

## Academic Article

# A simulated interview with William Glasser: Part 1 – An ideology about mental health

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## Introduction

William Glasser developed an approach to psychotherapy called Reality Therapy, designed to enhance self-control and responsible decision-making. Glasser espoused views that promoted choice and personal responsibility aimed to satisfy basic human needs that are common to all people. Although he was a board-certified psychiatrist, throughout his career, Glasser's approach focused on psychological treatments instead of psychotropic medications. Reality Therapy aims to help clients gain control of their lives.

William Glasser was born in 1925 and raised in Cleveland Ohio. He studied at Western Reserve College where he earned a bachelor's degree in chemical engineering in 1945. After the war, he returned to Cleveland to earn his Master's Degree In Clinical Psychology In 1947, And His Medical Degree With Specialization In Psychiatry in 1953. This odd mix of fields helped to shape his pragmatic views of mental illness and patterns of change.

After completing his training, Glasser worked as Staff Psychiatrist at the Ventura School for Delinquent Girls, a residential

correctional facility. During his work there, he learned how to help these teenagers shift from adolescent rebellion to mature self-growth. Many of his ideas and strategies appear highly useful for clients of all ages.

Over his years spent conducting psychotherapy sessions, Glasser refined his views on responsibility of choice. Toward the end of his career, Glasser shifted from treatment to prevention, emphasizing the important role that schools can play in the development of rational choices and adaptive behaviours.

In 2013, Dr. Glasser died peacefully at his home in Los Angeles at the age of 88. Although his views on psychotherapy were developed more than 50 years ago, many of these concepts remain useful and relevant today. The remainder of this article will present a simulated interview with William Glasser (WG) conducted by James C. Overholser (JCO).

**JCO:** Thank you for meeting with me. I am eager to hear your views about psychotherapy.

**WG:** "I appreciate your coming here" (Glasser, 2000a, p. 223). "I want to talk with you, too" (Glasser, 2000a, p. 201).

**JCO:** Great. Let's get started. Why did you call your approach to therapy 'Reality Therapy'?

**WG:** "Patients, no matter what their psychiatric complaint, suffer from a universal defect: they are unable to fulfill their needs in a realistic way and have taken some less realistic way in their unsuccessful attempts to do so" (Glasser, 1965, p. 23). "In their unsuccessful effort to fulfill their needs, no matter what behaviour they choose, all patients

have a common characteristic: they all deny the reality of the world around them” (Glasser, 1965, p. 6).

**JCO:** So these basic needs guide our behaviour?

**WG:** “Oh, yes” (Glasser in Brandt, 1988, p. 43). “Except for those who live in deepest poverty, the psychological needs - love, power, freedom, and fun – takes precedence over the survival needs” (Glasser in Gough, 1987, p. 656). “Besides survival ... we are genetically programmed to try to satisfy four psychological needs: love and belonging, power, freedom, and fun. All our behaviour is always our best choice, at the time we make the choice, to satisfy one or more of these needs” (Glasser, 1998, p. 28). “Satisfying one or more of these needs feels very good” (Glasser, 1997b, p. 17).

**JCO:** Are some needs disturbed or pathological?

**WG:** “The needs of all people, normal or abnormal, are the same” (Glasser, 1960, p. 3). “The strength of each need is fixed at birth and does not change” (Glasser, 1998, p. 91). “What gives us our different personalities is that our five basic, or genetic, needs differ in strength” (Glasser, 1998, p. 91).

**JCO:** In modern society, why do so many clients continue to struggle?

**WG:** “While the traditional struggle for a goal – a job, a diploma, a home, a secure family – still exists, now suddenly it has been preceded by the struggle to find oneself as a human being” (Glasser, 1975, p. 2).

**JCO:** So you do not focus on a client’s academic success or career advancement?

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*“People are driven to abnormal behaviour by loneliness and by feelings of worthlessness”*

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*(Glasser in Berges, 1976, p. 10)*

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**WG:** No, not at all” (Glasser in Gough, 1987, p. 662). “The most difficult problems are human relationship problems” (Glasser, 1997a, p. 598). “What I believe is the source of almost all clients’ problems: the lack of satisfying present relationships” (Glasser, 2000a, p. xvii). “We are social creatures, we need each other” (Glasser in Onedera & Greenwalt, 2007, p. 80).

**JCO:** So the search for love and belongingness creates the central human need?

**WG:** “All long-lasting psychological problems are relationship problems” (Glasser, 1998, p. 333). “All unhappy people have the same problem: They are unable to get along well with the people they want to get along well with” (Glasser, 1998, p. 5). “All our lives, we search for ways to satisfy our needs for love, belonging, caring, sharing, and cooperation” (Glasser in Gough, 1987, p. 657). “When we fail to connect with other people ... we suffer because the need to do so is as much built into our genes as the need to survive” (Glasser, 2000a, p. 1). “Satisfying the need for love and belonging is the key to satisfying the other four needs” (Glasser, 2000a, pp. 22-23).

**JCO:** Why are relationship problems so important?

**WG:** “We are by our nature social creatures and to be healthy or

happy, we need to get along well with the people in our lives” (Glasser, 2003, p. xxi). “Our inability to get along with the important people in our lives is the only psychological problem that we all have to deal with. It causes divorce, school failure, bad parent-child relationships and bad situations at work (Glasser, 2016, p. 55). “People who kill themselves are having great difficulty satisfying one or more of their psychological needs for love, power, or freedom. But most of the evidence points to their inability to find sufficient love” (Glasser, 1993b, p. 18).

**JCO:** In your view, psychological problems are caused by bad choices?

**WG:** “That’s an important question” (Glasser, 2000a, p. 54). “We choose essentially everything we do, including the behaviours that are commonly called mental illnesses” (Glasser, 2000a, p. xv). “If we focus on the symptom, we enable the client to avoid the real problem, which is improving present relationships” (Glasser, 2000a, p. 23).

**JCO:** Do you believe that depression is due to relationship problems?

**WG:** “Right” (Glasser in Onedera & Greenwalt, 2007, p. 80). “To me, everything boils down to relationships” (Glasser, Haight, & Shaughnessy, 2003, p. 410). “I believe people are unhappy because they are not getting along as well as they would like with the important people in their lives” (Glasser, 2016, p. 31). “People are driven to abnormal behaviour by loneliness and by feelings of worthlessness” (Glasser in Berges, 1976, p. 10).

**JCO:** So how do clients “fix” this situation?

**WG:** “To gain control over our lives, we need to get along well with those close to us” (Glasser, 2013, p. 131). “I focus on four major relationships ... husband-wife, parent-child, teacher-student, and manager-worker” (Glasser, 1998, p. ix). “I don’t believe that there are hundreds of human problems, but only one and that is learning to get along better with the important people in our lives and removing all of the external control that we can from our lives” (Glasser, 2016, p. 181).

**JCO:** What do you mean by external control?

**WG:** “Let me explain” Glasser, 2000a, p. 179). “You don’t try to change people around you” (Glasser in Onedera & Greenwalt, 2007, p. 80). “The world is dominated by what I call the seven deadly habits of external control - criticizing, blaming, complaining, nagging, threatening, punishing, and bribing” (Glasser, 2000b, p. 79). “If we use external control psychology which is ‘I know what is right for you and I’m going to change you’, it will harm your relationships” (Glasser in Nelson, 2002, p. 98). “Get rid of the seven deadly habits that, given enough time, will put an end to any relationship” (Glasser, 2000a, p. 54). “In my opinion, criticizing is by far the single most destructive behaviour we use as an attempt to take charge of our lives” (Glasser, 2013, p. 136). “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 behaviours that harm the relationship” (Glasser in Onedera & Greenwalt, 2007, p. 84).

**JCO:** So what should we do about these bad habits?

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*“The psychiatric establishment has replaced science with common sense. If you have symptoms, something must be wrong with your brain”*

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*(Glasser, 2003, p. 17).*

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**WG:** “Getting rid of the deadly habits in all your relationships is central to leading a happier life” (Glasser, 2013, p. 11). “I never use the deadly habits with anyone. I never criticize, never blame” (Glasser in Robey & Wubbolding, 2012, p. 29). “To replace the deadly habits, there are seven caring habits (Glasser & Glasser, 2007, p. 34) ... “supporting, encouraging, listening, accepting, trusting, respecting, and negotiating differences” (Glasser in Onedera & Greenwalt, 2007, p. 85).

**JCO:** Wow! These are great ideas, but I don’t know how to implement them in daily action.

**WG:** “The only behaviour we can control is our own” (Glasser, 1996a, p. 20). “In my relationship to other people, I can only control my own behaviour. Any attempt to control their behaviour will harm the relationship” (Glasser in Onedera & Greenwalt, 2007, p. 80). “We can only control our own behaviour, so you should talk solely about what you are willing to do, not what you want others to do” (Glasser, 1998, p. 98). “If you are tolerant of yourself and others, you will have a much better chance for happiness” (Glasser, 2000a, p. 81).

**JCO:** So how do I help my clients make this change in perspective?

**WG:** “People all attempt to satisfy their needs in a variety of ways.

Some of these ways are very irresponsible, debilitating, and crazy” (Glasser, 2016, p. 44).

**JCO:** This is all very helpful. If it would be okay, let me shift topics a bit. As a psychiatrist, do you see mental illness as a biological malfunction?

**WG:** “No, not at all” (Glasser in Gough, 1987, p. 662). “The basic human problem has nothing to do with the structure or physiology of our brain” (Glasser, 2003, p. xxi).

**JCO:** Has your opinion of medications changed over the years?

**WG:** “No, it hasn’t” (Glasser, 1996b, p. 176). “The psychiatric establishment has replaced science with common sense. If you have symptoms, something must be wrong with your brain” (Glasser, 2003, p. 17). “I think there’s nothing wrong with your brain” (Glasser, Haight, & Shaughnessy, 2003, p. 408). “The basic human problem has nothing to do with the structure or physiology of our brain. We are by our nature social creatures and to be mentally healthy or happy, we need to get along well with the people in our lives” (Glasser, 2003, p. xxi).

**JCO:** So mental illness is not caused by biochemical deficiencies?

**WG:** “Those who believe in mental illness assume incorrectly that something definite is wrong with the patient which causes him to be the way he is” (Glasser, 1976b, p. 95). “Most of the people we call mentally ill are choosing behaviours that they believe are most satisfying for them at the time, even though to us they are self-destructive”

(Glasser in Brandt, 1988, p. 42-43). "If we examined all ... depressed people carefully, we would find that out of the millions who suffer, there are a few whose ... depression is caused by some chemical abnormality" (Glasser, 2013, p. 113). "I have given up thinking of human unhappiness as some sort of mental illness caused by something mysterious going on in the brain" (Glasser, 2002, p. 2).

**JCO:** But so many people view mental illness as a form of illness?

**WG:** "That is a fatal flaw" (Glasser, 1993a, p. 37). "The mental health system is not a mental health system. It's a mental illness system!" (Glasser, Haight, & Shaughnessy, 2003, p. 408). "If there is a medical illness which applies to psychiatric problems, it is not illness but weakness. While illness can be cured by removing the causative agent, weakness can be cured only by strengthening the existing body to cope with the stress of the world" (Glasser, 1976b, p. 96). "The less than mentally healthy, unhappy, symptomatic people are mentally out of shape ... they do not know what to do to become happier and get rid of their symptoms" (Glasser, 2004, p. 340). "Weakness is the cause of almost all the unfortunate choices we make" (Glasser, 1976a, p. 1). "It's the doing, the moving toward applying yourself physically and mentally to what you want that builds your strength" (Glasser, 1976c, p. 70). "Strength comes from making a commitment to work for what you want" (Glasser, 1976c, p. 70).

**JCO:** So you don't rely on medications for treating your patients?

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*“Huge quantities of antidepressant ... drugs are prescribed in the vain hope that they will cure a non-existent disease. Again, used in small doses as temporary relief until patients can be counselled to regain control over their lives, these drugs have benefit, but used to cure, they promise a hope that they cannot fulfill”*

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*(Glasser, 2013, p. 114).*

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**WG:** "That's right" (Glasser in Brandt, 1988, p. 44). "I do not prescribe psychiatric drugs" (Glasser, 2000b, p. 78). "I have never used medications" (Glasser, 2016, p. 44). "The danger of psychiatric drugs is now coming out of the closet" (Glasser, 2004, p. 341). "I have been able to treat people with good success without medications and therefore never felt any need to turn to the use of these medications" (Glasser, 2016, p. 45).

**JCO:** But so many people want medications for psychological problems. These ideas seem like a drastic shift coming from a psychiatrist.

**WG:** "I don't think any of my ideas are drastic" (Glasser in Nelson, 2002, p. 97). "We absolutely cannot depend on long-term use of drugs to do anything except get in the way" (Glasser, 2013, p. 115). "Huge quantities of antidepressant ... drugs are prescribed in the vain hope that they will cure a non-existent disease. Again, used in small doses as temporary relief until patients can be counselled

to regain control over their lives, these drugs have benefit, but used to cure, they promise a hope that they cannot fulfill" (Glasser, 2013, p. 114). "The medications are harmful ... they don't really deal with the problem" (Glasser, Haight, & Shaughnessy, 2003, p. 408).

**JCO:** If medications are inappropriate, then psychotherapy is key?

**WG:** "I am a firm believer in the effectiveness of good psychotherapy, and I do not support the current wide use of psychiatric drugs. People with serious problems cannot be made whole by chemicals" (Glasser, 1980, p. 59). "Psychotropic medication tends to remove responsibility for behaviour" (Glasser & Zunin, 1979, p. 333). "If we believe that what we do is caused by forces outside of us, we are acting like dead machines" (Glasser, 2013, p. 5).

**JCO:** So you believe that both recreational drugs and prescription drugs are dangerous?

**WG:** "Why not? It's the truth" (Glasser, 2003, p. 52). "In most instances drug use, legal or illegal, stands squarely in the way of effective therapy" (Glasser, 1980, p. 59). "Drugs are harmful for people with failure identities because they make the loneliness, the failure, and the self-involvement tolerable. In doing so, the drugs negate the purpose of the pain: to warn us that our companion, self-involvement, is working poorly at best. They allow us to sit on the hot stove and not feel the pain even though we know we are being burned" (Glasser, 1975, p. 50). "When the pain is anesthetized, the best motivation to become responsibly involved is removed" (Glasser, 1975, p. 51).

**JCO:** So pain provides the leverage, or motivation, for change?

**WG:** “Right” (Glasser in Brandt, 1988, p. 42). “When we suffer any pain, mental or physical,...we must try to do something to reduce the pain” (Glasser, 2000a, p. 1).

**JCO:** And then the therapist can use the pain to motivate the person to change?

**WG:** “That’s a good question” (Glasser, 2000a, p. 175). “Therapy is not primarily directed toward making him happy” (Glasser, 1973, p. 579). “Our job is not to lessen the pain of irresponsible actions but

to increase the patient’s strength so that he can bear the necessary pain of a full life as well as enjoy the rewards of a deeply responsible existence” (Glasser, 1976b, p. 101).

**JCO:** Should we take a short break?

**WG:** “I guess you are hungry” (Glasser, 1985, p. 243).

**JCO:** Sure. Let’s stop for lunch. Maybe we can talk again next week?

**WG:** “I’m sure we can” (Glasser in Chance & Bibens, 1990, p. 2). “I think we’ve had a real good get-

together” (Glasser, 2000a, p. 208). “I’ll see you next week” (Glasser, 2000a, p. 181). ☺

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## REFERENCES

- Berges, A. (1976). About Reality Therapy. In A. Bassin, T. Bratter, & R. Rachin (Eds), *The Reality Therapy reader: A survey of the work of William Glasser, M.D.* (pp. 6-13). New York: Harper & Row.
- Brandt, R. (1988). On students’ needs and team learning: A conversation with William Glasser. *Educational Leadership*, 45 (6), 38-45.
- Chance, E., & Bibens, R. (1990). Developing quality middle schools - An interview with Dr. William Glasser. *Middle School Journal*, 21 (4), 1-4.
- Glasser, W. (1960). *Mental health or mental illness? Psychiatry for practical action*. New York: Harper & Row.
- Glasser, W. (1965). *Reality Therapy: A new approach to psychiatry*. New York: Harper & Row.
- Glasser, W. (1973). Reality Therapy. In R. Jurjevich (Ed) *Direct psychotherapy* (pp. 562-610). Coral Gables; University of Miami Press.
- Glasser, W. (1975). *The identity society* (revised). New York: Harper & Row.
- Glasser, W. (1976a). *Positive Addiction*. New York: Harper & Row.
- Glasser, W. (1976b). *Notes on Reality Therapy*. In A. Bassin, T. Bratter, & R. Rachin (Eds), *The Reality Therapy reader: A survey of the work of William Glasser, M.D.* (pp. 92-109). New York: Harper & Row.
- Glasser, W. (1976c). How to face failure and find success. In A. Bassin, T. Bratter, & R. Rachin (Eds), *The Reality Therapy reader: A survey of the work of William Glasser, M.D.* (pp. 68-71). New York: Harper & Row.
- Glasser, W. (1980). Reality therapy: An explanation of the steps of reality therapy. In Glasser, N. (Ed), *What are you doing?: How people are helped through Reality Therapy* (pp. 48-60). New York: Harper & Row.
- Glasser, W. (1985). Discipline has never been the problem and isn’t the problem now. *Theory into Practice*, 24 (4), 241-246.
- Glasser, W. (1993a). Quality, trust, and redefining education. *Educational Forum*, 57 (1), 37-40.
- Glasser, W. (1993b). *Staying together: The control theory guide to a lasting marriage*. New York: Harper Collins.
- Glasser, W. (1996a). Then and now: The theory of choice. *Learning*, 25 (3), 20-22.
- Glasser, W. (1996b). A reality therapist’s perspective on Ruth. In G. Corey (Ed.) *Case approach to counseling and psychotherapy* (4th ed, pp. 172-178). Pacific Grove, CA: Brooks Cole.
- Glasser, W. (1997a). A new look at school failure and school success. *Phi Delta Kappan*, 78 (8), 596-606.
- Glasser, W. (1997b). ‘Choice theory’ and student success. *Education Digest*, 63 (3), 16-21.
- Glasser, W. (1998). *Choice Theory: A new psychology of personal freedom*. New York: Harper Collins.
- Glasser, W. (2000a). *Reality Therapy in Action*. New York: Harper Collins.
- Glasser, W. (2000b). School violence from the perspective of William Glasser. *Professional School Counseling*, 4 (2), 77-80.
- Glasser, W. (2002). *Unhappy teenagers: A way for parents and teachers to reach them*. New York: Harper Collins.
- Glasser, W. (2003). *Warning: Psychiatry can be hazardous to your mental health*. New York: Harper & Collins.
- Glasser, W. (2004). A new vision for counseling. *Family Journal*, 12 (4), 339-341.
- Glasser, W. (2013). *Take charge of your life*. Bloomington, IN: iUniverse.
- Glasser, W. (2016). *Thoughtful answers to timeless questions: Decades of wisdom in letters*. Los Angeles: William Glasser Inc.
- Glasser, W., & Glasser, C. (2007). *Eight lessons for a happier marriage*. New York: Harper.
- Glasser, W., Haight, M., & Shaughnessy, M. (2003). An interview with William Glasser. *North American Journal of Psychology*, 5 (3), 407-416.
- Glasser, W., & Zunin, L. (1979). *Reality Therapy*. In R. Corsini (Ed). *Current Psychotherapies*, 2nd edition (pp. 302-339). Itasca, IL: Peacock Publishers.
- Gough, P. B. (1987). The key to improving schools: An interview with William Glasser. *Phi Delta Kappan*, 68 (9), 656-662.
- Nelson, T. (2002). An interview with William Glasser, M.D.. *Teacher Education Quarterly*, 29 (3), 93-98.
- Onedera, J., & Greenwalt, B. (2007). Choice Theory: An interview with Dr. William Glasser. *The Family Journal*, 15 (1), 79-86.
- Robey, P., & Wubbolding, R. (2002). An interview with William Glasser and Carleen Glasser. In R. Robey, R. Wubbolding, & J. Carlson (Eds) *Contemporary Issues in Couples Counseling* (pp. 21-30). New York: Routledge.