The William Glasser Institute

President & Founder
William Glasser, M.D.

Administrator
Linda Harshman
22024 Lassen Street, #118
Chatsworth, California 91311
1-818-700-8000
FAX 818-700-0555
1-800-899-0688

The William Glasser Institute-Australia

Administrator
Lynne Pearce
P.O. Box 62
Woowoon Bay NSW
Australia 2261
(043)335525
FAX (043) 334382

The William Glasser Institute-Ireland

Chairperson
Brian Lennon
6 Red Island
Skerries
Republic of Ireland
011-849-9106
FAX 011-353-1-849-2461

The Reality Therapy Association in Japan

Contact Person
Masaki Kakitani
2205-23 0150
Oiso-Machi
Kanagawa 255
Japan
0463-33-8819
FAX 0463-61-2434

The William Glasser Institute-New Zealand

Administrator
Penny Woollams
7 Cascade Avenue
Waiatarua
Auckland, New Zealand
64-9-814 9600
FAX 64-9-8149600

KART: Korea Association for Reality Therapy

Chairperson
Rose-Inza Kim
C.P.O. Box 1142
Seoul, Korea
822-335-0971/0972
FAX 822-335-0609

Canadian Association for Reality Therapy

President
Jean Suffield
530 Des Chenes
Beloel, Quebec
J3G 2H8
Canada
514-446-5671
FAX 514-446-5908

Association for Reality Therapy-Singapore

President
Irene Lio
c/o Boys' Town
622 Upper Bukit Timah Rd.
Singapore 678117
769-1618
FAX 762-7846

Reality Therapy Association-United Kingdom

Contact Person
John Brickell
Green House
43 George St.
Leighton Buzzard (BEDS)
England LU78JX
Larry Litwack

Lisa Radtke,
Marty Sapp,
Walter C. Farrell, Jr.

John Baca

Don T. Basse,
Jay M. Slauter

Patric Barbieri

Elijah Mickel,
Bernice Liddie-Hamilton

Mary E. Watson,
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Leigh Fox

David C. McNamara

Julian Pierce

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The International Journal of Reality Therapy is directed to publication of manuscripts concerning research, theory development, or special descriptions of the successful application of choice theory and reality therapy principles in field settings.

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Editor's Comments

Larry Litwack

This marks the beginning of the 18th year of publication for this journal. Readers will note that there are several significant differences. The first, and perhaps the most obvious, is the change in size. This was done for several reasons: It allows for more material on each page, thus reducing the number of pages for each issue. This is important in light of increased printing and mailing costs. It also allows for greater flexibility in page and cover design.

A second major difference is the change in name for the journal to the International Journal of Reality Therapy. This much more accurately reflects the spread of the basic ideas that led to the creation of the Journal in 1981. Readers will note on the inside of the front cover the national groups that have formed throughout the world built on the concept of spreading the ideas of reality therapy and choice theory. This also led to the new cover design developed by the Northeastern University Publications Department. They were asked to design a cover that more accurately reflected the international scope of the Journal.

Another change that was made was the addition of a statement on the editorial page that the material contained in Journal articles reflects the views of the authors, and does not necessarily represent the official position of, or endorsement by, The William Glasser Institute. This was inserted following a query by the WGI Administrator. Although all articles receive blind review by at least two members of the editorial board, there is no requirement that only articles written by individuals who are reality therapy certified will be accepted. As a scholarly journal, the purpose of publishing is to spread ideas, open dialogues, and allow for critical thinking and examination of the ideas originally presented by William Glasser. If ideas are to last in the future and gain credibility, they must be based on solid research and be able to withstand critical examination by both believers and critics. Ideas are much more powerful than individuals; by welcoming submissions from authors throughout the world, we begin to better understand the current status and future possibilities for growth, development and/or change in the original concepts proposed by William Glasser. Future plans for the Journal call for additional changes, including the development of a WEB-Page for the Journal, as well as other developments that will be discussed in future issues.

This issue of the Journal is an excellent example of the diversity that we have seen in recent years. The sixteen articles came from twelve states, Guam, Canada, Japan, and Croatia. They include material written by students and/or faculty within nine colleges and universities, as well as material from school personnel and private practitioners. Of particular note is the lead article providing a critical overview of research on reality therapy. It is hoped that future issues of the Journal will continue to feature articles based on research that will withstand the rigors of scientific examination.

Readers are reminded that the next issue of the Journal is planned to focus on multicultural perspectives on the theory and practice of Reality Therapy and Choice Theory. Information on deadlines is contained within the Journal. Finally, readers are encouraged to contact the acquisitions office of college and university libraries and ask them to subscribe to the Journal. I receive calls each week from students throughout the United States and Canada who wish access to the Journal, but who cannot find it within their college or university library. In addition, readers who may wish a complete or partial set of previously published journals are reminded that they are all available, either in original form or through photostatic copies. Bulk orders for individual issues may also be available at a reduced cost.
Reality Therapy: A Meta-Analysis
Lisa Radtke, Marty Sapp, Walter C. Farrell, Jr.

The first author is a graduate student in the Dept. of Educational Psychology, University of Wisconsin-Milwaukee; the second author is associate professor in the same department; the third author is a professor in the Dept. of Educational Policy and Community Studies at the same university.

ABSTRACT: This study examined quantitatively the effectiveness of reality therapy across several empirical studies, and it found that reality therapy has many applications, especially school-based ones. Moreover, this study quantitatively summarized 21 studies, using effect-size measures (the degree of effect reality therapy has within a population), which provided a practical significant measure of reality therapy.

Even though reality therapy (RT) did not develop from traditional academic forms of behaviorism, it — like transactional analysis (TA) — has many commonalities with behavior therapy. Traditionally, behavior therapy has been connected with major behavioral organizations such as the Association for the Advancement of Behavior Therapy (AABT). Because cognitions can affect behaviors and behaviors can affect cognitions, one can argue that rational-emotive behavior therapy (REBT), cognitive therapy, cognitive behavior modification, multimodal behavior therapy, personal-concepts psychotherapy, and social-learning theories are all forms of cognitive-behavioral therapy or therapies (Sapp, 1997). Therefore, human cognitive and behavioral dimensions are interactive. As Ellis (1994) has indicated, cognitive, behavior, and affective dimensions occur simultaneously within humans.

Reality therapy differs from some forms of behavior therapy in that it is humanistic and existential. Moreover, reality therapy differs from other humanistic-existential approaches, such as person-centered therapy, Gestalt therapy, TA, and REBT, because it emphasizes total behavior, which involves four components: doing, thinking, feeling, and physiology. Because RT stresses the client’s ability to choose, people are not viewed as victims of their past. That is, they use their brain to choose what they do, feel, think, and experience (Glasser & Wubbolding, 1995; Sapp, 1997; Wubbolding, 1995). Likewise, because RT rejects the medical model of mental disorders and takes an antedeterministic view of human nature, it is at odds with psychoanalytic and psychodynamic approaches.

Finally, RT is a contractual form of psychotherapy that has many similarities with cognitive-behavioral approaches to psychotherapy; however, RT therapy is cyclical in that the therapist forms a relationship with a client, focuses on current behaviors, facilitates the client in assessing his or her behavior, facilitates the client with the commitment and implementation of a plan, and refuses to accept excuses from the client (Sapp, 1997, p 456).

METHOD

Studies of RT were obtained from computer searches of PsychInfo, Carl-uncover, and ERIC from 1987 to 1995 as well as from searches of Comprehensive Dissertation Indexes for Psychology and Education from 1973 to 1995.

Briefly, the purpose of this study is to provide a meta-analysis of RT. Meta-analysis is a quantitative procedure for summarizing the findings of a literature review by calculating effect sizes, which are the degree of effect RT has within a population (Sapp, 1997, p. 119). Commonly, effect-size measures are expressed as $d$ — the differences between two group means (groups receiving RT and ones that do not) divided by a common population standard deviation. This $d$ is analogous to the $t$-test for two independent groups, and effect size measures .20 are considered small; .50, medium; and .80, large. To reiterate, $d$ is the difference between two group means that is expressed in standard deviation units. In addition, correlations can also measure effect; and correlations of .1 are small-effect size measures, .3 is a medium-effect size, and .5 is a large-effect size. Finally, all studies were included within the meta-analysis that had quantitative data.

RESULTS

The average (mean) effect size for the 21 reality therapy studies, using Fisher’s $Z$ transformations of $r$ (19), $p > .05$, however, was $r = .35$. This is a medium effect size, and the corresponding mean $d$ effect size is .75. The sample sizes, $d$ effect sizes, $r$ effect sizes, and so forth are presented in Table 1.

DISCUSSION

Even though the mean $r$ effect for RT is .35, which is considered a medium effect, this measure was not statistically significant because of the small sample size (21 studies); however, this measure has practical significance because RT has an average effect size within the medium range. First, many of the studies used inexperienced therapists, and many of the treatments were brief, especially for the younger participants. Second, many of the clients were not necessarily disturbed, so one would only expect negligible changes on the dependent measures. Furthermore, several of the studies violated the selection threat to internal validity; that is, the RT and control group were not equal on dependent variables prior to receiving RT.

To summarize, although only 21 quantitative studies were located that investigated the effects of RT, it can be concluded that RT has a medium effect. Therefore, one can expect a statistically significant effect for RT when more quantitative studies are performed. Moreover, RT can be viewed as a cognitive-behavior approach to psychotherapy that can be communicated to clients using parsimonious constructs. This makes RT easy for clients to grasp. Because there are few quanti-
### Table 1

**Comparison of Studies**

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Setting</th>
<th>Age/Grade</th>
<th>Sample Size</th>
<th>Control Group</th>
<th>Pre/Post</th>
<th>Intervention Duration</th>
<th>Presenting Results Concern</th>
<th>df</th>
<th>r</th>
<th>+ supported - not supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atwell (1982)</td>
<td>Disruptive students in public school</td>
<td>7th grade</td>
<td>6 males</td>
<td>Yes</td>
<td>Yes</td>
<td>25 days</td>
<td>Increase on-task behavior.</td>
<td>.29</td>
<td>.14</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Improve perception of self.</td>
<td></td>
<td></td>
<td>-</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Improve ratings by teachers.</td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Brandon (1981)</td>
<td>School &quot;critical absence&quot; students</td>
<td>High School</td>
<td>110</td>
<td>Yes</td>
<td>Yes</td>
<td>Unreported</td>
<td>Student absenteeism</td>
<td>.54</td>
<td>.26</td>
<td>+</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Locus of control</td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Burkley (1974)</td>
<td>School</td>
<td>11th &amp; 12th grade</td>
<td>5 males 5 females</td>
<td>No</td>
<td>No</td>
<td>8 weeks for one hour, once a week</td>
<td>Overcoming resistance with client</td>
<td>.26</td>
<td>.13</td>
<td>+</td>
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<tr>
<td>Chambers &amp; McLaughlin (1994)</td>
<td>School</td>
<td>9th grade</td>
<td>34</td>
<td>Yes</td>
<td>Yes</td>
<td>One school year</td>
<td>Mathematic achievement</td>
<td>.39</td>
<td>.09</td>
<td>-</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Attitude towards school</td>
<td></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Chung (1994)</td>
<td>Two correctional institutions in Hong Kong</td>
<td>11-15 year olds</td>
<td>40 males</td>
<td>Yes</td>
<td>Yes</td>
<td>12 sessions for 3 mos.</td>
<td>Self-esteem</td>
<td>+/-</td>
<td>.07</td>
<td>.04</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Behaviors</td>
<td>+</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>School performance</td>
<td>-</td>
<td></td>
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</tr>
<tr>
<td>Crowley (1973)</td>
<td>School</td>
<td>13-19 year olds</td>
<td>60 males</td>
<td>Yes</td>
<td>Yes</td>
<td>10 weeks</td>
<td>Personality adjustment</td>
<td>-</td>
<td>NA</td>
<td>NA</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Behavioral adjustment</td>
<td></td>
<td></td>
<td>-</td>
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<td>Dakoske (1977)</td>
<td>Suburban school</td>
<td>5th grade</td>
<td>16 males 14 females</td>
<td>Yes</td>
<td>Yes</td>
<td>15 sessions over 4 mos.</td>
<td>Self-concept</td>
<td>+</td>
<td>.73</td>
<td>.34</td>
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<td></td>
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<td></td>
<td></td>
<td>Discipline</td>
<td>+</td>
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<td></td>
<td></td>
<td>Follow-up self-concept</td>
<td>-</td>
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<tr>
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<td>Setting</td>
<td>Age/Grade</td>
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<td>Pre/Post</td>
<td>Intervention Duration</td>
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<td>Results</td>
<td>Effect Size</td>
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<tr>
<td>Dunbebin (1980)</td>
<td>School administration</td>
<td>Elem. school</td>
<td>4 groups</td>
<td>Yes</td>
<td>Yes</td>
<td>Unreported</td>
<td>Organizational climate</td>
<td>-</td>
<td>-.05</td>
<td>-.03</td>
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<td></td>
<td></td>
<td></td>
<td>Goal emphasis, team building, work facilitation, leader trust, subordinate influence End-result variables</td>
<td>-</td>
<td></td>
<td></td>
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<tr>
<td>Gang (1974)</td>
<td>School</td>
<td>4th/5th grades</td>
<td>6 males</td>
<td>No</td>
<td>Yes</td>
<td>Unreported</td>
<td>Increase desirable behavior</td>
<td>+</td>
<td>NA</td>
<td>NA</td>
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<td></td>
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<td></td>
<td></td>
<td>Decrease undesirable behavior</td>
<td>+</td>
<td></td>
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<tr>
<td>German (1975)</td>
<td>Residential youth institution</td>
<td>Adolescents</td>
<td>Unreported</td>
<td>Yes</td>
<td>Yes</td>
<td>One school year</td>
<td>Self-esteem</td>
<td>-</td>
<td>.20</td>
<td>.10</td>
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<td></td>
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<td></td>
<td>Self-rating behavior</td>
<td>+</td>
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<td>Observer rating behavior</td>
<td>+</td>
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<td></td>
<td>Decrease in behavioral offenses: (a) in dorm (b) out of dorm</td>
<td>-</td>
<td></td>
<td></td>
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<td>Honeyman (1990)</td>
<td>Residential treatment program for chemical dependency</td>
<td>Adult Clients (21-60)</td>
<td>24</td>
<td>No</td>
<td>Yes</td>
<td>6 weeks</td>
<td>Personal perceptions (e.g., increase self-esteem, more responsible living, awareness of addiction)</td>
<td>+</td>
<td>NA</td>
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<tr>
<td>Laspina (1976)</td>
<td>School</td>
<td>5th grade</td>
<td>98</td>
<td>Yes</td>
<td>Yes</td>
<td>8 weeks</td>
<td>Increase creative thinking, Increase on-task behavior.</td>
<td>-</td>
<td>.06</td>
<td>.03</td>
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<td>Lynch (1975)</td>
<td>School</td>
<td>9th grade</td>
<td>394</td>
<td>Yes</td>
<td>Yes</td>
<td>5 months</td>
<td>Teacher behavior Math competencies</td>
<td>+</td>
<td>.07</td>
<td>.04</td>
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<tr>
<td>Author/Year</td>
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<td>Age/Grade</td>
<td>Sample Size</td>
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<td>Presenting Concern</td>
<td>Results</td>
<td>Effect Size</td>
<td>Effect Size</td>
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</tr>
<tr>
<td>Martig (1978)</td>
<td>Community College</td>
<td>College students</td>
<td>22 males, 22 females</td>
<td>Yes, Yes</td>
<td>5 weeks (2 sessions each week, 1.5 hrs each)</td>
<td>Social involvement, Anxiety reduction, Self-control, Locus of control, Logical/objective thinking, Assertiveness, Less depressive</td>
<td>F+, +</td>
<td>-.50</td>
<td>.24</td>
<td></td>
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<td>Matthews (1972)</td>
<td>School</td>
<td>4th/5th grade</td>
<td>105 males, 116 females</td>
<td>Yes, Yes</td>
<td>4 months</td>
<td>Self-concept, Social adjustment, Reading, comprehension, Discipline</td>
<td>+</td>
<td>-.05</td>
<td>-.03</td>
<td></td>
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<tr>
<td>Parish (1991)</td>
<td>Class via voice communications system “Telemat”</td>
<td>Undergrad &amp; grad college students</td>
<td>32</td>
<td>No, Yes</td>
<td>8 weeks</td>
<td>Self-concept, Actions (i.e., loving, hating)</td>
<td>+</td>
<td>1.67</td>
<td>.64</td>
<td></td>
</tr>
<tr>
<td>Parish (1992)</td>
<td>Grad level research class</td>
<td>Grad students</td>
<td>36</td>
<td>No, Yes</td>
<td>1 semester</td>
<td>Student enthusiasm, Student performance</td>
<td>+</td>
<td>1.71</td>
<td>.65</td>
<td></td>
</tr>
<tr>
<td>Parish, Martin, &amp; Khrantsova (1992)</td>
<td>Class via voice comm. system</td>
<td>College students</td>
<td>23</td>
<td>No, Yes</td>
<td>6 weeks</td>
<td>Convergence of real selves/ideal selves</td>
<td>+</td>
<td>1.81</td>
<td>.67</td>
<td></td>
</tr>
<tr>
<td>Parish, Weroha, &amp; McCluskey (1993)</td>
<td>Remote locales</td>
<td>Grad students</td>
<td>28</td>
<td>No, Yes</td>
<td>6 days of meetings (2 3-day sessions)</td>
<td>Level of enthusiasm for taking course</td>
<td>+</td>
<td>14.04</td>
<td>.99</td>
<td></td>
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<tr>
<td>Peterson &amp; Woodward (1994)</td>
<td>Rural school</td>
<td>6th grade</td>
<td>116</td>
<td>Yes, Yes</td>
<td>Sept. to May</td>
<td>Self-concept, Locus of control</td>
<td>+</td>
<td>.35</td>
<td>.17</td>
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<tr>
<td>Author/Year</td>
<td>Setting</td>
<td>Age/Grade</td>
<td>Sample Size N; M or F (if specified)</td>
<td>Control Group</td>
<td>Pre/Post</td>
<td>Intervention Duration</td>
<td>Presenting Concern</td>
<td>Results + supported - not supported</td>
<td>Effect Size $d$</td>
<td>Effect Size $r$</td>
</tr>
</tbody>
</table>
|-------------|---------|-----------|--------------------------------------|---------------|---------|-----------------------|-------------------|--------------------------------------|----------------|----------------|}
| Shea (1973) | Delinquent students in public school | 8th grade | 84 males | Yes | Yes | 56 meetings winter & spring terms | Improve self-concept, Improve attitude, Decrease delinquent behavior, Grades, Absentee rate | + | .58 | .28 |
| Watts (1976) | Four community colleges | College students | Unknown | Yes | Yes | 2 semesters | Locus of control | - | - .20 | - .10 |
| Welch (1978) | School | K-7th teachers | 16 teachers | Yes | Yes | 6 weeks | Teachers' positive affective behaviors, Student on-task behavior, % of students referred to principal, % absences | - | .89 | .41 |
| Wichmann (1991) | Wilderness camp w/at-risk youth | 13-18-yrs-olds | 58 males | Yes | Yes | 1 month | Reduce asocial behavior | + | 1.01 | .45 |
| Zapf (1976) | Community residence for cognitively disabled women | Adults (age 20-52) | 8 females | No | Yes | 14 weeks | Personal growth | - | NA | NA |
tative studies investigating the efficacy of RT, more research is needed in this area. Nevertheless, RT has excellent applied value in that it is a treatment that can be applied to almost any individual or group setting. For example, it can be applied to the treatment of low self-esteem, sexual abuse and recovery, educational difficulties, healthier living, and so forth. In essence, the variety of applications for RT is virtually unlimited. Finally, additional quantitative research is needed that examines the applications of RT to various populations such as children, adults, minorities, women, and so on.

REFERENCES


Gestalt Therapy and Reality Therapy: A Review of Dissertations

John Baca

The author, LPC, is in a graduate program in College Student Development and Counseling at Northeastern University in Boston, Mass.

ABSTRACT: The last three decades have generated an interest in a wide variety of therapeutic treatment modalities among counseling professionals. Training institutes have been developed to assist individuals in the application of these existential theories. The primary purpose of this particular literature review was to examine the Doctoral Dissertations that focused on the implementation of Gestalt and Reality Therapy. An evaluation was conducted to determine if there were any substantive correlations among both modalities.

Of the seven dissertations written in the past twenty years, three major themes were emphasized:

1) Two conducted literature reviews on how both modalities used together complement each other:


2) Two explored the therapist style and theoretical orientation:


3) The final three measured the effects of therapeutic techniques/methodologies used in specific areas of research.


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Choice Theory and College Students With Learning Disabilities: Can Reality Therapy Facilitate Self-Determination?

Don T. Basse, Jay M. Siauter

ABSTRACT: The assertion is made that the tenets of choice theory may be actively applied through reality therapy interventions to facilitate the development of self-determination on the part of college students impacted by learning disabilities. Since passage of the Education for All Handicapped Children Act (PL 94-142) in 1975, students with specific learning disabilities have been entering college in ever increasing numbers. Research indicates that these students exhibit low self-esteem, externalized locus of control, lack of autonomy, and reluctance to self-advocate. Further empirical research is recommended to demonstrate the efficacy of choice theory/reality therapy in counseling college students impacted by learning disabilities to take more effective personal control of their lives.

Historically, a person whose ability to learn differs from the norm has been perceived as a less competent student and, in many cases, a less capable human being. Professionals working in higher education agree that in order to facilitate the inclusion of college students with specific learning disabilities (referred to throughout this paper as LD) into the mainstream of post-secondary education, administrators and student-service providers are met with a challenge (Orzek, 1984). If the goal of providing counseling to college students with LD is to facilitate their full involvement in the community and to increase their opportunities for success, counseling techniques must be developed which are effective in helping students to become aware of and to utilize their strengths while compensating for their learning style differences. Students whose academic and personal lives are impacted by LD need to be provided techniques for gaining effective control of their lives — and their destinies. The argument is made that the utilization of choice theory, and its therapeutic application through reality therapy, may provide an opportunity for college students to gain effective control of their personal and academic lives and, thereby, be successful in their post-secondary endeavors (Glasser & Wubbolding, 1995).

Addressing the question of the applicability of the tenets of choice theory to the goal of counselor facilitation of opportunity for college students with LD, this study considers the perception of choice as an essential component for these students in taking effective control of their personal and academic lives. Furthermore, if choice theory is applicable to facilitating the development of effective control within this population, can it be practically applied with reality therapy techniques through systematic intervention? At this point, it is helpful to consider the attributes of college students with LD through a research directed schema which describes this population’s view of their relative levels of control over their personal and academic identities.

Based upon a review of the literature on self-concept, self-esteem and locus of control issues for individuals with LD, the argument is made that choice theory may be applied through reality therapy interventions with the objective of improving self-esteem and internalizing locus of control for the college student population affected by LD. For purposes of this study, self-concept, self-esteem, and locus of control are combined with concepts of autonomy and self-advocacy to synthesize one developmental process defined as self-determination. Self-determined individuals act autonomously, are self-regulating and are causal agents in their own lives (Wehmeyer, 1994).

It can be expected that college students with LD who take more effective control of their personal and academic lives will be more successful in the milieu of higher education. Increased personal and academic achievement for the student impacted by LD may be translated into benefits for the student as well as the educational facility which provides these counseling services. These benefits are threefold (Siperstein, 1988) and include the following: an increase in the number of students with LD who select college as an option; second, an increase in the number of students with LD who are retained and successfully complete college; and, third, an increase in the number of students with LD who ultimately find employment after graduation.

LEARNING DISABILITY: THE ETIOLOGY

Consideration of the concept of learning disabilities has taken many forms and has been approached from different directions since early studies were conducted with brain-injured soldiers (Goldstein, 1939). Early knowledge of LD focused primarily on assessment and remediation of academic deficits of pre-adolescents (Hallahan, Kauffman, & Lloyd, 1985). Since 1965, research has been conducted that not only considers the intellectual ramifications of LD, but also the psychological and neuropsychological perspective (defined as the study of the relationship between brain and behavior) of individuals impacted by LD of many types (Renna, 1993; Rourke & Fuerst, 1991). In 1975, the Education for All Handicapped Children Act (Public Law 94-142) was passed by Congress requiring each state to offer free and appropriate education to all children between 3 and 21 years of age. The federal statute guarantees that every child is entitled to a multidisciplinary evaluation and proper help for LD including perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia (Levine, 1984). Because of this legislation, students with LD now receive greater educational opportunities at earlier levels and have a higher probability of entering post-secondary institutions (Orzek, 1984).

Criteria commonly used in defining and diagnosing LD include normal intelligence, evidence of under-
achievement in academic and vocational performance, and no evidence of primary psychopathology (Rourke & Fuerst, 1991). Since learning disability refers to a handicapping condition which interferes with an individual's ability to store, process or produce information, the preponderance of research conducted on LD has considered children as subjects (Cooley & Ayres, 1988, Rogers & Saklofske, 1985), however, LD affect adults as well as children. For adults, being diagnosed with a learning disability is either an opportunity to live a more productive life or a stigma that brings additional hurt and isolation (Winbush, 1995).

The primary factor utilized in diagnosing LD in children and adults is that a gap exists between a person's intellectual capacity, as measured on standardized tests of intelligence, and the person's performance and productivity in academic endeavors. Individuals with LD, by definition, have average to above-average intelligence, but have trouble learning because their minds process words or information differently (Winbush, 1995). As many as 15 percent of school-aged children and adults with average or above-average intelligence and adequate educational support and opportunity have moderate to severe reading difficulties (Kitz & Nash, 1992).

Some research has noted a persistence of LD over time within certain families, contrasted with the tendency for reading to reach average or above average levels by young adulthood in other families (Smith, 1992). However, the majority of recent research reveals that children affected by LD including dyslexia, minimal brain dysfunction, hyperactivity, and attention deficits do not "grow out" of these problems as the child matures. The indications are that underlying neuropsychological assets and deficits, including those responsible for learning difficulties, remain relatively unchanged throughout the life of those affected.

Research has also suggested that individuals with LD suffer from a set of neuropsychological deficits that is resistant to remedial interventions designed to attack these weaknesses directly (Rourke & Fuerst, 1991). Renna (1993) stated that an understanding of the science of neuropsychology is critical for professionals working with students to know how these students can best compensate for deficits and how education can be successfully undertaken. Since research has indicated efforts to directly attack LD, in an attempt to remediate these disorders, are not productive (Kitz & Nash, 1992), it is logical that professionals working with students affected by LD consider teaching compensatory-skills development to these individuals.

In working with college students impacted by LD, it is productive to consider the heterogeneity of subtypes evident in the LD population. Counseling strategies of the past have ignored in-group deviations, while individual strengths and variations have not been adequately considered in remediation strategies. Not only do great variations occur from person-to-person within the population affected by LD, but also inconsistencies occur within each individual in terms of learning strengths and deficits.

Although everyone has strengths and weaknesses, the dyslexic's, for example, are greatly exaggerated (Ryan, 1994). Popular approaches used in the past with college students impacted by LD have opted to provide treatment with a homogenous group methodology which has served to disempower individual students. Their individual strengths have not been emphasized. Rather, these students have been treated as a homogenous group, all with the same set of deficits. Through this treatment approach many students have developed the belief that their efforts will not result in desired outcomes; they have developed learned helplessness (Selgman, 1975). Rather than receiving counseling which facilitates gaining effective control of their lives, many college students have, through reliance on traditional treatment programs, lost control of their lives and their destinies (Stensrud & Stensrud, 1981). Instead of being empowered, these college students have become more dependent. Their perception of helplessness has increased.

**CHOICE THEORY/REALITY THERAPY (CT/RT): TAKING EFFECTIVE CONTROL**

Promulgated by Glasser (1985), choice theory, and its practical application through the use of reality therapy (Wubbolding, 1988), may provide effective intervention in working with college students impacted by various learning disabilities. Choice theory is a biologically based theory that describes how people function as living creatures. It conceptualizes all behavior as an attempt to satisfy needs built into the genetic structure of the brain (Glasser, 1992). While traditional stimulus-response theory contends that human behavior is externally motivated, choice theory views all behavior as internally determined. Individuals, according to choice theory, always decide how to behave at any given time. All behaviors are an attempt on the part of the individual to fulfill the biological need to survive and the four basic psychological human needs: belonging, power, freedom, and fun (Glasser & Wubbolding, 1995).

Choice theorists see all human behavior as based on choice. Glasser (1992) postulated that no one can make another person do anything the other person does not want to do. Regardless of how they feel, individuals always have some choice over what they do. The goal of choice theory is to help people learn as much as they can about how they behave — especially how they control their behavior so that they can be more effective in satisfying their needs (Glasser, 1985). More succinctly, choice theory has been developed to help people take more effective control of their lives. Choice theory, however, is simply theory. The tenets of this theory must be applied through an action oriented system of techniques. Reality therapy provides a systematic method by which the principles of choice theory may be applied to human beings.

Reality therapy helps people examine their wants and needs, evaluate behaviors, and make plans for fulfilling needs. The desired outcome of reality therapy is behavior change resulting in greater needs satisfaction (Glasser & Wubbolding, 1995). Effective satisfaction of these needs results in a sense of individual control on the part of the client. The emphasis of reality therapy is on doing or taking action because this is the component of
human behavior most under an individual's direct control (Wubbolding, 1988). The goal of reality therapy may be described as helping clients replace their ineffective behaviors with effective ones and, thereby, taking more effective control of their lives. Interventions are designed to facilitate reducing the discrepancy between what clients perceive they have in their lives and what they want. Counselors help clients follow through on plans the clients have developed. Though these plans may at first seem disagreeable, counselors link such plans to greater need-fulfilling payoffs (Wubbolding, 1988).

Reality therapy seeks to empower the client and, in an effort to do so, reality therapists speak repeatedly of choice. Reality therapists discuss the degree of choice clients perceive as being available to them and changes clients can choose to make in their behavior. Though, initially, behavior changes may be incremental, over a period of time these changes result in variations in feeling and thinking (Glasser & Wubbolding, 1995). A major component of reality therapy is the counselor's loyalty to the client. The therapist does not give up on the client, but remains committed to facilitating the development of more effective behavior. Application of directive techniques, including skillful questioning, eventually aids clients in overcoming a sense of failure resulting from out-of-control behavior and ineffective life direction. Ultimately, with willingness and the development of a repertoire of skills for meeting the five needs — survival, belonging, power, freedom and fun — clients develop a "success identity" (Corey, 1996) in which they start believing in their own capabilities.

LEARNING DISABILITY:
LEARNED FAILURE IDENTITY

When people habitually fail to fulfill their needs effectively, they develop a "failure identity" characterized by ineffective or out-of-control behaviors (Glasser, 1985). College students affected by LD, by definition, do not perform up to the expectations generated by their abilities and, almost inevitably, develop a poor opinion of themselves in reaction to constant criticism and failure. Students with LD often exhibit enhanced awareness of their limitations relative to their peers and heightened sensitivity to being different (Lutwak & Fine, 1983). College is a stressful experience without the added burden of personal anxiety and academic stress correlated to cognitive anomalies. Add to all the normative stress a learning disability, and it becomes apparent that many students affected by LD will need intensive and, depending on the client, either brief or long-term counseling during their college careers (Sicoli, 1986).

Choice theory, and its practical application through reality therapy techniques, may be well suited to help college students with LD overcome their possible failure identity. This approach places major emphasis on the personal responsibility of clients for the development of action plans intended to compensate for their problems. Reality therapy facilitates the development of autonomy and responsibility on the part of the client and, in so doing, ameliorates the tendency of the LD client to invoke external factors of luck and task ease as explanations for success and failure. Rourke and Fuerst (1991) concluded that normal achievers tend to internalize success while those affected by LD externalize success. Cooley and Ayres (1988) argued that such a pattern of attributions and self-concept could produce reduced motivation and effort, leading to a feeling of helplessness. Choice theory states that individuals are motivated by internal forces. According to this theory, nothing a person does is caused by something that happens outside themselves (Sansone, 1993).

Learned helplessness, a person's belief that his/her efforts will not result in desired outcomes (Seligman, 1975), is a determinative behavioral characteristic through which some college students with LD conduct their daily lives. Seligman (1975) stated that helplessness is a psychological state that results when events are uncontrollable. According to this theory, an event is uncontrollable when individuals cannot do anything about it, when nothing they do matters. A client's expectancy of powerlessness contributes to the experience of powerlessness and thus becomes a self-fulfilling prophecy. Stensrud and Stensrud (1981) found that many counseling techniques actually contribute to the feeling of helplessness and dependency on the part of the client.

The structuring of counseling services offered to college students with LD will have a significant impact on their perceived personal power. Within the reality therapy context, less attention is placed on labeling students and more attention is placed upon identifying the client's interpretation of the problem. Careful consideration is given to what is blocking need-fulfillment for the client and, then, to the development and implementation of appropriate action strategies that can remove the block. Thereby, the discrepancy between what clients perceive they have and what they need may be reduced and, eventually, eliminated (Parish, 1996).

Reality therapy demands that clients take an active part in the remediation of their presenting problems. In fact, reality therapy may be the most action-based of all the cognitive behavior therapies. According to choice theory, behavior is the mechanism used to fulfill human needs (Glasser & Wubbolding, 1995). Unless college-student clients with LD participate actively in the entire counseling process, these clients may be taught powerlessness (Stensrud & Stensrud, 1981). Reality therapy based on choice theory demands that clients take an active, collaborative position, fully participating in the identification of their problems and the development and implementation of plans to remediate their difficulties.

LOCUS OF CONTROL AND SELF-CONCEPT ISSUES OF LEARNING DISABILITY

A great deal of research has been conducted with children affected by LD focusing on their academic and general self-concept attributions (Cooley & Ayres, 1988; Rogers & Saklofske, 1985). This research has also considered attributions regarding internal versus external locus of control. Cooley and Ayres (1988) found that children with lower self-concepts were more likely to attribute failures to lack of ability and to explain their successes in terms of external factors. Within this group, maladaptive attribution patterns were associated with low academic self-concept. According to Rogers and
Saklofske (1985), it seemed likely that negative self-concepts, external locus of control beliefs, and low academic performance expectations have a detrimental effect on persistence and effort in learning situations leading to failure experiences.

Rather than referring to the manner in which individuals perceive themselves as their self-concept, which is often considered in a negative context, Kelley (1996) suggested a more appropriate description of how clients view themselves in respect to their self-esteem. This theorist contended that each youth is born with an innate set of healthy attributes which include common sense, unconditional positive self-worth, a desire to learn for the satisfaction of learning, and a natural joy in the understanding and pro-social mastery of the environment. According to Kelley (1996), from this innate, healthy psychological perspective, high self-esteem is automatic and effortless. Self-esteem serves as the motivation behind the desire to achieve. Within the mind state marked by high self-esteem, learning and performance are experienced as natural.

Although learning will never be effortless for college students with LD, the purpose of using choice theory, as applied through reality therapy with this population, should be to improve the self-esteem of those affected by LD. Additionally, the concepts of choice theory should be applied to facilitate the internalization of locus of control for college students with LD. Reality therapy specifically empowers clients to accept responsibility for the identification and remediation of their presenting problems. Genuine choice, or responsibility, can occur for students only when they combine action, or doing behavior, with motivation to be successful.

Reality therapy may be ideally suited to promoting active behavior and developing success identities on the part of the LD-affected college students by helping them to feel powerful, possess a sense of self-worth, and meet their needs in ways that are not at the expense of others (Corey, 1996). Successful people learn to know what they want, decide upon major goals, develop specific plans to attain their goals, and determine the benefits that reaching goals will bring (Martin, 1995). They make decisions through invoking choice; they choose a direction leading to action. Martin (1995) concluded that successful people learn as they go and see themselves as originators of actions in their lives. Successful people share the same basic set of skills. The ability to learn and invoke these skills has been defined as self-determination, that is the attitudes which lead people to define goals for themselves and their ability to take the initiative to achieve these goals (Martin, 1995).

**SELF-DETERMINATION: A COMPOSITE OF ATTRIBUTES**

Self-determined individuals are decisive — they know what they want and how to get it. From an awareness of personal needs, they evaluate options, choose goals, and pursue them. This process involves asserting an individual’s presence, making his or her needs known, evaluating progress toward meeting goals, adjusting performance, and creating unique approaches to solve problems (Martin, 1995). In this way, self-determined individuals act as the primary causal agent in their lives and make decisions and choices regarding the quality of their lives free from undue external influence or interference (Ludi, 1995). In CT/RT terminology, self-determined individuals are aware of their needs and wants. They identify plans of action to reduce the discrepancy between what they perceive they have and what they want. Ultimately, self-determined people take action to get what they want.

Semantically, self-determination encompasses the concepts referred to in earlier research as autonomy, general and academic locus of control, self-advocacy, and self-esteem. The focus of choice theory and reality therapy applications in working with the learning disabled college student population, it is hypothesized, should be to facilitate self-determination of this population if CT/RT is to provide successful intervention. College students impacted by LD need to learn as much control over their lives as is individually possible. Developing the opportunity to play a central role in determining their own fate — self-determination — may be the single most productive challenge experienced by college students with LD, their instructors, counseling providers, and ancillary staff (Ludi, 1995; Martin, 1995).

Gerber, Ginsberg, and Reiff (1992) found the same success and self-determination behaviors apply to adults with LD as apply to the non-disabled, successful population. These researchers found successful individuals with LD had these characteristics: control of their lives and surroundings; a desire to succeed; well thought out goals; persistence; ability to adapt to their environment; and, a social support network that facilitated success. Reality therapy may be effectively applied to develop process-centered plans focusing on actions; college students with LD can realistically accomplish this apart from any ultimate results.

Those who want to succeed may set achievable goals and confront their learning disability so that appropriate measures can be taken to increase the likelihood of success (Wubbolding, 1988). Rather than developing intricate plans for achieving overly ambitious goals immediately, clients may be influenced to start with well thought out, manageable plans-of-action that may be followed up with other achievable goals. As one successful behavior leads to another, clients will begin to believe in their ability to act as a causal agent in their own lives. These process-centered plans are realistic, achievable, and comprise the delivery system for attaining the wants and goals identified in the client's “picture album,” i.e. an internalized view of what the client wants his/her life to be like (Glasser, 1985; Glasser & Wubbolding, 1995).

Young adults with LD need to learn techniques that are appropriate for higher educational involvement and that provide access to learning situations that skill deficits have made unmanageable (Siperstein, 1988). These college students need to become empowered to act on their own behalf. Within the reality therapy context, college-student clients may be helped to make plans to fully participate in their educational development and to remediate their personal problems. Wubbolding (1988) stated that clients will take part in these types of plans and actions only if there is involvement,
friendship, and a feeling of trust on the part of the therapist. By developing rapport with college students on the behavioral and content levels of communication, respect for the client is demonstrated and mutual trust is facilitated (McDowell, Bills & Eaton, 1989). This development of a therapeutic alliance is crucial to the success of counseling initiatives with college students affected by LD (Sicoli, 1986).

As well as focusing on the importance of the therapeutic relationship, reality therapy's utilization of paradox and reframing is applicable to intervention strategies for use with clients with disabilities of many types including LD (McDowell et al., 1989; Wubbolding, 1988). These techniques may be used to help college students with LD focus on their strengths and assets, while acknowledging their academic deficits. A common misperception among educators is the belief that achievement produces self-esteem. Greene and Uroff (1991) found that self-esteem produces achievement; individuals with high self-esteem see themselves as being capable, worthwhile and valued. The conclusion of these authors was that both affective and cognitive needs of students must be met if these students are to be successful. Choice theory, through applied reality therapy, may be utilized to counsel LD college students regarding their affective, personal needs and instruct these students regarding their academic, cognitive needs.

Lovett (1985) recognized the difference between controlling people and assisting them to control themselves. Practitioners of reality therapy seek to do the latter. In working with college students impacted by LD, it is ethically imperative to impress upon them the need for personal autonomy and taking effective control of their lives. Reality therapists view all behavior, effective or ineffective, as the students' best attempt at the time to satisfy the needs and wants within themselves. Sansone (1993) described human beings as control systems that act upon the world in an attempt to get what they want. What they want has been previously established as a picture in their "quality world," the collection of images and concepts deemed as positive and important to each individual (Glasser, 1985). By understanding that college students with LD are not getting what they want, and offering to assist in remediation of this situation, the reality therapy practitioner is helping the student take the first step toward real change.

Behaviorism and stimulus-response theory is rooted firmly in the present. Choice theory places emphasis not only on the present, but also on the future (Sansone, 1993). Choice theory, while focusing on action and cognition, also considers the functions of feeling and physiology as integral components of the learning disabled college student's "total behavior" (Glasser & Wubbolding, 1995). A goal of CT/RT is directing a client's "total behavior" toward the development of present and future autonomy and responsibility through assisting clients to take effective control of their lives.

Developing independence is essential for college students impacted by LD as success in college demands academic autonomy. Orzek (1984) stated that independence and motivation have been the most important factors in the success of students who have continued for more than one year in special programs for LD students at Wright State University. Choice theory, with its consideration of students' needs, their needs levels, and whether or not their needs are being met may motivate and inspire students in their development of autonomy (Parish, 1996). Reality therapy technique requires clients to take an active, collaborative role in self-evaluation. Planning and self-evaluation are followed by independent actions aimed at remediation of their presenting problems as clients are required to be their own causal agents. Reality therapy has proven to be effective with students because it is action oriented rather than insight oriented (Renna, 1993).

It is helpful if counselors and instructors working with college students with LD focus on what is possible in students' lives and that, despite intellectual deficits, students be held responsible for their behavioral choices. Renna (1993) noted that students should not be allowed any excuse to act irresponsibly. The reality therapist stresses throughout the interactive process that learning disabled students have many possibilities in their lives. Renna (1993) suggests moving the students outside of the classroom or counseling session into the community where new experiences will add depth and dimensionality to the limited world of the student. Finally, and possibly most importantly, CT/RT practitioners should understand that learning may be measured in small increments. Students with disabilities are so used to people having lowered expectations of them that they do not naturally persevere and take risks in the learning of new skills (Renna, 1993). Therefore, never giving up on these college-student clients is a major aspect of effective intervention within the CT/RT environment.

MEASURING THE EFFECTIVENESS OF CT/RT INTERVENTIONS

In order to state, with some degree of confidence, that choice theory and reality therapy concepts may be effectively applied to counseling and academic strategies to be used with college students impacted by LD, research should be conducted in the use of these techniques with this population. As follow-up to the current report, it is recommended that research of a quantitative nature be conducted to empirically measure the level of significance of change that occurs in college students with LD when CT/RT intervention is applied to this group. Several verified instruments have been identified which could be modified for use in pretest-posttest control group design. Ideally, pretest measurements should be collected with modified versions of these instruments by testing both the experimental and control group. CT/RT techniques should then be applied to the experimental group with the intention of increasing the levels of autonomy, self-esteem, self-advocacy, and locus of control, or more precisely, the self-determination of the experimental group. A control group should also be exposed to a therapeutic approach which differs significantly from CT/RT. Orthodox, stimulus-response, or behavior therapies, because of major fundamental differences in their theoretical orientation from reality therapy, may be logical approaches for intervention with a control group. Also, behavior approaches and stimulus-response techniques have traditionally been the
most popularly applied interventions for use with persons with sensory, cognitive, and physical challenges (Lovett, 1985; Renna, 1990).

Quantitative research designed to measure the effectiveness of CT/RT intervention on a population of college students with LD should consider the question of effectiveness with specificity (Stiles, Shapiro & Elliott, 1986). Such research must consider small units of objectifiable measurement with great precision and multiple levels of analysis. The question of therapeutic efficacy should consider both process and outcome equivalence of techniques. Stiles et al. (1986) asserted that a closer look at outcomes is represented by movement toward the following foci: differentiation via behavioral assessment; distinguishing specific effects from global effectiveness; and, assessing the impacts of sub-units of therapy, such as sessions, events within sessions, and isolated types of therapy.

REFERENCES


Habituol Desires: The Destructive Nature of Expressing Your Anger

Patric Barbieri

The author, a basic practicum supervisor, is the Educational Coordinator at the LABBB Program in Lexington, Massachusetts.

ABSTRACT: From the inception of our life we have expressed our anger. When we were unhappy, we cried, pouted, yelled and refused our parents' commands to express discontentment. When we were not getting what we wanted, we behaved to let others know what was on our mind. How much have we matured in effectively handling our anger since first entering into the world as an infant? We have formed a perception of the nature of anger; if expressed, it will detach itself from our mind and we will feel better. What we learned is how to treat the symptoms of an internal conflict. One of the symptoms we call anger, or anxiety. In consequence, we continued to look for ways to release our anger through external expressions, resisting the endeavor to get in touch with its roots.

I recall a time recently when I was standing in line at the bank. It was a long line and I was prepared for a lengthy wait before I reached the teller. My mind soon drifted off, now thinking of something that brought me to a place that was oblivious to the fact that I was just standing there, not moving. Unexpectedly, a loud outburst blared into my right ear. I was startled by, "Will you move up to the teller for crying out loud, pay attention!" I was totally unaware for a moment, that this man, who was standing behind me, was yelling to get my attention. At once, I moved up to the open window. Handing my transactions to the teller, as I replayed this man's impetuous remarks, I felt a wave of anger crashing through my mind. "That guy's not going to talk to me that way in front of all these people!" I muttered to myself. I immediately desired to walk back to this person and . . . but I regained my thinking.

The first thoughts that entered my mind were, "Maybe this man is late for his meeting, or he is supposed to pick someone up, or he has to catch the bus." "He is not actually mad at me," I thought. He obviously wants the line to move more quickly and he does not have any control over the situation except to choose to be angry. Walking back to my car, my perceptions of this person's outbursts started to change. If he just had the opportunity to learn how to control his frustration, he may not have taken his anger out on another person.

With further introspection, I also was disappointed with my own behaviors. I did not exert any outward visible signs of anger, but I did feel anger arise in my mind and body. I was frustrated because I felt an urge to react to the situation. Even though I could control my outward expression of anger, I felt, at the time, that I could not control my internal behavior. I learned a valuable lesson from this event, and if the man who yelled at me did not respond to my failure to advance to the teller, I could not have experienced this opportunity to practice mindfulness. How could I be angry at this person? I should thank him for giving me this opportunity. However, I'm sure he would be quite confused if I approached him and reported his invaluable teaching methods.

This occasion allowed me to deepen my understanding of myself and my behaviors. By changing my perception of the situation, I was able to transform my anger into a feeling of understanding. This gave me the chance to look more deeply at my initial position; to use it as a technique to develop control over my actions.

There is a story, which was told to me, that I reflect upon when I get into one of these situations. The story is told of a master swordsman who lived in a small village in northern China. He was a respected swordsman and many people came from around the country to learn from him. During the time of the warring states, many villages were taken over by powerful brigands. Soon the people heard the feared Mr. Chen was coming to claim their village and kill anyone who stood in his way. Surrendering to fear, everyone gathered their belongings and set out to search for a new place to live, with the exception of the master swordsman. Upon entering the village, Mr. Chen noticed that everyone was gone apart from this one person. Approaching him, with a seething gaze, Mr. Chen asserted, "You dare not to leave this village; I am the most feared person in all of the land!" The master remained unmoving, without a word. Mr. Chen became outraged that this man would not be impressed by him and drew his sword. Holding it up to the middle of the man's chest, he emphatically exclaimed, "I am the one who can take this sword and drive it right through you without batting an eye." Unwavering, the Master then replied, with a soft tone in his voice, "And I am one who can have your sword driven right through me without batting an eye." The angry Mr. Chen, who expected respect from this master by his mere presence, realized what he had encountered. The master, with all his skill, could have killed this intruder at any time. He was a compassionate person with a deep understanding of life and death. He would risk his life for his conviction.

We have learned, by observation, that it is quite acceptable to vent our anger at someone if they have made us angry. We talk about it, and we actually believe we need to release this combustible pressure by outward behaviors. Have you ever thought about the function of your angering behaviors? Are they healthy? What are the internal effects of stressing expressions? One only has to look at the evidence between stress, anger and anxiety in the journals of medicine, cardiology and psychology. There are numerous articles linking these expressions with serious internal organ dysfunction and...
**THE ENEMY OF THE MIND**

Why is it so difficult to change our reaction to anger? Expressing anger is habitual, an organized behavior that we have used most of our lives. It is so well practiced, rehearsed, and catechized into our minds that we have learned how to express it too well. We are very aware of the reasons we choose to express our anger; furthermore, we assume that it is healthy for us.

Returning to the bank episode; what did I lose by not responding to the man who expressed his angering feelings towards me? Moreover, what would I have gained if I chose to react with anger; what would I have wanted from this man? Are we protecting our integrity, self concept, honor, or power by reacting? By clenching my teeth and controlling my behaviors, I win a battle over the power of anger. It is more meaningful for me to accomplish control over myself rather than proving my ability to protect my integrity over someone who is just frustrated. "You don't have to take that" is a statement I am sure you have heard many times. My response to that remark is, "You're right, you shouldn't take that from anyone." Let them keep it. When you let it influence your behaviors, by responding back in anger, you have attached yourself to their anger, and incurred their symptom.

Tenzin Gyatso, the Dalai Lama, calls anger the "Enemy of the mind." When anger arises, we tend to use external behaviors to try and control this feeling. Implementing a paradigm shift, by getting more in touch with our anger, transforms our perceptions by cultivating understanding. Our strategy now is to move closer to our anger before it gets away. It is like watching a child. We look after children because if they get away, they are liable to get into trouble or get hurt. When our anger arises, we comfort it, and look after it. Being aware of its manifestation, we have closed the gap between thinking and reacting, before it combusts beyond our ability to control it. This is the essence of mindfulness practice. The more we are mindful of our anger each day of our lives, the better chance we have of harnessing it before it gets away from us, and consequently, we say or do something that we regret.

Letting go of anger should not imply that one is released from the feelings associated with it. "Letting go" or being non-attached to the feeling, is to let go of the behaviors you use that keep you attached to it. When you sit and dwell in anger, it is as if a weight is on your back and you are in the middle of an ocean. Sooner or later the added weight is going to sink you. When your anger arises, you comfort it, and look after it. Being aware of its manifestation, we have closed the gap between thinking and reacting, before it combusts beyond our ability to control it. This is the essence of mindfulness practice. The more we are mindful of our anger each day of our lives, the better chance we have of mastering it before it gets away from us, and consequently, we say or do something that we regret.

Autobiography in Five Chapters

1. I walk down a street.
   There is a deep hole in the sidewalk
   I fall in.
   I am lost... I am hopeless.
   It isn't my fault.
   It takes forever to find a way out.

2. I walk down the same street.
   There is a deep hole in the sidewalk.
   I pretend I don't see it.
   I fall in again.
   I can't believe that I am in the same place.
   But it isn't my fault.
   It still takes a long time to get out.

3. I walk down the same street.
   There is a deep hole in the sidewalk.
   I see it is there.
   I still fall in... it's a habit.
   My eyes are open
   I know where I am.
   It is my fault.
   I get out immediately.

4. I walk down the same street.
   There is a deep hole in the sidewalk.
   I walk around it.

5. I walk down another street.

THE RESPONSE FROM TIBET

The most useful advice that I have listened to, on controlling anger, is by Tenzin Gyatso, the Dalai Lama. He states that, "The world is our practicing ground, and we should be happy and thankful for the opportunities that arise which give us the chance to practice dealing with our anger." We will never be in a world free from anger or anxiety. What we have not been exposed to is the practice of being non-attached to these feelings when they arise. When we feel anger, changing our perceptions that this is now an opportunity for practice, can result in an immediate transformation of our thoughts and feelings.

Can we reframe our perception, in the presence of anger, as an opportunity to understand the nature of its roots? In most instances, anger is more likely to be repressed than greeted. On the other hand, when it arises, then awakening to it, being willing to approach it, confront it, without fearing it, is the only time we will be able to observe this unpleasant feeling. For instance, how many times have you ever heard a rattling sound in your car engine that seems to persist? At some time or another, you are thinking, "I should bring this to a mechanic to have it looked at." So you call and make an appointment to bring your car into the repair shop. The mechanic then inspects your car, and what do you know, the rattling is gone! You say to the mechanic, "It always makes a noise when I am driving!" So what can the mechanic do about it now? If he simply had the opportunity to hear this mysterious noise, most likely he would be able to assess the problem, and repair the car. Unfortunately, at this time, there is nothing he can do but have you bring the car back when the noise returns.

This analogy can represent opportunities of mind states. Just as the mechanic would like to hear the noise
in the car so he can locate the problem, we should also embrace the chance to observe the roots of our anger when it arises. Usually we do not welcome these feelings. We oppose their negative infliction and we resist their presence. What does the anger do when we neglect it? Where does it go? How deep are its roots? From what seed did the anger grow? We can only answer these questions if we confront it and observe it. These are the true opportunities for transformation.

DESTRUCTIVE EXPRESSIONS

Examples of destructive expressions are common strategies that we attempt to use to deal with our anger, which are considered a reprieve, a respite from the constant struggle of resisting further agony. These strategies merely deal with the symptoms, the immediate surface feelings manifesting from an inner conflict. This destructiveness pertains to our internal well being. There are many ways we express our anger, and I am going to focus on several behaviors that have been misconstrued as being “Healthy” expressions.

We all know that drugs, alcohol, and smoking are unhealthy, and many persons still use these methods from habit to calm their anxieties or dampen the effect of unpleasant feelings. On the other hand, what about letting out your anger by yelling, pillow pounding, running, or exercising. Are these good for us? Laughter, which has been prescribed in recent years, is a healthy expression for internal well being; what does this tell us about the internal effects of yelling, and being angry. These behaviors are harmful to us and the long term consequences are certainly destructive. Weakened immune systems, and organ dysfunctions, have all been related to persons with high levels of stress and anxiety. We continue to believe though that expressing our anger is beneficial because it releases the tension. Actually, when we express anger, we are deepening its roots and strengthening its destructive nature.

What about the person whom you say, “made you angry,” and your thought is, “I will feel better once I give him a piece of my mind!” Is this really the issue, that someone “made” you angry? You are responsible for choosing expressions of anger, a habitual behavior we subscribe to and ceaselessly use. The embedded reaction is attached within your mind. We use what we know, what we have practiced, and what we have rehearsed. Angering is the most common practiced reaction we use towards ourselves and others. We understand anger and anxiety as a philosophy of reactionary behaviors learned from our outside school, the real world.

Let me share a story I read about the Dalai Lama when he was giving a lecture in the United States. The Dalai Lama was answering questions from the audience, and one person stood up and asked his advice on how to deal with low self esteem. The Dalai Lama could not understand the question, so he turned to his interpreter and asked, “what is this, low self esteem?” The Dalai Lama was surprised by his response, and asked his interpreter, “have you ever felt this, low self esteem?” And he replied, yes. The Dalai Lama proceeded to ask if this was a common problem in America. His only response was to state that this was never an issue in his commun-

ity of living.

Low self esteem has always been an issue with persons in this country; it is quite common. Why is it so difficult for the Dalai Lama to believe that low self esteem exists on such a large scale? It is obviously the difference in thought, how one philosophy deals with it compared to another. We are not trained in our schools on how to deal with anger or internal well being. We learn that knowledge will bring us happiness and lead to success. How are we dealing with our emotions when we are not feeling successful? Our standards are measured and evaluated on how well we do academically, not on how well we know ourselves. How do you measure success?

Regretfully, we do not know that much about ourselves and how to deal with anger. We learn it on our own, and eventually the time comes when we have developed internal issues, or low self esteem from using behaviors that lead to these feelings. Through watching our parents, friends, and other people in our environment deal with their frustrations, this is what we know. It becomes a habitual desire to externally express our feelings of anger. Can we ever learn how to let anger go? Can we change our philosophy on how we are going to deal with our angering feelings, and how we express it? It is up to each individual. Can you imagine the Dalai Lama, or any of his students screaming, yelling, or threatening someone because they were provoked into anger? Furthermore, are their self esteems injured because someone yells at them or verbally abuses their personality or beliefs? Their philosophy has been disciplined and cultivated all of their lives on how to handle anger. The Dalai Lama teaches compassion and wisdom; expressing anger is against the philosophical teachings of Buddhist thought.

THE NEGLECTED CURRICULUM

Going to prep school was a very demanding and competitive environment. Long study hours, rigid teachers, and little freedom led to my feelings of anxiety. This is what I wanted, I thought! The anxiety became overwhelming, and the best advice I received was, “tough it out.” How I cherished this counsel. Toughing it out became destructive, because I perceived this to mean, repress it, ignore it, and it will not exist. I did not expect, or was prepared for the life of less freedom and academic competitiveness. I did not know any other way to deal with the pressure, so I chose anxiety to help me prepare myself each day in class. It worked, but I was miserable.

I believe that stress education should be mandatory and taught to all of our children from the beginning of their school years. There are children in our schools who suffer enormous amounts of stress and anxiety from their home and school life, and have to deal with it on their own, without any knowledge of what to do with it. Would you ever send your child to an unfamiliar location, without directions, saying, “just go, walk and hopefully you will find it sometime.” This is what it feels like when we are searching for ways to repress anxiety. We give children, teenagers, and adults the directions on how to succeed in school or how to get into college, but we do not provide the instructions on how to deal with the internal struggles of life ahead.
They are on their own! We only confront it when it has grown deep and they begin to show signs of anxiety, depression, or other self destructive behaviors. In this case, the roots have already been firmly planted within their body and mind. Preventive strategies, had they been taught in school, could help children understand the signs of stress and how they can deal with it before they choose other ineffective methods of expression.

**THE DELUDED PERCEPTION OF THE “SELF”**

For the moment, can you begin to visualize who is the one behind it all, that is the one who is having the experiences of these angering behaviors? Ask yourself, who is the one thinking, who is the one acting, who is the one feeling, and who is the one having these physiological sensations associated with anger. The person who we tend to refer to is the Self. The Self is a concept, we have brought to being, who is a thinker, afeeler and an actor. The perception that there is an actual “Self” forms a deluded mind that implies unchangeability and ownership. In actuality, with closer examination, we are a continual motion of experiences that are impermanent and transient. When there is anger present in our mind and body, who is thinking, feeling, and acting out the anger? When anger is present, we must understand that there is not a separate identity we call the Self incurring the anger. We are the anger.

Our being is made up of a flow of experiences. These experiences consist of: perceptions, consciousness, sensations, feelings, and mental formations that are constantly changing; a self connotes permanency of unalterable nature. Why is it important to break through this illusion? The answer is to first cultivate our practice of non-attachment, and we can do this through the practice of meditation and mindfulness. In fact, this is one of the salient purposes of Mindfulness practice, to come to the realization that there is no one behind our cognitive and physiological behaviors, orchestrating their events.

Mindfulness and Concentrative meditation have some similarities and differences. “Meditating” or “Mindful living” can have a myriad of perceptions attached to their purposes. When practicing mindfulness, I am mindful of each moment in my activities as they unfold. I pay special attention to whatever is happening without trying to control it. For example, if I am going for a walk, I am mindful of each step that I am taking. If I am eating, I am mindful of each movement I make from picking the food up with my fork, placing it in my mouth, chewing and swallowing. If I think of something other than the task of eating, then I simply bring my mind back to whatever I am doing at this moment. On the other hand, Concentration meditation is an unbroken mental continuity, pointedly focusing on one object. For instance, if I am focusing my attention on the number four, I am practicing concentration. When my mind loses the thought of the number four, I acknowledge that I have lost my concentration, and bring my mind back to number four.

The techniques of Mindfulness and concentrative meditation have their roots established within the four Noble truths which were taught by the Buddha. The fourth Noble truth is called the eightfold path. There is a clear distinction within the eightfold path between Mindfulness and Concentrative training. These terms have been used interchangeably, without a clear distinction of the purpose that each provides. There is a time to simply be mindful of our behaviors, allowing them to filter into our awareness. When we have developed an awareness of a conflict, and the thoughts and behaviors associated with it, then concentrative meditation should be used to deepen our understanding by getting to its roots. For developing the mind, an instructor must describe a rationale between the importance of these two practices. My purpose is to shed some light on this concept for those of you who wish to utilize these methods for dealing with anger.

My recommendation is to first practice being mindful of your anger. Do not focus on one particular aspect of the anger. For example, if you are focusing on how bad you feel, then you are going to be stuck there. Just watch it. It comes and it goes. It intensifies and it abates. Its frequency changes from moment to moment. If you are attached to it, then you are trying to control it. Let it go its own way. You are only getting to know your angering habits. Do not judge them when they arise. The time will come when you are ready for a concentrative effort in getting to the root of the affliction. Do not be too hasty in attempting to cure or heal your pain, being mindful helps you acquire the knowledge you will need when you engage in a penetrating concentrative process to seek understanding.

**MEDITATION IN ACTION**

I am sure that there are many persons who have engaged in the pursuit of relaxation or stress reduction by using meditation or mindfulness practice and have found little or no benefit from applying these techniques. With consistent effort, they have been practicing sitting meditation for many years, still choosing ineffective behaviors and feeling stressed, day in and day out.

Meditation in action is bringing our practice into the real world. When we first begin to calm the mind, it is necessary for a beginner to practice in a place that is quiet and free from distractions. Beginners have yet to prepare their minds for concentration and equanimity in their lives. It is important to establish a routine, to plant the seed of understanding and mindful living, in a place outside the environment, one you feel influences behaviors of frustration and anxiety.

Using our wisdom, subsequent to a cultivated state of awareness, we must realize that our confines of meditation practice must be expanded outside our daily sitting environment. With awareness, our practice must permeate each and every part of our daily activities. If you believe that the stress you are incurring is rooted in your job, caring for your children, or a hectic daily schedule, the focus is directed to mindfully getting in touch with the stress on the job, or when taking care of your children. We can not seek refuge in our meditation room when we feel “stressed” at work; we utilize the techniques that we have practiced to help us get in touch with our stress then and there. The opportunity is in this present moment, as we identify our anger.

The practicing ground is wherever we are, in the Real world. The spirit of mindfulness practice must be
with us every moment. When awareness is developed, in the real world, then true mindfulness is being cultivated. The transition from the meditation room to the work environment is reinforced from the discipline we use when we are calming the chatter in our mind. The practice does not just happen, you have to implement reminders for yourself to make it happen.

When you are feeling stressed, you may say to yourself, “This meditation is not helping me, I still feel an overwhelming sense of anxiety.” The purpose is not to treat the affliction each time you feel stressed out. The first steps are to just identify and become aware of it. It is O.K. to feel stress, the practice of mindfulness will not take you away from it. When you recognize it is there, from observing its nature; you meet with it, you know what it will do, you know what it feels like, therefore, there is no reason to be afraid of it.

With the advent of new age healing methods we must be more responsible for educating persons of the vital importance in the functional use of these methods. The more preferable term to use to describe these procedures would be preventive medicine. Preventive medicine more appropriately describes what these methods do best, and that is using our wisdom to cultivate a deeper understanding of ourselves, and, therefore, ward off behaviors that lead to stress, anger, and other afflictions.

Two preventive methods that I strongly advocate are mindfulness and Tai Chi Chuan. Lacking proper instruction, perceptions of these processes have been convoluted for many practicing individuals. I am going to mention a few myths that I have heard where some individuals did not acquire the knowledge to understand the integral function of these mind/body exercises.

1. “I do these exercises only when I feel stressed, or angry.” You will not feel “better” if you try and practice these exercises when you are feeling angry. In most cases, “doing” meditation or Tai Chi Chuan while you are angry, may intensify the feeling, because focusing on feeling “better” becomes more urgent, and the prerequisite knowledge of how to calm these thoughts within your mind has not been properly cultivated.

2. “If I sit and meditate, something will just happen that will let go of my stress.” The message here is that the external event is the intervention between stress and developing a healthy mind. For instance, the perception occurring in Tai Chi Chuan may be, “Once I learn the postures and the form then I am practicing an art of stress reduction.” This perception leads many people to lose interest and quit. This is also true with Yoga. The stretching exercises we most commonly have been exposed to are what we perceive represent Yoga. In fact, the physical exercises are only one small component of the complete Yoga practice. Practitioners of Yoga used these physiological exercises so they could sit more comfortably and lose the thought of their body. Being aware of the pain in the body was a hindrance in a person’s meditation. To prepare themselves for earnest meditation practice, they stretched and strengthened the body positions so they could tolerate longer durations of rumination. Meditating on objects of mind, and resisting pain in the body, allowed the path to reaching enlightenment to have less obstructions.

What we may perceive, though, is that if I just sit, or perform postures, or stretch that somehow this will lead to reducing my stress. This indeed is true, only if we are harmonizing this practice with developing an awareness of ourselves, otherwise the practice serves as a way to repress the feelings by focusing on our body. Our body is only a vehicle to assist us in calming the mind to see the roots of our anger and confront our behaviors. “Successful” methods are not measured on how good you feel, how flexible you become, or how relaxed you are after sitting. Getting in touch with our suffering is a necessary step in the approach of transforming our anger. “Keep the body still and the mind will follow” is a meditation skill that demonstrates how we use the body as a vehicle to settle the thoughts in the mind.

3. “My goal of meditation is to clear my mind of negative thoughts and feelings so I will feel happier.” If our goal is to focus on being happy, wealthy, or healthy, then we are missing the essence of mindfulness practice. What are the goals in mindfulness? Is it to clear the mind completely? I am sure many persons have this perception, but this is not the “right effort” a person must cultivate. The purpose of watching the thoughts as they arise in our mind is to bring ourselves to being more in touch with the actual confusion and chatter that is happening. The tools of mindfulness are these confusions, and the practice is bringing one’s focus back to the present moment. If we did not have all these elements of confusion in our lives, then mindfulness practice would not be necessary. Is it true that the only happiness we will find is in the present moment? Can you think of any other occasion we can truly touch it?

4. “He deals with stress well. He goes to the gym every night and comes back exhausted, therefore he gets a good night’s sleep.” Certainly, working out is better than drinking or taking drugs after a day filled with anxiety at work, but is this person really “dealing” with his stress? Is going to work out every night just a way to run away from stress? When this person goes to sleep, is he just exhausted or is he relaxed? You can exhaust your feelings, but you can never work them out of your mind and body. Unavoidably, they will manifest once again when you have rested and replenished your body with nutrients, then it will be necessary to go through your work out routine to diminish the strength of these feelings.

Are we lacking the knowledge of ourselves because we only want to think of being happy? If we subjectively focus on the good, and ignore what we suffer from, then we will only know 50% about our lives. It is certainly more difficult to get in touch with our suffering. Keep in mind, though, if you are learning an “Internal” exercise that promotes well being and stress reduction, then getting to know the Yin and the Yang, or the good and the bad is necessary and fundamental to understanding and transforming your thoughts and feelings. A saying from Taoist thought expresses the whole of life, “The yin and yang are two opposites that form a harmonious relationship.”
Do you know of individuals who are characterized as having a “short fuse” whenever they get into a frustrating situation? The perception you may have is that such a person is short-tempered and becomes angry at the most inconsequential encounters. Has this person, who is displaying this “short temper,” been allowed to blame these outbursts on external events? “I just lost it!” they declare. What are they saying? What exactly did they lose? This may be the justification that persons may give you for behaving this way, but flying off the handle becomes an organized behavior. They have been allowed to use these behaviors as a manipulation, a lever of power, stating this is what I do when I am angry. Are you being fooled by this excuse? Are you aware that these persons know exactly what they are doing? I am sure that they have done it hundreds of times with positive results. What we can not accept, in our understanding of internal control, is that such individuals do not have the ability to change these behaviors if they choose.

Can we put the total blame on individuals for choosing harmful expressions of anger? If they have not been exposed to more effective methods of stress control, such as mindfulness, how can we expect them to acquire the necessary tools to confront it and take command of their anger? As long as it is working, they will use it. When we respond to manipulative actions, exhibited by external expressions of anger, then we are saying to them that their behaviors are effective.

Have you ever thought about the benefits of expressing your anger? or how expressing anger will get you the things you want? I believe that many people would say, “I don’t know what I want, I just get angry sometimes and need to let it out.” Do you agree? We do know what we are doing when we express our anger! Using the excuse, “I don’t know why I was so angry; I didn’t know what I was doing” is unacceptable, and lets a person off the hook for choosing ineffectual behaviors.

When I notice that someone is angry I think to myself, “What does this person want that he or she is not getting?” Sometimes it is very clear and the expression of anger influences people to respond immediately; thus, being angry, helps us get the things we want. Even though we may realize that choosing anger is ineffective, it fills a gap while we are reorganizing our thoughts. This “gap” is the feeling that provokes us into thinking “I must do something, I am angry!” If an event occurs that typically provokes anger within you, what else are you going to do in that situation, remain calm? Nonetheless, could you accept doing nothing, and remain calm?”

If all behavior is purposeful, then we must ask ourselves when observing our anger, what do I want when I express my anger? Do I want other persons to know that I am frustrated? Do I want someone to pay attention to what I am saying? or this is how I am feeling, so I express it.

The question you should ask yourself when you are angry, before you confront conflict is, “What do I really want by expressing my anger towards someone.” Secondly, ask yourself, “What I am going to do or say to this person.” If you are going to respond with a threatening or negative tone, ask yourself, “If I do this in a calm and unthreatening manner, will I still get what I want?” Will you lose your power or self dignity by offering a non threatening discourse with this person?

Remember we all have the opportunity to choose patience, control, compassion, and wisdom. What will it be?

**“WHY HAS THE BUDDHA LEFT FOR THE WEST?”**

Seeing the yielding and soft being invaded, those who do not know the Way strive to be hard and strong; seeing the hard and strong perish, they strive to be yielding and soft. Such are those who lack the basis to rule within, while their seeing and hearing run outward in confusion. Therefore, they have no stable course all their lives.

Although the Buddha was not considered a therapist, the function of an internal therapist within us is reflected in his teaching. In Buddhism, there is an expression called, “Buddha Nature.” We all have Buddha nature, we just need time to be aware that it is inherently intrinsic within us. This term is ineffable, only through insight and awareness can we experience its significance.

There were many followers who wanted to emulate the Buddha, and would look outside themselves to attempt to reach the enlightened state that he acquired from his fortitude. Utilizing outside rituals, or mystical practices, does not constitute the “Right Effort” portrayed in the Noble truths. This is what the Buddha found to be a hindrance in other methods of meditation to reaching enlightenment. There is a saying for those individuals that you must “kill the Buddha.” This meaning delivers the message to release yourself from this mode of thinking and return to focusing your attention on your own being, this is the true Way. What they failed to realize was that the Buddha nature is already within them. In fact, it is inherently within all sentient beings.

Buddhism has been widely recognized as an Eastern philosophical practice of compassion and wisdom. Buddhism in the West is now flourishing for its influence on stress reduction, mental illness, and psychological integration with conventional practices. This philosophy embodies the practice of understanding and internal development that offers an approach to dealing with anger. An approach that changes the perception of how we work with stress related thoughts and feelings.

In conclusion, the practice of these methods does not protect us from negative emotions. Inevitably, we will feel angry. Many persons who do practice though can remain calm externally to prevent further conflict. I will end with a story I read about the Buddhist monk Thich Nhat Hanh and one of his meetings with anger. Protesting the Vietnam war in the United States, he was addressing the issue to many college students and other adult individuals. A man stood up and asked Thich Nhat Hanh, “What are you doing here, why aren’t you in Vietnam helping your people?” After a few minutes, Thich Nhat Hanh had to get up and leave the discussion and went running outside. Crouched over and hyperventilating, he was approached by his interpreter asking, what’s wrong? Thich Nhat Hanh explained that he
was so angry at the man's comment that he wanted to retaliate immediately with a response, but he realized that it would only demonstrate the hostility of a Vietnamese person, and create conflict that he was so adamantly trying to avoid. So he started to focus on his breaths, and breathe deeply in order to control his anger. He became dizzy and had to leave the arena. Even someone who has practiced these methods all his life still experiences feelings of anger. The wisdom of mindfulness though is knowing what to do with it.

REFERENCES
Addiction, Choice Theory and Violence: A Systems Approach
Elijah Mickel, Bernice Liddie-Hamilton

The first author is Director of the Baccalaureate Social Work Program at Delaware State University. The second is an Associate Professor at West Georgia College in the Department of Education.

ABSTRACT: This article presents violence as an addictive behavior. It outlines systemic violence, a historical overview and integrates these with choice theory. The authors initiate a discourse on violence as an addictive behavior while offering an approach to reconceptualizing the treatment of violence. They posit that it is time to move from viewing violence from the perspective of individualism to communal addiction.

This article initiates a discourse on violence as an addictive behavior. Many explanations for the presence of violence have been offered (Allen, 1995; Fanon, 1967; Fraser, 1996; hooks, 1993; Kempe and Kempe, 1978; Stark, 1993; Wilson, 1992 and Zastrow, 1993). The statistical evidence seems to suggest race, class, gender, and age as contributing factors (Graham, Hudley and Williams, 1992; Greene, 1993; Harris, 1992; Smith and Krohn, 1995; Stark, 1993 and Wilson, 1990). These findings depend upon who constructs the tables as well as their agenda. It is all too clear that this is acceptable manipulation (Allen, 1995). As the authors define addiction to violence, develop a historical analysis and locate statistical manipulation as well as intent in the proper context, they attempt to clarify the impact of moving from an individualistic definition to a systemic one.

DEFINITIONS

The definitions of violence as well as addiction to violence, for the purposes of this article, include the interdependence of persons with their environment. The interdependent environment is social by nature. This is the relationship of persons within a structure that form systems. According to Wilson (1992, p.6), “Violence is a form of social interaction, a type of social relationship. It is rooted in social history and represents a type of proaction and reaction relative to that history. Violence occurs in a social-historical-cultural context and cannot be divorced from it.”

Violent systems involve both a direct and an indirect relationship between units. According to Van Soest and Bryant (1995, p.550), “Violence is defined as any act or situation in which a person injures another, including both direct attacks on a person’s physical or psychological integrity and destructive actions that do not involve a direct relationship between the victims and the perpetrators (Bulhan, 1985; Salmi, 1993).”

Systematic violence also can place the focus upon physical force. According to Fraser (1996, p.348), “Use of physical force in such a way that it produces injury or death - perhaps the simplest definition of violence - encompasses a wide range of acts including child abuse, gang fighting, hate crimes, sexual assault, spouse battering, suicide, terrorism and war . . .”

Hate crimes, from a historical perspective, requires the introduction of race and gender into our defining of violence. According to Hill-Collins (1991, p. 177), “Lynching and rape introduce race/gender specific forms of sexual violence, merged with their ideological justifications of rapist and prostitute, in order to provide an effective system of social control over African-Americans.” The authors would be remiss if we did not recognize that women are disproportionately affected by violence in the family system. They are subject to the cycle of violence (Walker, 1994) which can be viewed as a systemic addictive process. This cycle has an inherent feedback loop which continues the process without therapeutic intervention. The family is a system.

The most common forms of family violence are spousal abuse and child abuse (Black, 1968; Falher, 1981; Kempe & Kempe, 1978, and Socolar & Stein, 1995). Some violence against children within families has been identified as having an addictive quality. According to Mercer and Perdue (1993, p. 74), “Munchausen syndrome by proxy (MSBP) is a variation of child abuse whereby the parent fabricates a history, signs, or symptoms of a disorder of a child, resulting in unnecessary examination, treatments or hospitalizations.” They specifically address addiction in the “doctor addict” description. According to Mercer and Perdue (1993, p. 78), “The doctor addicts appear to have almost an obsession about the child’s illness. The doctor addicts are also resistant to treatment and demonstrate considerable paranoia toward the treatment team.” Violence is a socially acceptable (Landau, 1984), although irresponsible, way to meet our basic needs. Just as alcohol and other drugs are available because they are acceptable, violence has become an acceptable choice.

HISTORY

The history of the United States and the world (Bennett, 1984, 1993; Franklin, 1980; Herodotus, 1992; World Almanac, 1991, 1992, 1996, and Zinn, 1980) is chronicled through violent behaviors. According to Van Soest and Bryant (1995, p. 549), “Violence is more deeply embedded in U.S. culture than this society wants to believe; it is the foundation of many revered ideals and institutions. Yet considerable ambivalence and inconsistency exist in society’s concerns about violence. Although there is growing anxiety about crime and urban unrest, other forms of violence go unchallenged and are even considered legitimate and acceptable.” It was and continues to be axiomatic that the oppressor always makes distinctions between the oppressor and the oppressed.
The first fatal violence documented is in the religious history of Egypt, the Seth and Osiris conflict (Budge, 1967). It continues in the Judeo Christian genesis story of Cain and Abel. Thus, we find a value system which ultimately developed based upon violence and murder. This laid the foundation for the western society's concept of the evil personality (McMahon, 1992). In the modern age, we have race and religious-based explanations of violence, as well as the individualistic causation. Society has posited an evil nature and attributed that nature to the individual. People are viewed as naturally evil and violence comes out of that nature. Seldom have we attempted to analyze the addictive nature of violence. The study of the world's history is a highlight of one violent moment after another. History also moves from one violent individual to another.

The world's history of violence is often reflected in the move from the simple to the complex. Simply, we measure linear time (historically significant periods), by community acts of violence. It moves from the creative to the organized and becomes a natural pattern of behavior. According to Williams (1990), "Adding to the stress that many of today's children face is what psychologists call the "mean world syndrome." From watching the repeated showings of murders on TV news, as well as facing bullying and threats on the streets, they come to believe that brutality and crime are a constant threat to them." Based upon these experiences and beliefs, people form patterns of action which, in their perception, effectively deal with these threats.

According to Butts (1996, p. 31), "Even though we lead all nations in the development of military technology, we, as a nation, have been singularly unsuccessful in preventing violence to children." For those who choose to ignore history because they find it uncomfortable, they can look at today and see a pervasively violent society. How is it possible to account for this violence which seems to be ubiquitous. This is a question for the ages. This article does not purport to do more than begin to answer this question. Remember, however, that all behavior has purpose.

**CHOICE THEORY**

Choice theory (Glasser, 1996) provides the parameters for making the transformation from a system which supports addiction to violence to one where violence is rare. The human system is comprised of interrelated and interdependent units (families, individuals or groups). All living systems are open systems. All open systems are interactive and interdependent. The concept of the individual is seen as a component of a partial system. All members of systems have the same basic needs (Glasser, 1984, 1972, 1995). Driven by our needs, particularly power and freedom, people struggle as we make choices in our lives. Fundamental to empowerment is the knowledge that people and children are responsible for choosing their behavior. Once this knowledge is accepted, it can be accorded a positive value. Behaviors that are valued are sought for their own sake. They are integrated in our quality world. Individuals and systems they comprise struggle together to define reality and respond to that definition as an internalized component of their quality world. One seeks to behave as a result of choice, and not as a result of some external manipulation. All behavior is internally motivated, and therefore people are responsible for the choices they make (Glasser, 1984).

When confronted by barriers to matching the pictures in our heads the creative process comes to the fore. Through the process of reorganization, creative, new behaviors are constantly being made available to each individual. According to Glasser (1984), "Reorganization is viewed as a kind of churning pot of disorganized behavioral material, a maelstrom of jumbled feelings, thoughts, and potential actions that are in a constant state of reorganization." This process creates a plethora of new ways to act, think and feel in response to perceived barriers. Violence is but one of the creative ways to behave when confronted by an obstacle. This system presents many possibilities one may choose to deal with barriers. It is up to the person to decide which form or method to utilize to problem solve. Once violence is chosen by some it readily leads to the addiction.

These choices are impacted by the reality created in the social interaction between people and the systems they coexist within. We must therefore evaluate violence in this framework. We must also look within this structure for signs of addiction. Addiction to violence is a systemic problem and the therapist must address it from this perspective.

**SYSTEMIC VIOLENCE**

All human beings exist within the social system. Social systems are open dynamic living processes. There are nine major components to living systems. Systems as cycles of events contain the following processes: Importation of energy, throughput, output, negative feedback, the coding process, the steady state dynamic homeostasis, differentiation and equifinality (Mickel, 1990). All creation is a whole (Heider, 1985). A change in one part brings about concomitant changes in other parts. Violence in one part of the system impacts each and every part of the system. Violence by one group or community impacts each and every other community or group.

Addiction to violence may be viewed as a communal addiction. This can be addressed in assessing the collective unconscious of the nation. According to Fanon (1967, p. 188), "But the collective unconscious, without our having to fall back on the genes is purely and simply the sum of prejudices, myths, collective attitudes of a given group." Addicting, from this perspective, is a collective action. That is, although one may use or abuse, it is the group that decides upon the addicted label. This labelling is then perceived by members of the community as addiction. An addiction to violence can be presented as normal behavior. It can be seen as acceptable behavior when used by certain members of our society. When in the course of human events, one group prepares to end the existence of another group because they are the enemy, war is an acceptable format for this destruction.

Addiction to violence is the regular or excessive use of violent behaviors. Violence, as defined by a group, results when the consequences endanger relationships...
with other people, are detrimental to a person’s health, or jeopardize society itself. There are two factors: (1) actual behavioral effects, and (2) group’s perception of the effects (Zastrow, 1993). Therapists have been remiss in choosing to look at violence as an addicting behavior. We have further concentrated on the individual as the locus of this behavior. According to Morrell (1996, p. 307), “Divided, people suffer individually and collectively as they experience personal separation and oppression, both of which relate to addictive behavior.” Under the philosophy of individualism, we have chosen to see this behavior as antithetical to choices made by societies. Thus we have chosen to locate violence in the individual and not the system. The authors believe addiction to violence is social by nature.

Thus when we posit violence as an addicted behavior, we are in essence discussing the behavioral choice one makes in order to achieve the addicting objects/substances, etc. The violent activities of one or more segments of society may be used by other segments to achieve identity, dominance, wealth and prestige (Wilson, 1990). It is only through our vision of interdependence and interconnectedness that a community can join together to overcome this perspective. According to Morrell (1996, p. 307), “Conviction about human interconnectedness provides will and courage to go against the grain in a culture that is committed to separating people by class, race and ethnicity, gender, age, and sexual orientation.”

MIND, BODY AND THE SPIRIT

There exist for many, if not most people, needs on a spiritual level. Spirituality is especially significant for those who would work within the African American community (Mickel, 1993). The root of spirituality is the belief in the divine image (Mickel, 1991). According to Richards (1980, p. 5), “The African universe is conceived as a unified spiritual totality. We speak of the universe as “cosmos” and we mean that all beings within it are organically interrelated and interdependent.” The belief of divine image posits that one is born in the context of possibility. It relates that errors can be corrected through teaching and subsequent self-corrective practices. This belief is the essence of what one does as a counselor or therapist - persons can choose to change if they obtain enough information. It provides the foundation upon which intervention is built. In order to intervene, one must believe that it will result in a possibility of positive change.

One has both a physical and spiritual self. It is on the physical plane that one must fulfill the physical and mental needs. The spiritual self is the higher one, whereas the physical self belongs to the earth. According to hooks and West (1991, p. 129), “Yes, I think it is possible and I think it is important to understand spirituality here as that which sustains hope. One way of talking about this is to say the only hope that Black people have is that Black people with hope never lose hope.” It allows us to climb mountains which seem inaccessible and to reach the summit of successful behaviors. Our faith reifies our reverence for the earth itself; we must protect and preserve the environment to insure our harmonious relationship to the natural order. According to hooks (1993, p. 68), “A culture of domin-
"By helping people understand their connections, we empower them to take responsibility for their choices and change." Although some may continue to choose violence as a need-fulfilling activity, we may intervene to ameliorate its addicting properties. Acceptance of violence as an addicting behavior opens the possibility of using the many tools we have developed to address addiction to alcohol and other drugs. Addiction to violence is a chosen behavior. Addicting behaviors are our best attempt to control the world we perceive, particularly if we perceive it to be a "sick" world.

CONCLUSION

Addiction to violence, similar to addiction to drugs, can be communally defined. We become addicted to violence because we have learned to use violence to fulfill our needs. For addicts, violence is need-fulfilling and is placed in their quality world. For some, it may be a more vivid picture in their quality world and attach itself to more activities than others. As all behaviors are total behaviors, assessments must be wholistic. For example, physiological differences predispose women to being less likely to place violence, as an addicted behavior, in their quality world (Holden, 1995). We become addicted through the use of violence, and are more likely to use it because of its social acceptance. If acceptance of violence was not a viable option, addiction would be less prevalent.

Addiction to violence interferes with interdependence and the formation of community. According to hooks and West (1991, p. 10), "So it comes as no surprise that, as addiction becomes more pervasive in Black life, it undermines our capacity to experience community." Violence addicts are those who cannot consistently control the use of violence. Addiction is measured in both frequency and severity of use (Toufexis, 1994). This includes individuals within the community, as well as communities and societies acting out their addicting behaviors. According to Fanon (1967, p. 142), "A violent child that has grown up in a violent family will be a violent man. There is no disproportion between the life of the family and the life of the nation." When addicts choose to use violence they are more likely to use it often and to the extreme (Schlegel, 1996). The only responsible option for the addict is not to use it.

The difference between simply violating and addiction to violence, without further evidence, is too close to call. Those who are predisposed to addiciting (without evidence to the contrary), look like and behave like those who would not be addicts. It is, therefore, incumbent upon the social structure and those of us who are conscious to use choice theory to move the society toward one where we live without violence. That is, we must address violence in all of its forms (physical, mental & spiritual). When the spirit is addicted to violence, it seeks a medium which contributes to its need-fulfillment - a different sound. We must have a vision of peace and subsequently behaviors which lead all of us to interdependent loving, need fulfilling environment. When we are able to meet our needs in a responsible manner, violence will be an unnecessary choice.

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The Application of Reality Therapy and Choice Theory in Health Care

Mary E. Watson, Wendy L. Buja

ABSTRACT: This article describes Choice Theory and the Reality Therapy Process which are used in counseling, education, and management as a way to help people gain more effective control of their lives. Two cases are presented to illustrate how this approach can be effectively used in health care to empower clients to take responsibility for their behavior and to make successful choices. The ultimate goal is for the clients to lead more fulfilling lives.

The goal of health care is often to help people return to good health or, when faced with chronic illness, to help them improve the quality of their lives as much as possible. Emphasis is more recently on preventive care with the goal of assisting people in making choices to help them stay as healthy as possible. This article suggests a practical approach for helping clients make choices to better meet their needs, to help them get more of what they want, and to make the most of their lives no matter what the ultimate prognosis.

Choice Theory (formerly called control theory), the theoretical basis for Reality Therapy, is built on the work of William Glasser (1984). His theory is based on the belief that all individuals have four basic psychological needs in addition to survival or physiological needs, such as air and water. It is his belief that these needs are genetic, that each of us constantly tries to satisfy them, and that we are in more effective control of our lives when all of our needs are being met. These basic needs are important to understand to effectively work with patients who may not be able to fulfill their needs in the same way they have previously. Understanding the basic human needs may assist us in helping patients to be in more effective control of their lives.

Belonging: These are the needs to be connected to one or more persons in a meaningful way. Most of us satisfy these needs through personal relationships such as those with family and friends. Sometimes, we take for granted that we have the love of those who care about us. However, patients may need reassurance in this area when faced with a significant medical problem.

Power: Power is the need to feel good about ourselves, to believe that we matter and have worth and recognition in the eyes of others. Patients who are seriously ill may have the feeling that they are a burden to others and/or that they have a loss of personal power. Recognizing that our patients may have lost personal power and helping them to gain some back even in small ways, may make a difference in the quality of their lives.

Freedom: Freedom is the need to feel in control of our lives, to believe that we have the freedom to function independently and to make choices in our lives. Patients often feel that they have lost a sense of freedom when in the hospital or when dealing with a medical problem that will change the way they live their lives. We can help patients in this area by encouraging and enabling them to make as many independent decisions as possible about their care and how they will lead their lives.

Fun: Fun is the need to build activities that are enjoyable and pleasurable into our lives. Patients facing a long term illness may need to adjust their activities in this category. Practitioners may help by discussing alternatives and encouraging them to try activities that they can engage in rather than dwelling on what they cannot do.

The method of working with people based on Choice Theory is Reality Therapy. This approach has been effective in counseling, education, management or in any situation in which people need to learn how to satisfy their needs in responsible ways (Glasser, 1989, 1990, 1994; Watson & Fetter, 1994; Hart, 1992). The Reality Therapy process is aimed at helping people gain more effective control over their lives. It is based on the belief that we all choose what we do with our lives and that we are responsible for these choices. Key components in the Reality Therapy process involve helping people take an honest look at both what they want and what they are doing to get what they want. Assuming they are frustrated, they are helped to evaluate what they are doing. From this evaluation, people can learn to put into practice more effective needs-satisfying behaviors.

The following two cases are examples from health care. They illustrate the process of helping people self-evaluate what they are doing to get what they want and empower them to make choices that lead them to more fulfilling outcomes.

The case of Mrs. S: Taking Control When Disabled with Lung Disease

History:

Mrs. S was a 71 year old female with a history of chronic obstructive pulmonary disease (COPD). She had a history of heavy smoking beginning in early adulthood. The result was the development of chronic bronchitis and emphysema which worsened to the point that she needed oxygen for twenty four hours a day.

The relationship with a homecare respiratory therapist began in the summer of 1990. At that time, she was given an order by her physician to have oxygen at home. Concurrently, she agreed to go through a three week outpatient pulmonary rehabilitation program. The goals of the program were to improve her exercise toler-
ance so that she could continue to be as active as possible. Previous to her deterioration she led a very active life, visiting her five children and their families, going out to eat with her husband and being active in her church.

Mrs. S completed the rehabilitation program which she reported helped her to be able to get out to walk in the malls and to go to church. However, as the weeks went by her motivation decreased as did the time spent on the exercise program prescribed for her. She would complain that she didn’t like the exercises. For example, the rehabilitation therapist gave her a videotape of “chair aerobics” which she found boring. She liked to walk but in the winter when it was very cold she couldn’t go out to the mall to do this activity.

If it was very cold for a week and she couldn’t walk, her exercise tolerance would notably decrease as would her energy level. During this time the therapist encouraged her to use her exercise bike as an alternative but her motivation decreased along with her energy level and she just wasn’t interested anymore.

Concurrently, her pulmonary status deteriorated until she was admitted to the hospital with an acute exacerbation of her chronic illness. About a week later, she was discharged and again it was suggested that she go through a pulmonary rehabilitation program. This time she didn’t complete the program for a variety of excuses. Several months later, the same pattern occurred where she was admitted to the hospital, discharged, enrolled in pulmonary rehabilitation and did not complete the program. (The pattern of being in the hospital for several days to a week or two, being at home for several months and then into the hospital again is not unusual for patients with COPD.)

During this time the therapist’s role was to check on her once a month, evaluate her pulmonary status and check the functioning of her equipment. The therapist worked for the company that rented equipment to her and did not have any direct involvement in her rehabilitation program. However, the therapist did discuss her activity level and encouraged her to comply with her exercise program, pointing out that her energy level and mood improved with her compliance.

Using Choice Theory/Reality Therapy:

A couple of years after the therapist began a relationship with Mrs. S, the therapist began a training program leading to certification in reality therapy. While going through the certification process she began a study on using CT/RT as a way to help people initiate and comply with exercise programs. The study group was made up of undergraduate and graduate health sciences students who had previously started an exercise program and subsequently became non-compliant.

On one of her visits with Mrs. S, she told her about the study. The mentioning of the study came up in normal conversation. The thought had never occurred to her to include Mrs. S as a study participant. By this time, they had developed a friendship and often talked about many things other than her illness. Mrs. S was very interested in the study and asked if she could participate. She thought that it would help her finally follow through with her exercise program. The therapist agreed and they began the process.

The initial phase of using Reality Therapy was designed to create an accepting environment that is conducive to a positive working relationship. In the case of Mrs. S, she already had a good rapport with the therapist and she saw her as someone who she could trust and would always be supportive of her even when she didn’t do as well as planned. The first phase included asking what it is that she wanted out of an exercise program; what her goals were; what she was doing to get started; and was what she was doing helping her get what she wants? They didn’t dwell on her past failures in pulmonary rehabilitation programs, although she mentioned them several times. When this happened, the therapist would simply say “that was the past and although we can learn some things about what did and didn’t work for you, this is a new beginning.” The therapist concentrated on the present and where she could go from there.

It is interesting that the day she decided to take part in this study was a particularly discouraging day for her. She was really feeling that she would never be any better, would never be able to go out and enjoy life again. The therapist reminded her that she had felt that bad before and had recuperated to have better days. The therapist tried to move the conversation away from what Mrs. S could not do, and talked instead about what she could do that would make her feel better. Mrs. S’s goal was to be able to go out to the malls again to walk and to have enough energy to go out to dinner with her husband.

She was not doing anything to help herself get started at this time. However, her past experience was that when she was exercising she did feel better and had more energy. With that in mind from previous conversations, the therapist asked Mrs. S “Is it worth the effort to follow through with your exercise program? Are achieving your goals worth the effort to change what you are doing?” The answer was a definite yes!! At that point we discussed making a plan to do better.

She decided that using her exercise bike was what she wanted to do. She could do five minutes at a time with her oxygen turned up a liter and decided to do this twice a day for the first week. It was agreed that the therapist would call her at mid-week to see how she was doing unless Mrs. S chose to call before that. When the therapist called her several days later, she was taking a nap. However, her husband informed the therapist that Mrs. S requested to be awakened if she called. Mrs. S had been so excited with her progress that she wanted to share it. Not only had she complied with her plan but she had increased the number of times per day that she was doing her five minute bike ride. She reported having more energy but was also able to fall asleep more easily. Although she was given encouragement by the therapist, she was also cautioned not to over-do it.

Over the next several weeks the therapist kept in contact with Mrs. S at least on a weekly basis, as with the other study participants. The follow-up sessions were to discuss progress, reassess goals, and for the clients to recommit to their plan or to develop a new plan. Mrs. S always followed through with her plans and often exceeded the plans. Emotionally, she was very
positive. One month after beginning the study, she reported the following “I feel good, much better than usual”. She further mentioned that she had more energy and also knew when she needed to rest. She had used the exercise bike on a regular basis for one month and was back out to the mall to walk indoors. She felt more energized and was more interested in being active. For example, on the day of one of the visits (one month after beginning the study), she was going out to dinner with her husband. He had been trying to get her to go out to dinner for quite sometime but she never felt like it. He was very excited about the change in her and said that he didn’t know what the therapist had done to help, but that he was very grateful.

Mrs. S continued to exercise at her own pace, choosing when and for how long to ride her bike and walk in the malls. Unfortunately, a few weeks later Mrs. S was again admitted to the hospital with an acute infection. This time after spending over a month in the hospital, she subsequently died.

Discussion:

There are several factors which contributed to why CT/RT worked for her. They all involve fulfilling her basic needs in an environment that was positive and supportive. She was more active in doing things she enjoyed in the last part of her life (fun), she had more control over making choices for herself (freedom), she felt a sense of accomplishment and others shared in her pride (power and recognition), she realized that people cared about her and wanted her to do well (love and belonging).

Although Mrs. S died before the completion of the study, she was considered to be one of the most successful participants. She developed and complied with an exercise plan that helped her improve the quality of life so that she enjoyed the last couple of months she spent at home more than she had for quite some time. Having the energy to go out to dinner with her husband was very important to her and gave her hope that she could have some fun in her life.

Mrs. S and the therapist had a very good relationship that had been established before the study began. There was already a ‘track record’ of continued support even when she failed at complying with her rehabilitation programs. The environment that leads to change was already established.

The plans of what to do for exercise were decided by Mrs. S rather than the rehabilitation specialist or by the respiratory therapist. She had previously complained that some choices they had made for her were “boring”. It is not unusual for patients to be non-compliant with their exercise program as prescribed during pulmonary rehabilitation. This may be in part because it is not the “patient’s program”. Although rehabilitation programs individualize their plans to fulfill what they believe are the goals of the patient, the patient may not be involved enough in the plan.

Although the bike had been prescribed for her at one time, she now was in more control. She could make the decision how many times per day, how many minutes each time, and how to incorporate walking at the “mall” into her activity schedule. This relates to the need for freedom to make choices and is particularly important for patients who have lost control in their lives because of their disability.

As Mrs. S was successful in carrying out her exercise plan, she began to feel more competent because of her achievement. She was very proud of herself. Having someone else recognize her accomplishment helped give her the encouragement to keep moving forward.

The process of having someone with whom to discuss progress was important in this study as part of fulfilling the belonging need. Having someone who really cared about how well she was doing and was accepting even during times of non-compliance was important. Also, the idea of being part of a study “group” could have contributed to fulfilling her need for belonging. The case of Mrs. S serves as an example of situations that occur frequently in the health care setting where it is critical to involve patients in their care if it is to be successful in maintaining or restoring health.

The Case of Mr J: Taking Control when diagnosed with AIDS

History:

Mr. J is a 37 year old male who was diagnosed with AIDS in 1993. As a result of his condition, he developed Kaposi Sarcoma, an AIDS related cancer. Currently he is undergoing chemotherapy twice a month to help control the cancer and prevent further infiltration in his lungs.

Mr. J and the health practitioner met in December of 1994 while she was working at a clinic in the Midwest. At the time of their first meeting, he was recovering from a very difficult period. He had been hospitalized because of his condition and was almost near death. Fortunately, through medications and the desire to live he was able to fight back and regain his quality of life. The first meeting occurred on his first day of chemotherapy.

At the beginning, their relationship was strictly on a professional level. The role of the health practitioner in Mr. J’s treatment was to offer assistance to his primary nurse. This assistance could be in the form of monitoring his vital signs, removing his IV, getting him something to drink during treatment, or just taking a few minutes to sit and talk. Basically, the connection to Mr. J was no different than her connection to any other cancer patient being treated. However, over the course of the next few months, the relationship began to change.

Mr. J was a highly educated, highly professional individual. When he would come for treatment, he never wanted to waste his four hours watching television. Instead, he preferred to either read the newspaper or discuss the latest topics. That is how the relationship began with the health practitioner. She found him extremely fascinating and enjoyed talking with him. At first, the discussions were based on the current topics happening around the country and world. Then, the relationship was brought to a different level and the focus switched to his life and current situation. This opened a whole new door working with him. Mr. J
began to open up. He would talk about his feelings on being HIV positive as well as being a homosexual man in the 90’s. In the beginning, he was very selective about how much information he was willing to share. He knew that what he said was confidential because of her professional status. As time went by, his confidence in the practitioner grew immensely. Soon, Mr. J was able to talk to her about anything.

Using Choice Theory/Reality Therapy:

About 7 months after Mr. J and the health practitioner first met she was introduced to the concepts of Choice Theory and Reality Therapy through a graduate seminar. After viewing several videos on the techniques of CT/RT, she started to think about her patient. Mr. J appeared to be lacking some of the basic needs. Despite his terminal illness, the need for survival was not an issue for him. Mr. J did not focus on the terminal part of his disease. Instead, he continued to live his life to the fullest. He would make the best of each day, and never awoke believing that it may possibly be his last.

The basic need of power was also not an issue with which he was struggling. He had always felt important, competent, and recognized. When he was struggling with other basic needs he tended to focus most of his attention on his power. Freedom was the other need that Mr. J had no problem with. Many people would think that because of AIDS his freedom would be limited. For Mr. J, this was not the case. He always felt that he had the ability to make choices and be independent despite his illness. The two needs that Mr. J was not fulfilling were fun and love/belonging.

Mr. J was a very social person. Prior to his illness, he lived a very high profile life. He would attend black tie affairs, political functions, and many other elaborate social events. Now, his fun seemed to be at a minimum. His disease caused him to have to retire early. This early retirement took him out of the social circuit to which he had become accustomed. Therefore, he needed to learn how to have fun on a different level. The only problem was that Mr. J did not know where to begin. This was when the practitioner began using reality therapy techniques with him during their conversations.

The first conversation they had using RT was not a successful one. He openly discussed his need for fun, but was very afraid to commit to a plan. He talked to her about wanting to attend cookouts, parties, and other social events. When asked why he did not attend, his answers were very vague. Most of the time, he voiced that his uneasiness about his lesions was one of the main reasons he would not attend. However, this did not make sense to her. Mr. J was a very attractive man and his lesions were mainly located on his legs. Therefore, they were not easily shown to the public. We talked about this, and he did agree that he could attend and just wear long pants. This conversation ended at that point and the health practitioner felt that progress was made because he was beginning to stray away from his insecurity about the lesions.

Two weeks passed before Mr. J and the practitioner spoke again. This time the conversation was a very positive one. He had just been invited to a cookout out of state for the weekend. Although he wanted to go, he was still very reluctant. The gentleman having the party was merely a phone acquaintance. Mr. J had never met this man and he was fearful of how he would react to his appearance. They talked about these fears and Mr. J came to the realization that his personal appearance was irrelevant. The gentleman having the cookout was aware that Mr. J has AIDS and was undergoing chemotherapy for Kaposi Sarcoma. What more did he need to know? Before Mr. J left that day he had made a plan. He was going to rent a car and drive to Missouri for the cookout. The practitioner felt very positive when he left and looked forward to the next meeting in two weeks.

When Mr. J returned in two weeks there was a notable difference. He walked with a smile and it was obvious that he wanted to share some good news. Not only did Mr. J attend the cookout, he decided to stay in Missouri the entire weekend. He talked about how he was very nervous while driving there, but once he arrived he just relaxed and allowed himself to have fun. He felt very good about himself and was looking forward to the next social event in his life. Mr. J and the practitioner had a wonderful conversation that day and, before he left, he made a plan to attend an upcoming political function that piqued his interest. Things were looking up for Mr. J and he appeared to be genuinely happy with his life.

Mr. J continued to come in every two weeks for treatment. For awhile, he seemed to be doing well. He was going out socially and once again having fun. However, something was still missing in his life. From conversations with Mr. J it seemed that he was still lacking one of the basic needs. His need for love and belonging was not being fulfilled and this was troubling him immensely.

Mr. J had not been in a meaningful relationship for several years. In actuality, he had not dated very much since he was diagnosed with AIDS. He would mention various men that he had met and would like to get to know. However, any time the practitioner asked him if he had pursued them, he would say no. This was troubling to him. Therefore, once again the practitioner decided to use reality therapy techniques to see if they could develop a plan for him to meet people.

An easy place to start was with the gym. Mr. J worked out on a regular basis and would frequently talk about a man that he had met at the gym. He felt that this gentleman was interested, but never did anything about it. This was a perfect opportunity to make a plan. Mr. J knew that this man liked to go and have coffee at the many new coffee houses around town. Therefore, before he left that day, he decided that the next time they met at the gym he would ask him out for coffee.

On his next visit, Mr. J had bad news. He was unable to ask his friend to coffee because he had not seen him at the gym during the past few weeks. However, there was another plan that he wanted to develop. Mr. J had learned about a support group for homosexual men with AIDS. This group met every Thursday night and seemed interesting to him. This was perfect. Mr. J agreed to go to the meeting that night and see how things went.
Well, this time success was achieved. Mr. J went to the meeting that night as discussed and absolutely loved it. He was beaming during the visit because during the past two weeks he had gone out on four dates. What a difference in his attitude. He was feeling confident again. Although he had not found a love connection with any of these dates, he did regain his confidence and once again felt loved.

This new look continued during subsequent visits. Whenever Mr. J and the practitioner talked, he came up with a new plan to help keep his five basic needs in balance. Since she began helping him, he has gone to many social events and even joined a scuba club for homosexual men. His love life has been on the rise as well. He dates different people on a regular basis and no longer feels the need to just have one significant other in his life. He has made many new friends and is genuinely happy with his life.

**Discussion:**

When working with an AIDS patient, time is a critical factor. It is counter-productive to spend time dwelling on the past, on events that can not be changed. Also, a person with a terminal illness is almost incapable of focusing on the distant future. The need is for the present. What can we do today to change the way things are? It is this need to focus on the present that makes Reality Therapy/Choice Theory such an effective counseling technique.

The effectiveness of Reality Therapy/Choice Theory was clearly shown with Mr. J. In the beginning he was not receptive to the idea of making a plan. This was not because he did not want to fill the needs he was missing. Instead, it was because the level of trust needed for RT/CT to be effective had not fully developed. Over time, his trust in the health practitioner grew and they were eventually able to start making plans. Mr. J did not get discouraged if a plan did not work. Instead of focusing on the failed attempts, he concentrated on the successful ones, and soon began to notice a difference in his quality of life. Although Mr. J still has his share of bad days, his experience with Reality Therapy/Choice Theory has given him the ability to work past his problems and make plans as to how he can change what is no longer working.

**Summary:**

Choice theory proposes that behaviors are chosen by individuals in an attempt to fulfill one or more of the basic needs. At times, health care practitioners often attempt to make choices for their clients. These choices are well intended but sometimes not what the clients want and will not lead them in a direction that will be fulfilling for them. In addition, clients who want to change find that old habits are difficult to let go. The habit of making excuses for not being responsible for their choices and behaviors is common. The theory and process presented here is offered as a framework in which to work with clients. Choice Theory/Reality Therapy can empower people to take responsibility for their behavior and to make choices that are more effective in getting them what they want. In doing so, ultimately they will live a more fulfilling life, even when faced with a debilitating illness.

**REFERENCES**

The Application of Choice Theory/Reality Therapy in Sports Psychology

Robert M. Edens

ABSTRACT: Sports research overwhelmingly supports goal-setting as a method of achieving success in sports. Reality therapy is a goal-setting methodology with its foundation in Choice theory (Glasser, 1965). The blending of Reality therapy and sports psychology is a natural match for working with athletes whose performance has suffered. This article shows how athletes can benefit from such a program by providing a case example of how a former collegiate tennis player was able to develop a plan that facilitated his ability to concentrate.

Reality Therapy (RT) (Glasser, 1965) is the application of Choice theory, formerly Control theory (Glasser, 1984). Reality therapy is a goal setting counseling method that helps athletes establish what they want based upon what need(s) they are trying to satisfy. Using RT, the educational sport psychology consultant (ESPC) can help athletes by asking such questions as:

- What do you want?
- What are you doing to get what you want?
- Is what you are doing presently helping or hurting you get what you want?
- What can you do to get what you want?
- Are you willing to do this?
- How will you know if it is working?

These types of questions help define the picture of what the athlete wants. Once a clear picture is understood, an action plan can be developed that will facilitate the desired changes.

Reality therapy provides the educational sport psychology consultant (ESPC) with the methodology to help athletes identify and clearly define their wants. RT can be used to teach athletes, teams, coaches, trainers, and exercisers how to develop action plans that fulfill their needs and obtain their wants. By using RT, the ESPC helps athletes with a step by step process they can use in their sport, as well as other areas of their life, to promote a higher degree of success and a greater sense of well-being. Reality therapy provides an opportunity to increase the athletes' awareness of how responsibility, choice, and control operate in their world.

As a group, athletes tend to understand the mind-body connection very well. They know that what they think directly influences how they perform. For example, if a gymnast is thinking about her coming math quiz, she is more likely to perform poorly than if she is thinking positively about her double back somersault. By using a reality therapy approach, the educational sport psychology consultant helps athletes develop ways to concentrate and stay focused during practice or competition.

The blending of choice theory/reality therapy and sports psychology makes a great deal of sense. An educational sport psychology consultant brings to the consulting process a repertoire of ideas and successful strategies based upon research and used successfully by other athletes. The ESPC guides athletes in the development of strategies that work best for them. Since choice theory explains how all human beings behave, it also provides the foundation of how athletes behave. Together, the athlete and ESPC develop an action plan that facilitates the desired changes.

WHAT WE WANT

One of the greatest benefits of a reality therapy approach is that it is a goal-setting methodology. Fortunately, sport research has supported goal-setting strategies as a formula for success. Blanchard (1992), author of Playing the Great Game of Golf-Making Every Minute Count, believes in setting S.M.A.R.T. goals...Specific...Motivational...Attainable...Relevant...Trackable. This is a wonderful way to remember how to set goals.

When using reality therapy to help athletes, initially, I try to help them clearly define what they want. When asked, most athletes will tell you they want to win. Winning is great. It feels good. All athletes want to win. But rather than focus on winning as a goal, I try to substitute the term “success” for “winning”. By simply changing winning to success, the pressure associated with winning can be reduced. The athlete can begin to look at his performance as a process rather than an outcome.

I must now find out what success means to the athlete. For example, when working with golfers, I will use a series of questions to get to the pictures of success in their head. I might ask “if you shot a par score (72), would you consider that to be a successful round of golf?” Some golfers say yes, others say no. To those that say no, I then ask, “if you shot a 67, would you consider that a successful round of golf?” “What if you shot a 62 at the NCAA Collegiate Golf Championship?” “What if you shot a 62 and placed second?; third?; fifth?; tenth?; would you consider that successful?” What matters is the picture of success that the athlete has in his head. Personally, I have a goal to shoot a 72. But I consider it a successful round of golf if I shoot...
below 80. With an 8 handicap, this is a realistic goal and one that I can accomplish. For me, this is a SMART goal.

The second phase is to determine what the athletes are presently doing to give them the greatest chance of success. I may ask them to tell me about how they practice or what they are thinking about prior to a match. I may ask them what they are feeling during these times. This helps me understand what they are presently doing. It helps athletes verbalize and focus on precise aspects of their behavior.

The next phase involves asking the athlete, “Is what you are presently doing, getting you what you want? Most of the time, since I have been asked to work with the athlete, this answer is no. Then begins the goal-setting process, I’ll ask “what can you do differently that might get you where you want?”. Many times, athletes will say “I dunno”. This is a cop-out answer. Some athletes want me to tell them what to do, how to do it, and when to do it. They may think that if this plan doesn’t work, they can easily blame me for their lack of success. My response to “I dunno” is: “If you did know, what do you think you could do differently?” Athletes, like others in counseling, usually know what they need to do to change. They may be hesitant to admit it, but they know at least one positive step they can take.

For instance, I was working with a young soccer player who was having trouble scoring goals in the tough matches. When we came to the point where I asked him if he knew of something he could do that might help him score during these tough matches, he thought a minute and then said “maybe if I practice shooting with one or even two players covering me, I could adjust to the pressure of the coverage better”. I thought this was rather astute thinking for an 11 year old.

At this point we work together to develop a workable plan that the athlete will commit to work on. By using ideas and successful strategies from other athletes and techniques based upon research, I can help guide the athlete to make a workable and doable plan. This does not mean that this plan will immediately bring about the desired result. The plan may need to be refined and adjusted along the way.

For example, when a jet flies from coast to coast, the captain and crew make adjustments all along the way. As air pressure changes, weather patterns change, or air traffic gets heavy, the pilot must make corrections. Just like a plane flying from coast to coast, adjustments in the athlete’s original plan may be warranted.

The final phase is to ask the athlete how he will know if the plan is working? What are we going to use to measure the success of the plan? If we can develop good measuring points, we can keep track of our progress as we practice and play? In order for a golfer, who thinks she is successful if she shoots a 68, to actually shoot the desired 68, she must practice in a way that will give her this chance. Knowing that if par is 72 and half of these strokes are used on the green (putts), this golfer must practice so that she will give herself the opportunity to make 4 birdies. She must practice putting enough so that she can one putt 4 greens. This means that she must also practice her approach shots to give herself the opportunities to make 4 birdies. She must land the ball on the green close enough to the hole so that she has a reasonable chance to make birdie.

STAYING FOCUSED OR HEAD IN A HANDBAG

The following example shows how I have blended reality therapy and sports psychology. Here, a former collegiate tennis player, now businessman, has been having trouble staying focused during his matches.

Jim is a 40 year old businessman who plays competitive amateur tennis. A former collegiate player with high (5.0) ranking, he enjoys a hard fought match. Lately, he has become distracted. His business, while not struggling, was going through some major personnel changes. He came to me because he noticed he wasn’t playing as well as he used to. He was losing matches that he thought he should win. As we began to talk, he stated he was having trouble staying focused during the match. He said thoughts of his business and family were invading his thoughts during play. I asked him specifically what thoughts. Jim began to tell me of his business problems and family worries. After describing the personnel changes related to his business, he talked about his wife and children and some of the problems he was experiencing with them.

I asked Jim to tell me specifically what he wanted. He said he would like to be able to concentrate on playing rather than have thoughts of his business or family. As part of the goal setting process, I asked Jim to describe what this meant to him. He stated that he wanted to be able to play an entire match of tennis without worrying about his business, his wife, or his kids. I began to tap into Jim’s cognitive process by asking him: “Is it helping your tennis game to be thinking about your business, you wife, and your kids, while playing?” He replied, “absolutely not!”

I asked Jim to tell me what he thought would help him to not think about his worries. I knew this was a trick question, because as humans we are incapable of not thinking about something. Don’t believe me, try this. I want you to NOT think about giraffes. It doesn’t matter what you do, it is virtually impossible not to think about giraffes. All you can do is think about giraffes. You can focus on something else and avoid thinking about giraffes, but you cannot NOT think about giraffes. The human mind doesn’t work this way. Our minds work in the positive. He said, “I just don’t want to think about them”.

Knowing this, I had to try and help Jim focus on tennis, rather than not focus on his business or family. We needed a plan that would allow Jim to stay in the present. I asked Jim what he thought he could do that would help him focus on tennis. He said that he was all out of ideas. So I asked, “if you were to be able to put these worries somewhere, knowing that they would be there when you returned, would that help?” He said, “yeah, I think so”. I asked Jim if he carried a tennis bag to the courts with him. He said that he did. I then asked him if he used this bag to store his tennis equipment, towels, socks, water, and such. He said yes. I asked him if he thought that he could use his gym bag as a storage
facility for his worries while he played. Again, he said yes.

The plan was to take Jim’s appointment book and a list of what he was concerned about and physically place them in the tennis bag and zip them up. This accomplished several things. First, this was a physical (doing) symbol of storing his concerns. Second, this provided him with the thinking component that his concerns were tucked away conveniently for him to access. He could access them anytime he chose, giving him more control and power over his thoughts. Third, this plan allowed him the freedom away from these thoughts and worries while playing. Fourth, if followed he would be able to have fun playing tennis and not worry about other things. We both agreed that this seemed to be a good plan. I liked it because it met all of Jim’s needs. Jim liked it because it provided him with a sense of power and control over his thoughts.

With Jim’s plan in place, we rehearsed several times what he needed to do prior to getting to the court. We also rehearsed what he should do once he got there, what he should do during the match, and what he should do after the match. Jim called me the next day from his car phone. He said he had just had one of the best matches of his life. Not once had he become concerned with his problems. He said that although some concerns did enter his mind, knowing that his worries were “tucked away” in his tennis bag, and that he could access them when he wanted was comforting. Jim said that he was relaxed and able to stay focused on enjoying his match.

Jim’s problem is not uncommon among those athletes who are now in the business world. Staying in the present is difficult for many people. Business and family concerns are a large part of their everyday life. We tend to think about where we think we need to be. What time we have to pick up the kids? What happened to us last week at the office sales meeting? By keeping Jim focused on what he could do, and what he wanted to think about, we were able to create a plan that allowed Jim to stay in the present during his tennis matches.

I still do some follow up work with Jim. His tennis has improved greatly. Presently, I have been using reality therapy to help him redesign his business and work with his employees. He still uses the gym bag as his storage for his concerns and worries while on the tennis court.

COMMENTS

The blending of Choice theory/Reality therapy and sport psychology makes a great deal of sense. Choice theory provides the theoretical base, while reality therapy provides the methodology. Since sports research overwhelmingly supports goal-setting, sport psychologists should adopt a reality therapy approach in their sports counseling environment.

However, CT/RT can’t and shouldn’t stand alone. Techniques such as imagery, progressive muscle relaxation, and negative thought stopping, to mention but a few, are effective tools the educational sport psychology consultant can utilize to help athletes accomplish success. However, combined with reality therapy, these techniques can help the ESPC enhance an athlete’s chance for success.

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Managing the Unmanageable Student:
A Choice Theory/Reality Therapy Approach
To Understanding Behavior

Mitchell A. Beck

ABSTRACT: Integrated into the process of reality therapy and choice theory is the main focus of what Dr. Glasser terms the "Counseling Environment". For those of us who work with troubled youth we must daily strive to improve our skills and to develop relationships with our students. This process is extremely difficult with youth that are "relationship resistant". This article will describe the choices that these students make to engage the adult in power struggles and avoid developing relationships and assuming any responsibility for their choices. We will then discuss how to change this conflict into a coping situation and provide a process for them to develop better relationships and assume appropriate responsibility for their choices.

The concepts of Choice Theory and Reality Therapy are excellent tools in effectively managing students without coercion. According to Glasser, Choice Theory briefly states that we are all internally motivated and are responsible for the choices that we make, and that these choices are purposeful and directed to meet our needs. Glasser further states that the underlying principles of Reality Therapy are creating the environment and the procedures for change. However, as Glasser has pointed out numerous times, the procedures of Reality Therapy will be ineffective if we first don't create a non-coercive environment and meet the child's needs. We need to be a part of the students' Quality World. As educators, we can create this environment of non-coercion or destroy it by the choices that we make in our interactions with students. This is especially true in conflictual situations. It is at this time, when we are being directly challenged, that we may revert to Boss Management strategies to end up acting like the students we are trying to help. If we want to be successful with students and develop a quality school program, we need to be aware of our verbal interactions with students. In particular, we need to avoid getting caught in "power struggles" with them. Therefore, before teachers can effectively implement Reality Therapy procedures, they must have a working knowledge of how we get caught in power struggles and how to effectively deal with conflictual situations.

One aspect of Choice Theory and Reality Therapy is that children are responsible for the choices that they make. Each choice is the child's best attempt to get his needs (belonging, power, freedom and fun) met. He will continue to choose behaviors or develop new behaviors to balance his scales. As long as the student thinks and feels that his needs are getting met, even inappropriate needs, he will not feel any responsibility for his choices and their effect on him or others. In fact, students may develop a wide variety of behaviors to protect them from being responsible for their choices and therefore have to choose more appropriate behaviors.

Dr. Fritz Redl (Redl & Wineman, 1957) has cited some behaviors children choose to avoid any responsibility for their choices. Dr. Redl referred to these behaviors as "tax evasion strategies". These strategies allow the student to maintain inappropriate choices in spite of effective reality therapy procedures. As adults, we need to be aware of these behaviors so that we don't choose to escalate into a power struggle with a student and therefore drive us from the child's quality world. Once we understand what the student is attempting to do, we now have the choice to become counter-aggressive and engage in a win-lose struggle with the student; or we can choose not to engage in a power struggle (conflict-cycle, to be explained later) and enter into a win-win problem solving strategy with the student. The following are a few of the more frequently used behaviors described by Redl:

1. Denial: This is the skill of denying any involvement in the incident. If students can continue to put up a front of non-involvement, it makes it extremely difficult for the adult to hold the children responsible for their choice of behavior.

2. He Did It First: If the student can state that someone else had done the same thing first, it would really constitute a chance not to feel responsible for the behavior he just chose to do.

3. He Had It Coming To Him: Some students imply that their behavior was primarily motivated by revenge, which, therefore, makes it all right. This behavior is difficult to deal with, because the student thinks that he is the victim in this situation and therefore not responsible for his actions. He's just getting even for some past transgression against him.

4. I Had To Do It, Or I Would Have Lost Face: With some children, particularly at the age of pre-adolescence and early adolescence, "status in the group in which one travels" assumes that non-compliance with the group demand would be accompanied by a total loss of face.

5. They Are All Against Me, Nobody Likes Me, They Are Always Picking On Me: The experience of "hostility" from the world outside cuts down on the degree to which individuals feel themselves tied to the "moral code". Adolescents operate on the assumption: "if we can only prove that the world is against us, then the value demands within us which we would otherwise recognize as valid can be balanced off and can be forgotten". These students want to get us into power struggles, so they can justify their negative behaviors.
6. Confessional Constipation: These children clam up, not when they are ashamed, but when they are confronted. Thus, they are carefully avoiding a chance that they might have to become responsible for their choices.

7. Escape Into Virtue: The deviant child, like any good military strategist, makes ample use of camouflage and strategic retreat. Sometimes, when the adult attempts to enter the child’s quality world and start to form a relationship, the safest stall is to produce some minor change the adults seem to be so keen on, without real surrender of the original behaviors.

All of the above strategies, by students, are meant to engage the adult into a power struggle, avoiding responsibility for their choices. Therefore, before staff members can effectively implement any reality therapy procedures, they must have a working knowledge of the Conflict Cycle. The best interventions will prove ineffective if the adult continues to choose to engage in power struggles with the student.

For years, teachers have been told how their behavior influences the behavior of their students. While the statement is true, the corollary also is true. Troubled students can greatly influence the behavior of their teachers. Troubled students are experts at provoking and pushing the “emotional buttons” of concerned, dedicated, warmhearted teachers, who can end up feeling and behaving in hostile and rejecting ways with selected students. When this happens, many of these teachers feel surprised and guilty by their reactions. One mild mannered, junior high teacher expressed this problem in an open and honest way. “Each night I promised myself I will not lose my temper with Gary; but by 11:00 a.m., after he has fallen out of his seat, teased a girl about being overweight, talked out loud during instruction time, and given the finger sign to a quick-tempered peer, I want to strangle the little S.O.B.”

To understand why and how competent teachers find themselves in such self-defeating struggles, Dr. Nicholas Long developed the Conflict Cycle Paradigm (Long & Morse, 1996). This model describes how the interaction between a student and teacher follows a circular process in which the attitudes, feelings, and behaviors of the teacher are influenced, and in turn influence, the attitudes, feelings, and behaviors of the student. During a stressful incident, this circular process becomes a Conflict Cycle, creating additional problems for the student and the teacher. Once in operation, this negative interplay between a student and a teacher is extremely difficult to interrupt. For example, we know that students under stress behave emotionally rather than rationally. They are controlled more by feelings than by logic. They protect themselves from physical and psychological pain by becoming defensive, primitive, and regressive. When a teacher reacts to these inappropriate behaviors impulsively, or with righteous indignation, a “power struggle” develops in which understanding and helping disappear, and “winning” becomes the only acceptable outcome for the teacher. When teachers react emotionally, they deny the issues and feelings behind the student’s behavior and become part of the problem.

The purpose of the Conflict Cycle is to help teachers become aware of how their personal beliefs and values are challenged when helping troubled students, and to help teachers develop effective strategies to prevent students from pushing their “Emotional Panic Buttons”. While teachers do not have complete control over student behavior, they do have complete control over how they react to student behavior. The Conflict Cycle is rarely taught, but it is essential to learn if teachers are going to be successful in helping their troubled students. The Conflict Cycle Paradigm provides teachers with the necessary insights to prevent minor student/teacher conflicts from escalating into major power struggles and is the reason why we believe effective classroom management begins with the STAFF and not the students.

The Conflict Cycle is a paradigm that describes the circular and escalating nature of student/teacher conflict. Figure 1 presents the student’s Conflict Cycle and its five interacting steps:

- The students’ self concept
- The students’ stressful incident
- The students’ feelings
- The students’ behavior
- Adult/peer reactions

To understand why and how competent teachers find themselves in such self-defeating struggles, Dr. Nicholas Long developed the Conflict Cycle Paradigm (Long & Morse, 1996). This model describes how the interaction between a student and teacher follows a circular process in which the attitudes, feelings, and behaviors of the teacher are influenced, and in turn influence, the attitudes, feelings, and behaviors of the student. During a stressful incident, this circular process becomes a Conflict Cycle, creating additional problems for the student and the teacher. Once in operation, this negative interplay between a student and a teacher is extremely difficult to interrupt. For example, we know that students under stress behave emotionally rather than rationally. They are controlled more by feelings than by logic. They protect themselves from physical and psychological pain by becoming defensive, primitive, and regressive. When a teacher reacts to these inappropriate behaviors impulsively, or with righteous indignation, a “power struggle” develops in which understanding and helping disappear, and “winning” becomes the only acceptable outcome for the teacher. When teachers react emotionally, they deny the issues and feelings behind the student’s behavior and become part of the problem.
2. Stress: Stress is a subjective reaction to external conditions that are real, anticipated, or imagined. They cause the child physiological and/or psychological pain. There are four different types of stress that we find students reacting to in schools today.

- Physical stress: this is the lack of food, water, sleep, elimination, or activity. Today, more and more students are coming to school without their basic physical needs being met, especially in the area of food and nutrition. When students are hungry, they can’t learn.

- Psychological stress: these are situations that lead to personal threats, acts of rejection, and severe conditions of competition. The research has continued to show that the teacher is still the most important factor in the students’ life space. Yet, we see in numerous situations that students feel that the teacher does not like them. They feel rejected by the teacher.

- Reality stress: these are unplanned events, for example, losing objects, being delayed, having an accident, or a personal disappointment.

- Developmental stress: this is meeting new people, going to new places, separating from friends, settings, or family, taking exams. It is being responsible for one’s behavior at an appropriate developmental level.

3. Feelings: many students are taught that certain feelings are bad and unacceptable, and that “healthy” children should not have these feelings. According to Glasser’s Choice Theory, all behavior is made up of four parts: the act itself, thinking, feeling, and physiology. The two parts that are the easiest to change are the acting and the thinking behaviors. Therefore, we feel the way we think. Because children think that they have these unacceptable feelings, they will find ways of getting rid of them by denying them, by projecting these feelings onto others, or by reorganizing them so that they are acted out in disguised forms. Because all feelings are a natural and an intrinsic part of every human being, it is important for every student to learn to “own” his feelings. Students need to understand that their feelings are controlled by their thoughts and are separate from their behavior.

4. Observable Behavior: When students react to feelings of stress by expressing them directly or by defending against them, they usually create additional problems for themselves in school. Behaviors such as hitting, running away, becoming ill, stealing, teasing, lying, fighting, using drugs, and withdrawal cause students to have difficulty with teachers, peers, learning, and school rules. The problems students have in school are the result of the way they have chosen to cope with their feelings of stress.

5. Teacher Reaction: The teacher needs to realize that a student in stress can actually generate his own feelings and, at times, his behavior in others. An aggressive student can quickly bring out hostile and counter aggressive behaviors in others. If teachers are unaware of this natural reaction, the inappropriate behavior of the student will become automatically reinforced and perpetuated by the teacher’s reaction. The phrase, “Do unto others as others do unto you” is an accurate but unfortunate psychological consequence of this negative conflict cycle.

This cycle continues around and around until an intense power struggle develops between the teacher and the student. Logic, caring, and compassion are then lost, and the only goal is to win the power struggle. What is important to remember is that there are no winners when the conflict cycle reaches the level of the power struggle. This cycle cannot be broken by asking immature children to act maturely during intense states of stress. If change is going to occur, the adult must accept the responsibility for acting in a mature professional manner. (Appendix A demonstrates the differences of how a teacher and a student reacts to a crisis situation).

Appendix A

The Difference in Psychological Worlds Between a Student in Stress and a Helping Staff

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<thead>
<tr>
<th></th>
<th>Staff Reactions</th>
<th>Student Reactions</th>
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<tbody>
<tr>
<td>Perceiving</td>
<td>Diverse</td>
<td>Concrete</td>
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<tr>
<td>Thinking</td>
<td>Logical</td>
<td>Omnipotent</td>
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<tr>
<td>Feeling</td>
<td>Accepts and Controls</td>
<td>Flooded</td>
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<tr>
<td>Behaving</td>
<td>Accepts Responsibility for Behavior</td>
<td>Does Not Accept Responsibility for Behavior</td>
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In summary, the Conflict Cycle follows this self-defeating sequence for a troubled student:

- External events arouse thoughts
- Thoughts, irrational beliefs, trigger negative feelings
- Feelings drive behavior
- Inappropriate behavior incites others
- Others create additional stress for the student

To change the Conflict Cycle to a Coping Cycle, the teacher must have the following concepts and skills:
1. A knowledge of the Conflict Cycle raises our consciousness about conflict since we know in advance that a student in stress will create in us his feelings. "To be forewarned is to be forearmed."

2. A knowledge of the Conflict Cycle enables us "to accept" and "to own" our "counter aggressive feelings" toward this student. This genuine feeling also provides us with a useful indicator of how the student is "feeling."

3. A knowledge of the Conflict Cycle helps us to choose not to struggle in a power struggle with this student. (This is a conscious choice - "I will not fight with you.")

4. A knowledge of the Conflict Cycle helps us stop all "You" messages, which escalate the Conflict Cycle.

5. A knowledge of the Conflict Cycle helps us focus our energies on what a student needs instead on what we are feeling.

6. A knowledge of the Conflict Cycle enables us to help the student make the connection between his behavior, his feelings, and the original stressful incident.

7. A knowledge of the Conflict Cycle enables us to help the student focus on managing stress, coping skills, the here and now, personal responsibility and self-worth.

Now that we can understand the dynamics of the Conflict Cycle, we realize that direct confrontational strategies do not work. We need to develop benign confrontational strategies for these children. By employing benign procedures, we will avoid the Conflict Cycle with the student and begin the process of the student assuming responsibility for his actions and then planning to make better choices in the future. Wubbolding's WDEP procedure (Wubbolding, 1988) is an excellent model for effective problem solving with aggressive, acting-out students.

According to Wubbolding, to communicate more effectively with children, we need to stop telling them what to do. Rather, it is more effective to ask questions. Choice Theory states that all motivation begins within a person. Therefore, a teacher can help an upset child by helping the child define his needs. Another advantage of asking questions instead of making demands to students is that appropriate questioning is perceived as non-threatening to the student and will not likely damage your relationship with that student. Making demands or threatening will result in the student becoming more oppositional, defiant, and confrontational and may escalate into a Conflict Cycle. An additional word of caution needs to be stated at this time. When we ask students questions, there is one question that we need to avoid at all costs, and that question is the word "why".

In today's society, the word "why" is not perceived as a clarifier, but as an acquisition, and also allows the student to come up with excuses for his behavior.

Wubbolding suggests that by using the WDEP system, we will not only preserve our relationship with the student, but we will also allow the student to become responsible for his choices and to self-evaluate those choices. The student will also be asked to develop a positive plan of action to get his needs met.

The "W" = wants. We need to ask students questions such as, "what do you want from school?", "what do you want from your classroom?", "from your peers?", etc. It is important to realize that they might not be able to answer these questions in clear and precise ways. Frequently, the answers will be "Nothing", or "I don't know." The important thing is to ask the question persistently in a calm and friendly manner.

The "D" = doing. We need to remember the behavioral car as explained by Dr. Glasser in Choice Theory. That is, that all behavior is made up of four parts: thinking, acting, feeling, and physiology. In a non-judgmental and non-critical manner, we need to ask students what they were thinking and doing at the time they were having a problem. We need to recognize a child's feelings, but we also understand that the easiest thing to change is the child's thinking and acting, the feelings will follow.

The "E" = evaluation. For troubled students, this is the most difficult area for them to acknowledge. We are asking them to evaluate the effectiveness of their actions. The key is to ask how the behavior was helpful in getting them what they wanted. Did the behavior work? We can ask was "this behavior helpful or hurtful", "was it against the rules?"

The "P" = the plan. We now have to help the child make a positive plan of action. We ask the student "What is your positive plan now?" We don't accept plans that say "I won't do that again." Students have been saying that for years and continue to engage in the same behaviors. The student needs to organize new, positive behaviors for the next time. A good plan is exact, realistic, and not dependent on what someone else does (See Appendix B for a sample plan).

Effective questioning can help teachers to communicate more effectively as well as elicit more responsible behavior from their students.

In our program, whenever a student has chosen an inappropriate behavior that has resulted in him being sent to a separation area (this is typically a small empty room), before returning to the classroom, the student completes a behavioral plan. This plan (Appendix B) is based on Dr. Glasser's Choice Theory/Reality Therapy Principles and Dr. Wubbolding's WDEP system.

As the child completes the plan, we ask questions using the WDEP system to clarify and direct. We ask, "What rule did you break?" and "What did you want by doing this?" The second question is designed to help the student self-evaluate his choice. As mentioned previously, self-evaluation is very difficult for troubled youth. For they know that if they self-evaluate appropriately, then they would have to be responsible for their choices and therefore change. That is why, for some children, who are new to our program, or refuse to self-evaluate, we have question number three (Is it against the rules?). Since the students have had an opportunity to assist in developing the rules, and the rules are posted in the classroom and on the plan sheet, it is extremely difficult for them to state that their behavior was not against the...
Appendix B

Discipline Plan

Student ____________________________________________
Date ______________________________________________

Classroom Rules
1. Use time wisely and appropriately
2. Use language and communication skills appropriately.
3. Use body parts and space appropriately
4. Maintain appropriate relationships with staff and peers.

1. What rule did I break?
2. Is it helping me or hurting me?
3. Is it against the rules?
4. What is my positive plan to do better?
5. How long can I do this?
6. Did you complete your plan successfully?

Student signature ________________________ Staff signature ________________________

Therefore, if the student answers question number two appropriately, or states in question number three that it was against the rules, the child is responsible for his behavioral choice and now must come up with a positive plan of action. This plan must be stated positively, what the child will do, not what he won't do. The plan must be dependent on the child with no help from anyone else. Step five (How long can I do this?) allows the student to again self-evaluate with some appropriate empowerment. In cooperation with the teacher, a mutually agreeable time frame is established. For some students, it may be as long as the rest of the day or as short as the next hour. We need to keep in focus that the plan should be achievable and successful. If we make it too long at first and the child fails to successfully complete the plan, he will not be likely to attempt another. We can always increase the length of any plan as the child starts to have some success. We both sign off on the completed plan. By having the student sign his plan, he is implying that he will follow through.

Step six (Did you complete your plan successfully?) is included for several reasons. First, if the student successfully completed his plan, he gets recognition (belonging) and empowerment (freedom/power). If he has chosen not to complete the plan, he is asked again to self-evaluate his choices and to complete a new plan.

SUMMARY

The Conflict Cycle is a paradigm which explains why the management of student behavior begins with the teacher and not the student. Unless teachers can control their reactions to inappropriate student behavior, and have an awareness of their "emotional buttons," teachers will escalate the incident and only succeed in making it worse. The dynamics of the Conflict Cycle not only helps teachers understand their role in affecting the feelings of students, but also it opens an array of new alternatives to school punishment. It allows the teachers the freedom of employing the principles of Choice Theory and Reality Therapy. In this process, teachers have an opportunity to teach troubled students better ways to make choices, a sense of belonging, and becoming empowered.

BIBLIOGRAPHY

One of the challenges faced by teachers in K-12 classrooms is that of inappropriate student behavior. Students who come to school with poor social skills, who are disruptive, antagonistic, rude, and sometimes violent are a main source of stress for most teachers (Feitler and Tokar, 1988). In an effort to control for their quality world pictures of order and student learning, teachers often choose to use the principles of stimulus/response psychology, particularly extrinsic motivators such as punishers, in an effort to coerce students to choose more positive behavior (Glasser, 1992). However, because such methods do not meet the quality world needs of students, students often respond by further inappropriate and disruptive classroom behavior. Such student behavior represents a serious frustration in the quality worlds of teachers. To control for their frustration, teachers respond by trying even harder to make their familiar coercive strategies work by punishing students harder. As student misbehavior escalates, both teachers and students become trapped in a downward spiral of irresponsible behavior. The resulting stress and tension impact on teacher performance and lead to negative attitudes, the choice of ever more authoritarian teacher behavior, angering, depressing, and burnout (Byrne, 1994; French, 1987; McLaughlin, Pfeifer, Swanson-Owens, & Yee, 1986; Morris, 1988).

Even though Glasser (1969, 1986, 1990) has been proposing alternatives to coercive “behavior management” techniques for nearly 30 years, too many teachers continue to cling to a belief in the efficacy of extrinsic motivators. Too many teachers continue to believe that if only they can find just the “right” amount and kind of extrinsic motivators, they can control their students’ behavior and “manage” their problems away. Unfortunately, such an approach will never work because of the fact that human beings are internally motivated by the needs which are built into their biological structures, and they spend their entire lives choosing their own behaviors in an effort to meet those needs (Glasser, 1981; 1984).

If schools are to move toward becoming Quality Schools, teachers will need to change the pictures they have in their quality worlds about how to work with students who are making negative choices of behavior in their classrooms. However, changing one’s professional paradigm is often difficult (Wigle & Harris, 1994). In order to accomplish this hard work, and in order to help teachers move toward the paradigms of Quality Schools, it will be necessary to ask some of the basic questions which are used in the process of Reality Therapy (Glasser, 1965). The purpose of this article is to ask and to answer the following questions: Do extrinsic motivators, particularly punishment, work? What are some of the consequences of choosing to use extrinsic motivators?

ASSUMPTIONS OF EXTRINSIC APPROACHES TO BEHAVIOR:

The principle of extrinsic motivation of behavior which is incorporated into behavior management approaches to student behavior implies that people are, and need to be, controlled externally. The principle holds that the judicious application of external rewards and punishments will “shape” the behavior of individuals over time into more “acceptable” patterns (Skinner, 1972). When a student’s behavior is viewed as being problematic, the “problem” is generally attributed to the student. A natural extension of this assumption is that problems are not something to be solved jointly by teacher and student, rather the problems are to be solved by doing something to the student. When the student is choosing inappropriate classroom behavior, the options often seem limited to punishing the student in an effort to make the behavior stop, or doing nothing. For teachers, who may feel responsible for the consequences of student behavior and who may feel as though they need to compel the student to make other choices, doing nothing is rarely a viable option. What often happens is that the teacher sets up rules and consequences in an effort to control student behavior. The teacher often then not only feels justified, but obligated, to administer the consequences when a rule is violated on the grounds that the violator knew the consequences before hand. Punishment administered under such circumstances is expected to have the effect of eliciting student behavioral change (Canter & Canter, 1992; Canter, 1989).

EXTRINSIC MOTIVATORS: DO THEY WORK?

Teachers are often under pressure from administrators, parents, and each other to conduct a classroom in which children sit quietly and obey. In a classroom of 20-30 students, what may seem like tyranny to an outside observer is often perceived by the teacher as the most efficient way to deliver academic instruction. The pressure of making sure that the classroom rules are
obeyed, and that student behavior conforms to adult expectations, often leads teachers to “protect their territory” and put down any challenges to their authority. In this way, the classroom becomes a setting for power struggles between the teacher and a few select students who strongly resist being controlled. The “hidden curriculum” in the classroom becomes, do what the teacher says, live up to the teacher’s expectations for proper behavior, keep busy, keep quiet, don’t move too much, stick to the schedule (Kohn, 1995). If students do not comply with this curriculum, something must happen to them. Usually, that “something” is an extrinsic motivator in the form of punishment.

There is an almost endless hierarchical list of punishments used by teachers. The most common and, because it is so common, the most destructive of all punishing behavior is criticism (Glasser, 1997). Students are also punished by being isolated in “time out” rooms, sent to the principal’s office, denied attention, forbidden to do things they enjoy, given F’s and zeros, retained in the same grade, given detentions and suspensions. Additionally, many school systems continue to use corporal or physical punishment (Dill & Haberman, 1995). This seems to be a choice made by adults who do not know what else to do, but who feel strongly that something must be done, preferably to the student.

There are several problems that an extrinsic motivator like punishment poses when it is used. One of the most confounding of these problems is the contradiction inherent in the use of corporal punishment. Teachers who use corporal punishment may insist to the student that “We do not hurt other people,” but their behaviors are saying that, “It’s okay for me to hurt you because I am in power and it is my responsibility.” Regardless of the offense, corporal punishment only gives credibility to hurting others as a solution to problems because of the model which it presents. It does not and has never taught values or right from wrong. Punishment teaches one primary lesson. Punishment teaches about power. When you are bigger and stronger, you can use power to make individuals do something they do not want to do. In addition, violence becomes an acceptable way to express anger if individuals do not comply with the demands of those in power (Curwin, 1995; Curwin & Mendler, 1988).

What punishers and the punished fail to understand is that the more they use power to try to control others, the less real influence they will have on their lives. This perpetuates a cycle of punishers searching for stronger punishment and the punished searching for ways to gain more power, not over themselves, but over others. Often students accomplish this by manipulating and coercing their younger or weaker classmates. When such manipulative and coercive student behavior is discovered by the teacher, the perpetrators are themselves coerced and threatened with more punishment. This cycle creates a hostile environment in which there is a threat of punishment for failure, non-compliance, and competition among students for power (Kohn, 1995).

Punishment often leads to one of three possible outcomes. The first is the calculation of risk. Students will consider an action and the consequences of that action to determine for themselves if the desire to engage in the considered behavior outweighs the consequences. In such a manner, punishment teaches the lesson that it is more critical to consider possible consequences rather than how one’s behavior may affect others. The second possible outcome is that of blind conformity. The lesson of applied power inherent in punishment is that it is always best to obey those in power rather than deal with differences in opinion or to tell an abuser of power to stop hurting others. Unquestioning conformity teaches students to wait for someone else to make decisions for them and leads them to avoid learning how to make responsible decisions for themselves. The third possible outcome of the use of punishment is revolt. This almost always leads to more serious punishment in an attempt to put down the revolt which then elicits future revolt. If a responsible adult does not break the cycle, students will never have the guidance necessary to help them choose more effective behaviors (Kamii, 1984).

Does the external motivator punishment work? Depending on the results a teacher wants, punishment may work very well. If it is the intent of a teacher to help students learn to choose positive behaviors, to make responsible decisions, to solve problems in positive and appropriate ways, to care about others who are weaker than themselves, or to deal with interpersonal differences openly and forthrightly, the use of punishment will result in almost total failure. If it is the intent of a teacher to have students learn how to avoid personal responsibility, to behave in a manipulative and coercive manner, to cynically weigh the personal costs of a behavioral choice rather than its effects on others, and to blame, excuse, deny and criticize, then the use of punishment will work very well. Teachers should carefully consider their quality world pictures and their perceived wants with regard to how they intend for students to learn before choosing to use external motivators in general and punishment in particular.

CONSEQUENCES OF EXTRINSIC MOTIVATORS:

Using extrinsic motivators, especially punishment, interferes with many objectives in the classroom. One of the major obstacles it presents is in building relationships with students. Helping students develop good values depends on the teacher establishing a caring relationship with them. The use of punishment makes that less likely to happen. Punishment, particularly corporal punishment, destroys positive rapport, and provokes resistance and resentment (Glasser, 1965). Students subjected to corporal punishment tend to be more aggressive than their peers, and will be more likely to use violence on their own children and spouses, use alcohol and other drugs, commit suicide and develop depression than will students who are not subjected to corporal punishment (Straus & Kantor, 1994).

The use of punishment does not teach responsibility; rather it encourages S-R behavior. Behavior modification programs, which are designed on the premise of using extrinsic motivators to change behavior, forestall rather than promote self-determination. Students subjected to behavior modification programs are not asked to think for themselves or consider the consequences of
their behaviors beyond the schedule of rewards and punishments. There is no practice and guidance in the skills of making responsible decisions. Until students learn to make responsible decisions, there will always be a number of behaviors which will need to be “modified” (Kohn, 1993).

Extrinsic motivators will never help students to become reflective, compassionate people. In order to become reflective and compassionate, the child must be taught by words and actions that all people are valuable and are to be respected. In order to accomplish such an outcome, it would be necessary to work with students. Extrinsic motivators, especially punishment, focus on doing things to students (Kohn, 1997).

A classroom which relies on an extrinsic motivator like punishment is a threatening environment, and there is no learning in an environment permeated by fear (Curwin, 1995; Curwin & Meldler, 1988). The brain deals with threat easily — it just turns off as MRI studies show. If a person is given an interesting task, many parts of the brain become engaged and there is a corresponding increase in synaptic activity. If a person is threatened, synaptic activity significantly decreases resulting in downshifting. Downshifting, a physiological defense system, is triggered by threat, and is accompanied by a sense of helplessness or fatigue, and a feeling that one cannot access his/her own ability to deal with the threat. (Abbott, 1997; Pool, 1997).

Downshifting students can do some things well, like memorizing, because the brain perseverates under threat and likes to do things over and over again. Repetition provides a sense of safety when people feel helpless as they often do in threatening environments. Memorization is compatible with teacher-centered, power-based pedagogy. If there is pressure on the teacher to “cover the material,” especially for the benefit of yearly standardized tests, then the combination of extrinsic motivators, memorization and regurgitation of facts may indeed succeed (Pool, 1997). But learning which involves making connections, higher-order thinking, and creativity is incompatible with such a threatening environment. Student-centered pedagogy within a learning climate where teachers provide a relevant curriculum, students are actively involved in their own learning, and where learning is intimately connected to both the external world and to students’ quality worlds is not compatible with extrinsic motivators (Wigle & Manges, 1995).

Lastly, the present ongoing technological revolution which is bringing massive changes to all institutions caught in its vortex may hold the power to alter our educational system. In fact, this very revolution puts learning and our traditional educational systems on a collision course. The key element of the coming integrated, multimedia, digital network is discovery — the empowerment of the human mind to learn spontaneously, independently, and collaboratively, and without coercion. Such a new learning environment would be highly compatible with the natural functioning of the brain, with what we know about why we behave, and, in particular, with students’ need to feel involved and valued (Abbott, 1997; Glasser, 1997). We need to begin preparing learners for the future which technology is bringing into the classroom. Such a learning environment will be highly incompatible with the use of the external motivator punishment.

CONCLUSION:
Facilitating learning, helping students to grow and develop and meet their needs, is the very heart of what teachers do. That teachers must sometimes work in the face of inappropriate and disruptive student behavior is unfortunate. However, teachers do have an important choice to make as to how they will deal with the issues and challenges involved in working with students. They can continue to choose to do things to students through punitive behavior such as described here, or they can choose to change their quality world pictures and choose to begin to work with students, assisting them in making more appropriate choices in behaviors. However, in order to make such a paradigm shift, teachers will need to be willing to look at what they are presently doing and ask themselves some hard questions: Is what I am currently doing working? What will be the consequences for my students if I do not choose different behaviors? If I do change, might I be an even more effective educator?

REFERENCES


School in the Student’s Quality World
Josipa Basic, Snjezana Ticak Balaz, Suzana Uzelac, Gordana Vorkapic Jugovac

The first author is professor and vice-dean of the Faculty of Special Education and Rehabilitation, University of Zagreb, Croatia. The second and third authors are teachers at the Primary School in Porec, Croatia. The fourth author is a psychologist at the Primary School in Porec, Croatia. All authors are RTC.

ABSTRACT: The goal of the research was to study how much school is in the students’ quality world. The work was conducted with a random sample of 429 primary school students (from 2 separate classes from each grade level, I to VIII). Comparing results of pupils in the first four grades and those in the higher primary grades (V-VIII), it is possible to claim that in the beginning, school is in the students’ quality world, but the significance of school gradually weakens. The things that remain longer in the students’ quality world are: teachers (the first four grades), teacher advisors (during the higher grades although not all the time), expert advisors, and peers (until the end of education). Study situations, examinations, and evaluations are gradually lost from the quality world, but class trips, breaks, group work, and extra-curricular activities remain longer.

1. PROBLEM
At the beginning of this project, it is valuable to explain the concept of the student’s quality world, and then to relate that concept with school in the student’s quality world. According to Glasser (1990), it is a special world in our minds in which there are very specific and complete personal pictures of the outside world. Those are the best and highest quality pictures or perceptions of people, things, and situations which connect us to pleasant personal feelings experienced in the real world. That small, but beautiful and meaningful world, the quality world, evolves during life, from birth on through all periods of life. At every period of life each of us has his/her own quality world. It is the most important part of our lives, made important by the fact that all our life we try to input much effort to realize pictures from that quality world.

In the part of our lives related to the first years of education, school has a chance of entering into a student’s quality world. That happens through teachers, peers, games, parents (because they are an important part of the student’s quality world, who tell their children that school is something very important and something that one can not do without, etc.). How can this happen? When that which is sought from all students will satisfy their psychological needs - for belonging, power, freedom, and fun. How? By accomplishing quality work with their teachers and peers, by realizing and continuing to satisfy their quality picture. It is satisfied when there is no pressure, when a student is led toward quality work and self-criticism.

A majority of students enter school with a picture of school in their quality world, and before everything with the picture of teachers as the most important (Glasser, 1993.), followed by what work is done and how it is done. Research shows that this isn’t the case at the end of primary school. This is indirectly seen through the low self-esteem of students in the higher grades as compared to those at the beginning of schooling (Blumenfeld and others, 1981., from Santrock, 1994.). The majority of authors asked why this happens, from where does this negative feedback from students originate, which aspect of our culture and education is responsible for it?

2. GOAL AND HYPOTHESES OF THE RESEARCH
The goal of the research was to establish pictures of persons and activities in the student’s quality world with relation to students’ grade and level of their satisfying needs.

Hypotheses:
1. At the beginning of education, school is highly placed in the student’s quality world.
2. As students grow older, pictures of persons and activities which make up school leave the quality world.
3. Satisfying needs effects the maintaining of pictures and activities in the student’s quality world.

3. METHODOLOGY
3.1 Sample
Two (2) groups from each grade level I-VIII were chosen randomly from Primary School Porec (N = 429 students).

3.2 Measuring instruments
Three (3) measuring instruments were used:
1. Cards with persons and activities in the student’s quality world (card with text).
2. Photographs with persons and activities in the student’s quality world.
3. Evaluation scale of persons and activities with relation to satisfying student’s needs.

These instruments were created for this research.

In accordance with the given goal of establishing pictures of school in the student’s quality world, these variables are specified:
1. Persons: teachers, teacher advisor, expert advisors, and peers.
2. Activities: study, oral and written examinations, grades and teachers’ decisions about them, curriculum, subject schedule, break, extra-curricular activities, rules of conduct, school, homework, and trips.

Variables were established by pilot research. Students gave written responses about persons and activities that make up school. Systematizing the responses resulted in these selected variables.
3.3 Procedure

Students were questioned individually. The assignment for the students was to evaluate if they liked the situation and if it satisfied their needs. The students in the higher grades assessed on the evaluation scale of persons and activities the level of satisfying their needs.

3.4 Method of analyzing data

Resulting data were processed through absolute and relative frequencies and arithmetic average. The evaluation scale results were processed using x-squared test, and in order to ease interpretation, the frequencies were transformed and shown in percentages. The differentiation method (difference between the arithmetic averages of small dependent samples — Petz, 1984.) tested the statistical significance between the responses to photographs and cards.

4. RESULTS AND DISCUSSION

4.1 Results from the I-IV grade students

Picture of school in the student’s quality world, in the first four grades was researched in relation to:

* person: teachers and peers
* activities: study (reading, story re-telling, calculating, writing, music, art, physical education), class work types (frontal, group), class experience, testing knowledge (work on board, written test, reading in front of class, oral evaluations), break, trips, remedial work, extra-curricular activities (groups and performances), writing homework, and school as a whole environment.

It was established that the difference between study materials (photographs and text) does not result in change in the student’s evaluation (no statistical significance at a level above .01), so only photographs were used in further analysis and discussion.

It is realized that in relation to person, in the beginning of education, teachers and peers are highly placed in the student’s quality world (more than 90% of the students). The fact that teachers were valued so much confirms the importance of the teacher figure during the child’s transfer into a new and different life — from the family to the school environment. The data show that students and friends remain high in the quality world because with them, the student satisfies all needs, especially the need of belonging.

In the 1st grade, all activities are also very high in the student’s quality world, with studying, curriculum, breaks, and performances (in 90% of the students), examinations at 70%, and the lowest, remedial work for 40% of the students. In the 4th grade, activities which are still high in satisfying needs of students are trips, free time, music, and group work (more than 90% of the students). The statistically significant drop with the 4th grade in relation to the 1st grade (at a level above .01) is visible in evaluations and writing, reading in front of the class, and frontal types of work (at a level above .05). The satisfying needs’ tendency to drop is also seen with written evaluations of knowledge, calculating, story retelling, and writing homework. The assumption is that pictures which relate to studying, evaluations of knowledge, and frontal types of work, the ones that leave student’s quality world, decrease the students’ opportunity to satisfy their needs.

4.2 Results from V-VIII grade students

In the higher grades, the number of students satisfied with school greatly drops. For most students, this process quickens and climaxes in the last grades of primary school. At that time, many students reject almost all persons and activities that make up school.

<table>
<thead>
<tr>
<th>Persons</th>
<th>V grade</th>
<th>VI grade</th>
<th>VII grade</th>
<th>VIII grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>Sometimes</td>
<td>55%</td>
<td>60%</td>
<td>61%</td>
</tr>
<tr>
<td>No</td>
<td>14%</td>
<td>11%</td>
<td>12%</td>
<td>21%</td>
</tr>
<tr>
<td>Teacher advisor</td>
<td>Sometimes</td>
<td>71%</td>
<td>60%</td>
<td>54%</td>
</tr>
<tr>
<td>No</td>
<td>1%</td>
<td>8%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Expert advisors</td>
<td>Sometimes</td>
<td>27%</td>
<td>19%</td>
<td>22%</td>
</tr>
<tr>
<td>No</td>
<td>3%</td>
<td>4%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Peers</td>
<td>Sometimes</td>
<td>59%</td>
<td>63%</td>
<td>62%</td>
</tr>
<tr>
<td>No</td>
<td>9%</td>
<td>8%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

From Table 1, it is visible that peers and expert advisors take a high position in the student’s quality world and that this picture doesn’t change by grade. With the students of the 5th grade, the teacher advisor also takes a high position (with 70% of students). In later grades, that picture progressively drops, so that by the 8th grade the teacher advisor is in the quality world of 44% of the students (p < 0.01).

It is notable that teachers in the 5th grade already do not take a high place in the student’s quality world (with only 31%), and that this picture drops with the 8th grade students where it is only with 11% of the students (p < 0.01).

According to the ranked persons and data, the expert advisors take the highest rank; they highly and evenly satisfy all of the student’s needs. With their peers, students satisfy the need for fun best.

With the teacher advisor, students satisfy mostly their needs for belonging, but there is a significant statistical drop in satisfying the student’s needs for fun and freedom (p < 0.01). An equally low level of satisfying the needs of students is visible with teachers.

Based on the given data, it can be said that the teacher advisor is truly a person in the higher primary
school grades who takes over the role of class teacher. However, the picture of the teacher advisor towards the 8th grade slowly leaves the student’s quality world.

The high ranking of expert advisors can be explained by research done in Primary School Porec. The result of research show that students satisfy their needs to the highest level during classes — workshops led by expert advisors. Through workshops, expert advisors establish friendly and supportive relations, allow a division of power, allow freedom and independence, so there is fun and comfort in them.

Table 3.
Results from students grade V-VIII on an evaluation scale with grade and persons written in percentages

<table>
<thead>
<tr>
<th>Activities</th>
<th>V grade</th>
<th>VI grade</th>
<th>VII grade</th>
<th>VIII grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studying</td>
<td>Yes</td>
<td>37%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>43%</td>
<td>39%</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>20%</td>
<td>38%</td>
<td>42%</td>
</tr>
<tr>
<td>Examinations &amp; Evaluations</td>
<td>Yes</td>
<td>33%</td>
<td>19%</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>45%</td>
<td>43%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>22%</td>
<td>37%</td>
<td>53%</td>
</tr>
<tr>
<td>Curriculum</td>
<td>Yes</td>
<td>41%</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>38%</td>
<td>49%</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>21%</td>
<td>34%</td>
<td>47%</td>
</tr>
<tr>
<td>Class schedules</td>
<td>Yes</td>
<td>38%</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>42%</td>
<td>42%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>20%</td>
<td>35%</td>
<td>46%</td>
</tr>
<tr>
<td>Free activities</td>
<td>Yes</td>
<td>64%</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>29%</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>7%</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>Recess &amp; trips</td>
<td>Yes</td>
<td>78%</td>
<td>84%</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>16%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>6%</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Rules of conduct</td>
<td>Yes</td>
<td>42%</td>
<td>25%</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>45%</td>
<td>35%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>13%</td>
<td>40%</td>
<td>73%</td>
</tr>
<tr>
<td>School</td>
<td>Yes</td>
<td>45%</td>
<td>24%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>34%</td>
<td>38%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>21%</td>
<td>38%</td>
<td>50%</td>
</tr>
<tr>
<td>Homework</td>
<td>Yes</td>
<td>31%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>40%</td>
<td>39%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>29%</td>
<td>43%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Because of the uniformity of the frequencies and variables “written and oral examinations” and “grades and evaluations”, as well as the variables “break” and “trips”, the results were combined as the variables “examinations and evaluations” and “breaks and trips”.

According to the given data standardized by grades — breaks and trips and extra-curricular activities are high in the student’s quality world, while other activities are quite low. Difference in age is more visible in curriculum, class schedules, school and rules of conduct (p < 0.01), as well as with studying (p < 0.05). Rules of conduct, examinations and evaluations, and the class schedule system drop the most in the student’s quality world.

Table 4.
Results from students grade V-VIII with relation to activities from percentages to YES answer on the evaluation scale

<table>
<thead>
<tr>
<th>Activities</th>
<th>Belonging</th>
<th>Power</th>
<th>Fun</th>
<th>Freedom</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 70%</td>
<td>recess &amp; trips</td>
<td>extra-curricular recess &amp; trips</td>
<td>recess &amp; trips</td>
<td>recess &amp; trips</td>
</tr>
</tbody>
</table>

With relation to needs that students fulfill with each activity, it is visible from Table 4 that through breaks, trips, and extra-curricular activities students evenly satisfy their needs. An imbalance in satisfying needs within one variable is seen only in the variable “studying” where students satisfy their needs for power and freedom better than need for fun (p < 0.01). With the rest of the activities, students respond that they do not adequately satisfy their needs. Such results show that students do not see quality in activities that make up school. It is therefore important to work on their gradually discovering it.

5. CONCLUSION

The results of the research conducted on a relatively large number of students from a regular, typical primary school (the same research is being conducted in other schools of the same region), confirm the hypotheses.

1. School at the beginning of education is truly in the student’s quality world (and in relation to the teachers and the school environment in general).

2. Unfortunately, the research also confirmed the hypothesis that the pictures of important persons in school hold their place in the student’s quality world, but only during first four grades. Teacher advisors (carrying the role of teaching in class), remain in the student’s quality world, but only for a short time, for a certain number of students, not to the end of primary school. Teachers begin to exit from the student’s quality world by the 5th grade and that trend continues.

It is important to mention that trips, free time, and group work are high in the student’s quality world and remain high from the 1st to 4th grades. It’s important to notice that remedial work is low in the student’s quality world and actually doesn’t even enter it. Similar to this are evaluations, rules of conduct in school, and class schedule system in school.

All this calls for a different way of life and study in school, creating ideas for a quality world within our schools’ conditions. It is important to give thought to establishing new education for knowledge and skills in such a complicated job as teaching students and leading them, strengthening teachers not only with the knowledge of the curriculum, but also in ability to allow the best conditions to adapt knowledge and social skills, especially in ability to teach responsible ways of conduct. (Wittmer and Myrick, 1989).
References


A mother, Susan, and her two sons, Randy 15 and Josh 14, came to me because Susan had heard about Reality Therapy and she thought that her sons would respond better to a man. At this point, Susan had been separated for 3 years and divorced for 2 years. The problem was that Josh used to get 75-80 in his school work, but now he was getting 55-60. Randy, on the other hand, was in the gifted or accelerated class in school, didn’t seem to be having school problems, but he now fights with his brother.

Susan talked continuously for the first 10 minutes about her new job, about the kids going back and forth between her and her Ex (David), about how well the kids used to be doing both in school and with the divorce, but mostly how Josh’s marks were dropping, and how he was acting out. I gave each of the boys a chance to tell their side of the story, then asked each of them what they wanted to accomplish by being here. Randy wanted to see a better relationship between Josh and his mother. Josh wanted his mother off his back and more freedom to do what he wanted. Susan said that she had tried everything to force Josh to work harder at school and that she needed a better way to control the kids and her hectic everyday life.

I asked Susan to describe a typical day for her. She described what a chore it was getting the kids off to school in the morning and how she had to call them 5 or 6 times, then check that they had everything they needed for the day. She left a long list of instructions for them to follow after school, and she also phoned at least twice between 3:30 and 6:00 pm to see that they were doing all of the things on the list as well as their homework. She felt that she had to explain every task in great detail so that they would do things right. I asked her if the boys had any say or input into making the rules she laid down. Her answer was “No, I am the parent, I have to keep them safe. I have to get them through school, and I know what is best for them right now. When they are old enough to take care of themselves, then they can make their own rules.”

I asked her why she left her last job. She said she didn’t like the working environment or the way her boss treated her, and that the new job was more responsibility, more money and a lot more freedom to do things her way. They even gave her a cellular phone. I described Boss Management and then Lead Management and asked which one she thought would work best. She said Lead Management because everyone takes responsibility for themselves and helps each other when they need it. I asked her which one her old boss was. “A BOSS” she said in a loud voice and laughed. I asked her how she felt when he was a Boss. Her response was “Hurt, belittled, not respected, (then her voice went soft and slowed down) but most of all I thought he was treating us like children”. I asked her which management style she was using with the kids. After a long pause, she said “I guess I’m a Boss.” I then asked her how she thought her sons felt when she was a Boss. She said “I don’t know.” I asked her if she ever asked them and she said “No.” I said let’s ask them now. They said “Mom, we are not two year olds.”

I found that Josh wanted to improve his marks but that he does things differently, and that he wanted to study his way and not be forced to do it his mom’s way. The bottom line was that Josh wanted to take full responsibility for improving his marks but he also wanted to be respected for having the intelligence he has. He said “You guys respect me and I’ll respect you!” I asked each of them if showing respect to each other was a reasonable request. “Yes”, was their response.

I asked Susan if she was responsible for Josh’s marks. “No, but I have to see that he does well at school”. I asked her what she had tried so far. After her explanation, I summarized it to her saying “So, you have tried: discipline, force, coercion, bribery, curfews, cancellation of privileges, yelling and screaming, threats, demands, put downs, embarrassment and even harassment. Has all of this worked for you?” She said “For a little while, but no, it hasn’t.” I said “Would you like to try something different?” She said “I’m at the end of my rope. I’m ready to try anything.”

I taught them Choice Theory: about the needs, about internal motivation, about how to make better choices, and about total behavior. We talked about what need each of them is trying to meet with their current behaviors. We also talked about not being able to control others and how change will only happen if you change yourself first. I taught them Reality Therapy and how we should not say out loud things that are judgmental about someone else. I gave them only one question to ask of themselves every time they are going to open their mouth. (“Is what I am going to say going to Help or Hurt this relationship?”)

The plan was simple, we agreed to meet in a month and a half because that is when the next school report card would be out. The three of them developed the following summation of their wants. “We each want to
take ownership of our own responsibilities and we want to be respected’. We confirmed what this meant to each of them. Josh would work on bringing his school marks up to the 70 range and would ask for help only if he wanted it. He would also respect his brother’s property and room, and his mother’s house and her quiet time. Randy would respect his brother’s things and room and his mother’s quiet time. Susan would stop monitoring Josh’s study habits, would stop giving long detailed task lists and would stop checking up on the boys between 3:30 and 6:00 pm. She would refrain from passing judgment on the boys’ choices just because they differed from hers. She would ask for their input when making decisions and negotiate an acceptable solution. (The family meeting would become the forum where each person could present his or her agenda and ask for feedback.) They all still had their own agenda but they would each become more of a Lead Manager. They also agreed on a ‘Time Out’ signal. Whoever used the signal could only use the following question: ‘Is what you’ve said going to help or hurt our relationship?’

After I checked each of their perceptions of the agreement, I asked each of them how they were feeling. They all said ‘Much better and they really thought this could work, and that they would really try.’ I asked Susan to ‘Try’ to take the pen I offered her and of course she took it. I said ‘No. No. Try to take it, NOT take the pen’. Try does not exist, it is an excuse. You will either do what you have committed to in our plan or you won’t. ‘Now, you may make some Mis-Takes but just do another Take or do it again the way you feel is right.’

When they returned, Susan said ‘The hardest thing for me was not staying on top of the boys all the time like I used to’. The boys agreed that she had done very well and that she even asked their opinion on some things. They agreed that they were getting along a lot better. Josh had not brought his marks up, two were still at 60. I asked him if he was satisfied with what he accomplished. ‘No.’ Was he satisfied with his efforts at improving school marks. ‘No.’ Did he have all of the resources that he needed. ‘Yes.’ Did he ask for help when he needed it. ‘No.’

I asked Josh what he wanted to do now. He said ‘I want to try this again, but this time he would really put the effort into it.’ Susan said ‘Why should I trust you, we gave you the chance and you blew it?’ I reminded her of the negative things that she had tried before that had not worked. I asked both of them ‘Who is ultimately responsible for his marks? ‘Josh’ was their response.

After a little more probing, I found that Josh wanted to move to his father’s house. Susan had a hard time with this idea, but said that they would discuss it later. I asked Josh how committed he was to making improvements and why. We viewed Choice Theory and the needs. I asked him what need was motivating him now. (Belonging) He wanted to keep up with his friends for next year and it was starting to be fun when he was doing well.

The next major session was requested by David (the Ex) and Randy. David explained that he had remarried, and that up until about a month ago both boys were getting along great with his new wife Barb, but now Randy was in a constant battle with Barb. Randy said ‘She seems to want to be my mother and she’s NOT.’ We talked about people having differing perceptions and that he had a number of responses that he could choose. I asked him to evaluate his defensive posture and whether it was helping his relationship with her. He then came up with some alternatives that he was willing to experiment with.

David explained that there are a number of rules in the house and that they were there for everyone’s benefit. (Like no elbows on the dinner table). I taught Choice Theory to David, then we talked about what motivates him, what motivates Barb and what motivates Randy. I explained the difference between Boss and Lead Management and asked David to evaluate his choice of management style. Randy just smiled. I taught a little Reality Therapy and gave David the question ‘Is what I am going to say going to help or hurt this relationship?’ David said ‘You are absolutely right, this makes a lot of sense.’ Randy said ‘Barb needs to hear this.’ David agreed saying that they would all be working with the same set of rules. I changed the word rules to philosophy or theory.

The next session was with Barb and David. Barb rather excitedly described how her two kids from a previous marriage and David’s kids all got along famously, but that it was only in the last two months that Randy has started to use any excuse to pick a fight with her. I again taught Choice Theory. We talked about force and control, whether it works on David, whether it works on her, whether it works on teenagers, in fact whether it works on anyone. I then explained the difference between Boss and Lead Management and asked her which one would work better. ‘Lead Management, of course but you are saying that we have to change the way we do everything.’ I responded ‘No, I’m not saying that you have to do anything, I am asking you which way has a better chance of getting you the results you want? Force or Encouragement.’

I asked the two of them to describe what the kids do to act out or rebel. I also asked them if they were to continue (force and control), would the kids rebellion increase or decrease. ‘Definitely increase!’ she laughed. I asked what was the worst thing any of the kids might do when acting out. ‘Run away I guess’ in a sober tone. I said ‘What about drugs, alcohol, sex, robbery, self-mutilation, violence or suicide?’ Both David and Barb were visibly shaken. Barb said ‘That stuff really happens, doesn’t it?’ I said ‘The papers and TV are full of it every day, and it doesn’t just happen to other people’s kids.’ ‘Are your children worth investing a little time into learning and practicing Lead Management?’ David thought for a moment and said ‘This will mean a complete change in the way we think and the way we do things but the good part is that we can start before anything serious has happened.’ Barb said ‘As I see it, this is something we just have to do, no matter what . . . (pause) . . . The neat part is that it might make our job a little easier in the long run.’

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I told them where to obtain a copy of Dr. Glasser’s *Control Theory Manager* and suggested that “This book will explain the practical use of Lead Management. Control Theory is the explanation of human behavior (the internal motivation and the basic needs). Remember, you are involved in a unique relationship with each person you have in front of you. It can be with each other, with each of your children, with your friends, with your family, or with your co-workers. The process will work with each one of them.”

“If you understand the Control Theory principles and use the process of Reality Therapy and Lead Management, you will find that you will strengthen your communication skills, increase your self-esteem and improve any relationship you choose to work at. And, of course you also have the opportunity to teach what you have learned to not only your kids, but to everyone with whom you come in contact.”
Lead Management vs. Boss Management in Employee Evaluation

David A. Hooten

The author, RTC, is Executive Director of Family Counseling Services in Lubbock, Texas.

ABSTRACT: It appears that the stimulus-response mindset so prevalent in our society has influenced the work force to consider “bossing” employees acceptable. A paradigm shift is needed for management to embrace the highly effective tenets of Choice Theory. Due largely to the fear experienced by employers when their “Quality World Pictures” of compliant employees is in conflict with their perceptions of confrontation, they may choose a method of employee evaluation that does not involve employee input or feedback. Lead management offers a highly effective alternative to the “Boss Management” dinosaur. When evaluations are considered “interviews”, and the employee is given the opportunity to “self-evaluate”, the result is the formation of an empowered, creative, invested relationship. This article explores the effectiveness of “Lead Management”, the ineffectiveness of “Boss Management”, and the resistance to change.

Employee evaluation is one of the least enjoyed elements of management positions. Many of us that have strong power needs find that as our careers grow so do our levels of responsibility and leadership. We are, consequently, in positions requiring human resource management skills. To satisfy our belonging and survival needs, we typically look to the status quo for the “boss” pictures we need. We want to be “good” bosses and we want our careers to thrive so we think we must do our best. If we have not had many opportunities to manage people we turn to the industry to provide us with some tools. Unfortunately, the industry has yet to embrace the one tool that seems to be most effective. That tool, of course, is Choice Theory.

If we accept the tenets that all we can do is behave; that all behavior is total; and that our behaviors are our best attempts to satisfy our needs, then we must accept that individuals can be influenced to behave, though not forced to behave (Glasser, 1984). These foundations of choice theory strike at the core of managerial thinking. Individuals that tenaciously cling to a “boss” style tend to believe that they can, often through fear or intimidation, make an employee do what they want them to do. This practice continues because it works to some degree and because “until the very recent introduction of choice theory, there was nothing to replace it” (Glasser, 1994, p. 4). In addition, many “bosses” believe that any suggestions or input from employees undermines their position and lessens their effectiveness. This apparent lack of trust negatively affects the productivity of the employee and, of course, the evaluation process.

It is possible for a boss to evaluate the employee without any face to face contact with that employee. To illustrate this point, I asked a group of professionals, during their certification week in Los Angeles, to evaluate Dr. Glasser. Each participant was given a simple evaluation form based on a four point system. With their knowledge of Dr. Glasser through personal contact and/or his work, they were asked to evaluate him in several categories such as professional knowledge, initiative, equal opportunity, professionalism, etc. All participants completed the forms within a ten minute period. When asked, they reported no emotional discomfort and found the process to be reasonably simple.

I then asked for a volunteer and told the individual that she would have the opportunity to evaluate Dr. Glasser personally. This was certification week and Dr. Glasser was on site. Therefore, the volunteer assumed I was serious (my own fun need). After a few moments, I asked the volunteer to evaluate her total behavior and share with the group. She reported increased anxietizing, increased heart rate, worrisome thinking, and mild fidgeting. When I asked about the rather painful responses, she stated that she was concerned how Dr. Glasser would perceive her, what his reactions may be, and how that could, in her eyes, lessen her credibility. She was also highly concerned that Dr. Glasser would be offended by her attempt to evaluate his work and that an extremely uncomfortable situation would arise.

Though it appears from this exercise that very little, if any, “good” feelings are generated by this approach to evaluation, it remains the primary method of completing evaluations. It is assumed that the “boss” must evaluate or review his/her staff. The “boss” assumes the role of:

judge, jury, and monarch. You decide how an employee has performed over the last year and you decree what rewards or disciplines are to be dispensed. Like a king or queen, you may advance one of your minions to high and exalted office, or banish the poor serf to the dungeons of cubicle obscurity (Golin, Bricklin, + Diamond, 1991, p. 394).

Obviously, these statements show the rather dark side of power. We can choose to effectively or ineffectively meet our needs. It appears from the literature that the vast majority of managers have been taught to assume a power orientation and fight to keep it.

The paradigm shift to lead management is not an easy one. We have been conditioned by the stimulus-response mentality to “boss”. Deming shocked the business world with his statement that “No human being should ever evaluate another human being” (Glasser, 1994, p. 23). Those of us that manage people are stymied by that statement. If we do not evaluate our subordinates then how do we improve or praise their performance?
The second half of the exercise with my volunteer in Los Angeles will graphically illustrate this point. I informed her that she would have the opportunity to interview Dr. Glasser. I asked her to describe what she would be doing if she had the chance to ask Dr. Glasser about his work, his goals, his effectiveness, and areas of his work that he would like to build upon or improve. She stated that she would feel excited, her body would be relaxed, she would be thinking how pleasant the experience would be, and her actions would undoubtedly reflect confidence and calmness. What a drastic change from the first situation! What influences this change?

The first glaring difference is that lead managers generate conversation, not confrontation. The employee is encouraged by this approach to relax and calmly discuss his or her work in light of company goals. Dr. Glasser very plainly states the most common way we relate to each other is through friendship. He further states that “While managers have often been instructed not to become friends with workers because workers may take advantage of this friendship, most managers have found that if they are friendly, it is easier to persuade workers to work hard and do a good job” (p. 28). It appears that they “do a good job” because they are empowered by their lead manager. They are given the opportunity to manage themselves, and, although this carries personal responsibility, it is normally welcomed. This approach obviously assists the lead manager in meeting his or her freedom needs in that the evaluation comes from the employee and not the manager.

A lead manager will take into consideration the needs of the employee. The boss manager may only be interested in the needs of the organization and pay very little attention, if any, to the employees’ needs. While on active duty in the Navy, I once asked for an afternoon off to aid my very ill wife. My superior told me that we were too busy and “If the Navy had wanted you to have a wife we would have issued you one in boot camp”. Needless to say, I was not endeared to my superior from that point on. Wubbolding states that in order to establish a good relationship the “wants” and the “needs” of the employee must be taken into account (Wubbolding, 1988). This obviously does not mean that company needs are secondary to those of the employee. In fact, Wubbolding states the importance of “Telling employees exactly what is expected of them” (p. 144). It simply means that a lead manager is aware that people work in the company, not machines.

The awareness of people is the defining quality of lead management. Though we utilize people to accomplish a task, managers cannot forget the person behind the job description. Someone once said that we love people and use things; and to reverse that order is immoral. Virtually everything about lead management supports the employee and the manager. Whenever we are faced with change it is easy to frustrate. However, due to the fact that many managers choose to frustrate during the employee evaluation process, this would appear to be an excellent place to start.

SUMMARY

Though the standard management principles of employee evaluation are deeply embedded in our culture, it is time for a change. Stimulus-response is not an effective way to deal with human beings in the work place. If employees are treated with respect and dignity and they are given the opportunity to self evaluate through an interview process, then they will be influenced strongly to perform. Much of the stress experienced by supervisors during the evaluation process will be eliminated once basic lead management skills are employed. In order for this transition to occur, employers must release their death grip on “tried and true” boss mentality and open themselves to an approach that promotes personal responsibility and accountability - lead management.

REFERENCES

Religion, Spirituality and the Counseling Process

Daniel M. Linnenberg

The author, RTC, is a bi-vocational Priest of the Episcopal Church in Boyne City, Michigan and a Licensed Professional Counselor at North Central Michigan College in Petoskey, Michigan.

ABSTRACT: This article explains the basics of spirituality and its relationship to Choice Theory/Reality Therapy for the benefit of counselors overwhelmed with the literature on spirituality which has inundated the counseling field. This paper addresses the basics of spirituality and reassures counselors that spirituality and spiritual direction is like any issue — it takes knowing the basics. Moreover, Choice Theory and Reality Therapy are excellent for counselors to use in order to assist clients in the development of their relationship with their Higher Power.

In the movie “Rudy,” the story of a determined young man whose dream was to play football for the University of Notre Dame, there was a line that expresses a perspective of theology which is considered by many as the only absolutes of spirituality. The Roman Catholic priest, who has befriended the determined young Rudy, states: “After all my years of training and search for God there are only two things I know for sure, two absolutes: there is a God and I am not him” (Anspaugh, 1993). A very profound statement when dealing with issues of faith! It is a declaration of faith, and at the same time, it draws into question everything that people of faith believe. For many, it is a very good place to start a faith journey.

In the last several years, the counseling field has been inundated with articles and information discussing the importance of the spiritual aspects within the counseling relationship. This is true of Choice Theory & Reality Therapy as well (Davidson, 1995; Dennis, 1989 & 1990; Emed, 1995; Glasser, 1989). However, this is an area where many counselors still feel uncomfortable, and rightly so. Much of the literature dealing with spiritual issues goes far beyond the basics that most counselors need or want. A preponderance of the information on spirituality in any given bookstore, or on any magazine rack, encompasses aspects of the subject that we have very little opportunity to integrate into our conversations with our average clients.

This information also leans toward non-Western traditions which are “strange” to the western-dominated culture, or it is literature coming from a fundamentalist Christian perspective. One example from the non-Western perspective is a recent book which deals with giving psychotherapy to a client’s “past life” beings. On the whole, the non-Western faith literature emphasis does promote the best of those faith groups. As Yusuf Emed points out, “The spiritual traditions of the east have emphasized personal experience and growth, attitude, and integration into daily life, and not merely belief or faith; (Emed, 1995). On the other hand, the literature coming from many of the Christian publishers represents a vocal but narrow perspective of the Christian faith which has little tolerance for critical thought and demands total adherence to the views projected. If individuals accept this perspective, they are likely to project a self-righteous attitude. At the same time, if our client is from a denomination which does promote critical thought, many counselors are still unaware of what a healthy God-centered spirituality is versus one that is either self-centered or community-centered. The literature promoting a healthy spirituality is not as available as these two perspectives.

The thought of having a discussion with a client concerning religious and spiritual issues brings a sense of unpreparedness to many because: 1) we are just unprepared to deal with spiritual issues and we are unaware of the literature that is available; 2) our clients may be coming from a faith perspective which lacks critical thought and promotes intolerance; and/or 3) our clients may be coming to us claiming a faith perspective which is foreign to us and perhaps them. And yet, faith is a part of the lives for nearly all of the people in the world. It is expressed at many levels, from those who have a deep belief, where it is the center of their lives, to those individuals who are self-centered and irresponsible, who practice aspects of their faith only because the culture dictates it be done. Therefore, the purpose of this paper is to address the basics of spirituality from a Choice Theory/Reality Therapy perspective and to reassure counselors that spirituality is like any issue — it takes knowing the basics. It is in dealing with the spiritual issues that we can assist our clients in improving the quality of their lives.

DEALING WITH FAITH

As previously stated, there appears to be a lack of knowledge of even the most basic understanding of spirituality. Counselors are reluctant to deal with spiritual issues due to the lack of this understanding. Counselors also avoid the subject because we do not want to foist our beliefs upon our clients. However, Glasser (1989) writes that we are not to avoid the subject in helping our clients, but are “to try very hard not to insert our beliefs into the process of counseling” (p.6). The question arises, where do we start?

We could start with the acceptance of the fact that we are driven by our wants. As Glasser (1989) later points out:

We are driven specifically by what we want that is pictured in our internal or all-we-want world. It is this that is factual and real; the needs are an assumption that may or may not be accurate, they are like circumstantial evidence in court. For those who believe in God, that belief, like all their other beliefs, is not an assumption. It is derived from a picture in their all-we-want world which for them is reality. They have no choice except to try to live their lives according to that belief (p.7).

Most of our clients do in some shape or form hold some form of belief system, whether it is a faith in God or a belief in some high principle of life. It is a want. We are therefore called upon to assist them in the pursuit of a quality life. Yet, this may not be the best place to start.

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Many would say that knowing one's own faith journey is a good place to start. Therefore, some would assume that a good place to start one's spiritual journey would be with the stated absolutes from the movie Rudy: "There is a God and I am not him!" However, if we start at this point, we run the risk of never being able to assist ourselves or our clients in the development of one's spiritual life beyond the boundaries of an ethnocentric, community-centered religion because here we still have the possibility of being self-righteous. This may throw some confusion into the discussion, although it is not meant to do so. It is meant to make the point that most importantly, *we must know who we are before we even start assisting our clients in their spiritual journeys.* Astute self-awareness, the understanding of our hermeneutical perspective, is imperative.

**HERMENEUTICS**

The point where we may want to begin our investigation in the understanding of spirituality is in an investigation into hermeneutics. This is the "general theory and applied practice of interpretation" (Smith, 1995, p.415). Hermeneutics looks to recognize the influences of culture, world views, the interplay of language, historically significant events, personal opinion and the environment, and how they affect our interpretation. A prime example is this paper which tries to be objective, yet it still reflects my personal "Christian" belief system in that I tend to use the term "god" more than the terms "higher principle" or "higher power." In other words, an understanding of our own hermeneutical perspective is that we know ourselves and the influences which affect the choices we make. In Choice Theory and Reality Therapy, this is extremely important for two reasons. First, it is important to know one's self. As Wubbolding (1992) points out, knowing ourselves is satisfying and it helps us make changes in ourselves. Second, our hermeneutical perspective is the personal and cultural basis of our perceptual system. We perceive the real world through our total knowledge and valuing filters which were developed through all of the influences in our lives both recognized and unrecognized. It is through understanding these influences that we can perceive the narrowness or breadth of our interpretation of the world. Or, at the least, to check to see if we ourselves are coming from a self-righteous point of view. This takes us to the realization that, as expressed earlier, the preponderance of literature on faith, spirituality and religion comes from an extremely ethnocentric perspective. With this perspective we tend to press the Judeo-Christian deity on all clients when not every client believes in a deity. We must know who we are, and where we are coming from, so that we can avoid the projection of our faith wants upon our clients. We also should have an understanding of the differences between religion and spirituality.

**RELIGION**

Religion is a cultural universal. From an anthropological perspective, religion exists in all human societies. The accepted anthropological definition of religion is the "belief and ritual concerned with supernatural beings, powers, and forces" (Wallace, 1966, p.5). Most anthropologists accept the idea that religion came about in societies to explain events and conditions that could not be explained from normal daily references. From a Judeo-Christian theological perspective, religion is the expression of one's faith, or the expression of the extent of the relationship one has with one's God. Religion holds the beliefs, ritual and attitudes a society has towards the accepted supernatural power which that culture recognizes. Religion is an *external* activity which, if we choose to react to, can bring support to our "want" for a relationship with the Higher Power. At the same time, religious activity can be very destructive to ourselves and to others if a mature spiritual perspective has not been developed. In dealing with clients, the belief that spirituality can not be addressed without the involvement of religious thought is the most basic misconception. Though the two are connected, they can and should be dealt with separately.

**SPIRITUALITY**

Within the concept of Judeo-Christian religions there is the belief that one is called upon to develop one's faith with their god. For the purposes of this paper, instead of using the term faith, we will utilize the term "relationship with one's god." Therefore, spirituality is the development of that relationship with one's god (higher power). Religion is the expression of that relationship. Spirituality is an *internal* activity which places the responsibility of the development of the relationship with one's god with the individual. Spirituality is not dependent upon form, i.e. that communication with one's higher power must be done kneeling. There is an equal path of the development of a relationship with the higher power in all religions. Spirituality, or the concept of developing all relationships, is a behavior which develops healthy relationships if done without the requirement of religious edicts. Spirituality is not dependent upon ritual, it is dependent on the idea that there is more to life than just ourselves, be it supernatural or an understanding of a Higher Principle. Spirituality is a verb. To be spiritual one must act spiritually. This is not piety. Piety is an expression of faith (religion). Acting spiritually is the endeavor of going through life acting as if each person we meet could be our God or Higher Power. It also means treating that individual appropriately — with respect, with hope and with joy that we may be in the presence of God. Spirituality is the development of all relationships.

William James (1902) came to the conclusion that there are two places where all religions seem to meet. The first is that humans have an uneasiness that there is "something wrong about us" in our environment. There does appear to be some validity to this; however, it could be put in a more positive perspective such as "we have an uneasiness because we have a sense that there is more to us than what we have experienced." James' second conclusion is that humans sense there is a way "we are saved from wrongness by making proper connection with the higher powers" (p.498). In other words, we feel complete or saved as humans when we connect or develop a relationship with our god. To put this in CT/RT language — our needs are met when we maintain a relationship with our god.

We may not consider this to be healthy, because we are in many cases looking to replace unhealthy relation-
ships with a relationship which has the potential of not being healthy either. Nevertheless, an integral part of a healthy spiritual relationship is the remembrance of the fact that we are always in control of what we do.

This would be a good point at which to have a brief discussion on whether spirituality or being in relationship with God is a Need or a Want. Dennis' (1989) convincing argument for God being a "need" rather than a "want" has one flaw. His perspective has the potential to take away our free choice in the pursuit of a relationship with God because if God is a need we would have no choice but to fulfill that need. We do not need God for survival or actualization. In reality we want God or our relationship with God to assist us in fulfilling all of our psychological and survival needs. A person could be without a relationship with a god, still be alive, very comfortable and have an excellent quality of life. Many have done it and many will continue to do so. I sense that if faith was a need then a person would not have a choice beyond either "being spiritual" or "being uncomfortable." If being spiritual is a want, then I do have a choice. The want becomes a desire to be in relationship with God. Choice is essential from a Judeo-Christian perspective. The prime message of the creation story in scripture is about free-will or choice. Pastorally, if God is a need, then I do not have to be pro-active or claim responsibility in my choices.

The idea of God as a "need" also tends to be ethnocentric in that it projects that need on cultures which have religion, but do not necessarily maintain the concept of a deity. These individuals can have an excellent quality of life without a deity, such as Buddhism.

Finally, I believe we can not satisfy a need with a need. My basic needs are all satisfied in my desire ("want") to be in relationship with my God! I will agree that the issue is not resolved, and it is not imperative that it be resolved in the pursuit of the development of healthy relationships.

What I believe James is talking about is the fact that the "relationship" fulfills needs. From a CT/RT perspective, the "want" of developing one's relationship with God when acted upon fulfills all of a person's needs. Within the relationship, all the needs of survival, belonging, power, fun and freedom can be met. Healthy "spirituality" or a good "relationship with God" fulfills all of our needs. For example, from a Judeo-Christian perspective, the concept of eternal life fulfills the parts of the basic survival need. An unhealthy spiritual relationship is reflected by the lack of one of the basic needs not being fulfilled. For instance, the need of freedom being fulfilled in a healthy spirituality is that one's life is not ruled by a multitude of religious rules and denominational edicts, but that the individual has taken responsibility for appropriate behavior living only by the desire to love God and his/her neighbor. In this, one would always be living the intent of the law and, to a large extent, the letter of the law of the Judeo-Christian tradition. A scriptural example would be the time Jesus was accused of breaking the Sabbath Law to heal the man with the withered hand. He did break the letter of the law because he was doing what was considered work, but what he was doing (healing another) did follow the intent of the law — to be in relationship with God and others. An example of an unhealthy spirituality would be that of an individual who expresses a relationship with God, but at the same time is in an adulterous affair.

It is not because he is breaking a "Law" but his behavior is hindering his relationship with his wife, his god, and maybe even with the other woman. A healthy spirituality faces the reality of the world; it requires us to be fully responsible for ourselves and it encourages us to make decisions concerning "doing" behavior by which we can always face God. It also promotes our accountability for inappropriate behavior, or that behavior which we hide from God.

**SPIRITUALITY AND RELIGION**

We now return to one of the main questions which develops in spiritual counseling: can religion and spirituality be separated one from the other? No. However, they can be distinguished from each other. For counselors this is critical; there are 1588 listed denominations and/or religious faith groups within the United States and Canada alone (Melton, 1991). No counselor can be familiar with all of the nuances of each of these groups.

It is imperative that we do separate spirituality from religion in counseling due to the large number of religious groups and because of the effects of our understanding of our own culture. We live in a society which reflects our cultural god. We live in a predominately white western male Judeo-Christian society, which unfortunately reflects a racist, homophobic, sexist and male dominant culture. Worst of all, we are intolerant of those who do not live up to the cultural norms. Culture has even taken over the understanding and interpretation of how God is understood. In other words, the cultural values are projected upon the god. Therefore, the ills of the society are sometimes projected onto the deity. For instance, a person may believe the atrocities of life (murder, assault, plagues, earthquakes, revolutions, etc.) are the responsibility of a god seeking revenge upon people because "we" are not living the life we are supposed to be. This individual is acting in a self-righteous manner. An immature spirituality projects upon the deity the self-centered "wants" of the individual. If the "wants" are not met, frustration and anger are hurled towards the deity or others in proximity to the situation. This frustration is manifested both inwardly and outwardly. These behaviors are commonly referred to as spiritual blocks.

These blocks prevent an individual from developing a relationship with the person's god. Examples of these blocks are lacks connectedness, lacks knowledge of a spiritual relationship, religious anger, religious/general rigidity, has confusion between religious and spiritual needs, maintains unresolved resentments, guilt/shame and/or grief and spiritual anger.

Lacking connectedness manifests itself in isolationism and self-centeredness. It can express itself in one's relationship with a god and with other people. In the block of lacking a knowledge of a spiritual relationship, the problem is that some do not know what being spiritual is and how it can be very need fulfilling. Some people just lack information and/or education on how their god works in the world and how people are to
interact with their god. Religious anger is that the individual has experienced a frustration or hurt due to the action of the church or one of the church’s representatives. Religious/general rigidity is when a person thinks that his/her religious beliefs are correct and that everyone else is wrong. This can cause diversity in that the individual has “bought into” the cultural baggage which the religion has incorporated into itself. There is also confusion between religious and spiritual needs; they hold the belief or think that one has to be religious to be spiritual, that one “has to go to church” to develop a relationship with their god. Some individuals maintain unresolved resentments which prevent them from attempting to establish a relationship with their god. Guilt and shame over past actions can also hinder one’s relationship with one’s god. Forgiveness is a key factor in spirituality but it does maintain that the inappropriate past behavior can not continue. A new behavior must be developed for the individual to fulfill his/her needs. In grief, an individual is too preoccupied to deal with the spiritual journey. This is not a problem, as long as the individual is expressing the appropriate grief to the situation and the distance from the event. Spiritual anger is the resentment towards a god for some perceived wrong. These are just some of the common problems that clients wrestle with when dealing with spiritual issues.

Consequently, it is important to maintain a healthy Spiritual relationship, as we are called upon to help our clients develop healthy and mature relationship pictures in their all-they-want world. Signs to watch are indications that the client is beyond the stage of self-centeredness, is a part of a community (in relationship with others who are on a similar spiritual journey), yet is not in a closed minded, ethnocentric community-centered situation. This is where religion divides us by pulling us into communities which condemn others for not thinking or acting like that community. Then, assist the client in becoming an individual who is responsible-acting and God-centered. This means clients will always try thinking and acting as though God and others come before themselves. Spiritual maturity is maintaining consistent action with the picture and the continuing desire to move forward in the relationship with one’s god and others.

What divides us from each other in life, and from our god, is our own self-centeredness or self-righteousness. What we are called to do is to develop ourselves from a self-centered perspective, to a community perspective, to a God-centered perspective. The problems of our world are at times projected upon the theological concepts of evil, Satan or sin. In reality, these terms boil down to self-centeredness. The most sinister form of evil is held during the phase of “community” because it is where corporate self-centeredness develops. It is important to move beyond community-centeredness because there is the tendency to fall into a “cultural we” or an “exclusive community we.” Fear and frustration come into our lives due to the sense of helplessness or hopelessness which we have because we sense that we have little or no control over the various aspects of our lives. If we are in community, we gather with like-minded individuals and start to protect ourselves from those who make us feel (either real or imagined) a lack of hope or the inability to help ourselves. This is how corporate self-centeredness begins in the form of communities which look for protection and the belief they are right and the rest of the world is wrong. This manifests itself in the belief in the letter of the law over the intent of the law. From this we get nationalism, militarism, cults and all the other-ism’s which have destroyed entire civilizations in the name of their belief.

The fear of religion is justified, the fear of spirituality is not. The fear of religion is justified in that it may reflect the ethnocentric evils of the society. Spirituality does not force us to accept those things which we have rejected. Instead, spirituality calls from its perspective that we be open to all possibilities. Even being an atheist is a statement of faith, because the individual is going against the norms of a society. This position reflects some spiritual insight or possible anger, in that the individual took time and effort to establish his/her position contrary to the norm. As an atheist, the individual has the possibility of thinking and acting beyond his/her own self-centeredness to behave in a perspective which has high regard for all personal relationships. Likewise, an agnostic, one who questions or does not accept the concept of faith or may want proof, is on a spiritual journey. Agnostics are persons who, like the atheist, can still act in an appropriate manner with others. Satan, evil, sin is self-centeredness in either the individual or corporate form. Being spiritual is acting God-centered or centered on a higher principle than the self or community.

DEALING WITH CLIENTS

When dealing with clients, we are called upon first and foremost to know who we are, know what our own spirituality is, and where we are going with it. In theology, this is hermeneutics, the art and science of scriptural interpretation. The science is the method of criticisms which investigates historical, literary and theological perspectives of scripture. A part of the art of hermeneutics is knowing what our own perspective is when we look at the world. Who are we? What are our own cultural prejudices? When dealing with individuals it is difficult enough to understand their spirituality, it is even harder when we don’t know our own spirituality, or even who we are.

Second, we must look at spirituality as a means to ask the individual what his/her journey entails. The client can identify his/her own spiritual maturity (magic/manipulation vs. relationship). The counselor will want to have a basic understanding of spirituality over the expression of religion. This is a significant aspect of multi-cultural respect. Asking questions without “shock” reaction forms the start of good spiritual assessment — good spiritual assessment is just a good general assessment, for instance, questions such as; “Do you believe in a Higher Power?” “What Church did you grow up in?” “Was going to church important to your family?” “Tell me about your religious (spiritual) upbringing? etc.” The answers to these questions will indicate to the counselor whether spiritual issues are important to the client and support the clients’ comfort in dealing with spiritual issues if they so desire.
Third, we need to be flexible in the acceptance of others' spirituality. In this flexibility we are called to be willing, honest and open-minded as to what we are going to hear from clients. This does not mean that we have to accept their spirituality or theology; we need only listen to it and try to understand it. Though we may not agree with where they are coming from, there is the possibility they may be on target for themselves. When dealing with spirituality there is a belief in equifinality, where individuals can reach the same final state by a variety of paths.

SUMMARY

The actual steps we would want to follow in dealing with a client could mirror those of Wubbolding's (1988 & 1991) procedures, of WDEP, checking the clients' wants, what they are doing, helping them to evaluate their behavior and assisting them in making effective plans. For example, we may ask what individuals want from their relationship with God. As spiritual directors we question the behavior to find out what the client is doing in his/her spiritual journey. We must ask evaluation questions, e.g. "If you were cut off in traffic what would you do? Flip off the other driver or bless the other driver?" An integral part of spiritual direction is asking the evaluating questions such as, "Is your behavior reflecting the love of God and the love of neighbor?" Lastly, we need to help clients develop a plan to move their spiritual life to a God-centered or Higher Principle-centered perspective.

Spiritual direction and counseling flow with the use of Choice Theory and Reality Therapy primarily because one's relationship with his/her god requires involvement with that god and with other people. This includes being responsible for one's own actions and insuring that one's behavior is appropriate to being in relationship with others and his/her god.

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The Reality of Using Informed Consent "Kid Style"

Leigh Fox

The author completed her internship in elementary school counseling and is now a 7th grade counselor at Oceanview Middle School on the island of Guam.

ABSTRACT: Using informed consent with minor clients during the course of Reality Therapy/Choice Theory counseling sessions can help empower the minor client to take a more active role in the counseling process as well as help meet basic needs for freedom and power.

The ethical principle of informed consent means that clients have a right to be apprised in a manner and language they can understand about treatment, assessment, or other services they will receive before they agree to participate or receive those services (Baird, 1996). Further, counselors hoping to practice in an ethical, legal manner cannot take rights of clients for granted. Clients must be informed of their rights. They have a right to expect that therapy will increase their chances of functioning independently (Corey, Corey, & Callanan, 1993).

Speaking with clients about their rights is practicing ethically, yet a few populations of clientele often are not made aware of their rights and choices for various reasons. Some of these clients are school children.

According to Corey and Corey (1993), one of the key factors leading to a malpractice suit is the failure to provide for informed consent. Further, they warn us that student practitioners are as vulnerable to litigation as are seasoned professionals (p. 335). One way to avoid being sued for negligence is to use informed consent consistently with each and every client.

Using Reality Therapy/Choice Theory as a model for counseling works well in the school setting. As a teacher and model, the counselor should explain informed consent and subsequent ramifications. Giving the client more information and additional choices helps to meet basic needs of freedom and power (Glasser, 1984, 1986, 1992; Wubbolding, 1988).

Further, the client is likely to work harder on his or her plan of action if he or she has satisfied at least one basic need. Having choices and options gives the client a sense of ownership in the counseling process. Wubbolding (1988) tells us that a genuine professional relationship is founded on high ethical behavior by the counselor. A goal of the Reality Therapy/Choice Theory counselor is to assist clients to become autonomous and responsible. Using informed consent procedures can help lead RT/CT practitioners to that goal of empowerment.

The American School Counselor Association (ASCA) Ethical Standards for School Counselors clearly spells out these ethical duties. Section A.3 under Responsibilities to Students cites:

"The school counselor informs the counseclee of the purposes, goals, techniques and rules of procedure under which she/he may receive counseling assistance at or before the time when the counseling relationship is entered. Prior notice includes confidentiality issues such as the possible necessity for consulting with other professionals, privileged communication and legal or authoritative restraints. The meanings and limits of confidentiality are clearly defined to counselees."

Although informed consent may appear to be difficult for younger children to understand, school counselors have a unique opportunity to develop a simple informed consent procedure for use in the school setting. Reality Therapy/Choice Theory is supported by a trusting, caring, and friendly relationship between child and counselor (Thompson and Rudolph, 1992). Using informed consent in counseling sessions helps to foster this relationship.

The following list of subjects by Baird (1996), Corey et al. (1993), and Gladding (1992) can be easily covered in an initial session with students of any age:

1. Qualifications
2. Supervision (if an intern) and supervisor's qualifications
3. How supervision is handled (consultation, case notes, tapes, etc.)
4. Treatment or assessment provided, and instruments used
5. Frequency and duration of treatment
6. Client responsibilities
7. Confidentiality, including duty to warn and to protect
8. Goals of therapy
9. Risks and benefits of treatment
10. Opportunities for questions to be asked

A sample initial interview follows:

Intern: “Good morning, Kisara. I'm Miss Fox and I'm a counselor intern at your school until December when I return to my former school. Do you know what an intern is?”

Kisara: “Um, no.”

I: “Well, a counselor intern is kind of like a student teacher, only it’s a student counselor. I’m still going to college, but this is one of the last things I’m doing before I graduate. You know Mrs. M, the certified school counselor?”

K: “Yeah.”

I: “She’s my supervisor . . . sort of like my own private teacher. She’s been a counselor for ten years and a school counselor for fifteen!”

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K: “Yeah.”

I: “She’s my supervisor . . . sort of like my own private teacher. She’s been a counselor for ten
years and she's helping me learn what it's like to be a school counselor. She's letting me work with some of the students here so that I can find out what this job is all about."

K: "Oh, I see."

I: "Uh huh. And because she's my supervisor, I will be telling her about how we're getting along together, and the kind of things we're working on. That way, she can let me know how I'm doing in working with you or if I should try something else. And when I leave in December, she'll know how hard we've worked when she reads the notes I've written in your private folder."

K: "'You have to take notes about me?'"

I: "Yes, it's a very important part of my job. Because Miss M isn't able to be in here with us, I'll be writing up a few notes after each one of our visits. But don't worry. They'll be locked up in a safe place. Also, she and I will meet once or twice a week to talk about the visits you and I are having. This is to make sure that what we're doing is the best for you. Is that okay with you?"

K: "Sure. That'd be all right."

I: "Thanks. I appreciate that. Mostly what we'll be doing in here is talking and trying to figure out solutions to problems you might have. We can also draw and color, or even work on puzzles as we talk. Would you like that?"

K: "Uh huh . . . I like to draw."

I: "Great! You and I will be visiting about once a week until I leave. If you want to see me in between our visits you can write your name on one of the notecards taped to my outside door and slide it underneath the door. Then I'll be sure to catch up to you as soon as I can."

K: "You mean if I'm having a problem or something?"

I: "Right. And while you're here in my office, Kisara, I'd like you to remember that this is a safe place where you can come to share what's on your mind and tell me what you're doing and how you're feeling. It's very hard on us when we keep all those bad feelings inside ourselves. (PAUSE.) And it's tough when we get into trouble for misbehaving. So it helps to talk and to make plans. Sometimes it might be hard at first to talk, but after a while it gets much easier. That's what counseling is all about . . . helping you to make good choices for your life and how to take good care of you."

K: "Will you tell anyone what I say?"

I: "I'm glad you asked that. Actually, I have to report it if you tell me you are being hurt by someone, or if you plan to hurt yourself or someone else. I would have to tell Mrs. M, your parents, the principal, an office that helps kids, or maybe even the police or a judge in court. Otherwise, unless you give me permission to tell your teacher or your parents, no one except Mrs. M will know what we talk about."

K: "You mean, you can't keep everything I say a secret?"

I: "Most things. Except the ones about you being hurt, or planning to hurt yourself or others."

K: "How come you can't keep those a secret?"

I: "It's part of my job to work with children to assist them in getting the help they need. So if I hear those kinds of things, the law tells me I have to act upon it. Does that bother you?"

K: "No, I was just wondering."

I: "I appreciate that you spoke up and asked me why. That shows you're really listening and working hard. And that's super because that's part of your job in our work together."

K: "'My job?'"

I: "Yes! People who come to see counselors have jobs to do, too. Besides listening, it's their job to be honest and tell the counselor or intern what they're doing or not doing, and about the problems they're having. You might even get homework."

K: "Homework! Oh, no . . . I already have enough of that in my class."

I: "Don't worry, Kisara. This is homework that you'll be able to handle."

K: "Like what?"

I: "Well, let's pretend that a boy named Jerald keeps pushing you out of the lunch line. What would you do?"

K: "I dunno. Just stand there, I guess."

I: "Your homework might be to look him in the eyes and say in a calm voice, 'Jerald, please stop pushing me. I don't like that.'"

K: "But what if the boy doesn't stop?"

I: "There's a chance he might not. What do you think you could do next?"

K: "Hmm. I know. I could tell my teacher or maybe the lunchroom aide."

I: "That's one idea. See, you're working hard already by coming up with plans that you can use to solve your own problems."

K: "Wow. That wasn't so hard."

I: "No, it wasn't. It might not always be that easy, but that's what I'm here for — to help you solve your problems until you can figure out what to do on your own when these things come up. And Kisara, sometimes the things we talk about might be sad or even make you angry, but remember that this is a safe place where you can come to share your problems and then make plans on how to solve them. Do you have any questions you'd like to ask me now?"

K: "Uh, I guess not. Oh yeah, when will I come here again?"
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The Phantom Lurks in the Quality World

Intraneed Conflict

David C. McNamara

ABSTRACT: Utilizing The Phantom of the Opera as a dramatic representation, this article will present the thesis of intraneed conflict. The five needs: survival, belonging, power, freedom and fun will be explored so as to demonstrate an internal dialectic with unremitting tension. Focusing on choice and intentionality as the foundation of a choice theory world view, this article calls for a revision in the "Diagram of the Brain as a Control System" so as to more accurately portray the metaphysics and epistemology of quality that is portrayed in the literary and psychological history of ideas.

THE CONVERSATION

On a crisp November evening, our family of five and our school's foreign exchange student returned to the car after an exhilarating afternoon at a performance of the Phantom of the Opera. Nate and Luke, our nine and eleven year olds, commented on the special effects - the crashing chandelier, the candles on the lake, the trap doors and the explosions. Julia, the seventeen year old exchange student, exalted in the music. My wife, Michelle, restated her fascination with the costumes and pageantry. We talked about the great love story and the call of the artist. But, in a moment of silence, Jake, our thirteen year old art critic, stated, "I didn't get the ending. What does Christine want?" Michelle cringed. Jake had used the "want" word. I could almost hear her stimulus response thought, "Oh no, the Phantom is going to wrestle with Bill Glasser."

Therein lies the genesis of this article. I think that Jake's choice theory question represented a sense of wonder and confusion about the ambiguity and tension expressed in this drama. It was not incongruous for him to confess misunderstanding and still thoroughly enjoy the performance. He saw beyond the literal aspects of the Phantom Lurks in the Quality World of the quality world. Utilizing The Phantom of the Opera as a dramatic representation, I submit that all of Christine's needs - survival, belonging, power, freedom and fun - are not only in conflict with each other, but with themselves. Christine is torn between two conflicting songs that are far too pervasive to be dismissed as conflicting wants, pictures or needs. Each need has an internal dialectic which provides the basis for the unremitting tension that is the very essence of this production and the human drama. After providing an overview of choice theory as a world view that is grounded in choice and intentionality, each of these needs will be explored separately.

In the end, I call for a revision of the "Diagram Of The Brain As A Control System" (see Figure 1). This revision should reflect intraneed conflict in the old and new brain. Just as great operas, musicals and symphonies weave conflicting melodies that represent the complexity of human decision-making, I encourage the choice theory community to intentionally enter a lively dialogue about the dialectic of paradox, potential and confusion inherent in each need. This kind of conversation will help us in the search for answers to Jake's statement, "I don't get the ending. What does Christine want?"

THE SPIRIT

This article is written in the spirit of two ideas, borrowed from Erik Erikson. The first idea emphasizes the limitations of intellectual constructs such as "A Diagram of the Brain as a Control System" that displays the control system loop from the real world through the quality world to the comparing place onward to the organization of total behavior. This second idea is about the humble responsibility of respectful inquiry.

Erikson (1963, p. 270), referring to his own epigenetic diagram, writes "A chart is only a tool to think with, and can not aspire to be a prescription to abide by, whether in the practice of child-training, in psychotherapy, or in the methodology of child study." Hence, I apologize in advance for both my fascination and critique of the place of the needs in the construct of the control system loop. Fully aware of the shortcomings of such efforts, I place the concept of intraneed conflict into the chart to highlight a picture of the complexity of human experience.

Regarding respectful inquiry, I do offer these thoughts with a combination of trepidation, contribu-
I call on readers to view choice theory as a world view that has the potential to influence the history of ideas to the extent of psychoanalytic inquiry.

**THE WORLD VIEW**

Glasser (1986, p.17) writes “control theory is the belief that all our behavior is our constant attempt to satisfy one or more of our five basic needs that are written in our genetic structure. None of what we do is caused by any situation or person outside ourselves.” This simple statement challenges the flags of Freudian determinism (we are what we were) and behavioral environmentalism (we are what we have to respond to), as it builds on constructs such as existentialism and cognitive psychology to raise the flags of freedom and intentionality. Two underlying principles support the choice theory Weltanschaung. First, humans are internally motivated. Needs, wants and frustration caused by conflicting realities and pictures drive our behavior. Second, behavior is purposeful and the purpose is always to satisfy our basic needs. Consequently, freedom and intentionality are two empowering pictures that separate the choice theory world view from determinism, fatalism and stimulus response.

Individuals make comparisons between sensory pictures of the perceived world and internal reference pictures in the quality world. The effort to organize and reorganize these comparisons leads to a purposeful, flexible and creative behavior that is a person’s best effort at the time to gain more effective control of his/her life. Glasser (1984) explained these chosen behaviors as total behaviors that consist of four component parts: act, thinking, feeling and physiology. He (1996, p.1) emphasizes that “acting and thinking are always voluntary; feeling and physiology can be changed through changing how we act and think.”

Unlike instinct theory or drive reduction theory where motivation is the result of innate patterns or a desire to overcome unpleasant stimuli and/or an adverse condition, the source of motivation in choice theory is found in the pictures of how we meet our needs. Glasser (1986) indicates that we choose to do what is most satisfying at the time.

Therefore, when we ask the question what does Christine want in a choice theory construct, we assume that Christine is operating with freedom and intentionality to do what is most satisfying at the time. Her internal conflict, oftentimes represented by the voices of Raoul and the Phantom in the libretto, propels Christine to seek resolution between conflicting pictures. The section that follows explores this conflict.

**THE NEEDS**

The source of conflict and tension that is fundamental to the human drama is intraneed conflict. In the drama, Christine is torn between the world of light and the world of darkness, marriage and passion, classical recognition and romantic self-discovery, freedom from and freedom to, and celebration and stimulation. In the large context, I argue that the metaphors of the drama are insightful. The mirror has two sides. The mask hides another side of the human face. In short, each human need has two conflicting sides that represent the
mystery, the intrigue and the psychological base of the human drama. A linear construct follows:

- Safety - Survival - Growth
- Agape - Belonging - Eros
- Achievement - Power - Discovery
- Escape - Freedom - Exploration
- Satisfaction - Fun - Desire

A more accurate view would portray each need in a loop that is seeking a homostasis that rarely occurs.

Just as behavior is total, so do the needs work holistically. I explore each need individually only for the purpose of greater clarification.

The World of Light versus The World of Darkness: Safety versus Growth

Why would Christine, in love with Raoul, successful on the stage, free from the hard life of the lowly dancers and the center of the masquerade, lament about the Phantom in the underworld?

Wishing I could hear your voice again ...
knowing that I never would ...
Dreaming of you won't help me to do all that you dreamed I could ...

Why is Christine, a young, beautiful, talented woman haunted by the music of the night?

he'll always be there singing songs in my head ...

What is the source of her tension and conflict? Why are the pictures in her quality world so unclear?

Wildly my mind beats against you ...
you resist yet your soul obeys ...

Pirsig (1991), in *Lila: An Inquiry Into Morals*, struggling with similar questions about the metaphysics of quality, concludes that there are two kinds of quality. Static quality, as represented by the classical dramas produced in the Paris opera house, is concerned with a scientific, orderly search for truth. Dynamic quality, represented by the horrific and beautiful romantic music of the night, is focused on the creative, amorphous search for transformation and rebirth. One kind of quality sees variability as the enemy. The other kind of quality views rigidity as the enemy.

Maslow (1968, p. 47) describes a similar cathexis as he presents a similar schema with four sets of valences.

<table>
<thead>
<tr>
<th>Enhances the dangers</th>
<th>Enhances the attractions</th>
</tr>
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<tbody>
<tr>
<td>Safety ---------------</td>
<td>Person--------------------</td>
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<td>---------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Minimizes the attractions</td>
<td>Minimizes the dangers</td>
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Maslow proclaims that this conflict between the defensive forces and the growth trends is embedded in the deepest nature of the human being, as he views healthy growth to be a never ending series of free choice situations.

In this context, Christine, as a representative of great protagonists in human drama, must continuously choose between the delights of safety and growth, dependence and independence, and regression and progress. She must choose between static and dynamic quality. Static quality offers her a picture of success and human love, but threatens her with the death of her inner music and passion - the source of her creativity. Dynamic quality offers her a picture of the beautiful creature of madness - maximum artistic growth, but threatens her with fear and self destruction. Just as Pirsig notes that degeneracy, the potential to fall back to lower forms of quality, goes with the dynamic, Christine realizes that her alliance with the Phantom of the Opera (her inner music) can lead her to the heights and depths of the human experience.

Christine has looked into the two sided mirror to view the reflection of the angel and devil of music. She struggles in the conflict between the world of light and the world of darkness, the conflict of safety and growth, the conflict of static and dynamic quality that is in reality the intraneed conflict of survival that conveys enigmatic pictures.

Angel ... or father ...
friend ... or
Phantom ...?
Who is it there,
staring ...?

Marriage versus Passion: Agape versus Eros

Christine chooses to hear two conflicting songs. Raoul implores:

Let me be your shelter,
let me be your light,
You're safe;
no one will find you -
your fears are far behind you ...

The Phantom sings:

Wandering child ...
so lost ...
so helpless ...
yearning for my guidance ...
I am your Angel of Music
Come to me: Angel of Music ...

These two conflicting voices promise to alleviate her anxiety and separateness. Christine's need for belonging is in conflict because of two contradictory views of love.
Agape, or Christian love, gives testimony to the world of light or life. It demands obedience and commitment to the present, and content itself with imperfect communion among human beings. Raoul and the classical world of the stage call Christine to agape. Eros, on the other hand, pursues infinite becoming. The lover, possessing boundless desire (in this case, for the “true beauty” of music), ascends Plato’s ladder of love in an attempt to find absolute or perfect fulfillment and connectedness.

The inner voice of Raoul accepts the imperfections of agape. The Phantom expects much more.

Turn your face away from the garish light of day, turn your thoughts away from cold, unfeeling light and listen to the music of the night ... Close your eyes and surrender to your darkest dreams.

Purge your thoughts of the life you knew before! Close your eyes, let your spirit start to soar! And you’ll live as you’ve never lived before ...

The Phantom represents the daemonic, which according to May (1969) is any natural function which has the power to take over the whole person. Like dynamic quality, the daemonic can be either creative or destructive and is normally both. Quoting Rilke, May (1969, p. 121) touches on Christine’s fear: “If my devils are to leave me, I am afraid my angels will take flight as well.” Christine has freely and purposely entertained the Phantom, eros and the daemonic. She has embraced the “divine madness” that Plato attributed to the creative person. This “divine madness” is in conflict with the finite rationale for human commitment found with Raoul and her peers on the human stage. Christine is called by eros to find belonging with the music. Her desire to sing the perfect song can not be fulfilled in an imperfect world. De Rougement (1990) explains the phenomena of eros as representing a passion that can only be linked to unfulfilled desire. Lyrical poetry thrives in places where love is frowned upon or doomed by life itself. This unfulfilled passion produces suffering and tension that are central to the human experience. While Christine wants to escape from this suffering and tension, the fruitful contentment of a relationship with Raoul is finite.

The voice of the Phantom appears to release Christine to Raoul and agape. In the final line, the Phantom sings “It’s over now, the music of the night ...” Nevertheless, I return to Jake’s statement: “I don’t get it. What does Christine want?” The performance ends, but the music of intraneed conflict between agape and eros lingers in the quality world of our minds.

Classical Recognition versus Romantic Self Discovery: Achievement versus Discovery

Christine is engaged in an internal struggle for power. On the stage, she seeks recognition, approval and wealth. In the Phantom’s lair, her songs unleash Wordsworth’s idea of romantic art: “the spontaneous overflow of powerful feelings.” Abrams (1958, p.25) quotes Mill’s description of such moments: “Poetry is a feeling, confessing itself to itself in moments of solitude ... all poetry is in the nature of soliloquy.” One picture calls Christine to find power through public recognition and achievement. Another picture beckons her to discover power in the darkness and solitude of the self. The Phantom is angered by the predictable and orderly spectacle on the stage. Raoul is frightened by Christine’s unpredictable and chaotic journey into the secluded retreat of the self.

Becker (1968, p. 140) writes that “we can understand that man is only truly man when he is actively exercising his own powers, only when he has some kind of control over the events that shape his life.” This idea of power expresses the freedom and intentionality of a choice theory perception of the world. In this respect, Christine exerts her power as a free human being. Choice and intentionality are her gifts and her curse. She critically weighs both sides of the argument. Nevertheless, she can not find a coherent, meaningful direction because her power need is engaged in the internal dialectic of static and dynamic quality ... the dialectic of achievement versus discovery.

Freedom From versus Freedom To: Escape versus Exploration

The call of the Phantom frees Christine from the chorus line filling her spirit with a strange, sweet sound. She states:

And through music my soul began to soar!
And I heard as I never heard before ...

To the contrary, Christine sings to Raoul:

All I want is freedom, a world with no more night ...

Christine is caught in a cycle of conflict. The Phantom of the Opera has helped her “song take wings.” The gift of music has freed her from her terrestrial limits on the classical stage. Ironically, this very gift attracts a mortal suitor who attempts to free her from the music of the night. Caught between a desire for safety and growth, Christine wants freedom from both the constraints of classicism and the music of the night. She wants freedom to experience human love and freedom to pursue her art. Christine has autonomy, independence and choice. Nevertheless, she is frightened that she will either be a slave to her music (her passion - her addiction) or a slave to mediocrity.

Berdyaev (1944, p. 47), writing in Paris in 1939, proclaims that “character is the possession of power over oneself; it is the victory over slavery to oneself, a triumph which makes possible victory over the sur-
rounding world also.” Like the cries of addiction, obsession and self indulgence, the voice of the Phantom calls Christine to go beyond the point of no return - to lose sight of all earthly pictures to pursue only the music of the night: “Your chains are still now. You will sing for me.” The horror of this self conscious bondage is presented in the Phantom’s lair where a dummy of Christine sits crumbled on a large throne behind the bars of the gate. Conversely, Raoul wants to guide, guard and shelter her as he leads her from her solitude. Raoul, in his benevolence, offers a love that could be very smothering to a young artist called by the music.

So Christine rushes through the labyrinth to and from the private lair of the Phantom and the public stage of her suitor. Escape is exploration and exploration is escape. Freedom, like the mirror, has two sides with two conflicting pictures.

**Celebration versus Stimulation:**
**Satisfaction versus Desire**

Act two opens with the masquerade ball. This procession of masked figures evolved over centuries into the kind of elaborate and costly spectacle of costume, dance and song presented in this scene. These masques were commonly a feature of weddings and coronations and also served as preliminary entertainment to courtly balls (Thrall, Hibbard, Holman, 1960). The dialogue of the participants provides insight into the Victorian view of fun in Paris a century ago.

What a crowd!
Makes you glad!
Makes you proud!
At the creme,
de la creme!
Watching us watching them!
and all our fears
are in the past!
Six months...
of relief!
Of delight!
Of elysian peace!
And we can breathe at last!
No more notes!
No more ghosts!
Here’s a health!
Here’s a toast:
to a prosperous year,
to the new chandelier!

At one level, this perception of fun represents a traditional psychoanalytic view. Freud (1959, p.107-108) writes that “the pleasure principle, then, is a tendency operating in the service of a function whose business it is to free the mental apparatus entirely from excitation or to keep the amount of excitation in it constant or to keep it as low as possible.” In brief, this classical theatre community is attempting to reduce the collective anxiety. They believe the glitter of the new chandelier, the fancy dress and a tableau of guests will return the community to normalcy. They even begin to plan for Christine’s wedding that will assure the triumph of static quality over dynamic quality.

Pirsig (1991, p. 100), writing about this same Victorian view of quality that he finds to be gaudy, fraudulent and ornamental, almost seems to be speaking for the Phantom. “Smug posing was the essence of their style. That’s what these mansions were, poses - turrets and gingerbread and ornamental cast iron. They did it to their bodies with bustles and corsets. They did it to their whole social and psychic lives with impossible properties of table manners and speech and posture and sexual repression.”

Amidst this great masquerade, this great ritual of paper faces on parade designed to “let the spectacle astound you”, the Phantom emerges with the death head visible inside his hood. He delivers a new opera and rips the chain with the engagement ring from Christine’s throat. Christine still mesmerized by the Phantom is drawn to the romantic view of fun represented by Shelley’s nightingale who sang in the darkness to fill her own sweet solitude with sweet sound.

The static quality of classical drama on the Victorian stage limits Christine’s capacity to be stimulated as an artist. This regimented, contrived, orderly procession of song and dance, offends the romantic view of art that finds pleasure (fun) in melancholy and desire.

The masquerade accepts fools and kings in an
imperfect human alliance. The music of the night, on the other hand, presents pictures of unlimited and uncompromising desire. Christine vacillates between satisfaction and desire, a classic and a romantic view of happiness, static and dynamic quality, and safety and growth. Should she continue the fear and wonder of the flight of the artist; or should she retreat to the companionship of the human masquerade? Christine is experiencing what Erikson says is the very essence of life, unremitting tension manifested in the intraneed conflict of fun.

THE CONCLUSION

Intraneed conflict provides the elements of suspense and interest in art and in the human drama. This tension can not be explained away by conflicting pictures and conflicting needs. Christine, as a representative heroine in great literary drama, exhibits this intraneed conflict. Safety and growth, agape and eros, achievement and discovery, escape and exploration and satisfaction and desire are engaged in a continuous dialectic. While our old and new brains attempt to attain a unified, synthesized picture in the quality world, ambiguity expressed in intraneed conflict propels us to the more complex forms of choice and intentionality experienced in human growth.

When my son, Jake, says: “I don’t get the ending. What does Christine want?” he exhibits great understanding. The song, the dance, the masquerade and the musical ends, but the intraneed conflict in each human being does not. The “Diagram of the Brain as a Control System” (see Figure 2) should be revised to reflect what The Phantom reveals. Beyond and under the mask each need has two conflicting faces.

REFERENCES


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Special Issue Announcement

The Journal of Reality Therapy is planning a special issue on the topic: Reality Therapy, Choice Theory and Quality Management in the integration of issues of diversity and multiculturalism. Of particular interest are articles from international contributors dealing with what, if any, adaptations of basic theory and practice are necessary in working with individuals in different cultures, societies, etc. Submission for this issue should be sent to

Larry Litwack, Ed.D.
Editor
Journal of Reality Therapy
Northeastern University
203 Lake Hall
Boston, Mass. 02115

Deadline of receipt of manuscripts by editor:
December 1, 1997
Humpty Dumpty Meets Dr. R/T:
Choices and More Choices

Julian Pierce

The author is Chief of Clinical Services at the Family Service Center, Yokosuka Naval Base, Japan.

ABSTRACT: A personal fantasy written as a Screen Play which might enlighten and entertain the audience on Choice Theory and Reality Therapy. It attempts to explain why Humpty Dumpty jumped off the wall and how, in comparison with other treatment modalities, he was put back together again by the innovative counselor Dr. R/T. This play was presented at the 1997 Certification Week in Portland, Oregon as a “fun” way to demonstrate some understanding of CT/RT.

CHARACTERS:

SPEAKER
HUMPTY
DR. S/R
DR. PSYCHO
DR. EXIST
DR. R/T

SCENE: HUMPTY SITTING ON A WALL

TIME: THE PRESENT TIME AND DAY

SPEAKER: “Humpty Dumpty sat on the wall. Humpty Dumpty had a great fall. All the King’s horses and all the King’s men couldn’t put Humpty back together again.”

Well there was someone who could and the following story is about just that person and the techniques he used. You will be provided with the opportunity to observe just what Humpty’s “wants” are. How does he evaluate his situation and how does he plan putting himself back together again if he can? It also is about why Humpty Dumpty was sitting on the wall in the first place. What needs was he fulfilling?

Let’s begin with Humpty himself and let the story unfold.

HUMPTY: I am depression. I am tired of being a “Dumpty”, fat and round. I want to be “normal”. Nobody finds me attractive, except maybe my girlfriend “Cone head” and even she is thinking about leaving me for I am such a “workless” character.

What is that I hear? It sounds like “Egg Sucking Weasels” marching to some music. I’ll get my binoculars and see if anything is out there in the “Blue Real World”. My sensory and total knowledge filter perceives those “Egg Sucking Weasels” as valuable to the King. However, not so much for me since I am an egg! My behavioral system is attempting to organize and reorganize my thoughts. Also, my beloved “Cone Head” recently said she wants to leave me. I believe I must do something, find a way to protect myself. What should I do? I am experiencing a painful perception and am about to experience some “Total Behaviors”. “Cone Head” is in my “Quality World”. In my “Perceived World” and “Comparing Place”, I am experiencing a “Frustration Signal” because I believe she wants to leave me. There is a great imbalance between what I want and what I perceive I can get in the “Real World”. One of my strong basic needs is to be loved and belong. Of course I also want to survive and to stay in one piece. So I say to myself I better use the creativity in my behavioral system, and get organized. Since I am not in effective control of my life, fearing and depressing, I’m going to jump off this wall! Crazy as it seems, it is the best choice for me at this time. This to me is my best attempt to balance my scale and increase the effectiveness of my control over my life.

SPEAKER: As Humpty lay in a zillion pieces, he thought of his fiancee “Cone Head”, how much he loved her, and vowed no matter what fate had in store for him he would survive. He may have made a wrong decision but now he was willing to work on how could he get himself back together again. He thought if only someone would help him. Suddenly, from the corner of his eye, he noticed what appeared to be four different counselors carrying four different bags of counseling techniques.

HUMPTY: Finally someone is going to help me, but which one should I choose? They all look so competent and distinguished, and their bags of tools are so appealing. Oh well, I’ll just try all and see which one works for me!

DR. S/R: Hello, my name is DR. S/R, Mr. Humpty, I can see you could use some help. What do you say if I give it a try?

HUMPTY: Please do, Dr. S/R, just what is it you are going to do for me?

DR. S/R: Hello, my name is DR. S/R, Mr. Humpty, I can see you could use some help. What do you say if I give it a try?

HUMPTY: Please do, Dr. S/R, just what is it you are going to do for me?

DR. S/R: Well, first, I’m going to put you in this black box. It contains two levers, a red one and a green one. If you press the green one, glue will come out which you can use to repair your broken parts. However, if you press the red lever, a hammer will appear over your head and smash you into even smaller pieces, so you have to be very careful.

HUMPTY: Wait a minute. Thanks but no thanks, I don’t need to take the chance of being broken into even more smaller pieces. Who is next?

DR. PSYCHO: I am Dr. Psycho, possibly I can be of some assistance. My approach would be to lay all your pieces on my couch and analyze their parts. All we would have to do is make your unconscious conscious,
work through your repressed conflicts involving your ID and Super-ego, and break through your defense mechanisms to determine why you jumped off the wall. It will only take about a year or so, and cost you, say $100,000.

HUMPTY: Don't you see I'm in pieces now? Also, I think your fee is way too high, my insurance would never pay for it. It looks like I can not afford your services. Anyway, thank you for stopping by and offering your help. Who is the next counselor?

DR. EXIST: At your service, I am Dr. Exist. I will be glad to get to know you. Please tell me about your childhood and past history, and I'll provide a safe climate so you can open yourself up to speak with more spontaneity. I'm sure that through active listening, reflection of feelings and some clarification of your "being", I can help you. What do you feel about what I just said, Mr. Humpty?

HUMPTY: Well, thank you, but I'm already opened up into a zillion pieces and I already know my state of "being". I want to be put back together now. Is there anyone out there who is in "reality" who can help me?

DR. R/T: Well, I will do my best, Mr. Humpty. My name is Dr. R/T. First, let me give you some information about my methodology. You will see my technique for repair actually is quite simple yet effective. It is positive, action oriented and short term and, if you excuse the pun, won't cost you an arm and a leg.

I want you to focus on the here and now of your condition. Tell me clearly what it is you want and I'm sure we can work things out. Essentially, I'm going to help you help yourself put yourself back together again. I will do some active teaching on what parts to put back together first, have you do some self evaluation, and we will devise a plan of action. I will prescribe some "SAMIC" which I am sure if you take it on a daily basis will help you. What do you say to those conditions, Mr. Humpty? Do we have a contract?

HUMPTY: It sounds great to me, I really want to be back together again. By the way what is this "SAMIC" stuff anyway?

SPEAKER: SAMIC stands for a Plan of Action. The plan should be Simple, Attainable, Measurable, Immediate, and Controllable as the one DR. R/T just made with Humpty. Now, ladies and gentlemen, in conclusion of this play I wish to report it was announced on WDEP radio that Humpty Dumpty was found back together again as a result of some strange new evolutionary "Choice" theory by a man called Dr. R/T. It was also reported that Humpty and his fiancee, Ms. Cone Head, had announced their wedding plans.

THE END

REFERENCES
Guidelines for Contributors

a) Manuscripts should be submitted in triplicate to the Editor, Lawrence Litwack, Journal of Reality Therapy, at the editorial office address. In the case of a manuscript written by more than one author, the covering letter should indicate the name and address of the author with whom the editor should correspond — that is, the corresponding author.

b) Manuscripts must be typewritten double-spaced on 8½-11 white paper. The name and address of each author should appear on the manuscript's last page. In manuscripts written by more than one author, the corresponding author should indicate the order in which coauthors' names should appear in The Journal if the manuscript is accepted.

c) In accordance with the Copyright Revision Act of 1976, we are required to have the following statement in writing before we may proceed with a review:

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