

Focusing on Chemistry Instead of Compassion

Psychiatry Takes Another Step in the Wrong Direction

by

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Based on his new book, **Choice Theory, A New Psychology of Personal Freedom**, William Glasser M.D. takes issue with the current psychiatric belief that almost all psychological problems are based on disturbed or imbalanced brain chemistry. Along with this, he suggests that our current psychiatric diagnoses are wrong and potentially harmful to the people so diagnosed. Finally, he claims that the way we usually do psychotherapy, concentrating on the past instead of the present, may do more harm than good.

Since starting my psychiatric training in 1954, I have been questioning much of the conventional psychology of the profession I love. For example, from the beginning, I totally disagreed with the idea that people are not responsible for their actions, that they should be seen as helpless victims of their parents or others who have mistreated them or of traumatic events they have been exposed to. We are not victims of our past unless we choose to be so.

Further, I strongly believe that all psychiatric diagnoses usually thought of as mental illnesses--are not only wrong, they are harmful to the people so labeled. People, including those commonly called schizophrenics, are not mentally ill unless there is obvious brain damage, as in Alzheimer's disease.

As far as psychotherapy goes, I vigorously opposed, and still oppose the idea that people can only be helped by endlessly visiting and revisiting past misery; that they must come to grips with this misery or they cannot function effectively in the present. This psychiatric obsession

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with the past is not only counter-therapeutic, it increases the cost of therapy to where few people can afford it or afford the insurance that could pay for it if it was not so time consuming. The more the therapist works backward and sees clients as helpless victims of what has happened to them, the less chance they have of being helped. It is not unfair to say that the longer the therapist remains in the past, the less chance the therapy has to be effective.

I believe that *there is only one basic psychological problem. Either a person suffers from a present unsatisfying relationship or he or she has no satisfying relationships at all.* While there may be commonly called mental illness--the answer to all psychological problems is improving a present relationship or finding a new, more satisfying one. I have practiced psychiatry for over forty years and every person I have seen has this underlying problem. I have lectured to thousands of therapists and counselors and have never had anyone question this contention once they thought about it. If psychotherapists would let the past go and focus on the present relationship problem, the time needed for effective psychotherapy could be substantially shortened. Ten sessions would be enough to get most people started on the road to a better life.

But to use this insight most effectively, the theory of achieving satisfying relationships that I call Choice Theory, should be taught to all students, teachers and to as many parents who are willing to learn it. The cost would be inconsequential because it is easily and quickly taught. People young and old love learning it and many schools are now doing this successfully. Wherever this has been done, we have evidence to show that students get along much better with each other and get more involved in learning. Teaching Choice Theory would also do much to prevent the violence and other problems that now plague so many schools.

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But what alarms me most is the present direction of psychiatry, to *replace psychology altogether with the pseudoscience of brain chemistry*. We are now being bombarded by the media with the idea that what is wrong with most people who have already been mislabeled as mentally ill or are addicted to brain-active drugs is that their brain chemistry is out of balance. The cause of this sudden epidemic of neuro-chemical imbalance is not explained but it is usually blamed on a genetic aberration that has not yet been pinpointed, *yet must be there*.

The current brain psychiatrists who stare at computer screens depicting the brain in action have reduced our lives to brain chemistry. They reject the idea that they are staring at the brains of lonely people engaged in a wide variety of unsuccessful attempts to get connected to another human being and are desperately in need of compassionate, expert help to find better way to relate. I have listened carefully to these authorities on many documentaries and have yet to hear even one of them ask a client if he or she is having problems with a relationship.

Instead, they tell us that, in almost all instances, these lonely people are the victims of a brain that does not function normally. We are treated to computerized visualizations of these abnormalities and told that what is seen on the screen is the cause of the *illness* or addiction and cannot be corrected until the brain chemistry is normalized with psychiatric drugs such as Prozac. I am not saying that these drugs are never indicated, they do reduce symptoms and help clients to be more amenable to help or to help themselves. But they do not address the core problem, unsatisfying relationships, which is best dealt with by effective psychotherapy.

It all seems so convincing; after all, if it's on a computer screen operated by a doctor in a white coat, how can it be anything but scientific? And even though what is seen on the computer screen is an accurate representation of what is going on in the brain at the time, the assumption

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that it's the cause of the problem is wrong. Just because two things happen at the same time, does not make one the cause of the other. This unproven association is the basis of much pseudo-science; malaria was once blamed on bad night air, *mal air*.

What is actually seen on the computer screen is what should be expected to be seen: it is the brain activity that reflects what the client is choosing to do at the time. If the client is choosing to depress, (usually called *depression* but I think it is more accurate to use verbs to designate chosen behaviors) this is the brain physiology associated with that choice. If this same person gets help and chooses to be happy then a more normal physiology will be seen on the monitor. The screen reflects the choice, whatever it may be; it does not reflect the cause of the unhappiness. But if all that is observed are the brains of unhappy people, it is easy to jump to wrong conclusions.

If the brain were actually the problem, psychotherapy would not work and no one would recover from an addiction; for example, alcoholics could not get help by going to AA. But huge numbers of people do get help from good psychotherapy that focuses on improving their present relationships. Research has proven this over and over, and millions of people are in recovery from every known addictive drug including nicotine, perhaps the most addictive of them all.

What AA and other 12-step programs offer is a chance to repair an old relationship or find a new, more-satisfying one. If, as many brain chemistry psychiatrists claim, the addictive drug permanently damages the addict's brain to the point that the addict can't do without the drug, there would be no recoveries at all. The brain psychiatrists explain--or don't want to try to explain--how good addiction treatment that leads to better relationships can give the addict the strength to resist the desire for the drug enough to stay clean for years, many for the rest of their

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lives. If I were one of the brain psychiatrists, I would study the brains of people with good relationships and compare them with the brains of people who have poor or non-existent relationships. That might be information that could show the difference between effective and ineffective psychological intervention.

The book, *Choice Theory, A New Psychology of Personal Freedom* (Harper Collins, 1998), revisits what has been explained here in much greater detail, but focuses on how all of us can use Choice Theory to lead more effective lives through learning how to relate much better to each other in marriage, with our families, in school and in the workplace. The book also shows how one community, Corning, New York, has embarked on an unprecedented five-year project to teach everyone in the community--over ten thousand people--Choice Theory. They believe that this will improve every aspect of community life.

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