# Defining Mental Health as a Public Health Issue

A NEW LEADERSHIP ROLE FOR THE HELPING AND TEACHING PROFESSIONS

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I am a well-known psychiatrist who developed reality therapy years ago. More recently I added choice theory® which explains why so many people have great difficulty getting along well with each other. We all know half of our marriages fail, countless school children don't like their teachers and parenting is one of the hardest jobs there is. Choice theory can provide answers very few of us have.

My recent effort, explained in this booklet, is to define the term mental health in a way completely different from the way it has been defined for over a hundred years. Psychiatrists, clinical psychologists, social workers and counselors call themselves mental health professionals but few of them ever define, describe or explain what mental health or mental well-being actually is.

If you ask these professionals what they do, they will tell you that they use the DSM-IV to diagnose mental illnesses or brain disorders. Following that, almost all the psychiatrists tell you that they treat these disorders with brain drugs and strongly imply that the people they see and their families can do nothing to help themselves. The other professionals practice psychotherapy or counseling and achieve comparable results without drugs.

I and all the people who work with me through The William Glasser Institute start from the premise that mental health is an entity totally separate from mental illness. After you finish reading this booklet you will have a clear idea of why it is entitled, *Defining Mental Health as a Public Health Issue*, and how it can be used to help people improve the quality of their lives.

*William Glasser*

# PREFACE

I am very flattered to be asked to write a preface for this booklet. When I was a psychiatric resident 30 years ago, one of the nurses gave me a copy of Dr. Glasser's book, *Reality Therapy*, as a gift. I was very impressed with his common sense approach.

I recently had the good fortune to meet Dr. Glasser via phone for the first time, and to speak with him about his recent ideas. I was pleased to discover that he continues to do terrific, creative work. I was also surprised to discover how closely our thinking had converged, even though so many years have passed since I first read his wonderful book.

Dr. Glasser has elucidated some extremely important and timely ideas that can and should profoundly influence the way society views mental illness and mental health. This booklet will be a valuable resource, not only to mental health professionals, but also to patients and policy-makers!!

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## Mental Health

Unlike physical health, mental health is almost never mentioned as an entity in and of itself. There are hundreds of mental health associations that dot the country but all of them focus on mental illness. If you went to one looking for a program to improve your mental health and it was obvious you were not suffering from any DSM-IV symptom, the staff member may not know what to recommend.

But as I will now begin to explain, mental health can be accurately described as an entity totally separate from mental illness and I offer the following description: ***You are mentally healthy if you enjoy being with most of the people you know, especially with the important people in your life such as family, sexual partners and friends. Generally, you are happy and are more than willing to help an unhappy family member, friend, or colleague to feel better. You lead a mostly tension-free life, laugh a lot, and rarely suffer from the aches and pains that so many people accept as an unavoidable part of living. You enjoy life and have no trouble accepting other people who think and act differently from you. It rarely occurs to you to criticize or try to change anyone. If you have differences with someone else you will***

***try to work out the problem; if you can't you will walk away before you argue and increase the difficulty.***

***You are creative in what you attempt and may enjoy more of your potential than you ever thought possible. Finally, even in very difficult situations when you are unhappy - no one can be happy all the time - you'll know why you are unhappy and attempt to do something about it. You may even be physically handicapped as was Christopher Reeve, and still fit the criteria above.***

While what I have just described may seem very difficult to achieve, look around among your friends, family and the people you know, and you will find some people who fit this description. Somehow they have learned what millions of unhappy people have not learned - how to enjoy mental health. Because there are so few who fit this description, I believe that what we are dealing with is a huge public health problem, or to be more specific, a huge **public mental health** problem. The challenge we face is how to teach people whether individually or in small groups, how to improve their own mental health and to do so without being labeled with a mental illness they do not have, or treated with brain drugs they do not need.

I am hoping that at least one large and influential group of mental health professionals - members of the American Counseling Association who have successfully counseled without brain drugs for over fifty years - will join in this public mental health effort. I would welcome a chance to share the contents of this booklet with clinical psychologists, social workers and even psychiatrists as I am hardly the only psychiatrist who thinks this way.

I have successfully counseled people toward better mental health since the beginning of my practice in 1957. During that time, I became a board-certified psychiatrist and restricted my practice exclusively to counseling.

As previously mentioned, there are four major professionals currently working in what is called the field of mental health. But in actual practice these professionals pay only lip service to the term mental health when they really mean mental illness. Using the DSM-IV, which psychiatrists have created and strongly protect, all four groups treat a wide variety of what they call mental illnesses or disorders but they do not treat them in the same way. For example, almost all psychiatrists currently restrict their practices to prescribing an increasing spectrum of brain drugs to treat the disorders they diagnose. They rarely counsel and often tell clients they can

do nothing to help themselves because they are suffering from a disease that requires medication.

Clinical psychologists, social workers and counselors also use the DSM-IV to diagnose mental illnesses but none of them are licensed to prescribe brain drugs except in two states where clinical psychologists can do this. Unlike psychiatrists, they talk with their clients practicing one or sometimes several of the many different counseling methods that have been developed over the last century. There is little agreement as to which is best but there is consensus that the personality of the counselor may be as important as the effectiveness of the method.

Because psychiatry is such a prestigious profession, the prescribing of brain drugs is now considered common practice. Thus, many counselors feel legally obligated to refer clients to psychiatrists for medication.

Under the umbrella of what they all call mental health there is little agreement among the four groups on which method is the most effective way to treat clients' symptoms. Depending on the consultant, clients diagnosed with the same DSM-IV disorder are given a wide and continually changing variety of psychiatric drugs. Studies with perfectly normal people, who were prepped by researchers ahead of time to

complain of one or more psychological symptoms, showed that most were diagnosed with a mental illness, forced to take brain drugs and even hospitalized even though there was no proof of any pathology in their brains.

Because few, if any, of the mental health professionals embrace mental health as an entity, for over a century the entire mental health delivery system has been based on what is called the medical model. This is an illness model that recognizes symptoms, looks for pathology to support those symptoms, but does not diagnose disease unless supportive pathology is found.

But when this model is used to diagnose a mental illness such as those described in the DSM-IV, one of the basic tenets of the medical model is completely ignored. In those instances, mental illness is diagnosed from symptoms alone and no supportive pathology is required. This misuse of the medical model has led to the present ever-increasing assortment of diagnoses and treatments, none of which even comes close to meeting the requirements of medical science. As long as mental health professionals continue to use the **medical model** to deliver what they call mental health, they will never be able to embrace the concept that mental health is an entity completely separate from mental illness.

In order to help people improve their own mental health (as I explain and advocate in this booklet), I believe that the medical model needs to be replaced with a public health model. This is a model that has been delivering improved health for centuries but has rarely been used to deliver mental health. I will explain how the public health model could easily accommodate this new way to deliver mental health.

The use of the traditional medical model to attempt to deliver what is called mental health will be hard to abandon. But even more than tradition, the stumbling blocks to moving from the medical model to the public health model, are not philosophy and science; they are money and power.

The drug companies will do everything they can to hold on to the billions they earn from the medical model - billions that could disappear if we were willing to change to the public health model. But it goes further than that. The medical model provides huge psychological rewards in both power and prestige to those who diagnose mental illnesses and prescribe medication.

Still, as I will begin to explain in this booklet and have substantially expanded in several recent books, billions of health care dollars could be put to better use as well as untold

amounts of human misery prevented, if we would create a public mental health model. At this point I'd like to offer a more detailed look at each model.

## The Medical Model

In the medical model **physicians** are in charge. They discover the pathology which is the cause of the symptoms, use the pathology to diagnose the disease and then provide specific medication or surgery to treat this pathology. All the patient has to do is follow the doctor's orders. Whether they do depends on how well the doctor and the patient relate to each other and if the doctor takes the time to explain why his orders are important. When there is a treatable disease this model still works very well. But because of all the tests, procedures, medication, surgery and doctor fees, the medical model is many times more expensive than the public health model.

But as stated earlier, the medical model has serious flaws. Because all medical treatment is based on finding specific pathology to explain the symptoms and specify their treatment, the model breaks down completely when no pathology can be found. So far, no pathology has been found in any of psychiatric DSM-IV diagnoses. When the medical model is used for mental illness diagnoses, as it almost

always is, the psychiatrist or physician will often claim that specific pathology is present because that has been a traditional belief for over a hundred years. When it can't be found the diagnosing doctor may claim it is still there and in time, will be found.

A good example of the misuse of the medical model is in the treatment of over six million people, ninety percent of whom are women, suffering from severe muscular pain associated with chronic fatigue but with no pathology to explain their suffering. This group has been given the diagnosis of fibromyalgia as if it was a disease but to treat it, physicians are pretty much on their own. There is no specific treatment. They tend to prescribe exercise along with a variety of psychiatric drugs and pain medication but none of these except addicting narcotics, have led to a significant reduction in the pain.

Unexplained pain, more than any other symptom, is characteristic of people who are not mentally ill but are not as mentally healthy as they would like to be. This is a perfect example of a condition for which using the public health model can lead to improved mental health and be much more effective in reducing the pain and mental distress.

## The Public Health Model

There are several different versions of the public health model but what is consistent with each version is **physicians are not in charge**. It is a much less expensive model because there are no individual tests, procedures, medication or surgery to treat symptoms such as those described in the DSM-IV and wrongly diagnosed as mental illnesses or disorders. And, of course, there are no physicians' fees.

In one version, the physician may point out what is needed, such as safer drinking water or an immunization procedure. But to clean the water, sanitary engineers take over and immunization can be done by medical technicians. All the public has to do is drink the clean water or show up for the immunizations.

In another version, physicians can warn of a health hazard but that ' s all they can do. For example, smoking kills a lot of people but it is up to the public health system to educate the public about the dangers of smoking. This education has now been put into place, and because it has been very effective, many people have quit smoking and are living healthier lives. Education is a very important component of the public health model.

In a third version, add the millions of people with psychological symptoms such as depression, anxiety, mania, phobias, psychoses, obsessions, compulsions and chronic pain with no physical cause who are now diagnosed as mentally ill or disordered and treated almost exclusively with the expensive and ineffective medical model. These symptomatic people may be less than mentally healthy but they are not mentally ill. We could help many more people at much less cost if we used a public mental health education program to teach people how to improve their own mental health. I will explain such a program later in this booklet.

Still the use of the medical model for these DSM-IV symptoms seems so sensible to the psychiatrists and physicians who use it as well as to the people they treat and their families, that this model is now accepted as common practice. Here common sense has replaced science, and billions of health care dollars are wasted in the process. There are many well-researched scientific books cited at the end of this article, to support my claim of no pathology in the diseases diagnosed in the DSM-IV. But I would like to mention what I believe are the most important references: the 2002 book by Robert Whitaker, *Mad in America* and the 1997 book by Kutchens and Kirk, *Making Us Crazy*. It will be

hard to read these books and still deny what I have been explaining.

## The Brain Drugs Psychiatrists or Physicians Prescribe May Act as Placebos

There are some pills that relieve symptoms not supported by pathology. They shouldn't provide relief but they do. They are called placebos because there is no medical reason for their effectiveness. Physicians have known about placebos for thousands of years. Of course, they work best when both the patient and the doctor believe they are effective and the doctor shares this belief with the patient. Doctors are important people in our lives. A warm, satisfying doctor-patient relationship has a lot to do with patients getting relief from a wide variety of symptoms even where some pathology may be present. The need-satisfying relationship based on trust is what makes the placebo work.

Since there is no brain pathology to cause what are called mental illnesses, almost all brain drugs prescribed and accompanied by a lot of advertising and doctor support, have a strong placebo effect. This effect is seen when double blind studies are conducted and neither the patient nor the doctor knows which is the placebo and which the medication. Often

the placebo works better than the drug because the placebo can do no harm.

Unhappy people pay thousands of dollars a year for medications that are no more effective than sugar pills. They are also prescribed strong pain medications that are no better than aspirins or over-the-counter pain pills. Many of the drugs are not only ineffective but some can seriously harm you. Keep in mind that when a placebo works to relieve a symptom that should be a strong indication there is no pathology. Where there is pathology, placebos may also work for a while because they provide hope but they eventually lose their effectiveness.

There are also a variety of non-medical healers who do good work as long as there is no actual pathology. The personal concern they show for people who want concern, is a placebo effect. These healers are well aware of the importance of a good relationship. But I have no problem admitting that I don't know a lot about many of these healing procedures. They may also have some mysterious healing power that some day may be explained by science.

Practitioners such as acupuncture professionals, yoga teachers, herbal healers, massage therapists and other hands-on practitioners are often very effective because they provide

both the relationship and the information - scientific or not - that people want to hear. The close attention and support of people whom you believe in and whom you believe care about you, especially if they touch you, has always had a healing effect.

But there is a great difference between going to a licensed psychiatrist or medical doctor to get help with a symptom (which is not supported by pathology) and going to a healer. If you go to medical doctors or psychiatrists and tell them you are suffering from a well known psychological symptom they will go through the whole medical model regime: inform you that you are mentally ill and need brain drugs. They may not tell you they can cure you but they certainly imply they can give you relief.

Healers on the other hand do not have a medical license. They may be careful not to claim that you are ill and that they can cure you. They will rarely attempt to cite much scientific evidence but will give you an explanation they believe in. I can't say that what the healer does is harmful. But I can say that when the psychiatrist or medical doctor tells you there is pathology in your brain that is an unsubstantiated claim. If you ask for a blood test, an X-ray or any other test like an MRI or a CAT scan to support the

diagnosis, they won't be able to cite any because so far, none have been scientifically documented.

We are presently struggling unsuccessfully with a huge epidemic of misdiagnosed mental illnesses because the psychiatric establishment as well as many other "mental health" professionals who deal with unhappy symptomatic people, not only believe in the medical model themselves but almost all the people who come to see them believe in it too. If they watch television advertising, they get plenty of support for their common sense beliefs.

History is filled with examples of common sense gone wrong. The world is no longer flat and the earth circles around the sun. Examples in medicine are widespread. George Washington was bled to death by physicians using common sense. More recently millions of tonsils and adenoids were unnecessarily removed based on common sense. This practice continued well after antibiotics became widely available and it still continues. The list goes on and on. Today, psychiatric common sense is the main offender.

**Education is the Core of the Public Mental Health Model**

The cause of almost all public mental health problems is **unhappiness** and there are huge numbers of unhappy people. For example, almost half the people who get married

divorce, and we all are aware of many unhappily married people who will never get a divorce. If we would add all the unhappy child-parent relationships, the students who do not get along well with their teachers and with each other and all the people who are unhappy at work, probably half the people in the country are unhappy.

Then if you reread my description of mental health, you will see that the focus is on relationships. I believe that not getting along as well with each other as we would like is the number one public mental health problem of the world. Many of these people suffer from psychological symptoms and the best way to describe the DSM-IV is it is the big book of unhappy relationships, with marital failure leading the way.

The first thing a public mental health education program led by counselors would do, is teach all the people they now see who are diagnosed as mentally ill that they have no pathology in their brains; they are not mentally ill. The unifying problem they all share is unhappiness, specifically being involved in unhappy relationships. Most of these people do not believe they are mentally ill even if they have serious symptoms but all of them are well aware that they are unhappy. Most of them are not unhappy all the time but what

they all share is that they are not getting along with at least one important person in their lives, to the extent they want.

It is also interesting that we teach people everything under the sun in school except the most important thing they need to know: how to get along well with each other. I have created a theory called **choice theory** that is enjoyable to learn. This theory can help anyone who uses it, from kindergarten to old age, to improve his or her mental health. If we want a mentally healthier society, a good place to teach this is in the schools.

But we should also begin to teach choice theory to people served by any agency or organization that deals with unhappy people. We have found that choice theory can be effectively taught in small groups (10-15 people) where it can reach large numbers of unhappy people at a cost easily within the present public health budget.

## Replacing External Control with Choice Theory

As I now teach choice theory to the people I counsel, they find it hard to believe that something as simple as unhappiness can lead to all the painful and disabling symptoms they experience. They keep saying something must be wrong with their brains and that they must be mentally ill. But what gets through to them, is when I teach them

something very new that few of them have ever thought about. I explain that they will be much happier if they would be willing to replace the **external control** they are using now in most of their unhappy relationships, with a new way of relating called **choice theory**. They will also be happier if they can learn to escape from the external control someone in a relationship with them is using on them. I explain the same thing when I talk to an audience or to a group of people who are taking training in my ideas.

I say, "Based on statistics, there is a high probability that half of the people in the room have been divorced at least once. When the person was going through the divorce why he or she went from some of the happiest times of their life to the pain and bitterness of divorce, is often a mystery to them." I then explain the reason: too much external control was being used in the marriage. As soon as I mention this to an individual or a group, everyone wants to know what external control is.

To answer that question I explain that choice theory teaches that we are social creatures who need each other. The need for **love and belonging** is encoded in our genes. After a loving start, so many people find that their love has disappeared. While they are thinking about this, I go on to

explain that choice theory also teaches that there are three more needs encoded in our genes: **survival, freedom and fun**. To be happy we must find ways to satisfy these needs too, but it is the loss of love that is so puzzling to people who are divorced.

I emphasize the need to love because to satisfy that need we have to find another person to love us which makes it more difficult to satisfy than the need to survive, find freedom and have fun. For any relationship to last, both partners have to work to keep the love going. If, however, just one partner chooses to stop using external control, the marriage can begin to improve.

But what will come as a surprise to most of the people we counsel, is that humans have a fifth need, **power**, that is unique to us. No other creature has this need. As we evolved, this may have been the last need encoded into our genes and probably came with the onset of civilization. We began to live near each other in large numbers and when we did, competition and our use of power or the attempt to control others, increased. More of the powerful who could control others survived and passed on their power genes to their children.

It took thousands of years but it was from the need for power that all human beings on earth have learned to use **external control psychology** when they can't get along with each other. But power is not necessarily bad. Driven by power many of the wonders of science, art and even democracy have been created. But if external control gets too involved in the process much of the good is often destroyed. Keep in mind, power is encoded in our genes; external control is not. It is learned and we can learn through mental health education to use choice theory to replace it.

The world is filled with external control and most of us learn it from parents, grandparents and school teachers many of whom use it in much of what they do. It was external control that destroyed your marriage if you are divorced, and if you continue to use it in your relationships you may be unhappy for the rest of your life.

External control is very simple. In a relationship it is a belief that what we choose to do is right and what the other person does is wrong. Husbands know what's right for their wives and wives for their husbands. That external control attitude, *I know what 's right for you*, is what people driven by power use when they are in an unhappy relationship. One or both may use it but even if only one uses it consistently it will

eventually destroy that relationship. As I said, we are social creatures. We need each other. Teaching everyone the dangers of external control and how it can be replaced with choice theory, is the heart and soul of a successful public mental health program.

To help you learn more about external control I have grouped together what I call the **seven deadly habits** that destroy our relationships. We all learned these habits no matter what part of the world we came from. **They are criticizing, blaming, complaining, nagging, threatening, punishing and bribing or rewarding to control**. There are more than seven but if you can stop using these, you will be well on the way to a mentally healthy life. You may ask, "What can I replace them with?" I suggest the **seven caring habits** that can improve all relationships: **supporting, encouraging, listening, accepting, trusting, respecting and negotiating differences**.

I predict that everyone reading this booklet has had bad experiences with the deadly habits. If you even begin to replace them with a few of the caring habits, especially respect, you will immediately feel a distinct improvement in the quality of your life. Getting rid of the deadly habits in all of your relationships is central to mental health.

As you learn to get external control out of your life, you will begin to notice a few people around you who are very different from a lot of people you know because they seem to be happy most of the time. If you get to know them, what you will soon notice is **they are not controlling**. They don't try to change anyone. They have learned to live and let live. If people try to control them they will have learned a variety of ways to escape that control. These are people to get to know. A good counselor is that model. He or she is modeling the choice theory way to live your life.

## Counseling and Teaching Are Important Components of the Public Mental Health Model

Despite what you may have been taught, the symptoms that bring you to a counselor are almost all caused by a **present unhappy relationship**. In some instances you have no relationship at all. Many people I have counseled only want to talk about their symptoms. Talking about symptoms is the medical model and if I talk extensively to clients about them, they will assume they are real and I can help them to get rid of them which I can't. They may also want to tell me at length about an unhappy childhood relationship. I will listen politely and ask if that person is still in their lives. In very few instances is he or she the present unhappy

relationship but in most cases, that person iss no longer involved in their lives.

Clients try to avoid talking about the **present** unhappy relationship by focusing on the past or on their symptoms. It is uncomfortable to talk about the real problem but I am a reality therapist and that's where I think we need to be. In a warm, polite, supportive way I'll keep moving our discussion away from symptoms and the past and on to the present unhappy relationship.

I counsel by talking to my clients and getting to know them because in my experience, they want to talk with me as much as I want to talk with them. The warm supportive relationship we create by talking and listening leads them to be receptive to learning how they can improve their own relationships. Because of what I believe, I have never told a client that he or she is mentally ill. Labeling people is hardly the way to start a warm supportive relationship.

If you are paid for your counseling by an HMO or other health care provider, I realize you may have to make a DSM-IV diagnosis to get paid. Because the medical model is so accepted and brain drugs are so much a part of the treatment, it will be up to you to teach your clients about the mental health model and the importance of need-satisfying

relationships in their lives. Some of them will ask how they will know if this new model works. I tell them they will know when they are happier and the quality of their lives improves. Clients will reach that point when they realize external control is disappearing from the way they deal with people.

You can also explain that you can counsel them successfully whether they are on medication or not as long as they are able to talk with you. Even when they are hallucinating or expressing delusions you can talk with them. You have to be patient, but they need the relationship with the counselor to get started. If they are psychotic don't try to get them to stop their symptoms. That would be external control and you cannot counsel successfully if you use any external control. It may be that they are creating their symptoms to avoid that control. I have had a lot of experience with what I am now describing but I can only mention a few things here. All the books I've written since 1998 cover these techniques in detail.

In all the years I counseled I never had a person ask for medication once the counseling started. I had some clients who wanted to stop the medication but I always recommended that they go back to the prescribing physician

to get weaned off it. Some had a little discomfort but nothing serious. Since counselors who read this article cannot prescribe drugs, I believe they will be protected legally if they refer clients who want drugs to psychiatrists, but tell them that the way they counsel works with or without drugs.

## I Call the Way I Presently Counsel: Counseling with Choice Theory, the New Reality Therapy

By replacing the medical model with the mental health model, I have significantly helped almost every client I have dealt with using the reality therapy I started to develop in 1962. Beginning in 1979, I expanded this therapy and increased its effectiveness by adding the teaching of what I now call choice theory. In 1998, I published the basic book, *Choice Theory*. The material in this book is the guide for the way I conduct both my personal and professional life. I never advise people to do anything I would not do myself.

Please keep in mind that there is much more to choice theory and reality therapy that you can only learn by reading some of my books and/or going through our training. I describe some of the specifics of this counseling in this short booklet, but to get a feel for the whole process, I suggest you read *Choice Theory* and my 2001 book, *Counseling With Choice Theory, the New Reality Therapy*.

When I counsel, I begin by asking clients to tell me their story. They want to tell me what's going on in their lives. They have no trouble answering my questions because everyone who comes to me has a story and is anxious to tell it. These questions indicate that I'm interested in their story which means I'm interested in them and that interest helps get the counseling relationship started.

Telling me about unhappy relationships is almost always a part of their story. Mostly they will tell me that they are not getting along as well as they would like with their spouse, children, parents or other family members. At times it may be a friend, a lover, a teacher, an employer or a fellow worker. It is always someone important and in most instances as the story unfolds, they also tell me the difficulty is not their fault. They would be fine if only the other person would change.

When we get to that point (and it is often in the first session of the counseling), I begin to explain **choice theory** and how teaching them to put choice theory to work in their lives is the most important part of the way I counsel. Using many examples I will teach them that the only person's behavior I can help them to change is their own.

This then leads to an important discussion. They ask why I can only help them to change the way they behave. Since it is the other person's fault, why can't I help them to change the other person's behavior? But as we continue to talk, I explain the basic choice theory concept that we can only control our own behavior, that we can only live our own lives, and that we can't live anyone else's life or control them. As we talk I ask them if they have ever been successful in changing anyone who doesn't want to change and they begin to see my point.

It may come out that if they use enough pressure other people will change but only as long as the pressure is continued. Nothing changes in the way the other person is thinking and as soon as the pressure is lifted they go back to the way they were. I also tell them that if they will start to behave in ways that improve the relationship, no matter what the other person is doing, there is a chance the other person will follow suit and choose to change in the same way.

For example, if there is a lot of criticizing going on and one person stops, the other may stop, too. If this happens, the relationship will change for the better. But if you are the one who chooses to stop, I suggest you explain the choice theory reasoning that led to your choice. I encourage the

people I counsel to use every chance they can to explain the choice theory they are beginning to use as they deal with the important people in their lives.

## Creating a Public Mental Health Delivery System Based on Choice Theory

In 1967, I was so impressed by the positive response I received from both counselors and teachers to my 1965 book, *Reality Therapy*, that I created The Institute for Reality Therapy. The initial purpose of The Institute was to teach and train people to use reality therapy as they counseled, taught and managed children and adolescents in school. By 1996, after many more books, I gradually became aware that my theoretical thinking should now be called choice theory. In 1998, I published the basic book, *Choice Theory*, and began to devote most of my thinking to the ideas in this booklet. When I did this I changed the name of the Institute to **The William Glasser Institute**.

But when I look back I can see that even before I wrote *Reality Therapy*, I was already thinking about mental health as separate from mental illness. That thinking has now crystallized in my 2003 book, *Warning, Psychiatry Can Be Hazardous to Your Mental Health*. That book elaborates in great detail almost all that is in this booklet. It is a self-help

book dedicated to teaching readers to use choice theory to improve their own mental health. I do not find fault with all psychiatrists. I fault the medical model and the psychiatrists who use it.

What has led me to think seriously about creating **The Public Mental Health Delivery System** has been forty years of experience trying to help unhappy people to live more mentally healthy lives. The Institute staff has been teaching my ideas to counselors, school teachers and school managers. We do this with small groups of people who are going through the Institute's Intensive Week Training in reality therapy, choice theory and lead management. As of now, about 65,000 people, mostly counselors and school teachers, have taken at least one week of our three phase program. Over 7000 people have completed the whole program and have become Reality Therapy Certified. Almost a thousand more have gone on and become instructors for The Institute.

From all these people, no matter whether they completed the whole program or not, we have continuous feedback telling us how surprised they were by the experience. They took the training to become better counselors, teachers and managers but they are now getting along better with everyone especially with their spouses, their

family and with the people at work. Now that many of them know of my interest in mental health they tell me that they are mentally healthier and are teaching some choice theory to their family at home. I became more interested in mental health as I realized that learning to use choice theory in your life is not only useful, it is a very pleasant experience.

In the *Warning* book, I discuss what I call Choice Theory Focus Group. In these groups twelve to fifteen people would meet regularly with a mental health professional who was trained in teaching Choice Theory. The participants would learn to put Choice Theory to work in their lives. They would use the *Warning Book* along with some of my other recent books, to guide their discussions. The group is an effective, inexpensive way to deliver public mental health.

## I Encourage Mental Health Professionals, Either In Public or Private Practice, To Offer Choice Theory Focus Groups

In public practice where clinics may be crowded, waiting lists could be completely eliminated. After a short screening, all applicants could be offered a place in an ongoing focus group. Those who needed more attention

could get individual counseling and either stay or leave the focus group.

In private practice the professional could offer the same process and it would be up to him or her to help individuals decide whether or not to stay in the focus group while they received individual counseling. I suggest that the charge for the focus group be minimal as this would be an excellent way for one to start or maintain a private practice.

At the present time counselors may need to provide a DSM-IV diagnoses to get reimbursement for clients in the Choice Theory Focus Groups. But since these groups are completely educational this might not be necessary. If the private practitioner could show how much more effective and less expensive this model was, they could interest case managers in referring clients.

If mental health professionals got some focus groups going, they might make this service available to HMOs, public and private counseling services, pain clinics, social service agencies, university health services, and private physicians. Counselors who do this could take a leadership role in promoting real mental health and gain status in the process.

## Invite the Mental Health Associations to Get Involved

Choice Theory Focus Groups that cost little could be an effective addition to the services offered by the many Mental Health Associations that are located all over the country. By supporting these groups, they could offer better mental health directly to the public. Counselors trained in choice theory could run the groups and explain how they are using choice theory in their own lives. I invite any Mental Health Association interested in directly promoting better mental health to contact The William Glasser Institute. We would be happy to walk them through the process and provide any training they need at a very reasonable cost.

## Public Mental Health Can Play an Important Role in The Public Schools

Our Public Schools, especially in low income communities, are filled with underachieving, unhappy students. Many of them do not follow the rules and huge numbers do not do competent school work. Almost all the teachers, administrators and parents in these schools depend completely on external control, usually punishment, and the more they use it the more these school problems increase.

I have been working in these schools since 1966 and in that time I have written five books starting with *Schools*

*Without Failure* (1969) and culminating with *Every Student Can Succeed* (2001). This last book describes a mentally healthy school based on **choice theory** and **competence based classrooms**.

I call these schools **Glasser Quality Schools**. There are about twenty two in the United States with more slowly coming on board. By the time the school declares itself a Glasser Quality School, almost all the students and staff fit the criteria for mental health described at the beginning of this booklet.

Since none of the students in these Glasser Quality Schools carry medical model diagnoses such as ADHD, any discipline problem that may arise is easily solved. The students do competent or superior work and all fulfill State Requirements. These schools encourage visitors and you can get their addresses by contacting the William Glasser Institute.

Much of what these schools have accomplished has been achieved through what I am now calling **Choice Theory Study Groups**. In these groups, staff, students and parents meet with each other and work to improve their mental health by learning choice theory, a process that goes on continually in all the work we do.

## A Final Very Important Word

In this booklet I have explained the flaws of the medical model and suggest it be replaced by the more effective and much more efficient public mental health model. In our experience, choice theory is a tested method to teach mental health both to individuals and in small groups. It is easy to teach, pleasant to learn and most people find it very useful. But I recognize that there are other well accepted psychological models such as those of Alfred Adler, Aaron Beck, Albert Ellis and Cloe Madanes that could also be adapted to teach public mental health.

Finding the most effective model is not the problem. The problem is to persuade mental health providers to replace the medical model they are using now with a public mental health model. Literally, billions of dollars are being wasted now on a model that not only does not work, it is increasing the problems we are trying to solve.

## The William Glasser Institute

The William Glasser Institute teaches and trains people all over the world. We invite the readers of this booklet to get involved with our training. I have also written many books all aimed at helping counselors, teachers and managers to put choice theory to work in what they do.

## Bibliography

All books by William Glasser cited in this booklet except *Every Student Can Succeed* are written by Dr. Glasser and published by HarperCollins. *Every Student Can Succeed* is published by William Glasser Inc and available from The William Glasser Institute.


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**Up to 30 copies of this booklet will be provided free-of-charge. If you wish more, the cost will be $1.00 each. Outside the US, postage and handling would apply.**

In a society that has often driven itself "mad" with its obsession on pills and ills, Dr. William Glasser offers a healthy and practical alternative. His definition of mental health and his emphasis on fostering good interpersonal relationships are insightful and significant. As Glasser points out, we have choices in our lives. We can choose to create and promote our well being through public health means instead of concentrating on unproven methods to treat pathology. The material in these pages is memorable and its implications monumental.

***Samuel T. Gladding,***
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Destiny is not a matter of chance; destiny is a matter of choice —how we choose to be in relationships. William Glasser, MD, one of today's most revered and respected psychiatrists, has challenged the medical/ pharmaceutical establishment and sounded a call for reason. This thoughtful treatise should be required reading for clinicians of all persuasions.

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Brilliant, innovative, a **must read** for every counselor!

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Finding fault with the medical model that has failed to deliver mental health for centuries is not new. But replacing it with a public health model that can deliver mental health directly to consumers at a fraction of what we are spending now is very new. As Glasser shows clearly, we don't need to retrain anyone. What we do need is to change the present focus from mental illness to what he defines is mental health. This booklet shows how to make the dream of mental health and happiness into a reality.

***Jon Carlson, PsyD., Ed.D.***
***Distinguished Professor, Governors State University***