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The International Journal of Reality Therapy is directed to concepts of internal control psychology, with particular emphasis on research, theory, development, or special descriptions of the successful application of internal control systems especially as exemplified in reality therapy and choice therapy.

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Editor’s Comments
Larry Litwack

This issue marks the start of the 26th year of publication for the Journal. Originally titled the Journal of Reality Therapy, the addition of International was made to the title to more accurately reflect the readers, contributors, and interest in the ideas of internal control psychology, as exemplified in reality therapy and choice theory, being developed worldwide. Although consideration was given initially to title the Journal as the Journal of Internal Control Psychology, the name Reality Therapy was chosen to both honor and reflect the work of William Glasser.

As with many issues before this one, the authors of the articles come from different backgrounds. Several of the articles were written by Israelis who came from the first certified groups in their country. One came from Korea, and several from Canada. Tom Bratter has been a frequent contributor to the Journal, drawing from his work at the John Dewey Academy. Bob Wubbolding is another frequent contributor to the Journal, reflecting his work as emeritus professor from Xavier University and head of the Center for Reality Therapy-Midwest. Roger Zeeman’s interest in Reality Therapy goes back over forty years.

There are several changes in the Journal starting with this issue. I hope to make every effort to keep the Journal alive and well. In order to do that, I need to ask readers to do several things. 1) Encourage friends, colleagues, and individuals going through RT/CT training to take out subscriptions. 2) Encourage nearby colleges and universities to subscribe to the Journal for their libraries. You will note that I have been forced to raise the subscription price for the Journal starting in 2007 - I do this reluctantly, but have no choice, since each issue of the Journal costs close to $5000 to publish.

In addition, I will start to accept advertising in the Journal. This may be helpful to those developing materials and writing books with an RT/CT focus. Such advertising will also help to make the Journal financially viable. Individuals interested in advertising may contact me through email.

I appreciate the number of individuals and WGI faculty members who have encouraged me to continue with the Journal - I am grateful for their support. I hope to continue to earn your trust and support.
The Effect of A Bullying Prevention Program on Responsibility and Victimization of Bullied Children in Korea

Jong-Un Kim

The author is an assistant instructor at Donga University in Busan, South Korea

ABSTRACT

The present study examined the effect of a bullying prevention program (BPP) derived from reality therapy and choice theory as well as Olweus' bullying prevention program for group counseling on responsibility and victimization of children bullied in the classroom and school. Participants in the treatment group attended the bullying prevention program 2 sessions per week for 5 consecutive weeks, whereas the control group received no treatment. The findings indicated that the treatment program effectively improved responsibility and reduced victimization of children bullied. At the same time, the results revealed the significant effects of the bullying prevention program on several of the dependent variables.

INTRODUCTION

Victims of bullying are shut out from many experiences. Victims of bullying have a tendency to have lower levels of both self-esteem and self-responsibility, may be anxious, oversensitive, insecure and quiet (Olweus, 1994). They also are more worried, fearful, withdrawn and ashamed of new situations such as transition from sixth grade to seventh. Rigby (2000) found that victims are less happy at school and in the classroom, and are more lonely because of having fewer good friends.

Victims of bullying are more likely to think about suicide repeatedly. A study showed that in relation to school bullying, several young students in England commit suicide every year (Smith & Shu, 2000). In Korea, a few victims of bullying from elementary school level through high school level have recently committed suicide.

Like Glasser used with delinquent girls at the Ventura School for Girls, reality therapy has direct implications to students in school situations. In particular, reality therapy is well suited to group counseling. Group counseling is an effective vehicle to apply the procedures of reality therapy. The group process can be a powerful way in helping clients perceive their needs such as belonging, power, freedom, and fun as well as implement their plans.

According to Glasser' reality therapy (1998), Choice theory uses the verb form of words to emphasize action and the choice implied in taking the action such as depressing, angering, anxietying, phobicing, rather than adjectives like depressed, angry, anxious, and panicky. He thought that people do not become miserable or sad, but they choose to be miserable or to be sad. Glasser believes that if people say, “I am choosing to depress” rather than “I am depressed”, they are less likely to choose to depress. Thus, they are less likely to feel depressed.

Glasser (1990) used an example of a car and how people behave. In Glasser’s view, the individual's basic needs like belonging, power, freedom and fun make up the engine. The rear wheels are feeling and physiology, whereas the front wheels are doing and thinking. According to Glasser's choice theory, it is very difficult to directly change our feelings and physiology separately from our doing or thinking. However, we can change our doing and thinking despite our feeling. He argued that the key to changing behavior lies in changing our doing and thinking, which will make us change emotional and physiological reactions.

The victims of bullying tend to avoid social interaction and responsibility. Thus, the bullying prevention program based on reality therapy helps the bullied perceive their reality related to bullying incidents as well as improve their responsibility. Also, this program enables victims of bullying in schools to change their doing and thinking, in turn, their feeling and physiology. Accordingly, the victimization of bullying will be reduced.

In Korea, for the past few years, interventions and group counseling programs for students who were victimized by bullies were rare. Especially, as Olweus (1993) suggested in bullying prevention, in prior studies especially related to problems of bullying prevention and victimization, it is very rare that bullying prevention programs using group counseling entirely include reality therapy and choice theory as well as social skills training, self-control training, and assertiveness training. The purpose of the present study was to develop a bullying prevention program, and to examine the effect of the bullying prevention program for children being bullied.

BULLYING PREVENTION PROGRAM

1. Basic Strategies and Process of Bullying Prevention Programs

Reality therapy has provided very useful and effective strategies for change of children' doing and thinking. The Bullying Prevention Program for children bullied needed to focus on their free behavior, and on helping them to...
take responsibility for their behaviors as a basis for taking effective control of bullying situation in schools. Reality therapy can be characterized as verbally active. According to Wubbolding & Brickell (1998), reality therapists tend to take advantage of certain psychotherapeutic techniques more than others. In assisting the client to create a success identity, reality therapists might use a range of techniques such as the following:

1. use questions to explore total behavior and inner world such as the wants, needs, and perceptions.
2. reinforce positive actions and constructive planning for actions.
3. use appropriate sarcasm or metaphors to confront the clients with their unrealistic behaviors.
4. use humor to develop the friendly involvement with clients.
5. confront clients and not accept any excuses.
6. use reframing to help change the way they think about a topic and look at their behavior as a choice.
7. use paradoxical prescriptions to help the client to choose a symptom.

The bullying prevention group counseling program used in this study was evaluated and supervised by group counseling specialists certificated by the Korea Counseling Association. Each session took 60 to 90 minutes in length, and included the introduction of session goal, teaching, activities, and sharing.

2. The descriptions of a bullying prevention program

The Bullying Prevention Program for bullied children included the following contents. The bullying prevention program was a composite of ten sessions, each focusing on specific goals and components.

Session 1: The feeling of belonging

Children who experienced being bullied are more likely to be withdrawn than others. Thus, the goal of this session is to make new friends through group activity. By doing this, the mood of the group is more intimate and clients are able to meet a basic need for belonging.

After a child selects his nickname that is easily recalled by other clients, children, in turn, introduce themselves to the entire group. At the beginning of this first session, the group leader reminds the children of the importance of everyone being given a chance to talk about their problems. The group leader and children need to develop some agreements, that is, group norms on meeting time, attendance, length of sessions, confidentiality, and termination.

Session 2: We are able to choose even better situations.

Through several activities such as matching game, finding the way, and stretching, a leader encourages children to facilitate intimacy among group members.

A group counselor teaches choice theory to the children. The counselor asks participants to share something about the feelings they chose when they experienced bullying from a bully or bullies. The counselor attaches choice A (I am depressed) and choice B (I am choosing to depress) to the floor of the classroom. Role playing can be a powerful technique to help children experience the real world. Through role play, they experience choice theory. When choosing choice A or B respectively, they are asked to present what they are doing and thinking. Children are divided into four groups, including three in each group. All of the group members are encouraged to express their school life such as things pleasant and frustrating, as well as being bullied and teasing.

Session 3: Pictures of Reality

This session is dealing with helping children to recognize concrete problems that they confronted in peer relationships. As a matter of fact, children are more likely to see the only serious situation as one when they were bullied by other dominant children, so that they chose to depress and exhibit withdrawn behaviors.

Drawing interpersonal relationship maps is a very powerful experience to assist children to perceive peer relationships of which they may not be able to aware. Children would be able to develop a deep understanding of their own characteristics, such as passive aspects, aggressive aspects, and selfish aspects from these works. Furthermore, this activity makes it easier to be aware of the differences between perceptions of reality and reality itself.

Session 4: Five basic needs

With the chart of five basic needs, the counselor explains that there are five basic psychological needs that are essential for human beings. These are survival, belonging, power, freedom, and fun. By asking participants what they want to do or to be, the counselor can establish goals of group counseling and understand participant's motivation. The counselor tries to elicit what children really want, then uncovering needs that they wish to satisfy. By doing this, the counselor can assess childrens' needs for survival, belonging, power, freedom, and fun. As these needs are met by exploring what they want, they will experience the pictures of reality, that is, the quality world.

The next step is assertiveness training. Leaving assertively is related to look directly at the person who is bullying, turning around, and walking away. For those who can control to make a short and quick assertive statement, a statement can be made such as 'leave me alone' or 'find something else to do' before leaving. Children should have an opportunity to practice repeatedly for both small group training in dealing with bullying and a real bullying situation in schools such as on the playground, hallway, restroom, backyard, school lunchroom, and even classroom.
Session 5: Total behavior

The group counselor asks participants to bring toy cars. The counselor illustrates the reality therapy car. Four components make up total behavior: doing, thinking, feeling, and physiology. The front wheels represent doing and thinking. The rear wheels are feeling and physiology. “This time we will explore what you do to get what you really want to do or to be. I will give you an activity sheet with the picture of a car. Write what you really want to do or to be in the school bullying situation. At that time, fill your doing, thinking, feeling, and physiology on your sheet. What do you want to change of the four components to get what you want in the school bullying situation?” The counselor asks participants to present what they want and what they want to change in their life. The counselor encourages clients to share something they know through these activities.

Session 6: Learning self-control strategies

Self-control strategies include staying calm under pressure and using well-known techniques such as deep breathing and counting forwards and backwards. Simply distracting oneself may be useful when bullying occurs. Self-control strategies must be practiced to the extent that the child responds automatically under the bullying situation.

A leader models self-control behavior for children. Children are verbally guided through steps in enacting self-control behaviors. All children are asked to perform self-control skills through realistic and relevant role playing situations. A group leader reinforces correct enactment of desired self-control behavior in the role playing situation. At the same time, a leader provides corrective feedback and additional modeling when children fail to enact desired self-control skills.

Session 7: Making cooperating masterpiece

The theme of this session is to give children an opportunity to attend the cooperating work. Children enter a group that consists of two to four members each group. Each group cooperates to produce their works, which may include drawing, mosaic, clay, design and assembly. By attending the cooperative works, children can learn regard, respect, yield, and assertiveness, as well as the feeling of belonging. Their works are displayed. A leader takes pictures of them as background of their work or with their works. A group leader allows children to see the exhibition of their works, and feedback and praise for the work of others.

Session 8: I-Messages to get what I want

The next session is to enable group members to respond appropriately when they experience four conflict pictures: Cutting in line, Excluding, Bullying, and Pushing. Children being bullied may be more unlikely to respond when they are bullied from their peers, so that they may tend to make the situation even worse.

A group leader discusses with children the following points: “When another person makes you upset, it helps to be able to talk to him or her about the problem. An ‘I-message’ is a way to tell the other person what upsets you without blaming. When you give an I-message, you do these things. First, tell the bully how you feel. Second, say what upset you. Third, say what you want to make the situation better.” It’s a good idea that a group leader provides children with an ‘I-message’ formula sheet: “I feel ~., when you ~., and I want ~.”

A group leader needs to allow children to make dyads and choose other conflict pictures and repeat the ‘I-message’ formula. At the same time, as he observes children’s activity, he should give tips, feedback, encouragement, and praise.

Session 9: Inviting peers to play

The topic of this session is to help children learn how to invite peers to play or interact with a role playing technique. A leader may be able to construct scripts for role-played scenes in group work. A leader allows a child to select an activity or game that the child would like to play. Then the child looks for someone with whom he would like to play, walks to the person, and looks at and says to the person “Would you like play basketball with me?” If the person answers “yes”, the child asks the person to go with him to the area where the person wants to play the game. On the other hand, if the person answers “no”, the child says to the person “okay, if you are free next time, play with me, bye”, and the child looks for another person to play with.

Role-play is conducted with pair work. After children practice fully with each other, a group leader allows children to role-play before the entire group. This skill may be given as homework at school, which enables children to practice the application in real situations.

Session 10: New start and saying good-bye

This session is termination, so that it is important for group members to evaluate their activities. Children write letters to themselves on how they have changed through group work. Participants read the letter in front of the entire group members. Other children give the presenter their feedback and congratulations on both his change and improvement.

The group leader and children need to have an opportunity to express their appreciation for the group leader and one another. To do this, it’s a good idea that children write a short note. This activity is a so called ‘love letter’. A group leader and children make a circle with hand in hand, singing a song entitled ‘meeting’. If it is possible, a group leader allows children to make a short statement about their feelings toward this group work. If all of the sessions are terminated, it’s a good idea for a leader to give all children a certificate that means that they pass the course successfully.
RESEARCH METHOD

A quasi-experimental pretest-posttest control group design was completed. Prior to the initial commencement of the bullying prevention program, all participants, treatment and control, signed an informed consent agreement and completed a demographic information questionnaire. Subsequent to the completion of the pretest assessment, the treatment group participated in the bullying prevention program two sessions per week for five consecutive weeks. The control group received no treatment. After completion of the bullying prevention program, both the treatment and the control group completed the posttest assessment.

The participants for this study were 16 children, ranging from grade five to grade six, who were bullied over a period of time by a bully and bullies in an elementary school level. They needed to attend the bullying prevention group counseling program and were highly recommended as participants by their class teachers. The participants consisted of 10 boys and 6 girls. Ten were fifth graders, and eight were sixth graders. Of the participants, eight of the 16 were randomly assigned to the treatment group and 8 to the control group.

The treatment group attended the summer counseling program held by the Busan School Counseling Association and the Busan Metropolitan City Office of Education.

In order to measure responsibility and being bullied at school after the treatment group participated in the Bullying Prevention Program, 1) The Self-responsibility test used in this study was the version slightly revised of the self-responsibility test developed by Oh (2001). In this study, comparisons could be made for therapeutic effectiveness. This study used an 8-item self-report measure on which participants rated themselves on self-responsibility using a 4-point Likert scale ranging from (1 = not at all true of me, 4 = very true). The Korean version of the Bullying Behavior Scale used in this study was revised by Gwak & Lee (1998) from the Peer Victimization Scale developed by Collaghan & Joseph (1996). This study used only the Peer-Victimization Scale to measure victimization of participants. This PVS consists of 6 items and participants responded to a 4-point Likert scale (1 = not at all true of me, 4 = very true of me).

RESULT

As shown in Table 1, independent samples t-tests found significant differences that the two groups were not statistically equivalent on each variable. As the two groups were not equivalent before the intervention, in an effort to increase the statistical power, ANCOVA was conducted with the pretest scores of SRT as covariates and the posttest scores of SRT as the dependent variables. The results of this study are reported in Tables 1-5.

### Table 1. The t-test of the Pretest Scores on SRT and PVS

<table>
<thead>
<tr>
<th>Scale</th>
<th>Treatment Group</th>
<th>Control Group</th>
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<tbody>
<tr>
<td>SRT</td>
<td>19.00</td>
<td>16.88</td>
<td>2.55*</td>
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<tr>
<td>PVS</td>
<td>17.20</td>
<td>16.80</td>
<td>0.36</td>
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*p < .05, **p < .01, ***p < .001.

### Marginal Means of SRT by Group

<table>
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<tr>
<th>Scale</th>
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<th>Pretest</th>
<th>Posttest</th>
<th>Estimated Marginal</th>
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<tr>
<td>SRT</td>
<td>Treatment</td>
<td>19.00</td>
<td>22.00</td>
<td>21.11</td>
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<tr>
<td></td>
<td>Control</td>
<td>16.88</td>
<td>22.55</td>
<td>17.65</td>
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As shown in Table 3, ANCOVA was significant, resulting in the rejection of Null Hypothesis in SRT scores, F(1, 13)=6.26, p<.05. On the scale of SRT, after the intervention of the bullying prevention group counseling program, the treatment group demonstrated significantly higher self-responsibility.

### Table 4. Means and Standard Deviations and Estimated Marginal Means of PVS by Group

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<tr>
<td>PVS</td>
<td>Treatment</td>
<td>17.20</td>
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<td>12.44</td>
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<td></td>
<td>Control</td>
<td>16.80</td>
<td>19.00</td>
<td>18.06</td>
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Means and standard deviations for the pretreatment, immediate post treatment measure and estimated marginal means of PVS appear in Table 5.

As shown in Table 6, for Research Question 3, ANCOVA was significant, resulting in the rejection of Null Hypothesis in PVS scores, F(1, 17)=46.01, p<.0001. On the dimension of PVS, after the treatment of the bullying prevention program, the treatment group exhibited significantly higher reduction of victimization than did the control group.

### Table 5. The results of ANCOVA of PVS

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<td>Control</td>
<td>16.80</td>
<td>19.00</td>
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DISCUSSION

The bullying prevention program used in this study was developed in response to the need for an empirically validated approach that improves victims' responsibility and reduces their victimization, especially related to bullying.
ing situations in the classroom or at school. Children who participated in the bullying prevention program experienced a variety of activity and play derived from reality therapy and choice theory as well as Olweus’ bullying prevention program.

The data collected immediately after the delivery of the treatment of the bullying prevention program proved that the participants who participated in the treatment group demonstrated significant higher self-responsibility than did participants in the control group. Exposing victims to the bullying prevention program significantly improved their self-responsibility, even if they have lower self-responsibility than other children due to bullying experiences over a period of time. This may be linked to the fact that the focus of treatment was not on the use of excuses, punishment, blame, and asking as ‘why’, but on participants’ decision making and the responsibility for dealing with bullying situations in their school life that would be more successful. Also, this may be related to the fact that exposing bullied children to the bullying prevention program enables them to experience psychological support from the counselor and other children.

The victimization of participants who participated in the experimental treatment group exhibited lower levels than did the control group. The findings of this study indicate that the bullying prevention program for children bullied was an effective intervention for reducing the victimization of children bullied, especially related to bullying situations at school, as well as in the classroom. As William Glasser (1995) mentioned, the key to change behavior lies in choosing to change our acting and thinking, and exploring clients’ five basic needs and total behaviors may help participants change their doing, acting, and thinking, which will change their emotional and physiological reactions.

At the same time, some suggestions of these studies were addressed. First, this study has empirical suggestion for assessment practices with children who experienced victimization. In an effort to conduct a sensitive assessment of behavioral improvements through the bullying prevention program, counselors may gather information from a variety of sources, such as the client’s significant others such as classroom teachers, parents, and classmates. Second, data collected immediately after the delivery of the treatments were just only analyzed. Thus, it is critical in future studies to include analysis of data collected 4 weeks to 8 weeks after the delivery of the treatments. This would make it possible to testify the consistency of treatments.

In all, this study provided clear evidence for the effects of the bullying prevention group counseling program derived from reality therapy and choice theory for children who experience victimization to enhance their responsibility and reduce the victimization of bullying at school.

REFERENCES

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When Psychotherapy Becomes a War: Working with Gifted, Alienated, Angry Adolescents Who Engage in Self-Destructive and Dangerous Behavior

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ABSTRACT:

This article was a keynote address at the Ninth Annual Conference of the International Center for the Study of Psychiatry and Psychology held at American University's Washington College of Law in Washington, D.C. from October 7-9, 2006.

Where to begin? I started graduate studies at Teachers College, Columbia University in 1962. During that fateful summer, I had the good fortune to meet Alex Bassin, who wrote the proposal to NIMH which funded Daytop Lodge, the progenitor of Daytop Village described by Casriel (1963). Daytop, a confrontational program run by ex-addicts, employed methods pioneered by Synanon, described by Yablonsky (1965). These residential treatment programs not only were effective; they also rejected psychobabble, psychoanalysis, and non-directive counseling, two diverse psychotherapeutic orientations espoused by Teachers College. Carole and I were frequent visitors to Daytop Village. On the weekends, we participated in "games" when ex-addicts confronted visitors. These ex-addict workers were not polite. In fact, many confrontations were harsh. Not infrequently, the confronted sobbed uncontrollably, which produced intense catharses—especially when formidable, self-protective barriers of denial and deceit were obliterated. The symbolic repressed genie escaped from the bottle, never to return.

I attended groups at Daytop Village which forced addicted individuals to confront vicious and sometimes violent acts. "Tough" men and women who had been addicted to heroin for more than a decade and had committed sadistic acts related to shame, guilt, self-hatred, cruelty, anger, and rage. (The average age of Daytop Village residents was thirty-five.) In so doing, these addicts were forced to become vulnerable and transparent by letting the sun shine into darkness where feelings festered, were rotten, and smelled. These persons were forced to accept responsibility for themselves rather than blaming others or society. They were forced, furthermore, to recognize that much of their anger and rage was, in fact, internalized. Often, underneath their hostile and protective facade was a decent person who was consumed by chronic shame and guilt. I was amazed by the immediate transformations catalyzed by confrontation. It was exhilarating to observe this humanizing process produce change every time I visited the program, either to transport an addict or to "play the game" on the weekends. These individuals, previously immune to the traditional therapy I was being taught, grew and improved when confronted. For a while at Teachers College, I remained a closet confronter. I listened to professors lecture, but knew traditional techniques were ineffectual with deceitful and destructive individuals who knew that heroin produced temporary relief. I felt smug, because I knew more than my professors—they were oblivious to this potent treatment methodology.

I was forced out of the closet during a practicum which traumatized a psychoanalytically oriented professor. Since I had access to a patient population of angry and alienated Scarsdale teen-aged substance abusers, I refused to "treat clients" who came to the Columbia Psychological Center. The first case I presented was my most dramatic, because I waged "guerrilla warfare." I described the adolescent using terms such as "self-destructive," "angry," and "alienated," which intrigued the class but upset the professor, who wanted a more clinical and sophisticated diagnosis. Everything changed when I was asked to play an excerpt from the counseling session. The "nice" Tom Bratter changed into a foul-mouthed monster who did everything wrong. I was hostile. I was sarcastic. But the professor and the class were transfixed, as I had been when I first attended Daytop Village. The angry professor, probably feeling challenged by my therapeutic aggression, demanded I stop the tape recorder.

Predictably, his first question was whether I knew about the transference and countertransference theory which, much to his amazement, I did. When satisfied I had learned what I needed to, he then asked, "Why did you do what you did?" I responded, "Because it works." I countered by quipping, "I will bring the adolescent and his family to the next class, and you can question them yourself." A crazy proposition, but the professor was intrigued. I often have wondered what the professor's countertransference was to me—the heretic who dared to defy Sigmund Freud. I had the good sense to assert that "old Sigmund" never would have worked with my kids. I asked, "Can you imagine what the kid's response would have been when Sigmund asked him or her to lie down and free associate?" The kid would have laughed and said, "You're a crazy dude. I'm out of here."

Fast forward. Twenty years later. Carole and I were at...
The John Dewey Academy provides intensive and individualized instruction for thirty-five gifted adolescents. Since the teens create constant crises by performing self-destructive and dangerous acts, they need structured, safe, and supportive residential treatment to help them control and curtail potentially self-annihilative choices. They had poor impulse control and flawed reality testing. These students, however, possess superior intellectual and creative potential which standardized tests may not confirm, though the average IQ is 125. SATs range from 1580 to 250. Admission to Dewey is based on an interview, not standardized test scores and transcripts or psychological and psychiatric reports. Prior to attending The John Dewey Academy, most students functioned more than one grade level below their chronological age, so they need to remedy massive educational deficits before attending college.

Bratter (1993) writes that The John Dewey Academy is unique because its primary identity is as a school which provides individual, family, and group therapy for bright, self-destructive adolescents that Bratter et al. (1989, 2003, and 2006a & b) describe. Most students were impulsive and have been diagnosed with ADD or ADHD. All entered the Academy with negative self-concepts complicated by extremely destructive and dangerous patterns of acting out. They were characterologically difficult, exhibiting prominent features of multiple DSM-IV disorders such as Oppositional Defiant Conduct, Substance Abuse, Dysthymic, and Bipolar. A significant number has contemplated or made suicidal gestures. These teenagers need to establish stable identities while concurrently learning how to form positive interpersonal relationships. In group sessions, peers confront each other's destructive attitudes and acts by relating to personal experiences and providing advice on how to change. Peers, not mental health professionals, provide the catalytic conditions for self-exploration and growth. The group demands that members not only accept responsibility for failures but also helps to resolve intrapsychic and interpersonal problems. The treatment goal is to nurture psychological and moral growth. Gifted, creative, alienated, and angry adolescents respond positively to a confrontational, cognitive, and existential therapeutic orientation with high expectations for improved behavior. The Academy stresses self-respect, integrity, and human dignity, as Bratter et al. (1995, 1997) and Bratter (1972) have described.

Incoming students, especially those who have been in traditional therapy and been institutionalized, experience shock at being expected to take control of their lives and to accept responsibility for their decisions. Dewey stresses choice, which negates the anti-therapeutic concepts of pre-
What works to produce these successes?

First: Until adolescents take control of their lives and accept responsibility for making deceitful, dumb, and destructive decisions, they will not change. We help adolescents gain the discipline to make thinking decisions when they do not feel like it.

Second: Gifted, angry adolescents respond to confrontation after they feel that the clinician cares about them. Freud never used the term confrontation, but was among the first to use the technique. After listening to patients free associate, the psychoanalyst interprets and, in so doing, makes the unconscious conscious. This is a confrontation. Confrontation during the third millennium forces teens not only to evaluate behavior, but also to feel shame and guilt for acting in irresponsible, masochistic, and sadistic ways.

Third: Freud was right, but for the wrong reason. He recommended hiding behind the opaque screen, which frustrated patients who craved a human relationship. For several patients, Freud was humanistic. He fed them. He lent them money. He housed a few. Subsequent psychoanalytic theory portrayed the analyst to be a scientist who objectively needed to make subjective interpretations. We reject this strategy because we demand outrageously high expectations for growth and improvement. We never compromise. We escalate.

Fourth: We know that the restoration of hope is crucial to improvement. Until there is hope, these adolescents will not contemplate change, because they know that at a young age they have ruined their futures. Their situations create depression and anger. When viewed from this realistic perspective, the sense of despair has been caused by poor conscious choices.

Fifth: For forty years, I (Bratter 1977 & 2006) have extended the role of the psychotherapist to become an aggressive advocate to help MY kids get preferential treatment. My supervisors accused me of being dominated by an unresolved negative countertransference and told me I felt deprived because my father was absentee. I countered by explaining that my father was my most effective advocate, my role model, and my mentor. I assumed the burden to convince colleges of quality to admit students whose academic record is, at best, mediocre. This transformed the treatment relationship: "If you do what I suggest, then I will act as your advocate." I became a consultant and catalyst, not an enforcer. My favorite question is, "Is your current behavior helping you to achieve your intermediate to long-term goals?" This conversation is brief. If the kid answers, "No," I reply, "Then change." I write lengthy recommendations which are characterized by candor. I call or visit deans of admissions, college presidents, trustees, professors, and powerful alumni—anyone who can help. The act of advocacy entitles me to demand the best from my students because I act "above and beyond the call of duty." If the youth fails to produce, I delay support until I am convinced. In extreme cases, I either refuse to write a recommendation or rescind what I have written, because I refuse to tarnish my reputation by endorsing a "jerk," a liar, or a loser. It is a quid pro quo transaction: "You do what you need to do, then I will do what I need to do. It's really that simple." The burden always remains that of the adolescent to convince me to intervene. Then, it becomes my obligation to use my best efforts to convince the college or employer to grant preferential treatment.

Sixth: Prescribing psychotropic medication paradoxically decreases the probability of recovery. Worse, by attributing depression to a unproven metabolic disorder, clinicians inadvertently mire teens in lose-lose labyrinths. The unhealthy part of them is relieved that they do not need to accept responsibility for their acts and attitudes because they blame their problems on a chemical imbalance. Is it any wonder that these kids are angry when they know damn well [sic] that they have been their own worst enemies? If there were a metabolic disorder, why are not problems cured when ingesting the magical pills? The explanation is so simple that it becomes insulting: There is no pill that instantaneously produces self-respect and success.

Psychotherapy with troubled and troublesome teens is creative and challenging, mainly because these kids initially refuse to play by anyone's rules but their own. They arrive late for sessions or they miss them entirely. When they do attend treatment, they may be intoxicated, which creates a crisis for the therapist. If the psychotherapist decides that the teen is too intoxicated to benefit from the session, does he advise the inebriated youth to leave? If he or she does, the adolescent knows how to terminate treatment. If the therapist permits the teenager to remain, he or she inadvertently condones "getting high." I have found it effective to demand that the youngster, in order to continue the treatment relationship, not only notifies the family about his or her decision to come "high," which creates a crisis, but also to instruct someone to contact me to discuss what happened. Herein is the treatment paradox. For some, this intervention is effective, while for others it destroys any possibility of a future relationship. My only constant guideline is the preservation of treatment integrity. Once integrity is compromised, treatment is doomed. All therapists have been taught that confidentiality is the quintessence of a successful treatment relationship. I believe no kid "confides" about future behavior such as, "I plan to rob a bank."
will be a gang war," or, "I plan to buy a couple of ounces of cocaine." The healthy part of the adolescent screams for help—i.e., to intervene and "stop me." Entering into a conspiracy of silence can result in prolonged incarceration or, worse, death. Like it or not, in life-or-death situations notifying the police can be justified to preserve life. Treatment is of no help to a dead adolescent.

While these battles are exhilarating to "win," be prepared to pay dues and, in extreme cases, to lose. Crises rarely occur during working hours, so the therapist remains on call twenty-four hours a day, seven days a week—even when on vacation.

Do not work with troubled and troublesome teens unless you are prepared to earn every penny you receive. Refuse to provide treatment unless you are prepared to intervene. Recognize that psychotherapy with these adolescents is a WAR. In war, there are two absolutes. The first: Some will die. I (Bratter 2003) have related to the agony of suicide. The second: The treatment agent may not be able to change rule one.

Knowing what I do today, if I had the opportunity to change my profession or case load, I would choose to repeat what I have done. Now you can decide whether Tom Bratter is sane or insane. The problem is that psychotherapy with these kids 'ain't' a game, but a war. Ask yourself: Are you prepared to wage war? If so, welcome to this struggle, which becomes a magnificent obsession.

What are the rewards? Being invited to a family affair and having many people approach me who say, "I know you. Thanks." Being contacted years after therapy has ended and learning that the kid not only survived adolescence but has become a success. For me, this justifies my life and makes all the agony worth it.

July 31, 2006

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Glasser’s Choice Theory and Purkey’s Invitational Education
- Allied Approaches to Counseling and Schooling

By Roger D. Zeeman

Assistant Professor of Teacher Education, Marymount Manhattan College

ABSTRACT

The author's own professional life as a psychologist, counselor, teacher and special educator (as well as his personal life) has benefited beyond measure by his association with two illustrious “William's”- William Glasser, M. D. and William Watson Purkey, Ed. D. In gratitude, this similarity of their two perspectives is presented.

“The most difficult problems are human relationship problems. Technical problems such as landing a man on the moon, are child’s play compared to persuading all students like John [who chooses to do nothing] to start working hard in school or helping all unhappily married couples to improve their marriages. Difficult as they may be to solve, however, relationship problems are surprisingly easy to understand. They are all some variation of ‘I don’t like the way you treat me, and even though it may destroy my life or your life, or both our lives, this is what I am going to do about it.’” (Glasser, 1997, p. 598)

“Whether a self-perception is psychologically healthy or unhealthy, beneficial or lethal, people cling to their learned self-perceptions, as a drowning person clings to a straw, and act accordingly. It took a long time for people to get where they are, it will take time for them to change. As we explained earlier, it is important for helpers to “hold their point.” (Purkey, 1990, p.17)

Dr. William Glasser, founder and president of the William Glasser Institute in Los Angeles and author of Reality Therapy (1965), Schools without Failure (1969), Choice Theory (1998), Identity Society (1972), The Quality School (1990), and scores of other best selling books, articles and monographs, is most famous for his contributions to psychiatry and elementary/secondary school reform.

Dr. William Watson Purkey, co-founder of the International Association for Invitational Education (IAIE) and Professor Emeritus at the University of North Carolina at Greensboro, is also best known for his contributions to school reform as well as counselor education. Dr. Purkey is also a prodigious author: his most notable works are Inviting School Success (Purkey & Novak, 1996), The Inviting School Treasury (Purkey & Stanley, 1997), and Invitational Counseling (Purkey & Schmidt, 1996). Dr. Purkey’s (2006) newest book is Teaching Class Clowns (and What They Can Teach Us).

Purkey and Glasser have applied their theory and practice equally to classrooms - elementary and secondary as well as to personal therapeutic counseling. Purkey emphasizes the perceptual tradition and self-concept theory. Purkey’s idea of understanding things from an internal point of view is akin to Glasser’s thinking and acting under one’s own control. Purkey’s self-concept theory highlights that there can be no out there without what is being experienced and decided in here. This is analogous to Glasser’s teaching clients and students to understand the choices that they themselves make.

Both Purkey and Glasser cite William Powers’ (1973) Behavior - The Control of Perception as a seminal influence. Purkey and Schmidt (1990) explain that a person’s behavior is based on his or her perceptions and every person behaves in a way that makes the most sense to him or her at a particular moment. Purkey calls this our perceptual world. Correspondingly, Glasser (1998) writes of a person’s quality world - the pictures in our head - to which we turn to try to satisfy our needs. Essentially, both Glasser and Purkey believe that we perceive the world looking for people or things that will satisfy what we want. Glasser writes that all we do from birth to death is behave. Glasser’s total behavior consists of acting, thinking, feeling and one’s physiology. We can modify (choose) our thinking and acting and in so doing improve our lives for greater happiness.

“External control is very simple. In a relationship it is a belief that what we choose to do is right and what the other person does is wrong. Husbands know what’s right for their wives and wives for their husbands. The external control attitude, I know what’s right for you, is what people driven by power use when they are in an uncomfortable relationship. One or both may use it but even if only one uses it consistently it will eventually destroy that relationship. As I said, we are social creatures. We need each other. Teaching everyone the dangers of external control and how it can be replaced with choice theory, is the heart and soul of a successful public mental health program.” (Glasser, 2005, pp. 20-21)

“Human behavior is always a product of how people see themselves and the situations in which they are involved. Although this fact seems obvious, the failure of people everywhere to comprehend it is responsible for much of human misunderstanding, maladjustment, conflict and loneliness.” Since persons behave in terms of their personal perceptions, effective helping must start with the helper’s understanding of the nature and dynamics of perceiving.” (Combs, Avila, & Purkey, 1978, p. 15)
Glasser and Purkey are humanists. They seek, find, encourage and applaud development of the most positive characteristics in people, whether the person be a typical student, disabled student, teacher, counselor, parent, peer, therapist, school secretary, school bus driver, etc. For both, the key element is creating and maintaining success. Glasser and Purkey together are both similar to and different from behaviorists. Similar, in that, for the most part, they disregard the practice of analyzing and coming to grips with past history as a requisite precursor to change. Focusing on the present, they lay the groundwork, adjust the environment, and teach/encourage thinking, behaving and acting which result in better decision-making, productive behavior, success and ultimate happiness. Different because they do not endorse the practice of external control (S-R) psychology, i.e. those beliefs and techniques promulgated most familiarly by Pavlov, Skinner, and Lovaas. (An exception would be when these concepts and methods are applied to individuals with severe neurological disorders including Pervasive Development Disorders/ Autism Spectrum Disorders.)

Central to both Glasser and Purkey is the development of an individual’s self-esteem. Self-concept, self-worth, self-image and self-esteem can be used interchangeably to define a person’s or student’s thoughts, opinions, attitudes and perceptions about his or her own capabilities and successes. Self-concept is often viewed as the basis for action, interaction, behavior and decision-making in most of life’s situations. Correspondingly, both stress the qualities of good relationships. Glasser (2005) writes of the seven caring habits: supporting, encouraging, listening, accepting, trusting, respecting and negotiating differences. Habits which destroy relationships are criticizing, blaming, complaining, nagging, threatening, punishing, and bribing or rewarding (to control another). Likewise, for Purkey, good relationships are built and maintained by perceiving others as capable and valuable while relationships are harmed by demeaning, devaluing, and insensitivity to others.

Both Glasser and Purkey believe that school success depends upon the degree to which a student’s self-concept is positive. Success is defined as doing well academically, behaviorally and socially. Therefore, students who choose to behave in ways which provide rewards, success, and acceptance by others are said to have a positive self-concept or success identity.

As an example, an application of theory into practice is found in a school for students with disabilities in Central New Jersey described by this author (Zeeman, 2002). During its forty-two years of delivering services, the Midland School program has been based upon developing and enhancing self-esteem in multiply disabled students as a prerequisite to academic learning and social skill development. From the moment of student disembarkation from the morning school busses, one senses joy and anticipation of a new day. Each smiling face conveys this message. The school’s therapeutic milieu reinforces this perception throughout the day. Interactions between students and staff are a critical element in this process. Staff greet all students by name frequently throughout the day—whether passing in the hall or transitioning to another instructional period. These “greetings” often expand to a one to two minute conversation about something relevant to the student’s recent experiences, interests or accomplishments at home or in school. Guidance and support are provided in a proactive, protected atmosphere, and even when there is a discipline problem, no privileges or opportunities are ever removed or lost. Weekly psychological counseling and crisis intervention are carried out by a certified Reality Therapist. Many comparable applications of Choice Theory to special education settings are described in Litwack & Renna (1999).

The concept of “mastery” critical to both Purkey and Glasser correlates with Dr. Robert Brooks’ (1999) islands of competence—identifying areas where a student excels or experiences achievement. Throughout a school day, a student’s strengths rather than deficits should be highlighted.

Glasser’s Quality School Teacher paradigm is SESIR: Show what to do...Explain how the objective is achieved...Self-evaluate/Evaluate to see where there can be improvement! Improve what you are doing...Repeat until the objective is fully or partially achieved. For example, at the Midland School, student peer tutors, interns, volunteers, and teaching associates work with the teachers to provide consistent support, direction, redirection, over-learning, and practice. All the focus is upon having the student experience mastery.

Table 1. Comparison of Selected Nomenclature in Counseling:

<table>
<thead>
<tr>
<th>Glasser-Choice Theory/Reality</th>
<th>Purkey-Invitational Guidance &amp; Counseling</th>
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</thead>
<tbody>
<tr>
<td>Therapy</td>
<td>Counseling</td>
</tr>
<tr>
<td>Survival</td>
<td>Security</td>
</tr>
<tr>
<td>Love &amp; belonging</td>
<td>Belonging, positive relationships</td>
</tr>
<tr>
<td>Freedom &amp; Fun</td>
<td>Dynamic self-concept; self-as-doer</td>
</tr>
<tr>
<td>Power</td>
<td>Self-actualization</td>
</tr>
<tr>
<td>Seven caring habits</td>
<td>Trust, respect, optimism</td>
</tr>
<tr>
<td>Seven deadly habits</td>
<td>Intentionally or unintentionally disinviting</td>
</tr>
</tbody>
</table>
People, according to Purkey, represent the area of greatest import. Students seek assistance and grow through interactions with people (particularly teachers) throughout their young lives. Purkey says that no matter how difficult the situation presents itself, do not give up. Never give up is also a Glasser principle. One of Glasser's theoretical basic needs—belonging—is fulfilled when, in a warm and supportive environment, we work hard for those we care for. He goes on to say that another basic need—fun—is fulfilled when a student works hard for a person he enjoys and with whom he laughs.

Purkey and Schmidt (1990) write of respect, trust, optimism, and intentionality. Respect means that teachers, counselors, and students have a relationship based upon valuing one another, acting responsibly, and being treated with dignity. Glasser says that students relate best to teachers whom they respect and who value them. Both caution that intimidation or coercion (Purkey's disinviting and Glasser's bossing) is inimical to achieving a meaningful, successful educational experience. Purkey reminds us that being intentionally inviting as a teacher or counselor assists the student in reaching boundless potential just as Glasser sees it as a means to achieving a Quality School experience. Glasser (1993) writes "the better we know someone and the more we like about what we know, the harder we will work for that person." (p. 30)

In conclusion, many of these extraordinary similarities demonstrate how two great scholars, developing parallel philosophies, have influenced social science, psychology and education. A principal or teacher creating a Quality School or an Inviting School will be providing success, happiness, and intellectual growth for most students. Counselors or therapists trained in and applying Reality Therapy or Invitational Counseling will usually see positive results and improvement in the quality world, perceptions, thoughts, actions and lives of their clients.

Table 2. Comparison of Selected Nomenclature in Education:

<table>
<thead>
<tr>
<th>Glasser-Choice Theory/Quality School</th>
<th>Purkey-Invitational Education/Inviting School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead-managing teacher</td>
<td>Intentionally inviting teacher; democratic practice</td>
</tr>
<tr>
<td>Quality work</td>
<td>Inviting, Striving toward fulfillment</td>
</tr>
<tr>
<td>Warm, supportive classroom environment</td>
<td>Relating, Light-hearted teachers</td>
</tr>
<tr>
<td>Self-evaluation</td>
<td>Coping; Positive self-regard</td>
</tr>
<tr>
<td>Students perceive teachers as &quot;on our side&quot;</td>
<td>Personally inviting with students</td>
</tr>
<tr>
<td>Work is enjoyable</td>
<td>Cheerleader; Celebrate effort</td>
</tr>
</tbody>
</table>

Purkey and Novak (1996) write that schools have personalities just like people do. A school's personality is determined by the five “P’s”: people (the entire school staff), places (the physical environment and upkeep), policies (rules and codes), programs (community outreach, counseling, daily and extracurricular activities, parent involvement), and processes (how things are done). For example, several years ago, the Linwood Middle School of the North Brunswick New Jersey Public Schools evidenced low staff and student morale and performance had been unsatisfactory. The principal decided to join IAIE and to learn and apply invitational education techniques. He initiated an open door policy to his office and met with every staff member. All policies and procedures were free for discussion. There was a dramatic change from boss management to lead management. Even laughter increased perceptibly about the building. Cultural diversity, rather than being a source of divergence, became celebrated. Trust between student and staff grew significantly. For example, a middle school girl finally had enough confidence in her counselor to seek help extricating herself from an oppressive gang situation. Not only was the school change in a positive direction, but the school and district won the IAIE Annual Inviting School Award.

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“I believe that to be happy, we must figure out how to get along well and connect with the important people in our lives; that is, to connect to the extent we want with friends, spouses, lovers, and who love us in return. To realize our relatively boundless potential we depend on the continuing nurturing of fellow human beings.” (Purkey & Schmidt, 1990, p.45)
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Basic Needs in a New Light - A Colorful Diagnosis

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ABSTRACT

Feeling blue? Seeing red? Green with envy? Browned off? Who assigned these colors to our states of mind? Is there really a connection between mood and hue?

How many of you have felt some aspects of SAD (seasonal affective disorder) during the gray morbid days of winter? Could this have anything to do with the absence of environmental color and light? Scientists in this field say, yes. The primary colors of nature, especially, have had their influence on us and these influences are deep seated in our biological make up.

Color and its effect on the central nervous system have been a science since man first saw and felt the difference in his homeostasis between night and day. According to Dr. Alexander Schauss, director of the American Institute for Biosocial Research in Tacoma, Washington, as soon as color enters our sensory system, it stimulates the pituitary and pineal glands. Certain hormones are then triggered, which in turn, produce a variety of physiological responses. Thus, color has been found to have a direct influence on our thoughts, moods and behavior; even, remarkably, on blind people, who are thought to sense color as a result of energy vibrations created within the body.

But no one has so deftly researched and put together a more interesting hypothesis on the human organism and its response to color than Dr. Max Luscher, founder of the Institute of Psycho-Medical Diagnostics in Lucerne, Switzerland. His Luscher Color Diagnostik has been circulating since 1947, and has been translated into 29 different languages.

Dr. Luscher studied psychiatry during the same time period as William Glasser and earned a doctorate in the fields of philosophy, psychology and clinical psychiatry. He shares a similar evolutionary journey and global influence as does Dr. Glasser, and amazing similarities in his theory and interpretations of man, his needs and his search for meaning and happiness. The Luscher Color Test is taught in universities throughout the world in seven different languages, and is used by professional caregivers around the globe.

Considering color and its impact on our perceptual control systems, is it not worth viewing this science through a choice theory lens? In fact, Dr. Luscher has already unwittingly done the job for us without knowing how close to choice theory he was, as he wrote. Without knowing Glasser, Luscher calls his therapy Reality Therapy.

BACKGROUND

I was familiar with Luscher’s work some time before I was introduced to Glasser’s Choice Theory, originally called Control Theory, in the early eighties.

My work as a diagnostician with children with learning disabilities, and the social and emotional problems that accompany that package, led me to the discovery of the Luscher Color Test from a local school counselor. I have used the test for over twenty five years, but it didn’t become clear to me how the basic primary colors of the test correlated with Glasser’s five basic needs until some time after I was certified and actually began instructing others in Choice Theory. It has never ceased to amaze me how accurate the test is to the reality of the individual’s current psychological and physical state. As I went into private practice for myself, this reality began to sink deeper into my intuitive cognizance, due to the fact that it was the first thing I did when testing children. Because of its unobtrusive approach, it appeals to children, like play. I refer here to the quick eight-color test contained in the paperback The Luscher Color Test, published by Random House in 1969. Dr. Luscher, like Glasser, has evolved with his own theory in many ways, and now has taken the test mentioned above off the market, and replaced it with a more researched and revised version available from his website: www.luscher-color.com.

In my practice, it is common in my experience to have a child come to me unknown. When I do the test and subsequently share the interpretative tables with parents, they, nine times out of ten, confirm that the results are accurate. These experiences I would be happy to share with curious readers, but prefer to use the valuable space here to acquaint you with the corollaries between Luscher’s color interpretations and Glasser’s five basic needs.

THEORY COMPARISONS

In 1975, Luscher published another popular best seller called The 4-Color Person. It wasn’t until I read this book that I began to make the connections that he, too, believed that man is propelled by four psychological ‘senses of self’. He refers to:

- Self-respect which is interpreted by a certain hue of green
- Self-confidence is represented by red
- Self-moderation is represented by blue
- Self-development is represented by yellow

As he elaborates on each of these ‘senses’, it starts to line up clearly that what he means by self-moderation is what man feels when he is “content and able to feel empathy and devotion and feel respect and real love for (and from) others.”; a sense of harmony with his relationships; clearly Glasser’s love and belonging need. It is interesting
that this need is not represented by the color red as Rudolph Valentino would have us choose, but by the more calming hue of blue; deep blue, like a fathomless ocean. Ever enduring, as a mother or parent love. "You feel the attachment all around you; a sense of belonging. After all we know that blue is the color of loyalty." (pp 167) Could this have anything to do with the expression "true blue"? It is also interesting to note that prison cells and their accompanying environments are often painted in deeper colors, such as calming blue, to play down stimulation.

Red is scientifically well accepted to be a color that stimulates and raises the blood pressure. Words Luscher used, when referring to the need for red or the application of red, are passion, excitement, and energy. I think what we are being reminded of each February, as Valentine's Day comes around, is the need to put the romance, the joie de vivre, back into our relationships; the fun and learning that comes with excitement and new beginnings.

Green, a shade akin to forest green, Luscher has researched as the color of respect; Self respect, self worth, or as we might say in Glasser terms, personal power. Surrounded by the green of the earth, early farmers were more inclined to persist and exercise their physical will towards a bountiful harvest. When we keep our gardens green, they sustain us. Persistence and will power produce enduring hard earned and satisfying results, making us proud of our accomplishments. There is an element of hope when green is a very light yellowish color. Green, as it first appears in its young life in nature, is more yellow, reaching out to develop and grow towards something more permanent and strong. As it reaches maturity in the form of a tall tree, it stands proud and tall, well defined against the world, protecting, sustaining, dependable. Words used by Luscher, as he describes fir green, are: stability, solidity, constancy, persistence and resilience of the will. What else would we need to gain personal power?

Yellow, says Luscher, brings with it more of a surface nature. Quote "Goethe:

"It is the color closest to light. In its utmost purity, it always implies the nature of brightness and has a cheerful serene, gently stimulating character. Hence experience teaches us that yellow makes a thoroughly warm and comforting impression" (pp171)

Is this not close to the feeling we get when others act in a way that frees us up to be our true selves? Luscher says, while green can be pent up and static, yellow corresponds more with dynamic kinetic energy. Yellow is a basic color and corresponds with the basic need of free development. He uses words such as openness, "yellow transmits a feeling of vastness, of change of development, of liberation and ease... it is preferred by people looking for altered, liberating conditions. People who love flying, who like to leave the ground of reality, often prefer the color yellow". Thence, the need for freedom and self-expression.

The color brown in the test is a darkened yellow red. The impactful energy essence of red is reduced and darkened somewhat to make it more passively receptive and sensory based. "Brown, therefore, represents sensation as it applies to the body senses." (TCT p78) Our physical needs. I have found when working with the test, that in cases where clients have not been paying attention to their physical and 'survival' old brain needs, brown is pushed more forward in the test or totally rejected revealing serious stress created by ignorance of physiological needs. If one considers the association with brown and Mother Earth and how it sustains our survival, the connection is metaphorically clear.

**CONCLUSION**

It is not very difficult to see, as these descriptions play out, that Dr Luscher has been on the same trail in his own colorful way, as has Glasser. He brings to the field a widely and now very deeply researched package, already scientifically sound. He provides us with a tool that I believe could be invaluable to those of us working in the care giving professions to help others, in an unobtrusive way, to become aware of what they might be addressing or rejecting within their basic needs system.

I am currently in communication with Dr Luscher and am becoming acquainted with his much more technical and revised test. His very popular *The Law of Harmony Within Us* (1985) is already into its tenth edition, but, unfortunately, not yet published in English. In this treatise, he refers to his psychology as a self-regulating psychology, which recognizes the power within the individual to maintain balance and seek meaningfulness from the inside out, as does choice theory. He describes a system designed to regulate itself. He has communicated to me that the follow up training he employs when working with patients, he also calls reality therapy since it draws on the reality of the individual and does not lean on external dictatorships. I believe, had more of his work been published in English or more of Glasser's work been published in German, Max Luscher and William Glasser might have been led to each other in their earlier years.

I have wanted to write a manual for some time sharing these ideas and successes with the integration of Luscher's work with choice theory and reality therapy, and Dr Luscher has kindly offered to support me through this. I would be interested to know how much interest there is out there in our RT/CT community in using such a tool and /or reading more about the integration of the basic colors when teaching choice theory to children and youth.

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Choice Theory as it Applies to Different Backdrops – A Case Study

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ABSTRACT

The five basic needs according to Glasser were examined for compliance in individual counseling by a comparison of career vs. dating backdrops. The client’s presenting issue was failure to make serious inroads toward marriage while she thrived in her career path. Each of the study’s independent variables were scored by the client in juxtaposition to the five dependent variables before and after CT-oriented counseling interventions. Results after the intervention showed a threefold increase in the dating backdrop scores.

Introduction

An angel appears at a faculty meeting and tells the dean that in return for his unselfish and exemplary behavior, the Lord will reward him with his choice of either infinite wealth, wisdom, or beauty. Without hesitating, the dean chooses infinite wisdom. “Done!” says the angel, and disappears in a cloud of smoke and a bolt of lightning. Now, all heads turn toward the now wiser dean, who sits surrounded by a faint halo of light. One of his colleagues whispers, “Say something.” The dean sighs and says, “I should have taken the money.”

Choice Theory is based on the notion that all human behavior is exercised as a choice. Since the overwhelming majority of cases brought before a counselor has to do with relationship issues, through understanding the principles of choice theory, we help our clients work toward improving these relationships, thereby garnering a higher level of happiness in their day to day lives.

In the general community worldwide, finding one’s mate has over the years taken on a new meaning. The proliferation of matchmakers, matchmaking services, internet introductions, dating fairs for different ages and levels of religious observance, and other venues have made possible an increase in personal information, choices, and accessibility to the opposite gender. Whether one is good-looking, less than good-looking, disheveled, a scream, or otherwise hopeless, there is always some matchmaker who will invariably say: “Have I got the perfect someone for you?” To those who may require special intervention, such as those with specific physical or mental health challenges, counselors should be especially empathic to their plight and steer them appropriately toward their goal.

The case study detailed herein is an example of how one chooses to satisfy one’s basic needs in the context of building a career versus facing the dating scene.

The Approach

Clients are often close-minded when it comes to the number of options they consider in their decision-making process. Many find comfort in the familiar and hence will shut themselves off from considering something new. Often this leads to a vicious cycle of repeat failure vis-a-vis advancing toward one’s goals and objectives. By taking clients through the process of WDEP, they can more readily admit to their own short-sightedness, and then have a clear pathway toward fulfilling their wants and needs.

Case History

The presenting issue was the desire to do a better job in finding a marriage partner.

A 40-year old woman (let’s call her M) became the CEO of a high powered venture capital fund. Growing up in a man’s world of professionals, M decided in her early 20's that she was going to pursue a career in Finance and was willing to sacrifice— even if her dating opportunities were few and far between. Intelligent and pleasant-looking, serious and goal-oriented, sociable and capable—she set out on her journey.

M completed college and then went on for an MBA. Her first job was a well-paying one and she was determined to climb the ladder of success. The competition was fierce for each successive job opening in her field, but she was determined and ultimately managed to win most of the challenges placed before her. She was willing to sacrifice— even if her dating opportunities were few and far between. Intelligent and pleasant-looking, serious and goal-oriented, sociable and capable—she set out on her journey.

M completed college and then went on for an MBA. Her first job was a well-paying one and she was determined to climb the ladder of success. The competition was fierce for each successive job opening in her field, but she was determined and ultimately managed to win most of the challenges placed before her. Needless to say, she didn’t have too much time to devote to her social life, but as a well-organized person, she scheduled in time with friends and vacations to interesting places. Her twenty-something years came and went like a flashing light, and when she turned 30 she realized that her biological clock was ticking and needed to make a choice. She didn’t quite reach the pinnacle of her career, yet at the same time she was mindful of her desire to get married and start a family. So she started dating.
The Five Internal Forces

Before examining the type of individual she went out with, let us take a look at what William Glasser says about the five internal forces that motivate human beings. In all their actions, says Glasser, people seek to maintain or add to a need for survival, belonging, power (also defined as worth and recognition), fun, and freedom. At this point in her life and career, M seemed to be adjusting well to each of these needs. In the sea of sharks out there, she did very well surviving – she swam so well together with the sharks, that she was actually thriving. As far as belonging, she had to connect interpersonally in order to climb the rung. Meetings, clubs, professional societies and the like, all contributed to her being acknowledged for her achievements. Wubbolding said that the word “power” is derived from the French word pouvoir, meaning “to be able”. M has certainly accomplished a lot in her career, including recognition, no doubt about that. As far as fun is concerned, she definitely made time to be with friends, though limited and not impromptu. She also considered her advancements at work as being on a fun ride. Finally, freedom or independence, this is one of the things that always defined her. M took on the challenge and became financially independent rather quickly, and this increased her degrees of freedom in many areas where she was in the position to call the shots.

Analyzing the Problem

So, why did this woman feel compelled to come and seek counseling? Why, with all that has been depicted so far, was this woman unhappy?

Now we can go back to see with whom she chose to begin dating. Who do you think?

If you said high powered bankers, lawyers, tax experts, CEO’s of profit-making companies, then you’re correct. On a typical date, they would each exchange stories and challenges in their work, often playing the game of one-upsmanship. Each one’s ego was large and filled with themselves. They would compare responsibilities at work, the number of people reporting to them, the large budgets they were responsible for, the generous expense accounts, etc. They would eat at expensive restaurants and then fight over who will pay the bill. This process would repeat itself and years went by in this vicious cycle of dating.

So why was M an unhappy 40-year old? Because she didn’t apply the 5 needs described above in the context of relationships. She did them, and did them well, in the context of building her career. Depending against which backdrop you plug in these basic needs, the outcomes will be markedly different.

M made a choice. She wanted to get married. While it was true that she put her career in front of her family goals, once she reached a certain age and level in her career, she decided to date more seriously. She made an earnest effort at improving her relationships with others. So why did she fail so miserably? It is because she made the same error time and again. She was not willing to try something new. She continued going out with men who were too much like her and she was oblivious to the fact that there indeed were other options.

WDEP Scale

On the WDEP scale, where W is “what do you want”, D is “what are you doing about it”, E is “evaluation”, and P is setting a “plan” into motion, she was stuck somewhere between D and E. She knew what she wanted to do, that is to date seriously and find a marriage partner, but she went about doing it all wrong, couldn’t evaluate objectively, and had no alternate plan.

By the time M came to me sulking at the notion that she’ll never find anyone, we went through WDEP to point out where she went askew. When asked whether she had been getting any closer to her goal, she said no. When asked whether she was willing to try a new approach, she said yes.

Self-evaluation

We talked about love and belonging and how it is important to reach out to others and how to make herself attractive so as to get love from others. Her positioning herself in an adversarial capacity, in a constant competitive mode, made her less attractive, and others were equally unattractive for her for the very same reasons. Both sides were looking for attention - to be heard and to be listened to – unfortunately, they each couldn’t provide that to each other. When we brought up the topic of fun or enjoyment, I pointed out that Glasser argues that people who fall in love are learning a lot about each other and they find themselves laughing almost continually. In her case, both she and her dates were so consumed about talking about themselves, that there was no room for any real enjoyment.

By getting her to re-evaluate her 5 needs, but in the context of finding a marriage partner, she found that she was seriously lacking in all of the areas. We gave grades to each category (see Table A below) and saw the enormous difference in scores when the backdrop was changed from career to finding a mate. This was the eye-opener she needed and came to the conclusion that she needs to make better choices in whom she chooses to date.

New Plan of Action

Shortly thereafter, M attended a singles weekend. She met a guy who was a nice sort of fellow, who seemed very interested in pursuing a relationship with her, but she couldn’t imagine how this computer programmer, with a salary that was one-seventh of hers, could ever be compatible with her. But she remembered that she needed to make better choices – to expand her options – to do something different than what she did before. It wasn’t easy
and it didn’t happen right away, but she finally agreed to

go out on a date with this guy.

You could probably guess what their dates were like. He

listened when she spoke. He gave her some space. He didn’t
go toe to toe with her, comparing glory stories – partly

because he didn’t have any to tell. Nonetheless, he was will-
ing to put her on a pedestal – to give her center stage. When

M realized what was happening in this dynamic, she also

then opened up, and quickly their conversations led to the
type of fun topics she hadn’t experienced before on a date.

After a few dates and after she began to feel that this
guy was something special, she came back to my office and

we sat down and plugged in grades on the needs chart, and

lo and behold, her scores zoomed up – almost to where

they were on her career backdrop.

A Comparison of Two Different Backdrops

The Table below lists the five internal forces according
to Glasser as the dependent variable with career path-and-
dating-backdrops as the independent variables. M was
asked to rate from a scale of 1-10 (10 being the highest rat-
ing) her perception of her own achievement in fulfilling
each of the needs. For example, she gave herself a score of

10 for the “freedom” need. Her total score for her career
path was 46 (out of a total of 50 maximum points). When

asked to plug in grades for her previous dating success, her
total score plummeted to 13 (explanations for this are
detailed in the comments column in the Table). When

asked to re-issue her grades after having gone through the
self-evaluation and subsequent putting into motion of a
new plan of action, she improved her total score by more
than threefold (N=42).

Table A

THE FIVE INTERNAL FORCES ACCORDING TO
GLASSER

A comparison of two different backdrops

<table>
<thead>
<tr>
<th>NEEDS</th>
<th>CAREER</th>
<th>DATING</th>
<th>COMMENTS</th>
<th>NEW DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survival</td>
<td>10</td>
<td>5</td>
<td>Barely made it through the war of another date – scars were evident.</td>
<td>8</td>
</tr>
<tr>
<td>Love &amp; Belonging</td>
<td>10</td>
<td>3</td>
<td>No love was forthcoming because both didn’t allow room for it.</td>
<td>8</td>
</tr>
<tr>
<td>Power/Achievement</td>
<td>10</td>
<td>1</td>
<td>Was not attaining her goal of getting closer to finding her marriage partner</td>
<td>8</td>
</tr>
<tr>
<td>Freedom</td>
<td>10</td>
<td>2</td>
<td>Didn’t feel she had freedom to choose other than people like her.</td>
<td>9</td>
</tr>
<tr>
<td>Fun</td>
<td>6</td>
<td>2</td>
<td>She was comparing and bragging too much to be having fun.</td>
<td>9</td>
</tr>
<tr>
<td>TOTALS</td>
<td>46</td>
<td>13</td>
<td>Improved score x 3</td>
<td>42</td>
</tr>
</tbody>
</table>

CONCLUSION

The ending of the story is that they continued going out
and eventually got married. The process described above
sounds so simple, yet it must not be so since there are many
singles out there struggling to find their marriage partner.
Clearly, many other factors come into play in marriage
compatibility. This case, however, showed how Choice
Theory can be an effective tool in dealing with this often
enigmatic issue.

The turning point in the counseling sessions was in the
client’s readiness to change her behavior – and to refocus
her “doing”. Before that, her ability to evaluate was muddied - seeing other options and other choices was blurred.
When she cognitively understood that opposites can
attract – she then knew that she had many more behav-
ioral options to work with. The payoff for her was
immeasurable.
Thoughts on Reality Therapy from a Pro-Feminist Perspective

Daniel M. Linnenberg

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ABSTRACT

Over twenty years ago, Mary Ballou addressed the relationship between Reality Therapy and Feminist Therapy. In her original article, she found Reality Therapy lacking in its development as a viable approach for Feminist Therapy. This treatise will readdress Ballou’s concerns from a pro-feminist perspective. It will discuss the major tenets of Feminist Therapy and confront the fact that Reality Therapy has not still developed towards a feminist perspective as Ballou had hoped. It suggests that the incorporation of critical self-examination for the purpose of identifying and dealing with one’s hermeneutical perspective is consistent with Reality Therapy, as a way that directs therapists and clients towards a feminist perspective.

It has been over twenty years since Professor Mary Ballou wrote her article “Thoughts on Reality Therapy from a Feminist” (1984). In the article, she addressed what she considered to be the “aspects of Reality Therapy (R.T.) which are inconsistent with a Feminist’s orientation to therapy” (p. 28). She did this in the hope that Reality Therapy would eventually develop as a therapeutic approach and incorporate a feminist consciousness. The question after twenty plus years is whether or not this has occurred, or, in other words, has William Glasser developed and incorporated a feminist consciousness into Reality Therapy since Ballou’s article appeared? It appears that the short answer is a resounding no. There is no evidence that Glasser has made any overt attempt to incorporate a feminist consciousness into Reality Therapy. Therefore, Ballou’s initial reaction to Reality Therapy was that this therapeutic approach appeared to be compatible with Feminist Therapy and that it was only after a more in-depth examination where the “serious contradictions between the two” were revealed (p. 28). Ballou expresses how experience, primarily a woman’s experience, is the prime element that needs to be brought forth in a therapeutic relationship because it is the basis of the person’s understanding of truth. As Ballou states, “Truth, relative though it may be, is accorded to one’s own experience, not another’s beliefs, assumptions, theory, or interpretations” (p. 29). In this, Ballou holds that Reality Therapy, because it does not inherently acknowledge the experiential differences that exist between the genders (or for that matter, race, sexual orientation, class and ethnicity), does not necessarily assist the client in dealing with the oppressive nature of living in the world.

The second element of contention between Feminist Therapy and Reality Therapy according to Ballou is in the “assumptions of individual control of the external and choice” (p. 29). Feminist Therapy holds that the dominant culture is oppressive to those who do not reflect the dominant Western white male perspective. In this, those who do not reflect the dominant culture are oppressed and therefore are not permitted to have significant control or choice. The focus on the individual’s behavior in Reality Therapy inherently prevents the individual from addressing the cultural and social factors that influence the behavior, unless that is what the client wants to talk about. Ballou sees two problem areas within this venue: the focus on individual responsibility and the lack of emphasis on the incorporation to effect social change. Ballou did identify a positive relationship between Feminist Therapy and Reality Therapy in that both emphasize the importance of
the therapeutic relationship and that both promote the acceptance of the client’s value system.

In summary, Ballou found Reality Therapy as “a useful strategy for concrete individual change, but it is not adequate as a more general theory or orientation to therapy” (p. 32). This particular treatise will address the current relationship between Reality Therapy and Feminist Therapy by discussing the unique aspects of feminist or pro-feminist therapy, the benefits of feminist therapy, and the pursuit of critical self-examination for the development of understanding of one’s hermeneutical perspective (the influences on one’s interpretation of experiences) which will encourage both therapist and client to incorporate an egalitarian stance towards all.

Unique Aspects of Feminist and Pro-feminist Therapy

The purpose of Feminist Therapy is to counter the societal belief in male supremacy. As bell hooks states, “Feminism is a movement to end sexism, sexist exploitation, and oppression” (2000, p. 1). In other words, Feminist Therapy is a means to neutralize the power and psychological abuses inflicted by males, primarily white Western males, and the social order that they control. How one sees this need for change from the dominant paradigm leads the individual to a feminist orientation; this in turn affects the individuals’ hermeneutical perspective and the type of Feminist Therapy that is practiced. Further, Enns (1997) defines a feminist therapist as “a person who is self-identified as a feminist and who chooses an approach to psychotherapy that is compatible with the value system of feminism” (p. 6). It is Ganley (1988) who recommends that male counselors who perceive themselves from a feminist perspective refer to themselves as pro-feminist.

Feminist Therapy not only looks at psychological issues that affect women, but it also takes into account the sociological factors that oppress all people by affecting human interaction. To glean the sociological factors, effective and competent feminist therapists know their own personal values; they also know how their therapeutic approach relates to feminist theory and the effect that socio-political constructs have on peoples’ lives. In this, therapists gain insight into the oppressive natural of the dominant culture on those who do not reflect that culture. According to Enns, competency “is based on an ongoing and continuous examination of personal values, consistency between one’s theoretical orientations to feminism and counseling, and an understanding of how intersections of gender, race, class, economic status, and sexual orientation influence women’s and men’s lives” (2004, p. 9). Feminist Therapy deals with clients’ understanding of the impact of gender roles and power difference in society, helping them to make the changes needed in social institutions that discriminate. Feminist Therapy is “a philosophy of psychotherapy, not a prescription or technique” which moves those who encounter it to remove psychological symptoms and to act for the change in the social obstructions which promote oppression (Brown & Brodsky 1992, p. 51). It came about in response to the sociological domination and the psychological effects of the oppression of women. In this, the feminist perspective also addresses and confronts anything that oppresses people in society.

Not only does Feminist Therapy hope to help the individual to change psychologically towards a more productive life, but there is also the goal to change the societal institutions that are a factor in the psychological oppression of people (primarily women and people of color). It is an approach of empowerment—helping clients to gain and fulfill their own power needs that in turn alleviate the psychological problems that have been impeding them. Beyond this, the understanding of therapy from a feminist perspective divides into avenues depending upon the belief of how much change, the severity and direction of change is needed in society. The “therapist’s personal view of feminism will have a significant impact on how feminist counseling is interpreted and conducted” (Enns, 1997, p. 7). These avenues include such perspectives as liberal feminism, radical feminism, cultural feminism, women-of-color feminisms, postmodern feminism and lesbian-queer feminism (Enns, 2004).

There are several beliefs about the problems which women face that are uniform across all forms of Feminist Therapy, such as the belief that the problems women encounter are affected by and totally connected to the societal factors of politics, economics and the historic and institutional factors that form a person’s choices. In addition, there is the belief that the individual’s symptoms are the client’s means of coping or communicating in oppressive circumstances. The client is encouraged to refocus these activities in healthier and more productive ways (Enns, 1997).

Within the counseling relationship, therapists need to understand their own hermeneutic, which will help them garner an understanding of the experiences of women, and for that matter, all clients that are outside of the counselors’ own perspectives and values. Feminist therapists understand that their values and their worldview can influence their clients. Therefore, feminist therapists attempt to ensure that the counseling relationship is as value-free as possible and that they have, at a minimum, an understanding of the impact of their values on their clients. Feminist or pro-feminist counselors believe that clients know more than anyone about what is going on within themselves. Therefore, clients are used as a resource on the best ways to help themselves. Clients know how to cope in a hostile environment, so their expertise should be used. Feminist therapists desire to have an egalitarian relationship with their clients. Though it is understood that there can never be an “equal” relationship between client and counselor, therapists attempt to incorporate all things which make
Learning about one’s own hermeneutical perspective is a key feminist issue because it is comprehensive self-awareness or self-knowledge. As Enns (2004) states, “Feminist therapists educate themselves about the unearned entitlements or status that they may hold on the basis of their class, race, sexual orientation, or ability” (p. 28). A key factor in understanding one’s own hermeneutical perspective is that not only does it identify the entitlements or status based on some contextual factor of life, but it also assists the individual in seeing how these entitlements or status permeate all aspects of the person’s
life including how language is used, how fears are held and how experiences are interpreted.

To adequately interpret actions, thinking, emotions and even physiology, therapists must have an understanding of how they interpret their environment. They need to be able to locate themselves within the discussion. This takes critical self-examination so that therapists are astutely aware of themselves, that they have self-knowledge and comprehensive self-awareness of their methods of interpretation and even their pre-judgments. In this, therapists can also help clients see their pre-judgments and assist them in becoming cognizant of the shortcomings of their perspective to the point where they can be addressed and dealt with. This takes an approach that instills critical self-examination, leading to the development of an astute self-knowledge and keen self-awareness.

The influx of social constructionism, existentialism and postmodern philosophical thought has brought the counseling profession closer to this point. It has assisted therapists in recognizing their own tendencies to reflect the acceptance of the societal standard (as stereotypical as it sounds) which reflects a white, Western male perspective—an ethnocentric, racist, ableist, ageist, misogynistic, homophobic, misopaeidistic orientation. However, critical self-examination makes individuals constantly aware of multicultural concerns besides aspects of the oppressive nature of societal life. It is what makes individuals aware "of the consequences of living within an increasingly pluralistic society and under an oppressive paradigm" (Rigazio-DiGilio, Ivey and Locke, 1997, p. 250). It gives an "understanding" that has utility. It is not measurable in the traditional sense but it is a reality that can be grasped and used to help understand clients—it is a philosophical perspective.

DISCUSSION

Feminist Therapy is an effective approach which addresses both the symptoms of mental health and the sociological issues which oppress people within our society. With its openness to the incorporation of other therapeutic approaches, the use of Reality Therapy as a therapeutic approach has possibilities, especially if the development of critical self-examination for the purpose of identifying one’s hermeneutical perspective is incorporated into the approach. If this is done, then Reality Therapy and Choice Theory will finally develop closer to not only a feminism paradigm but also to a model which challenges all oppressive aspects of the sociopolitical and cultural characteristics that therapists encounter.

REFERENCES


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Critical Self Reflection Necessary But Not Sufficient

Mary Ballou

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_Thoughts on Reality Therapy from a Pro-Feminist Perspective_ is at once affirming and leaves room for continued awareness and understanding. I appreciate this opportunity to respond to an article that begins its discussion with a critique of Reality Therapy I wrote 20 plus years ago.

Daniel Linnenberg identifies himself as profeminist and I believe he is. He certainly is familiar with several important historical and contemporary works in feminist therapy. His familiarity is attentive and validating. He seems to understand feminist therapy, especially from an individual point of view. He mentions, for example, psychological gender oppression and egalitarian relationships as central to feminist therapy. Further, he acknowledges social factors and dominance as an important influence. In a similar vein, he recognizes cultural influences in so far as race/ethnicity is concerned. Taken together, they place him as a profeminist.

I agree with the points the present article has selected from my original analysis about the shortcoming of Reality Therapy, specifically experiences based on grounding truth claims and for power perspective, and critical limits of individualism. The enumeration of continuing failures in Reality Therapy (RT) and Choice Theory (CT) has added magnitude with the additional feminist therapy development and application of hermeneutics which Linnenberg’s article presents.

Among the important comments about feminism and feminist therapy Reverend Linnenberg makes are: Bell hooks’ characterization of feminism as a movement to end sexist oppression; Enns’ recent delineations of feminist standpoints along with other contemporary scholarship in feminist therapy, and the case for hermeneutics. He rightly sees that Glasser has not arrived at a feminist consciousness. Unlike Glasser, Linnenberg has come to an awareness of feminist positions, and importantly, he takes action through critical analysis of RT and CT. This action confirms his status as a profeminist.

An interesting point in the article is the introduction of hermeneutics. He contends that through a hermeneutical approach, RT and CT could incorporate a feminist perspective. In my original article, I had suggested the relationship be the other way around— that RT in some aspects could be compatible with feminist therapy. Whichever direction, the common ground between them is interesting to explore.

While I wish that he had cited which hermeneutical sources he drew from so as to more fully understand his meaning and implications, the emphasis on perception and critical reflection and self reflection is significant, indeed it is the major point of Linnenberg’s article. As I see it, there are two basic ways to understand hermeneutics. Both involve understanding the historical, political, economic, and cultural relationships/events surrounding the text (or theory) at the time and place it was created as important to a more accurate and complete understanding of what is meant. However, beyond this, one meaning for hermeneutics is simply that these reflections will help comprehension of the truth, while the other meaning questions whether truth exists separate from understanding. Said another way, one meaning of hermeneutics is to clarify conditions and factors that may be influencing the author and the meaning of the words at the time they were said/written. The other meaning for hermeneutics is a fundamental questioning of whether there is truth separate from the construction of it that does indeed vary across time and is influenced by contemporary cultural and political forces. Hermeneutics can and does participate in two different paradigms, here respectively modern and post-modern.

What Linnenberg does make clear however is that critical reflection is the mechanism necessary for bringing a profeminist perspective to RT. Doing critical analysis of perceptions—personal and cultural, and from this becoming reflective about one’s own standpoint or views—is very central to a entire cluster of developing theory and practice in psychology and counseling. Some (Ivey 2003 and Ballou 2006) are calling this cluster the fourth force. Feminist, multicultural, liberation, critical and perhaps narrative are each part of this developing force. Assumptions common to each is critical analysis and self reflection. Indeed, hermeneutical processes can be seen in each. If Linnenberg is referring to a post-modern questioning of truth in his use of hermeneutical, then it too would join the cluster of fourth force. Even if he is drawing from the modern— ascertaining truth through careful examination of the historic and psychological influences at the time, then the method remains useful.
Whether or not the Linnenberg's use of hermeneutics joins the fourth force is less important than his featuring critical self reflection as a necessity for the counselor and the client in therapy. Critical self reflection as a way of examining the influence of gender, class, race/ethnicity and of status categories upon oneself, social norms and therapy is a immense message in this article. It is a message that RT and CT would do well to hear and consider. Critical self reflection is the *sine qua non* of therapy. It is the touch point of external forces and individuals. It seeks to articulate how social experience and political structures have written themselves on individuals and on the goals and processes of therapy.

Linnenberg features critical self reflection as one main point of his article. It is important! It links up with the other main point of taking RT and CT to task for ignoring many valuable insights and perspectives available through the literature and through disciplinary and interdisciplinary discussions. As important as this critical self reflection is, there is more to feminist therapy and more too that RT and CT and perhaps hermeneutics ought to consider. Thus, there are some places for further discussion as well.

Linnenberg is a bit cavalier about feminist therapy. For instance, he says "counselor directed interventions" and "promotion of relationship are within an egalitarian realm". While neither is wrong, they are presented rather superficially. Egalitarian relationship has a profound impact for therapy. It is, after all, a prescription for power, and it means among other things that therapists are not the experts, and can not impose their values and criteria, including directing critical self reflection. In feminist therapy, interventions are not done to clients, nor are clients reasoned into successful behavior. Certainly, coping methods may be taught but only with the awareness and agreement of the client, and only when analyses of the beliefs, relationships and structural factors have been considered.

In a related fashion, "Psychological oppression is of people (primarily women and people of color)." falls short of other status categories such as class, abilities, sexual orientation, etc. This expansion of dimensions and departures from the normal is a lesson feminists learned from multiculturalism. The idea that normal is syntonic with one version of a difference category does not work for women, nor for working and poor classes, nor for people of color, nor for people with variant abilities, nor for non European-Americanized people, nor for religious fundamentalists, That ideas of "normal" shape our thinking, our evaluative standards, and our "objective" criteria is vital to understand.

I am left with three uncomfortable questions as I consider Linnenberg's article. The first is his silence about the post modern considerations of hermeneutics or, as said 20 plus years ago in my original article, the limitations of western thinking, especially rational analysis. This may be because self reflection and careful consideration of the contextual influences on self reflection called for by Linnenberg are western thinking. It is rational analysis albeit more subtle and ideographic.

My second discomfort is with the status of perception and reality. This is a question as old as western philosophy, but the present article treats perception as reality at least as far as hermeneutics, allowing feminist perspectives to be incorporated into reality therapy and choice theory. However, perception does not equal reality and reality does not equal perception. While each certainly is an important part of the other, they are not equal. In feminism, we talk about personal is political and political is personal which makes them seem similar. But it is different in that in it, transitivity between levels of analysis is not sameness at a level. That is, reality is one phenomenon, as is perception. They are linking and mutually influencing, but they are not the same. Personal and political are different levels of consideration. Feminism has learned hard lessons of not reducing the political to individual or holding the individual as the political. This anti-reduction has been an important lesson for feminism as it is indeed still part of the struggle between disciplines and feminist standpoints.

Finally, and importantly, feminist standpoints and other fourth force theories call for social change to readdress social injustices. An activist spirit is crucial. If social, cultural and political conditions result in structures, theories and criteria that privilege some and oppress others, then people of good will and ethical stands must work toward changing these conditions that unfairly treat and damage so many. Social change is silenced if we incorporate feminism or other fourth force theories and therapies into choice theory and reality therapy. Neither RT nor CT, even if considered hermeneutically, promote or allow views beyond the individual.

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ABSTRACT

When gifted students recovering from self-destructive behaviors apply to college, their applications pose a challenge to the recommenders and admissions offices who read their recommendations. These adolescents have inconsistent academic records and mediocre scores on standardized tests. This article analyzes the issues involved in writing recommendations for gifted, recovering students and discusses strategies for writing letters that can persuade Admissions committees to accept such applicants. It offers advice to admissions officers about how to differentiate between recovering students likely to fulfill their potentials and those likely to fail.

PREVARICATION IN THE 1990's

Deceit is pandemic, and is often regarded with tolerance.

College admissions directors encourage unqualified students to apply to lower their college's acceptance rate, which makes the institution seem more competitive and selective. Often, colleges give such students assurances of admission, even when these promises are false. The President of John Dewey, for example, has received several promises from admissions directors in the last three years regarding applicants who were rejected. What colleges fail to comprehend is that these students assume they will be admitted, so they are unprepared when they receive rejections. For a few, these rejections can be devastating, because they cause intense feelings of depression, shame, and failure. Unable to cope with this disappointment, some will contemplate suicide. A few will kill themselves. Parents whose son or daughter has committed suicide after being rejected by a college which offered false hopes of admission should litigate by claiming malpractice and wrongful death. It is unethical for colleges to encourage applicants when the possibility of admission is remote. A more reasonable response would be, "Acceptance is unlikely, but you should apply and see what happens." While colleges would receive fewer applications if they practiced honesty, no one can criticize this realistic advice. Stated more forcefully, deliberate deceit practiced by college admission offices is unprofessional, outrageous, and wrong.

Cheating has become epidemic on college campuses and in high schools. Altschuler (2001) documents this trend:

Measured by recent surveys, cheating has reached epidemic proportions in high schools and colleges. In a survey of 21,000 students by the Josephson Institute of Ethics, 70 percent of high school students and 54 percent of middle schoolers admitted that they had cheated on an exam. That is up sharply from a study in "The State of Americans: This Generation and the Next," edited by Urie Bronfenbrenner and others. That study found that 33.8 percent of high school students used a "cheat sheet" on a test in 1969. By 1989 the percentage had risen to 67.8. Furthermore, 58.3 percent of high school students let someone else copy their work in 1969 and 97.5 percent did so in 1989. A recent study by the Center for Academic Integrity at Duke University yielded results similar to the Josephson study, with almost 75 percent of college students acknowledging some academic dishonesty.

The admissions process reflects societal acceptance of distorting the truth for personal gain. Recognizing this reality, White (1989) subtitled his article, "Whatever Happened to Honesty in College Admission?" Selective colleges now accept less than twenty percent of those who apply. Moll & Wright (1998) report that "many top universities...received the highest number of applications [that they have ever received] and handed out the lowest number of acceptances." Bronner (1999) describes the college admissions campaign: "top high school seniors [were] rejected by colleges of their choice, second tier institutions [were] overwhelmed with excellent applications, and state universities [were] raising admission requirements." (p. A1).

Since competitive colleges can fill their first year classes several times without compromising quality, even superior academic achievement and excellent test scores no longer guarantee admission by a top ranked college. In view of this reality, is it any wonder why students with mediocre records often inflate and distort their achievements? Rowatt & Rowatt (1998) contend that most students exaggerate "future goals, conscientiousness, motivation to excel, ambitiousness, and sociability to gain admission." While the best and brightest students accept this reality as a challenge to work diligently and improve their records, less talented students recognize their dilemma: Exaggerate or be rejected. Nyberg (1993) writes, "When the chance of getting caught is not great, [most] of us are willing to deceive...with untormented conscience....We have learned to use deception...to enhance our wellbeing." (p. 1).
In order to reduce dishonesty, there need to be severe sanctions for deliberate deceit. When colleges discover applicants have been dishonest, the students should be expelled; their admission was based on fraudulent data. If the liar attends graduate school, colleges must consider notifying the institution about corrupt acts. While this policy appears harsh, a student who deserved to be admitted was rejected instead of the liar, which is not fair. At the very least, the college should consider rescinding the degree which was attained with dishonest assertions. Colleges, rightfully so, expel those who cheat. Conversely, productive behavior and honesty need to be rewarded to create a more positive campus environment.

Parents, counselors, and consultants are confronted by many ethical questions regarding how much help they give to students writing personal statements and essays. Hammond (1998) asks, "Is it ok to flag spelling mistakes? Correct them? What about bad grammar? Word choice? Can counselors suggest alternative words?" (p.3) Viewing dishonesty from an institutional perspective, Roth (1998) wonders whether those involved in the admissions process will choose to be "counselors or recruiters, teachers or salespeople, ministers or hustlers?" (p. 27).

THE REALITY OF LITIGATION

Writers of recommendations for college applicants are placed in a legal double bind. On the one hand, Bronner (1998) notes that "admissions officers complain if a student's disciplinary or criminal past is not being reported" (p. A1). Colleges may, in fact, do more than complain about such omissions from a student's record. In 1998, for example, Yale University claimed that a graduate student who distorted her application had attempted to steal an education by engaging in fraud; the University expelled and then prosecuted the student. On the other hand, Bronner describes increasing numbers of parents who "threaten...lawsuits if their children fail to gain college acceptance"; he suggests that counselors consider purchasing liability insurance.

If the student is a minor, the family legally retains the right to determine the parameters of confidentiality. Writers of recommendations should, therefore, require explicit written permission from the family to disclose any self destructive or criminal behavior. If the family refuses such permission and attempts to convince the writer to conceal troubling facts, writers can refuse to write a recommendation and maintain their integrity. The recommender should give the letter to the student, who may choose not to send the letter or to send it with a written explanation or reaction. Families need to be convinced that honesty will be appreciated and is a necessity when the student's grades are mediocre or inferior. It is impossible to camouflage academic performance, because a transcript is like a mirror which reflects the student's performance. The former Associate Dean of Enrollment Management at Cornell University's School of Hotel Administration wrote a letter complimenting a student who had honestly discussed his past problems in the college application essay:

"Your thoughtful letter is...appreciated. I agree with your assessment that it was a very unusual finish to our interview. Please be assured that under no circumstances did anything in our individual sessions become part of my interview notes. I have worked with [the author] before and recognize that his methods are unconventional.

You impress me as...[being] alert and bright. Use these skills to your advantage, and start a record of high performance...I am concerned that your academics could be viewed by our faculty committee as requiring another year of continued strong performance.

These students should use their essays and interviews to discuss how they have transcended past behaviors and become responsible young adults. They should demonstrate that they have learned to use, rather than to abuse, their superior potential.

A recommender’s first obligation is not to the student but to the truth. To distort the student’s record by inflating positive attributes or omitting past problems will compromise not only the writer’s integrity and reputation, but also those of the school. Candid writers of recommendations establish reputations that will benefit future students; college admissions officers who trust such recommender’s comments will be guided by their recommendations.

REASONS TO ADMIT RECOVERING STUDENTS

Admission committees should give recovering students special consideration. Colleges recruit students who can enrich the quality of life in the classroom, on the campus, and on the athletic fields. College administrations are being confronted with a new set of social problems which includes binge drinking, excessive drug use, date rape, vandalism, and a casual attitude towards cheating. Left untreated, self destructive forms of behavior threaten to destroy the essence of academic and moral life on college campuses. Recovering students can deter others from engaging in destructive behavior, and, in so doing, they can improve the quality of life on campus by serving as resident advisors in dorms and powerful members of student government.

The example of MIT is sobering to any college administrator. McGinn, Lauerman, and Salisbury (2000) describe the lingering effects of a student’s death:

Kruger’s 1997 death still haunts his family—and the MIT campus. Last week the university agreed to pay $4.75 million to Scott’s parents and $1.25 million to a scholarship fund in his memory. That’s believed to be a record settlement for such a death...."At a very personal level, I feel that we at MIT failed you and Scott.” MIT’s president, Charles Vest, wrote to [Kruger’s parents]. “For this you
have our profound apology."

Vest [stated] that “our approach to alcohol education and policy...were inadequate.” MIT is not alone. Though deaths from alcohol poisoning are still rare, excessive student drinking is not. Nationwide, 44% of students are “binge drinkers,” according to surveys by Harvard’s School of Public Health; bingers are defined as men who’ve consumed five drinks in one sitting within the past two weeks, and women who’ve had four in a row. And no one disputes that alcohol fuels...date rapes, vandalism, and poor grades. (p. 45)

MIT’s seemingly benign neglect contributed to Kruger’s death. As the university recognized after the fact, they could not deny that college administrators had ignored student concerns and warnings about campus alcohol abuse. In order to avoid negative publicity, MIT settled out of court. Though the university probably paid more than a jury would have awarded, it limited the damage to its institutional reputation.

Recovering students, who had internalized their reasons for responsible behavior, could have made a decisive difference to MIT. Possessing credibility, their suggestions probably would have served to catalyze corrective action by the MIT administration. At the very least, admitting a few such students as positive role models would have allowed the university to assert that it was attempting to decrease drug and alcohol abuse on campus. Recovering students can influence others to be moderate. Furthermore, because they know that their recovery depends on preserving their self respect, these students possess the strength and courage to confront those who become disruptive or self destructive. Bratter & Parker (1994) assert that recovering students have gained an awareness of themselves and have learned how to develop the capacity for intimate interpersonal relationships. Gifted, underachieving students have developed this capacity because they appreciate the value of bonding, which they know is a solution for alienation, pain, and loneliness. A social maturity concurrently has been developed which is compassionate and respectful of individual differences. Recovering students feel little need to create the macho mature image to prove their toughness and create social sophistication. For the most part, recovering students limit their participation in the traditional, hedonistic activities such as alcohol abuse, sexual promiscuity, and physical fights which have spread from fraternities to the dorms and parties. Since accepting accountability for their actions and being governed by moral thinking which values self respect, furthermore, these individuals often become rational and responsible restraining forces on college campuses. Recovering students have internalized rules with an understanding that they are there for stability and growth, not as an authoritative self centered power play. They recognize why abiding by an implicit social contract improves the quality of life for all by respecting the rights of others.

Recovering students often become trusted and respected campus leaders, especially in dormitories.

Knowing how to resist pressures and temptations which have prompted them to engage in their past self-destructive acts, these special students may confront others before a crisis occurs. Failing to persuade peers to terminate potentially life threatening behavior, they know how to seek help by notifying college personnel who can intervene to prevent a tragedy before it becomes a reality. Recovering students are motivated by awareness of the pain of rejection and failure their self destructive acts caused themselves, their families, and their friends. They are assertive. These students fear becoming part of the conspiracy of silence that can precipitate their relapse. They possess the courage to confront the self destructive, dysfunctional, alienated, angry, vicious, or violent behavior of their classmates without worrying about being viewed by them as informers.

Although...impossible to calculate their value to the college community, at the very least they can provide a sense of security for the administration. As part of their treatment, recovering adolescents have learned the concept of responsible concern, which views intervention to be an act of friendship rather than as betrayal or as prostituting themselves to rules and regulations. These adolescents retain a vested interest to control and contain anti social and self destructive acts as part of their recovery (pp. 26-27).

Clearly, recovering students can create a positive environment on college campuses.

THE ACT OF ADVOCACY

Despite the strength that recovering students bring to college campuses, they will be denied admission at colleges of quality without the strong support of the recommender. The writer needs to become an advocate for the student through such strategies as “telephone calls, correspondence, and...meetings with personnel who are in a position of influence and power” (Hallowitz 1974, p. 422). Advocacy needs to be passionate and credible. Recommenders should specify the professional and personal qualifications that entitle them to make trustworthy judgments about recovering students. Recovering applicants can prevent crises and tragedies which are unique and valuable contributions in this age of legislation.

Letters of recommendation for gifted, recovering students should describe weaknesses realistically, but emphasize strengths. An effective recommendation describes past dysfunctional behavior honestly, documents recovery, and discusses specifically how the student might contribute to the college in the classroom and on the campus. Browne-Miller (1996) contends that “elite private universities...[do and should] look at individuals in terms of not only their academic abilities and their near futures.
but also their potential for marked contributions throughout adulthood” (pp. 1031(4)).

Since recovering students must convince colleges they have overcome traumatic and self-destructive pasts, their essays play an essential role in the admissions process. Applicants need to describe how they view their past choices. More importantly, they should describe corrective emotional experiences, whether they have participated in Alcoholics Anonymous, attended a residential school, or suffered the injury or death of a companion due to self-destructive behavior. To prove they have changed, recovering students can write credible essays which discuss five major points.

First, students need to accept responsibility for self-destructive acts by acknowledging they made poor choices. In so doing, applicants underscore their commitment to disciplined and mature behavior.

Second, they need to convince the admissions reader that they recognize the consequences and magnitude of past choices. They should discuss the pain their behaviors have caused to themselves, their family, and friends.

Third, these teenagers need to emphasize their commitment to change. By acknowledging the shame and humiliation they felt, these students display awareness that they need to continue to grow in order not to regress.

Fourth, they need to provide credible proof that they now are positive and responsible. Ideally, these teenagers assert that they are sober, value self-respect, and want to succeed. College admissions officers, rightfully so, will question if these positive attributes have been internalized by the applicant.

Fifth, students must articulate a philosophy of life that confirms they have not only learned from mistakes but also are committed to continue to improve. They need to include realistic intermediate and long-term goals regarding academic, personal, and social options.

The writer of the recommendation letter needs to confirm what the student has written. On the basis of professional training and experience, the advocate can document how corrective emotional experiences have helped students to focus their desires and energies towards success. For example, Bratter (2000 & 1993) describes how The John Dewey Academy, a therapeutic college preparatory school, has provided a setting in which many angry, gifted, self-destructive students have regained positive control of their lives. Working together, gifted, recovering students and their recommenders can, indeed, persuade top-ranked colleges to admit the students. Those students can enrich the quality of life at colleges and contribute in significant ways to bettering society.

REASONS TO REJECT RECOVERING STUDENTS

A college cannot admit all former self-destructive teenagers. Admissions officers want to be assured that the student will not regress. No one can guarantee that the candidate will continue to grow; any applicant or writer who offers absolute assurances about recovery should be regarded as unreliable. The writer needs to persuade the college admissions officers that the adolescent can and will improve the moral fabric of the college or university through contributing both in class and on the campus. Admissions officers should be alert for several signs that students have not genuinely internalized new attitude and choices. When students remain preoccupied with the past, react defensively when questioned about current behavior, blame others for their problems, and/or have not formed credible personal and educational goals for themselves, they should be rejected. Students who minimize or rationalize past behavior should be viewed skeptically. Attitudes of entitlement, grandiosity, bitterness, or disrespect towards adults face unresolved and serious problems.

College admissions officers can disregard applicants whose stated desire to change is not convincing. Self-destructive youth have been deceitful manipulators who can be compellng for brief periods of time. Superior scores on standardized tests unconfirmed by grades or other achievements can signal pathologies concealed beneath a veneer of brilliance. Gifted and self-destructive students know how to rely on charm and charisma as a replacement for determination and hard work; admissions officers should be wary of a student who tries to manipulate them to feel sympathetic.

If questions linger about the student’s credibility and commitment to change, admissions officers can, at the very least, contact the writer of the recommendation, who is probably in the best position to corroborate the student’s claims. When a professional (a social worker, therapist, or Head of School) corroborates the student’s commitment to change, it is reasonable to request that this confirmation be verified in writing.

Refusing to put a confirmation in writing may indicate that the professional doubts the applicant’s commitment to stable, responsible, and honest behavior. If the candidate lacks credibility, the admissions professional can ask the student for permission to contact other sources for confirmation (the admissions officer can explain that the committee was so impressed with the file that it is seeking additional information). When there is no assurance of an applicant’s assertions, the candidate should be rejected. The burden of proof lies upon the student and the high school, not the office of admission. If the college or university chooses to reject the candidate, the admissions officer is protected from legal action on the grounds of discrimination because there are objective reasons to justify rejection.

A PARTIAL SOLUTION: REPEAL THE CONFIDENTIALITY STATUTES

Current safeguards about the confidentiality of student
information, however well-intentioned, are placing colleges at risk. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act prohibit colleges from requesting information about alcoholism, substance abuse, and other self-destructive forms of behavior in order to prevent discrimination against persons with disabilities. White (1998) notes that the Office of Civil Rights of the U.S. Department of Education demands that colleges delete questions about "factors that might interfere with a student's performance, either from discipline, chronic illness, or emotional disability" (p. 8) which are relevant to the admissions process. Not all students deserve to be admitted to college. Attending college is a privilege to be earned, not a right guaranteed by the Constitution. Currently, the laws of confidentiality protect undeserving students from reasonable scrutiny by college admissions personnel while discriminating against those applicants who have worked diligently to succeed. These obstructive statutes need to be modified.

Language from Nobay v. Princeton University protects the right of a writer of recommendations to be honest. Bratter (1998) writes,

There are three facts. First, Princeton University was sued because the plaintiff was denied admission to medical school. Second, the Princeton graduate lied about his race, academic record, family history, and achievements by claiming speciously that he was "defamed" by Professor Jane Sharaf who accurately documented numerous inconsistencies and misrepresentations that...were not refuted in court. Third, the suit was based on an invasion of privacy and breach of contract because the plaintiff claimed that he was entitled to a positive recommendation. Nobay vs. Princeton University indicates how flawed the legal system is. This was a frivolous suit: Princeton University should have been awarded legal fees. There was no breach of contract. On the contrary, no school or college can be compelled to write a positive, but dishonest, recommendation. The student failed to produce academically and was dishonest....This applicant did not deserve to be admitted. Many more qualified students were rejected by Dartmouth, Georgetown, Tufts, and Vanderbilt Medical Schools, so there is no basis for damages. Hopefully, Nobay will appeal this case so that it can be heard in a higher court and thus establish a precedent for writing candid, realistic letters of recommendation. Professor Sharaf, who wrote the recommendation, made five mistakes, none of which justify litigation. First, she failed to notify the applicant about her contents. Second, she should have mentioned that, in good conscience, she could not be his advocate. Third, she should have secured his permission to report the information before sending the letter. Without the applicant's written consent, no recommendation should be sent. Fourth, she should have suggested finding another person to endorse his application. Fifth, she should have notified the medical school after the fact about improprieties. U.S. District Judge Dominic J. Squatrito's rationale for dismissing the case needs to be emphasized: "Simply put," the Judge writes, "it's not outrageous to tell truthful statements about someone's fitness to practice medicine to those who have a need to know." (p. B9)

**CONCLUSION: MODIFICATION OF THE LAW**

The Family Education Rights and Privacy Act (20 U.S.C. 1232(g); 20 U.S.C. 1232(h)) of 1974 inadvertently has exacerbated the problem of dishonesty. Though enacted to protect the privacy of students and their parents, the Act encourages dishonesty by not requiring applicants to disclose troubling aspects of their past behavior that might jeopardize their admission to college. Under these conditions, however, it is possible to tell the truth and still have a student accepted by a college of quality. For example, one student at the John Dewey Academy wrote an essay that seemed certain to disqualify him at Brown University by refusing others' revisions of his essay. The President of the school wrote the Dean of Admissions:

This will be the strangest recommendation that I have ever written. This is the kind of stuff which comprises the "twilight zone" that exists somewhere between reality and fantasy....Are honesty and integrity pathological in today's world?...Never have I encountered a student who...would refuse all advice because he felt it would be unfair to profit [from a distortion of the truth]....Is this admirable or insanity, stupidity or stubbornness?

I urge the Committee on Admissions to recognize that, unlike any other essay, Dan's is his. I know how important the personal statement is, but hope in his case it can be minimized since he scored 800 on his verbal SAT.

Brown University offered the applicant Early Action.

The battle to modify existing laws that protect confidentiality must be waged on the national level and supported by a wide range of professional associations. The American Counseling Association, the National Association of College Admissions Counselors, the National PTA, and others need to file amicus curiae briefs to the Supreme Court to support revising the law, since it inadvertently protects many students who do not deserve its protection. Congressmen and Senators are parents as well as legislators, so they have a vested interest in changing these aspects of the laws about confidentiality in the admissions process. Colleges, parents, and students who deserve admission to good colleges will profit from changing these laws.

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Evolution of Psychotherapy: A Conference of Inner Control

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The grand tradition of bringing together therapy celebrities continued at the Fifth Evolution of Psychotherapy Conference in Anaheim, California, December 7-11, 2005, sponsored by The Milton Erickson Foundation.

Psychology Hero

The venerable pioneer of internal control psychology, Albert Ellis, now 92 years old, was feisty and blunt as ever. At each of his presentations, his ever youthful vigor was rewarded with well deserved enthusiastic applause and encouragement. It's as though 8,000 people demonstrated their appreciation for his unrivaled and monumental contribution to internal control psychology (2005a, 2005b).

Keynote Address

Patch Adams (2005) opened the conference with a keynote address that received a standing ovation. His work around the world is clearly worthy of praise and support, as is his hospital in West Virginia. Still, I found his pessimistic presentation fraught with political bias, melodrama, contradictions, and a negative view of our society. Below are several examples:

We are a society of greed and power over others. No one can argue that greed exists and that people abuse power. Yet he failed to mention that the U.S. is the most philanthropic nation in the world, both privately and governmentally.

Our government is fascistic. Such a statement demeans people who are truly oppressed by tyranny. The Nazi prison camps, the Soviet gulags, the killing fields of Cambodia, "Big Man" rule in Africa, the treatment of women by the Taliban represent genuine oppression. He also lamented that the United States has not intervened in Darfur. Would such intervention be appropriate for a "fascistic government?" Moreover, he failed to mention the long history of liberating people around the world by interventions in Afghanistan, Kosovo, Bosnia, Liberia, Haiti, Germany, and throughout Asia.

Our mental illness is probably a healthy response to a massively messed up world. Then why treat, counsel, and provide help for such people? This oft-repeated slogan by some professionals demeans the helping professions, those experiencing psychological pain, and their families who often sacrifice heroically to help them.

Capitalism is evil. He stated, "We serve corporate wealth that thrives on fear, hate, and wars." Whenever we speak negatively of our society, we need to answer a simple question. Compared with what? Does he believe that Marxism offers liberation, Feudalism equality, dictatorship opportunity, Islamofascism freedom? Wanting to give away the most expensive service in our society thirty-five years ago, he founded a hospital that charges patients nothing, has no insurance, and pays all employees the same salary: a very worthy, laudable, and admirable effort. Yet even this completely altruistic project is a capitalistic venture. Construction companies built it and donations support it: donations made by people profiting from a capitalistic society and generously supporting good causes. One conference participant remarked, "I suppose he volunteered to give the keynote, free." Not so!

Teachers are the most important people in our society. It's a disgrace that they are underpaid compared to athletes. The last time I checked, they were paid considerably more than $300 per month, the amount he says he pays each employee at his hospital including doctors, cooks, maintenance workers, and other ancillary staff.

The simplest solution is to give all power to women. Could he be thinking about women such as Margaret Thatcher, Condoleezza Rice, Ann Coulter, Leona Helmsley, Laura Schlesinger? Clearly he's referring more to an ideology than to a gender.

Positive Psychology

At the other end of the spectrum were presentations by Martin Seligman, founder of "positive psychology" who presented truly optimistic sessions on happiness (2005a, 2005b). So far, the profession has concentrated on remedial disease which, he says, is one-half of what we can do. The other half focuses on helping people identify positive emotions, live an engaged life, discover strengths and virtues, and use them to serve something larger than themselves. He described in detail these three forms of happiness:

The hedonic life in which a person feels pleasure and positive emotions. This is the Hollywood star, the person free of stress, the always joyful individual.
The engaged life in which people are totally absorbed in what they are doing but do not seem to have many feelings about life. Their talents are matched to their challenges. The successful businessman, the winning politician, or the acclaimed professional person would fit this level of happiness.

The meaningful life, an enlargement of the engaged life in which people, knowing their strengths and virtues, use them for something beyond themselves.

Each of these levels represents genuine happiness, with the third level being the highest form, encompassing good feelings, pleasure, and engagement. Several techniques for increasing happiness include:

The gratitude visit. Clients are asked to visualize a living person whom they have never thanked but who has been an intense help to them. They then visit the person and express sincere gratitude. This is often an emotional but satisfying experience for everyone involved.

Three blessings. Each night, clients write three things that went well for them during the day. Seligman stated that even seriously depressed people can find three blessings each day.

Disputing catastrophic thoughts using the techniques of Albert Ellis.

Identify highest strength and using it. Seligman spoke of clients “re-crafting their lives using their highest strength.” He described a bagger at a grocery store who decided she would connect with the customers in order to make their contact with her the high point of their day. She thus reframed her job from boring to altruistic.

The assumption behind the theory and practice of positive psychology is that human beings need not remain victims of external coercive forces and that they can rebuild their lives with effort and with help.

Reality Therapy

William Glasser, founder of reality therapy, made several well-received presentations. A simulated demonstration with a young woman, married, depressed, and the mother of a two year old son illustrated how reality therapy helps a potentially capable person to take better charge of her actions. Glasser adroitly illustrated the efficacy of reality therapy in a single session. After several future counseling sessions, the client could take even more steps toward effective need satisfaction and increased happiness and could learn the rudiments of choice theory (2005a). The woman had been a successful fashion designer, but then became a full-time mother. Her needs for belonging, power, and fun were clearly unmet with her new responsibilities. Because Glasser sees most psychological problems as relationship deficits, he chose to help her spend time with a friend and their babies. The plan was to go to a museum exhibition that would be interesting to both of them and fun for their children. This plan helped her develop a satisfying relationship with a peer and diminish, but not sever, the relationship with an overcontrolling mother-in-law.

In other presentations, Glasser (2005b) stressed the effectiveness of building relationships as an alternative to psychiatric drugs. Many people feel drugs can help them but, according to Glasser, psychiatric drugs can not only poison their brains but can lead them to the perception that external forces are needed to improve their mental health and general feeling of well being. Glasser has repeatedly stated that choice theory and reality therapy comprise an internal control system (2005c). Previously he stated, “Choice theory is an internal control system; it explains why and how we make the choices that determine the course of our lives” (1998, p. 7).

Cognitive Therapy

Chris Padesky (2005) discussed cognitive therapy, and clearly showed it as an inner control system. In one presentation, she helped a client describe her new system of thinking, “I am loveable and deserve to be accepted. Other people will pay attention to me.” This new system replaces the “old system” that the client feels un-loveable, undeserving of a nurturing relationship, invisible to others. Built on this new situation are new rules called the “if … then” beliefs. “If I’m loveable I don’t need to hurt myself by overeating.” “If other people pay attention to me my needs for recognition and validation are met.” “If my needs are met I can function better. I can keep a job and stay in a relationship.” Padesky emphasized that clients develop a new system gradually and that other people don’t automatically change. Added to the new system is something that protects the client and yet does not throw her back into the “old system.” The client could call someone, even the therapist, or let people know when they are hurting her. But this is within the context of the “new system” i.e., new nurturing relationships. She stressed the need to practice the new strategies. In this way clients truly gain a sense of increased inner control.

Ericksonian Methodology

Jeff Zeig, president of the Milton Erickson Foundation, prime mover behind the conference and former student of Milton Erickson, was at his best – scholarly, uniquely prepared, and eminently creative in his demonstrations. In a demonstration of intuitive spontaneity, he illustrated how he helped a participant move from feelings of incompetence to confidence. An awestruck audience marveled at the amount of work and its effectiveness – all within an hour. His respect for and attribution to the giant genius of Milton Erickson only serves to enhance his own towering achievement (2005).
The Maverick

Thomas Szasz (2005) was his usual brilliant self. This prolific writer demonstrated unambiguously his belief in personal responsibility and the duty of people to accept the consequences of their choices. For him, the belief in the right of self-determination means acknowledging that human beings accept responsibility for drug abuse as well as self-destructive behaviors. According to Szasz, the professions are too rescue prone.

Conclusion

The conference provided a unique opportunity for personal interaction with leading authors and therapists. Besides the presenters mentioned above was an array of household names in the helping professions. An underlying theme throughout the conference was that human beings are internal control systems and therefore need not see themselves as victims imprisoned by their past, by lack of opportunity, or by debilitating diagnoses.

REFERENCES


The author may be contacted at wubsrt@fusc.net
The focus of this study was on the following questions:

- The connection between sickness - coping strategies - cancer.
- What helps people to cope more effectively with situations of illness.
- Which coping strategies can help people to cope more effectively and enhance their resiliency.
- How can people ill with cancer turn their illness into a turning point of their lives.

The study evaluated the impact of different coping strategies on sick people, especially ones ill with cancer, and maintains that the threat of the illness causes us to mobilize resources within us, utilize more of our capabilities, and creates new options for ourselves and our environment.

The study was done at Ichilov Hospital in Tel Aviv, Israel. As a result of advertising for volunteers, 10 individuals were interviewed. The research tools were constructed as self-report measures and structured interviews with open-ended questions to allow the respondents to express their thoughts and feelings openly. All data were grouped to protect the anonymity and confidentiality of the respondents. The study integrated the naturalistic approach with the quantitative data analysis.

The study was based upon three different models. The first was the Talma Bar-Av Model of Coping. This included ways of coping with undesirable reality: 1) Go along with the reality; 2) Change reality; 3) Do nothing and complain; and 4) Separation and disengagement. The second was Lahads Integrative Model of Coping and Resiliency, relating to six major coping resources that are at the core of an individual's coping style: Belief and Values, Affect, Social, Imagination, Cognition, and Physiology.

The third model was based on the theories of William Glasser's Reality Therapy and Choice Theory. Reality Therapy is based on the fundamental principle that we are motivated by five innate human forces: Love and Belonging, Fun, Freedom, Power, and Survival. Reality Therapy teaches people how to direct their own lives, take better control of their lives, and make more effective
choices. It helps people identify what they want and need, evaluate each stage of their lives, and develop the strength to better handle the stresses and problems of life.

The main findings of the research were as follows:

• Sick people can navigate and take command of their disease and enhance their ability to cope and reduce their suffering.

• Sick people must make cognitive, emotional and social efforts to create a sense of control in their lives.

• The meaning individuals attribute to what befell them, the cancer, is the key determining factor in their ability to better cope, to turn their struggle toward hope and success.

• There are several vital elements in the recovery process:

1) To choose life, to touch death and stay alive.

2) To gain a perspective on life and create expectations for the future, to create motivation for change, and to develop an active approach and belief in the future.

• To enhance coping strategies and resiliency that have the following goals:

1) Develop and strengthen coping capabilities and create resiliency.

2) Recognize and accept stressful situations as a part of the dynamics of life.

3) Increase awareness of personal coping patterns under stressful conditions.

The conclusions are as follows:

• Sick patients have to control their lives and take responsibility for what is going to happen, and how to face their cancer.

• People who want to gain in the struggle against a disease have to adopt a positive attitude and continue to lead a normal life while dealing with and/or recovering from a disease; to change the disease from a stressful situation to the most important project of life; to grow and develop inspiration from all travails; to make sickness a turning point in life instead of a milestone signifying its end.

• To focus on life rather than death; to choose to contend with the challenges of life and the future; to set new goals that would help motivate and prolong life.

I strive to serve as a model for other patients struggling to live a life of meaning, to gather the strength needed to fight for their right to live full and quality lives, mobilizing all the resources available to them in their difficult battle. It is important to learn how to gather mental and spiritual strengths for the struggle; not to give up, rather to face the cancer and not let the disease stop life and living. Individuals can transform themselves from victims to heroes by changing the way of coping with an unexpected crisis. Cancer has to be an impetus for improvement and growth, turning the struggle into a challenge, reducing its destructive impact.

REFERENCES

Bar-Av, Talma Reaching Out To Life
Lahad, Mooli On Life and Death.

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ABSTRACT

This skit was developed to introduce participants to reality therapy/choice theory and to demonstrate and teach the difference between caring habits and external control deadly habits.

Caring habits are behaviors we use to connect with others like listening, acknowledging, supporting, encouraging, respecting, trusting, informing, explaining, and negotiating differences.

External control deadly habits are behaviors that disconnect us from others like criticizing, blaming, complaining, nagging, threatening, punishing, or rewarding, indifference & righteousness.

MATERIALS:
Script
8 band-aids
16 index cards in each of two colors with scenario #1 and scenario #2 responses
Female doll

ROLES:
Narrator
16 volunteers

SCRIPT

INTRODUCTION - INTRODUCE THE DOLL AS LUCY.

Narrator: Lucy is a 25 year old woman who lives in the External Control World. She and her husband Fred have been married for five years. They do not have any children and both work full time. For the first four years they had a good relationship and communicated openly. Fred was very attentive always showering Lucy with gifts and flowers. In the past year he has become distant, hardly ever brings Lucy gifts anymore, stays at work later and when he is home he just sits in front of the TV.

Lucy thinks Fred is having an affair. Fred denies it and says she is paranoid. Lucy finds herself becoming increasingly depressed, has lost her appetite, has disrupted sleep, cries a lot, is losing interest in life and is tired all the time. Lucy turns to the people in her life for help.

HAND OUT CARDS FOR SCENARIO #1 AND BAND-AIDS FOR THE FIRST 8 VOLUNTEERS.

INSTRUCTION TO THE GROUP:

As each character is called, the participant with that particular card is to act the part of the person on the card, by relating the message on the card, and placing a band-aid on the doll.

READ NARRATIVE - SAY AFTER EACH NARRATIVE, CARD #1, FAMILY MEMBER, ETC.

SCENARIO #1

Narrator: Lucy tries to discuss the situation with a family member.

1. CARD #1 FAMILY MEMBER

Family member says “Fred is a good man and husband. He just might be under too much stress these days. You’re not being understanding. No wonder he stays at work late when you nag him so much. You should try to be a better wife.”

Narrator: Lucy tries to be more understanding and does everything right but things don’t improve. She decides to see her family doctor about her depression.

2. CARD #2 FAMILY DOCTOR

The doctor tells Lucy that she has something to help her depression and sleep deprivation and prescribes an anti-depressant and a sleeping medication.

Narrator: Lucy begins taking her prescription but finds nothing changes and she is becoming even more depressed. She is more tired and is having problems concentrating and it is starting to affect her work. One day her supervisor asks to speak to her.

3. CARD #3 THE SUPERVISOR

The supervisor tells Lucy that she is not being productive and must improve her work performance or she will be subject to disciplinary action or possible dismissal. The supervisor tells her she is making a mandatory referral for her to the Employee Assistance Program (EAP) Counselor.
Narrator: Lucy reluctantly goes to see the EAP counselor.

4. CARD #4 THE EAP COUNSELOR

The EAP counselor asks Lucy to tell him her past history and wants to help her figure out what past traumas or events are triggering her depression.

Narrator: Lucy can’t identify any triggers and comes away believing she must have blocked some traumatic event. She feels more responsible for the problems in her marriage. She continues to take her medications and things worsen; her relationship with her husband, her work performance and her depression.

Lucy is distraught and decides she needs to take further steps to improve her marriage. She confides in her minister who seems more concerned and eager to help.

5. CARD #5 THE MINISTER

The minister tells Lucy she should be a good wife and keep her marriage together. He suggests that perhaps Fred is losing attention because she is so depressed.

Narrator: Lucy tried to be a good wife and convinces Fred to see a marriage counselor.

6. CARD #6 THE MARRIAGE COUNSELOR

The marriage counselor asks Lucy to describe how her low self-esteem may be contributing to the problems between her and her husband.

Narrator: Lucy begins to feel even worse following the counselling and feels responsible for everything. She discusses her feelings with a friend.

7. CARD #7 THE FRIEND

The friend tells Lucy it is time to put her foot down with Fred. He tells her to give Fred an ultimatum to either “shape up or ship out”.

Narrator: Lucy tries this with Fred. He says: “fine” and packs his bag and leaves. Lucy is remorseful and doesn’t know where to turn. She calls her family doctor who refers her to a Psychiatrist.

8. CARD #8 THE PSYCHIATRIST

The psychiatrist tells Lucy that she is chronically depressed and the only way she will get her husband back is to receive intensive treatment and strongly suggests ECT (Electric Shock Treatment).

Narrator: Lucy returns home to consider her options.

STOP

DISCUSSION

1. What do you think it was like for Lucy with all the band-aids?
2. What were the disconnection behaviors used by the people in Lucy’s life?

GATHER CARDS, THEN HAND OUT SECOND SET OF CARDS TO NEXT 8 VOLUNTEERS + GIVE INSTRUCTIONS

What would happen if everyone in the community knew the dynamics of choice theory and acted accordingly in Lucy and Fred’s scenario?

As each card is called, the participant with that particular card is to act out the part of the person on the card, by relating the message on the card, and removing a band-aid from the doll.

SCENARIO #2

1. CARD #1 THE FAMILY MEMBER

The Family Member asks Lucy: “Whose behavior can you control or change?” He asks Lucy if there is anything she can change or do to improve her relationship with Fred.

Narrator: Lucy decides to make a nice meal for Fred when he comes home.

2. CARD #2 THE FAMILY DOCTOR

The Family Doctor gives Lucy a book to read on Choice Theory.

She explains how Lucy has been choosing to depress to deal with something her husband is doing that she doesn’t want him to do. She tells her she can help her to make better choices and gain control over her life with no need for medication.

Narrator: Lucy realizes she is blaming Fred for her feeling and decides to make better choices.

3. CARD #3 THE SUPERVISOR

The Supervisor tells Lucy that she is a valuable employee who always produces quality work. She has notices that her work performance is not what is normally is and that she is often distracted. She asks her if there is anything affecting her work performance and if there is anything she can do to help her. The supervisor suggests a referral to the EAP counselor.

Narrator: Lucy decides to contact the EAP counselor and arrange an appointment.

4. CARD #4 THE EAP COUNSELOR

When Lucy tries to focus on past resentments the EAP counselor explains to her that the past is over; she cannot change what she or anyone else did. All she can do now is, with the counselor’s help, build a more effective present. She asks her if things were good between her and Fred, what would she be doing differently than now.

Narrator: Lucy decides to greet Fred warmly and
affectionately when he comes home from work.

5. CARD #5 THE MINISTER

The Minister explains to Lucy that relationships that are not working are usually the cause of our unhappiness. He adds that Relationships are based upon trust and respect and all we can give and receive from each other is information.

Narrator: Lucy begins to gain further insight about the effect external control has on her relationship.

6. CARD #6 THE MARRIAGE COUNSELOR

The marital counselor asks Lucy and Fred to respond, each in turn to the following questions:

1) Are you here to save this relationship?
2) What do you believe is not working in your marriage?
3) Whose behavior can you control?
4) Tell me one good thing about your marriage as it exists right now.
5) What is one thing you can do to improve your relationship - to get you closer to your spouse in the next week?

Narrator: In response to the last question, Fred decides he will not watch TV for the next week and he will spend more time with Lucy and Lucy decides to take Fred out for a romantic evening.

7. CARD #7 THE FRIEND

Lucy's friend listens to Lucy and is supportive and understanding. He explains the 4 basic needs of love, power, freedom, survival and fun. He further explains that when one or more of these needs are not being met to the extent we would like to satisfy that need then we become unhappy. He asks Lucy to think about what she really wants right now?

Narrator: Lucy goes home and thinks about this and comes to the conclusion what she really wants is to improve her relationship with her husband.

8. CARD #8 THE PSYCHIATRIST

The Psychiatrist explains to Lucy that to get our needs met we put pictures of things that are meaningful in a little part of our brain called the Quality World. Anytime we feel very good we are choosing to behave so that someone, something or some belief in the real world has come close to matching a picture of that person, thing or belief in our quality world. She asks her if everything were the way she would want them to be between her and Fred, what that picture look would like.

Narrator: Lucy has a clear picture of what that looks like in her quality world and returns home and she and Fred make a commitment to themselves and each other to practice Choice Theory forever and ever.

STOP

DISCUSSION:

1. What do you think it is like for Lucy now with the band-aids gone?
2. Explain the Caring Habits.
3. What were the connecting habits used by the people in Lucy's life?

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Many people wish that they could do their best, but “wishing” won’t work, if they really want to pass life’s tests. Those who succeed know exactly what they must do, and that is to work hard, at least as a general rule. If people don’t know what they need to do, then they might wish to look over this alphabet, rather than be ignorant, and act like a fool.

**A** ALWAYS give your BEST, this should put you a step or two ahead of the rest.

**B** BELIEVE in yourself, and have confidence, too, for in so doing, your best should come through.

**C** CONFIDENCE in yourself is always the key, to success in the long term, as well as initially.

**D** DISCIPLINE your mind, if greatness is what you ultimately wish to find.

**E** EXERCISE your brain, otherwise your ideas will become quite plain.

**F** FEEL the need to be #1, otherwise, life won’t be much fun.

**G** GOING the extra mile, and maybe two, is what you must always want to do.

**H** HAPPINESS is an important key, for the happier you are, the smarter you should be.

**I** INVOLVE yourself in things that matter, otherwise you will likely be a great deal sadder.

**J** JOIN others if you want to have fun, but do it after the important things are done.

**K** KEEP your eye on the ball and your shoulder to the wheel, if you wish to be treated like the real deal.

**L** LOVE what you do, and look forward to it, too, for in so doing, things will go better for you.

**M** MAKE things happen should be your “battle cry,” and it should be so until the day that you die.

**N** NEVER take credit unless it is due, for doing so is a violation of the rule.

**O** OPEN the gates of your mind, or else life will become a real grind.

**P** POLISH your skills when you can, for in so doing, you’ll realize your plan.

**Q** QUIT thinking about what you can’t do. Instead, do what you can, rather than let your emotions rule.

**R** REALIZE what needs to be done, and while you’re doing it, strive to have fun.

**S** SETTING goals will put you on the “right track,” but if you don’t, you’ll wind up “flat on your back.”

**T** TIME management is a great skill, for when it’s employed correctly, your dreams you’ll fulfill.

**U** UTILIZE your potential, for as you do so, you will become more influential.

**V** VERY often life can be great fun, especially after the “big job” is all done.

**W** WORK hard is a must, so seize the day, but if you don’t, be prepared for others’ dismay.

**X** X marks the place that you want to be, but unless you work hard, life offers no certainty.

**Y** YOU are always in control, so have it your way, and don’t wait to do it some other day.

**Z** ZERO effort is bad, so avoid it for sure, by working hard, and by being willing to endure.
"The Wishing Won't Work, but Work Will" Alphabet

Thomas S. Parish and Austin Dopp

Boss managers seem to trip their workers, while lead managers try to help them. Regardless of your type of boss, though, each of us must find success within ourselves through what we do. Hence, this alphabet is made expressly for you.

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A Acknowledge the fine work of others, or they might say “Why should we bother?”
B Be very kind and caring, or the resulting problems could be quite glaring.
C Complaining almost never works, and those who do it are considered to be real jerks.
D Damage control is generally needed, when employees’ advice goes unheeded.
E Enthusiastic leadership is a must, for without it, the company will likely go “bust.”
F Fairness for all is key, to avoid that employees become concerned about their job security.
G Giving help, and getting it, too, greatly facilitates all that we try to do.
H Having the “right stuff” is truly great, but it’s more your attitude than it is your fate.
I Involvement is critical to help everyone do well; otherwise, things seem to go pell-mell.
J Joining others to form a team, usually helps each member fulfill his/her dream.
K Keep on moving and never quit, for if you do, no one will benefit.
L Loving one’s job is a real plus. It sure beats complaining and making a fuss.
M Managers must remove obstacles and provide job security, too, for everyone, including you.
N Nothing destroys unity like competing will do, so never tackle teammates, or act like a fool.
O Optimal performance we must do, for as we do our best, our production will rise too.
P Potential must be identified and realized, too, or the benefits for all become very meager too.
Q Quickly do your job as well as you can, for as you do so, everyone will become your fan.
R Raising the bar and doing your best, simply means you must do better than the rest.
S Seizing the day should be your plan, even when others don’t understand.
T Thinking clearly is important to do, but acting accordingly is essential too.
U Utilizing all the resources available to you, should be a plan we all should do.
V Visualizing what you need to do, will often help you to follow through.
W Worry less and work more, or else your dreams will go out the door.
X X-ceiling should always be one of our goals, as we strive to climb to the top of the polls.
Y You are the person who can make it happen, you know you can, so please stop yappin’.
Z Zzzz’s come easily for those who fulfill their tasks with ease.
Abstract

For some people throughout the world, time management is an essential part of their lives, but for others it seems to be otherwise. In other words, there are some people who know very well exactly what they need to do, while others don’t seem to even have a clue. For both of these groups of people, and possibly others too, this checklist is created especially for you.

The Time Management Checklist

Kindly answer the following questions with a simple “YES” or “NO.” Most importantly, please be honest as you answer each of these questions! Thank you.

YES NO

1. Do you prioritize what you do, and abide by each and every rule?

2. Do you make lists of things to get done, especially when you are “on the run”?

3. Do you take time each day to rest, in order to help you to do your best?

4. Do you try to listen to others, and treat them like long lost sisters and brothers?

5. Do you try to simplify your tasks, yet still do what others ask?

6. Do you always get your work done, before going out to have some fun?

7. Can you handle interruptions well, rather than kick, scream, and yell?

8. Have you developed all the right skills to be able to climb the steepest hills?

9. Do you steer clear of procrastination, so that you can avoid major problems and possible devastation?

10. Do your strong abilities help provide you with great credibility?

One’s score on this scale should quickly indicate to the survey respondent exactly how well they manage their time, rather than just simply providing a “yes” or “no” all of the time. Of course, the more “yeses” people use to describe themselves and their actions, the more likely they can readily conclude that they are going to achieve greater satisfaction. To help all to achieve this end, the attached survey is directed, and not to offend.
**My Child Is A Pleasure Parent Package** by Diane Gossen—$100.00

The parents are our partners. School beliefs come from family beliefs. Talking to children about the needs behind their misbehavior is more effective if both teachers and parents unite in this proactive approach. We emphasize that Restitution strengthens children and helps them become independent in a healthy way. The kit My Child Is A Pleasure is designed as eight lessons which can be presented to families to share with them the information their children are learning and to explore with them their values about helping children grow. Kathy Wilson and Linda Hart have also designed a beautiful PowerPoint presentation which accompanies the parent guidebook lessons. This kit comes in a hard carrying case and contains the following:

- My Child Is A Pleasure Book—Item 310—$12.95
- My Child Is A Pleasure Video—Item 320—$30.00
- My Child Is A Pleasure Audio CD—Item 320—$15.00
- My Child Is A Pleasure Workbook—Item 340—$5.00
- Parenting Is A Pleasure Guidebook—Item 350—$25.00
- My Child Is A Pleasure DVD—Item 360—$30.00

The above items may also be purchased individually.
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b) Manuscripts must be submitted on disc, either on rich text or word. 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 co-author's names should appear in The Journal if the manuscript is accepted.

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