

Reality Therapy in the Year 2000

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In my 1965 book, *Reality Therapy*,¹ I agreed with Thomas Szasz² that mental illness, as it was then understood, did not exist. In the year 2000 version of *Reality Therapy*,³ I contend that we choose everything we do, including the behaviors and symptoms described in the DSM-IV and labeled mental illnesses. I realize this concept, which I explain in great detail in *Choice Theory*,⁴ is a new approach both to understanding and dealing with what is still called mental illness. But after practicing psychology and then psychiatry for more than fifty years, I am painfully aware that we have made no measurable progress in reducing the number of people currently diagnosed and treated as if they are mentally ill.

Reality Therap

It is time to consider a psychotherapy that helps these lonely, poorly functioning, people to understand that they are choosing what they believe they are suffering from. And from that understanding to learn in therapy to make better or mentally healthy choices. I do not believe in mental illness but I firmly believe there is such a thing as mental health.

What was current when I started out as a psychologist in 1947 and was still very much in vogue when I became a psychiatrist in 1957, was a theory of mental illness based on Freud's explanation of unconscious conflicts. Today, Freudian psychology has been largely replaced by a new theory: mental illness is caused by an imbalance in the chemistry of the brain. But, regardless of the cause, psychological or chemical, the belief that mental illness is real and those suffering from it have little or no control over their symptoms has yet to be seriously challenged.

Choice theory, the new theory of how our brain functions that supports reality therapy, directly challenges this belief. I contend that when we are unable to figure out how to satisfy one or more of the five basic needs built into our genetic structure that are the source of all human motivation, we sometimes choose to behave in ways that are currently labeled mental illness. These needs, explained in detail in *Choice Theory*, are: *survival, love and belonging, power, freedom and fun*.

¹ W. Glasser. (1965). *Reality Therapy*. New York: HarperCollins.

² T. S. Szasz. (1961). *The Myth of Mental Illness*. New York: Paul B. Hoeber.

³ W. Glasser. (2000). *Reality Therapy In Action*. New York: HarperCollins.

⁴ W. Glasser. (1998). *Choice Theory*. New York: HarperCollins.

What is common to these ineffective and unsatisfying choices, no matter what they may be, is unhappiness: there is no happiness in the DSM-IV. Choice theory explains that, not only do we choose all our unhappy behaviors, but every behavior we choose is made up of four components, one of which is how we feel as we behave. When we choose a behavior that satisfies our needs, immediately or eventually, we feel good. When we choose a behavior that fails to satisfy our needs, sooner or later, we feel bad. *But the choice to be unhappy is not mental illness.*

The brains of the people described in the DSM-IV are neither psychologically nor chemically so abnormal that they can never choose happiness again. To the contrary, the world is filled with formerly unhappy people, who chose many of the behaviors described in the DSM-IV and who, on their own or with the help of effective psychotherapy, learned to satisfy their needs and be happy.

It is not a sick brain that is the cause of their unhappiness; it is their present inability to figure out more effective behaviors than the ones they are using. While the brain chemistry of a happy person differs from the brain chemistry of an unhappy person, that difference is not the cause of their unhappiness. It is the result of the choice or choices they are making. And it is no more permanent than the chemistry of any choice. The brain chemistry returns to normal as soon as the “sufferer” has figured out, with or without help, how to satisfy his or her needs more effectively.

Our society is flooded with people who are choosing anxious, fearful, depressive, obsessive, crazy, hostile, violent, addictive and withdrawn behaviors. All of them are seriously unhappy; there is no shortage of unhappy people in the world. But, unfortunately, many mental health practitioners who believe in mental illness don't see the unhappy people described above as capable of helping themselves or benefiting from therapy. They see them as “suffering” from brain pathology, incapable of helping themselves without drugs. They reject psychotherapy as useless or too time-consuming.

To fit the medical model that unhappy people can't help themselves or be helped without drugs, they tout drugs as the panacea. Following a strange logic, they claim that drugs for mental illness are analogous to insulin for diabetes. But diabetics do not have a chemical imbalance; they are missing the chemical they need to digest carbohydrates. People who are unhappy are not missing a necessary brain chemical; they are suffering because they are unable to satisfy one or more of their basic needs.

Some of the brain drugs do help people feel better as long as they take them -- being on the drug or drugs for years is not unusual -- but few of

the people on brain drugs describe themselves as happy. Only improved behaviors can solve their unhappiness.

Psychiatrist Peter Breggin, one of the world's leading experts on brain drugs and how their actions affect the workings of the brain, claims that few of these drugs work the way they are supposed to work. Many of them actually harm the brain and render it unable to function normally. For example, the drug makes it harder for many patients to figure out how to satisfy their needs as well as they would be able to without the drug. For detailed information on how this works as well as other dangers of brain drugs, see Breggin's 1999 book, *Your Drug May Be Your Problem*.⁵

In my new book, *Reality Therapy in Action*, I describe how my use of reality therapy has helped many seriously symptomatic clients choose to function normally without the use of drugs. I am far from alone in what I do. Hundreds of thousands of symptomatic people are helped each year by psychotherapy without the use of drugs because most of the effective psychotherapy in the world is done by therapists who cannot prescribe them. Unhappy people need compassionate therapists, not prescriptions.

In *Choice Theory* (see chapter four), I introduce the concept of *total behavior* which explains that all behavior is made up of four different but inseparable components: *acting, thinking, feeling and physiology*. Acting and thinking are directly under our control and it is these components I focus on when I practice reality therapy. I don't focus on how people feel or on the physiology of their brains because none of us have direct and predictable control over these two components.

If we want to change how we feel -- and almost all clients want to feel better -- we have to make more effective acting and thinking choices such as finding a friend if we are painfully lonely. If we find one and we are happy, this choice will also change our brain chemistry from the chemistry of loneliness, (usually the chemistry associated with choosing to depress) to the normal chemistry of satisfying our need to love and belong. Brain scan research on clients who have been helped by psychotherapy without drugs supports this claim.

Much of this brain research is cited in Dr. Breggin's books. For example, in his 1991 book, *Toxic Psychiatry*⁶ and in his 1999 book, *Your Drug May Be Your Problem*, Breggin cites research to support his statement that, "*Mental 'illnesses' like schizophrenia, depression, manic-depressive bipolar disorder, panic disorder, obsessive-compulsive disorder, and attention deficit disorder have never proven to be genetic, neurochemical, or physical in origin.*" To quote from the cover of this book, Dr. Breggin supports the belief that "therapy, empathy, and love

⁵ P. Breggin. (1999). *Your Drug May Be Your Problem*. Boston: Perseus Books.

⁶ P. Breggin. (1991). *Toxic Psychiatry*. New York: St. Martins Press.

must replace the drugs, electroshock and biochemical theories of the >new psychiatry.’ ”

Although Dr. Breggin may practice psychotherapy somewhat differently from me, we are both firm supporters of the idea that people, no matter what their diagnoses, can be helped to live their lives more effectively through a psychotherapy that leads to their making better choices. I join him in his concern, that brain drugs are vastly over-prescribed today.

When I counsel a client, I quickly focus on what I believe is the source of almost all clients' unhappiness: *their present failure to act and think in ways that would lead them to more satisfying present relationships*. In all of the clients I've counseled, I've never seen any problem that is not directly related to this failure to act and think in ways that get them closer to the people they need in their lives. While psychological problems unrelated to unsatisfying relationships may exist such as incurable disease or extreme poverty, in the more than forty years I have practiced, I have yet to see one. I have checked with other therapists and they, too, have rarely counseled a client who did not have as their core psychological problem at least one very unsatisfying relationship or no relationships at all.

Frequently, I use the term disconnected as another way to describe the unsatisfying relationships that are the cause of so much human unhappiness. I contend that it is this disconnection that leads, not only those who are in need of counseling, but all of us to *choose* painful, destructive and self-destructive behaviors. I agree that mental illnesses exist but only where there is obvious brain pathology as in Alzheimer's Disease, brain tumors, brain infections, brain trauma and genetic conditions like Huntington's Chorea.

While the claim that we choose essentially everything we do is a huge break with current thinking, I am prepared to demonstrate the validity of my convictions by working with actual clients in front of professional audiences in any psychiatric teaching hospital in the world. When I do I am almost certain I can quickly demonstrate from what clients say that what they are suffering from is the way they are choosing to live their lives. I say this because I have done it and I am more than willing to do it again.

The way our brain functions when we are unhappy gives us no alternative but to try to figure out a behavior that will relieve or reduce our unhappiness. We are not able to disregard the pain. But in our attempt to reduce the pain, our brains are capable of being quite creative because creativity is one of the brain's most important functions. I am, however, not implying that for our brain to be creative, we need to be unhappy.

Creativity is an integral part of the human condition and nowhere is it more evident than in our dreams.

But when we are unhappy we are capable of bizarre and unrealistic creativity as commonly seen and labeled schizophrenia, bipolar disorder, obsessive compulsive disorder, relentless phobia, disabling panic attacks or clinical depression. But as much as these creative symptoms, which include hallucinations, delusions, obsessions, compulsions, disabling fear and severe depression, appear to be beyond the client's control -- they seem to materialize as if they are happening to him or her -- they are not.

These symptoms are being offered to clients by their own creativity, a phenomenon that happens most frequently when people are seriously disconnected. In their desperation to do something to reduce the misery, they are willing to pay attention to the creativity their brains offer them and to go so far as to accept it as if it is real. If they are profoundly disconnected, they are so desperate to reduce their suffering they don't perceive themselves able to do anything but accept it. It is the connection, the relationship with the therapist that gives them the strength to see that they do not have to choose painful or crazy creativity.

Why this happens is explained in detail in chapter seven of *Choice Theory*. How to deal with these unrealistic choices is described in many of the cases presented in the book, *Reality Therapy in Action*. What is shown in that book is how, through effective reality therapy, clients can gain the ability to get connected with the therapist. And through this vital connection they can learn to reconnect with the important people in their lives or to connect with new ones. When a client is able to do this, his or her creative system stops offering the symptoms or, even if it continues to offer them for a while, they choose to stop paying attention to what is being offered.

In chapter four of *Choice Theory*, I show how to deal with clients who come for therapy and complain that they are depressed. After I feel we have established the beginnings of a trusting relationship, I carefully explain that I believe they are actually choosing the way they feel. This gets their attention and they often reply, "No one in their right mind would choose to feel the way I feel now."

I say, "I agree with you. When you choose to feel the way you're feeling now, you are not in your right mind. In our counseling, I think you will learn to make better choices and when you do, then you will get back into your right mind." Much of what Albert Ellis does, which is extremely effective counseling, is quite compatible with choice theory. The power of rational emotive behavior therapy, stems from persuading clients to change from irrational to rational beliefs.

To help people like my "depressed" client, I quickly explain that what he was complaining about when he came in was what I call *depressing* or *choosing to depress* because everything we choose is a behavior and

behaviors should be designated by verbs in psychology the same as everywhere else. In my experience, changing to the correct grammar by teaching them to say, *I'm choosing to depress*, instead of saying, *I'm depressed*, quickly helps clients see that they can make more effective choices even when they are very unhappy. But then, after I take the time to explain this carefully and they begin to see that they are choosing the behaviors they are complaining about, they ask, "Okay, maybe what I do is a choice, but why? Why would I choose to suffer like this?" I then explain the reasons for these choices, described in detail in chapter four of *Choice Theory*.

First: When you are lonely and unable to find the relationships your genes demand, you tend to get angry even though you may not actually be aware of the anger. Or you may be aware of it for a very short time. But as soon as you choose to depress, or make any of the other many choices described in the DSM-IV, it is this choice that helps you partially, or often totally, to restrain this anger. You want to restrain it because you have learned, usually as a child, that if you choose to anger, you will harm what relationships you may have. This is why people who choose to depress are so often lifeless. It takes almost all the energy they can muster to restrain their anger.

Second: You have learned that the choice you are making is a powerful way to ask for help. Depressing may actually be the most powerful way people who are suffering have figured out to ask for help. It is also socially acceptable and necessary. No civilization could long exist if significant numbers of people chose to anger when they were frustrated rather than to depress.

Third: The choice to depress may make it easier for you to avoid facing the problem and taking the chance of suffering a further rejection. For example, you lose a great job and I tell you to get right out and look for another. You tell me I'm right but you're just too depressed right now to do it. Suffering the upset, painful as it is, is less painful than taking a chance on a further rejection. You feel bad enough already.

In *Reality Therapy in Action*, I go beyond explaining and show in detail exactly how this method of therapy is practiced. What I do in this new book is invite you to join me in my office as I counsel. You will hear what I say, what the client says and what I am thinking as the therapy proceeds. I ask you to judge the effectiveness of what I do either from the standpoint of a therapist, a client or both. I invite therapists reading the book to think of what they might do if they were counseling the same client that could be equally or more effective. I also invite readers who have been in therapy to compare what I did with what they encountered in their own treatment.

As you will clearly see from my running comments, choice theory is on my mind all the time. I don't believe that anyone, even with formal training, can practice reality therapy if he or she is not thoroughly familiar with choice theory. If you decide to read *Choice Theory*, prepare for what many readers have told me. The book is easy to grasp yet deceptively complex. Each reading takes you to a deeper level of understanding.

What *Choice Theory* makes crystal clear is that when 99% of the people in the world have difficulty getting along with someone else, they use an ancient, common-sense belief, I call *external control psychology*. This controlling, punishing, *I-know-what's-right-for-you* psychology is the source of the unsatisfying relationships present in so many people's lives. The more it is used in any relationship, the more the relationship is harmed and, eventually, destroyed. This psychology is a plague on humanity.

To help you to understand external control psychology, I have created a list (apologies to Steven Covey) of what I believe are: *The Seven Deadly Habits of External Control Psychology That Destroy Relationships*. In my latest book, *Getting Together and Staying Together: Solving the Mystery of Marriage*⁷ I show how these deadly habits destroy many marriages, the relationship that, unfortunately, is most vulnerable to their use. In doing so I am able to explain why a failed marriage can be such a mystery.

If you are divorced or unhappily married, it is almost certain your use, your spouse's use, or both of your use of the habits killed your marriage. The habits, and I'm sure all married people will recognize them, are: *criticizing, blaming, complaining, nagging, threatening, punishing, and rewarding to control*. Criticizing is the worst but they are all devastating.

To help clients avoid the deadly habits and these destructive and self-destructive choices in the future, I also try to teach them choice theory and, especially, how to replace external control with this theory. With almost every client I counsel in *Reality Therapy in Action*, you will see me do this.

By so doing, I teach them how to get connected or reconnected with the important people in their lives. Mostly, I teach choice theory by integrating it directly into the therapy. But with some clients, I teach the choice theory formally and we discuss how they may continue to use it in

⁷ W. Glasser, and C. Glasser. (2000). *Getting Together and Staying Together: Solving the Mystery of Marriage*. New York, HarperCollins.

their lives. With almost all clients, I suggest they read the book, *Choice Theory*, and any other books that I believe will help them.

Although I introduce enough choice theory in this brief paper so you can follow what I do as I counsel, if you are serious about learning to practice reality therapy, I suggest you read *Choice Theory*, *Reality Therapy in Action* and *The Language of Choice Theory*.⁸

Melvin Udall

In the movie, *As Good As It Gets*, the lead character, Melvin Udall, portrayed by Jack Nicholson, is a textbook illustration of an obsessive compulsive disorder. But I do not believe that Melvin is suffering from a mental illness or that he has no control over what he is doing. He is choosing to obsess and compulse to deal with what is so obvious from the beginning of the film: *he has no satisfying close relationships at all*. To have any chance of leading a fulfilling life, he, like all of us, needs at least one satisfying relationship to even begin to satisfy his need to love and belong.

When we fail in this effort, as Melvin surely has, we suffer because love and belonging is as much built into our genes as the need to survive. The symptoms he is choosing -- Melvin is one of the most symptomatic characters ever depicted in a movie -- are actually a genetic warning, that he knows nothing about, telling him he is not connected to someone in a relationship who satisfies what his genes demand. In Melvin's case, his symptoms are obsessing and compulsing, a choice so commonplace it has been wrongly labeled a mental illness for at least a hundred years.

But *inadequate* as obsessing and compulsing or any other symptom we choose may be, it is always his best choice at the time to fulfill one or more of the five needs built into our genomes. At the moment we choose any behavior, we don't believe that any other choice would be more effective. When we hear people say, I shouldn't have done that, it means they are now aware that they made a bad choice. They weren't aware it was that bad when they chose it.

Choice theory explains how counseling is needed if people like Melvin are to deal with the pain associated with their frustration. Reality therapy is the method of counseling most closely associated with choice theory. I have been teaching and continuing to improve this method of counseling since I first developed it in 1962. For variety, throughout this paper, I use the terms counseling, therapy, and psychotherapy

⁸ W. Glasser, and C. Glasser. (1999). *The Language of Choice Theory*. New York: HarperCollins.

interchangeably because I believe they are different ways of describing the same process.

As stated, to cope with the pain of his disconnected life, Melvin is choosing an assortment of obsessive and compulsive behaviors that are an inadequate attempt to restrain the anger that he immediately feels whenever he has to deal with people he finds frustrating. When the movie begins we find him angry at almost everyone around him. He also appears unaware of how severe his anger is and how much of a danger it is both to himself and to others. But he isn't unaware. He knows exactly what he's doing. He also knows he needs love and belonging because, difficult as it is to believe, he plays a character who writes best-selling romance novels.

His symptoms are classic for the compulsive person he chooses to be. Melvin is so afraid of germs that he uses a new bar of soap each time he washes his hands, and he washes them many times a day. He also has a compulsive routine he goes through each time he locks and unlocks the four locks that secure the front door to his apartment. But the most obvious of his symptoms is the huge effort he makes to avoid stepping on cracks, which in a city like New York is almost a full-time occupation. He is also a particularly nasty man who verbally abuses most of the people he encounters.

In a believable way, the movie shows him trying to relate to Karen, a lonely single mother, played by Helen Hunt, who is burdened with an asthmatic seven-year-old son. Karen maintains a strong front, but it is clear that she sees her life going down the drain socially and sexually. Even before they get involved, Karen knows a lot about Melvin. She is "his" waitress in a restaurant near his apartment where he eats every day and where he is both obnoxious and weird anytime he is frustrated. For example, Melvin brings his own sterilized plastic tableware; he won't use the knife, fork, and spoon the restaurant provides. And he insults anyone who is sitting at "his" table when he comes into the restaurant to eat. He doesn't seem to care about the awful scenes he creates.

In a short time, Melvin and Karen fall in love. The movie ends happily with Melvin and Karen in each other's arms. His choice to obsess and compulsive has diminished to the point where it is implied that he and she have a good chance for a normal life together. Again, in fiction, love conquers all. But don't get me wrong, I like happy endings. I wouldn't want the movie to end any other way.

As we walked out of the theater, I said to my wife, "I give that relationship a week before they start having serious problems." In my mind, the best hope for Melvin is therapy. Without a good relationship with a skilled therapist who is able to teach him that other people matter, the happy ending will be short-lived. It was also obvious that Melvin did not have anything like this necessary relationship with the psychiatrist

depicted in the movie. As much as she may love him, Karen is too needy herself to provide the relationship he needs -- strong but caring -- if he is to learn to connect with her.

Because he needs therapy, for the sake of this paper, I've decided to become his therapist and counsel him using the reality therapy I use with all the clients I see. I'll start the counseling at the time the inevitable trouble between Melvin and Karen breaks out. If you have not seen the movie, rent the video, and you will see clearly what Melvin is like. But if this were real life, I would not be aware of anything that happened previously, so in the therapy that follows, I depend on Melvin to tell me everything that's going on.

I use Melvin as an example because almost everyone has either seen the movie or has access to the video. Because of that, we know a great deal not only about Melvin, but about Karen, her son Spencer, and Simon Bishop, the other main characters in the movie. Because print has only one dimension, what can't be shown in this transcript is the tone of our voices, the expressions on our faces and the pace of the conversations. Therefore, there is always the possibility that what may have seemed too confrontive or too passive on paper could, in practice, be good counseling. My explanations as I proceed should help with this problem.

Melvin called for an appointment on a Thursday about ten days after the movie ended. Without telling me what they were over the phone, he told me all his old problems had returned in force and insisted I see him as soon as possible. I didn't ask Melvin what his problems were or anything else because I prefer to find out what I want to know in a face-to-face session. I told him I could see him late that same day and, if it were needed, we could have more than an hour since no one was scheduled after him.

From his voice, I surmised that he was an unhappy middle-aged man. But even before I saw him, my knowledge of choice theory told me much more. I knew his problem was caused by a present, frustrating relationship, and, from his urgency, I guessed he knew it, too. But what people like Melvin don't know and don't want to know is that *the behavior they choose to deal with that disconnection is almost always the main cause of their frustration*. Furthermore, they tend to blame their unhappiness on other people; it rarely occurs to them that they are responsible for it. Getting the message to clients that it is what they choose to do in a relationship, not what others choose to do, is central to reality therapy.

From his urgency, I was also sure that Melvin was choosing some behaviors that were interfering with his ability to establish the satisfying relationships he needs. And from his demand to see me as soon as possible, it was unlikely that he was depressing. People who choose to

depress are rarely as demanding as he was. Depressing immobilizes us and whatever Melvin was struggling with, he didn't come across as immobilized. He seemed to be in a panic. I didn't think of obsessing or compulsing, but they certainly fit the situation. Melvin also did not sound as if he were crazy; he knew exactly what was going on. What he didn't know was what to do about it.

I also knew that as soon as possible, in the first few minutes of our session, I would be able to discover the unsatisfying relationship that is his main concern. Because the symptoms he is choosing are not the problem, I would talk about them only if he brought them up directly and, even then, only to try to get him to understand he was choosing them. The more he and I talk about his symptoms, the more he will be able to avoid the real problem: his present almost total disconnection with a caring person.

The only way I can help him is to teach him to reconnect. The way I do so is to help him relate to me. The more I focus on the symptoms he is choosing -- the obsessing and compulsing -- the more he will cling to them and blame me for not being able to get rid of them, as if I have some psychiatric magic to make them disappear. In practice, I can only guide him toward reconnecting. If he does, he will no longer have any need to choose the symptoms, and they will disappear. But with a man like Melvin Udall, this is a big *if*.

The symptoms he was choosing were apparent as soon as he walked into my office. There are some faint lines in my office carpet and a pattern with some narrow maroon stripes in the chair that most clients use when we talk. I met Melvin at the door. He gave me a reluctant handshake as if it were uncomfortable for him to touch my hand and then looked around the office from the door. I could see his face working; he was having trouble with something in my office. I walked back to my desk and sat down. I didn't say anything; I just observed him.

It didn't take long for Melvin to find the one chair in the office with no lines or patterns. It is plain, straight-backed, and not comfortable. He walked right to it, easily avoiding the lines in the carpet that were about eighteen inches apart. Melvin picked up the chair, placed it near the other chair, and smiled as he sat down, a smile that said, *Now that I'm a little more in control of the situation, I feel comfortable*. I didn't say anything. Melvin didn't mention what he had just done and looked to me to begin.

I began innocuously with, "Would it be all right if I call you Melvin? I'm more comfortable with first names. If you want, you can call me Bill or Doc or anything else -- feel free. This is an informal place; I want you to be comfortable."

"Fine, I'd like that, but not right now. I'd like to get to know you a little better; then I think it'll be okay."

“A lot of clients feel that way. Take your time; there’s no hurry. But you’re here, let’s get started. It’ll help me a lot if you’ll tell me why you called?”

“Tell you why I called? For Christ’s sake, doctor, are you blind? I can’t even walk across a room like a normal person. Didn’t you see what I just did?”

This was his first challenge. Melvin is a hostile man. And like most symptomatic clients, he wants me to recognize the painful symptoms that are “attacking” him. That he is choosing them has yet to cross his mind. Eventually, my job will be to bring that up. But since I know the symptoms are not the problem, I am going to get off this tack as soon as I can. I’ll try to do it in a way that brings us closer together. If I can do that, he won’t be angry at me for not allowing him to control the therapy by focusing on his symptoms.

“Look, you’re seated, you seem comfortable. I want to talk about why you’re here. You didn’t call me all in a huff because of lines on carpets and chairs.”

With this statement, I give him some credit for knowing that what is really wrong goes far beyond his symptoms. This is a technique I use to avoid getting mired down in them.

“But you’ve got to admit, what you saw was pretty crazy.”

“I’ve seen crazier. My guess is you’ve been dodging around lines and cracks for a long time. Whatever’s bothering you right now has little to do with avoiding cracks. What these compulsions do is help you avoid the real problem, whatever that is.”

When I said that his face lit up with a big smile. He was reassured that I didn’t think he was crazy. That smile told me he was comfortable with what I said. I continued, “Melvin, tell me what happened; something happened.”

“Doc, I’ve been this way for a long time. You saw the lines but I’m so afraid of germs I wash my hands all day long. I lock and unlock the door a few times, too, whenever I go out or come in. You’re a psychiatrist, you know about crazies like me.”

Good, he is already calling me Doc; that means he’s getting comfortable. And he is referring to his behavior as crazy in a way that means, neither of us really thinks he’s so crazy he couldn’t stop what he’s doing.

I said, “You’re right, I do. I say let’s not waste our time talking about your routines; we need to talk about what’s causing them.”

“How can you say that? Those routines are ruining my life.”

“All the more reason for us to get to know each other. But you have to admit that they keep you busy. And you get a lot of attention from them, too.”

“I don’t know about the busy part but I guess I do get a lot attention.”

“I think you were a little miffed when I didn’t pay much attention to what you did.”

He gave kind of a reluctant nod and I went on. “So, what happened? Who came into your life?”

“How do you know someone came into my life?”

“Well, I can’t believe that someone with all the routines you go through would be able to keep a long-term relationship, so I guessed it was someone new, someone who didn’t know much about you. I knew it was a person in your life because everyone I see has a problem with relationships. You’re having trouble with this person; that’s why you were so anxious that I see you immediately. I’ll go out on a limb and guess you like this person a lot. Am I off base?”

“Doc, let me explain. I’m a very nasty person. I kind of hate people. If you could hear the things I say to them, you’d know what I’m talking about. I mean strangers, people I don’t even know.”

I nodded that I understood him and that I was waiting to hear what else he had to say.

“But then recently, a lot happened. See, I’m a loner. I sit at home all day and write love stories. Can you believe that? I can write about love, no problem. I just can’t do it. And I’m successful; I make a good living writing. I live in a very nice place. Like I said, mostly I stay home, but I have to eat and I hate to cook. There’s this restaurant; it’s only a short walk. I like to eat there because they let me bring my own plastic tableware, all sealed, no germs. But when it’s crowded, I get pretty nasty. I like to sit at a safe table, my back to the wall, and I’ll say anything to drive whoever’s sitting there out. The manager has warned me. I do it less than I used to but Well, part of what’s got me so upset is that yesterday they finally kicked me out. Now I don’t even have a place to eat.”

“O.K., what’s the other part? Nobody comes to see me because of trouble in a restaurant.”

“O.K., Doc, you got me. The other part is Karen. She’s a waitress at the restaurant and, over time, we’ve become friends. But now, all of a sudden, we’ve become very good friends. I think I’m in love with her, and I think she could learn to love me. But I need help; that’s why I’m here.”

He looked at me, but I didn’t say anything so he went on.

“You see, she’s put up with my nastiness in that restaurant for over a year now, and she still seems to like me. I’ve been changing. I’ve been better. Not only with her but with this fag who lives on my floor. I used to treat him like dirt. Make all kinds of remarks. But now it’s all changed. Can you believe this? Simon, that’s the gay guy, and Karen and me, we went on a little trip down to Baltimore. Simon needed help. You see he’s

an artist, and he goes around and picks up these weirdos to model for him. I don't know exactly what happened, but a couple of them attacked him. I guess they like to beat up gay guys; they almost killed him. They destroyed his place. He was in the hospital for a long time. He needed some money to get back on his feet. Anyway, we drove him down to meet with his folks. They have money, but it was a disaster; they can't accept their son is gay. His father wouldn't even talk to him. Anyway, we got back, and I actually took him in. I mean, I did something I'd never done before. Not only him but his dog, Fridell; I'd been keeping the little dog while Simon was in the hospital. Doc, dogs are dirty; I'm scared of dogs, but I love that little animal. I mean, here I am acting like a human being offering to help him. Doc, I'm no fool; Karen must have something to do with this. Simon's living there now, him and Fridell, and we're getting along fine. I think it's as much for the dog as it is for him that I invited him to move in. He needed a place to stay; I have a big place, plenty of room for him."

"Karen?"

"Yeah, it's her. For a week after that trip we got along fine. I mean I haven't felt this good for years, except when I write. But Karen isn't a character in a book; she's real. About a month ago, when I went to the restaurant, she always waits on me, I could see something was wrong. Then she told me about it. It was her kid. According to her, he's allergic to the whole goddamn city, and he needed a better doctor. Someone she believed would care about him, talk with them, didn't keep looking at his watch. So a few weeks ago, I pulled some strings and got him a good doctor."

"You pulled some strings?"

"O.K., O.K., I paid for it. I've got money. If I could ever learn to stop washing my hands, I'd be a rich man."

"I'm sorry, Melvin, I don't understand."

"Doc, every time I wash my hands, I use a new bar of soap, twenty bars a day, sometimes more Anyway, they both love this doctor, and the kid's better. I mean he's breathing better. He gets these attacks, and he can't breathe. I don't do many nice things, but helping that kid, that's a nice thing. She appreciated it. But she made a special trip over to my house to tell me, *No sex*. She didn't intend to sleep with me for helping the kid. The funny part is it was a rainy night. She was soaking wet, and her T-shirt was clinging to her. I don't even think she had a bra on. It was a peculiar costume to wear for that message. But I didn't say anything; I got her a jacket to cover up, and we've never mentioned it. But she did agree to come along with me and Simon on the trip. And the old Melvin was alive and well. I did some pretty shitty things and still somehow we got close. Well, not so close on the trip as right after it. I mean the night

we got back. I was so lonely when I dropped her off. Fridell saw how lonely I was, and he told Simon and Simon told me to go after her. Simon said, 'So what if it's late? Tell her you like her, tell her something; don't sit around here and keep locking and unlocking the goddamn door. You're driving me crazy with that door.' "

"It's hard to believe that she'd go on a trip with you. And with a guy she didn't even know."

"Doc, I just asked her, and she came along. Besides, Simon's a sweet guy. No, I don't mean that like it sounds, and right off the bat she liked him a lot. It was me, like I said, I did some crummy things. I guess I shouldn't have, but I did. But not too bad, I mean nothing like she's seen in the restaurant. Karen's the kind of person people like ... I write characters like her into my novels, but I've never been close to one. Anyway, when we got back to the city, I took Simon's advice and went to her place. She was still up, and we went out for a walk. It was a nice night. We held hands, and I didn't even think about the cracks. I took a chance and kissed her, real slow; it seemed like it took me ten minutes to get my lips to hers. But she kissed me back and hugged me. And it wasn't for gratitude. She cares for me, and we began to get together every day. I mean every day last week, over the weekend, and up to last night. And I still didn't push for sex. Truthfully, the idea of sleeping with her for helping her kid never crossed my mind. I've had a little sex, but I can't remember ever feeling like I feel with Karen. I'm not going to do anything until she gives me the signal that it's O.K.."

"So what happened last night?"

"No, it wasn't last night; it was yesterday at lunch at the restaurant. I had to wait for a table. I mean, it's my table, and there were these people at it and they kept dawdling and wouldn't leave. Karen kept asking me to calm down and take another table, but I kept at it. Once I start, I can't seem to stop. I got kicked out not just for that time but for good. She tried to intervene, but the manager -- he's really a good guy, he knows she cares about me and I had been pretty good for the past week -- told her no dice. When he kicked me out, I heard him tell her, 'If you have anything more to do with that guy, you're even crazier than he is.' Then, later, after she got home around three, she called me. She told me she was through with me unless I got some help. I mean right away. She'll talk with me on the phone, but that's it. I didn't want to go back to my old shrink; we never got along. But Simon had heard about you. He gave me your name That's it. Can you help me?"

"Maybe. But if you're doing it just to get back with her, it may not work. I'd be like the pediatrician you got for her son. She'd see you as using me to buy your way back into her life. And truthfully, Melvin, you've been the way you are for a long time. You could've afforded help. What took you so long?"

“The guy I saw gave me some pills.”

“Did you take them?”

“Once in a while.”

“See, that’s the problem: You know more than the doctor. Well, coming to see me is a lot harder than taking a pill. But the difference is, it can help. Pills can make you feel better, but they won’t help you make it with Karen. Are you ready to try to start acting like a human being? That’s what my therapy is all about. You don’t seem like the kind of guy who really wants to take a look at his life. You just want to get back with Karen.”

“Why do you say that? For Christ’s sake, I’m desperate.”

“Not so desperate you paid any attention to her yesterday. Do you have any idea how she must have felt when you wouldn’t stop abusing the customers and she had to put up with that crack from the manager?”

“But I couldn’t help it; that’s how I am. I blow up. I was getting hungry.”

“Melvin, if that’s how you are, I can’t help you. No one can help you. You may blow up easily, but you choose to do it. You choose everything you do -- the lines, the cracks, the hand washing, the door locks, all that stuff.”

“I don’t choose it. What are you talking about? I’m sick; I can’t help myself.”

“You knew what you were doing yesterday in that restaurant. You could have chosen not to do it. But it was all about you; no one else counted. Not even Karen. But she does count, doesn’t she?”

He nodded. I could see that he was running out of excuses. He knows that he chose what he did yesterday. But unless he gets some real help, he’ll just keep doing it. He doesn’t know what to do instead and is looking to me for something tangible. I have to say something to get across to him that what he is doing, all of it, is a choice. He isn’t a victim of a mental illness. There’s nothing wrong with his brain. He’s a victim of his own lonely choices. But choices can be changed. If they couldn’t be changed they wouldn’t be choices, and psychotherapy, which is all based on making better choices, would be worthless. Melvin is the kind of client who now, usually gets brain drugs. But he didn’t take them. Even then he was dimly aware that his life was a mess and that drugs can’t change your life. They won’t help him to do what he may never have done in his life: make and hold onto a good relationship.

“Melvin, when you came to the door today, you made a choice. Do you remember what you did?”

“What do you mean?”

“Is that chair, the one you’re sitting in, the one most clients in this office use?”

“How do I know what your clients sit on? Maybe some of them stand. What’s that got to do with Karen?”

“Could you choose to get up and move to the other chair?”

“Why? I like this one.”

“Because I asked you to. And if Karen were here, she’d want you to move to that chair, too.”

“Why? Karen wouldn’t care what chair I was sitting in.”

“But she would, Melvin. She’d care very much.”

“How do you know that, have you talked to her?”

“You write romance novels. Think of Karen as one of your heroines. She’s fallen for a man who claims he isn’t in control of his life. She can’t count on him. He may blow up at any minute and tell her he can’t help it. You told her that last night on the phone when she called, didn’t you?”

“Well, I couldn’t help it. If I could’ve helped it, I would’ve.”

“Could you move to that chair?”

I pointed to the striped chair he’d avoided when he came in. He looked at me in desperation, I was asking him to give up what had been his way of life for a long time. Would he trust me enough to do it? He got what I was driving at.

He said, “It’s important that I move, isn’t it?”

“What do you think?”

“I’m not going to move. I’m O.K. here.”

“O.K., no problem. But I’m curious. You just said, ‘It’s important I move, isn’t it?’ Why did you say that?”

“You’re not going to make me move. ... It’s O.K. that I sit here?”

He disregarded my question, and I didn’t pursue it. I’d made my point. He knew it was a choice. He just didn’t want to give in to me.

“Of course, it’s okay. I may make suggestions, but I’m never going to try to force you to do anything you don’t want to do. How about you? Do you ever try to force people?”

“Are you kidding? All the time.”

“How does it work?”

“But I wasn’t forcing Karen. I was just being nasty to the bastards who wouldn’t leave my table. She wanted me to have that table.”

“I think she wanted a lot more. She wanted a man who would act like a human being when he was frustrated.”

That last interchange got his attention. When I counsel, I always look for simple things like moving to a new chair to illustrate the fact that life is filled with difficult choices, but they can be made. From what he’s told me, Melvin consistently makes angry choices that alienate the people around him, even the few who care for him. He is a lonely man who had a good week with a caring woman but couldn’t contain his anger. Now he’s here because his need for love and belonging is painfully frustrated. He’s invented all his painful obsessions and compulsions to restrain his anger

and distract him from his lifelong loneliness. He really doesn't trust anyone, Karen, unfortunately, included. Although clients like Melvin may choose a variety of symptoms, they choose them all for the same purpose: the symptoms, as painful or crazy as they may be, are less painful than the loneliness, and they keep the anger, which could make things worse, in check. But now with Karen, Simon, and Fridell, Melvin isn't as lonely. He's actually thinking that maybe he can get enough love and belonging to stop being so angry and give up his symptoms. But he has a long way to go. She's not going to give him much time if he continues to attack everyone who frustrates him. The next time it may be her. It's lucky it wasn't her this time. Melvin then did what many clients do when I confront them with a relationship choice; he changed the subject back to the chair. It was easier to talk about the chair than to talk about Karen.

"But I don't want to move to that chair. Why should I move for you? I hardly know you."

"Melvin, do you trust anyone?"

A long pause and then, "I think I trust that dog, Fridell, Simon's dog. A few weeks ago, I threw him down the trash chute, and he still likes me. He trusts me; he knows I'll never do that again."

"People, Melvin?"

"I thought I could trust Karen."

"Can't you?"

"No, I can't. Besides, she's trying to make me do something I don't want to do."

"See me?"

"Yes, goddamn it, see you. And all you want me to do is change the f---g chair I "choose" to sit on. What kind of help is that?"

"It's not important to me; you can sit anywhere you want. But I think it's very important to you that you trust me enough to make the move."

"What do you mean, trust you? I'm paying you to help me. How can you trust anyone you have to pay to talk to?"

"I'm trusting you to pay me. Am I making a mistake?"

"No, it's not a mistake; you'll get your dough. In cash as soon as we finish."

"So I can trust you. That's half the battle. I feel good that I can trust you. It's how you felt a week ago when you kissed Karen. You didn't think of it at the time, but trust was a big part of how good you felt. And you still trust her, or you wouldn't be here, would you? When she asked you to see me, you could have told her something obscene. But you didn't. You're upset now, but what you're upset about isn't about the chair. It's about Karen. I think she's worth getting upset about. What do you think?"

It's going to take time, but I believe he's beginning to trust me, and I wouldn't be surprised to see him sit in the regular chair the next time he comes in.

"But why am I this way? What's wrong with me? Was it my childhood? I didn't think it was so bad."

"Melvin, I'm not interested in your childhood; it may have had an effect on you, but your childhood's long gone. Your problem is now. You can't get along with people. We can go back through your whole life and make all kinds of guesses about why, but what for? Your problem is now. Nothing that's ever happened to you is preventing you from moving to that striped chair. Nothing that's ever happened to you is telling you to do what you did in the restaurant. You don't want to change. Not changing has protected you from getting rejected. You reject first, before anyone can reject you. You blame other people. Since Karen told you to see me, haven't you said to yourself a hundred times, 'I don't need her. I don't need him. I don't need anyone'?"

There was a long pause, and then Melvin said: "Two hundred times. But it doesn't do any good. She's all I think about. I need her. How could I be so stupid?"

"Forget that question. The real question is how can you learn to be smarter, to stop choosing to attack people. Today you chose to see me, and right away you start attacking me. I think you're here because you love Karen and you know something's seriously wrong with your life. You've known it for years. But truthfully, Melvin, considering the life you choose to lead, so what?"

"What do you mean, *so what*? It's my life you're talking about."

"Melvin, tell me, what's so good about your life that you're afraid to trust anyone? If it were me, I'd let it go."

"But I can't; I'd like to, but I can't. I've been told I'm the way I am, and that's it. So I may as well accept it. Karen's going to leave; they all leave. The only people I can get along with are the characters in my books. Do you really think you can help me?"

"Is that a sincere question?" He nodded. "If it's sincere, I can. But not by going back. I don't care what you've done in the past. I'm sure the person you've hurt the most is yourself. I'm ready to start right now and help you create a new life, basically a new Melvin. But we've done enough for today."

"When can I see you again?"

"Tomorrow, if you want, same time. But Karen's expecting you to call. She wants you to sound sane and loving on the phone. Can you choose to do it?"

"Sure, I can choose to do it. I could even choose to sit in that chair if I wanted to."

Now he is beginning to understand what I was talking about when I mentioned the chair: He has choices. That's a beginning to changing the way he's choosing to lead his life.

"Do you want to see her tonight?"

"Of course, I want to see her."

"I'd like to give you some advice. Don't push her. If she doesn't bring up the idea of seeing you, let it go. Don't put any pressure on her. And feel free to share what we talked about when you call her."

If you have read the book, *Choice Theory*, you will see that, as much as I could, I introduced the basics of choice theory. Most important, we had begun to build a relationship. I introduced Melvin to the idea that he's choosing what he does and that better choices are certainly possible. And that his symptoms are also choices; they are not the product of a mental illness over which he has no control. They are chosen to help him deal with a life that, up to recently, totally lacked long-term satisfying relationships. Although his symptoms are not working well, the obsessing and compulsing do help him to keep his anger in check. Without them, he would be so angry all the time that he would be dangerous. But at the same time, his symptoms are his way of crying for help. And since he's here, this cry is now being answered. The more he can begin to trust me and the better the relationship we have, the more help he will get. What happened in the past can be harmful only if we believe it prevents us from trusting in the present. But it doesn't; too many clients use the past as an excuse to avoid dealing with the real problem -- a disconnected present. To focus on the past sends the message that the past is much more important than it is and the totally unrealistic message that the past can be corrected. To help him trust me, I put no pressure on him to see me again; it's his choice. But I was fairly sure our relationship was good enough for him to want to see me again.

Melvin came on time the next day, Friday. That's one of the good things about compulsive clients: they're on time. The previous client had just left, so I was able to let him right in. For clients, effective psychotherapy is learning new ways to behave from a therapist they trust. I taught Melvin a lot in that first meeting. However, because all I taught him takes time to sink in, I'll try to cover some of the same ground today, but what I'll actually do will depend a lot on what he does. I am interested in his phone call to Karen, and if he doesn't bring it up, I'm going to ask him about it. If it was a cordial call, I think he has a good chance to start changing his life.

When I opened the door Melvin had a funny look on his face as if he wanted to sit in the regular chair but didn't want me to think that he was doing it for me. To allay that concern, I immediately said, "Melvin, please sit anywhere. It's not important to me where you sit. But I am glad

to see you. I'd like very much to hear what happened last night with Karen."

Melvin went over and sat in the striped chair opposite my desk. He paid no attention to the chair he sat in yesterday. On the way to the chair, he did avoid the lines on the carpet, but since they weren't close together, it was easy to do. I made no further comment about the chair, and he's had no difficulty sitting in it whenever he's come in.

To hear the rest of the Melvin Udall story (I actually see a clone of Melvin in the book) and for a great deal more information on the way I counsel, read *Reality Therapy in Action*. I use it with a dozen more clients with a variety of complaints including one who was in a mental hospital diagnosed as schizophrenic.

For information on the training programs that teach my ideas, please visit our web site or contact:

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A Response to William Glasser

Irving Yalom

The main thing I didn't like about that story was that I didn't think of that idea myself. I think Dr. Glasser could definitely, if he chose, have a career as a good fiction writer or screenwriter. Just from a writing standpoint one of the things that was so lovely about the story is that ... all of you know the character. That's one of the advantages of writing historical fiction or writing about somebody who the characters already know because he's already freighted. He's carrying a lot of baggage to all ... you know about it and you don't have to spend a whole lot of time building the character. That's why a lot of writers go on to write sequels. They've got the characters. They're in love with them and they don't have to create new ones. It's too much work. That's why ... I've recently written a book of stories and I've used the same name as in an earlier novel because it was a lot easier.

I thought the story was wonderful in the way that it paid attention to detail. It had really crisp, sharp dialogue. And I think one of the things

that it depicted that I liked so much was the wonderful attention to the here and now in therapy. The work with the chair and the nags. I think that's terrific. You use what's available in your office. It's much better, cleaner data than for the patient to try and describe to you what goes on outside. You don't need that data because you use just these little nuances of what happens in your office.

I have a screen door coming into my office and the lock was broken. And it was very interesting to me to watch the reaction of different patients to that. There was one woman who kept apologizing every time she came in as though she had broken the lock somehow. When she sat down and pulled out a Kleenex at one point she apologized because she moved the Kleenex box by an inch. I tried to really use that and talk to her about that. I said, "How do you think that makes me feel?" And she said, "Probably irritated. My husband keeps telling me I do that." So this woman didn't have to give me a history of her passive aggressiveness because it was really coming true in my office for her. I have an office that is a cottage. It has a long sort of garden path to the cottage. My reaction of my various patients is quite remarkable. Either reflecting upon the beauty of the flowers at certain times of year or commenting about the mud on the path. It's quite characteristic. This tells me a lot of information about them.

I also like how quickly Dr. Glasser got into the whole issue of let's stop talking about all of the routines that you have. Let's try to get to something underlying. That's something, I think, is so important to do. I often, because I went through a book called *Love's Executioner*, see a lot of people who are in love and have some sort of destructive love/infatuation and they want to talk to me about that. They want to tell me what's going on with their lover at that point and describe her or him to me and everything. And I'll do the very same thing as Dr. Glasser did. Let's see if we can cut that down a little bit. There's so many other things to talk about. I wonder if we can cut that to say 10 of the 50 minutes today and then we can find out what else is going on, especially what's going on underneath that. What I want to do is, with an obsessive patient, is I'd like to get them to the point at some point where we can get to this underlying question of what is it you'd be thinking about if you weren't obsessed with this thought. If you remove that thought almost surgically, if you could remove it, what would the thoughts be? What function is the obsession carrying on in your mind?

I liked very much the way that the idea of assumption or responsibility was portrayed. I do it in a somewhat different way. It's very clear in group therapy. It's a sequence of work that you do in therapy. One of the first things you do is patients give one another feedback. And they say, in effect ... I disagree with Dr. Glasser about

criticism because I think criticism, feedback can be extremely helpful. But these patients will say to one another, "Here's what I see you doing." And it may often be blind spots. That patient doesn't know he's doing it but here's what I see you doing. The second step might be, "Here's the way I feel because of what you're doing." Or even thirdly, they might say, "Here are the kinds of opinions I begin to form of you based on what your behavior was." So then it might even go on to another step where you begin to take in which the patient begins to change his own self-evaluation based on the opinion of the other group members. The group's a lovely place to do that because everyone in the group starts at the same time. There's a brand new social environment and each of them are virgins at it. But within a few weeks each of them have carved out the same familiar space.

You all know what sort of space Melvin would carve out in that group. He'd be acting weird and crazy and moving his chair not to get close to people and wouldn't touch anyone in the group. So he carries his environment in with him and you can point that out very clearly. Then you eventually, in the group and individual therapy as well, get to the point of are you satisfied with what you've done. Is that the way you want to continue living?

We do the same thing in individual work. We want to find what role the individual plays in the distress they're suffering. If people will come in and say, "It's my environment. It's my boss. It's this and it's that. There's no single men out there or whatever." You still want to find, even if that's 99% of the problem, let's talk about the one percent. Let's talk about the one percent that comes from you, because that's what I can do the most with. I can't change your environment but I can do some work with that part. Somebody comes in that's very suicidal and you even worry about their levality. Well, I still want to take a look at the fact that they have chosen to come to the session today. So I want to talk to the part of you that's chosen to come today. It may be that there's large parts of you that's on the verge of making lethal decisions but there's a part of you that wants to live and that's the part I want to talk to. So I'm using choice all the time in my therapy.

There are dangers of pressing the idea that everything that happens to you is your choice or everything that you do is your choice. When we get to bipolar disease or schizophrenia I do thing there's a definite biological sub-straight. But still we can use Sartre's idea of the margin of autonomy. There's still a way, even if these things are part of our biology, we are still choosing in some way about how we respond to them, how we respond to these unfortunate propensities that we have within us.

The last thing I wanted to say is, and I'm not sure I'm very clear about this, but I'm going to raise this subject anyway -- is the question of the therapist/patient relationship in Melvin's story here. I know that to

make a good story, and I've done this on many occasions myself, you have to cut out all the quotidian details. Every case is fascinating if you just submit all the dull details of every day work in the group. Of course, a great deal was summarized here to make the story interesting. But for me there was a certain air of certainty, maybe that's not quite right, but a certain air of certainty in what the therapist was doing. I wonder what affect that would play in the ongoing role between patient and therapist. Because I'm really not certain of what I'm doing. I'd just as soon prefer the patient understand that and the patient see me wobble and make mistakes in the group. I don't always know what to do. I don't want the patient to think I'm omniscient. I think that's an important part of the therapeutic relations. I want them to see me as a real person.

When I'm doing therapy I want to create a brand new therapy for each patient. I don't want to plug the patient in to something that's set, a system that's got various steps. So in that way I disagree. Everything about the story I loved. When I was reading it I had a sudden scene sort of walked into my mind. Something happened a long time ago. I was at a psychoanalytic meeting and I used to hate the way psychoanalysts talked because they were so sure of everything and I know the thought occurred to me, it could have been my friend saying this to me, but the thought was I wish I could be as certain with anything as they are of everything. I don't feel that way about the story and the presentation but that memory got a vote in me. I was a little hesitant in saying it because it doesn't really fit there, but I remember how very annoyed I was. It was one of my first real rebellions against psychoanalytic thought.