Academic Article

A simulated interview with William Glasser: Part 2 – The Process of Psychotherapy

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Introduction

Reality Therapy provides a framework that can encourage choice, responsibility, and plans for change. The therapist relies on a supportive bond to push the client for immediate and visible change in daily actions and to move clients closer toward their life goals. The therapist makes a strong and persistent focus on helping clients to make wise choices, whilst avoiding any discussion of past events or excuses.

Despite a fairly directive style, reality therapy remains compatible with the Socratic method and guided discovery. Throughout sessions, the therapist encourages clients to identify their own major life goals and begin making daily changes in behavior that helps them to move toward accomplishing those goals. The therapist brings an action-focused view, both to the goals of each session as well as the language used to describe various symptoms. By changing passive nouns into active verbs, clients may be forced to accept personal responsibility for their own symptomatic behavior. These issues are discussed in a simulated interview with Dr. William Glasser (WG) led by James C. Overholser (JCO).

JCO: Thank you for meeting with me. I wish to ask you a few more questions.

WG: “Oh, certainly” (Glasser in Gough, 1987, p. 662). “Sit down and make yourself comfortable” (Glasser, 1976i, p. 654).

JCO: I respect the central importance of the therapeutic relationship. Do you agree that therapists provide an essential supportive relationship?

WG: “Yes, but you do a lot more as well. You try to prevent problems from happening in the first place” (Glasser, 2000, p. 53). “It is incumbent on counselors to form good relationships with all clients” (Glasser, 1998, p. 132). “We must be warm, personal, and friendly” (Glasser, 1976h, p. 53). “Warmth, understanding, and concern are the cornerstones of effective treatment” (Glasser & Zunin, 1979, p. 316).

JCO: I thought the key to Reality Therapy was a strong push for realistic changes. So how important is the therapeutic relationship?

WG: “The relationship between the therapist and the client is very important and the type of counseling only plays 15%” (Glasser, 2016, p. 38). “It is important that I be warm and uncritical” (Glasser, 1996, p. 174). “An important distinguishing trait of a good psychotherapist is his ability to accept patients uncritically and understand their behavior” (Glasser, 1965, p. 28). “Patients with emotional problems need someone who will be warm and personal with them” (Glasser, 1976e, p. 349). “The therapist must be able to become emotionally involved with each patient” (Glasser, 1965, p. 28). “We must become as involved as possible with his strong points, his interests, his hopes” (Glasser, 1964, p.140).

JCO: In your view, *how* does the therapeutic relationship help?

WG: "Involvement is the foundation of therapy" (Glasser, 1976h, p. 53). "Involvement with at least one successful person is a requirement for growing up successfully, maintaining success, or changing from failure to success" (Glasser, 1975, p. 71). "Each of us wants to be able to say, 'Someone listens to me; someone thinks that what I have to say is important' (Glasser in Gough, 1987, p. 658). "People who aren't able to say, 'I'm at least a little bit important' in some situation will not work hard to preserve or improve that situation" (Glasser in Brandt, 1988, p. 40). "The therapist's problem is to provide enough involvement to help the patient develop confidence to make new, deep, lasting involvement of his own" (Glasser, 1976h, pp. 53-54).

JCO: What advice would you give to a novice psychotherapist?

WG: "Try very hard not to insert our beliefs into the process of counseling" (Glasser, 2016, p. 6). "Help the patient to evaluate his own behavior … Avoid making this evaluation for him … If you usurp his decision, the patient loses responsibility for his behavior" (Glasser, 1976e, p. 350). "The therapist continually asks clients to evaluate the effectiveness of what they are choosing to do" (Glasser, 2000, p. 227). "The crux of the theory is personal responsibility for one's own behavior" (Glasser & Zunin, 1979, p. 302).

JCO: Is your therapy style compatible with the Socratic method of psychotherapy?

WG: "Yes that's a fair statement" (Glasser in Evans, 1982, p. 461). "It is a kind of Socratic questioning"

"I don't promise to produce happiness or alleviate misery"

(Glasser, 1964, p. 138)

(Glasser, 1976b, p. 47). "The therapist does not judge the behavior; he leads the patient to evaluate his own behavior" (Glasser, 1975, p. 85). "Unless they judge their own behavior, they will not change" (Glasser, 1976d, p. 99). "I ask questions designed to get them to evaluate their behavior against reality" (Glasser, 1976b, p. 42).

JCO: Can you give me a few examples of questions you might ask your clients?

WG: "Of course" (Glasser in Gough, 1987, p. 662). "The basic Reality Therapy question, 'is what you are doing (or choosing to do) getting you what you want?'" (Glasser, 1989a, pp. 14-15). "Is what you are doing helping you?" … "Is it the kind of thing that's going to make life better for you in the future" … "Are you doing what will help you to fulfill your needs" (Glasser, 1980, p. 51) … "Does your present behavior have a reasonable chance of getting you what you want now and will it take you in the direction you want to go?" (Glasser, 1989b, p. 5) … "What could you choose to do tomorrow that would be better than today?" (Glasser, 2000, p. 135).

JCO: These are great questions. Are there some questions that are most helpful for motivating clients to change?

WG: "The therapist continually asks clients to evaluate the effectiveness of what they are choosing to do" (Glasser, 2000, p. 227). "The important control-theory question 'is the criticizing and misery I am now choosing helping me to get what I want?'" (Glasser, 1984, p. 171). "How is this choice to depress going to help me deal with this situation? If it isn't helping me, can I choose something better?" (Glasser, 1998, p. 78). "How long do you want to choose to be miserable?" (Glasser, 2000, p. 36).

JCO: It sounds like you're saying that therapists should encourage clients to share their burdens and express their misery in session.

WG: "I know it does, but it's really not" (Glasser in Gough, 1987, p. 659). "I don't promise to produce happiness or alleviate misery" (Glasser, 1964, p. 138). "It is unwise to talk at length about a patient's problems or his misery" (Glasser, 1975, p. 77). "Long discussions about the patient's problems can be a common and serious error in psychotherapy" (Glasser, 1976h, p. 54).

JCO: Why?

WG: "It is tempting to listen to his complaints because they seem so urgent. Doing so may reduce his pain and make him feel better for awhile as he basks in the attention he receives" (Glasser, 1976h, p. 55). "Talking at length about a patient's problems and his feelings about them focuses upon his self-involvement and consequently gives his failure value" (Glasser, 1975, p. 77). "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, 1965, p. 72).

JCO: If you do not spend time listening to a client's complaints, where do you go instead?

WG: "Don't talk so much about how people feel" (Glasser, 1982,

p. 461). "Get to the real problem, what the client is choosing to do now" (Glasser, 1998, p. 117). "We choose what we do or what we do not do" (Glasser, 2004, p. 340). "We choose most of the misery we feel" (Glasser, 1984, p. 2).

JCO: Are you saying that people choose to become depressed? That attitude would upset a lot of people.

WG: "That's an important question" (Glasser, 2000, p. 54). "The world never causes us to do what we do; rather, we behave in certain ways to get what we want" (Glasser, 1985, p. 242). "If you don't believe me all you have to do is think back to a time in your life when you really had a hard time, and you'll find that when you 'recovered' it wasn't because the world had suddenly become a better place, it was because you made a better choice" (Glasser in Brandt, 1988, p. 44). "What happened is done and people have to satisfy their needs now" (Glasser in Nystul & Shaughnessey, 1995, p. 441).

JCO: But some people are stuck in a bad situation.

WG: "Excuse me if I don't agree with you" (Glasser, 2002, p. 73). "Nothing we do is caused by what happens outside us" (Glasser, 1984, p. 1). "How you feel is not controlled by others or events" (Glasser, 2013, p. 6). "One of the most difficult lessons to master … is to learn not to label something 'bad' just because it is different from what we want" (Glasser, 1984, p. 81). "Every client, at the time that therapy begins, is choosing some sort of painful, self destructive behavior in a misguided or misunderstood attempt to regain control over a poorly controlled, need-frustrated life" (Glasser, 1989a, p. 5). "We choose everything we do, including

> "We almost always have choices, and the better the choice, the more we will be in charge of our lives"
>
> *(Glasser, 2013, p. 2)*

the misery we feel" (Glasser, 1998, p. 3). "Regardless of how we *feel*, we always have some control over what we *do*" (Glasser, 1984, p. 45).

JCO: Why would someone choose to be miserable?

WG: "Pretty much every behavior that is important to you is chosen" (Glasser in Onedera & Greenwalt, 2007, p. 82). "We almost always have choices, and the better the choice, the more we will be in charge of our lives" (Glasser, 2013, p. 2). "What we choose is the best choice at the time we choose it" (Glasser, 2000, p. 2). "If I choose all I do, maybe I can choose to do something better" (Glasser, 2000, p. 26).

JCO: Does that change how to treat depression? I have been helping a depressed client, and sometimes he just feels better by sharing his concerns with me in session.

WG: "A major purpose of all psychological symptoms is to get sympathy and attention" (Glasser, 2000, p. 72). "If we ask them how they feel, it seems that our listening recognizes, and to them justifies, how they feel" (Glasser, 1980, p. 51). "He had been getting his failure reinforced and his pain temporarily reduced with each new complaint that was heard" (Glasser, 1975, p. 78). "It is important that depressed patients do not get sympathy because sympathy emphasizes their worthlessness and depresses them even more" (Glasser, 1965, p. 183). "The worst thing anyone can do for a depressed friend is to let him whine excessively about his troubles" (Glasser, 1975, p. 78).

JCO: So you feel that clients choose to become depressed?

WG: "What we usually call psychological problems are, in fact, the ways we choose to behave when we find it particularly difficult to satisfy our needs" (Glasser, 1996, p. 172). "We choose what we do or what we do not do" (Glasser in Brandt, 1988, p. 43). "Once you accept that misery is a choice, you will look for better choices to replace it" (Glasser, 1984, p. 56). "Many times in life, when we are miserable it is because we continue to blame others for our misery or try to control others" (Glasser, 1998, p. 19). "Remember, we can only control our own behavior, so you should talk solely about what you are willing to do, not what you want the other to do" (Glasser, 1998, p. 98).

JCO: So action takes priority over emotion?

WG: "Absolutely" (Glasser in Onedera & Greenwalt, 2007, p. 82). "Changing behavior leads quickly to a change in attitude" (Glasser, 1965, p. 34). "People often avoid facing their present behavior by emphasizing how they feel rather than what they are doing" (Glasser, 1976h, p. 56). "The most common misery we choose is depressing, but we can also choose to withdraw, complain, go crazy, drink, or use drugs" (Glasser, 1993, p. 109). "We do not use the adjective depressed, we do not use the noun depression. We always use the verb form to describe behavior" (Glasser, 1989, p. 8).

JCO: Why does it matter to make this change of phrasing?

WG: "By transforming these static

words into actions that more accurately reflect choices, I hope to imply that these behaviors are subject to change" (Glasser, 2013, p. 3). "If I say I am depressing or I am choosing to depress, it is very hard for me to think that this is happening to me. I have to begin to think that I have a choice and that maybe I could do something better" (Glasser, 1989, p. 9). "If we choose to depress, we can also choose to stop depressing" (Glasser, 2000, p. 26).

JCO: So choice is the key?

WG: "I now believe that we choose essentially all we do" (Glasser, 2000, p. 225). "Emotions are chosen" (Glasser, 1976a, p. 18). "We can gain a great deal of control by learning that we choose to depress" (Glasser, 1984, p. 81).

JCO: But some of my clients have become depressed over the disruptive events in their lives.

WG: "I hate to nitpick, Jim, but …" (Glasser, 2000, p. 43) "this is completely untrue" (Glasser in Harmon, 1993, p. 45). "There's no way to live your life without problems" (Glasser in Brandt, 1988, p. 44). "While we choose all of our long-term feelings, painful as well as pleasurable, … we do not choose the immediate short-lived feelings" (Glasser, 1984, p. 71). "When we depress, we believe we are the victims of a feeling over which we have no control" (Glasser, 1998, p. 70). "To check out my claim that depressing is a choice, force yourself to make a different choice for a short time, for at least an hour" (Glasser, 1998, p. 83).

JCO: I often tell my clients that if things are not getting better for them, we want to try something different, not just keep doing more of the same. Would you agree?

> "Lack of success, more than any other one thing, contributes to nonmotivation"
>
> *(Glasser, 1971, p. 18)*

WG: "Absolutely" (Glasser in Brandt, 1988, p. 40). "We can choose to do better with our lives–providing we are willing to make the effort to do so" (Glasser, 1989a, p. 2).

JCO: One of my clients seems to be stuck in his bad habits. How can I get him unstuck?

WG: "Asking him for his plan tells him that he should have a plan, or at least start thinking of one" (Glasser, 1965, p. 46). "What are you planning to do today?" (Glasser, 1998, p. 78). "Successful people tend to make a plan and channel their efforts into that plan" (Glasser, 1976c, p. 70). "It is best that plans be discussed, written out, and checked off" (Glasser, 1996, p. 174).

JCO: I rely on shaping, trying to help clients start small and build up to bigger changes. Does that fit your style?

WG: "Oh, certainly" (Glasser in Gough, 1987, p. 662). "Make sure the patient commits himself at first to a small action - one that he can accept easily and likely can succeed at" (Glasser, 1976e, p. 350). "Never make a plan that attempts too much, because it will usually fail and reinforce the already present failure. A failing person needs success, and he needs small, individually successful steps to gain it" (Glasser, 1975, p. 89). "Lack of success, more than any other one thing, contributes to nonmotivation" (Glasser, 1971, p. 18).

JCO: As a therapist, where is your focus?

WG: "The essence of Reality Therapy is problem solving" (Glasser & Zunin, 1979, p. 328). "Our job is to help the patient help himself to fulfill his needs right now" (Glasser, 1974, p. 190). "The concept of choice becomes crucial when making plans for the future" (Glasser, 1990, p. 584).

JCO: *How* do we help clients fulfill their needs?

WG: "Our job as therapists is to teach clients how to act and think more effectively so they can better satisfy their needs" (Glasser, 2000, p. 67). "I believe people choose the behavior that has led them into therapy because it is always their best effort to deal with a present, unsatisfying relationship--or, worse, no relationships at all" (Glasser, 2000, p. 22). "Good or bad, everything we do is our best choice at that moment" (Glasser, 1984, p. 3).

JCO: I have a client who rarely completes his therapeutic task between sessions. How do I handle it?

WG: "Accept no excuses" (Glasser, 1975 p. 92). "Get to the real problem, what the client is choosing to do now" (Glasser, 1998, p. 117). "The therapist must say to the patient, 'If you are not going to do it, say so, but don't say you are and then give excuses when you fail'" (Glasser, 1975, p. 94). "In a world where excuses are readily accepted, many people hesitate to do their best. In reality therapy, when there is commitment to a plan, there is no excuse for not following through … Maybe we have to drop this plan and figure out a new one? But under no circumstances will the therapist

accept an excuse" (Glasser, 1980, p. 54).

JCO: I agree. I am rather intolerant of excuses, and I have heard quite a few, but flat out rejecting an excuse may damage the rapport I have with the person.

WG: "It might" (Glasser, 2000, p. 191). "We simply ask, 'Are you still going to try to fulfill the commitment?' (Glasser, 1975, p. 93). "Excuses let people off the hook; they provide temporary relief, but eventually lead to more failure and a failure identity" (Glasser, 1975, p. 94). "The therapist who accepts excuses, or allows the patient to blame his present unhappiness on a parent or an emotional disturbance can usually make his patient feel good temporarily at the price of evading responsibility" (Glasser, 1973, p. 579). "The accepting of an excuse is saying to the person, 'I accept your inadequacy, I accept your misery, I accept your inability'" (Glasser, 1980, p. 54).

JCO: I have a few more things I'd like to discuss.

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

JCO: Sure. Maybe we can schedule one more time to talk?

WG: "I am more than happy to" (Glasser in Onedera & Greenwalt, 2007). I'll see you again on Monday" (Glasser, 1976f, p. 669).

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