

## Academic Article

# A simulated interview with William Glasser: Part 3 – Useful Goals for Psychotherapy

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## Introduction

Reality Therapy provides useful guidance for helping clients to shift their thoughts and actions. The therapist avoids discussing past events from the client's personal history or developmental problems because these historical events cannot be changed. Instead, the focus remains on helping clients to develop concrete plans for improving their future. Therapy helps clients to develop a clear vision for their quality world - a life where their basic desires are being satisfied (Wubbolding, 2015).

At times, therapy aims to cultivate positive habits that can be incorporated into daily routines. Clients can begin to spend their time involved with a positively addicting activity that provides a sense of confidence and satisfaction. The principles underlying Reality Therapy can be used to guide psychotherapy sessions and can be adapted into school-based prevention programmes. The present article concludes the simulated discussion of Reality Therapy as developed by William Glasser (WG) and interviewed by James C. Overholser (JCO).

**JCO:** Thank you for meeting with me again. I have just a few more questions.

**WG:** "Sit down and make yourself comfortable" (Glasser, 1976d, p. 654). "What was on your mind when you came in here?" (Glasser, 1976d, p. 655).

**JCO:** As a therapist, how do we know what are the best goals for therapy?

**WG:** "Our job is to help the patient help himself fulfil his needs right now" (Glasser, 1965, p. 56). "Always, the emphasis is on the present - 'what are you doing now and what do you plan to do in the future?'" (Glasser, 1980a, p. 49).

**JCO:** I am still confused about establishing treatment goals and priorities.

**WG:** "I'd be happy to explain it to you" (Glasser in Onedera & Greenwalt, 2007). "Until we have a good idea of what it is we want, we are not able to understand how badly the behaviours we are choosing are working for us" (Glasser, 1989, p. 6). "The quality world... is made up of pictures of the people we most enjoy, the images of the things we get great pleasure from, and the systems of beliefs that govern our lives" (Glasser & Glasser, 2007, p. 44). "Your picture album... is the world you would like to live in, where somehow or other all of your desires, even conflicting ones, are satisfied... It is the picture in *your* head, nobody else's, that causes you to do what you do" (Glasser, 1984, p. 30). "My quality world is the core of *my* life; it is not the core of anyone else's life" (Glasser, 1998, p. 53).

**JCO:** How do these pictures guide behaviour?

**WG:** “Our behaviour, then, is actually generated by the difference between what we want, the pictures in our heads, and what we have... When there is a difference, we must behave to try to reduce this difference (Glasser, 1989, p. 7).

**JCO:** In your style of therapy, do you focus more on emotions, attitudes, or behaviours?

**WG:** “Our behavior is always made up of four individual components: acting, thinking, feeling, and the concurrent physiology, all of which always blend together to make a whole or total behaviour” (Glasser, 1989, p. 8).

**JCO:** How does a client’s choice enter in?

**WG:** “We choose all our actions and thoughts and, indirectly, almost all our feelings and much of our physiology” (Glasser, 1998, p. 4). “If you picture your total behaviour as a four-wheel drive car, each component would be one wheel of the car” (Glasser, 1989, p. 9). “The motor is the basic needs. The steering wheel controls the front wheels, which are acting and thinking. The rear wheels, which also move the car, are feeling and physiology, but they have to follow the front wheels” (Glasser & Glasser, 2007, p. 57). “Of these four components, two are under my direct control (my thinking and my acting), two are not under my direct control (my feelings and my physiology). I can indirectly control how I feel and, to a lesser extent, my physiology by how I choose to think and act” (Glasser, 2002, p. 120).

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*“Regardless of how we feel, we always have some control over what we do”*

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*(Glasser, 1984, p. 45)*

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**JCO:** So clients ‘steer the car’ to direct their own lives?

**WG:** “You choose essentially everything you do” (Glasser, 2000, p. 178). “As in a car, you have total and voluntary control over where you steer the front wheels of your car” (Glasser, 1989, p. 10). “We have almost total control over the doing component, some over the thinking component, and even less over the physiological component of our total behaviour” (Glasser, 1984, p. 51). “If you want to feel better and have a healthier physiology, you can steer the front wheels, thinking and feeling... Since the rear wheels have to follow the front wheels, you will feel better and your physiology will be healthier” (Glasser & Glasser, 2007, p. 58). “Our behaviours are a combination of what we do, what we think, and what we feel, but to the people who are upset, it may seem that how they feel is most important” (Glasser, 1980a, p. 49-50).

**JCO:** So you help clients learn to control their feelings?

**WG:** “I don’t claim that people can control their feelings. I claim they can control their total behaviour of which acting and thinking are most important. Feelings and physiology are not the parts they can control” (Glasser, 2016, p. 37). “Every thought that comes into your head and every physical action ... is a choice (Glasser & Glasser, 2007, p. 24). “No matter what the client is complaining of, if he wants to

make the effort, he can choose to steer his life in a better direction than he is steering it now” (Glasser, 1989, p. 10).

**JCO:** I often tell people - if you change your attitude, you can change your life. Do you agree with that view?

**WG:** “It might. But mostly it won’t” (Glasser, 2000, p. 191). “It is almost impossible for a person to change his feelings without first changing his behaviour” (Glasser, 1975, p. 80-81). “Changing behaviour leads quickly to a change in attitude” (Glasser, 1965, p. 34). “Individuals can more easily control their behaviour than their thinking and feeling” (Glasser & Zunin, 1979, p. 318).

**JCO:** Why does your approach emphasize behaviour change?

**WG:** “Regardless of how we feel, we always have some control over what we do” (Glasser, 1984, p. 45). “To change a total behaviour, the way we can do it is to choose to change its doing and thinking components... Unless I choose to change what I do, think, or both... I will not change what I feel, because the total behaviour of depressing makes good sense to me right now” (Glasser, 1984, p. 49). “As important as the feeling component is, we are fortunate that it is only one of the four components that make up the total behaviour, depressing” (Glasser, 1984, pp. 49-50).

**JCO:** So patients can treat their depression by changing what they do during their typical day?

**WG:** “Yes, I think that they would” (Glasser in Gough, 1987, p. 661). “We have a lot of control over our suffering” (Glasser, 1998, p. 4).

“The doing component of our behaviour has come almost completely under our voluntary control” (Glasser, 1984, p. 51). “We have nowhere near the quick or arbitrary control over our feelings and/or our physiology as we have over our actions and thoughts” (Glasser, 1989, p. 10).

**JCO:** Why is behaviour change more important than cognitive change?

**WG:** “To a great extent, we are what we do, and if we want to change what we are, we must begin by changing what we do” (Glasser & Zunin, 1979, p. 315). “Because we always have control over the doing component of our behaviour, if we markedly change that component, we cannot avoid changing the thinking, feeling, and physiological components as well” (Glasser, 1984, p. 51).

**JCO:** How can we help clients to take control of their lives?

**WG:** “To gain control over our lives, we need to get along well with those close to us” (Glasser, 2013, p. 131). “If you 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). “To me, everything boils down to relationships” (Glasser, Haight, & Shaughnessey, 2003, p. 410).

**JCO:** Sometimes I think I need to push my clients harder to make changes every day.

**WG:** “I think there’s where you’re making the mistake” (Glasser, 2000, p. 188). “Therapists should not try to force or pressure any client ... to change” (Glasser, 2000, p. 166). “You can only control your own behaviour”

*“A positive addiction increases your mental strength and is the opposite of a negative addiction, which seems to sap the strength from every part of your life except in the area of the addiction”*

*(Glasser, 1976a, p. 39)*

(Glasser, 2000, p. 54). “As much as we try to control other people, the only person we can control is ourselves” (Glasser in Brandt, 1988, p. 44). “The only behaviour we can control is our own. This means that the only way that we can control events around us is through what we can do” (Glasser, 1989, p. 2).

**JCO:** How can clients begin to change their lifestyles?

**WG:** “I began to hear stories from many people claiming that they were positively addicted to a variety of activities such as swimming, hiking, bike riding, yoga, Zen, knitting, crocheting, hunting, fishing, skiing, rowing, playing a musical instrument, singing, dancing, and many more” (Glasser, 1977, p. 174). “If you get involved in it on a regular basis, if you are non-self-critical in the process and if your mind begins to spin out or transcend, you will eventually become addicted to the activity” (Glasser, 1977, p. 175).

**JCO:** This is quite a shift from our usual view of addictions.

**WG:** “A negative addiction is something that harms you, like drug addiction, gambling, etc. Positive addiction builds you up. It increases your creativity and

helps you to gain more confidence in yourself” (Glasser, 2016, p. 122). “All of the addictions... provide pleasure, but they don’t provide happiness” (Glasser, Haight, & Shaughnessey, 2003, pp. 412-413). “All the reasons in the world for why he drinks will not lead an alcoholic to stop. Change will occur only when he fulfils his needs more satisfactorily” (Glasser, 1965, p. 40).

**JCO:** How can I use positive addiction to help my clients?

**WG:** “Since all positive addictions are simple activities that can be easily accomplished, there is no possibility of failure in what you attempt to do. What is hard is to do them long enough to become addictive” (Glasser, 1976a, p. 141). “Getting involved in a positively addicting activity is analogous to getting an opportunity to play a slot machine without putting in money: We may win and we cannot lose” (Glasser, 2013, p. 212).

**JCO:** Can I just call them hobbies?

**WG:** “I wish it was that simple” (Glasser, 2000, p. 207). “I call them positive addictions because they strengthen us and make our lives more satisfying” (Glasser, 1976a, p. 2). “It is leaving one’s mind alone to do its own thing” (Glasser, 1977, pp. 174). “A positive addiction increases your mental strength and is the opposite of a negative addiction, which seems to sap the strength from every part of your life except in the area of the addiction” (Glasser, 1976a, p. 39).

**JCO:** How do you choose an activity that might be good to develop into a positive addiction?



**WG:** “It is something non-competitive that you choose to do and you can devote an hour (approximately) a day to it... It doesn’t take a great deal of mental effort to do it well.... You can do it alone... it has some value (physical, mental, or spiritual) for you... If you persist at it you will improve... you can do it without criticizing yourself” (Glasser, 1976a, p. 93). “For example, a physical exercise or meditating or yoga of a kind of mental exercise where the mind is literally being trained not to do anything” (Glasser, 1977, p. 55).

**JCO:** Why did you shift your focus from psychotherapy to school-based programmes?

**WG:** “Choice theory is much more effective when it is used to prevent problems than to solve them” (Glasser, 1998, p. 207). “We teach patients better ways to fulfil their needs” (Glasser, 1976b, p. 94). “Have you got any other questions?” (Glasser, 1976d, p. 660).

**JCO:** How often do you explore why a client developed their problems in the first place?

**WG:** “I don’t really think the past is very important. What happened is done and people have to satisfy their needs now. To give you a simple example: if you missed a meal last week, you can talk about it forever, but there is no way you can eat it” (Glasser in Nystul & Shaughnessy, 1995, p. 441-442). “The past is fixed and cannot be changed. All that can be changed is the immediate present and the future” (Glasser & Zunin, 1979, p. 319). “No matter how much the past may have contributed to his problems, the past will never solve them” (Glasser, 1976c. p. 349).

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*“We are not trying to do the impossible, which is to change their history. We also try to teach our clients that the only person’s life they can control is their own, so we do not spend much time focusing on what others are doing”*

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*(Glasser, 1989, p. 13)*

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“The more you stay in the past, the more you avoid facing the present” (Glasser, 1998, p. 130).

**JCO:** But many clients ask why their problems developed; why they have low self-esteem or compulsive urges.

**WG:** “In Reality Therapy we rarely ask, ‘why?’” (Glasser, 1975, p. 93). “Our usual question is ‘what?’ What are you doing - not why are you doing it?” (Glasser, 1973, p. 580-581). “Focusing on the past is counter-productive” (Glasser in Nystul & Shaughnessy, 1995, p. 447). “Rather than reconstruct the past - because nothing can be done to modify it - the present and the future are emphasised” (Glasser, 1990, p. 584). “The therapist adheres to the present and points to a hopeful future” (Glasser, 1965, p. 100).

**JCO:** Are you saying the past does not matter?

**WG:** “That’s right, I am” (Glasser, 2000, p. 52). “We cannot change the past, only the present” (Glasser, 1965, p. 39). “Since we can only correct for today and plan for a better tomorrow, we talk little about the past - we can’t undo anything that has already occurred” (Glasser, 1980a, p. 49). “Since the problem is always in

the present, there is no need to make a long intensive investigation into the client’s past” (Glasser, 1998, p. 116).

**JCO:** But you can learn a lot from a client’s life story. Are you saying we should ignore the person’s past?

**WG:** “Obviously, I don’t cut history off with a knife... If asking historical questions really pertains to the person’s present behavior, then of course, ask the question and tie it in” (Glasser in Evans, 1982, p. 461). “Good counseling does not poke excessively into the past, and when the past is discussed, it is always related to the present” (Glasser, 2013, p. 155). “If I do go into the past, I look for a time when she was in effective control of her life. We can learn from past successes, not from past misery” (Glasser, 1998, p. 130). “We need not be victims of our past or our present unless we choose to be so” (Glasser, 1989, p. 3). “Clients use the past to avoid facing what is really happening in their lives now” (Glasser, 1998, p. 231). “We are not trying to do the impossible, which is to change their history. We also try to teach our clients that the only person’s life they can control is their own, so we do not spend much time focusing on what others are doing” (Glasser, 1989, p. 13).

**JCO:** But so many of my clients were raised in harsh or abusive families. It seems important to help them work it out in session.

**WG:** “I don’t agree” (Glasser, 2003, p. 99). “The past is never the problem” (Glasser, 1998, p. 63). “While we are all products of our past, unless we choose to be so, we need not be victims of this past” (Glasser, 2016, p. 21). “Focusing on the past is

counterproductive. It gives people an excuse to stay where they are and is very harmful" (Glasser, 2016, p. 48). "No matter what happened in the past, it is over. ... the only way you can deal with a traumatic past is to move into a satisfying present" (Glasser, 2016, p. 21). "Past events are not to be used as an excuse for behaving in an irresponsible manner. No matter what 'happened' to him in the past, he must take full responsibility for what he does now" (Glasser & Zunin, 1979, p. 302). "We spend too much time acting as victims and blaming others" (Glasser in Nystul & Shaughnessy, 1995, p. 444). "Now we're ready to go on to the last question" (Glasser, 2000, p. 45).

**JCO:** I am curious - what are your thoughts about graduate training in psychotherapy?

**WG:** "Much of the present academic curriculum is not worth the effort it takes to learn it" (Glasser, 1992, p. 691). "Even students in colleges and graduate schools, are asked to learn well enough to remember for important tests innumerable facts that both they and their teachers know are of no use except to pass tests" (Glasser, 1992, p. 691). "You can't get quality out of assigning people useless or busy work. I'd say about 90 percent of the questions asked of students are answered by the student having memorized some useful bit of information" (Glasser in Harmon, 1993, p. 45).

**JCO:** I have heard faculty being encouraged to view their students as customers of the university, and it is important to keep our customers happy.

**WG:** "I don't think the student

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*"I feel that Reality Therapy helps me encourage my clients to take control of their lives, beginning today, by making visible changes in how they steer their thoughts and actions toward their major life goals"*

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should be looked at as a customer. The customer of the school is the community and the parents" (Glasser in Harmon, 1993, p. 45).

**JCO:** Well, what kind of training is best for helping a young professional become a good psychotherapist?

**WG:** "It's a program with some theory but mainly practice and then comparing what you have found in practice with the theories that you have studied" (Glasser, 2016, p. 45). "It would be one where they have a mentor, someone whom they can really work with and talk with about their problems in learning to become a good psychotherapist" (Glasser in Nystul & Shaughnessy, 1995, p. 444).

**JCO:** So we should reduce the reliance on lectures and expand the value of supervised experience?

**WG:** "Yes, that's a fair statement" (Glasser in Evans, 1982, p. 461). "Lawyers have the same problem. They spend much time in the classroom and not enough time practicing law" (Glasser in Drummond, 1977, p. 52). "I evolved my ideas as I practiced and evaluated what I did with my clients; what seemed to work and what seemed not to work" (Glasser, 2016, p. 47). "Teachers who teach therapy and counselling can... point out to students that here is a

theory that is backed up in practice (Glasser, 1980b, p. xiv).

**JCO:** So a young psychotherapist learns best by doing the actual work of therapy, not sitting in a classroom?

**WG:** "I don't think anyone is really trained until they actually are doing the job they are supposed to do... internship usually is only a start... Medical schools do not train a doctor extensively in the classroom. A doctor has to be under direct supervision while he/she cares for patients (Glasser in Drummond, 1977, p. 52).

**JCO:** If you learn it by doing it, how can we prepare students for working with their first clients?

**WG:** "If you intend to practice Reality Therapy, the technique cannot be learned from books. It must be learned from someone who is experienced and trained" (Glasser, 1976e, p. xi). "All psychiatric theory is meaningless unless there is a therapist who knows how to use it" (Glasser, 1964, p. 139). "Although the practice of Reality Therapy is readily understandable, it is not easy to do. It takes skill and experience to apply these ideas successfully" (Glasser, 1975, p. 71). "It seems simple, but try it, it's much more difficult than it looks" (Glasser, 1976f, p. 653). "Students can role-play the clients and... in so doing discover how difficult the simple and clear-cut steps are to apply in practice" (Glasser, 1980b, p. xiv).

**JCO:** I have a few more questions, would that be okay?

**WG:** "Wait a second. Let's stop here" (Glasser, 1976g, p. 467).

**JCO:** Sure. Thank you for your time

and your contributions to the field of psychotherapy. I have learned quite a lot from your ideas.

**WG:** “Tell me, what have you learned” (Glasser, 2000, p. 192).

**JCO:** Well, I feel that Reality Therapy helps me encourage my clients to take control of their lives, beginning today, by making visible changes in how they steer their thoughts and actions toward their major life goals. This is very helpful.

**WG:** “Thank you” (Glasser, 2000, p. 45). “I hope you will try out these ideas” (Glasser, 1971, p. 22). “The best way is to begin applying it in your own life” (Glasser in Brandt, 1988, p. 43).

**JCO:** Yes, of course. Thank you.

**WG:** “You’re welcome” (Glasser, 1976d, p. 661). “I think we’ve had a real good get-together” (Glasser, 2000, p. 208). “I always enjoy working with you” (Glasser, 2016, p. 125). ☺

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