, "Your child is not doing well in school. He doesn't pay attention, he doesn't do his homework . . ." including all the varying things that parents worry about, the normal parent who knows nothing about child rearing accepts external control even though they may have not used much in the past, but now when the school sends them this message, they start controlling the child. They say, "You cannot watch the TV until you do your homework," and all of these punishments start in. The relationship between the parent and the child is harmed even further. And as a child gets to be a teenager, that's the child who will look for drugs, especially alcohol which is the main drug that children use. They use a lot of others, but alcohol is the main one and, of course, these drugs are all harmful.

Ondera: So what would a parent be doing then instead?

Glasser: The parent has to take the external control out of the family situation that the parent can control. You start saying to your child who won't do his homework, "I would like for you to do your homework and certainly if you need help, I will help you with your homework, but I am not going to punish you for not doing your homework. The school will punish you probably with low grades and things like that. But you are not going to get punishment at home. But rather than choosing (and you would use the word, *choosing*) not to do your homework let's see if I can help you with this. Maybe you don't understand it or something like that. But the end result of my help will not be punishing or threatening you."

You have the seven deadly habits of everybody that I talk about in several of the books. Criticizing, blaming, complaining, nagging, threatening, punishing, and bribing. These are the things that husbands do to wives, that parents do to children, teachers do to children, bosses do to employees. All of these are the behaviors that harm the relationship. They are all the basic behaviors of external control psychology. So when you are counseling people, you can say to them, "In your dealings with your child, do you criticize, blame, and complain?" Those are the big three." They may reply, "Well I do it all the time." You might say, "Well, we'll talk, you and I, and if you listen to me I'll try to teach that those are the behaviors that are increasing the problem instead of solving it."

Right now if you go to a school with minority and low-income children, that is all they get in there. And if you have

a child that is really not getting along well, and they come to you, if you can't figure out a way to relate to that child without using external control, that child is going to be worse off for whatever you are doing with him, if you are the parent.

I wish it was the other way. I wish we lived in a wonderful world, but we don't. There are reasons for all this, and the reasons are explained in the booklet too. There are genetic reasons also. We are the only species in the world that has in our genetic makeup the need for power. No other creature has the need for power except for human beings. And look at the world that need has left us with. The war in Iraq, all kinds of terrible things going on all over the world by people who are trying to force people to do things they don't want to do. Dogs and cats get along fine, but people don't.

Onedera: So in some ways, choice theory would allow for people to direct that power into other, more positive ways . . .

Glasser: Right, right. Like I, myself, have a need for power, and I gain it getting the respect of other people who I am teaching choice theory. And when someone says, "Boy, Dr. Glasser, I respect you" or I get a big standing ovation when I make a talk and things like that, I feel powerful. But I've also gotten that power not with trying to push them around using external control; I have gotten it by teaching them a better way.

You can tell people, "Do as I say, not as I do," but it doesn't carry much weight with most people. They look at you and say, "Are you living this?" And if they look at me, they will find I am living it. Yes, I do. I never criticize anyone or blame people, or complain about people, or nag at people. It is foreign to my nature because I have been doing this for so long and learning about it as I do it that to me it's a very easy thing.

Onedera: At least in some of my classes, we have been talking about the stages of change model. I am wondering about people who are at some of those stages of change . . .

Glasser: Give me a stage of change.

Onedera: For example, contemplation. So they are thinking about changing, but they are really not ready to do much.

Glasser: Well the reason that they are not ready to do much is that they have to do more than think about it, they have to learn what it is they have to put to work in their life. Choice theory is very specific. In other words, as long as you are criticizing, blaming, complaining, nagging, threatening, punishing, bribing, you are not going to have a happy, successful life. There are some very specific things. This is not, "I wonder what to do." It's not that way at all. You know if you are criticizing someone, or someone is criticizing you. And you know it's very, very harmful to your relationship.

Onedera: And that's what we would be teaching our clients, the harm in what they are doing.

Glasser: Well, yes, but not so much the harm in what they are doing, but how to do it so it's helpful and supportive and encouraging.

Onedera: Okay, so teaching it more in the positive terms?

Glasser: Yes, the seven deadly habits are criticizing, blaming, complaining, etc. There are the seven caring habits: supporting, encouraging, listening, accepting, trusting, respecting, and negotiating differences. Now there may be more, but I just use seven because if you get that to work in your life, you are going to be mentally healthy.

Just think, as you go through the day, listen. I listen to it all the time, on the radio, the television, everything for all the external control. Look what is going on in Iraq. Both groups, each that are killing the other, each one firmly believes it's the right thing to do. Absolutely, or they wouldn't be doing it. So, if we could put choice theory to work politically, it would be marvelous. I have no illusions about that because politicians are about 105% external control people. They do nothing but blame, complain, threaten, punish, and all that kind of a thing. When they are faced with a problem, they couldn't do anything, like the Tsunami that killed thousands and thousands of people, because you can't blame an earthquake so now they gathered together and helped each other. If it would have been a human cause, like an atomic weapon, now that would have been different.

Greenwalt: So from a counselor's standpoint as far as you are teaching and the public health approach to the problem . . .

Glasser: Public health would mean that you can teach something to people. I say in the booklet, when smoking in the country went from 56% to 19% in the past 20 years, thousands and thousands of lives were saved from lung cancer and other things. Now that wasn't done through threatening or forcing or bribing or anything. It was done through educating people about the dangers of smoking and people deciding that maybe they'd be wise to stop. Over half of them have stopped. About 60% stopped smoking. Think of all the lives that are being saved and all the money that is being saved. But in psychiatry, we are not doing that. We are telling people that they are mentally ill which they are not. We are giving them drugs which can harm them and are very, very expensive. You have plenty of access to medications. Where they have teenagers in a little institution and you check the medication, you will find the average number of medications for teenagers in these publicly funded homes, they are on four to five medications. Someone in Michigan did that research among a lot of these places where teenagers who are on probation and things like that. And if they are on all of those medications, they certainly don't have normal brain functioning, and so you are doing things that are making the treatment, whatever treatment you are giving them, you are making it much, much less effective than it would be if you treated them by teaching them choice theory. That is all you have to do.

When you teach married couples choice theory, then the marriages, especially if there was battering in the marriage and partners were really harming each other . . . and in Ohio, they do the First Step Program, where they just teach choice theory to couples who have been referred by the courts for extreme battering, not necessarily poor people, but extreme battering. Usually it is the man that batters; he is going to go jail unless he engages in this program. And 83% of them stop doing it and get along better with their mates. It's very, very powerful stuff. And Jon Carlson certainly wants to spread it. Jon and I work together, and you are going to help spread it. And if we can spread these ideas around, we can literally make the world into a better place.

Greenwalt: It's interesting, the effectiveness you cite for domestic violence because most of the programs that are currently used have an extremely low success rate.

Glasser: A man is working in Los Angeles County here with me. He just finished our training. His name is Tom Ballard.

And he is putting choice theory to work. He is a family violence counselor working for the County of Los Angeles. The clients are forced into the program, it's either you go to the program or you go to jail. And that is okay because how else are you going to get them (clients) there? And his program is tremendously successful. In fact, the men that complete the year of the program are almost all completely different from when they went. So again, this is a new way to teach—very, very aged old and horrible problem. Because the men that batter always say, "Well if she'd do the things I tell her to do, I'd never touch her." Well, of course, that is not what happens, they touch them. And the things they want them (partners) to do maybe something in many cases, they don't want to do.

So every place you look and you see choice theory going to work, it's successful. But it is not the accepted thing. The accepted psychology of the world is external control. You will read all of that in the little booklet. Read it all over very carefully. That is the part that I had missing. I could not rewrite the *Warning* book so I just wrote that little booklet, and people use it along with the *Warning* book, and it's very effective.

Greenwalt: I like the educational approach and have used an educational approach for my entire career and find it be very effective. I am a little curious about the focus groups that you talked about.

Glasser: Well the focus groups, a counselor would lead them. For example, I gathered together a group of people in a hypothetical sense, people that I have dealt with, but this way I created the group. And then the group works toward improving their own mental health which is the way I work in schools, the way I worked every place over the many years. But I know a lot more now than I knew then. When I learned choice theory, I began to learn it many years ago, but I really didn't bring it forth as it is now until 1996. Since then it has been pretty stable. It's available in the book *Choice Theory*. And then after that I wrote a bunch of other books which is the mental health book, the teenage book the marriage book, the pain book, the *Counseling with Choice Theory* book. All of these various books in the language of choice theory. There's a whole bunch of books, and these are the books that you can use from because I think, and I have thought from the beginning when I first started out, all of counseling is education, teaching people how to choose the behaviors that are much more effective.

I started out with schizophrenic people, and the last ward of people that I worked with, now back in 1955. I worked on the women's ward of the Veteran's Administration Hospital. And there were two wards on that building, and I had one, 56 women were on the ward. Most of them were diagnosed with schizophrenia, but a few with other diagnoses, and I had 4 months. I had already developed a little reputation because I started out by doing some things differently, certainly not accepting that these people could not be literally taught to behave better. And in the 4 months I had, Dr. Rasmus said, "Well, Glasser, let's see how many you can get out." I discharged 54 of those 56 people in that ward. I could recommend discharge, but they had a discharge in thinking they were ready to leave.

So I mean I believed in this stuff for years and years and years. I used it in many ways and got better at it, and now I

think, and what I have talked to you today, it would be in addition to that little booklet, approaching it from the mental health approach which doesn't cost pennies compared to the approach we are doing now. We could really get mental health going, and it's up to you and I and everyone that believes this to get the ideas out. I just gave a talk Sunday to marriage and family counselors in California. We did not have a huge number in the group; we had about a 150. Those people really listened very carefully. They spent a day with Carlene, and she role-played, and we did a lot of role-plays and explained it, taught it. This is something that if you have a whole day with a group, you can teach them a lot. You really can. They were all practitioners which was the good part.

WHERE TO GO FROM HERE

Onedera: With us doing this interview with you, where would suggest we take on from this point to advocate for what you are talking about?

Glasser: Well, certainly read the booklet. If you could read one book, I would suggest, *Warning: Psychiatry Can Be Hazardous to Your Mental Health*. See all of my books are written for a different purpose, that book is all about mental health. There is only a tiny bit in the book pointing out the fact that we are going in the wrong direction when we diagnose mental illnesses and give drugs. The book is chapter after chapter building the way to putting mental health to work in the counselor's practice. So, the book plus that booklet are really, as far as I am concern, the taking-off points. Now you don't have to do the whole book, but there are plenty of ways to, in reading the booklet especially to get started, in a certain sense paraphrasing the booklet. You could refer to it. And it doesn't bother me that you use a lot of the material in the booklet, I want you to. It's not like you can't use it without my permission or anything like that. In other words, you can see that I am very enthusiastic about this. I was looking forward to the phone call and the chance to explain it to you. I eat, sleep, and breathe this stuff.

Onedera: Well it sounds like we have a lot of advocating to do and conversations to have too. That's kind of where a lot of this is starting, in talking about it.

Glasser: I believe that, that's way I say, I'm not going to cut you off as long as you want to talk, I'll talk to you.

Greenwalt: A lot of our students do chose to use choice theory. Here, within our department, a number of the faculty identify themselves with choice theory.

Glasser: Great, that's terrific.

Onedera: We appreciate your time.

Greenwalt: We've enjoyed it.

Glasser: Thank you.

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Bill Greenwalt, recently deceased, was an associate professor in the Department of Counseling and Student Affairs at Western Kentucky University.