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This issue marks twenty four years of publication for the International Journal of Reality Therapy. Like the Roman god Janus, this seems like a good time to look both backward and forward to comment on what led to this point, and where we may go in the future.

Almost thirty years ago, I was first exposed to the ideas of William Glasser. This came about through a videotape that a student of mine brought into a counseling class I was teaching in Germany to American servicemen and their family members. The tape was a talk by Glasser at a military base in Texas. My initial reaction was that it was nice to have a name for what I had been teaching and practicing for years. This was my initial exposure to reality therapy.

I completed my certification in 1980, and started the Journal of Reality Therapy in the Fall of 1981. I believed then, and still do today, that there needed to be a public medium for the dissemination of ideas, research, and practice based on internal control psychology.

Over the years, I have watched the ideas grow and spread like a giant oak tree. As the oak grows from a single acorn, so the ideas of internal control psychology began to develop. Although one can trace the antecedents of internal control psychology, as exemplified by the theory and practice of reality therapy, back to Epictetus (A.D. 55-135) who stated “it is not the event itself which is the problem, it is the perception of that event”, we can also see the genesis of many of the ideas in the work of other individuals such as Alfred Adler and Rudolf Dreikurs.

As the tree grew in strength and beauty, it dropped acorns that were carried to many places. The ideas took root in other countries around the globe. Over the years, I have had the good fortune to be able to interact with a number of individuals who played instrumental roles in helping the ideas spread. Some of these individuals are no longer with us, but their influences are still felt. Starting with Naomi Glasser, the list includes noteworthy individuals such as Alex Bassin, Sam Buchholtz, Sid Clark, Jeff Mintz, Lynne Pearce, David Sewall, and Larry Palmatier. There seemed to be no limit to the spread and development of the ideas in the future - the dream of teaching all people “choice theory” seemed to be a real possibility. The international community built through the original concepts expanded into a number of countries.

But then a strange thing began to happen. The tree that was so generous in sharing its strength
and protection to all continued to drop its acorns. However, when the acorns began to develop lives of their own, the oak tree became concerned that they were not all developing exactly like their parent.

“We must not confuse dissent with disloyalty”

As a result, the Institute developed a letter of agreement for all faculty (commonly referred to as the loyalty oath) that insisted that only approved ideas could be written about and taught.

“That community is already in the process of dissolution where each man begins to eye his neighbor as a possible enemy, where nonconformity with the accepted creed, political as well as religious, is a mark of disaffection; where denunciation, without specification or backing, takes the place of evidence; where orthodoxy chokes freedom of dissent; where faith in the eventual supremacy of reason has become so timid that we dare not enter our convictions in the open lists, to win or lose.”

Supreme Court Justice Learned Hand, October 24, 1952, in a speech to the Board of Regents, University of the State of New York.

Individuals who had played major roles in the development and spread of the original ideas were told that they could not expand on or alter the Institute ideas presented as gospel if they wished to remain as faculty members. In other words, what seemed to be important was the maintenance of the purity of the ideas taught by Institute faculty members according to the current thinking of its founder. To some, this seemed an inherent contradiction to and violation of the basic concepts of internal control psychology as exemplified by choice theory.

Thus, we saw that individuals who had been with the Institute practically from the start, who had played significant roles through their teaching and writing, were denied the opportunity to continue to teach under the Institute umbrella unless they signed a letter of agreement which stated that they agreed to only teach the approved material. Any change in the ideas taught could only be done if the changes were generated and/or approved by the Institute founder and leader.

As a result, a number of individuals who had been deeply committed to the ideas of RT/CT, and who continue to express respect for the basic ideas of RT/CT and its founder, such as Barnes Boffey, Shelley Brierley, Ed Ford, Perry Good, and Diane Gossen - dynamic and powerful teachers and writers - have been lost to the Institute. More importantly, individuals going through Institute training have been denied the opportunity to learn from and be taught by them. I had the great good fortune to have been able to learn from, consult with, and be colleagues with almost all of these people.
Which brings us to the present.

“If a house be divided against itself, that house cannot stand.”
Gospel According to Saint Mark, 3:25

“A house divided against itself cannot stand”
Abraham Lincoln, June 16, 1858

Where does that leave us?. To borrow from the words of Martin Luther King, I too have a dream. I dream of the day when all those committed to the principles and ideas of internal control psychology are welcomed once again under the Institute umbrella; I dream of the day when we recognize that nothing remains static - it either grows, expands, and spreads, or it dies; I dream of the day when we accept and rejoice in the seminal thinking of William Glasser, that we recognize that as he changed his ideas over the years, so we are encouraged to use a basic principle of internal control psychology - that is, we have the freedom to choose what we believe, and how we adapt it to fit us and our lives; I dream of the time when our meetings, conferences, and writings are open to the exploration of new and different ways of building on the original ideas so eloquently expressed by William Glasser.

This is what I have tried to do with the Journal.

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I-
I took the one less traveled by,
And that has made all the difference

Robert Frost
(1875-1963)
The Road Not Taken

The question at this point is what road shall we take? I believe that unless we explore and think for ourselves about the theory and practice of internal control psychology, are free to have open exchanges of ideas relating to theory and practice, and are encouraged to integrate different ideas into our training programs and conferences, the future that looked so optimistic twenty and thirty years ago looks more and more bleak. Enrollment in Institute-sponsored training programs is down. Membership in the William Glasser Institute is also down. What does the future hold for the Institute and its programs?

The question can legitimately be raised by internal and external critics - Are we so afraid and unsure of the validity of our ideas that we cannot subject them to the reasoned examination of our thinking and practice? Is there no room for dialogue and disagreement within the Institute?
I met a traveler from an antique land
Who said: Two vast and trunkless legs of stone
Stand in the desert. Near them, on the sand,
Half sunk, a shattered visage lies, whose frown,
And wrinkled lip. And sneer of cold command,
Tell that its sculptor well those passions read.
Which yet survive, stamped on these lifeless things,
The hand that mocked them and the heart that fed:
And on the pedestal these words appear:
"My name is Ozymandias, king of kings:
Look on my works, ye Mighty, and despair!"
Nothing beside remains. Round the decay
Of that colossal wreck, boundless and bare,
The lone and level sands stretch far away.

Percy Bysshe Shelley
Ozymandias (1817)

Correction

The following should have appeared with the article entitled Maintenance for the CT/RT Student in the Classroom by Ted Donato which appeared in the Fall 2004 issue of the Journal:

The author, a member of the Yakama Indian Nation of Washington State, is a social skills teacher of K-5 grade students at Valley View Elementary in Toppenish, Washington.
He may be contacted at tdonato@toppenish.wednet.edu or at P. O. Box 466, White Swan, WA 98952
ABSTRACT

The purpose of this study is to describe the Contextual Needs Assessment (CNA), an instrument designed to assess the relative strengths of each basic need in adults; report its validity and reliability; and propose ways to use it in clinical, decision making, and instructional settings. The CNA was designed with the assistance of nine experts in the field of Choice Theory/Reality Therapy to insure content validity. It was administered to a cross-section of adult undergraduate and graduate students in two midwestern universities on two separate occasions to assess reliability. The results of this study enable the authors to recommend the CNA for use as a tool for measuring adult need strengths in a variety of settings.

Identifying the Relative Strength of Glasser’s Five Basic Needs

William Glasser, M.D. is Founder and President of the William Glasser Institute and the developer of a popular theory of human behavior, Choice Theory (Glasser, 1998). In sharp contrast to Stimulus Response Theory, which contends that external positive and negative stimuli cause individuals to behave in certain ways, Choice Theory posits that all behaviors are a result of choices. Further, Choice Theory contends that each individual possesses the five basic needs of survival, power, belonging, freedom and fun. Glasser postulates that individuals choose behaviors that best allow them to satisfy their own, personal needs. In his companion to Choice Theory, Reality Therapy (Glasser 1990), Glasser encourages therapists and clients to explore basic needs and to examine chosen behaviors that are working, as well as those that are not working, as a process for therapeutic intervention.

In the early literature on Choice Theory (Glasser & Dotson, 1986; Glasser & Glasser, 1999), little is said about the relative strengths and weaknesses of each basic need within the individual person. However, Glasser has long held that every person has a unique profile of basic needs. Glasser and Glasser (2000) discuss the importance of understanding the capacity of each basic need in oneself and in one’s life partner. They recommend a basic needs self-assessment as a valuable tool in communicating about themselves and about their relationship, and suggest that couples rate themselves and each other in terms of their capacity for each of the five basic needs.

In a recent article, Huffstetler, Mims and Thompson (2004) describe an instrument they have developed for quantifying each of the five basic needs. The authors speak extensively about their use of the instrument, but little is stated about the reliability and validity of the instrumentation itself.

In a 1995 article, Harvey and Ritter (1995) describe a basic needs survey instrument they have developed to assess the strength of needs in elementary school children as a way to account for their behavior. This instrument, albeit well documented for reliability and validity, is designed specifically for school aged children.

While the Choice Theory Literature (Glasser, 1998; Glasser & Dotson, 1986; Glasser, 2000; Glasser & Glasser, 1999) is replete with anecdotal examples of the five basic needs and their influence on behavior, primary research on these needs is in the early stages of development. To this point, no reliable instrumentation is available to approximate a more objective assessment of an individual’s basic needs.

The purpose of this study is to describe an instrument that will provide objective feedback on the capacity of each of the five basic needs, which are theorized to influence the behavior choices of adults. The CNA is designed to be sufficiently subtle to rule out manipulation on the part of the participant. However, it is sufficiently straightforward to allow for self-interpretation and self-reflection. Once a valid, reliable instrument for determining the relative strength of each basic need has been developed, numerous applications can be envisioned for its use.

Method

At the onset of the development of the CNA, the developers identified nine experts in the field of Choice Theory/Reality Therapy. Each expert is certified by the Glasser Institute to be proficient in the theory and practice of Choice Theory/Reality Therapy. Further, a member of the Faculty of the William Glasser Institute recommended each expert to the developers.

Each expert was asked to choose the best descriptors for each of the five basic needs from a list of 250 words. As a result of this process, fifty words, ten for each basic need, were selected as descriptors of those needs. The ten words used to describe each need were the words most frequently selected by the Choice Theory/Reality Therapy experts.

After selecting the most appropriate single word descriptors for each basic need, the developers designed prompts to give
context for the reporting of behaviors. Since individuals choose behaviors in a variety of settings and in a variety of circumstances, prompts were chosen to determine which of the basic needs were met in which behavior context. Eight contextual prompts, ranging from behavior in family settings to work settings and from behavior with familiar individuals to strangers, were delineated using the same need descriptors for each prompt. Participants were encouraged to choose as many individual words as applied for each prompt. Further, they were directed to mark prompts that did not apply to their personal circumstances with an "N/A" and proceed to the next prompt.

The CNA was administered to 168 graduate and undergraduate students at two midwestern universities. The graduate students were candidates for Masters' degrees in the field of educational leadership and trained as teachers. Undergraduate students were a diverse cross-section composed of freshmen, sophomore and junior students from a variety of backgrounds.

Following the first instrument administration, no feedback was provided to participants. Three to four weeks following the initial administration, the CNA was re-administered to the same group. After that administration, the developers shared individual results with the participants.

RESULTS

Validity

No comparable measures are currently available to determine a meaningful measure of concurrent validity, but content validity was carefully established, using nine experts who assigned adjectives to the five needs categories. An adjective was only assigned when all or nearly all the experts agreed on the assignment. Subsequent administrations of the CNA with graduate and undergraduate students revealed the use of adjectives and classifications as useful and credible.

Reliability

Current literature (Yu, 2005; Cronbach & Shavelson, 2004) indicates that, besides appropriate coefficients, a number of issues should be addressed when discussing reliability including: sample independence; testing conditions; instrument use; standard error of measurement; and content heterogeneity.

Sample Independence

To insure sample independence, participants from a number of different college programs in two different universities were asked to participate. All students from the groups were encouraged to participate and no students were excluded from the sample that successfully completed both administrations of the CNA. All students who participated in either administration were given feedback. The data are seen as accurately reflecting the student population as psychometrically independent and as meeting the requirements of this study.

Testing Conditions

The CNA is a four-page paper-and-pencil adjective checklist in which participants circle all of the adjectives that apply to them under each of eight conditions. Participants were directed to skip any adjective series that was prompted by a condition that did not apply to them. They were asked to take as much time as necessary for the task, but most finished in ten to fifteen minutes. During the administrations reported in this document, little or no stress was noted. Participants reported that the inventory was understandable and easy to complete.

Instrument Use

This instrument is to be used as a tool to help people understand their needs in the context of Glasser's Choice Theory. As was reported earlier in this paper, Glasser and Glasser (2000) recommend that couples rate their own capacities on each of the five needs. One function of this instrument is to support that process. In that context, reliability coefficients should be sufficiently high to be usable in counseling and teaching but need not meet or exceed the .90 requirement for absolute decision making. While the CNA should contribute to a dynamic decision making process, it is not intended for use in absolute decision-making.

Reliability correlations

The CNA was administered and then re-administered to the same participants three to four weeks later. Retest reliability data were then calculated for the 168 paired samples. Correlations ranged from .74 to .84 (Survival =.74, Power =.77, Belonging =.80, Fun =.84, Freedom =.74).

Inter-scale correlations fell between .50 and .65, suggesting some overlap in the content measured, which is to be expected with a scale that addresses the psychological construct of human needs. The data were sufficiently heterogeneous and the scales were sufficiently separated conceptually and operationally that they made sense to students and colleagues who identified the data as their own.

Standard Error of Measurement

Each Scale on the CNA has a possible maximum score of 80 points, 10 points for each of the 8 situations. The standard error of measurement for the scales fell between 4.86 for Freedom and 6.65 for Belonging. The standard error fell reasonably close for all other scales to establish a "rule of thumb" true score estimate of between 5 and 7 points.

(Table 1)

<table>
<thead>
<tr>
<th>Scale</th>
<th>M</th>
<th>S.D.</th>
<th>Reliability</th>
<th>SEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survival</td>
<td>22.65</td>
<td>11.74</td>
<td>.74</td>
<td>5.96</td>
</tr>
<tr>
<td>Power</td>
<td>14.80</td>
<td>10.98</td>
<td>.77</td>
<td>5.24</td>
</tr>
<tr>
<td>Belonging</td>
<td>31.24</td>
<td>14.95</td>
<td>.80</td>
<td>6.65</td>
</tr>
<tr>
<td>Fun</td>
<td>27.02</td>
<td>15.80</td>
<td>.84</td>
<td>6.40</td>
</tr>
<tr>
<td>Freedom</td>
<td>11.39</td>
<td>9.63</td>
<td>.74</td>
<td>4.86</td>
</tr>
</tbody>
</table>
The resulting situation allows the CNA to be used in the circumstances for which it was designed.

The student population has a distinct sample profile with the statistical analysis showing a significant interaction, F (4,835) = 69.74, p<.001. As a group, student means fall highest in Love/Belonging and Fun, and lowest on Freedom and Power.

Subscale reliability. Subscale reliability coefficients were seen as very good, falling no lower than .42 and as high as .84. The highest possible subscale score was 10 points. In almost all cases, the standard error of the mean fell between 1.00 and 2.00 (Table 2) which is a usable and practical measure to apply when analyzing groups of scores in the conditions stated earlier.

**DISCUSSION**

In accordance with Glasser’s earlier literature, a measurement is needed to help understand needs in the context of Choice Theory. An adjective checklist was developed to investigate how persons allocate their capacities on each of Glasser’s five basic needs. Data were then collected from a diverse group of 168 university students who participated in a test re-test investigation. Assessment of validity and reliability show that the instrument is appropriate for use in teaching, counseling and as a support to decision making. It is not to be used exclusively for absolute decisions.

Subscale interpretation is an alternative available in the CNA, which allows for the investigation of the dynamics of how persons choose to meet needs in various situations. The data suggest that this is a complex process that needs to be explored in the counseling, interviewing and teaching settings. In the clinical setting, the instrument opens a new avenue for persons who want to investigate the dynamics involved in choice making and how people use that process to satisfy needs. Counselors and clients will find a rich source of data in the CNA that can be used to explore behavior choices in a variety of settings, leading to conclusions about aggregate behavior analysis.

**Table 2**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Subtests</th>
<th>M</th>
<th>S.D.</th>
<th>Reliability</th>
<th>SEM</th>
</tr>
</thead>
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<tr>
<td>No. 1</td>
<td>Survival</td>
<td>2.94</td>
<td>2.30</td>
<td>.46</td>
<td>1.69</td>
</tr>
<tr>
<td></td>
<td>Power</td>
<td>2.30</td>
<td>2.23</td>
<td>.50</td>
<td>1.57</td>
</tr>
<tr>
<td></td>
<td>Belonging</td>
<td>6.09</td>
<td>3.14</td>
<td>.64</td>
<td>1.87</td>
</tr>
<tr>
<td></td>
<td>Fun</td>
<td>4.98</td>
<td>3.18</td>
<td>.70</td>
<td>1.74</td>
</tr>
<tr>
<td></td>
<td>Freedom</td>
<td>1.59</td>
<td>1.98</td>
<td>.60</td>
<td>1.26</td>
</tr>
<tr>
<td>No. 2</td>
<td>Survival</td>
<td>3.38</td>
<td>2.56</td>
<td>.51</td>
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</tr>
<tr>
<td></td>
<td>Power</td>
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<td>2.48</td>
<td>.57</td>
<td>1.63</td>
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<tr>
<td></td>
<td>Belonging</td>
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<td>2.98</td>
<td>.65</td>
<td>1.65</td>
</tr>
<tr>
<td></td>
<td>Fun</td>
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<td>3.13</td>
<td>.66</td>
<td>1.62</td>
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<tr>
<td></td>
<td>Freedom</td>
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<tr>
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<td>2.11</td>
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<td>2.16</td>
<td>.66</td>
<td>1.39</td>
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<td>1.53</td>
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<tr>
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<td>Freedom</td>
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<td>2.14</td>
<td>.60</td>
<td>1.35</td>
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<tr>
<td>No. 4</td>
<td>Survival</td>
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<td>2.19</td>
<td>.60</td>
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</tr>
<tr>
<td></td>
<td>Power</td>
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<tr>
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<tr>
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<td>.62</td>
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<tr>
<td></td>
<td>Freedom</td>
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<td>1.75</td>
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<td>No. 5</td>
<td>Survival</td>
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<td>.50</td>
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<tr>
<td></td>
<td>Belonging</td>
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<td>.58</td>
<td>1.35</td>
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<tr>
<td></td>
<td>Fun</td>
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<td>No. 6</td>
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<td>Power</td>
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<td>Fun</td>
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<td>2.58</td>
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<td>1.35</td>
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<tr>
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<td>Freedom</td>
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<td>1.44</td>
<td>.52</td>
<td>1.00</td>
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<td>1.58</td>
<td>.59</td>
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</table>

Profiles of groups of individuals, who have demonstrated success in a given situation, could easily be developed. These aggregate profiles could then be compared to the individual profiles of candidates for similar positions. This use of the CNA could support interview situations with objective feedback of both the candidate and the interview team. Selection decisions could be enriched with reflective discussion about the self-reported behaviors of candidates in a non-threatening, albeit information rich process. While the CNA is designed to support the interview process, it should not be used as the singular tool for screening, or decision-making.

In teaching situations, students could be encouraged to use their own profiles as self-assessment tools to consider their own profiles as self-assessment tools to consider their own responses to various ideas, or events. Further, teachers may fashion lesson plans around a group profile of the students in their classes. While the CNA should never be used as the single source of information for critical decision making, it should be considered as a valuable source of data to enrich a complex and dynamic decision making process.

Current data suggest that students show a profile unique for their developmental period, but subsequent studies may show the needs profile to change with age and experience. Additional investigations may also show that people with cer-
tain need profiles may be drawn to different occupations with differential psychological demands. Further studies designed to identify groups to be studied in the aggregate may prove valuable to various institutions seeking candidates to fill critical positions within their organizations. In any case, the CNA is a psychometrically robust instrument that will enable researchers to investigate these possibilities as well as other related questions and provide quantitative data to further demonstrate how Choice Theory can help account for behavior.

REFERENCES


Requests for additional information about the use of this instrument should be directed to Timothy F. Brown, 11899 Lynch Drive, Orland Park, IL 60467. Additional information is available at tasbrown1@yahoo.com, or Swenson@iorum.com.
Reality Therapy and Individual or Adlerian Psychology
A Comparison

Sharlene Petersen

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ABSTRACT

The extent to which therapies differ and are similar has often generated active debate. While there have been some who have linked Glasser’s Reality Therapy with Adler’s Individual Psychology (Fall, Holden & Marquis, 2004; Sommers-Flanagan & Sommers-Flanagan, 2004; Whitehouse, 1984), others have maintained that Reality Therapy is a unique approach (Wubbolding, 2000). This article presents the key points of differentiation between William Glasser’s approach to therapy, Reality Therapy, and Alfred Adler’s approach, termed Individual Psychology. Comparison between these two modalities is made with regard to historical roots, theoretical perspectives of problem development, therapeutic goals, and intervention techniques. Finally, the strengths and limitations of each therapy are discussed.

Historical Roots

Alfred Adler (1870–1937) began as a colleague of Freud in Vienna (Sperry & Carlson, 1993) and later branched out and founded Individual Psychology (IP). In 1912, Adler created the Society for Individual Psychology, and saw his work spread as other counselors and psychologists began to use his ideas. Adler worked publicly with clients before large audiences, helping professionals learn by observing his work (Sperry & Sperry, 2000). There was a temporary decline of interest in Adler’s work after the war, leading Rudolf Dreikurs to set up the Alfred Adler Institute in Chicago. Since Dreikurs’ death, Linda Albert, Donald Dinkmeyer and Jon Carlson have become known for the popularization of Adler’s work (Wolfgang, 2001).

Some years later, while William Glasser (1925-) was doing his psychiatric residency at UCLA, he began to question the accepted ideas of psychiatry, and with G.L. Harrington, his mentor, began to formulate what is now known as Reality Therapy (Sommers-Flanagan & Sommers-Flanagan, 2004). In 1965, Glasser wrote the book ‘Reality Therapy’ and, three years later, the Institute for Reality Therapy was formed, later changed to the William Glasser Institute (Lennon, 2000). Glasser was influenced by the idea of internal control as described by William Powers (Palmatier, 1998), and he adapted these ideas to his own to come up with Control Theory, a theory of how and why people behave (Lennon, 2000). Glasser’s work continues to evolve, as evident by an overhaul in 1996, through a renaming of Control Theory to Choice Theory, and a rejection of discipline, with a new emphasis on internal control in his ideas (Lennon, 2000). Choice Theory underpins the counseling modality named Reality Therapy (RT).

Theoretical Perspectives or Problem Development

In order to understand the counseling styles of Individual Psychology and Reality Therapy, it is necessary to begin to understand the view of the world that each has.

IP and RT share similar views of motivation and control, and this philosophical view underpins many of the beliefs and practices of the two therapies. Both Glasser and Adler oppose the concept of external motivation, the idea that things happen to people, over which they have no control or choice, choosing instead to view people as capable of changing their lives (Dinkmeyer & Sperry, 2000; Fall et al, 2004). Because humans make decisions for themselves, both theorists hold them to be completely responsible for their choices (Sommers-Flanagan & Sommers-Flanagan, 2004). Where Glasser says that almost all behavior is chosen, Adler acknowledges that behavioral options can be limited (Sommers-Flanagan & Sommers-Flanagan, 2004). From both perspectives, it is not an event that is important, rather it is the way people perceive the event and make subsequent behavioral choices (Fall et al 2004).

Glasser and Adler are in agreement about the human quest of control (Fall et al, 2004). Adler wrote extensively that a human’s most basic motive was striving for superiority (Sommers-Flanagan & Sommers-Flanagan, 2004), and the desire to overcome the perception of inferiority in order to feel secure and significant (Fall et al, 2004; Wood, 2003). Glasser (2006b, p. xviii) takes the theme further, stating that this “I-know-what’s-right-for-you psychology”, that he calls external control psychology or coercion, comes at a cost to human relationships.

Because behavior is chosen, abdicating personal responsibility, or blaming others or society for problems is unacceptable according to Reality Therapy. Glasser’s Reality Therapy has at its core a theory of how humans behave called Choice Theory (Glasser, 1998). In addition to the ideas above, Choice Theory maintains that people are motivated to satisfy one or more of their five basic needs, these being survival, love and belonging, power, freedom, fun (Sommers-Flanagan & Sommers-Flanagan, 2004). Of these, Glasser (1998) places more emphasis on love and belonging, as humans need this to satisfy their other needs. Although this need is primary, people are
encouraged to attend to all of their needs to be happy (Fall et al., 2004). Glasser (1965) defines responsibility as "the ability to fulfill one's needs, and to do so in a way that does not deprive others of the ability to fulfill their needs" (p. 13). Although IP also emphasizes responsibility, it is of a different nature. In addition to the motive of superiority, Adler asserted that people also behave in order to engage with others, termed 'social interest' or 'community feeling'. Community feeling is accepted to mean the feeling associated with bonding with others and the world, and social interest is the action based on the community feeling. Mosak and Maniaci (1999) state that "We have an obligation to people and life in general, and if our sense of community is strong, we take them into account in our actions and leave posterity a better world" (p. 113). Social interest must be developed by interactions with people. If a low degree of social interest exists in clients, they may try to gain superiority at the expense of those around them (Mosak & Maniaci, 1999).

Both Glasser and Adler shared controversial and extreme views of psychopathology, rejecting Freudian views (Sommers-Flanagan & Sommers-Flanagan, 2004). Glasser (2000b) states "What is labeled mental illness, regardless of the causation, are the hundreds of ways people choose to behave when they are unable to satisfy basic genetic needs, such as love and power, to the extent they want" (p. xvi). Likewise Adler "viewed people as creative beings in control of their own mental health" (Wood, 2003, p. 287). Like Glasser, Adler believed that people with mental illnesses could be cured, although the theorists have different ideas about how this would happen. Adler asserts that when the client contributes more to the society as a significant member, a feeling of being more secure will follow and the less energy the client would exert on 'inferiority' behaviors (Wood, 2003). Glasser (2000b) believes that clients displaying what others would term as mental illness, such as schizophrenia, would cease to choose these crazy behaviors when they have a significant relationship with someone with whom they want, and believe that they are cared for or, when they choose more need-satisfying behaviors, the symptoms would disappear.

Where the two agree, is on the importance of not labeling the client (Sommers-Flanagan & Sommers-Flanagan, 2004). Glasser believes labeling gives a client relief or an excuse to abdicate responsibility for behavioral change (Fall et al., 2004). Both IP and RT therapists avoid using the DSM IV labels; however, as insurance companies require DSM IV diagnoses, both will use a diagnosis to get reimbursement for therapy (Glasser, 2003; Fall et al., 2004; Sperry & Carlson, 1993).

Both theorists suggest that all behavior is purposeful and that effective behavior gets people what they want (Palmatier, 1998). However, behavior that is perceived as ineffective by some (mental illness, depression and sickness) is also purposeful. For example, Glasser (1998) believes that depression, or what he terms as depressing, can be effective for a client because it restrains anger, allows a person to ask for help, and is a way of avoiding dealing with a life situation. On the subject of depression, Adlerians too would agree that clients are benefiting in some way from their behavioral choices (Oberst & Stewart, 2003; Dinkmeyer & Sperry, 2000).

The analysis of dreams is an important part of IP, a view not shared by Reality Therapists. Adler believed that dreams are purposeful, and that they are an effort by a client to solve an immediate life problem. He wrote extensively about the meaning of different dreams, and this became an important aspect of his work, often tracing back to past perceptions of the client (Adler, 1938). He also went on to say that healthy people no longer dream because they are able to solve their problems in the day due to their courage, an assertion with which some Adlerian therapists disagree (Mosak & Maniaci, 1999). Glasser (1998), in contrast, recognized that dreams are part of our creative system working, but suggests that they are not necessarily rooted in reality and are generally avoided (Fall et al., 2004). Glasser (2000b) states that "Time spent on dreams is time wasted" (p. 24), and, because dreams are not directly controllable, they are of little use (Wubbolding, 2000).

Where Adlerians attend to and attempt to understand the past, Glasserians find this unhelpful (Fall et al., 2004). Adlerians place significance on experiences in the family at an early age, believing that these affect the beliefs about the self and others in adulthood. For this reason, therapists using IP will often incorporate the family constellation interview into the therapy (Sommers-Flanagan & Sommers-Flanagan, 2004). Adler's lifestyle analysis helps clients become aware of how the mistaken goals of their present behavior are rooted in the past. The only time a Reality Therapist will focus on the past is to explore past successes. Glasser's Choice Theory (2000b) explains that needs may only be met in the present and that reliving a painful past is of no benefit to client or counselor.

Therapeutic Goals

In essence, both Adler and Glasser had similar purposes or goals in their therapy. Reality Therapy is said to be a therapy that teaches clients to make effective choices in their lives, by satisfying their needs in a more effective way (Fall et al., 2004), therefore the Reality Therapist will endeavor to do just this, teaching that this can be much easier to achieve by having satisfying relationships. Individual Psychology helps clients face life by choosing behavior that is socially useful and responsible (Fall et al., 2004).

Both are concerned with helping clients reconnect. Reality Therapy focuses on building an effective client-counselor relationship, and on identifying the client's present unsatisfying relationships (Glasser, 2000a). In IP, the goal of connecting with another person is referred to by Adler as 'social interest' and the development of this interest is important and a focus in therapy (Sommers-Flanagan & Sommers-Flanagan, 2004).

According to IP people seek therapy when they have difficulty with one or more of the five tasks of life, i.e. love, work, friendship, self, and spirituality. Therefore, one of the goals of the IP therapist will be to help clients modify their lifestyles to help them more effectively complete their life tasks. Similarly, one of the major goals of Reality Therapy is also to identify which of the five basic needs of a client are not being met. Once this is established, the counselor is able to assist the client.
to choose more effective behaviors (Sommers-Flanagan & Sommers-Flanagan, 2004).

**Intervention Techniques**

Again, Adlerians and Glasserians share some approaches, and differ in others. The formation of a warm and supportive relationship is imperative in the practice of Reality Therapy (Wubbolding & Brickell, 1999). Glasser (2000b) states that if the counselor fails to connect with the client, change will not occur, and Adler would also say, win the client (Sommers-Flanagan & Sommers-Flanagan, 2004). Because a goal of therapy is to help the client reconnect, the counselor models a caring and egalitarian demeanor (Fall et al, 2004). Encouragement throughout the therapy is important to maintaining a relationship in both IP and RT (Sweeney, 1998).

A Reality Therapist will also ask questions to identify a client's wants and perceptions (W), what the client is currently doing in terms of acting, thinking, feeling and physiology (D), whether what clients are doing is getting them closer to or further away from what is it they want (E) and plans for making positive changes (P) (Sommers-Flanagan & Sommers-Flanagan, 2004). This system, known as the WDEP system, developed by Robert Wubbolding, is not a linear one (Wubbolding & Brickell, 1999). The four phases of IP are forming the therapeutic relationship, lifestyle assessment and analysis, interpretation and insight, and reorientation; and these phases are sequential (Sommers-Flanagan & Sommers-Flanagan, 2004). IP's reorientation stage is similar to the planning stage in the WDEP system where the counselor helps the client focus on new goals and the satisfaction of attaining them.

Therapists using IP will also be interested in clients' concepts of lifestyle, how they perceive themselves, the way the world works and ethical convictions (Sommers-Flanagan & Sommers-Flanagan, 2004). Discovery of basic mistakes in a client's logic or perception of life can help the Adlerian therapist by bringing the basic beliefs in line with common sense (Fall et al, 2004). Only after clients have an awareness of the mistaken goals of their behavior can they be encouraged to choose more effective behaviors.

Similarly, the success of Reality Therapy lies in the client's ability to self-evaluate that present behaviors are not getting him/her closer to what s/he wants. Behaviors cannot change until a client is willing to accept that current behaviors are ineffective (Wubbolding & Brickell, 1999). Likewise, the importance of 'the question' in Adlerian therapy is emphasized. The question is "How would your life be different if you were well?" or can also be reframed as "What would you be doing in your life if you no longer had your problem?" (Sommers-Flanagan & Sommers-Flanagan, 2004). Therapists use the answer to ascertain which life tasks the client might be avoiding. In a similar way, when Reality Therapists ask about what clients want, they are searching for ways clients satisfy each of their needs, and identify the voids in their lives that are a result of unmet needs (Peterson, 2000).

Because of different approaches to the past, some intervention techniques also differ between Reality Therapy and Individual Psychology. IP therapists use assessment tools and inventories as a part of their therapy, for example the life-style assessment (Sperry & Carlson, 1993), considering how a client's childhood has shaped lifestyle development (Sommers-Flanagan & Sommers-Flanagan, 2004), especially one's psychological birth order (Fall et al, 2004). While Glasser would suggest that Choice Theory should be enough for a Reality Therapist to ascertain the problem, and doesn't use standardized assessment procedures himself, some therapists may use tools to gather information or help the client create plans (Sommers-Flanagan & Sommers-Flanagan, 2004).

Reality Therapy and Individual Psychology share the admirable similarity of therapy being educative (Whitehouse, 1984). What Glasser (2000a) terms as the 'New Reality Therapy' has at its core the teaching of Choice Theory to clients. The Adlerian counselor teaches clients about social interest and the purpose of their behavior (Fall et al, 2004). Both IP and RT have been used extensively in schools as a way of understanding behavior of children (Edwards, 2004).

**Strengths and Limitations**

One of the most common criticisms that Reality Therapy encounters is its lack of empirical research. Adler's work is similarly sparse in empirical research (Sommers-Flanagan & Sommers-Flanagan, 2004). While Adlerian psychology work is published in the Journal of Individual Psychology, and while there is a Journal of Reality Therapy published twice a year, there is a lack of the type of research that includes control or comparison groups (Sommers-Flanagan & Sommers-Flanagan, 2004).

Both IP and RT encounter criticisms about the application of the therapies to cultural groups. Some believe that Glasser doesn't consider the culturally specific; rather that he emphasizes the culturally universal (Sommers-Flanagan & Sommers-Flanagan, 2004). According to Glasser, everyone has the same genetic needs; these are present in everyone regardless of culture. Wubbolding (2000) suggests changes in the way questions are asked in different cultures to make them culture-specific. Adlerians believe that the underpinning idea of social interest means that IP lends itself well to being used in minority groups (Fall et al, 2004). Both Institutes continue to research how their therapies can be used in various cultural groups and contexts (Fall et al, 2004).

Individual psychology has been criticized as being directive, in the sense of trying to direct clients towards community feeling and social interest. Adlerians believe that they can help clients towards becoming happy members of society and make no apologies for this stance (Mosak & Maniaci, 1999). Reality Therapy too has been viewed by some as directive and insensitive, even confrontational (Ivey, D'Andrea, Ivey & Simek-Morgan, 2002) because of the emphasis on self-evaluation; however this is unfair, and can only be insensitive when a therapist doesn't have a thorough understanding of Choice Theory (Sommers-Flanagan & Sommers-Flanagan, 2004).
Glasser (2000a) warns against asking clients to self-evaluate whether their present behavior is getting them what they want, before a strong client-counselor relationship has been established. Therapists using Reality Therapy are encouraged to participate in endorsed study and training through the William Glasser Institute (Sommers-Flanagan & Sommers-Flanagan, 2004) to ensure accuracy of understanding.

Conclusion

The most striking similarity between IP and RT appears to be the underpinning philosophy of internal motivation, and the ideas that humans are motivated to be among other things, recognized and loved. Both IP and RT share admirable goals of helping clients move from helpless to empowered, from abdicating responsibility to accepting it, and disconnected relationships to satisfying ones, making the paradigm shift to a mindset of choice and personal control. The way in which they do this differs at times, but there are enough points of agreement to encourage the sharing of ideas between Glasserians and Adlerians in the future. This is already happening, as is evident when Dr Jon Carlson, a well-respected and well-known Adlerian therapist was invited to share the keynote address of the recent 2004 William Glasser Institute International Conference.

REFERENCES


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ABSTRACT
There is accumulating evidence that body and mind, or rather the physical and the non-physical, are intrinsically connected. The mechanisms through which reality therapy works on mind and body may be explained via positive dynamics in the central nervous system, the body's biochemistry and the human energy field. The purpose of this paper is to show the relationship between choice theory and the nature of the power centers in the human energy field. Understanding the drivers behind human behavior and facilitating the choice to think realistically and to make responsible choices assists wholeness and enhances the physical, mental and spiritual health.

The effect of personal actions on health and well being
There are many expressions in normal daily language that suggest a connection between a negative emotional state and ill-health or death, e.g. to worry oneself sick or to die because of a broken heart (Flowers, Grubin, & Meryman-Brunner, 1993). In contrast, positive thoughts and actions have been associated with good health. For instance, to wish to be well is part of becoming well [Seneca, 4 BC-65 AD], health and cheerfulness mutually beget each other [Joseph Addison, 1672-1719], and to get the body in tone, get the mind in tune [Zachary T. Bercovitz, 1895-1984] (Pinkney & Whiter, 2001). The interconnectedness of body and mind is also illustrated by expressions such as 'listening to or acting on one's gut feelings'.

Although the underlying mechanism of human behavior on health is still poorly understood, the influence of positive actions (physical actions as well as thoughts) on health have been highlighted by several medical practitioners, particularly since the mid 1980's (Gerber, 1988, 2001; Glasser, 1985; Harrison, 1984). From a neurologic point of view, each part of the body is represented in specific locations in the nervous system. There are a number of complete representations of the body (homunculi) located in the different sections of the nervous system (McComas, 1980), including the spinal cord (Doubell, Mannion, & Woolf, 1999). Sensitive areas of the body and parts that need precision when used by the individual have a much bigger representation in these locations than less sensitive body parts or parts that require less precision (Kaas, 2000). The shapes of these representations (homunculi) constantly change under the influence of (or lack of) physical as well as mental activity. For example, vision impaired people who use Braille have a large area on the cortex of the brain that is related to the reading index finger compared to the other fingers (Pascual-Leone & Torres, 1993). Also, the area on the cortex of the brain that normally relates to vision can be used for processing Braille information in people who are blind (Sadato, Pascual-Leone, Grafinan, & al., 1996). The occupation of underused areas in the nervous system by neighboring areas is called "smudging" (Butler, 2000). It is therefore important to improve and maintain function by positive thoughts and actions in order to prevent less desirable processes occupying the nervous system. Smudging has been implicated as the mechanism behind chronic problems such as pain. Balancing the brain by providing optimum levels of input, physical (doing, acting, moving) as well as psychological (thinking and believing), may enhance emotional and physical well-being and may minimize pain (Butler, 2000; Nicholas, Molloy, Tonkin, & al., 2000).

The connection between body and mind may take place via different mechanisms as explained by recognized scientists in interviews with Bill Moyers (Flowers et al., 1993). For instance, David Felton found nerve fibers in almost all organs of the immune system making direct contact with the immune system cells. Another researcher, Candace Pert, is known for her research on neuropeptides. A peptide string consists of a number of amino acids that are unique to that particular peptide. Neuropeptides can be found anywhere in the body, including the immune system. There are direct relationships between neuropeptides and emotions. A specific neuropeptide is associated with a specific emotion, and vice versa. Positive thoughts and associated emotions will therefore produce different neuropeptides than negative thoughts and emotions. Pert (Flowers et al., 1993) regards emotions as a bridge that connects the mental and physical realities (p.187), and sees neuropeptides as the physical representations of these emotions. In the same book (Flowers et al., 1993) Dean Ornish, an accomplished cardiovascular risk factor researcher, mentioned that people who feel isolated or depressed are more likely to develop cardiovascular problems. These findings are confirmed by other studies (Williams et al., 1999). From a biochemistry point of view, total behavior could be compared with riding a pushbike (Figure 1). The bike is propelled by our needs to get somewhere and travels on its two wheels, 'feeling or emotions' (the front wheel) and 'physiology' (the rear wheel). The front wheel (emotions) is directly influenced by the two handles on the handlebar (thinking and acting). The analogy of a pushbike also illustrates the balance that is required between needs, thinking and acting to stay upright and to advance.
Figure 1. The pushbike is driven by our needs. The handles on the handle bar (thinking and acting) steer the emotions (front wheel) and indirectly our physiology (rear wheel).

Many factors can contribute to dysfunction and the development of physical or mental illness. In addition, there can be a complex relationship between the different factors. For example, adopting a depressive attitude may inhibit a person from participating in activities such as exercise. A lack of physical activity and exercise has been associated with a range of preventable diseases (Morris & Schoo, 2004). Adopting a positive attitude has been associated with participating in social physical activities such as exercise (Iversen, Fossel, & Daltroy, 1999; Jette et al., 1998) and enhanced physical health (Morris & Schoo, 2004) and mental well-being (Emery, Schein, Hauck, & Machtyre, 1998; Mummery, Schofield, & C., 2004; Sharpe et al., 1997).

Thinking, acting, emotions and health: possible metaphoric relationships

Several authors have identified a relationship between psychological factors and the development of physical illness. In 1956, Hans Selye (1956) described the profound biological influence of stress on the organism. More recently, a systematic review of the literature showed that psychological factors such as poor internal control (being externally controlled) are related to back and neck pain (Linton, 2000). Back and neck problems can be caused by different mechanisms, for example, weak connective tissue, or increased pressure on the spine due to physical or mental stress. Poor posture can be an expression of depressing behavior. Interestingly, it appears that there could be a metaphorical relationship between losing control or stability in one's life by factors such as stress or depressing behavior, and losing control to stabilize the central pillar that supports us and keeps us up against gravity, the spine.

The way a person responds to situations (physical, mental and spiritual) has been linked to negative as well as positive changes in health and well-being in a number of cases (Myss & Shealy, 1999; Soderstrom, Dolbier, Liefeman, & Steinhardt, 2000; Tanum & Malt, 2001). I can vividly remember attending a lecture by Prof J Bastiaans in the 1970's in which he compared the personalities of people with chronic diseases such as rheuma-
understanding the psychosomatic connection and enhancing physical, mental and spiritual health.

### Table 1. Human existence extends into different realities and energy frequencies

<table>
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<tr>
<th>Domains</th>
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<th>Chakras</th>
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<td>Chakra 7</td>
<td>High</td>
<td>Indestructible</td>
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<tr>
<td>Quantum</td>
<td>Mental body (higher self)</td>
<td>Chakra 6</td>
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<td>Chakra 4</td>
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<td>Astral body</td>
<td>Chakra 3</td>
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<td>Etheric body</td>
<td>Chakra 2</td>
<td></td>
<td></td>
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<tr>
<td>Physical (dense energy)</td>
<td>Physical body</td>
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There is evidence that changes in the etheric body, the electromagnetic field that permeates and surrounds the physical body, are precursors of changes in the physical body. Pioneers that investigated the relationship between the physical and the energy or quantum domain include Burr (1972), Kim Bong Han (Rose-Neil, 1967), Tiller (1974), Mallikarjun (1978), Dumitrescu (Dumitrescu & Kenyon, 1983), and Hunt (1996). For example, electronographic body scans showed that physical illness manifests itself after the brightness of acupuncture points altered (Dumitrescu & Kenyon, 1983). Gerber (1988) hypothesized that the meridian system (energy channels that acupuncturists use) forms an interface between the physical body and the etheric body. Interestingly, the seven power centers or chakras in the Kundalini system (Figure 2) are located in close proximity of nerve plexuses and glands, thereby linking the etheric body with the nervous system and the endocrine system. The chakras differ in frequency and appear to resonate with particular parts of body and mind (Brennan, 1987; Gerber, 1988; Hunt, 1996; Myss, 1997). Valerie Hunt (1996) conducted many experiments in order to understand the properties of the human energy field, and the effects of disease and its treatment on the quality of this field. She found that the human energy field deteriorates as a result of disease and improves with treatment. Using the human energy system for improving disorders such as osteoarthritis through acupuncture has also shown to be beneficial (Haslam, 2001; Singh et al., 2001).

![Figure 2. The human energy field with the seven chakras, and their vortexes(Brennan, 1987). The colors of these chakras are red, orange, yellow, emerald green, sky blue, indigo and white/violet, respectively (Brennan, 1987; Hunt, 1996).](image)

Human existence is not confined to the physical reality alone, but resonates with the energy world (quantum reality) and beyond (virtual reality) (Chopra, 2000). To distinguish body, mind and spirit as interrelated parts is not new. The philosopher René Descartes made a distinction between the physical body and the unquestionable mind that does the thinking. He is known for his axiom “Cogito ergo sum” (I think, therefore I am) (Russell, 1975). Interestingly, credible experiments indicate that activities of the mind such as thinking are not confined to the physical part of our existence, and take place outside the boundaries of the brain, in the human energy field (Hunt, 1996). Candace Pert (Flowers et al., 1993) defines the mind as ‘some kind of enlivening energy in the information realm throughout the brain and body that enables the cells to talk to each other, and the outside to talk to the whole organism’ (p.189). While Dyer (Chopra et al., 2001) wonders where the commander (mind) of the command center (brain) is located, it was clear for the Chinese and other ancient cultures that the mind was seated in the heart, permeating every body cell (Wong, 1993). So, it may be right after all to make up your mind, because ‘deep in your heart’ you know what needs to be done.

The word ‘health’ originates from the same root as the word ‘whole’, suggesting an integration of the different components or systems that make up a person and that work together in an optimal way (Flowers et al., 1993). The health of the human energy field appears to be a direct reflection of the health of the body, mind and spirit, depending on what we think, do or feel. Both anecdotal evidence and research findings have linked emotional problems with disturbances in the human energy field and physical illness (Myss & Shealy, 1999; Soderstrom et al., 2000; Tanum & Malt, 2001). Moreover, illness has been associated with stress (Selye, 1956) and could be seen as a result of living in confinement of self-imposed boundaries (Brennan, 1987). These perceived limitations may negatively affect physical, mental and spiritual growth and well-being. Scanning the realities or layers of the human energy field (Table 2) and recognizing basic needs and higher needs, true and limited beliefs, and unique qualities such as knowledge, wisdom and inner divinity we possess can be very helpful in increasing awareness of our perceptions and the way we act to get well and stay well. As a cognitive method, the required counselling process in reality therapy may include some education (educare = leading forth, wholeness or integrity) to facilitate positive reasoning and wholeness of body and mind.

### Identifying Defective Energy Layers and Choosing Corrective Action

According to William Glasser (2000), the basic needs in choice theory are survival, power, fun, belonging and freedom. These needs come remarkably close to those attributed to the first five layers of the human energy field (Brennan, 1987) and their respective chakras (Gerber, 1988; Myss, 1997). The so-called filters in the choice theory (Glasser, 2000) resemble aspects of the two highest chakras and include beliefs and knowledge. Together, they form the perceptual system, and the quality of them is inherent to wisdom and inner divinity. Even though there is a higher need to increase inner vision and inner divinity through true knowing and adding to our beliefs and knowledge systems, the two systems still remain the filters that color the information and experiences we receive in our daily lives.

The way we perceive the world can influence the manner in which we fulfill these needs via our beliefs (perceptions and val-
ues) and knowledge (factual, experimental and spiritual), and the will to live in the present moment. They are essentially spiritual by nature and are implicated in the human need for choice, purpose and responsibility (Wubbolding, 2000) or morality, the search for meaning in life (Frankl, 1978), and the need to move toward a higher level of consciousness (Gerber, 1988). In the hierarchy of needs, survival is the most basic need that must be satisfied before other needs can be attended to (Maslow, 1954).

Higher wisdom, faith and spirituality can be seen as higher needs that are addressed after basic needs have been satisfied (Table 2). They resonate with the finer energies (Hunt, 1996) and the outside layers of the human energy field (Brennan, 1987), and resemble in Judaism’s Tree of Life of the Kabbalah the qualities of the highest Sefirots, in the Indian Kundalini system the seven power centres (chakras), and in Christianity the seven sacraments (Myss, 1997).

<table>
<thead>
<tr>
<th>Level</th>
<th>Needs/Filter*</th>
<th>Qualities**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual</td>
<td>7. Knowledge</td>
<td>Inner divinity, spiritual seeking, knowing, trust</td>
</tr>
<tr>
<td></td>
<td>6. Beliefs/Values</td>
<td>Inner vision, intuition, beliefs, faith, integrity, wisdom</td>
</tr>
<tr>
<td></td>
<td>5. Freedom</td>
<td>Responsible choice, voice/self-expression, will</td>
</tr>
<tr>
<td></td>
<td>4. Balancing</td>
<td>Love, empathy, forgiveness</td>
</tr>
<tr>
<td>Personal</td>
<td>3. Fun</td>
<td>Happiness, self-esteem/acceptance, inner power</td>
</tr>
<tr>
<td></td>
<td>2. Power</td>
<td>Controlling others/voice, sexuality, leadership, money</td>
</tr>
<tr>
<td>Material</td>
<td>1. Survival</td>
<td>Physiology, grounding, security, sexuality/procreation</td>
</tr>
</tbody>
</table>

* (Wubbolding, 2000) ** (Brennan, 1987; Gerber, 1988; Myss, 1997, 2001)

It seems reasonable that there must be a balance in satisfying needs in order to optimize health and well-being. For example, a strong drive for survival (e.g., in case of starvation) may suppress the need for belonging. Learning to balance one’s perceived needs, and initiating positive ‘thoughts and deeds’ can result in more positive emotions/feelings and enhanced well-being. Through counseling or self-evaluation, one can identify the areas that need to be worked on so that the perceptual system and the manner in which we decide to satisfy our needs can be positively influenced via effective thoughts, deeds, emotions and bodily functions. Together with physical and mental exercise such as stretching, relaxation, meditation, visualization, and nutrition, they can enhance the qualities of the seven energy levels in the physical, mental and spiritual dimensions of our existence through greater insight that may lead to more positive and flexible behaviors.

The nature of the seven levels (chakras)

The seven levels of the human energy field are connected to particular aspects of human physiology. The qualities that relate to these levels have been composed from Brennan (1987), Gerber (1988; 2001) and Myss (1997; 2001). Also, each level is related to skills that need to be learned or fears that need to be overcome in order to evolve in life. Asking questions that relate to these skills or fears can assist in identifying the magnitude of the drivers in life for survival, power, fun, belonging, freedom, inner vision and inner divinity. For example, “do you believe that constantly adjusting your choices is upsetting you?” Caroline Myss (1997) identified common fears that are associated with the different levels of the human energy field, for instance, the fear of being alone. She formulated many questions people can use to analyze ‘the anatomy of their spirit’ (Myss, 1997), and to raise awareness of the way in which a person stands in the world and acts. It assists in determining what people do to others (perpetrating), what they do for others to rescue them, what you do with them together (co-dependence), or what you do alone and with others to continually grow (Devine, 2001). Knowing the true answers on these questions can be helpful to regain/maintain a sense of responsibility, direction and health that is associated with the optimum function of each of the levels of the human energy field.

First Level: Survival

This level reflects the amount of physical energy that is available to live/survive. It is related to the will to live in the physical domain and, therefore, presence (“Here I am”), physical power, vitality (Brennan, 1987) and sexuality purely for procreation. The first level also relates to our foundations, the values and “tribal” beliefs received from parents, family and community (Myss, 1997) that support us in life till the moment we have made them our own or replaced them with better ones.

Physically, this chakra is connected to the sacro- coccygeal plexus (and sacral plexus), genitals, rectum, anus, legs, vertebral column (sacrum in particular) and bone marrow (Gerber, 1988, 2001). Since bone marrow plays a role in the production of white and red blood cells, first chakra dysfunction (for example, through trauma) can be implicated in anaemia and immune deficiency problems. Glasser (1989) also links autoimmune diseases with physiology (the dense energy that resonates with the first chakra), creativity (procreation as a first chakra function) and the mind/body relationship when he writes that these diseases are the result of a destructive creative physiology, similar to what the mind does when it hallucinates (p.184).

Since the first chakra resonates with matters that relate to physical safety, common fears and insecurities (Myss & Shealy, 1999) include perceptions of: (i) being completely on oneself with no support of others; (ii) not belonging anywhere and not having a place that can be called ‘home’; (iii) not being able to defend or stand up for oneself; and (iv) not being able to provide oneself and one’s dependents with the essentials of life.

Second Level: Power

Physical needs that relate to work and sexuality (creativity, physical bonding). This level is involved in emotional issues in one-to-one relationships (Gerber, 2001; Myss, 1997). The quantity of energy that can be given or received to experience physical, mental and spiritual contentment. Giving and receiving require openness, acceptance, honesty, trust and being supported (Brennan, 1987; Myss, 1997).

Physically, this level is connected to the sacral plexus, reproductive system, urinary tract, small and large intestines, and
lumbar part of the spinal column (Gerber, 1988, 2001).

The second chakra relates to respecting and sharing with others without boosting one's self-worth by acquiring material objects and using these to manipulate (Myss & Shealy, 1999). Common fears and insecurities that are associated with this chakra (Myss & Shealy, 1999) include perceptions of: (i) having no power in relation to what others do to you; (ii) lacking confidence due to poor financial power; and (iii) being victimized by personal traits, for example, gender, race or social background.

**Third Level: Fun**

Mental happiness that is derived from recognizing oneself as a worthy individual that has purpose and a deep connection with the creation/universe (Brennan, 1987; Myss, 1997). This connectedness can be seen as the umbilical cord that connects mother and child (Brennan, 1987). This includes self-awareness, self-esteem and self-acceptance, and an awareness and understanding of one's emotions. This level connects heart/love with sexuality, and acknowledges our physical existence, accompanied by the intention/will to maintain personal health.

Physically, this level is connected with the solar plexus and the stomach, pancreas and spleen, liver and gallbladder, adrenal glands and the thoracolumbar area of the spine (Gerber, 1988, 2001; Myss, 1997). In case of chakra dysfunction, the type of emotion may determine which organ will be affected. For example, aggression may affect the liver and fear may affect the kidneys (Gerber, 2001). Lacking confidence and fun in life has been associated with stomach or duodenal ulcers, as explained by William Glasser (1989) in Naomi Glasser's case of Susan (p.163-187).

The third chakra is associated with feelings of positive personal power and happiness (Myss & Shealy, 1999). Understanding that emotions such as fear and resentment, and the manner in which one deals with these negative emotions, influence the quality of one's health and well-being can be an important step on the road to recovery. Personal health and well-being is jeopardized when one is embarrassed about one's behavior and is occupied with self-hatred. Dealing with negative emotions in an inappropriate manner, for example, by abuse (alcohol, drugs, violence), promotes feelings of guilt and self-hatred. Fears and insecurities that are related to this chakra (Myss & Shealy, 1999) include perceptions of: (i) not being capable of making decisions in one's life; (ii) not wanting to take responsibility for oneself and one's personal needs, attitudes, thoughts and actions; (iii) giving too much to others out of fear of not being loved that, as a result, one's own needs are not being met; and (iv) resentment and anger due to not being able to liberate oneself from the control of others, for example, by the expectations others may raise and their influence on one's emotions, thoughts and actions.

**Fourth Level: Belonging**

This is the level that resonates with the heart, the center through which we connect to everything around us (Myss, 1997). It is associated with our arms and allows us to extend ourselves and embrace/love (literally and figuratively/metaphorically). Unconditional self-love and loving all creatures we are associated with in the widest possible sense are indications of an open and positive energy flow. Positive energy is required to appreciate the beauty and uniqueness of all individuals, the possible tasks they have set themselves to carry out, and the areas they may need to develop. From this level, we undertake activities in the outside world and chase what is desired for the love of it. Persons around us are perceived as being equal and of assistance to achieve that which is aimed for, because what others wish to do is in agreement with our wants (Brennan, 1987).

Physically, the fourth level connects with the circulation (heart) and respiratory (lungs) systems, breasts (nurture of others), and the thoracic spine. Isolation, lack of social support and belonging have been implicated in the incidence of cardiovascular diseases (Williams et al., 1999). Because of its relationship with the thymus gland, Gerber (1988; 2001) links this level with autoimmune disorders.

Feelings of fear and resentment can arise when there is not a firm base of love. Emotional problems may lead to “emotional congestion” or “emotional blockages” (Myss & Shealy, 1999). Fears and insecurities of the fourth chakra (Myss & Shealy, 1999) may include perceptions of: (i) experiencing loads of grief and sorrow that “break” the heart; (ii) not being loved by others; having difficulty with showing affectionate feelings; (iii) feeling guilty due to exercising self-neglect or self-rejection; and (iv) experiencing emotional problems due to the belief that one cannot or should not forgive.

**Fifth Level: Freedom**

The fifth level is linked with the will, taking responsibility for personal needs and desires, and a sense of self (Brennan, 1987; Myss, 1997). It includes positive expectations (trust) about what is coming one's way, taking in what is given and feeling nourished (also metaphorically as in feeding) (Brennan, 1987). Pride can make up for lack of self-esteem, and is a sign that people are not at ease with this area of their life. It may reflect in playing the role of the victim, lacking opportunities, fearing failure, and avoiding revealing oneself (Brennan, 1987).

Physically, this level resonates with the cervical ganglia and medulla, thyroid and parathyroid glands, trachea, vocal cords and mouth (Gerber, 1988, 2001). For example, neck, jaw, mouth, throat and thyroid problems, and head aches have been associated with this level (Gerber, 1988; Myss & Shealy, 1999).

Rules that are relevant to this level include: refrain from judgments, do not have any expectations, it is not important to know why events occur, knowing that unexpected events provided spiritual direction, have courage to make decisions where needed (to adapt quickly), accept what cannot be changed, and have the wisdom to know the difference (Myss, 1997). Addiction problems (for example, sugar, alcohol, cigarettes and other drugs) are
that affect this entirety are fears or perceptions such as: (i) the hemispheres, and pineal gland (Gerber, 1988, 2001). This level has been associated with the following common perceptions, fears, anxieties and negative behaviors (Myss & Shealy, 1999) that settle in one's consciousness. For example; (i) an undeveloped willpower due to expecting others to make decisions that should be made by oneself; (ii) missed opportunities due to the inability to raise one's voice when the chances were there; (iii) being unable to express oneself in an empowered manner, for example, due to taking on the role of the victim; and (iv) the use of willpower to regulate events or persons to your benefit.

Sixth Level: Beliefs, Inner Vision, Wisdom

The sixth level is associated with intuition, clairvoyance and wisdom, the ability to visualize and understand concepts, and to think of creative ideas. It is also related to the ability to evaluate one's attitudes and beliefs, and the awareness of one's place in the universe (Brennan, 1987; Myss, 1997). Physically, the sixth level is connected with the pituitary gland, medulla oblongata and hypothalamus, autonomic nervous system and endocrine system, sinuses, sight, hearing and smell (Gerber, 1988, 2001). This level can be implicated in people with emotional disorders, mental illness, headaches, epileptic fits, or other problems that can affect the brain (Gerber, 1988; Myss & Shealy, 1999).

According to Caroline Myss (Myss & Shealy, 1999), a gamut of fears and negative behaviors can affect the energy level of the sixth chakra. These include: (i) being afraid to examine oneself and look inside; (ii) being afraid of one's capacity to use intuition, thereby jamming one's sensitivities; (iii) denying the truth by forming psychological and emotional means of denial, and employing reasoning talents against oneself; scared to be receptive to the merit of ideas of others; (iv) blaming others for one's failures and not willing to learn from one's own experiences; and (v) not believing in one's own intellectual adequacy.

Seventh Level: Knowledge as Spiritual Knowing, Inner Divinity

The seventh level is related to a sense of wholeness, peace, faith and purpose (Brennan, 1987). The high vibrational energy pours from this level down to the levels below and nourishes the body with its human energy field.

Physically, this level is associated with the cerebral cortex and the general nervous system, the connection between the two hemispheres, and pineal gland (Gerber, 1988, 2001). This level has been associated with disorders affecting the genes, nervous system (e.g., multiple sclerosis), the musculoskeletal system (e.g., diseases that affect the bones) and the skin (Myss, 1997; Myss & Shealy, 1999), and also chronic fatigue syndrome due to its energetic nature (Gerber, 2001).

The seventh chakra is associated with matters that cover the entirety of one's life. The behavioral response patterns or crises that affect this entirety are fears or perceptions such as: (i) the awareness that the life one is living lacks meaning; (ii) not being able to have faith in the flow of life; (iii) fearing to know and develop oneself; not willing to change and grow to facilitate passing the tests that life offers; (iv) not being able to raise awareness beyond the extent of one's own personal needs; (v) using negative ways of thinking that prevent others from seeing chances to positively change; and (vi) not being able to see the big picture and to recognize the universal force that molds life.

Beyond the Seventh: Symbolic, Archetypal

The eighth level and beyond is seen by Caroline Myss as an archetypal dimension and resonates on a symbolic level where there is symbolic and holographic sight, and divine logic (Myss, 2001). Plato formulated his archetypal ideas and forms more than two thousand years before Carl Jung defined his theory. According to Jung, all human experience is stored in the collective unconsciousness and is available to everyone. We can identify ourselves with archetypes or elementary character patterns such as animus (the male pattern) in females and anima (the female pattern) in men (Campbell & Hull, 1976). Caroline Myss has described many archetypes (Myss, 2001), for example, the father or mother figure, the child, the rebel, the warrior, the saboteur, the rescuer and the hero. Somehow, we can identify ourselves with some of these patterns and imagine that these color our behavior and play a role in how we respond and make choices. For example, the perpetrator, rescuer or victim operates from an externally controlled model that tends to use the word 'should' (Hay, 1999), whereas an effective teacher, counselor or lead manager tends to operate from an internally controlled model that fosters internal strength and uses the word 'could' (Devine, 2001).

The difference in what people want and what they perceive to receive causes them to initiate action. The archetypal patterns, however, could influence the way in which we tend to act. Although there are authors who condemn some of the 'New Age' archetypal views (Tacey, 2001), Carl Jung himself was not clear on this issue and perhaps for good reasons. Care needs to be taken not to limit development due to rejecting paradigms that may be valid. Just imagine that certain archetypes have been chosen in order to learn the lessons and to perform the tasks we have set ourselves to accomplish in this life. This may explain why people have different sizes of cups of needs that need to be filled. Deep inside, you may identify the archetypal patterns that influence your own response patterns to the needs for survival, power, fun, belonging, freedom, inner vision and inner divinity.

Conclusion

The needs and filters in choice theory and reality therapy can be related to the seven power centers (chakras) in the human energy field. In order to connect body and mind and to enhance the healing process, it is relevant for people to understand that personal development and wellbeing (physical, mental and spiritual) and that of others will benefit from choosing to adopt positive behaviors.
REFERENCES


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Legends of the 20th Century

(My perceptions of the basic needs, the quality worlds, the total behaviors, the need strength profiles, the lead management qualities and the chosen habits of selected individuals who have left and indelible mark on our time)

Robin Clark

The author is a Psychosocial Rehabilitation Counsellor with the Phoenix Residential Society, Regina, Saskatchewan, Canada.

ABSTRACT

Presents a selection of legendary people from the 20th century and the author's perceptions, defined in Choice Theory language, of how and why these people achieved their extraordinary status of recognition. The photos included with this article are chosen from the various texts cited in the References.

Legends are people who are set apart from most human beings. They have distinct characteristics which seem to draw other people to them. They rate higher than most people with regard to Freedom and Power in that they have a strong desire for accomplishment and recognition and pursue these goals with intense determination; they have a distinct sense of faith in themselves and are extremely self-reliant (this is different than self-esteem, which they also have which is considered to be high regard and liking for oneself); they are creative, inspired and visionary; they are motivated, ready and willing to actualize their visions; and, most importantly, they are flexible. Leaders are receptive and adaptable. They can see what needs to be done and complete any task required (Baron, Byrne & Watson, 2001, p.342).

Charisma is the Greek word for "divine gift". Charismatic leaders are individuals with the gift to inspire intensely powerful commitment from other people. They are masters of impression or lead management; that is to say, they have a natural and effortless ability to gain the approval and support of other people (Baron, Byrne & Watson, 2001, p.394). The personal characteristics such as desirability, ingenuity, and vocal command are often essential attributes of lead management.

Lead managers usually identify a vision and know what needs to be done to make it happen. They have excellent verbal and non-verbal communication skills. They are able to define goals in such a way that it adds both purpose and meaning to the thoughts and actions required to attain them.

Finally, leaders seem able to bring forward respect, dedication, enthusiasm and performance in other people beyond that which would otherwise be anticipated. The charismatic leader provides a role model and a value system that are valid even after the leader's death. Often, these people give ordinary people reason to do extraordinary things (Alcock, Carment & Sadava, 1998, p.345). This is lead management exemplified.

For the purpose of this presentation, charismatic leaders or lead managers will be equal to (and be called) legends because, for certain, individuals in either group are members in both (groups). They naturally possess particular qualities that distance them from other human beings and they are the people who fascinate almost everybody. These are the characters in modern mythology; they are the groundbreakers, the visionaries, the tyrants, the trendsetters, and the opinion makers who have left an indelible mark on social thought and identity in the twentieth century.

What makes a legend?

1. The person's life makes a story. You hear the name, you know the story. (Marilyn Monroe, Joe DiMaggio)
2. People who become legends are often in the right place at the right time. (Harry Houdini became legendary as an escape artist just as immigrants were flooding to the shores of North America looking for escape themselves)
3. A great romance often serves as a catalyst to legend. Should one legend become involved with another, this only adds to the impact of both. (Duke of Windsor and Wallace Simpson, Humphrey Bogart and Lauren Bacall)
4. Power—on a BIG scale—is a worthy substitute for beauty. (Adolph Hitler, Joseph Stalin)
5. Tragedy is a stimulant for legend. (Amelia Earhart, Anne Frank)
6. A memorable nickname and doing your job well will help... (Satchmo, Lady Day, The Duke, Papa, the Yankee Clipper)
7. Having a flair for promotion (John Wayne hated horses, yet became the All-American cowboy. He dodged serving in World War II, but became one of the best ever movie representatives of the military)
8. Withdrawing from the world can push you to a legendary status. (Howard Hughes, Glen Gould)
9. The perfume of an early death...(Rudolph Valentino, James Dean, Jimi Hendrix, Janis Joplin, Kurt Cobain)
10. People who are locked in competition with their own legends, driven by compulsion to live up to them...(Orson Welles, Judy Garland, Ernest Hemingway, Michael Jackson) (Jordan, 1995, pp. 7-10)
In Choice Theory terms, we are genetically programmed to survive. As a general statement, the Survival Need rates are average to high across the board, for those of legendary status. Money matters; often risks are meant to be taken. Legends usually have a lot of guns which in Spanish means they are gifted with a strong desire to work hard, continue on and do whatever it takes to ensure survival and security (Glasser, 1998, p.31). While sex plays a role in all our Basic Needs, its role in Survival is for the purpose of reproduction. Legends are like most of us; they want to mate and have a family.

Legendary people understand their Basic Needs early in life. They have an inherent and primary recognition of what motivates them; a natural understanding of how they think and behave and what they want to do with their lives. They identify with certainty, usually at a very young age, what they must do and why they must do it. The Need Strength Profiles of these individuals are such that they reflect an inordinate and intense drive to satisfy, in particular, the basic psychological needs of Power and Freedom. This does not in any way preclude the strength of the other Needs in the lives of legends. It is as important to them as it is to everyone else to feel a sense of Love and Belonging and connection and to laugh, learn and have Fun.

Legends are, in part, legends because their attempts to satisfy their Needs is can be not only their best effort, but an extraordinary, transcendent, phenomenal undertaking as well.

Legends have an inherent and primary recognition of what motivates them; a natural understanding of how they think and behave and what they want to do with their lives. They identify with certainty, usually at a very young age, what they must do and why they must do it. The Need Strength Profiles of these individuals are such that they reflect an inordinate and intense drive to satisfy, in particular, the basic psychological needs of Power and Freedom. This does not in any way preclude the strength of the other Needs in the lives of legends. It is as important to them as it is to everyone else to feel a sense of Love and Belonging and connection and to laugh, learn and have Fun.

The Behavioural Systems of legendary people are very engaged. They have established a wide array of organized behaviours and are always creating new ones in their very determined pursuit to satisfy their Basic Needs.

The components of their Total Behavior are distinctly and readily identifiable. The behaviours of legends are always internally motivated, driven and chosen with freedom and confidence. Their every action is exact, direct, calculated and unmistakable in its purpose and intent.

The chosen Habits of legendary people are diversified. In the pages that follow, you will see pictures of well-known individuals and will be able to easily identify the habits each used in their climb to legendary status.

Some of these legends use External Control Psychology and truly believe they can make other people do what they want them to do. They assume not only the right, but the obligation and authority as well as the moral justification to try and control others. They are remarkably adept with their employment of the Seven Deadly Habits and, as a result, they severely dislocate many of the important relationships they need.

For the most part through, the legends that follow know and understand the absolute: You can only control your own life. They know about Responsibility in the Choice Theory sense. They choose behaviours that satisfy their own needs and at the same time, do not deprive others of the chance to do the same.

They understand the basic principle of Choice Theory that states there is always at least one other choice and that it is important to attempt the choice that will bring them closer to other people. These legends use the Seven Caring Habits to improve their relationships. They continue to assess if what they do or say will bring them closer to others or push them farther away.

It is important to identify that no one collection can ever be complete, nor is it possible to determine truly objective criteria for the selection process. Behind each legend identified and each one left out lies many arguments (Cady, 1998, p.xi). When all is said and done, the following, at most, is a selection.

There are more men than women chosen; however, that proportionality reflects a fact of life; this imbalance is certain to change in the next century. Also, there are more Americans chosen, primarily because, in many ways, the past century was American. The next one hundred years may well be weighed differently (Cady, 1998, p.xi). Regardless, each of these individuals has made their own statement.

Here, then, are the men and women who have encouraged our imaginations and inhabited our dreams. They live in our favorite movies, our history books, on television documentaries, in newspapers and magazines and on the sides of buildings and cereal boxes.

We need legends, so we create them. They are fundamental to human identity. Just as the Haida legends tell their people about their world, so the legends in these pages will tell people about the 20th century, about our dreams, preoccupations and longings. Just as we remember Joan of Arc, Socrates, Shakespeare and Michelangelo, so it is possible that people centuries from now will remember the stories behind the faces of Michael Jordan, Neil Armstrong, Patsy Cline.
Legends: Individuals whose names, faces and stories have had impact on us all—the way we think and behave—and whose actions have literally shaped the course of history.

The selection of legends featured in the visual component of this presentation are listed below by their category of recognition. Included are my perceptions of their need strength profiles for your perusal and amusement. (NOTE: NSP=Need Strength Profile) A copy of the visual component is available on disc at cost. Please contact: Robin Clark C/O Phoenix Residential Society, 1770 Halifax Street, REGINA, SK S4P 1T1, Email: *mailto:phoenixsociety@accesscomm.ca

<table>
<thead>
<tr>
<th>1. Originals</th>
<th>4. Leaders</th>
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<tr>
<td>Harry Houdini</td>
<td>Adolph Hitler</td>
<td>Charlie Chaplin</td>
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<td>J. Edgar Hoover</td>
<td>Franklin Delano Roosevelt</td>
<td>Shirley Temple</td>
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<td>Jack Kerouac</td>
<td>Winston Churchill</td>
<td>Elizabeth Taylor</td>
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<td>Fidel Castro</td>
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<td>Mao Tse Tung</td>
<td>Jimmy Stewart</td>
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<td>Sigmund Freud</td>
<td>Pierre Elliott Trudeau</td>
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<td>The Marx Brothers</td>
<td>VI. Lenin</td>
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Family Therapy in Transition: Choosing to Parent for Peace

Elijah Mickel, Karen Boyd-White, and April Michelle Muldrow

ABSTRACT

Families tend toward peace when parenting is constructed to teach peace. DuBois (1920) wrote, "The cause for war is preparation for war..." Paraphrased, the cause for peace is preparation for peace. Some people make choices that lead to war or violence. This violence is reflected in the choices in families. There are non-need fulfilling situations that lead to the perception that violence is an acceptable, if not responsible, choice. Considering the importance of the family in shaping behavior, a major role of parents is to prepare children for a peaceful society. Intervention and prevention must relate to the perception of violence as inappropriate. When parenting for peace is the choice, it can replace violence as a need fulfilling behavior.

Family violence is an addictive behavior

"A man of violence will come to a violent end."

Whoever said this can be my teacher and my father. Lao Tzu

A system does not obviate individual responsibility but it does require a systemic responsible solution. In a system where violence is the historical choice for any infraction of the law or perceived affront, members learn to accept and promote violence as the answer to many perceived problems. According to Wallace (1999, p. 15), "The general systems theory assumes that violence within the family is a result of a system rather than individual pathology of the family member. The authors posit that the system of violence, as an addictive behavior, operates to either maintain, or increase the level of violence within the society or the family. The violent system will not act to decrease/cease violence without intervention."

Violence is seldom conducted in isolation from others. According to Wilson (1992, p. 6), "Violence is a form of social interaction, a type of social relationship." Violence is imbued with relationship as well as related interdependent subsystems, so, for the purposes of this article, the definition of violence, includes an aspect of interdependence whereby violence is assumed to be the result of both the person and her concomitant interactions with others in her environment. The deeper the interrelationship, the more social the environment, the more likely violence may occur. Such a deep form of interrelations is found within the family environment.

Family violence occurs in a social-historical-cultural context and cannot be divorced from it. It is rooted in social history and represents a type of pro-action and reaction relative to that history. This context is best understood as a component of family relationships. Many of these relationships exude violence.

According to Wallace (1999, p. 3), "The concept of family violence includes several subtopics, such as child abuse, spousal abuse, and elder abuse; it also includes the parent-child interaction. It is therefore a wide-ranging concept that must remain flexible to adaptation as we learn more about its scope and impact." The present article proposes that family therapy, using choice theory, can provide an answer to violence in the family. This approach is predicated on building family relationships. With such an approach, peace is posited as the most viable answer to violence.

The caregiver/child relationship is essential to defining the subtopic of child abuse. In 2000, three million referrals concerning the welfare of approximately five million children were made to CPS (child protective services) agencies throughout the United States. Approximately 879,000 children were found to be victims of child maltreatment. Maltreatment categories typically include physical neglect, medical neglect, physical abuse, sexual abuse, and psychological maltreatment. More than half of all victims were White (51%), a quarter (25%) were African American, and 15 percent were Hispanic. American Indian/Alaska Natives accounted for 2 percent of victims, and Asian/Pacific Islanders accounted for 1 percent of victims. The issue is not the child, but instead the choices that parents make in their behaviors. More than 80 percent of victims (84%) were abused by a parent or parents. Mothers acting alone were responsible for 47 percent of neglect victims and 32 percent of physical abuse victims. Non-relatives, fathers acting alone, and other relatives were responsible for 29 percent, 22 percent and 19 percent, of sexual abuse victims respectively. (NCANDS, 2002)

After many years of intervention, with the focus on maltreatment, child and parent violence continues. To understand this phenomenon, it must be noted that vision always guides policy and practice. For example, the goal of the publication

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Healthy People 2010 is to reduce, and not end, family violence.

The limited vision inherent in Healthy People 2010 produced limited outcomes. In this document, reducing maltreatment of children was targeted to 10.3 children per 1,000 from a 1998 baseline of 12.9, a 20% reduction. Physical assaults were targeted to 3.3 per 1,000 (age 12 and older) from a base of 4.4 in 1998 (www.health.gov/healthypeople). Although a decrease in violence was noted, violence, as a whole, continued.

For those who perceive addiction to violence as a choice, intervention must be in the area of eliminating, the oppressive conditions which lead to choosing violence. In the caregiver/child relationship, integrity requires that therapists take the position that peace mitigates violence, so violence, in all forms, is unacceptable. This is a vision that exists within an expectation of success (Mickel, 1994).

According to the Dalai Lama (1999, p. 217), "One thing is for certain. Given human beings' love of truth, justice, peace, and freedom, creating a better, more compassionate world is a genuine possibility." This can be accomplished through the teaching of choice theory. Glasser posits:

His major effort is to teach the world choice theory, a new psychology aimed at replacing the present psychology of the world which he calls, external control psychology. He believes that external control psychology is a plague on humanity because it destroys human relationships. In so doing, it prevents us from getting along any better with each other than we ever have as evidenced by our failure to improve marital, family, teacher-student and manager-worker relationships during the present century (www.wglasser.com/whoweare.htm).

Teaching the world choice theory may be accomplished through the family. Parents can teach their children choice theory. Those children can teach their own children choice theory. The family thus teaches the world choice theory, which leads to self-knowledge, a requisite for change. However, parents must not choose coercive methods to end violence as it feeds the addiction. Involvement, which leads to building relationships, is requisite to effective treatment. According to Mickel (1993, p. 24), "[involvement] provides the psychological environment necessary for change. The environment must, of necessity, include training that focuses upon knowledge and values. These are critical factors in the formation of need-filling pictures and the subsequent behaviors." Involvement is the keystone to happiness, and is necessary to build successful relationships. Those with successful relationships exude empowerment. Those who perceive themselves as empowered reflect it though behaviors that lead to need-fulfilling choices.

Defining the Family

They are members of our own human family and have been nurtured within the society that we as individuals have helped create. Peace in the world thus depends on peace in the hearts of individuals.

(Dalai Lama)

A family is defined as two or more persons that perceive of themselves as family. A family is comprised of persons who view themselves as a connected system that is essentially inter-dependent. The family is a group that may be related by marriage or ancestry, that may live together in the same household but, if they live apart, they continue to perceive of themselves as members of the family. Many cultures have family boundaries that are fluid and not restrictive. The family does not require the members to be related by blood or law, only that they perceive themselves as family. These persons also act on that perception. The family exemplifies love and belonging. What happen to one member impacts each member. For the purpose of this article, the family is the basic unit of life management. The family unit can take a variety of forms.

The family unit is the social organization responsible for the transmission of culture. This transmission is accomplished through the parenting process. Family therapy has the same goal as the family - involvement that will lead to responsible behaviors. These responsible behaviors are evoked through family empowerment. While family empowerment is enhanced through organized problem solving, the key to forming effective empowering relationships is involvement. Glasser (1965, p. 28) relates, "Attaining involvement is the essence of therapy." The family is the root of involvement leading to the ability to develop meaningful relationships. Perlman (1979, p. 30) asserts, "We become human and grow in humanness through the nature of relationship." It is within the family that parents teach children to take effective control of their lives (Glasser, 1984).

A family can be defined by cultural, historical, biological and spiritual connectiveness. The family is the most important social unit in terms of transmitting culture and other ideas to the society. Culture is comprised of values, traditions, norms, customs, art, history, folklore and institutions. Culture is the organized life management of families.

Violence has been chosen as an effective skill in life management for many families and communities. In fact, some members of society claim violent-child relationship is essential to the culture's well being. These members accept violence as inherent to their culture. If violence is inherent in the culture, it will be continued as a component of life management. If therapists are to support the development of peace as a chosen behavior, parenting for peace provides an effective intervention methodology. Instead of reducing, therapists must move to eliminating violence in families. Therefore, the treatment focus needs to move to preventing violence. Parenting for peace is the way to achieve this goal. The family must be taught the essential components of family life management using family therapy.

Family therapy, as practiced under the auspices of choice (Mickel, 1990, Mickel and Liddie?Hamilton, 1997, 1998) is a unique practice modality. It is a culturally competent model based upon ancient values and knowledge (Mickel, 1991). Family therapy, using choice theory, can rightly posit that its foundation has always had a strengths perspective; the focus is
The treatment for family members that choose violence, and subsequently become addicted, must be holistic. Holism requires each of the needs to be met all of the time; need fulfillment in a peaceful manner must be the goal. Here, the parties work to create a need fulfilling environment whenever they meet, and learn to take the required behaviors home with them.

In a need-fulfilling environment, one seldom chooses addicting behaviors, although addicting behaviors, as need-fulfilling actions, exist. The practice of addiction within our world, as need fulfilling actions, is chosen as our best attempt to control the world we perceive. A reasonable conclusion is that our efforts must be directed not only to the collective family but also the environment in which it exists. The whole and part are bi-directionally interdependent; a change in the whole will effect the part, and vice versa.

Although some may continue to choose violence as a need-fulfilling activity, we may intervene to ameliorate its addicting properties. Recognition that violence has an addicting component opens treatment to the possibility of using the many tools that have been developed to address addiction behaviors such as addictions to alcohol and addictions to drugs. Violence is a chosen behavior, hence addicting behaviors are our best attempt to control the world we perceive. There are a number of steps leading to a change: recognizing family (domestic) violence in all of its manifestations, accepting that violence has systemic manifestations (symptoms), defining the symptoms, promoting the understanding of family violence as addictive, maintaining that any and all forms of family violence are unacceptable, and asserting that peace is a choice (parenting for peace).

Family violence is connected to community violence and community violence is connected to world violence. According to Fanon (1967, p. 142), "A violent child that has grown up in a violent family will be a violent man. There is no disproportion between the life of the family and the life of the nation." To ameliorate the problem of world violence, family therapists (Mickel, 1998 and Mickel and Liddie-Hamilton, 2002) must focus on parenting for peace as their vision. If the focus is on wellness (Mickel, 2002), the inclusion of the violence pandemic is at one end of the continuum. At the other end of the same continuum is peace. Polarity (Mickel, 1994) posits that all problems and solutions exist on the same continuum. If one fails to find an answer or solution, one must change the question.

In the final analysis, families can learn to be peaceful. Responsible rearing of children who work for the betterment of the community is the goal of family life management. This can begin with something as simple as meeting one's responsibility for doing within the family what is expected in order to have an impact on how the community is perceived. This perception can also be reinforced by the acting behaviors that result in giving without expectation of receiving.

Parenting for peace

When we act out of concern for others, the peace this creates in our own hearts brings peace to everyone we associate with. We bring peace to the family, peace to our friends, to the work place, to the community, and so to the world.

(Dalai Lama)

Parenting is a socially constructed process. Many behaviors are chosen based on culture and community. It is comprised of the behaviors of both the parent(s) and those of the child(ren). Parenting as a process is based on twoness. Twochess involves an inter relationship of behaviors related to the child(ren) and the parent(s). Accepting that these interrelated behaviors are essential, and that both parties are contributors, is a complete way to understand the process of family violence.

Although it must be admitted that there are some short term gains (perceived obedience) to violence, obedience can be attained through other means. The stronger the long term relationship, the weaker the behaviors which are violent in nature, so the most effective end to violence is to build long term relationships. Building the caregiver-child relationship strengthens peace in the family. Parenting for peace is not solely the responsibility of the adult care giver. It is a process of transferring learning from the parent (sender) to the child (receiver). This is holistic parenting within families. The basic needs drive family members to form relationships. These relationships flower in the nurturing environment created through the development of a structure. This structure, in turn, encourages peace.

The process of rearing children consists of several functions. The interrelated functions are providing resources, protecting children (physically and psychologically), being an advocate, and connecting with the community (Alvy, 1981). Shaping the environment for spiritual need fulfillment is also a significant responsibility assumed by caregivers. This parenting process is one in which caregivers identify needs, develop and prioritize objectives for the child(ren), develop the confidence and will to work at these objectives, find the resources (internal and/or external) to deal with these objectives, take action in respect to them, and in so doing extend and develop cooperative and collaborative attitudes and practices (Glasser, 1990, Harris, 1977 and Mickel and Mickel, 1999).

Parenting for peace allows for the maximum benefit with the least intervention. According to Munichin and Nichols (1993, p. 66), "By helping people understand their connections, we empower them to take responsibility for their choices and change." Effective peaceful parenting using choice theory is a family based methodology that provides the foundation for systemic change (Mickel, 2000).

Parenting for peace is interventive and preventive. When the therapist intervenes, usually when violence has occurred, it is using preventive methods such as mediation (Mickel, 1995).
and Mickel and Boone, 2001) as well as parent assistance workshops (Mickel, 1993). Parenting for peace is a parent assistance method with prevention and intervention as the objective.

When children are taught peace as the preferable method, they can choose nonviolence. This is particularly important when all around them (social systems) are choosing violence (war/ preemptive).

The present article addresses the role significant parenting plays in choosing behaviors that can result in peace (Mickel, 1993, 2000, 2003). It does not address all of the behaviors necessary to rear children, but the discussion is focused on an outcome of peaceful children. In order to achieve peace, intervention that results in the prevention of war and violence must begin at the level where learning and behavioral change occur most often—the family. According to Alvý (1981, p. 37), "Much of the productive and healthy psychosocial functioning of persons throughout the world may be traceable to the degree of acceptance and benign control showed by their parents. And by contrast, much of the human misery and malfunctioning in the world may find its source in parental rejection and inadequate control." All any of us, including families, can do is behave. We behave to meet our needs; these needs are ever present, while the drive to fulfill them is insistent. Although we cannot choose our needs, we can select our behaviors. The quintessential skill behavior in parenting is listening. One must listen as a parent and as a child. According to Peck (1997, p. 50), "Listening well also requires total concentration upon another and is a manifestation of love in the broadest sense of the word." This is where we can begin to choose peace, as we concentrate upon one another, resulting in responsible, peaceful actions.

Choosing Peace

The Art of Peace begins with you. Work on yourself and your appointed task in the Art of Peace. Everyone has a spirit that can be refined, a body that can be trained in some manner, a suitable path to follow. You are here for no other purpose than to realize your inner divinity and manifest your innate enlightenment. Foster peace in your own life and then apply the Art to all that you encounter (Aikido).

Violence, similar to other forms of addiction, can be transmitted inter-generationally. Violent choosing parents beget violent choosing children. Violence becomes the focus from one generation to the next. This is the violence that results from absence of peace as the focus within families. Peaceful societies result from peaceful families. Violent societies are the mirror of violent families. Developing need fulfilling violent pictures assists with meeting needs during periods of imbalance. In order to return to harmony one matches these pictures with behaviors.

According to Madhubuti (2003, p. 37), "War is about the betrayal of civil culture and the universal living spirit." Communal people seek peace just as they seek to meet their other needs. Peace is a human right. War is an aberration—an unnatural act that results when addictive behaviors surface. Peace is the antithesis to violenting. The definition of peace as a behavior is given within the context of choosing. Peace is the art of moving to perfection. Peace is a choice. Peace is the sense that balance exists. There is a search for perfectibility, which can be seen in the joy of the perfect relationship, where one can find dignity and security. Peace must be made real and tangible in the daily existence of every individual in need. Peace must be sought, above all, because it is the condition for every member of the human family to live a life of dignity and security.

Just as we learn to choose violence, we can learn to choose peace. Peace can be chosen through the search for meeting our needs as expressed in dignity and security. Annan (2001) related, "In this new century, we must start from the understanding that peace belongs not only to states or peoples, but to each and every member of those communities. The sovereignty of States must no longer be used as a shield for gross violations of human rights.

There is space for pictures of peace in the quality world of families. In meeting our basic needs, we can use the pictures to bring a sense of balance and harmony in our living. Families that focus on peaceful parenting provide pictures of peace as need fulfilling. Pictures of peace exist in families where parenting for peace is a priority. However, for those without these pictures, there is still, within themselves, the potential to develop peace.

From the beginning of human kind, the need for peace was operationalized into communalism. This community connectivity resulted in successful groups, and this peace manifested as interdependence resulted in successful group survival. The quest for peace is in the human genome, which is shaped by the socially constructed environment. Peace as a process is manifest within journey to perfectibility.

The perfectibility (Mickel, 1994) of humans posits that there is a continuum of development. The foundation upon which this principle is built proffers that humans develop progressively and are perpetually becoming. It is through this process that they move to the possibility of assimilation with the "higher power." Perfectibility posits the possibility of transcending mental and physical limitations. Violence as a choice is a barrier to reaching perfectibility. It is a symptom of disconnection. Ultimately, there is a focus upon the spiritual development of the human being. According to the Dalai Lama (1999, p. 16), "However given the complexity of our species—in particular, the fact of our having thoughts and emotions as well as imaginative and critical faculties—it is obvious that our needs transcend the merely sensual." This philosophical position reifies progress within the family structure. It is understood that children have the possibility of becoming better than their parents if they "do the right thing." This is not only in a material sense but also in a spiritual sense. Again, this principle underlies the work that parents do with their children as it reinforces the actuality of movement from irresponsibility.
to responsibility. According to the Dalai Lama (1999, P. 169), “A sense of responsibility toward all others also means that both as individuals and as a society of individuals, we have a duty to care for each member of our society.” At the very least, family therapists need to take the position that peace is more need fulfilling than non-peaceful behaviors. Peace begins at home. It is sought and found in the home. If the home is not a peaceful place, it is more difficult for children to find the peace that inherently is their birthright.

When we choose the symptom of violence, when we give up on our interconnectiveness, it is possible to unlearn violence as a choice and relearn that we are all part of one system. Harm to one causes harm to all. Problems in relationships underlie the process of disconnection with its ultimate outcome-systemic violence – war.

**Conclusion**

*Here is the way of Heaven:*
*When you have done your work, retire. (Lao Tzu)*

Families can choose behaviors which change both the family and the family’s environment. They must continually self evaluate (Mickel, 1996 and Mickel and Sanders, 2001) leading to transformation. Within the family, it is the use of violence that lends itself to the development of multiforms of violence including abuse and neglect. If we intrude upon a need fulfilling environment with coercing, it will lead to increases in violencing behavior. Peaceful parenting is a transformation that leads to a need fulfilling environment, utilizing the concepts of reality therapy and choice theory.

We must move to reorganize the parenting process leading to a change in behavior. One example of this process is parenting for peace that develops a methodology to work with parents and their children to address changing the environment to deal with issues of violence (Mickel, 1994). A change in the environment provides the readiness to use the concepts of reality therapy and choice theory to transform to a need fulfilling peaceful environment.

Choosing peace includes developing tolerance. It requires supporting the premise that all life is sacred (precious). According to Mandela (1993) “Let the strivings of us all prove Martin Luther King Jr. to have been correct, when he said that humanity can no longer be tragically bound to the starless midnight of racism and war. Let the efforts of us all prove that he was not a mere dreamer when he spoke of the beauty of genuine brotherhood and peace being more precious than diamonds or silver or gold.”

Families are not separate from the communities in which they exist. The constant parenting goal is one of empowering the family and its interdependent parts that include the community, which is comprised of other families. Individuals, and the families they comprise, are especially sensitive to intervention that reflects a concern for their growth and development. It is at the intervention stage that one must demonstrate a competent perspective and thereby enhance the development of the need fulfilling relationship. The parent that utilizes these constructs moves toward the perfectibility inherent to parenting for peace.

The relationship of the parents to the child has traditionally been viewed as one of conflict or of control. Through the use of parenting for peace, harmony replaces this traditional dichotomy. Parents model the behaviors they are teaching. Parenting works to integrate all components, utilizing a holistic approach. Conflict can (through the union of opposites) be turned to a search for consensus. For those who would avail themselves of the possibility of a harmonious relationship, African-centered parenting for peace can provide a solid foundation. The African centered model is concerned with collective community parenting. It is a wellness model (Mickel, 2003). Parents teach their children to move from I to we. They learn that “I’ll” (individual acting behavior) is less significant than “we’ll” (interdependent action). They then progress from the “I’ll”ness to “We’llness” of relarionshiping. Peace properly taught continues to exist within the minds of the young. Parents must use the music of youth (Mickel and Mickel, 2002) as well as the educational system (Mickel and Mickel, 1999) to parent for peace. These systems can be used to inspire family cohesion and communal interdependence. The method is to analyze the whole, and from this analysis we are able to separate the negative from the positive. Once this has been accomplished, the road to parenting for peace is clear. Parenting for peace is exemplified in the movement from “I’llness” to “we’llness.”

Underlying this approach is a perspective that exemplifies the connection of one family to all families. Peace mandates that differences are acceptable. It moves the members of a family from an individualistic approach to a collective approach where they perceive themselves as a significant component within the community that enjoins and supports the holistic approach. Family becomes the way of peace.

*Man must put an end to war or war will put an end to man (MLK)*
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African Centered Family Therapy in Transition: Healing Cycle as an Answer to Terrorism

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ABSTRACT

This article integrates the components of African centered family therapy with a cycle of healing. Maafa to Maat presents a model for African centered family therapy in transition. This is a rhythmic model that presents a cycle of healing as a response to terror and terrorism. The theoretical underpinning is choice theory from a systems perspective. The healing cycle is a response to terrorism, which posits that terrorism is violence and violence is an addictive process. Many families, in the United States, are in the throes of terror. The nation through its families requires healing. African centered family therapy, which integrates a healing cycle, is proposed as an innovative, collective, interdependent approach.

Families as systems

All families are systems. All systems are comprised of processes. All family systems contain cycles of events (Mickel, 1990). Individuals influence families, families influence communities, and communities nations. Therefore, it may be posited that what the healer does with a family (or a member of a family) impacts the nation. Thus, it is incumbent upon those who would counsel to attempt to ascertain the picture of the family system’s what I know and what I want worlds. Families are not apart from the system of which they are comprised. The variation between families is not the process, but the specific quantities (people, places, and things of the real world) in their sphere of influence. Therapy is a political process that defines wellness. To be a reality therapist is to confront the political process and question its validity. It is also the process that defines the existence of specific illnesses. The process posits illness exists and what treatment is appropriate. Therapy, whether the goal is to maintain status quo or bring change, is political. Politics are concerned with the distribution of resources. The political process is concerned with the axiological foundation of treatment. Therapy in its quintessential form is political because politics determine the form and content of interventions. Politically acceptable therapy has greater perceived healing power. Within the healing profession, persons accept or reject the veracity of methodologies based in part on ascribed effectiveness. Family wellness is the subjective, desired outcome of intervention. Interveners vote with their support. The values, beliefs and subsequent actions of social systems help to shape the environment in which intervention is operationalized and, in the final analysis, utilized.

When a family attempts to meet its needs, it must have available to it the means to meet those needs, or its behavioral system will use need fulfilling behaviors. When behaviors are constricted (unhealthy), the family will continue to behave in an attempt to perceive that it has met or is meeting its needs (quest for wellness). Our system is designed to continually move us toward wellness. This movement is influenced by our genetically driven needs. All families have the same basic needs and use the same total behavior to fulfill them. Their differences are in the genetically endowed strength of a particular need (Glasser, 1984 and 1998). It is important that the therapist (healer) recognizes that, within the process, a change in one part of the family structure causes a change in the total family (Mickel, 1990).

Wellness has heretofore been defined by stimulus response psychology (Glasser, 1984 and 1998). According to Mickel and Liddie-Hamilton (2002, p. 36), “The art of healing is essentially the management of the healer, consumer and the environment.” Healing mandates a recognition of the person in the environment as well as the environment in the person. Within the environment, persons learn best through need fulfilling involvement. According to Mickel (1993, p. 36), “It is an approach which focuses upon the relationship system, works to modify or change those processes which detract from the strength need fulfilling quality processes.” Effective need fulfillment occurs on a level playing field (Mickel and Mickel, 1999). Healing requires a noncoercive, safe space where families can meet their basic needs. Family therapists using choice theory understand the perceptual system as it relates to reality. The African centered perceptual system (Mickel, 1991) provides a foundation upon which family understanding is developed. According to Mickel and Liddie-Hamilton (2002, p. 36), “African centered family healing presents a realistic view of the history of the family, focusing on the strengths of the family, especially noting the central role of interdependence and spirituality.” The African centered healing environment is a non-coercive need fulfilling system where each participant is assisted to responsibly meet his or her needs.

Terrorism

Many families that have been subjected to terror are functioning in non need fulfilling environments. Many nations are in the mist of systemic cycles of violence (Annan, 2002). Violence is an addictive behavior (Mickel, 1994 and Mickel...
and Liddie-Hamilton, 1997). Violence as an addiction is an act of behavior chosen to attempt to manage the world we perceive. Violence, in all of its many forms, continues to be a preoccupation of the United States. Terror has become the nation’s pastime. Violence is on every news channel, every time, all the time. The images are constantly and consistently a part of our daily information diet. “If it bleeds, it leads” is the mantra for news programming. According to Levine and Rosich (1996, p. 53), “The dominant conclusion from the NAS Violence Panel and other study groups underscores the role of television violence as a contingency affecting aggressive and violent behavior.” This is especially noticeable since September 11, 2001 (Bush, 2002). The continual media preoccupation with violence, as responsible behavior, influences consumers to accept terrorism. Violence begets violence. This date marks a move to the development of a collective conscious acceptance of violence within the U.S. There is a national cry for revenge and this revenge is manifested in the form of choosing violence and other forms of addiction (Williams, 2002). Images are constantly and consistently a part of the daily consumption promoting violence. The victims are now perpetuating the fear that fear produced. Thus, fear is constantly in the media and is almost unavoidable. State-sponsored violence, without intervention, becomes a socially acceptable choice. This violence becomes a perceptual reality. The difference is that violence is promoted as the required action for national safety.

Terror exists on a continuum of violence. Terror is a perception that the world is imbalanced and that the way to behave is through fearing. Fear operationalized into communal behavior becomes fearing. According to Levine and Rosich (1996, p.53), “[f]ear can precipitate a cycle of deterioration leading to a breakdown of the physical and social order of a community.” According to Federal Emergency Management Agency (FEMA)(1999, p. 7), A The Federal Bureau of Investigation (FBI) defines terrorism as the unlawful use of force against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in the furtherance of political or social objectives. The issue of terrorism includes the nation’s choice of behaviors. The issue of terror is not always its immediate impact. The intensity of terrorism can be transitory. It is also the residual (post event violence) that requires a different family model. The traditional approach to delayed stress approaches events that need intervention, not a changed lifestyle.”

According to the FEMA, “Antiterrorism refers to defensive measures used to reduce the vulnerability of people and property to terrorist acts, while counter terrorism includes offensive measures taken to prevent, deter, and respond to terrorism. Within the emergency management arena, antiterrorism is a hazard mitigation activity and counter terrorism falls within the scope of preparedness, response and recovery. Terrorism is often categorized as "domestic" or "international." This distinction refers not to where the terrorist act takes place but rather to the origin of the individuals or groups responsible for it.”(www.fema.gov) Just as other images of violence influence behavior, these images must have an impact. African centered family therapy prepares the family to work with those who are similar as well as different from themselves. One of the side components of terrorism is the belief that those who are more likely to be terrorist are different from us. They are always the others. According to Glasser (2000), “Unhappiness, combined with the strong feeling in the perpetrator that others should be punished for the way he feels, is by far the main reason that anyone strikes out at another human being.” Difference becomes a threat to the community in an environment of threat alerts. It is imperative that this oversight be corrected in the attempt to work with the strengths of families. Healers are trained to perceive differences as acceptable and not aberrant. Healing is more than antiterrorism. We are in the midst of a change in life patterns that requires a healing process. The major strength in African centered family therapy is its interdependent, holistic focus.

Holism is required for healing to occur. The therapist who wishes to be effective must address healing on every level (Kambon, 1998 and Some, 1993). Just as terror influences the physical, mental and spiritual components of human behavior, healing must focus on each component. According to Schiele (2000, p. 30), “Spirituality is the medium through which collective identity and oneness of vision are attained.” Just as one must address all the needs all of the time, one must also understand that the mental, physical and spiritual are interconnected. Just as there are pictures for the physical and mental components, therapists must address the pictures of the spirit. Spiritual wellness has, historically, been neglected by healers. According to Thurman (1986, p. 16), there is a spirit in man and in the world working always against the thing that destroys and lays waste. Always he must know that the limitations of life are not final or ultimate, he must distinguish between failure and a many-sided-awareness so that he will not mistake conformity for harmony, uniformity for synthesis. These factors must be evaluated, and healing practices developed to address them. The African Centered Family healer practice, when it is holistic, reflects service to the whole family. The concept of family is communally defined as the whole world. Family therapy, from an African centered perspective, is concerned with developing the physical, spiritual and mental environment. According to McMahon (1990, p.4), “Each is a more empowering concept. The consumer is perceived holistically when focus is on the whole person--body, spirit, and mind--and on the interdependence of each of the major dimensions of person.” It is during the change process that one reinforces the necessity for wholeness.

Our system is designed to be need fulfilling (healthy). When the system is unhealthy (out of balance) it behaves to obtain a sense of wellness (balance). The system maintains, in its quality world, pictures of wellness. As a family, it is in our quality world that we store those memories, pictures of wellness, if you will that can be drawn upon to provide a foundation for wellness. It keeps a historical record of wellness. When it is out of balance, it retrieves (sometimes with help) those instances when it was in balance and attempts to move, obtain,
those things which assist it to become healthy once again). Reality therapy does not dwell in the past (Glasser, 1984 and 1998) but it does use the past to build upon and develop behaviors for the present. This is the essential use of the therapeutic process, which leads to the cycle of healing. The cycle of healing has rhythm.

MAAFA to MAAT

All life has rhythm. Rhythm consists of an order, flow through time. Successful therapeutic intervention has a pulse, a beat, rhythm if you will. According to Spencer (1990, p. 146) rhythm is the chief energizer and organizer that inspires and controls the activity of a community, causing it to act together and thereby nurture a community. Once you understand the rhythm, you can determine the most viable method for healing. According to Kamien, (1990, p. 27), “the essence of rhythm is a recurring pattern of tension and release, of expectations and fulfillment.” It has understandable patterns (Kamien, 1990). This rhythm is a constant companion to intervention and healing. Therapy, when successful, has rhythm (Chandler, 1999 and Mickel, 1994). Our lives consist of rhythmic cycles within cycles. This is the cycle of wellness. The cycle consists of three components. The first is Maat, followed by maafera and sankofa.

The ancient Egyptians knew Maat as the Goddess of truth and justice. Ma'at comes from Mu'at, which derives the verb meaning 1) to direct, to steer, to give a direction: 2) to offer, to sacrifice. Maat refers to a mode of organization and a quality of awareness. The word is usually translated as “truth, justice, order, adjustment, honest.” The old idea of Maat described the harmonious relationship among people in society, and with the world around them (Ani, 1994, Karenga, 1990, Mickel, 1991 and Richards, D. 1990). Maafera is a Kiswahili term for disaster or terrible occurrence. Maafera ranges from extreme disasters (Ani, 1994 and Kambon, 1998) through the cyclic discomforts that are a part of life. These are the mini miseries that we all understand. Sankofa is an Akai word which means to go back and retrieve. The word Sankofa is derived from the words San (return), Koo (go) and Fa (look, seek and take). This symbolizes the Akai’s quest for knowledge with the implication that the quest is based on critical examination, intelligent and patient investigation (Marshall, 2002).

The Healing Cycle

The healing cycle posits that as we live our lives, we learn to meet our needs in a responsible manner. We can only live in the present. The past contains pictures, in our quality world, which have been used to meet our needs responsibly. Sankofa is the process of going back and fetching these perceptions. These perceptions are ways of dealing with adversity in a successful responsible way. According to Gould (1996, p. 354), “The impact of human uniqueness upon the world has been enormous because it has established a new kind of evolution to support the transmission across generations of learned knowledge and behavior.” This position attempts to influence and not control. The family therapist uses therapeutic teaching techniques to help process information in the cycle of healing. Healing is a lifelong continuous process. One answer to terror can be found in the African Centered Family Healing Cycle. Healing occurs within the family collective vision. The therapist's role may mean that to help families, it is necessary to reframe the past successes into present choices.

The cycle of healing posits sankofa as an answer to the maafera. In order to overcome maafera (terrorism), one must engage in sankofa. Sankofa is the return to the past (place where wellness exists). It posits that if one goes back to the pictures of wellness, one can find strengths. Sankofa is the process of acquiring healing pictures. The critical function of the healer is to therapeutically create a need fulfilling environment where the families can learn to make the journey to recall pictures of wellness, and organize their pictures into a consistent film (a series of wellness pictures) of health.

The cycle of healing is an interdependent, rhythmic interrelated method used to address perceived misery. Misery, when perceived on a communal level, results in communal misery. Terrorism is not a component of one's worldview when the focus is on balance and reciprocity. Terror is a component of chaos and conflict, not peace and harmony. Terror is operational fear. Terror is a reflection of the maafera. The maafera is a period of misery, disaster, mistrust and imbalance. From the family perspective, maaferas occur as a part of one's life. According to Roberson (1995, p.4), “A traumatic event in life or in one's family must be mourned and remembered. That is healthy and natural. On the other hand, to forget or block out the memory, with no tears or sadness, is psychologically harmful, unnatural and unhealthy.” The community organizational maafera is usually imposed upon the family. Although it is true that one's behavioral choices may be limited by others' attempts to impose maafera, our behaviors result from choice. Collective behaviors are usually collectively agreed upon. Collective consciousness leads to common vision operationalized into similar objectives. Thus, the major question is how does one choose to behave in the presence of the maafera? The issue, which must be addressed, is how to transform fearing into wellness. The answer posited is the healing process. There is a difference between mourning, remembering and revenging traumatic events. Mourning and remembering lead to healing while revenging continues the maafera. The objective is to get to Maat. Maat is achieving a sense of healing homeostasis. Maat is balance reciprocity and truth as the normal way of living.

If we hold on to the thought that Maatian principles exist at some point in our lives, then we can go back and retrieve the knowledge necessary to overcome, to heal and reverse Maafera. To return to the source is not antithetical to choice, and it is human culture. According to Gould (1996, p. 354), “Human uniqueness resides primarily in our brains. It is expressed in the culture built upon our intelligence and the power it gives us to manipulate the world. Human societies change by cultural evolution.”

Sankofa exists within the quality world. The pictures we store in our quality world are the indicant of Maat (balance,
wellness, peace). Sankofa visits the collective unconscious of the family. Through role play, stories, African centered reality therapy connects today’s behavior to its historical antecedents. African centered reality therapy is in essence the process of going back to the quality world, selecting pictures of wellness, and bringing these perceptions into our current world view. The role of the African centered reality therapist using choice theory is to engage the family in the development of these pictures into a quality movie, which can be used to confront and overcome maafa (pain, illness) and move to Maat.

Conclusion

Family healing requires involvement. Involvement is essential to the development or strengthening of relationships. Involvement is used to encourage families to move to using the strengths they have to focus on the present and the future. Fearing cannot exist in the presence of love. We must go back to those pictures of belonging and love to learn to increase our love and belonging behaviors. This in the final analysis is the one consistent answer to terrorism through African Centered Family Therapy.

The pictures in our quality world, developed in the past, are used as a foundation for the development of strength building behaviors. In the present stage, we complete the picture. Families are assisted in distinguishing wants from needs. Those needs are legitimized. All families have the same basic needs. It is the role of the African centered healer to assist in reframing our wants into our common needs (Mickel and Boone, 2001). These healers work to alleviate major imbalances of power. Support is provided to assist families in their move from perception of maafa to Maat.

In the final analysis as we confront terrorism, the cycle of violence, and fearing, there is but one choice, peace. To move toward peace, in the political environment, known as therapy, one can use the African centered family healing cycle to reconstruct both fearing and terrorism. To understand the move from maafa to Maat, families must transmit that we are spirit manifest as matter. The understanding of this relationship enhances the wellness process. For spirit can do anything as its limitations are contained in the physical. African centered reasoning informs us that people do what they do because to do it is right for them. Society, as exemplified through the family system, then begins the process of altering natural behavior. Choice theory, from this perspective, teaches that persons tend toward truth, justice and balance. It is the role of the therapist to assist them in their journey to wellness.

Families as systems, interface with their perception of the "real world." What the family system understands of the world (real) environment affects what it does, and what it does affects what it understands. All behavior in the family system is focused around making choices. Families select certain qualities with respect to specific perceptions in the "real world." The family attempts to gain and maintain control over what it perceives as need fulfilling in its real world. Families tend toward wellness.

If we accept the family system as doing the right thing, most of the time, then we understand wellness as much more than a constant correcting, choosing component of family life. Wellness is the anchor, the foundation of family life. Life is more than the physical, it is the spirit manifest as matter. Maat posits that families consist of spiritual beings with a purpose. The natural order if assisted rather than hindered will result in Maat. It is the responsibility of the family to provide a safe nurturing environment based on Sankofa and the transformation to wellness will naturally occur. It is the responsible family that is receptive to change.
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A Comparison of Wellness Coaching and Reality Therapy

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ABSTRACT

Wellcoaches Corporation has developed a training program for personal trainers, dieticians, nurses and other wellness professionals that will move them from a prescriptive approach towards a more internally based coaching approach. It's program incorporates many of the techniques of Reality Therapy.

Personal wellness coaching is an emerging profession that involves training health and fitness professionals to become wellness coaches and work with people who have been unable for one reason or another to adopt healthy lifestyles. Personal wellness coaching could become a major force in health promotion and disease prevention, weight management, and fitness programs. To do this, these personal trainers, physical therapists, dieticians and nurses are adding a different approach to their repertoire with the help of the wellness training program. Along with playing the role of expert and prescribing exercises, diet, and stress management plans, wellness coaches help clients become more self aware, get in touch with intrinsic motivators, develop personal visions, clarify, define, and commit to their unique goals; and work out ways to deal with obstacles.

Behavioral research suggests that the most effective people are those who understand themselves, both their strengths and their weaknesses, so they can develop strategies to meet the demands of their environment. A person's behavior is a necessary and integral part of who they are. (page 1, Managing for Success, Target Training International, Ltd., 1998)

In other words, these wellness coaches are as concerned with facilitating a change in the client's thinking and behavior as they are with affecting physical changes in the body. Many coaching programs have been deficient up to this point in acknowledging and integrating the principles of psychology. William Glasser's Choice Theory provides an excellent theoretical framework for coaching models. It is an internal control cognitive theory which stresses that human beings have genetic needs for survival, fun, freedom, love and belonging, and power. When the individual's need is not being met, it generates a "want." The individual then develops a strategy for satisfying that want. The practice of counseling with Reality Therapy based on Choice Theory is a way of facilitating responsible individual change. This approach is based upon the idea that only the individual can change his or her behavior. The individual must make the choice and the commitment to change. No one can do it for someone else. Therefore, there is a need to move from a prescriptive "training" mode to an internal control centered "coaching" mode.

Many of the techniques the Wellcoaches program uses incorporate elements of Reality Therapy. It emphasizes taking into account current behavior and fostering personal responsibility in the making and carrying out of action plans.

Because of the intensive practice in role playing provided in the training of Reality Therapists and the large variation in the reasons why clients come to them, Reality Therapists are trained using conceptual rather than specific questions. This allows great flexibility when dealing with a wide variety of client concerns. The health and fitness professionals trained by Wellcoaches have a background in exercise physiology and nutrition and health management, not in counseling. Therefore, they are given a suggested protocol to use until they become comfortable with the process.

It is assumed that little progress can be made unless a meaningful relationship and positive communication are established between the client and the therapist. The Wellcoaches program suggests to its trainees that they use specific questions to establish a positive atmosphere. The following is an example of a coaching session (These are sample segments of coaching sessions that could possibly be used, but are not intended to be a complete coaching session):

Coach: I am delighted that you have chosen me for your coach. What do you want?

Mary: I know that I need to exercise and lose weight, but I can't seem to make a plan and stick to it.

Coach: What are you hoping to gain from working with me?

Mary: I am hoping that you can help me by telling me what exercises are appropriate for me and that you can help me design a program that I will stick with.

Coach: My role is to help you develop the mindset to support your change process and to help you decide on behavioral goals that work for you. Although I will make suggestions for your specific nutrition and exercise program, you are in charge and responsible for deciding what you want to work on. How does that sound?

Mary: That sounds good because feeling more in control is an issue for me and I hope you can help me with it.
Coach: That's what I have been trained to do so you are in good hands. Tell me about your nutritional program at the moment.

Mary: I ordinarily eat a balanced diet, but crave sugar when I am stressed.

Coach: Have you thought about what types of situations you stress about?

Mary: I have a four year old and a six year old. Between providing transportation, dealing with homework, and trying to keep the house organized, there never seems to be enough time. Then I let things the children do annoy me and I pop a piece of candy in my mouth instead of yelling at them.

Coach: What do you think about exercise?

Mary: I hate it, but I know it is necessary to keep my bones and cardiovascular system healthy.

Coach: What are you presently doing in terms of exercise?

Mary: Right now, I'm trying to use the treadmill for thirty minutes, but I rarely find the time.

Coach: Tell me about your past experience with weight loss.

Mary: I was up and down until I was forty, but lately I am having trouble keeping the weight down and it seems to be collecting in different places.

There is a strong emphasis on physical activity, nutrition, stress management, and behavioral goals. It is assumed that individuals going to a wellness professional are especially concerned about these areas and are looking for someone with expertise to help them.

The first step for both the wellness coach and the Reality Therapist is to establish what clients want - to define their wants and visions of what it would be like if the goals were achieved.

Coach: If you could go to sleep tonight, wake up tomorrow, and find yourself miraculously happy, fit and healthy, how would your life be different?

Mary: I wouldn't feel guilty about not doing what I know is good for me.

Coach: In what way would your personal life be different?

Mary: I wouldn't lose my temper with the children. I would be a calmer person.

Coach: How would you look?

Mary: My body would be firm and I wouldn't bulge in the wrong places. I would look great!

Coach: What would you be thinking?

Mary: How proud I am!

Coach: Wonderful! What physical activities would you be doing?

Mary: I would be walking and exercising.

Coach: What would you be eating?

Mary: I wouldn't be popping pieces of candy.

After establishing what the client wants, the next step in wellness coaching and Reality Therapy is to examine present behavior.

Coach: What exercises did you do last month? How often?

Mary: I used the treadmill two or three times.

Coach: What fitness activities did you like in the past?

Mary: I really used to like to walk outside when it wasn't too cold.

Coach: What do you think about your eating habits right now?

Mary: They are really quite good until I get stressed and blow it.

In both the Wellcoaches approach and Reality Therapy, the next step is to evaluate current behavior to determine what is working and what is not. Brian Lennon, a Reality Therapy counselor, suggested in the Irish website's Corner section on April 4, 2004 that a person can make one of three choices at this point. The person can choose to make things better, to make things worse, or to do nothing. Wellcoaches go on to help the client determine possible "road blocks" that will interfere with behavior change.

Coach: What is standing in the way of your reaching your goals?

Mary: The main problem is that there never seems to be enough time to get everything done. It will be better next year when the boys are both in school for a full day.

Coach: What is more important than meeting this goal?

Mary: Spending quality time with my children, but not meeting my goals is stressing me so much that the time I do spend with them now isn't quality.

After evaluating current behavior, both Wellcoaches and Reality Therapists help the client to develop a plan. Both groups work with the client to make a plan that is short, immediate, extremely specific, achievable, stated in terms of "I will" rather than "I won't," and dependent only on the behavior of the client. The main difference is that wellness coaches, because of their specific expertise, give specific input and suggestions as to diet and exercises rather than relying on the client to create the entire plan.

Wellcoaches stresses not only the successful completion of the specific weekly plan, but also three and six month behavioral goals.

Coach: In the next week, what could you think or do that would move you forward?
Mary: Well, I could keep a food diary, go to Weight Watchers once, and remind myself of how good it feels to be in control.

Coach: That sounds like it would be great progress! Are you sure that you can do this? It will help your confidence a great deal if you are able to successfully complete your plan.

Mary: Yes, I can do that.

Coach: In terms of exercise, we discussed the fact that your doctor said that you have a problem with fibromyalgia. Instead of jumping into an exercise program, I suggest that we start with some basic stretching and I can provide some specific exercises. What do you think?

Mary: I am open to the stretching as a way to move forward.

Coach: That’s great! How much time each day can you realistically commit to doing some stretching this week?

Mary: I think I can really do ten minutes a day.

Coach: At what time each day would this be possible and where will you do it?

Mary: I will do it in the living room right after the children go to school and before I start something else.

Coach: Wow! Sounds like we’re ready to go! Before you leave I will walk you through each of the stretches and give you pictures showing how each is done to help you remember.

Coach: How do you feel about this session?

Mary: I feel much calmer and more in control. I think it will help that I am accountable to someone else besides myself for completing my plan. I am willing to disappoint myself, but not someone else.

At this point, Reality Therapists spend some time revisiting the original “want” and have the client to make a commitment to completing the agreed upon plan.

For both wellness coaches and Reality Therapists, the next session is used to evaluate how the plan worked—praise and celebrate achievements and make revisions in the plan where necessary. Again, wellness coaches may use specific questions such as:

- What can we do differently in the next week?
- What obstacles limit the progress you want to make?
- What do we do that helps you the most?
- What would help the process work better for you?
- What is missing from your program that you would like to include?
- How did you do in reaching your goals?
- Do you think it is time to set a new goal?

**Conclusion**

The Wellcoaches approach is relatively new and involves training health and fitness professionals to move from a stimulus response prescriptive training mode into a coaching mode based on internal control. Since becoming aware of Choice Theory, Wellcoaches is beginning to incorporate some of the concepts of Choice Theory and the process of Reality Therapy into its training.

**REFERENCE**


Target Training International (1998) *Managing for Success*

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ABSTRACT

Because the need for belonging is characteristic to all cultures and individuals, satisfactory human relationships have from the beginning provided the bedrock of choice theory and the methodology reality therapy. This article describes three examples of the deep seated and multi-faceted nature of love and belonging. By definition and for pedagogical purposes, the five basic human needs can be studied separately, but we don’t live merely by definitions. In the world of human experience, human relationships are empowering. They are liberating. They are fun. They are life sustaining. Human relationships that are gratifying and pleasing provide the royal road to mental health and self-actualization. No matter how dire one’s circumstances, the human will and creativity are relentless in their pursuit of human closeness.

Introduction

Using reality therapy effectively means that all counseling techniques, classroom applications, personal use, and organizational interventions spring from the justifying theory – choice theory (Glasser, 1998). Applications to counseling (Wubbolding, 2000), management (Wubbolding, 1996), education (Glasser, 2000), cross-cultural work (Wubbolding, et al, 2004), and relationships (Glasser, 1998) are well established.

Building better human relationships lies at the basis of quality education, mental health, and happiness in general. While this point is controversial among educators and practitioners, almost invariably users of reality therapy alleviate their frustrations, at least to some extent, when they enhance their communication, interdependence, or altruistic choices as these behaviors relate to family, friends, colleagues, and others.

Belonging as Power

The five needs or genetic instructions motivate all human behavior with belonging as the most prominent. While the needs are conceptually separable, i.e., they can be individually defined, in practice they overlap and merge. An enjoyable hobby is also liberating and empowering. A job successfully performed results in the satisfaction of power and sometimes belonging. Below are two examples useful for teaching and understanding the significance and magnitude of satisfying the need for belonging.

The Cellist

Mark Salzman (2003) describes an invitation from Sister Janet Harris to play his cello for the inmates at L.A.’s Central Juvenile Hall. Because of a less than pleasant experience playing his cello before another adolescent audience, his agreement was hesitant and reluctant. Nevertheless, at her urging he made his appearance. Seeing that the rock group preceding him on stage included an attractive young woman seductively dressed, his anxiety increased. Taking the stage, he explained to his audience that everything they saw on the cello except for the metal strings and the end pin were once alive. He told them, “When we play the instrument we bring these things to life again” (p. 124). He then told the audience he was going to play “The Swan” by Camille Saint-Saens, a piece that always made him think of his mother. He states, “With its high ceiling, bare walls, and hard floor, the chapel was as resonant as a shower stall . . . The instrument sounded divine in that room . . . but then a rustling from the audience brought me back to reality. The kids were bored as I had feared” (p. 124). He looked up at the audience and saw a room full of boys with tears streaming down their faces. The rustling had been the sound of boys wiping their noses and sniffling. After playing another piece, someone shouted, “Play the one about mothers again.” The room resonated with cheers. He played the piece a total of three times. When a monitor told him his time was up, the inmates booed, then they gave Mark a rousing ovation.

Clearly, the inmates were moved by the music and the reference to motherhood. Could their tears have signified their less than ideal relationship with their mothers, perhaps relationships they wish they had? Or the relationships they currently missed? The need for a tender relationship satisfying the need for belonging is often camouflaged by a rough exterior, but the creative user of reality therapy knows it is present and finds a way to reach it.

Nien Cheng’s Interrogations

During the Maoist regime, Nien Cheng (1986) was held in solitary confinement for six years. She tells the story of how she coped with her initial passivity and depression as well as her loneliness and isolation. When interrogated, she gained a sense of anticipated and imagined belonging by shouting her answers at her interrogators when they questioned her. She believed that other prisoners in the same building could hear her, and her shouting was a way to feel some belonging with
them as well as provide them a source of courage. A feeling of power accompanied this deep sense of belonging.

Fred and Porter’s Bond

Hirsch (2004) presents a story of heroic courage and human bonding. Fred Cherry and Porter Halyburton, fighter pilots, prisoners of war in Viet Nam, suffered unspeakable psychological and physical tortures during their nearly seven years internment. Major Fred Cherry, Air Force pilot, African American, was raised in a segregated world. Shot down and wounded, he suffered additional abuse at the hands of his captors adding to his pain and suffering. United States Navy Lieutenant Junior Grade, Porter Halyburton, a white raised in the South in the 1940’s and 50’s, became Fred’s cellmate. Their legendary bondedness saved both of them. Porter nursed Fred who received extremely primitive treatment for his injuries including several operations and poor post-operative treatment. He helped Fred by bathing him, exercising him, and being a psychological support for him for seven months. Fred taught Porter the lessons of heroism, loyalty, and a bias-free worldview. Because of their synergistic union, they both survived, and carried with them during the rest of their imprisonment the desire to survive, not only to rejoin their families, but to see each other again and resume their friendship. Another prisoner, Giles Norrington, a Navy pilot shot down in 1968, recalled, “By the time I arrived, Porter and Fred had already achieved legendary status…the respect, mutual support, and affection that had developed between them were the stuff of sagas. Their stories as individuals and as a team were a great source of inspiration” (pp. 9-10). As Hirsch said, “Many of the POWs had to cross racial, cultural, or social boundaries to exist in such close confines. But Halyburton and Cherry did more than coexist — they rescued each other. Each man credits the other with saving his life. One needed to be saved physically; the other, emotionally. In doing so, they forged a brotherhood that no enemy could shatter” (p. 10). In November of 2004, they appeared on C-SPAN. They once again stated that they would do the same again for each other. Parenthetically, Fred stated that he has never once dreamed about Viet Nam, illustrating a principle crucial to reality therapy. Human relationships alleviate pain and can even lessen post traumatic stress.

Summary

The above examples present graphic illustrations of the efficacy of need satisfaction, especially belonging. Fulfilling quality world pictures of relationships and developing new ones requires energy, effort, and tenacity. Yet, the payoff can far exceed the expectation. The above vignettes illustrate various aspects and subtleties of satisfying the need for belonging. They attest to the deepest human longing, the need for interconnectedness and to the satisfaction of power through friendship.

In counseling, teaching, managing, and in most human relationships we encounter everyday, we experience less dramatic but nevertheless significant opportunities to develop acquaintanceships, friendships, and intimacies. These provide the royal road to mental health and quality living.

REFERENCES


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