

REALITY THERAPY AND CHOICE THEORY

INTRODUCTION

This completely revised chapter explains how choice theory has been totally integrated into reality therapy. Everything that is now called reality therapy, starting with the understanding of the client's problem, the direction of the therapy, the words, tone of voice, facial expressions and gestures therapists use, are all based on their understanding of choice theory, as explained in the 1998, book, *Choice Theory, A New Psychology of Personal Freedom*, and continued in the 2000 book, *Reality Therapy in Action* now titled *Counseling with Choice Theory The New Reality Therapy*. At present, the therapy and theory are so linked that, in practice, it is impossible to separate one from the other.

Using their knowledge of choice theory, reality therapists know that the underlying problem of all clients is the same: they are either involved in a present unsatisfying relationship, or lack what could even be called a relationship. If the therapy is to be successful, the therapist must guide the client to a satisfying relationship, and literally teach him/her to behave in ways that they are presently unwilling or unable to do. This may be difficult because few clients have any clear understanding *that the way they are choosing to behave is their problem*. What they do know is that they feel a great deal of pain and/or are not functioning in the way they would like to function. Or, they are unhappy because they have been sent for counseling by someone with authority, typically a court official, a school administrator, a spouse or a parent, who is not satisfied with their behavior. What the therapist also knows, again based on choice theory, *is that the client is choosing his or her behavior in an attempt to deal with the frustration caused by the unsatisfying relationship or relationships*.

All of these choices, ranging from profound psychosis to mild depression, are described in detail in the official book of mental illnesses called the DSM IV. As described in *Choice Theory* and more extensively in *Counseling with Choice Theory, The New Reality Therapy*, Glasser believes these diagnoses are not mental illnesses but almost always descriptions of behavioral choices. They are only mental illnesses if they are associated with tangible brain damage, as in Alzheimer's Disease. Therapy, therefore, is literally teaching clients to make more effective choices as they deal with the people they need in their lives. It is not yet known why one client will choose one "mental illness" over another, but certainly being exposed to people who make such choices - and learning from them - may be an important factor. But, knowing why the specific behavior is chosen is not necessary for successful therapy. The therapist focuses on helping clients improve their present relationships. If he or she is successful, the client will begin to choose more effective behaviors. For example, if he/she is *choosing to depress*, he/she will stop making this *choice* and therapy will have been successful.

As shown in the previous sentence, choice theory rejects the presently accepted grammar of psychiatric diagnoses, the grammar that uses *nouns* and *adjectives* to describe "mental illness." An example is calling the most common "mental illness" *depression* (a noun) and the people who suffer from it, *depressed*, (an adjective). *Since all we can do is behave*, choice theory changes what are now universally called "mental illnesses" from nouns and adjectives to verbs. Instead of depression, choice theory would say we are choosing to depress; instead of being depressed, we are depressing. The remainder of this chapter will reflect this important change. If we didn't choose what are now wrongly called "mental illnesses, psychotherapy, which sooner or later involves a better choice, would be ineffective. People can choose to change the way they behave; they cannot choose to change brain damage.

Because choice theory explains how to choose to behave in ways that improve relationships, teaching the client choice theory is a part of reality therapy. The client is usually advised to continue to learn choice theory outside of therapy by reading the book and, better yet, discussing it in supportive groups. A competent reality therapist has mastered the art of gaining a satisfying relationship or involvement with a client. It is from this relationship that clients learn to trust the therapist and from this trust learn to stop making the destructive or self-destructive choices that are currently mislabeled "mental illnesses." Once this trust is established, the skill of the therapist as a teacher becomes paramount. This skill, really an art based on choice theory plus a lot of experience, is a lifelong learning process. A good therapist is always becoming, he or she is never there. To be able to make the necessary relationships in therapy, therapists must have satisfying relationships in their own lives. This is an essential prerequisite. The art can be learned but this ability must be there from the beginning. Therapists who are not involved in satisfying personal relationships will not be able to practice reality therapy.

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It is apparent that reality therapy, in its association with choice theory, raises the fundamental question, *What is a successful life?* It partially answers that question by stating that every genetically normal person must have at least *one satisfying relationship*; that is, a relationship that enables the person to satisfy the instructions written into his/her genes. Choice theory describes these as basic needs. How these needs are included in therapy will be explained shortly.

Finally, choice theory claims that the common psychology of the world, the psychology that leads almost all people to attempt to control other people, (which Glasser calls *external control psychology*), is destructive to the relationships we all need. An important goal of all therapy is to teach clients to give up the external control psychology that essentially all of them have believed and practiced their whole lives and to replace this psychology with *choice theory*.

Glasser claims that, by destroying relationships, external control psychology is a plague on humanity. It destroys marriages, tears families apart, prevents schools from successfully educating children and is destructive to quality and productivity in the workplace. His work in mental health is to ask all therapists to reach beyond their practices and teach choice theory to anyone who may be interested. Glasser's personal goal is to teach choice theory to the world.

KEY CONCEPTS VIEW OF HUMAN NATURE

As explained by choice theory, we are not born blank slates waiting to be *externally motivated* by forces in the world around us. We are born with internal purposes; specifically, five genetically encoded needs: *survival, love and belonging, power, freedom and fun*. These needs drive us all our lives to try to figure out behaviors to satisfy them. While each of us has these needs, they vary in strength. For example, we all have a need for love and belonging, but some of us need more love than others.

Obviously, you and your brain are the same thing, but, for the sake of explanation, it can be said that our brains function as control systems. They continually check how we feel and use our feelings to tell us how well we are doing in our lifelong effort to satisfy these needs. Whenever we feel badly, it means that one or more of these five needs is unsatisfied. We usually don't know anything about the needs, but we do know that we want to feel better. We can, however, be taught about the needs and then be able to understand this whole process more clearly. This is why reality therapy now includes teaching clients choice theory. This is knowledge everyone can use in every aspect of their lives.

Driven by pain, we try to figure out how to feel better and, if we know choice theory, we will make an effort to identify the frustrated need and to try to satisfy it. If we succeed, we are rewarded with good feelings. Glasser believes that the need to *love and to belong* is the most important need because we need people to satisfy the other needs.

For example

- we need people to listen to us and respect us which is the *power need*,
- to leave us alone when we want to be alone which is the *freedom need*, and
- people to learn with and share our pleasures which is the *fun need*.
- And, of course, we have a much better chance of *surviving* if we have supportive people in our lives.

Choice theory explains that we do not satisfy our needs directly. What we do, beginning shortly after birth and continuing all our lives, is to keep close track of anything we do that feels very good and to store this knowledge in a special place in our brain called our *quality world*. It is not large but it contains the people that we are closest to and most enjoy being with. It may also contain people we don't know but whom we imagine it would be very pleasurable to know. It also contains things we own or would like to own and even things like a beautiful sunset that we couldn't own but which may be important to us. And it contains systems of belief that give us pleasure, such as our religious, political or personal beliefs. The quality world could be considered the core of our lives. It is our personal Shangri-la, the world we would like to live in if we could. It is completely based on the needs but,

unlike the needs, which are general, it is very specific. We need love, but we put the *actual people* we want to love into our quality world. People are, by far, the most important component of this world and these are the people we most want to connect with. But if these same people resist us or try to force us to do things we don't want to do, then our relationship deteriorates and we choose one or more of the behaviors that are now called "mental illness." If strangers try to make us do things we don't want to do, we will also suffer but not nearly as much as we would if the person was in our quality world.

This means that for therapy to have a chance of success, therapists must be people whom clients will consider putting into their quality worlds and, eventually, put them into it. Getting into clients' quality worlds is the art of therapy. People who enter therapy have either no one in their quality worlds or, more often, someone in their quality world that they are unable to relate to in the way they want. It is from this relationship with the therapist that clients begin to learn how to get close to the people they need.

We are, by nature, social creatures. We need good relationships for the happiness we all desire. What the world calls psychological problems or mental illnesses are the myriad of ways we *either resist the control of other people or the ways we try to control others who resist our control*. In both these instances, we are not able to gain and maintain the relationships we need. Even what is nominally called psychosomatic disease - when the body functions in a self-destructive way, as in an auto-immune disease, it may be an indirect result of a failure to achieve the kinds of relationships we want. Choice theory is both the explanation of our nature and how to best achieve the relationships we need all through our lives.

A CHOICE THEORY EXPLANATION OF BEHAVIOR

Choice theory explains that all we do from birth to death is behave and, with few exceptions, all we do is chosen. The one major exception to this belief is the sexual preference to be homosexual. Somehow - this is yet unknown - this preference is built into the brains of homosexuals in much the same way that we are left or right handed. But to say we choose almost all we do, makes little sense unless we also understand that choice theory expands the explanation of behavior far beyond what is commonly believed. For example, no one would choose to suffer or be sick but, indirectly, even these behavioral components are chosen and are explained through the concept of *total behavior*.

Total behavior teaches that all behavior is made up of four inseparable but distinct components: *acting, thinking, feeling* and the *physiology* that must accompany all of our actions, thoughts and feelings. If you think of your choice to behave as a car, the *motor* is the basic needs, the *steering wheel* allows us to steer the car in the direction of our quality world, and acting, thinking, feeling and physiology are the *wheels*. Acting and thinking, both obviously chosen, are the front wheels; they steer the car. Feeling and physiology are the back wheels, which have to follow the front wheels. They can't be independently or directly steered anymore than we can directly choose how we feel or our physiology.

While we can't directly choose our feelings and physiology, we can indirectly choose many feelings and some of our physiology. For example, if we choose to hit our head against a wall (front wheels) we will suffer pain in the rear *feeling* wheel. If we choose to run on a hot day, we will perspire—our rear *physiology* wheel. We would neither have a painful head nor a sweaty body if we didn't choose actions and thoughts that led to these occurrences.

This means that if a man comes to a therapist because he feels badly, the therapist knows many things. Assuming he isn't physically ill with a non-chosen illness like the flu or suffering from such severe poverty that he can't afford food or shelter, it is almost certain that he is involved in an unsatisfying relationship or lacks any relationship at all. He may say to the therapist, *I'm depressed*, the most common complaint of lonely people. But what he is actually complaining about is the painful feeling component of the total behavior he is choosing which is called *depressing*.

Choice theory explains that as painful as *depressing* is, he does not actually choose the pain directly. What he chooses is to immobilize himself, to stop actively trying to get along better with another person and to think almost obsessively of how miserable he is and how he would like to be closer to another person. For example, a man or woman whose mate has left may obsess over the idea, *I want that person back*. The feeling, which is called

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depressing, is the normal misery associated with that ineffective total behavior. While total behaviors always have four components, they are usually identified by their most obvious component: when we depress it is the pain that is most obvious.

If in the therapy, he can learn to choose more effective actions and thoughts and begin to get along better with the person he needs, or finds a new person, he will stop choosing to depress and feel much better. Therapy, therefore, always focuses on the acting and thinking components of the total behavior because these components are under our direct control. Reality therapists accept that clients feel badly or that their physiology may not be healthy, as in a psychosomatic disease. But they do not focus on these components because they cannot be directly changed.

Total behavior also explains why the current psychiatric trend to explain that mental illness (for example, clinical depression), *is caused by a neuro-chemical imbalance*, is wrong. Choice theory has an alternate and much more treatable (by psychotherapy) explanation: depression and all the other thousand or more "mental illnesses" including what is commonly called schizophrenia as listed in the DMS IV, are all chosen. The neuro-chemical change, which is real, is not the *cause* of the "disease". It is the normal neurochemistry (physiology) that accompanies the acting and thinking we choose to try to satisfy the need. The analogy is that, unlike what is commonly believed, perspiring is not caused by running on a hot day. It is the normal physiology associated with the *choice to run* on a hot day. If a person did not choose to run he would neither run nor perspire. If the person did not choose to depress, he would not have the neurochemistry of this choice going on in his brain.

As stated, choice theory uses verbs instead of the usual nouns and adjectives to label what are commonly called mental illnesses. This is not only grammatically correct, it is clinically useful. It places the responsibility for the behavior where it belongs, because the client is choosing it. When, using external control thinking, we say we are depressed or suffering from depression, it is as if the "illness" has happened to us; we are not responsible, and we don't believe we can do much about it.

For example, if unhappily married clients learned choice theory and would say, *I am choosing to depress* or *I am depressing because I am involved in an unhappy marriage*, then the counseling could be drastically shortened. Clients would suffer less and both parties in the unsatisfying relationships might be helped, not just one. This same thinking is expanded by choice theory to all the mental illness diagnoses; depressing is used here only as an example.

Finally, when you start teaching choice theory, as you will if you practice up-to-date reality therapy, clients will protest and say, *I'm suffering, don't tell me I'm choosing to suffer like this*. Your answer is that the suffering is not directly chosen. Rather, it is a total behavior that you can then explain to the client. But the client will likely persist and ask why? Then, depending on the client's sophistication, you can explain that people choose to suffer, for one, two or as many as three, of the following reasons.

First, whenever anyone is involved in a frustrating relationship, it is normal to choose to anger. From this angering, it is easy to lash out and hurt someone. Depressing, and many other chosen symptoms, immobilizes us and in this way we are able to *restrain the anger*. It is so effective that usually we don't even feel the anger and the more angry we are, the more we may depress. It takes a lot of energy to keep the anger in check which is why people who *depress, anxious* or *obsess* are so tired. Without these chosen symptoms such as depressing, which is by far the most common way to restrain the angering, we could not begin to live together as a society as well as we do.

Second, depressing is the most common way people have discovered to ask for *help without begging*. When we suffer, people reach out to us. It is important to our need for power that we not beg, and depressing is the perfect way to get attention and even help without begging. Small children tend to anger when frustrated, but by the time they are three years old most have learned that angry tantrums make things worse and parents pay little attention to these outbursts. And even more so than adults, when children depress, they get attention. Also, depressing gives a person an excuse to go for therapy. It would be much harder to rationalize asking for help if he or she were not suffering.

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Third, depressing (and all other forms of what are commonly called mental illnesses) allows us to *avoid* doing what we are afraid to do. For example, when we lose a good job we may quickly depress. Friends may tell us, “*Look, don't wait around, get out your resume. The longer you wait the harder it is to get work.*” You may say, “*You're right, but I'm just too depressed to do it, maybe next week.*” This is because you're afraid there may be no good jobs you don't want any more rejection. The choice to depress gets you off the hook. This is one of a variety of common situations in which we use the third reason to choose to suffer. The more therapists explain what is going on to clients, the quicker and more effective the therapy.

CHARACTERISTICS OF REALITY THERAPY

Reality therapy focuses quickly on the unsatisfying relationship or lack of a relationship, which is the cause of the problem. It doesn't take much time or much skill to find out which it is, as the client will almost always bring it up. But what is characteristic is that the client will blame the other party for the failure of the relationship or for the misery he or she is suffering. The therapist should expect this, be prepared for it to happen and deal with it as soon as it does. To deal with it, the client must be taught one of the basic axioms of choice theory: *the only person I can control is myself.*

Some therapists point to the flaws of other people and agree with the client that these others may be at fault. Reality therapy does not get involved with anyone's fault. It focuses on what the client can control in the relationship. There is no sense talking about what the client can't control. When clients point out correctly that this is unfair, the therapist may agree and say, “*There is no guarantee that life is fair. The only guarantee is that you are the only person whom you **know** you can change. Complaining may feel good for a short time but it is a completely ineffective behavior. If complaining were effective, there would be a lot more happy people in the world.*” It is obvious that there is no shortage of people who spend their lives complaining and getting nowhere.

Reality therapists do not listen very long to *complaining, blaming and criticizing*. These are the three most ineffective behaviors in our behavioral repertoire. Clients tend to be expert complainers, blamers and critics. Reality therapists give short attention to these three self-destructive total behaviors and they soon disappear from therapy. Most clients are quite surprised to find out that these very common behaviors have no place in therapy. From this experience, they find out they have no place in their lives either.

REJECTION OF THE MEDICAL MODEL

Choice theory rejects both the concept of mental illness and the medical model on which it is based. It accepts this model only when there is specific pathology in the brain, such as in Epilepsy or Alzheimer's Disease. However, clients are not usually concerned with theory; what they want is to feel better as fast as they can. For this reason they may choose addicting drugs. But even these clients - alcoholics are the most common example - are not suffering from a mental illness over which they have no control. Every alcoholic who has stopped drinking—and millions have—*has chosen to stop*. And almost all of them have been able to give up the pleasure of drinking because they have found enough pleasure in a relationship to do without the drug.

As he explains in detail in *Choice Theory*, Glasser contends that many people who are called schizophrenic choose to think the way they do to avoid accepting the responsibility of taking care of themselves. How they make this crazy choice is too complicated to explain here. But they choose craziness because it is a very effective way of *asking* others to take care of them. Schizophrenia is a total behavior, not a disease. The change is in the thinking process and it may extend to the way they act, as in catatonia. If, however, they are taken care of, they may feel good and their physiology may be quite normal. Given good care these are very healthy people who tend to live a long time. But if the care extends to helping them get involved in a satisfying relationship, they may choose to give up their crazy thinking.

EMPHASIS ON RESPONSIBILITY

Since essentially, we choose all we do, it is obvious we are responsible for what we choose. This does not mean we should be blamed or punished, unless we break the law, but it does mean that the therapist should never lose sight of the fact that clients are responsible for what they do. Clients may reject the idea that they are choosing to

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be sick or crazy and therapists are wise not to contest this rejection. That gives the client an excuse to choose to be even crazier, in an attempt to convince the therapist that they can't do much for themselves.

Instead, therapists should focus on what clients can choose, that gets them closer to the people they need. For example, work is a good way to gain the respect of other people. It is very difficult for adults to feel good about themselves if they don't work. All programs for the "mentally ill" should include some work, and it is the relationship with the therapist that encourages clients to work. As they begin to feel good about themselves, it is less necessary for them to continue to choose irresponsible behaviors.

REJECTION OF TRANSFERENCE

Reality therapists should make no effort to be anyone but themselves. Transference is a way that both therapist and client avoid taking responsibility for whom they are now. It is unrealistic for therapists to go along with the idea that they are anyone but themselves. Even if the client claims, *I see you as my father or mother and this is why I'm behaving the way I am*, the therapist should say clearly and firmly, *I am not your mother, father or anyone but myself*. The reason this therapy is called reality therapy is that most clients are all too willing to avoid taking responsibility for what they are doing and tend to leap at anything the therapist offers that will help them avoid behaving responsibly.

Transference was created by Freud to avoid getting personally involved in client's lives. The reality therapist welcomes responsible involvement. It is the best way, the quickest way, and often the only way, to teach clients how to relate to the people they need. By being themselves, therapists can use the relationship to teach clients how to relate to others in their lives.

KEEP THE THERAPY IN THE PRESENT

Most clients come to counseling convinced that their problems started in the past and they must revisit the past if they are to be helped. I believe that this idea, which is so widespread it could be called *psychological common sense*, is wrong. That we are products of our past is correct, *that we can change our past is wrong because we can't*. Still, many therapeutic methods continue to teach that to function well in the present we must understand our past and, unless we revisit it, we can't understand it. While this seems so reasonable, it is incorrect. It is an attractive opportunity that many clients grasp to avoid dealing with their real problems, which are always associated with unsatisfying *present* relationships.

What Glasser explains is that when we have had an unsatisfying relationship in the past - perhaps we were abused as a child - what actually happened cannot be changed. If it were our fault or someone else's fault, it doesn't make any difference because, what went on can't be changed or erased. Since all we have control over is our own behavior, all we can do is try to change our present behavior so that we can get along with people we now need.

How we got along with people in the past has only one thing to do with our present lives. If we were treated badly in the past, we tend to learn that people can't be trusted, and this distrust will continue until we learn to trust people in our present lives. It is unlikely, however, that anyone in our present life will treat us well if we don't trust them enough to treat them well. To be trusted now, we must treat people well now. If we have treated people so badly in the past that we have a reputation of being untrustworthy, we must do what we can to change our reputation. We can neither change what we did to others, nor what others did to us. The past is over and revisiting it extensively is a waste of time.

The reality therapist does not totally reject the past. If the client wants to talk about past successes, the therapist will listen, but will only devote enough time to past failures to assure clients that they are not being rejected. As soon as possible, therapists should tell clients, *"It's over, it can't be changed. The more time we spend back there, the more we avoid facing what is your real problem: gaining a satisfying relationship now."* In Glasser's experience, most clients are more than ready to face the present. They go back to the past because they have been led to believe that this is what the therapist wants.

DON'T FOCUS ON THE SYMPTOMS

In traditional therapy, the therapist spends a great deal of time focusing on symptoms by asking the client how they feel, why are they obsessing or phobicking—to mention a few common symptoms. In the same way that focusing on the past “protects” clients from facing the reality of unsatisfying present relationships, focusing on the symptom does the same thing. The reality therapist spends as little time on the symptoms as he/she can because they cannot be improved until the relationship or relationships are improved.

Clients will complain forever about their symptoms if the therapist will listen. Coupling this with long journeys into the past is what makes therapy take so long. Getting rid of these two impediments to therapy and focusing on the real problem can shorten most therapy considerably. Something can be accomplished in one or two sessions and much can be done in ten sessions.

THE THERAPEUTIC PROCESS THERAPEUTIC GOALS

Since combining reality therapy with choice theory, the goal of therapy is now clear: help clients to get reconnected with the people, old or new, they have chosen to put into their quality worlds, and teach clients choice theory. In most instances, the client will come voluntarily for therapy and these clients are the easiest to help.

But, there is a further goal of reality therapy that many experts in the field would not call therapy. This involves working with the large group of people who now seem so resistant to psychotherapy that it seems impossible to get them involved. Characteristically, these are people who do not want to see the therapist and actively resist therapy.

Mostly these are people who are violent and/or addicted to drugs and/or engaged in non-loving sexual activities like rape, harassment, exposing themselves, voyeurism and stalking. All these people have disconnected themselves from responsible people: at present, they have no people who could or would care about them in their quality worlds. If such people were once in their quality worlds, they have since removed them.

As I will explain shortly in more detail, reality therapy is based on the idea that the client and therapist will develop a good relationship. But to do this it is assumed that the clients are looking for good relationships: *they want to get connected or reconnected and find pleasure with people*. But there are millions of people, some as young as ten years of age, who have given up on responsible caring adults because they have not been able to relate to them successfully. They have no responsible adults in their quality worlds. These people can't give up on pleasure, as that is impossible. Our genes will not let us do that. They have given up on love and belonging, and on finding pleasure with people. When they do, many turn to their need for power and seek pleasure by destroying things or hurting people. They become dedicated to violence, or seeking pleasure directly through addicting drugs or sexual pleasure that has nothing to do with satisfying another person.

What also differentiates these people from most people is that *they have become especially sensitive to external control*. They see the law, the rules, and the rights of others as an affront to them. Their code is, as long as it feels good, do it. They see a counselor as someone who is trying to make them follow rules they hate and this makes them very hard to counsel. Our whole correctional system is filled with this group of people and right now the main way to deal with them is punishment. But punishment confirms what they already believe—*all the people in power care about is control. They don't care about what I want or need*. As far as they're concerned, the whole world sucks.

These people are easy to recognize because they don't have any good words for anyone. They scoff at the idea that they need people. As soon as counselors recognize that they are dealing with a disconnected, pleasure-seeking person, they should give up all the usual goals of counseling and focus on just one thing: *do whatever is possible to get connected with this person*. If the counselor (or some other responsible person) can't connect with them, there is no possibility of helping them.

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With alcoholics, some of whom still have people in their quality worlds, AA works well. With alcoholics, many of whom no longer have people in their quality worlds, AA is less effective but there is a chance. The meetings and the sponsors have a powerful *get reconnected* effect. But with the totally disconnected people, especially those who have turned to violence, the twelve step organizations like AA don't work. They see the program as control and want no part of it.

With these disconnected people, it takes a person who has only one agenda: *I want to connect with you*. As soon as they recognize that the therapist has any other agenda, they withdraw. How to make this connection is more than can be covered in this chapter but the essence is to come across as someone who is not trying to change them in any way, just trying to get to know them. If the counselor can get this far, then, the actual therapy, which has the goal of teaching the client how to create other satisfying relationships, can slowly begin.

THERAPIST'S FUNCTION AND ROLE

The therapist's first function is to create a good relationship with the client. From this relationship, he or she helps the client to relate to the people he/she needs in their life. As stated, therapists must have good enough relationships themselves to have a clear idea of the scope and variety of good relationships generally. The art of reality therapy is to be able to establish a therapeutic relationship with almost every client they are asked to help. This implies that therapists have the ability to feel comfortable with a wide variety of people who, under most circumstances, would not be a part of their lives.

To do this, therapists need to know as much as possible about how human beings function. This means that the more involved with people the therapist is, the better he or she is prepared to do therapy effectively. An effective therapist is usually a person who reads books (fiction, especially), magazines and a daily newspaper, and who keeps in touch with how a wide variety of people are choosing to live their lives. It also helps to go to movies, plays, concerts, listen to the radio and watch television. These activities also help therapists find subjects to talk about. It takes skill to quickly reach the people that most therapists are asked to connect with. The more therapists know about the world and how people live in it, the better prepared they are to converse in interesting ways with clients. Therapists can never know too much about people.

It is from the satisfying relationship that clients are able to engage in an evaluation of all their relationships, which is what they want and how effective they are at getting what they want. From this, the therapist explores with clients what they can do to improve the relationships they have and/or to find new ones. What is most important is that clients see therapists as people who know what life is all about, are successful in dealing with it and are not afraid to discuss any subject with the client.

Finally, the therapist is able to convey the idea that there is hope, no matter how bad things are. Clients should be assured that you and they, working together, are a strong combination. They are no longer alone, they have an ally, a friend, and a person who is not easily discouraged and who can bring some creativity into any situation. Besides all this, the therapist is an advocate of the client as long as he/she is willing to attempt to behave responsibly, which means to help themselves and not hurt anyone else in the process.

Dr. G.L. Harrington, Dr. Glasser's great teacher for many years was asked by Glasser, *What is the most important characteristic of a therapist?* Harrington said, *to be in better shape than the client*, at least in areas where the client is not effective. For example, an alcoholic therapist cannot help an alcoholic client, but a recovering therapist can be a great help to the same client. This goes for every area of therapy. If the therapist is struggling unsuccessfully with a problem, it is unlikely that he/she can help a client with that problem.

CLIENTS' EXPERIENCE IN THERAPY

Clients should find reality therapy satisfying. They should feel that just being with the reality therapist is a good experience. From the client's point of view they should be able to think, *"Therapy is safe, this therapist won't hurt me. He/she isn't afraid to talk to me about any part of my life and many parts of his/her life."* Clients should see therapists as able to play a wide variety of roles in their own lives so that clients learn that therapy is more than just talk. They are being exposed to behaviors that have worked in the lives of the people they are talking with.

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Clients should find therapy gently but firmly confronting. Clients are constantly being asked if what they are choosing to do is bringing them closer to the people they need or getting them in touch with new people, if they have no one now.

Clients should experience some urgency in therapy. Time is important, as each session may be the last. Therapy need not be a long, drawn-out process. Clients should be able to think, *"I can begin to use what we talked about today in my life. I should bring my present experiences to the therapy as my problems are in the present and my therapist will not let me escape from that fact. I see the therapist as a strong, active, positive force in my life, not a mirror or as a tape recorder that plays back what I just said."* The client should experience honesty and truth. This is a place where the common evasions and little lies of life are totally dispensed with. They should be able to think, *"This is a person I can't con or fool, but at the same time is a person who has a sense of humor, who does not punish me or withdraw from me if I try my old irresponsible ways to behave in therapy. Whatever I have been doing that has separated me from people or them from me does not work with this therapist. This is no game, this is the real thing."* For the client, therapy is always a mentoring process in which the therapist is the teacher and the client is the student. From their good relationships with their therapists who have a large repertoire of successful life experiences, clients learn to satisfy their own needs and especially, how to relate to the important people in their lives.

APPLICATION: THERAPEUTIC TECHNIQUES AND PROCEDURES THE PRACTICE OF REALITY THERAPY

From the beginning, the practice of reality therapy takes place in the present. The past is what happened, the future may happen, but what is going on today is the focus of reality therapy. Reality therapy is all about what you need today. Are the total behaviors you are choosing getting you what you need? Is this choice realistic? Is it getting you closer to the people you need and/or want to get to know? There is no set pattern or set questions in reality therapy; there is no recipe to follow. The therapist is prepared to move in any direction. Nothing is sacred and there is no good way or bad way as long as relationships are kept in the foreground. There are also no mysteries. The client can ask for and expect to get an explanation for anything that is going on. But as competent as therapists may be, they do not have all the answers. The world is a difficult place and we're all struggling. However hard or easy, the therapist continues to send the message: *"We're in this together. You're not alone."*

The therapist should be prepared that good things will begin to happen. What seemed impossible today may seem possible tomorrow. In therapy, the client learns that we are all driven by the same needs. If you reach out to people, they may need you more than you think and reach back. But, it's a good idea to have a plan. It's not that every plan must be followed exactly or all is lost. There is no rigidity in reality therapy. The plan gives the client a starting point, a toehold on life. It can be modified as needed, but it's good to have something in mind when you try to get closer to the people you need.

THE COUNSELING ENVIRONMENT

The counseling environment should be a living example of choice theory in action. The counselor uses no external control behaviors and if the client attempts in any way to control the counselor, the counselor uses this as an opportunity to explain the difference between external control and choice theory. Counselors will not let clients control them and they will not try to control their clients.

Since almost all of every client's problems are caused by external control psychology, it will not exist in the counseling situation. Here, it's the clients who make all the choices for themselves and the therapists make all the choices for themselves. There is no attempt at coercion by the therapist and no successful coercion by the client. In this coercion-free atmosphere, clients feel free to be creative and to begin to try new behaviors or past successful behaviors they haven't used in a long time. For most clients, this choice theory atmosphere is a new experience. Many will distrust it and try to replace it with the more coercive atmosphere that they are used to, but the counselor resists all these self-destructive attempts and, in a short period of time, the client will begin to enjoy the caring, accepting, non-coercive choice theory environment. It is from this confronting, yet always non-criticizing, non-blaming, non-complaining, caring environment that the client learns to create the satisfying environment that leads to successful relationships.

THE PROCEDURES THAT LEAD TO CHANGE

Change is always a choice. What the reality therapist does from the beginning, maybe in the first few sentences, is to inquire about the choices clients are making in their relationships. There is always a major unsatisfied relationship although in the beginning the client may deny this is the case. The client may even go on to say things like, *"I'm depressed. My depression is the problem. Why are you talking about my relationships? They're fine."* Or the client will say something like, *"Of course it's my relationship, if you were married to a jerk like him, you'd be depressed too. But I'm not getting a divorce, just help me to feel better; that's what I came here for."* Either way, that client does not want to talk about the real problem: the unsatisfying relationship or lack thereof. Clients want help with how they feel and/or they want the therapist to agree and say it's someone else's fault.

In the first session, a skilled therapist should find the key unsatisfying present relationship - usually a spouse, a child, a parent or an employer. Then they should work to convince clients that this is the core of their problem. When it is obvious to the client that this is where the problem is, the therapist should begin to ask (and may have to keep asking this question over and over in the next few sessions), *"Whose behavior can you control?"* This question deals with the client's resistance to looking at his or her own behavior because the first thing the client will tend to do is blame the other person in the relationship. As soon as clients begin to realize that they can only control their own behavior, therapy is underway. The rest of therapy is how they can make better choices. There are more choices available than clients realize. They have been stuck in misery, blaming and the past. The therapist explores the possible choices. The major topic here is that clients can change even if the other person in the relationship does not change. Anytime there is any change in any relationship, the whole relationship must change and clients *can always change* what they choose to do.

But whatever they do, it is the relationship or relationships that must change or they will not be able to give up the symptomatic behavior or behaviors. Depressing is the most common but it can range through the whole gamut of psychological complaints or psychosomatic diseases. In therapy, a great deal of choice theory will be explored: the needs, first, then their quality world, and finally, that they are choosing the total behaviors that are their symptoms. In every instance when they make a change, it is a choice, and with the therapist's help, perhaps a much better choice than they could have made on their own.

What the client will learn in this process is that things don't just happen. With planning, the client is able to take much more effective control of his or her life. We are not at the mercy of others and we are not victims. Using choice theory to gain and maintain successful relationships is a skill that can be learned. Clients will learn to ask themselves before they act, *"Will doing or saying what I am about to say bring us closer together? If it won't, then I won't do or say it."*

APPLICATIONS OF REALITY THERAPY

Reality therapy can be applied both individually and in groups to anyone with any psychological problem in any cultural or racial setting. Since we are all members of the same species and have the same genetic structure, relationships are the problem in all cultures. Reality therapy is used successfully in Japan, Korea, Singapore, Kuwait, Columbia, Slovenia, Croatia and Siberia as well as in many countries similar to the United States.

Experienced reality therapists have successfully counseled clients who refused to talk or even to look at the therapist. The only criteria for this therapy is that the client be in the same room with the counselor and that the counselor be protected from being attacked by the client. Glasser has counseled in a mental hospital where an aide was in the room to protect him from attack. In counseling a client who would not talk, Glasser told the client: *"I will talk to you and ask questions and then if you do not answer I will answer for you."* After doing this for about ten minutes, the client spoke up and said, *"I wouldn't have said that, I would have said..."* Therapy proceeded normally from that point.

It is impossible to describe all the techniques that reality therapists have used over the years. Many of them are created on the spot with the therapist always saying to himself or herself, *"How can I reach this person?"* There are two ways to reach anyone: 1) say something that gets the therapist and the client closer or 2) say something that drives the therapist and the client further apart. Obviously, the first way is the goal of reality therapy. From

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personal experience, most clients are well aware of what they do and will admit that their actions are what separates them from people. The therapy should be a real contrast to those disconnecting behaviors that have served so many clients so poorly for so long.

TEACHING REALITY THERAPY

The best way to learn reality therapy is to watch a good therapist actually working with a client or with a simulated client in a role-play and then ask questions afterwards. If it is a role-play, stopping the roleplay and asking questions at any point in the therapy is a good technique. Videotapes are very good and lead to interesting discussions. They are most effective if the therapist who made the tape is the teacher. Another good way to learn reality therapy is to read the exact transcript of a therapy session as described in *Choice Theory* and *Counseling with Choice Theory*, *The New Reality Therapy*. What can't be shown in the transcript is the tone of voice, the expression on his face and the pace of the conversation. Print has only one dimension. What may have seemed on paper to be too harsh or too seductive could, in practice, be good counseling.

THE CASE OF KATHY

(Editor's note: Dr. Glasser offered to present this case in the first person as it allows the reader to follow his ongoing thoughts.) I include this case to show you what therapy actually is and how therapy can go quickly, even though Kathy had, what seemed to her, to be a very severe problem. I will start with her name and state that she was on time for her appointment because that is all I would actually know when she walked in. I don't ask questions when I make the first appointment. Everything else that went on is revealed in the session. I will work with her as I do with all clients by going as far and as fast as possible right from the beginning. Therapy time is very precious. I will assume that this may be the last time I will ever see her and I want her to leave this first session believing she has had some help. I will omit all the small give and take that is a normal part of therapy and show only the part that led her to consider choosing to change.

When she walked in the door, I greeted her with a handshake and observed that she was a well dressed, attractive, Caucasian woman who appeared to be about fifty years old. She was of average weight and height, looked reasonably healthy but not happy, as she almost had to force a smile when she came in. She was wearing a wedding ring so I assumed she was married. I took her name and address, and I already had her phone number from when she made the appointment. I did not discuss finances. I assume I will be paid and I think that tackling this subject immediately is counter productive to the relationship, which is so important. If I can help her in the first session, which I believe I will be able to do, I will get paid. I will work with her, as with all clients, to find a fee she can afford.

In the following session, I will put my thoughts in *italics* when I think it would help the reader to know what I was thinking. I started in, as I almost always start in, with this type of voluntary client by saying, "Kathy, you came here for a good reason. It would help me a lot if you'd start by telling me what's on your mind?" *I don't ask her what her problem is or lead her in any direction. It's just an open-ended question that assumes she has something on her mind that's brought her in. I know that she, like all clients, is struggling with an unsatisfying relationship and that she is in some pain because of this struggle. I always wonder, will she bring up the relationship or will I have to ask?*

"I'm miserable. It's been going on a long time, over five years, and it doesn't seem to be getting any better. Mostly I'm depressed, but lately I've been getting these rages. I mean I want to throw things, break something. I can fly off the handle at any time and with anybody. Yesterday my mother called and asked how I was feeling and I blew up. I yelled and cursed and told her it was none of her goddamn business. She knows I've been upset, she didn't mean any harm and I went crazy. It can happen at the store when I'm shopping, with one of my grown kids when they phone, and more and more it's been happening with my husband. The only place I'm comfortable is in school. I'm a middle school English teacher. That's the good part of my life. The rest is a nightmare. I'm either way down or in a rage. Recently, I've been getting these splitting headaches on the weekends. I can't go on like this. I heard about you and I need help."

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There's obviously something very wrong. This is a lot to get from a first question. My initial guess is she's in a huge conflict. She's thrashing around, depressing, raging and head aching. I have to find out what relationship has gone sour. I'll focus because she's ready to tell me what's really wrong. "We can save a lot of time if you'll tell me what's really wrong. My experience tells me that there's an important relationship that's not working for you right now. I'd like to know who it is and what's wrong?" "Who it is and what's wrong? I just walked in the door and you ask me that question? How do I know if I can trust you? I don't even know you. Maybe I don't want to answer that question."

"Oh no. You want to answer that question. That question's on your mind all the time. But you're right, you don't know if you can trust me. You also know if you can't trust me, I can't help you. Maybe we should start by talking about trust because trust is very much on your mind. Maybe that'll help you."

Now she's let the cat a little out of the bag. It seems that whatever's gone wrong in the relationship has to do with trust. At her age it's most likely something with her husband. And her depressing is no longer keeping the anger in check. She's blowing up at everyone. She wants people to know how angry she is. She's also screaming for help but she's so angry she's irrational and she's putting all her relationships in jeopardy. But maybe all this anger is a good sign. She wants to come to grips with the problem instead of denying it by depressing. "I'm acting stupid, aren't I? I have to trust you, don't I?"

"You really do. But go slow. Question everything I say. Ask me to explain myself. If you can understand where I'm coming from, I don't think you have to worry about me hurting you. There's nothing hidden on my part. I'm ready to explain everything I do."

That seemed to reassure her. I can see her relax. And it's the way I like to do therapy. Clue her in on all my thinking. Let her point out what she doesn't understand. This way we can build an honest relationship, which obviously seems to be missing in her life right now.

"Okay, I'll tell you what's wrong. It's my husband. It's a story that I'm sure you've heard a million times but this one's a little different. It turns out he works for a woman. She's the boss. They traveled a lot together and they had an affair. It lasted three years. I found out she's been doing this for years. He isn't the first one. Two other wives told me about it, they'd suffered through the same thing and their husbands told them what had happened. They felt it was their duty to tell me. With that woman, it's one man at a time. I'd heard rumors about the way she was but I didn't think it would be with my husband. I guess you never think that. Anyway, it's over now. She's on to someone else and he's got a different job in the company and doesn't travel with her anymore. But here's the point. I can't get over it. I just can't accept what he did, I can't trust him anymore. He has opportunities; maybe he's involved with someone else. It's destroying my life because I still love him. When he tries to be good to me, it really pisses me off and I blow up. I'm fifty-two years old. I don't want to start over and I don't want a divorce. But I can't seem to forgive him. I'm a basket case. What can you do for me?"

"Has your husband admitted it?"

"No, he denies everything. I've confronted him but he won't admit anything. He says he knew the other men went to bed with her but he didn't. He says he doesn't even like her. He says he loves me and I should trust him. I'm driving myself crazy over nothing. But I don't believe him and I hate the fact that he keeps lying. To tell you the truth, I think I'd feel better if he admitted it. That, at least, would be honest."

"If he hasn't admitted it after all this time, I doubt if he will. What good would it do now anyway?..... I don't think that right now it makes any difference whether he did it or not."

"How can you say that? It makes all the difference in the world? And he did do it, I know he did."

"Kathy, that's what I'm trying to tell you. Right now you know he did it. It doesn't make any difference what he says. You've put him on trial and found him guilty. I'm not saying you're wrong to think this way. All I'm saying is this is where you are, today, right now. No matter how upset you choose to be, how much you choose to rage or headache, it won't change anything he's done or not done. In your mind he's guilty and he can't do a thing about that. Tell me the truth. What do you want right now?"

The William Glasser Institute

"What do you mean I choose to be upset? What are you talking about? I don't want to feel this way. It's what he did that's *making* me feel this way."

I've introduced a little choice theory and she's rejecting it in favor of external control, blaming him. But I've sewn the only seed that can help her, that it's her choice whatever she does. I've got to nurture that seed because as long as she chooses to feel miserable over what she's convinced he did, no one can help her. Whether he did or didn't do it is not the point. She may never find out what he actually did. But she says she loves him and wants to stay married to him. If she didn't she wouldn't choose to be so upset. I have to help her to figure out how to accept him again. If she can't and they don't divorce, she's dooming herself to a life of misery. She's caught in the conflict between wanting to love and not willing to trust and only she can resolve it. But I can help.

"It will help if you'll answer the question, I just asked. Please try."

"What question? You said I'm choosing to feel the way I'm feeling. That's not a question. That's crazy."

"I'm sorry. I guess when I said that thing about choosing that's all you heard. The question I actually asked was, 'What you want right now?'"

"Oh that's easy. I want to trust my husband, I want a good marriage like the one I thought I had."

"But I guess you're too angry to let it go."

"Angry is putting it mildly. I'm totally pissed off."

Okay, that takes care of some of the problem, she admits that it is her anger that's keeping it going. And she said she wants to trust him and she wants her marriage. It'll be hard but that she can change. She just can't do it by herself. I'll ask her another question that might help her look at the present rather than continue to be stuck in the past.

"How about this question, If you could have a wish, what would you wish right now?"

"That's easy. That wish is on my mind all the time. I wish it'd never happened. I wish he'd never met that woman. I wish I weren't sitting here telling you this. I wish I weren't depressed and full of rage. And right now I seem to be getting a headache and I wish it'd go away. If you want to talk about wishes, I'm full of wishes."

Now I've gotten her to the point where she may be able to realize she is faced with impossibility. It'll take some time but I've got to teach her that none of us can wish the past away. That the only person's behavior any of us can control is our own. We all want a perfect world populated by perfect people but that world has never existed. If it did, there would be no need for psychotherapy. As you can see, I'm not going to get into whether it happened or not, only her husband knows that. To do that would be to muddy the water even more. I'm going to get into what she can do now whether he's guilty or innocent. That's the issue I'm going to try to get her to face.

"I wish it hadn't happened either. I'm fairly sure your husband wishes it hadn't happened if he's guilty and I'm totally sure he wishes you'd stop accusing him if he's not guilty. You're not the only one with wishes here."

I think bringing up the idea that he has some wishes too will change the focus, maybe help her to see that there is another side of the story, his side. All she's thinking about right now is herself. And she's stuck. She's like a piece of paper on a sharp spindle. She can turn and twist but she can't wish herself off. Let's see what she says to this.

"So what are you saying? I should just forget about it. Don't you think I've tried?"

"I'm sure you've tried. But you've tried all by yourself. You haven't included him and now you have me too. Are you aware of what you just said?"

"What did I just say?"

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"Well, I heard you say, *I should just forget about it*. And that you've tried."

"Well I have. There have even been times I've come close but I can't."

"No, that's not right. What's right is so far you haven't been able to forget. You don't know what you can do today or tomorrow. But you also told me, *I can't go on like this*."

"Well I can't, I'm miserable. If I didn't love him, I'd be okay. I don't want a divorce."

"If you wanted a divorce you wouldn't have come to see me. But that can change. What happened yesterday doesn't have to keep happening unless you choose to keep it happening. Things change. We're doing something right now you've never done before. You're talking the situation over rationally with someone you are trying to trust. That makes a big difference."

"I'm so upset and mixed up I don't know what I want. And you're confusing me with all this talk of choosing." "I'm not confusing you, you know exactly what you want, and you told me. Could I be telling you what you've been wanting to hear?"

"That it's okay to forget what happened?"

"Kathy, it's not a perfect world. You didn't marry a perfect man but you love him. And you're not a perfect woman. You've made your point. Five years is enough. What did you do last night?"

While she thinks about letting it go, I'll shift gears with my last question. It's a technique I've used for years. Be specific, avoid general questions, generalities are too easy to hold onto. Last night will tell the state of her present marriage as clearly as anything else and let's see how many more nights like this she wants.

"There was nothing unusual about last night if that's what you're driving at. We ate dinner, he watched television for a while, and I graded papers. Then we went to bed. We didn't talk much. I was my usual depressed self. I didn't even feel angry last night."

"How many more nights like this do you want?"

This again is very specific. It looks as if she's losing her anger. This is not a good sign. There's a sense of resignation that concerns me. The good part is it's obvious she's sick and tired of what's been going on.

"What do you expect me to say? I don't trust him anymore. We get along, but not much more. He's accepted that this is the way I am."

"Sex?"

"When he wants it. Not very often. I don't initiate anything if that's what you're driving at. Our bodies still touch at night, we haven't stopped wanting to feel the other's there. I guess if we stopped that the marriage would really be over."

"Was there any rage last night, did you feel any anger?"

"It's there, it's right beneath the surface."

That's a good sign. She's hasn't given up.

"Is it directed at him?"

"I guess so but I'm not a violent person. It's more directed at things. Like lately I've been getting the feeling I'd like to smash the television. It used to be dishes, I'd like to hear something crash."

The William Glasser Institute

All I can think of is she wants something to happen. But if she smashes the television, that would make things worse. Violence never solves problems. It's time to step in and make a direct suggestion. If she rejects it, I'll back off but do it in a way that keeps it in front of her.

"Okay, I've asked a lot of questions and I've found out a lot about you. You just said, you'd like to hear something crash. So would I. What could you do that would make a crash in your life. I'm thinking of a positive crash, and not about smashing the TV."

"A positive crash, I don't know what you mean."

"How about telling your husband, *I love you. The past is over. Whatever you did or didn't do, I can't do a thing about it. I've been trying to fix the past for years and I can't do it.* Because Kathy, you have been trying to fix it and you haven't succeeded. And you'll never succeed. You know it, you've known it for a long time. Put the past in a bottle and throw it out the window. Let it smash into a million pieces."

"But what do I do with all my feelings?"

"Put them in the bottle with the past. It'll take a while but you can do it. You're looking for a way out. You wouldn't have come here if you weren't."

"What if he rejects me? I've given him a real hard time."

"What if he doesn't? Could that be what you're worried about?"

"You mean to just stop what I've been doing?"

"Stop what you've been choosing to do. It's enough already, you've made your point. Let it go. If you were trying to punish him you've succeeded. If you've been trying to punish yourself, you've done great."

"What if he asks me, what happened? Why I've changed?"

"Tell him the truth. Tell him you came to see me. Ask him to come in with you next time. I'd like to see both of you for an hour."

"But, is this it? Everyone says therapy takes years."

"It's not over. It's going to be hard to let what happened go. But we're off to a good start. If you brought your husband in I think I could help both of you, but let me warn you. I'm not going to talk about what happened or didn't happen. If he comes, I only want to talk about the immediate future. Is that okay?"

"I'm sick of the past. But letting it go is a little scary."

"Letting anything go that's been part of your life for so many years is scary. That's why we still have a way to go. Call me, if you want to talk. It's okay."

When clients begin to make big changes in their lives, I always make myself available. They don't abuse the privilege. I hope she brings her husband in.

People who get married don't realize that there are three parts to every marriage: *A husband, a wife and the marriage.* For a marriage to succeed, the husband and the wife have to learn to subordinate what each wants to the success of the marriage. That's one of the subjects I'll cover if she brings her husband in. In the book, *Choice Theory* and the forthcoming book, *Reality Therapy II*, I described a new and very powerful way to counsel couples in a failing marriage. I call it *Structured Reality Therapy*. It is not appropriate for this chapter but it should be of great interest to all who do this kind of work.

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WHERE TO GO FROM HERE

There are over a thousand therapists who have completed the training in reality therapy and choice theory offered by the William Glasser Institute. They have been awarded a Certificate of Completion and many have gone on to become Instructors. The training process takes at least 18 months to complete and is offered all over the United States and Canada. It consists of a Basic Intensive Week and a follow-up Basic Practicum, an Advanced Intensive Week, an Advanced Practicum and a final Certification Week in which trainees demonstrate their skills. Dr. Glasser is personally involved in many of the Certification Weeks in North America. For more information, please visit the Institute website at www.wglasser.com.

The *Journal of Reality Therapy* publishes manuscripts covering the research and practice of reality therapy and choice theory, as well as many articles using Dr. Glasser's ideas in education.