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EDITOR'S COMMENT

This issue marks the beginning of the third year of publication for the Journal of Reality Therapy. During that time, I have been impressed by the positive reactions to the creation and development of the Journal. In addition, I have appreciated the patience of subscribers as we worked out the almost inevitable publication problems of any new endeavor. I look forward to continued support in providing articles and helping our subscription lists grow.

You will note in this issue two new developments. First, the message from the new national executive director of the Institute for Reality Therapy marks an important step in the organization and administration of the Institute, and should greatly facilitate the dissemination of the concepts of Reality Therapy and the professional preparation of reality therapists. Second, I am starting what I hope will be a regular part of the Journal, i.e. a section on current research in Reality Therapy. The two dissertation abstracts in this issue represent a model that can be used. For those of you conducting research, or advising the research of others, I would encourage you to submit abstracts of approximately 600 words on the study. We will try to print these abstracts as space permits, so that those interested may keep abreast of new research, and may correspond with the researchers for additional information.

FROM THE DESK OF THE NEW EXECUTIVE DIRECTOR
Ronald C. Harshman

It is with a great deal of pleasure that I am able to share this message with the readers of the Journal of Reality Therapy. As many of you know, I officially assumed the position of Executive Director in November of 1982, but only took up residence here in Los Angeles in July of 1983.

The Boston Conference was a smashing success and we all owe a great deal of gratitude to the Northeast Region Planning Committee. In particular, David Moran did an outstanding job as the Conference Coordinator.

Plans are already well under way for the 1984 Convention, scheduled for June 28 - July 1, at the Copper Mountain Ski Resort just outside of Denver. For those of you who were not able to attend Boston '83, you will certainly not want to miss Copper Mountain '84. For those of you who were able to attend the Boston Convention, I am certain you will not need any encouragement to make plans for your attendance at Copper Mountain.

The Institute for Reality Therapy is presently undergoing many, many changes. My primary goal is to increase the credibility of our training and the overall professionalism of our organization. We are very much in need of standardization and quality control, and I have been most pleased with the overwhelming support that I have received from many of you. Change always brings with it some unsettling, and my commitment is to be of as much assistance as I can in helping individuals understand the rationale behind the changes, and also to assist them in incorporating those changes into their own personal inner worlds.

We are planning to increase the number of Intensive Weeks held both in Los Angeles and in the field. For those of you who were not in Boston, you will be pleased to know that the Board made a decision to have a Certification Week precede each of the future Annual Conventions, at the Convention sites. Therefore, there will be a Certification Week taking place at Copper Mountain from June 25 - 29. There will not be a Certification Week held in Los Angeles during the Summer of 1984.

There are a number of new policies which have been enacted pertaining to Practica, Intensive Weeks, and the training of Instructors. All of these new policies will be appearing in the September issue of the IRT Newsletter. I urge you to read the Newsletter carefully, and I should very much appreciate receiving input from you, regarding your suggestions, ideas, and/or criticisms.
The Institute is moving in the direction of establishing a fully-functional clinic, and in all likelihood, we will be moving our offices early in 1984. Our new space will include a number of individual clinical offices, as well as sufficient space for group therapy, small workshops, video taping and observation rooms, and evening courses designed for various client populations. We shall certainly keep you advised of these moves as they develop.

Effective September 1, 1983, NO Intensive Week will be accredited as leading toward Certification by the Institute, unless it has been properly approved, following the new policies and guidelines. Regional Board Members have a supply of Application Forms which must be used in the arranging and scheduling of Intensive Weeks. Similarly, no individual will be able to attend a Certification Week, until he/she has successfully completed a Second Practicum under the direction and supervision of an approved Level II Practicum Supervisor. Check the September Newsletter for a list of those Practicum Supervisors who have been approved.

As many of you know, Dr. Glasser has been able to clarify his own perceptions of Control Theory to the point where he is now much more comfortable with the way in which he is able to share these ideas and concepts. Control Theory is an extremely difficult set of concepts to integrate, and many of our long-term Reality Therapists have had significant difficulties in integrating these ideas into their teaching and counseling repertoire. In direct response to this need, we are planning the FIRST Intensive Workshop, during which Dr. Glasser will personally teach the concepts of Control Theory. This will be a three-day Workshop scheduled for Los Angeles, on February 1-3, 1984. The Workshop is open ONLY to Certified Reality Therapists, and space will certainly be limited. If you are interested in taking advantage of this unique learning experience, please contact me immediately for further details. Please note that Dr. Glasser will personally conduct the entire three-day Workshop.

In closing, I should simply like to state that I am, indeed, honored to have been appointed to this challenging and responsible position. I am dedicated to constantly upgrading and enhancing the professional image of the Institute. I certainly need your support and input, and I look forward to hearing from you directly as we continue along the road of future developments.

As a result of my long-term association, both with the Institute and with Dr. Glasser, I believe that I can honestly say that I see where we have been, I know where we are, and I believe very strongly in where we are going. I am very much looking forward to making the journey with you.

ADULT DEVELOPMENT FROM THE PERSPECTIVE OF REALITY THERAPY

Peter Appel

The author is with the Department of Counselor Education, University of Virginia, Charlottesville, VA.

What do a thirty-four year old single white-collar career woman and a nineteen year old single male construction worker have in common? Does everyone have a mid-life crisis? What are the factors affecting a mother whose children have all left home? When a man retires, does that mean he will quickly grow old and die? These commonly heard questions have to do with adult growth and development through the cycles of life. The developmental process involves at least three broad sets of variables; social, biological, and psychological (Birren, 1964). Various writers have focused on one or the other, or combinations of the three. This paper will show how a psychological theory called Reality Therapy can provide a model for understanding the input of all three sets of variables in the adult developmental process.

Reality Therapy was initially Dr. William Glasser's conceptualization of an effective way to help people change. Glasser's approach has evolved into a philosophy of human nature based upon needs, and a model for explaining how the human organism works, in terms of those needs.

According to Glasser, there are at least four basic psychological needs: love (belongingness), worth (competition), fun and freedom. Glasser says that each person is born with these needs and that our behavior can be traced to them (in conjunction with "lower" needs such as hunger and warmth). While we all share the same needs, we become different as we grow in the ways to fill those needs. Glasser's newest writing (Stations of the Mind) gives a model for understanding how our needs affect our interactions with the world. Each person has an internal reference perception (what he/she wants) based upon a need. This is compared to that person's perception (sensory reception and personal interpretation) of the world. Reality Therapy is with respect to that reference perception (or reference level), and, by extension, to that need.

The comparison between the reference perception and the perception of the world leads to a perceptual error when a difference exists. Such a difference, or perceptual error, pushes individuals to change their behavior in order to "control the perception," that is to "close the perceptual error." It is generally far easier to change the perception of the world through a change in behavior (thinking, feeling or doing) than to change a reference perception, which has been built into the system over time. It is also easier to change a doing behavior than a feeling or thinking one.

Reference levels vary for individuals depending upon learning, physical capacity, and the size and strength of the need at the particular time. Across a culture, there are many commonly held reference levels that are greatly affected by the social understanding of what they "mean." For example, it
is now far less perceptual-error producing to be an unmarried pregnant woman, than it was twenty years ago. So, a change in the social system will affect a change in the reference levels for many.

The reference perceptions are set with some input with respect to the person's physical capacity. A significant difference in physical capacity can lead two normal individuals to set different reference perceptions. It would seem more likely that a tall boy would set a reference level for becoming a good basketball player than a short boy, with their coordination being equal.

The reference perception will also vary over time as the need varies. For example, a twenty-two year old married women with a career, who wants to have children, will probably feel less pressure, both socially and psychologically, to have the first child, than the same childless woman at twenty-eight or twenty-nine after six or seven years of working. The approaching “deadline”, many want to bear children before the odds of difficulty with the pregnancy increase in the early thirties,” shows how time affects the reference levels.

Goals in a person's life can be seen as the outward expression of the reference levels. Yet when a goal is reached, and the reference perception and the perception of reality are equal (no perceptual error is felt in that comparison), the need behind the reference perception is satisfied only at that point in time. The needs themselves are never fulfilled in the sense of being over and done with. Because of this, it is necessary to understand that the reference levels have a built in perceptual error over time. The same goes for a person's goals. Completion of the goal of finishing college for a young adult does not lead to a resolution of the underlying need. A new goal is set, usually in keeping with the normal socially expected and approved activity.

Developmental theorists contend that adults go through a number of predictable stages and a number of marker events that signal a transition period following the start of a new role or new life situation. Erikson wrote about the sequence of developmental stages of man in terms of a psychosocial crisis for each stage. The young adult experiences a struggle between intimacy and isolation. The step away from the nuclear family to living on one's own has its benefits in independence, but its price in between intimacy and isolation. The step away from the nuclear family to living on one's own has its benefits in independence, but its price in interpersonal relationships and the need for a sense of acceptance by others.

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Another series of marker events surrounds the mid-life period. The children usually grow up and leave home, and some noticeable decline in physical functioning occurs at mid-life for many. The death of one's parents (and sometimes, one's friends) pushes a person toward dealing with the issues surrounding the person's mortality and the possibility that all one's goals will not be accomplished in the lifespan. The reassessment that occurs during this period can be very difficult. Another significant marker event is retirement, which for many is the signal of a sharp change in social and physical functioning.

Developmental theory points to some of the basic issues facing adults at various life stages. Different authors give different focus to the biological, social or psychological factors affecting these issues. A Reality Therapy (including BCP) focus can provide a general model to combine the developmental approach with an individual focus for the normal adult.

Each person has a number of basic psychological needs which generate behavior toward their fulfillment. The developmental process, in the physical, social and psychological realms, changes the way the individual usually behaves in order to satisfy those needs. The need to give and receive love changes in its outward expressions as the individual develops. The infant who learns to smile to get a kiss and hug grows into a child whose smiles may or may not get kisses and hugs. The young adult who has been married for a couple of years can know that a kiss and a hug from one's spouse are not enough as a demonstration of love, especially if a certain amount of routine enters into the acts. What has changed is the internal reference perception that is generated by the need. The changes that occur in the reference perception correspond to the physical, social and psychological changes in the development of the individual. The four and five year old boy and girl playing "house" obviously have nowhere near the complexity of understanding and expectations of the state of marriage as the young adult. And the young couple have a vastly different understanding from the middle aged couple who are seeing their last child leave home. The normal maturation process involves the integration of the changing reference perceptions into the individual's modes of living.

Physical changes, most easily seen in the gradual deterioration of bodily functioning as the person grows older, but also especially seen in the loss of functioning through disease or accident, can create a sudden...
perceptual error because the perception can no longer be controlled by the same behavior, and in some cases, cannot be controlled at all. For the person entering later adulthood, the weakening of the eyesight may signal the end of the enjoyment felt through reading books or watching movies.

On the other side of the coin, newly acquired physical abilities also create a kind of sudden perceptual error. The boy who enters puberty gains the physical ability fairly quickly to procreate, and his previous view of girls as untouchable usually changes to becoming attracted to them. But this does not happen before he goes through a disruption of his reference perceptions. The change is at least partly due to the physical changes that he went through.

Social changes can also be seen to create perceptual error. The popular young woman who enjoyed going out on dates with many different men, will probably be viewed negatively if she continues to do this after she marries. The social change brings, with the change in role, changes in her expectations of herself, which to a large extent depend upon the social expectations of her behavior. The young woman who marries in a cosmopolitan, affluent wife-swapping town in California will differ in many respects from the woman who marries in a small rural fundamentalist town in northern Maine. A large part of those differences is the social aspects.

Psychological changes are perhaps the most widely recognized and written about. Changes in the real world, such as being fired from a job, the death of a parent, or a divorce, bring a corresponding psychological change to many people. Many people go through a period of intense self-evaluation after such events, examining old reference perceptions (e.g., "divorce is a failure") and deciding which to save and which to throw away, in order to have a newly integrated view of the self. Positive events can have the same effect; the sudden achieving of high honors, winning a lot of money, or meeting an exciting person after almost giving up the idea of love. When the perceptual reality goes way below or beyond what the person is controlling for, this may spark such an intense self-evaluation.

Sudden perceptual errors and intense self evaluations are really just a part of the control system's continually checking to see if controlled perceptions fill the basic psychological needs. Again, the needs do not change, but the reference perceptions, which are based upon the physical, social, and psychological factors, as well as being based upon the needs, do change.

So, each of us is an internally motivated being, whose perceptions of our needs and how to fill them, continually undergo change. These changes depend upon the physical, social and psychological changes in our lives. The process of adult development involves the continuous comparison of the reference perceptions to our perceptions of reality to see if our needs are being met.

References


REALITY THERAPY IN THE AIR FORCE
Barbara George-Mrazek

The author is a substance abuse counselor with the Air Force in Belleville, IL.

Because of the rules of the military system and logical consequences when the rules are broken, Reality Therapy can be readily adapted to situations involving substance abuse and disciplinary actions. The Headquarters Military Airlift Command Social Actions office has applied Reality Therapy to the management of our Drug and Alcohol Abuse Control and Education Programs. Social Actions is an agency created to counter the negative impact of chemical dependency, discrimination, and poor human relations. We serve in an advisory capacity to help commanders identify and solve problems that may adversely affect behavior, health, duty performance, or the Air Force mission. Feedback from our 15 field offices located in the United States, Azores, Portugal, and Germany, indicates that the emphasis of being responsible for one's behavior and making changes “makes a lot of sense.”

Reality therapy is offered as part of the curriculum at the eight week school which trains Air Force substance abuse counselors. Those individuals who are assigned to the Military Airlift Command receive additional RT training. We have four drug/alcohol counselors who are certified, two military and two civilians. The military counselors are at the command level at Scott Air Force Base, IL; the civilian counselors are at Norton Air Force Base, CA, and Scott Air Force Base, IL. In addition, we have an Air Force chaplain at Scott Air Force Base who is certified. These five individuals have made presentations promoting the use of Reality Therapy in the areas of substance abuse, mental health, education, and personnel management. A project to train middle managers who work in a correctional custody facility is also being developed.

The Air Force Drug/Alcohol Abuse Program deals in short term therapy. The focus is on the active duty military member. However, we do offer assistance to family members, singly or as a unit, and civilian employees who work on an Air Force base. Our policy is to provide the opportunity for rehabilitation. Clients must make a value judgment about staying in the Air Force or reentering the civilian community. This is a key factor used in counseling people who are directed to the Social Actions office for evaluation and/or rehabilitation. There are two basic categories of referrals; volunteers and non-volunteers. Those who voluntarily enter a drug or alcohol treatment program are usually motivated toward change. The others are directed to participate in the drug or alcohol program by their commanders as a result of inappropriate behavior, eg., incident to medical care, urinalysis, DWI, poor duty performance. Any drug/alcohol related incident is a basis for a Social Actions evaluation.

Individuals choose their level of participation with the understanding that there are only three ways to be released from the program: (1) successful completion (they meet the requirements); (2) failure to rehabilitate (they don't meet the requirements); and (3) separation/retirement from the military service (the Air Force is responsible to refer them to the appropriate civilian or veterans administration [VA] facility). The requirements (#2) are that an Air Force member must maintain standards of behavior, performance, and discipline. If a person successfully completes the program, he/she is returned to duty. When a person fails to rehabilitate, he/she is usually processed for discharge, usually for noncompliance with Air Force standards. Technically, the discharge is because of the inappropriate behavior/misconduct.

These “rules” are spelled out. Applying reality therapy helps the Air Force member make a better plan to attain the goal he/she wants. One favorable result from using the process is that supervisors and peers of our clients become interested in learning “what great miracle” has changed the behavior of their subordinate and friend.

The Military Airlift Command is realizing the benefit of Reality Therapy. We intend to expand and create new programs using the process. The Air Force mission is important. We need people to accomplish the job and their behavior must fit the purpose of this large corporation if we are to be successful.
REALITY THERAPY REVISITED:  
WHAT STATIONS OF THE MIND  
John Banmen

The author is on the faculty of the Department of Counseling Psychology at the University of British Columbia.

In the fifties and sixties, numerous new personality theories and approaches to therapy and therapeutic models were developed. These new theories and models arose as attempts to provide alternatives to then prevalent psychoanalytical practices. Included among these approaches were Transactional Analysis, Gestalt Therapy and Reality Therapy. In 1965, William Glasser first introduced some of the basic concepts underlying the reality therapy model with the publication of his book entitled “Reality Therapy: A New Approach to Psychiatry.”

After years of successful application of reality therapy, Glasser and others felt a need to explain the nature of man in a more conceptual framework. Reality therapy had been accepted by practitioners in the field of education, correction, mental health and drug and substance abuse, but had only been considered as a technique by a larger sector of the academic community. This led Glasser to look at the structure of the human brain to explore the possibility of developing a more theoretical base for his theory of reality therapy. During this search and exploration, he discovered William Power’s book entitled “Behavior: The Control of Perception” (1973). Glasser found that the basic concepts of this book provided him with a base on which to build his theoretical framework. Powers and Glasser worked together to formulate these concepts into a comprehensive explanation of human nature. This model has become known as “Behavior: The Control of Perception Psychology”, and it is described in Glasser’s latest book “Stations of the Mind” (1981).

B.C.P. PSYCHOLOGY

This model suggests that the brain works as a complex control system, operating through a feedback mechanism. Glasser defines a control system as a system that controls the outside world to get from that world what the person wants or feels he needs.

Glasser compares B.C.P. psychology to traditional views about the way the brain works. Basically, stimulus-response psychology states that people behave in response to stimuli in their external environment, and consequently, that people can be controlled if the right stimuli is found. In other words, S-R psychology believes that people control for precise output. Reward and punishment, for instance, are attempts to control people by controlling the external stimuli of their world.

B.C.P. psychology, on the other hand, states that though external events are involved, people’s responses have very little to do with external stimuli, and everything to do with what happens inside their brain. We continually attempt to satisfy our needs through controlling our perceptions of the external world and our choosing behavior that will change these perceptions. Since we cannot see peoples’ motivations, we believe they are responding to external stimuli. In actuality, if we were not motivated to satisfy needs, we would pay no attention to external stimuli. As Glasser (1981) says, “because we are living creatures we are moved by inside forces. While outside forces may affect what we choose to do, they do not cause us to behave in any particular and consistent way.” (p. 2).

We control our perception of external events in an attempt to make those perceptions satisfy our internal needs. In other words, a person controls for input by trying to get those around him to correspond as closely as possible to the idea of what he wants. Finally, our behaviors are a response to those perceptions in relation to our needs, and not a direct response to external stimuli. There are therefore a wide range of behaviors that are available to us to influence the external world so that our perceptions correspond to our internal needs. Since the goal of B.C.P. psychology is to satisfy needs, not to produce a specific behavior, there is no “best” behavior, but many possible behavioral responses that will satisfy needs.

As shown in Figure 1, there are four major components in the B.C.P. psychology model of brain functioning. They are all part of the cerebral cortex, or, as Glasser calls it, the “new brain”. These components are: a.) the perceptual, or input system, b.) the internal world, c.) the comparing station and d.) the behavioral, or output system.

NEW DIRECTIONS FOR REALITY THERAPY AND EVERYDAY LIFE

Most clients believe that their behavior is a response to some external event, and their feelings are caused by something that happened to them. In other words, they feel they are not responsible for their behavior or feeling behaviors. The client, therefore, needs to learn that his behavior is chosen, and that he can choose more effective behavior. This has been the traditional focus of reality therapy. However, reality therapy now more clearly includes the concepts that we are internally motivated, that our behavior is purposeful and it is flexible because we control for input. It also includes teaching people about control systems, to evaluate their perceptions of reality, to appraise and change the reference perceptions in their internal world.

Discussion of the client’s internal world must be carried out very carefully, because we are dealing with people’s basic motivating forces. If one attempts to remove a specific reference perception from somebody’s world, the reality therapist helps the client to replace it with another
reference perception that will still satisfy the basic, underlying need. In reality therapy, this can best be done by examining the reference perception closely in order to be aware of the underlying need. Then the reality therapist and client must make certain that the undesirable reference perception is replaced by a reference perception that will satisfy the need and be matched by perceptions of the external world. In this way, the client has a much better chance of experiencing success in satisfying his needs responsibly.

BCP psychology has major implications for everyday life. The most important implications center around what Glasser calls "the three C's", which are conflict, criticism and control. For instance, when our perception of people does not fit the reference perception we have of them in our internal world, we experience conflict. On most occasions, our response is to try to force and coerce people into fitting into that image, and we thereby create conflict and error in them as well. Only processes such as negotiation and cooperation will allow the internal worlds of two people to meet on a particular problem. This includes open, honest and empathic communication as a means of understanding the internal world of another person. As Glasser (1981) says:

"While rewards or punishments do frequently change behavior they only do so in the direction desired by the rewarder or punisher if in this case both the boss and subordinate have the same comparing stations open, a situation much less common than most "bosses" believe . . . . . Therefore, if you want to change a person's behavior, you must first try to find out what he is controlling for and which of his comparing stations for that need are now open". (p. 55 and 57).

One of the most destructive approaches in helping other people is criticism, since the person often feels he is not perceived in the way he wants to be perceived. In other words, criticism creates a huge error, especially because, in most cases, it is directed at the person rather than his behavior.

The negative, controlling behaviors are the behaviors that Glasser describes as irresponsible, because they are attempts to satisfy needs in a way which does not take into account the needs of others. One means of reducing these behaviors of others is not to allow ourselves to be controlled, and to not respond with controlling behaviors in kind.

People often try to control other people through their behaviors and to make them fit into the image in their internal world, because they continually mistake the external world for their internal world. As Glasser (1981) says:

"We must learn the difficult lesson that we always live in two worlds, our personal world, over which, once we learn it's our world, we have a great deal of control, and something out there called the real world, over which we have much less control". (p. 118).
CONCLUSION

With these latest developments, Glasser has given us a clear explanation of the functioning of the brain and clearly demonstrated that we are internally motivated, that our behavior is purposeful and that our behavior is flexible because we control for input. Although there has been some research done on reality therapy (Banmen, 1982), B.C.P. psychology provides new possibilities for future research.

It seems to follow, from what Glasser has said, that counseling and psychotherapy now have a new basis on which to build. This model also has far-reaching implications for education, parenting, and social relationships. Glasser’s model provides an integrated explanation for, and method for dealing with, the interaction between peoples’ behaviors, their internal dynamics and their external environment. By adding B.C.P. psychology, Glasser has placed reality therapy on solid psychological principles, which not only enhances reality therapy, but also enriches our understanding of human nature as well as challenges some of the current beliefs and practices of psychotherapy.

References


A POSITIVE RECOVERY PROGRAM FOR CHEMICALLY DEPENDENT PEOPLE

Norman H. Reuss

Recovery from chemical dependency is one of the most difficult changes anyone can undertake. Recovery requires persons to take a long hard look at the way their life has been lived, make value judgments, and begin planning to do better. Often new directions are 180 degrees removed from old behaviors, and the strength necessary to initiate this ‘about face’ is lacking. This recovery program begins by asking the most critical question, “What will you do when you experience drug/alcohol hunger?” and proceeds to use the Reality Therapy planning process as a model for problem solving. Glasser’s Positive Recovery Program is to be viewed as a framework for growth. The Positive Recovery Program encourages the client to grow in a positive, purposeful, forward direction. It is referred to as recovery because the client will begin healing the wounds of past trauma such as addiction, alcoholism, broken family relationships, unemployment, serious illness, and lost self-respect. Finally, it is referred to as a program because clients clearly chart their own direction. Using written steps and specific goals, clients make their best thinking available to themselves during any crisis or potential relapse.

To begin a positive recovery program, a stable state of abstinence is presupposed. This stable state will vary with each individual. Commonly, between two and seven days will be required to detoxify the person. Once detoxified, a stable state can be assumed and recovery work can begin. It must be cautioned that the individual is in imminent danger of a return to chemical abuse following detoxification. Drug/alcohol hunger must be addressed as soon as possible.

For each concern that follows, consider with the client the problems of the past, note the changes being made right now, and develop goals to be accomplished in the near future. Step by step planning with benchmarks or intermediate goals will be helpful in charting the client’s progress.

Drug/Alcohol Hunger: The first step of positive recovery is becoming honest with oneself. People use drugs and alcohol because there is the illusion that the pain of failure is being relieved (Glasser). This relief is a very likeable experience. In a minimum amount of time, using drugs and alcohol becomes an experience in and of itself. When this happens, people use drugs because they like to use drugs, and people drink alcohol because they like to drink alcohol. Once this simple formula is realized and accepted, the client can begin to face drug/alcohol hunger honestly and defeat it. The second step in this process is planning. Chemical dependency is characterized by impulsive behavior, so much so that the client has

NOTE

Back Issues of the Journal of Reality Therapy are available from the Editorial Office. Quantities for use in workshops or classes, or with counselees, are available at a reduced price. For information write the editor.
probably forgotten how to make plans. Planning is of primary importance (Glasser, 1980) for successful recovery, and must be patiently taught to the client. A drug/alcohol hunger plan is a simple statement of what the client will do instead of using chemicals when the hunger strikes. Mapping out the times of day and places drug/alcohol hunger may strike will be helpful. The plan may even include a positive use of the time that would have been used in the past being high. For instance, a father may plan to spend time with his son who suffered the brunt of past negative drug involved behavior.

**Drug and Alcohol Education:** The foundation of the positive recovery program is, (1) The recognition of giving and receiving love, gaining worth and recognition, having fun, and being free as basic needs for fulfillment and, (2) the use of responsible behavior as the pathway for meeting these needs. Drug and alcohol education begins to address the need for freedom in a persons’ life. Freedom is the power to recognize options and make choices which in turn requires thinking (Glasser, 1968). To be able to think through situations and make plans to do better, the client will need a data base. He or she needs to do the following: Get the facts on drug and alcohol abuse; Become aware of the many family problems that are associated with chemical dependency; Discover the variables that contribute to addiction; and Learn the ways the human body is insulted and compromised when chemicals are introduced into its system; This information is available in books, pamphlets, lectures, AA meetings, and from qualified drug and alcohol counselors.

**Health:** To achieve a success identity, a vital consideration is the wear and tear placed upon the human body by drug and alcohol abuse. The need for worth and recognition is directly linked to how we see ourselves when we look in a mirror. Having fun almost always pre-supposes a healthy body. Good places to start a positive recovery are a physical examination, improved diet, vitamin B-complex and Zinc, and physical exercise. One can channel the ‘risk experience’ addicted people often seek into positive activities like downhill skiing or motor cycle racing. Any tough activity that forces the person to expand his/her ability to think and act will enhance self image and increase feelings of worth. Emotional and psychological health must also be considered. An element of this health planning might be breaking through the barrier of silence (Glasser, 1972) that has enslaved the chemically dependent person. Picking out just one person to begin talking about what really matters in life is an important step on the pathway toward success.

**Social:** It is impossible to recover from chemical dependency and continue to live in ways that include the harmful pattern (Glasser, 1980). Going to bars, isolating oneself, and treating people poorly are surely proven ways to destroy the possibility of meeting the needs of loving relationships and responsible fun. New behaviors for meeting these needs must be explored. AA and Al-Anon are excellent ways to socialize and maximize a person’s recovery potential. Churches, social clubs, and athletic organizations are fine examples of positive activities to meet social needs.

**Vocational:** Vocational and educational dreams often become victims of chemical dependency. When people learn to sell themselves short on the job, self worth and peer recognition (Glasser, 1965) get thrown out the window. Lost dreams can be recovered. First, the self defeating behaviors must stop, then self accepting behaviors can fill the void. This will give the client strength to follow through on plans for recapturing lost job opportunities.

**Family:** Those people that are loved the most, suffer the most when a person’s life gets all wrapped up in negative behavior and harmful dependencies. The wounds are hard to heal, but must be healed because the need to give and receive love is intimately connected to family life (Glasser, 1972). Helping a client look at the unkept promises and lost hopes will provide a perspective and direction for positive recovery planning. Family counseling is an option to carefully consider because as the chemically dependent family member changes from a failure identity to a success identity, many dynamics need to be addressed (Wegscheider, 1981) for everyone’s well being.

**Conclusion:** It would be impossible to cover the ground necessary for a positive recovery program in weekly one hour sessions. Homework is the order of the day. I suggest that a client spend as much time on the recovery as was previously spent on the dependencies. This allows for lots of time, and places the responsibility where it is needed most, with the client. Careful planning always helps this effort. Individual, family and group sessions are then used to solve difficult problems, explore troublesome emotions, clarify problematic thoughts, learn from failures, and give praise for success.

**References**

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STATIONS OF THE MIND: A REVIEW
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Man has been fascinated with the nature of the human brain for thousands of years. Confucius, Socrates, Aristotle, and Descartes are a few that come to mind. All of these prized the product of learning as well as the process of learning. Although John Dewey, for example, lived in another period of history, he too prized learning in terms of its products and processes. According to Dewey, an important distinction concerning how humans think is that thought is the product of thinking. That is, thinking is an activity; something that goes on in the brain when a person is acting. For Dewey, thinking was very dynamic, whereas thought was static. B. F. Skinner, the father of operant conditioning, takes another point-of-view and claims humans never think because they have no mind. According to Skinner, the human brain is a physical organ of the body, but no mind. For Skinner the environment is supreme; and humans as animals can only possibly react or operate on the conditions of their environment.

Embedded in a new book called Stations of the Mind by William Glasser, the founder of Reality Therapy, are agreements and disagreements to these views and others. For example, Glasser believes the human brain evolved just as lower animals' brains except at a higher order because humans by nature have the ability to walk upright and talk. According to Glasser, if humans did not have the ability to talk or create and use language, they would not be able to experience the thoughts of others, and therefore never experience conflict, which to Glasser is the basis for higher order intelligence characteristic of modern day human beings. This is not to say that Glasser claims a new view of human development, however. Indeed, Glasser believes in several views that have already been espoused. In Stations of the Mind, Glasser clearly takes an eclectic position, and borrows from theories present in Anthropology, Biology, Psychology, and Philosophy. The theory he focuses on, though, is William Powers's Control Theory, which briefly states analogously that the human brain works very much like a computer. That is, like a computer, the human brain has a particular design that allows it to make decisions based on the nature of input. Glasser gives a detailed picture how the human brain works according to Powers's Control theory in Chapters 3 through 7.

Briefly, Glasser interprets Powers's Control Theory as an explanation of how the brain works by explicating several terms and concepts. These terms and concepts are: (1) thermostat, (2) control system, (3) needs, (4) controlled perception, (5) uncontrolled perception, (6) information, (7) sensory receptors, (8) comparing station, (9) perceptual error, (10) reference perception, (11) internal and external world, (12) new information: transient errors, (13) redirection: controllable errors, and (14) reorganization: uncontrollable errors.

In addition to explicating these terms and concepts, he categorizes these into systems: the perceptual system that consists of controlled and uncontrolled perception, information, and the sensory receptors. In the human being, the sensory receptors are the nerve endings in the skin that receive stimuli and pass them onto the brain, e.g., a pain receptor in the skin detects the prick of a pin and sends this to the brain for interpretation; and the sensory receptors are eyes, nose, the entire body generally. Glasser also uses information in its usual sense. For example if a person is driving around in a large city like Chicago looking for a particular address and cannot find it and asks someone for directions, he is gaining information. This information may or may not help him find the address however, so it may be useful or useless.

Glasser discusses this in more detail in his explication of the behavioral system or the other system that is important in understanding Powers's notion of Control Theory as it applies to the operation of the brain. At this point, it is also important to note that the source of information is the sensory receptors. It is also important to point out that both these systems compose the old brain, or that part of the brain that maintains (controls to some extent) the physiology of the human body, and the new brain, which is the part of the brain that is capable of reflection or thinking about values, abstractions, or anything that people usually call thinking. Glasser's analogy is that the new brain is like a general that commands to a large degree the old brain that is the army troops. Furthermore, the notions of comparing station, perceptual error, reference perception, internal and external world, and what Glasser calls error signal, are also part of the perceptual system. In order to understand the relationship of these components of this system, it is necessary to understand that both these systems are driven by what Glasser calls "basic or general needs."

According to Glasser, these needs are part of the hereditary design of human beings. They essentially are "just in the organism due to evolution." Glasser seems to believe this is evident in human behavior as well, that is, humans act on what they claim to need and do not act on what they do not claim to need. In this sense, Glasser takes a Maslowian position that all human behaviors and thoughts and feelings are based on needs. Some of these needs he calls the need to be free and relax and the need to compete. In Chapter two, he argues in view of some sociological and anthropological theories that it is the human need to compete that explains why humans are the way they are today: ingenious and technological.

Glasser may be right in accepting these theories, but there seems to be a question he has overlooked in his discussion. This is the question, "Did the needs emerge out of the evolutionary development of humans or were they the cause of this evolutionary development?" Although a cliche, it seems he is begging the question with a discussion of whether the chicken came first or the egg came first. If Powers's Control Theory does in fact mirror the way the human brain works, perhaps the needs question is irrelevant. Glasser should be given credit however for giving a distinction between a general need or basic need and a specific need, which clarifies his concept of need enough so the above question is answered somewhat. That is, humans can create needs on the basis of the general or basic needs that are part of the design of human being. For example, persons may have a general need or be internally motivated to seek fun and relaxation, but seek it in a variety
of ways. They could satisfy their general need in this sense by swimming, and therefore develop a specific need to swim as a means to satisfy their general need to have fun and relax.

According to Glasser, the system of the new brain that allows this to happen is the perceptual system or the input system. The parts of this system that allows people to create specific needs or make decisions as to whether x or y will work best to meet general needs are comparing stations. The function of the comparing station is to compare an old or previous perception a person has in his fairly stable internal world of reality with a new perception a person has of the external world. This new perception may not be a controlled perception, meaning it is not already part of the person’s internal world of reality and a motivator of a person’s thoughts, actions, and feelings. In this case, the perception would be an uncontrolled perception, or probably a perception the person does not want. The reference perception that Glasser talks about that is part of the ingredients of the comparing station is that point in the comparing station where a new perception or new interpretive experience meets an old perception which is part of the person’s internal world of reality that dictates to the person what is real, true and good. It is important to understand at this point too that people act on their needs, and therefore do not intend to do things that are in conflict with their internal world of reality. Thus, a perception is controlled when a person interprets the external world in a particular way, makes his this internal world of reality, and then acts in accordance with this internal world of reality.

Uncontrolled perceptions, on the other hand, are perceptions of the external world coming outside a person’s internal world of things and people that a person cannot control. In other words, perceptions are uncontrolled if they are not part of a person’s internal world of reality that he can control. An example of a person acting on a controlled perception is a person who, when supposedly listening to another person speak, hears only what he wants to hear. An example of a person acting, feeling, or thinking on an uncontrolled perception is the opposite of this, or a person who hears something that does not match up with a previous perception in the comparing station and causes a perceptual error. This could be something a person hears about his religion, for example, that he thinks is derogatory. According to Glasser these examples can be explained step by step using Powers’ Control Theory. The first example will be used here for illustration purposes.

Taking this briefly step by step, the operation of the brain would look something like this: First, assuming the listener wants to listen, the listener would control for what he wants to hear. He would receive the sounds of the person speaking via his sensory receptors, e.g., ears and eyes, interpret or perceive these via one or more orders of perception (these will be discussed later), and then finally compare these sounds as linguistic expressions of meaning based on his previous interpretations or perceptions in a comparing station. At this point, this person will make a decision about whether or not what he hears or allows himself to hear is congruent with his internal world. If what this person hears matches up with his previous perceptions, there will be no perceptual error. If what he hears does not match up with his previous perceptions, he will experience a perceptual error that will have to be reduced. For example, if he hears something that sounds to him like an insult, he will experience a perceptual error and then act, think, or feel in a particular way in order to reduce this error.

According to Glasser, the notion of perceptual error or gap is probably the most important concept of the whole system of BCP psychology because it is this gap that drives the behavioral system. If a person does not experience a perceptual gap, everything for this person is essentially okay and there is no need to change oneself or one’s internal world.

Glasser’s interpretation of Powers’ notions seem to resemble the notion of “thesis—antithesis—synthesis.” That is, first a person has a preconceived notion of something, it could be thinking the world is flat, and then someone comes around and says that is false, that the world is really round. Here, the thesis is the preconceived notion that the world is flat and the antithesis is the notion that the world is round. In terms of redirection and reorganization, this person will be redirecting (antithesis) when someone makes the claim with evidence that the world is round. If redirection does not work, that is, if the flat earth person has no way of dealing with this notion in the redirection component, he will resort to the reorganization component. The reorganization component is the synthesis of a new idea, but not entirely new. No idea or behavior is entirely new, but based on a series of previous ideas. Thus, thesis represents the internal world of the flat earth person, antithesis represents his ability to redirect to resolve the dispute he may have with the round earth person, and reorganization is synthesis because it is in the reorganization component that a person is able to create, or synthesize.

It is important to understand too that once a person redirects or reorganizes, it will result in either a thought or thinking, acting in some way, or feeling in some way, or a combination. Thus, to recapitulate, first a person has a need and then sets out to satisfy his need. He does this by controlling his environment and lifestyle so he gets what he wants. If he does not get what he wants, he experiences an error because not getting what he wants does not match up with his internal world. If he gets what he wants, he does not experience any error and life goes on happily. If on the other hand he experiences an error, then he must either redirect or reorganize in order to reduce the error or to eliminate it. If he cannot redirect or find a way to reduce the error in his “storehouse” of behaviors, thoughts, and feelings that have worked to reduce errors in the past, he then reorganizes. That is he acts, feels, and thinks, supposedly in “new” random ways until something works to reduce the error. If something works to reduce the error, it is stored in the redirection component for further use in similar situations. In a nutshell, this essentially is BCP. It is more complicated than this, but one would have to read Stations of the Mind and Powers’s book Behavior: The Control of Perception for a more detailed and technical discussion.

In Chapters 8 through 14, Glasser discusses the use of BCP in conjunction with his notion of Reality Therapy. This is particularly so in Chapter 13 and 15 where he states what appears to be the foundation
principle of BCP along with several corollaries. His foundation principle is: "Always make a thoughtful and forceful effort not to increase your own error or the error of people you deal with unless you have reason to believe that you or they have adequate behaviors to cope with that increasing error." A corollary of this is "We don't learn well in a high error situation." The suggestion here seems to be that humans should strive to keep conflict at a minimum. If conflict is high, students will not learn because they will be too busy trying to reduce error.

At this point it seems appropriate to briefly mention that part of the perceptual system are orders of perception that we control for, or want to think, feel, and behave in accordance with. One of these, the eighth-order, is thinking abstractly in terms of 'values.' According to Glasser, whenever a person claims a behavior, feeling, or thought of another person is bad, he is perceiving at the eighth-order. To illustrate the importance of this level of perception, think about the many times you have become psychologically uncomfortable when someone did not believe, think, or feel the same way you did about something. If there is conflict between your values and the other person’s, a perceptual error may likely develop. Glasser's advice in situations like these is to drop down to a lower level of perception, for example, to the first-order that deals with intensity, or in other words that level of perception where humans perceive that something is or is not in existence. For Glasser, this is the most fundamental level of perception, and that level where zen monks and others tap into in order to experience a blissful existence. This level of perception as well as the second order of perception that deals with sensations are capable of reducing perceptual errors that occur at higher perceptual levels. Glasser states that it is even possible to reduce some errors by moving up in his hierarchy of perceptions.

An important dimension of Stations of the Mind is Glasser’s remarks about the effects of punitive systems such as the one advocated by S-R psychologists. Glasser comments on the uselessness and harmful effects of threatening a person in order to get him to do something or to change his thinking or feeling by threats of punishment. In Chapter 9, he states that the three major sources of all perceptual error as individuals are "conflict", "control", and "criticism." He uses control in its usual sense to mean "to dominate oneself or others." The notions of conflict and criticism are also used by Glasser in the ordinary sense, that is, conflict occurs when people simultaneously try to control for two or more "incompatible" reference levels, for example wanting to be rich but not wanting to work, or wanting to get an A in a test without wanting to study. Criticism is defined as a kind of punishment and perhaps the most common form of punishment exclusive of physical punishment. Whenever persons insult someone else, they are essentially punishing the person. Recalling the ideas covered by Glasser in Chapter 2 that humans somehow naturally evolved into creatures that need conflict in order to survive and develop, it is clear that control, conflict, and criticism are all to some degree necessary and therefore inevitable. Glasser does believe that humans are capable of limiting these however, and therefore keeping them at a minimum. In Chapter 10, he specifically addresses his belief that humans are also beings capable of free choice and responsibility and therefore if they want to feel miserable they can will it. and if they want to feel good they can will that too.

Chapter 11 is an extension of the notion Glasser brought forth in Chapter 2 on the old brain as that part of the brain that controls or maintains the physiology of the body. Here he furthers his argument that psychosomatic illnesses are indeed real but caused by the person with the illness. At the beginning of this chapter, he tells a short story of a man who had severe eczema of the hands for years — for about thirty years. According to Glasser, the reason this person had eczema was because he had for years been suffering from a huge perceptual error that he himself created. Glasser believes this in part because when this same man took a much desired trip to his native Ireland that he had been wanting to take for years, his eczema went away nearly from the moment he arrived in Ireland til the day he left to return to New York. Glasser claims that many people will argue with his position saying it was probably the "good ole Irish air food" that eliminated the eczema, but he claims it has nothing to do with the environment.

For Glasser, the cause lies in the communication between the new brain and the old brain. That is, somewhere in the life of this man, probably at the onset of his eczema when he was in high school, a huge perceptual error developed in the new brain, and the new brain communicated this error to the old brain which could not handle the message. Consequently, the old brain, that works something like the new brain in the sense that it has a kind of redirection system that stores biochemical ways of dealing with physiological problems of the body and a reorganization system that randomly searches out for ways to change the physiology of the body when the redirection system cannot handle an error, reorganizes against itself just as the new brain sometimes does. The result is that the body kills itself or allows itself to become so prone to infection that every available virus near the body and every disease near the body infects it. This is Glasser’s explanation for most illnesses experienced by human beings. He is not saying some people do not have legitimate illnesses, but that most illnesses can be prevented if people understand that the cause is a perceptual error. Knowing this and the techniques he offers to prevent errors will make for a healthy person in both "mind" (brain) and body.

A closing comment worth making is that William Glasser’s book Stations of the Mind is conceptually limited in the sense it does not answer the question, “Where does the fuel of the brain come from, that is, the needs from which his idea of Reality Therapy is based?”. It also does not answer the question “What can the therapist do to help a person whose internal world is fine according to him but not so fine according to others in his external world?”. It does provide a practical and therefore useful guide to using William Powers’s control Theory, and a springboard for further thought on developing a therapy method and technique to help people who “want and need help.” This in itself makes Stations of the Mind a worthy contribution.

AND THEN HE SMILED
ACHIEVING SELF-WORTH BY AN
AGGRESSIVE/HOSTILE YOUNG MAN
Trudy Yuki

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As an emergency ward medical social worker with an office on the ground floor of a large metropolitan hospital, it is not uncommon to see patients with emotional or social problems who come in directly off the street.

One late Wednesday afternoon, I was alone at my desk trying to catch up on the always necessary and sometimes overwhelming amount of “paper work” that had to be done. I had the door closed half-way to mute out the noise when, suddenly, the door flung open wildly. A tall, thin disheveled young man appeared with copper-red hair, freckle-faced, and wild blue eyes with an angry and hostile affect. He was accompanied by a male friend who was quiet and passive. The angry patient introduced himself as Billy and wanted to know if I could get him a meal. His tone was more demanding than inquiring. As I was watching him pace back and forth like an unhappy, caged animal, my first thought was if I was in potential danger from his poor impulse control. However, despite Billy’s extremely poor eye contact, on the first occasion where I could look directly into the “mirrors of his soul”, I noticed a fear and vulnerability that was only evident in his eyes; his facade, which he used effectively, revealed a “tough punk” attitude. I knew then, handled with genuine care and concern, that he was not in danger of losing control nor was I in any real danger. I put the paper work aside and let him continue to rant and rave, pacing frantically all the while, on how life has always treated him shabbily, it’s not fair, etc. Bill saw himself as a “helpless victim” in that people are always out to get him. It was clear that he had learned not to take personal responsibility for his actions including numerous physical confrontations with peers.

After some of the anger had dissipated, I offered him a seat, coffee and a cigarette. He had so much bottled up inside. He wished his friend to stay. I had no objection to that as he posed no threat or interruption to Billy, and I felt Billy needed his friend there. Billy felt he had lived a lifetime of being misunderstood, and seemed relieved to recount his sad experiences. Both parents are alcoholics. They had eleven children, all of whom were placed in various foster homes. Billy is fourth youngest, and was placed in a foster home at two with two of his siblings, an older and a younger brother. Billy remembered an incident where his young brother had been enuretic. His foster mother placed the boy on a hot, electric stovetop for punishment. The boy, a year younger than Billy (and currently one of three sibs in prison), still bears those scars.

Billy said he began running away from school and “home” at eight. He often would go to distant neighbors’ homes and say that he was lost and hungry—hoping that they would keep him. Usually, they would call the police who eventually would track down the foster home and return him there. Billy said he used to enjoy setting fires in the woods but he was never caught. At one point, he had threatened to kill the foster parents after witnessing a perceived-as-cruel punishment to another foster child, a three year old girl, who Billy said was the only person he really cared about during those days. He then was sent to a state mental institution/reform school for psychiatric evaluation and eventually back to the same foster home.

At thirteen, having completed 7th grade, Billy ran away “for good”. He arrived in the inner city and “survived” by petty larceny. As a temporary respite from life “on the streets”, he was looked after by older sibs or “rescued” for a time by strangers. There had been no contact with his natural parents at that time. When asked why he didn’t report the incidents of “harsh punishment” in the foster home, Billy replied that he knew that no one would believe him and he feared retribution or that they might send him to an even worse place. He only wanted to escape it all—be on his own. He knew he could count on himself.

Currently, Billy, age 22, lives in a nearby shelter for persons with a psychiatric history. He receives General Relief (welfare). Since Billy turned 18, he has lived off and on in penal institutions, with an aunt, older sibs, but mostly in the shelters. His biological mother currently lives south of the city and he has seen her once. He sums up, “She is an alcoholic and I have no use for her”. His father, also an alcoholic, still lives off and on in the neighborhood streets where Bill was “raised” until age two.

Billy remains very close to his youngest sister and enjoys “looking out for her” by giving her small gifts and by “screening” her boyfriends. This is reminiscent of his attachment to the young foster child of years ago. Billy has worked sporadically as stockroom or kitchen help, and has spent the past two years in jail for B&E and assault and battery on a hospital security guard resulting in a broken arm for the guard. Again, he takes no responsibility for that action. Billy has been known to numerous area social service and mental health agencies. A great strength and source of pride to Billy is the fact that he does not abuse alcohol or drugs, and realistically sees this kind of behavior as contributing to more problems rather than as problem-solving behavior. Here was a definite strength for which to give genuine recognition and appreciation. Acknowledgment was also given for his “surviving” the hard knocks. He became somewhat uneasy with the kind words, obviously something strange and unfamiliar to him. Finally, a slow hint of a shy smile.

All this had just touched the surface. He agreed to return the next day. We shook hands and I noticed the timid, gentle handshake, controlling the latent aggression and hostility still bottled up inside. How different things may have been for him had he been raised in an enriched or even “average” environment providing him with the ego strengths necessary to live a more fulfilling life. My job was to help him realize his potential, and realistically achieve for himself what he desired through positive attitude and action and accepting personal responsibility.
Reality Therapy techniques, dealing with the “now”, not only fit my own personality and philosophy but proved to be particularly effective and appropriate for crisis-intervention in the emergency ward. The past does not dictate how one has to live his life now if he chooses to take personal responsibility and subscribes to the attitude “today is the first day of the rest of my life”. Being “hung up” on the past is a common phenomenon among people experiencing problems. It has proven to be not only enlightening but rewarding to one who rids himself of that misconception. Focusing on strengths, rather than weaknesses, can bring back some hope in the lives of people who have been too long in not realizing their selfworth. Sharing inspirational books and articles had often proven helpful.

The next several meetings with Billy were used to establish rapport. Non-threatening and “upbeat” conversations about his interests including current events, rock music, TV shows and movies were used. Eventually, I explained my philosophy (RT techniques), and asked if he was willing to focus on his present behavior. After a lengthy discussion of this unfamiliar approach to him, he agreed that it would be helpful. He said he felt better after our talk yesterday, unlike with other previous counselors who made him feel worse by rehearsing the past.

I obtained his medical record. It revealed that he “rocked” at an early age, but achieved other developmental milestones without incident. His Full Scale IQ was reported to be 62 at age nine. However, it appeared to me to not be a valid estimate of his current overall functioning, rather, perhaps in part, due to severe emotional/social deprivation.

Counseling goals and treatment plan included allowing ventilation of anger and focusing on reality issues such as finding an outlet for aggression, looking toward gainful employment and satisfying use of leisure time, as well as an appreciation/recognition of self-worth. After the initial recounting of past problems, disappointments and failures, it was agreed to focus only on present behavior and work toward an understanding of how that contributes toward end results. Value judgments (i.e., Is current behavior bringing about desire results) are constantly asked for.

His first “assignment” was given to provide a new perspective of viewing his life and interactions with the external world. A list of all the enjoyable activities that he’s experienced in his life and of actions taken of which he’s been proud were requested. Initially, he had difficulty thinking of anything, but soon enjoyed sharing some actions taken. Billy elaborated on his offer to help an old woman with a heavy bag of groceries to cross a main thoroughfare. She accepted his offer and was most grateful. He was able to reach out to someone else with no ulterior motive. Billy understood that his genuineness and her appreciation was its own inherent reward.

When rapport had been finally established, my male co-worker was introduced. After initially feeling threatened, Billy “opened up” and was comfortable in the presence of either or both workers. At one point, again, Billy verbally confronted a hospital security guard who upset him. We asked him to show us, through role-play, how he handled the situation. It was clear by the tone of voice and gestures that he provoked the guard. We asked that he consider another approach which was role-played by my co-worker and me. A discussion followed of the respective differences, shortcomings and potential benefits of each alternative.

Billy thought that he might enjoy working in a job that helped people, such as mine, so I suggested he try it out. He sat at my desk and became the “social worker” and I became the “patient”. I first chose to role-play him as he was when I first met him. He let me rant and rave, as I had let him, and unwittingly started employing RT techniques. I wondered if he was copying behavior in a rote manner. After complimenting him on the way he handled me the “patient”, we tried again. This time I role-played a composite person with medical and social problems unlike his own. He still cut through all the superfluous conversation and focused on present behavior and actions. I was very proud of him, as he was of himself. We discussed this. He had come a long way.

Billy came by once or twice daily during the first several weeks, then cautiously he would call on the days he didn’t show up. After a two month period, he continued to come by 2-3 times a week. By the fourth month, the times were slowly diminishing (about once weekly) as he found more enjoyable activities “on the outside”. This included dating, closer contact with two sibs, and a new male friendship.

Billy began accepting responsibility for his own actions and, after time, could see that he was, indeed, “master of his own ship”. This resulted in a reduction of fights, and his improved attitude was verbally appreciated and reinforced by his sibs, friends and staff at the shelter. He wondered why “everybody is changing for the better”. He was happy and proud to realize that it was he who was changing. The acceptance and appreciation of him by other people was secondary. He is learning to discriminate between behavior that causes more problems (unhappiness), and behavior which accomplishes his goals (self-satisfaction, happiness). His on-going list of actions that make him feel good is growing, and he uses it during those times when he feels “down” to elevate feelings of self-worth.

Billy expressed a desire to return to a job-training program given by the state rehabilitation commission. In the past, he allowed his aggression to destroy this chance for him. He initiated the contact, followed through with the medical evaluation and follow-up as well as the psychological testing sessions. He will soon be starting a two-day a week paid workshop. Because he enjoys working with his hands, welding or carpentry remain options. Billy discussed his problem with aggression with the rehab counselors, and his willingness to try to control this with their help and suggestions. He finds that taking long walks dissipates the anger and helps avoid striking out. He felt comfortable enough to reject one of my suggestions which was punching a pillow. As sessions continue, other alternatives are discussed while reinforcing positive behavior.

Billy often spoke about wanting his sibs and I to meet. One day Billy brought his just-released-from-prison brother to meet me. This brother was full of the aggression and hostility that Billy once possessed. I turned to Billy and said “Boy, I sure can tell that you two are brothers”. The brother understood it to mean how closely they resemble each other in physical appearance. Billy knew exactly what I meant, and smiled.
As Billy becomes more involved with pleasurable outside activities, his need for counseling diminishes. Knowing he is welcome to call or come by as needed allows him the security, and inherent freedom that security brings, to pursue other worthwhile activities. The outside world is being seen by Billy as less threatening and more hopeful than ever before.

Billy occasionally sends my co-worker and I cards with beautiful verse to express his caring for us. He still calls or comes by monthly to share glimpses of his life with us. Being able to share with him honestly and openly how much he had helped me was truly rewarding. I explained to him that he came into my office the first time when I was having a "down" period of my life. The challenge he presented resulted in a two-way exchange, a mutual growth.

He looked surprised . . . pleased. And then he smiled.

The effects of Reality Therapy upon self-concept and locus of control for juvenile delinquents

Janet A. Thatcher

The researcher is a certified reality therapist currently in private practice in Cincinnati, Ohio. This research was done as a doctoral dissertation at Kent State University in August 1983.

The focus of this study was to examine the effects which training in Reality Therapy had upon juvenile delinquents and staff working with those delinquents. The areas of concern included the delinquents' self-concept, locus of control, and behavior.

The study involved the nonequivalent control group design in which the subjects were juvenile delinquents residing in three community group homes which were administered by a parent organization in western Pennsylvania. Pretreatment measurement for the youth involved the use of the Piers-Harris Children's Self Concept Scale and the Nowicki-Strickland Locus of Control Scale for Children. Assessment of the knowledge of Reality was used for all staff. Of the three group homes, training in the concepts and practice of Reality Therapy was given to the youth and staff in one group home; the same training was given to the staff only in the second group home; and no intervention was used in the third group home. After the end of the training period, each youth determined a "plan of action" to work on during an 8-week period of no direction intervention by the researcher. Posttreatment measurements were accomplished at the end of the 8 weeks.

The results of the within-group comparisons from pre-to posttreatment measurements revealed a significant difference for the youth and staff receiving training in Reality Therapy. Thus, the locus of control became more internal and the self-concept became more positive. For the other groups, no significant overall differences were found. The results of the between-group comparisons revealed that significant differences existed in two areas: total self-concept and the "anxiety" cluster of self-concept, and these were significant for the youth receiving Reality Therapy training. The indirect behavioral observations yielded few significant differences and was considered tenuous.

The results were interpreted to suggest that through Reality Therapy training, juvenile delinquents are able to take more control of their lives in an appropriate manner and their self-perception becomes more positive.
THE EFFECTS OF TWO GROUP APPROACHES ON SELF-ESTEEM AMONG THE ELDERLY
Frances W. Cooper

The researcher is a certified reality therapist currently on the staff of the Cuyahoga Valley Community Mental Health Center in Cuyahoga Falls, Ohio. This research was done as a doctoral dissertation at Kent State University in August 1982.

A survey of recent literature showed very few studies on the self-concept of the aged or on the effectiveness of group techniques with non-institutionalized elderly. Therefore, this study attempted to evaluate systematically the effectiveness of two therapies, Reality Therapy and Photo-Reminiscence Therapy, for a geriatric population in terms of self-esteem.

The sample consisted of 39 volunteers, ranging in age from 65 to 91, who lived in a senior apartment building and met the following criteria: resident of the building, ability to hear and speak English, ability to sit for an hour, and willingness to join a group activity.

Subjects were pretested and posttested using the Tennessee Self Concept Scale to assess for changes in self-esteem. Subjects were randomly assigned to both treatment groups (Photo-Reminiscence groups, Reality Therapy groups) and no-treatment control groups. All groups met for 12 sessions each.

The data were analyzed using the two-way Analysis of Variance (ANOVA) with one repeated measure (indicating self-concept). Twenty-nine scores from the Tennessee Self Concept Scale were the dependent variables measured.

Although there were increases in all eight posttest subscales that represent overall level of self-esteem for the treatment groups only, results indicated that: (a) there was no significant statistical difference between experimental and control groups in the growth of self-esteem as measured by the Tennessee Self Concept Scale; (b) there was no significant statistical difference between the two experimental groups in the growth of self-esteem as measured by the Tennessee Self Concept Scale.

Conclusions drawn from this study were that for these subjects, using this instrument, group therapy was found not to be an effective treatment for producing change in self-esteem. It is suggested that for older adults who are in stages of stability, without evident unresolved conflict, self-esteem may be very difficult to change. Also, positive changes did appear to occur which may have shown up on another instrument or by using a variable other than self-esteem. Future research directions were noted.