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Editor's Comment

The first section of this issue continues the exploration of theoretical constructs of RT/CT and their application in practice. The first, by PALMATIER, follows up his article in the last issue with a carefully thought through series of examples. The second, by MICKEl, explores the interrelationship between control theory and family therapy. The second section concentrates on school-based application of RT/CT, each from a different perspective. The article by RENNA provides a major contribution by looking at a special education population. COATES applies the same principles in her interaction with faculty. GRIMESEY looks at the impact of these principles in a middle school. Finally, the article by SCHAEFFERI BRATTER provides an excellent illustration of Quality School applications.

The third section contains two research-based articles critically examining RT/ICT. The first, by INGRAM/HINKLE, uses a case study approach. The second, by THOMSON, uses a much larger sample of RT practitioners in his study. The final section includes several diverse articles. The one by GRAMSTAD describes a program with national implications. PARISH provides a simple, useful approach for practitioners. LOJK provides an important perspective on the Silver Jubilee of RT from the viewpoint of the great changes in Europe. Finally, LITWACK provides a simple guide to writing for publication that may be useful for potential authors.

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CHANGING PICTURES BY CHANGING SYMPTOM PATTERNS

Larry L. Palmatier

The author is in the Counseling Psychology department of the University of San Francisco.

WE WRITE OUR LIVES

Control Theory makes clear that we can be the directors of our lives and masters of our fate. Using Glasser's (1988) auto analogy, we sit with the steering wheel of our lives in our hands and drive our own autos (the plural of the Latin word for self). We do follow a script in life, but it is a script we are continuously writing. We write our own selves and author our own lives, or, as White and Epston (1990) have powerfully and humorously shown, we "story" our lives and we can "re-story" them as well. We "do ourselves into" and we can also "do ourselves out of" . . . our problems. The common greeting "how do you do" takes on a special meaning to the reality therapist: it can be more useful to speak of "doing" problems rather than "having problems. Certainly, this language is more accurate.

Therapist: How are you doing . . . your life?
Client: I must be doing my life poorly right now.
Therapist: How do you do your depression?
Client: Huh!

Proactive Language

Control theory or reality therapy contains both mental and behavioral elements. Examining the mental side first, let us look closely at wording. With some well-engineered retraining in semantics, anyone can take the first step toward battling sticky and painful problems. Using language that matches one's actual behavioral processes can refocus the sensory cameras and move one toward a better alignment with reality. This perceptual gear-shifting can relieve at least some of the friction and pain resulting from the discrepancies between what we want and what we have. The trick is to think about it differently, and talking about it proactively is a way to get started.

Glasser (1985) has provided some of the new language needed with his own development of the powerful ideas in Behavior: The Control of Perception (Powers, 1973). The key to this new language, of course, is describing one's problems or symptoms in an active verb form. One does not "feel anxiety" so much as one "worries", "anxieties" or "anxietizes". Glasser has introduced "choice" to this new vocabulary: "choosing angering, depressing, paining, miserabling, crazying and rebelling." To speak otherwise is to assume the role of "victim" and to fall into the same trap as those who automatically bring suit whenever anything happens to them — "It's not my fault; the other guy was driving stupidly." This talk befits what Robert Ardrey (1970) has aptly called the Age ofAlibi.
Entertaining Anxiety

Beier (Beier and Valens, 1975) expresses the same process a little differently, somewhat emphasizing the idea that we “play out” our lives. “She is ‘entertaining’ anxiety.” This term has the same effect as the verb “choosing” in adding the quality of smoothness to the new language when anyone tries to admit responsibility for a problem. Changing “having” to “doing” makes one’s part in playing out one’s life even clearer; no one else is responsible.

Indulging in Anxiety

After a therapist gains the trust of a client and becomes involved to the extent that the client feels there might be some help here, a more aggressive verbal form can be introduced: “indulging in” anxiety, headaches, griping, depression, “psychosomatic” stuff, acting out, and general detachment. This phrasing aptly exposes the manipulative tactics in Haley’s (1963) discussion about symptoms as tools we can all use in maneuvering our human relationships. Everyone knows we can wield power through paining.

DOING AND UNDOING OUR PROBLEMS

After trying direct methods and finding that these sometimes fall short because of clients’ single-minded devotion to their difficulties, a counselor may try to move people away from their perceived problems (symptoms) by using the less obvious leverage available in their unique manner of doing their problems. It can be easier and more productive to get a person to risk acting differently in only small ways at first — such as varying the way one does a problem — and this might change the way things are. Once people take even a small step in the direction of change, it may be easier for them to see and admit that they are in the driver’s seat of at least one part of their lives.

Solving a Problem Can Be Threatening

Many people find a certain predictability, if not pleasure, in their favored patterns of life and they may feel threatened by any suggestion of changing the pattern. Beier (Beier and Young, 1984) describes this tendency to hold fast to problems as consistent with Freud’s formulation of “Pleasure in the Symptom.” Most people claim to want to eliminate a problem immediately, but, in practice, seem to want to resolve a problem gradually in order to maintain a sense of security and control. The counselor should try to respect this common tendency and even to build it up by not jumping on the idea that the symptom is the enemy. Glasser’s suggestion here is to ask about the advantages of the problem. Clearly, this simple question conveys an openness to discuss the problem neutrally and eliminates the pressure a client would feel if a counselor showed a vested interest in the immediate annihilation of the complaint.

Paul Watzlawick, borrowing an idea from Erickson (Haley, 1973), speaks of maintaining “an unresolved remnant” and helping persons keep a sense of control by suggesting that they are the ones to choose new actions.

Very often, the main components of the problem will seem to disappear swiftly enough, though some minor parts may still be lurking. As clients try out new patterns, the problems can then melt away totally. Naturally, in any therapy aimed at solving problems in a client’s lifetime, it is the counselor’s job to suggest new ways to solve the problem when the person is stuck and oblivious to alternatives, but also to minimize the “danger” a solution might imply (Fisch, Weakland, & Segal, 1982a).

People Hardly Ever Make Mistakes

No one wants to commit a mistake. Even actions that a person later admits as misjudged — “That was dumb,” “I was drunk” — are viewed as a way to gain advantage at the time. We label things we do as errors only after the fact, with the advantage of already knowing the outcome. This Monday morning quarterbacking is the normal thing, but any counselor must start with the idea that behavior is always designed to help someone achieve a goal. In control theory, behavior is the focusing step needed to get the picture of meeting a need. Even “altruistic” acts, such as giving aims, make a person feel better. “Mistake” only describes a past action; never a present or a future step; and no one likes to change routines.

First The Direct Approach

In the Marines, an old saw goes, “Two up, one back, feed ‘em hot chow, and take the high ground.” In other words, take the problem head-on and think of the mission. Naturally, it is best to face problems directly and plan ahead when that is possible; but when all the facts cannot be known, as usually happens, or when the client is resisting change, an indirect approach may work best. Few people will take a clear course of action that conflicts with a mental image. Let us look at the direct approach first.

A young man had complained about stress in several areas of his life, beginning with his work schedule of fifty or more hours a week even though he had the authority to organize his own time. His two small children were tense and seemed to reflect the conflicts he described. He felt pulled in several directions when he tried to concentrate on his studies in an educational program he was pursuing. Finally, he divulged conflict in his marriage, with his wife recently moving out of their bedroom because of the pressure.

After identifying the man’s goals in concrete words, the counselor asked him to evaluate the results of his current behavior in the four personal and family spheres he had noted as stressful: work, children, wife, and studies. The counselor then proceeded one step at a time and arranged a plan with the man’s own approval:

A. To limit the formal work hours to forty per week no matter what, perhaps by working three 10-hour days and two 5-hour days;
B. To limit the times when he would accept work-related phone calls;
C. To hire some trustworthy child care person for a few hours each weekend, giving his wife some free time away from the children;
D. To play with the children himself one half-day or so during the week as another way to connect with his own family and remove some tension from his wife;

E. To talk over the specific terms of the temporary in-house separation so that both husband and wife could feel more control over the time frame for handling this critical period in their lives;

F. To spend a day away from home studying and preparing his coursework;

G. To keep this strategy to himself and not to proclaim his new noble goals and plans to his wife.

This plan was sequential and logical and the man agreed to implement it. While this plan may appear to be straight-forward and a simple matter of common sense, it is often very hard to find a loose thread in the webbing that can lead to change and calm. The client stated that “the needle had gone off the meter” and he had no clue about the next step he could prudently take. An emotionally disengaged outsider can see many alternatives and can order the steps into a workable sequence. Anyone weaving such a stalemating bind as this one experiences ambiguity and some confusion about the possible value of some elements of the self-imposed trap and does not see a clear path out. It then becomes easier to build a case for indulging in playing victim. The direct approach worked in this example because all of the problems and solutions were tangibly identified and the man used his sense of desperation to his advantage, but all the variables do not always slide into place as smoothly.

**PSYCHOLOGICAL JUDO**

Personal styles of counseling vary among therapists of any theoretical persuasion, but the reality therapist must certainly show an accepting and noncoercive interest in anyone reporting problems, avoid taking on the problem personally, and must be open to solving those problems as efficiently and painlessly as possible. What is refreshing about reality therapy is that the counselor can stand fast on the realities operating in any given case and the client can even find a sense of security in realizing that certain givens will not vanish through wishful thinking. “Reality” itself is subjective, of course, and although we have it within our power to change some parts of our perception of our current “life space,” we cannot change it all. Certain rules do operate in the world. The harsh realities can become benign when accepted and scanned for clues to a release from the difficulty. Thus accepting these realities is a first step in establishing a horizon of hope that can serve as backdrop for new options. In other words, “believing in seeing” (Dyer, 1989). Our realities replace the problem as the source of comfort and security.

Another sign of the counselor’s respect for reality is acknowledging the challenges a client confronts and not minimizing these threats. Thus a counselor might tell a drug addict that it is never permissible to skip the urinalysis testing required by the treatment program; or to convey to a person who has just lost a loved one that the pain from the loss can continue for some time, perhaps at an intense level.

All of this realism is delivered in a positive and encouraging way; a reality therapist is not a “blunt instrument,” a surgeon who eschews anesthesia, or the prophet of doom. Quite the contrary, the counselor can be the holder of hope and the keeper of dreams. Essentially, this is done by helping a person see clearly what is not working out and what alternative might work out. When the direct method fails, an indirect method might work. Reality therapy is not a “hit ’em on the head” counseling process, but a method based on the simple theory that what one does shapes one’s emotional expressions and one’s views of the world. A voluntary change in behavior, for reasons that make sense to the person involved, is the key to resolving any difficulty and regaining control. Varying the way one “does” a problem is sometimes much easier than orchestrating a grand shift in behavioral routines. What the counselor does can be described as a kind of psychological or behavioral judo — using the natural momentum of someone’s own views and behavioral style to guide that person in a new direction.

**Don’t Give Up On A Problem; Play It Differently**

When a counselor judges that the direct head-on approach to a problem may not work in a given case, it is still possible to help someone toward a solution by varying the way that person “plays out” the problem. The idea of varying one’s way of doing a problem might seem like “prescribing the symptom,” but it is meant here as an integration of control theory, with its emphasis on doing oneself out of a bind, and a statement of respect for individuals’ competing intentions regarding painful experiences in their lives. On the one hand, people display a natural attachment to problems resulting from behavior that “seemed like a good idea at the time”; on the other hand, they display a resistance to those same problems. One way out of this bind is to alter the way one does a problem instead of dropping the problem totally. This is also neatly compatible with control theory’s key premise that behavior controls one’s perception. By fine-tuning some aspect of the way one does a problem — trying a different “good idea” — one can often see the action phase of one’s total behavior differently and thereby end up with more pleasant results.

**DOING A PROBLEM DIFFERENTLY PUTS ONE IN CONTROL**

The counselor may appear to be prescribing the symptom, but there is always a twist to the prescription; what is described is never exactly the same behavior a person was doing. Besides, it is impossible to do a “symptom” at the direction of a counselor: convention has it that a symptom is “involuntary” by definition; if it is “done” purposely, it becomes voluntary and is no longer a symptom as such (Haley, 1987).

Suppose the counselor is working with a boy who steals and whose father is absent or plays a peripheral role in the family. This boy might be challenged to play his problem in a new direction by figuring out ways to “steal some time from dad” on a weekend or through a structured visit or a
letter. A woman “suffering from bulimia” can resolve to go on an eating binge instead of letting food make itself “irresistible” to her. She might also pick a different group of favorite foods, or perhaps select a different time schedule for the binges. A boy who “makes his mother tense” every day when she picks him up after school by telling her about his most recent detention notice might be induced instead to terrify the family each evening after dinner by entertaining them with ghost stories. Such metaphors have a definite place in the work of the reality therapist (Wubbolding, 1988). The father who spends no time with his son can have his son come up to him, or he can meet his son at a prescribed time and at a certain predetermined location in the house and tell him that Dad will not be able to spend time with him that day.

Changing the Conditions of the Behavior

Symptom-pattern changes are best suggested in a reframed context. Changing certain conditions of a behavior — time, place, social setting, duration, intensity, purpose, and frequency — will eventually alter the outcome of that behavior. This is simply a way of re-stating control theory: behavior controls perception.

Below are specific examples of symptom-pattern interventions or modifications. It may be useful to examine the specific behavioral components of what ends up as a pattern someone can usually follow in “doing” a problem. Any one symptom is the undesired part of the larger symptom pattern. This is all based on two control theory notions: there is no such thing as depression or stress per se, only someone “doing” depressing or stressing; (2) changing one’s behavior, even in small ways, will change one’s perceptual and emotional outcomes.

How do you know as a counselor what to vary in suggesting changes in a symptom pattern? In every pattern there is some behavior that is invariant. Identify what is invariant about the symptom pattern and vary it (O’Hanlon, 1982).

**ERICKSON’S BEHAVIORAL KEYBOARD**

To review a more ordered list of the behavioral conditions of symptoms, a reader may consult Milton Erickson’s Communications and Strategic Therapy Work (O’Hanlon, 1987; O’Hanlon & Weiner-Davis, 1989; O’Hanlon & Wilk, 1987). One would discover that changes can be made in fifteen aspects of a symptom pattern in two basic ways. First try to modify the frequency, rate, duration, time, location (inside or outside the body), intensity, any other quality or circumstance, and four aspects of the sequence or order of behavior; this accounts for eleven aspects. Second, try to break up a whole element into smaller elements, having the symptom performed without the symptom pattern and vice versa; or perhaps linking the symptom pattern to another pattern that is viewed as undesired. Reading a sample for each of these fifteen aspects of behavior will provide all the specifics. Case numbers 3, 5, 6, 7, 8, 11, and 15 in the next section are from the writer’s own counseling or supervision. The remaining examples are reports or adaptations from the work of Milton Erickson in O’Hanlon (1987) and O’Hanlon & Wilk, 1987). All fourteen subsequent cases are examples of the author’s own direct counseling, consulting counseling (meeting for one session only with someone already in counseling with another therapist), or supervision of counselors in training.

**THE LOGISTICS OF A SYMPTOM PATTERN**

1. **Frequency.** Erickson had a case of a woman who compulsively washed her hands exactly five times after going to the bathroom. He suggested that she might increase this number to ten. Later on, she could reduce or increase the number repeatedly until the symptom disappeared.

2. **Rate.** A retarded teenage boy was placed in a school away from home and soon developed a habit of rapidly alternating his right arm out in front of him 135 times per minute. Erickson helped the boy quickly eliminate this symptom by having him increase the rate to 145 times per minute, then alternated a decrease of ten times per minute and an increase of five times per minute until the problem was resolved.

3. **Duration.** A child who always threw temper tantrums of four to six minutes could be told to increase these episodes’ duration to ten minutes.

4. **Time of Day.** A woman who daily entertained bulimia was advised to do her gorging and vomiting in the morning instead in her usual evening time slot.

5. **Location in the World Outside.** A couple given to nonviolent but persistent arguing was directed to hold their discussions only in the living room, seated facing each other exactly twelve steps apart. (Previously, they had always argued in the bathroom, bedroom, or kitchen). By setting an exact time limit, for each discussion, they could also vary the duration of the symptom.

5a. **Location in the Body.** A thumbsucking six-year old boy was told by Erickson that he was being unfair to his other thumb, not to mention the other fingers, by not giving all digits equal time. As soon as the boy divided his thumbsucking between his right and left thumbs, he had in effect reduced his habit by 50 percent.

6. **Intensity.** Assuming that her husband is nonviolent, a passive and wimpy wife could be directed to make her usual milktoast response to him while pounding, or at least tapping, the palms of her hands on his chest.

7. **Quality or circumstances.** A woman who had been divorced for a year and had a 7-year old boy complained to her two counseling interns about her loneliness and social isolation. However, she was reluctant to participate in a regular support group as a first step in leaving home and making herself socially available. The counselors relabeled their own therapy sessions with her as “group
counseling” and introduced exercises each of the three of them had to do by drawing written assignments from a hat. This brought the woman out of her shell, and also added the benefit of direct observation of effective modeling by the two counselors. Some of the tasks were “my all-time favorite outfit of clothing,” “the features I would look for in a man,” and “one of the more embarrassing moments of my life.” After three such meetings, the woman viewed the next step into an outside support group as a modest one.

8. Sequence or order of event. Fifteen-year-old John was often truant from his high school. The school would telephone home every time the boy was absent and his step father, a retired military man, always took the calls. With the agreement of both parents, and in the presence of the boy, this procedure was changed so that the school always called his mother at work. There were no more calls from the school. This case also appears below in slightly amplified form.

9. Short-circuiting the sequence: The counselor observes the sequence of behavior of a thirteen-year-old boy who over eight years had gotten into the habit of tensing up at his mother’s sneezing, running up and hitting her, and then relaxing completely. The counselor suggested one addition to the usual routine. The boy was told to tense up and hit his mother as usual, but before relaxing to tense up again. The duration of the tensing up period could then be reduced.

10. Derailing All or Part of the Sequence. A couple, reporting a pattern of useless arguing, was advised to conduct their next battle of words on paper, alternating the use of one pen. In another case, a binger was told that she could binge as usual, but that she must put a drop of tobasco sauce on every bit of food that she ate during the binge.

11. Adding or Subtracting At Least One Element in the Sequence. A woman who said that she found herself often resisting the urge to run out on her relationship was advised that the next time she felt this impulse she should put on some comfortable shoes and run (or walk) around the block. Also, as she circled the block she was to occupy her thoughts by running ahead in her mind to the time when she and her husband will have overcome their current problems and to imagine the new challenges they would be facing and resolving.

12. Breaking Up a Whole Element into Smaller Elements. A man reported stage fright and was advised to separate his scary and anxious emotional feelings from the excitement coming from the hot rush of blood to his face. He might then enjoy the latter while reserving judgment about the former.

13. Doing the Symptom Without the Symptom Pattern. Clients can be told to do their problem at least once during the week when they do not feel like doing it — depressing, gorging, entertaining anxiety, arguing, or whatever.

14. Doing the Symptom Pattern Minus the Symptom. A woman accustomed to running to her mother’s house with the children only after her husband became verbally nasty and threatened to hit her could announce to her husband that she is going over to Mom’s for an enjoyable visit before there is any strife between them.

15. Linking the Symptom Pattern to Undesired Pattern. If the cost of continuing to play out a certain symptom were to become high enough, a person might choose to give up the problem entirely. Haley (1984) adopted this simple notion from Erickson and labeled it a “beneficial ordeal.” O’Hanlon’s (1987) term for this tactic is “symptom contingent task,” showing the coincidental linkages of the tactic with behavioral therapy, especially Skinner’s aversive therapy (Corsini & Wedding, 1989; Wolpe & Lazarus, 1967a), and systematic desensitization (Wolpe & Lazarus, 1967b). O’Hanlon himself does not espouse behavioral therapy exclusively, but appears, in practice, to be closer to reality therapy. Wolpe’s process of desensitization methodically pairs a positive experience with a previously feared one until the person gives up the phobia because entertaining the positively focused thought and feeling has effectively replaced the negative concentration on fear. Viewing this process in the framework of control theory is both more expedient and comprehensive and makes action steps the media for change and not a person’s responses to external stimuli.

One example of a symptom-contingent task, or “beneficial ordeal,” involved a married former seminarian who reported a long-term difficulty with sleeping. His counselor suggested that the next night he experienced insomnia he should get up and take his bedroll into a separate bedroom and set the alarm to get up hourly throughout the night to “do the stations of the cross.” The next time the man found himself lying awake at night, he dutifully got out of bed and headed into the other room with sleeping bag and foam pad in tow. Suddenly, he felt an urge to go on back to bed and get some sleep. He slept better than ever from that time on, realizing that suffering needs to be spread around a little, inasmuch as the man would be more fit to accomplish good things throughout the next day.

THREE LEVELS OF PATTERN INTERVENTION

Even though the symptom pattern logistics contain at least fifteen behavioral points that a therapist can tinker with in helping clients play out their problems differently, pattern intervention can be simplified by thinking about three main levels — two related to doing the symptom and one to undoing it:

I. Doing the problem
   a. How the person does the problem.
   b. How the person thinks about the problem
II. Undoing the problem, that is, how the person sets about solving the problem.

I. Doing the Problem. The starting point for solving a problem is for the counselor and client to identify and agree on the exact ways the person does the problem (Glasser, 1989, Fisch, Weakland, and Segal, 1982b; O'Hanlon & Wilk, 1987).

a. Identify the action component in the doing of the problem. Focusing on current behavior is a fundamental part of the process of reality therapy; specifically, in this example, looking at the action part of the total behavior. For intervention and change, the therapist assigns alternative ways of doing the problem. This refers to a directive or, in reality therapy, "coming up with a new plan."

b. Identify the thinking component in the doing of the problem. This is different from reality therapy's "evaluation," which is a logical judgment of the effectiveness of a given behavior in helping the person achieve a want or need. Noting a person's thinking in doing the problem lets the counselor tease out the person's private logic behind any particular behavior. Counseling is easier if one respects that private, right-brain, nonlogical thinking, for the entire process is more psychological than logical. As intervention, one can offer the person a different rationale for doing the problem. This step can have a powerful influence on the context of the problem. Once someone has a new idea about the meaning of a behavior, new avenues may open up as escape routes. An example of this recontextualizing will be given in the section on altering the way one thinks about a problem.

II. Undoing the Problem. Solutions are people's attempts to undo a problem. Counselors first get people to specify the undoing behaviors they have so far employed to solve their problems. As intervention, the counselor may then suggest an alternative to these old undoing steps (Glasser, 1965; Fisch et al., 1982c).

What people actually complain about is the symptom; everything else can be termed the pattern. The symptom is what the person does over and over again — a sort of behavioral loop. The person can change any part of the pattern, and will often then find that the redundancy disappears. When this happens, contrary to a popular opinion among analysts, there will be no symptom substitution. Control theory language is more concise. Behavior, including any aspect of the total behavior, controls a person's pictures. Change an element in the behavioral pattern, and you change the picture. Even though we control for inner pictures and not behavior, when people take control of any one aspect of a total behavior by choosing to do it a certain way, they gain control of the whole behavior and get a new picture.

CHANGING THE DOING, THINKING, AND UNDOING PATTERNS

The three types of pattern interventions will now be described with case samples, beginning with changes in the doing of the problem.

Changing the Pattern of Doing the Problem

A 28 year-old man reported having regular and frightening panic attacks. He agreed to write the following message to himself on a large sheet of butcher paper: "In order to have a panic attack, I must remember to..." This was followed by a list of the steps in his typical pattern such as "worrying about being late for appointments and checking the mailbox several times a day."

This same man was a diabetic, and although he was almost thirty, his mother was still hovering over him, checking on his insulin requirements, administering his injections, and paying his monthly rent on the apartment he rented in the complex she managed. She showed disappointment whenever he succeeded in such activities as finding a girl friend. The counselor asked the mother how her protectiveness could change. She was asked to check out prospective daughters-in-law and see how she could do worse.

Eventually, as both players interacted differently, the man got over the panic attacks, married the woman he had been dating, landed a job, moved away from his mother's apartment complex, and later on, took a better job.

This was an example of #11: Adding at least one element in the sequence of doing his problem.

Case #2. A five-year-old girl became traumatized after witnessing her mother murder her father with a pistol in the driveway in front of their home. The girl moved in with her maternal grandmother, became sullen at home and withdrawn at school, and became fearful whenever the grandmother drove her past the house where the shooting had occurred. The counselor advised them to stop the car on their next trip past the house; the daughter was to get out and stomp around on the spot on the driveway where the event took place. All symptoms disappeared after this assignment was completed. (Gestalt therapists reading this may choose to let out a "Bravo" or two if they feel so inclined at this very moment).

Why was this simple directive effective? Erickson advised against wasting time figuring out every success, claiming that sometimes his patients were cured and he did not understand why the intervention worked. Glasser has reiterated the axiom about the wisdom in "not assessing the basis of one's well being." Possibly, this directive worked because the little girl's agitation was a reflection of her grandmother's continuing frenzy over the murder and resultant incarceration of her daughter. Once grandmother paused at the scene of the crime and thereby showed a willingness to grapple directly with the reality of the last violent showdown between her daughter and her late son-in-law, granddaughter could also relax and face her fears as a child. Explanatory hunches abound, especially intrapsychic hypotheses; somehow she gained a new feeling of control and turned a corner on her fearing and agitating after she stomped. The improvement also attests to the merits of altering a symptom pattern in a behaviorally specific fashion.

This case demonstrates #11: Adding an element in the pattern the client creates in expressing her symptom.
Case #3. After her grandmother died, a 5-year old girl took on a limp and had bad dreams every night. The counselor advised the family to set the alarm at 3 A.M., to rise together and meet at the dining room table to write out a nightmare. The problems vanished immediately afterwards. Much of the success of these cases may come from clients' giving up the energy they are exerting in resisting the problem. It is well known the more one resists a problem or tries to solve it, the more the problem persists. This can be likened to happiness: when it is pursued, it remains elusive.

This shows #15 at work: Linking the symptom pattern to an undesired pattern.

Case #4. A thirty-year-old man would terrorize his family by chasing cars. His wife had a dilemma: she was helpless in the face of these high speed chases and she continually tried to keep her husband out of her larger family circle because she viewed him as a potential menace to their eight and five-year-old sons, even though neither parent reported actual child abuse. She confided that the eight-year-old had already expressed to her a fear of his father.

The man himself came to a counseling session alone during a week when his wife was out of town and volunteered to the counselor that he had been badly abused as a child of five, and that at age seven he was bigger than the other children his age and was constantly searching for a fight — just as his own eight-year-old son was doing these days. It often happens that people who had developmental rough spots as they were growing up will experience some corollary turbulence when their children are at a comparable age. Madanes (1984) often asks parents which one of them had a problem similar to the one they are presenting on their own children.

The counselor advised the client to let the thirty-year-old man that he was take care of that little five-year-old "boy" he still carried within and then encouraged the man to have some fun with his older son by spending time playing remote-control cars with him. Additionally, he was directed to discover the powerful lesson that his own father had taught him by the abuse and, after finding some value in this key message, to teach this to his own son in harmless and more creative ways. He was also told to go on chasing cars, but to limit his speed to the mandatory 55 MPH even if other cars should pass him on the freeway. In this way he "could chase after drivers who were less potent and more vulnerable than himself." When he got close enough, he was to read the license number to his wife, who would write it down; they would then decide whether or not to submit these numbers in his state's weekly lottery.

This case depicts #10: Derailing all or part of the sequence; and #11: Adding and subtracting at least one element in the sequence.

Case #5. Two years after a divorce, the mother of a nine-year-old boy reported still feeling intense hurt whenever her son returned home from a weekend visit with his remarried father and described to her all the critical things her ex had said about her. The mother likened the effect of these stories to having "salt poured in the wounds". The mother agreed with the counselor's proposal to remove the boy from this role of "courier pigeon," which children of divorce often fall into. This was to be accomplished by urging the son to talk about the visits with his own counselor rather than his mother.

The next step in altering the pattern of hurt was to arm her son with a vial and ask him to fill the vial with anything he felt was meaningful during his visits to his father's house — dirt from the backyard, a little salt from the kitchen, and anything else he could label vile. Upon his return, and without saying anything about the visit, the mother and son were to take the contents of the vial and ceremoniously pour these out in a special place, such as over a nearby bluff into the ocean or into the kitchen trash can.

This rerouting of some key behavioral steps in the pattern would certainly lead to a new sense of control by mother and son and would make it easier for the mother to drop her sense of hurt. She would thereby be free to enjoy a "psychological" divorce as well as a legal one and put the brakes on allowing her husband to define her and her emotional reactions.

This was #10: Derailing all or part of the sequence.

Case #6. A single mother enrolled in a counseling program reported living with a man who complained about her nagging, criticized her theories of counseling, and engaged in endless verbal fights with her. She stated that he was interested in "reparenting" therapy, but that he showed no interest in her nine-year-old son. Also, she said that when they staged one of their routine battles, the man's face would contort and appear very ludicrous to her. In the face of all of this chaos and self-imposed misery, the boy alarmed his mother by often talking about running away.

The mother was asked if she would be willing to join her boyfriend in meeting with a reparenting therapist, since the boyfriend claimed an interest in this method of counseling, but was not currently in therapy. In this way, she would be joining him in his specialty and showing an interest in something he found important. She agreed to go to a reparenting counselor with him and the consulting therapist suggested that she make one topic of those meetings the relationship between her son and her boyfriend.

The mother was then challenged to change the location of one of the fights so that she would be standing in front of a large mirror with her boyfriend staring at his own face as they argued. She said it would be no problem to arrange the next fight in front of the bathroom mirror. The last part of the new way of doing the problem was to figure out some playful way for her son and she to "run away". Coincidentally, the two of them were planning a trip to Hawaii and she agreed to tout the trip as "the great run away" for just the two of them.

This was an example of #5: Changing the location in the world.

Changing the Pattern of Thinking about A Problem

Case #1. A low-income, obese woman with a psychotic mother feared losing her own mind and attempting suicide again. She came to a woman
counselor at her school to get help for herself and her son, who sat with his head down and hid behind the hair that fell over his eyes.

The counselor told the woman that she had never met a human being who had lived life as fully as this mother had. She had more breadth of experience than anyone this therapist had ever known. Upon hearing this comment, the woman visibly relaxed; her son looked up for the first time and came out of hiding, showing some interest, relaxing, and establishing eye contact with his mother and with the counselor. She felt warm pleasure as she saw a sudden match between the counselor’s statement of acceptance and caring and her internal picture of her need for self-worth and recognition.

This demonstrates #12: Breaking up a whole element into smaller elements; and #7: Quality or circumstance.

Case #2. A mother of two sons, ages eight and nine, brought multiple problems to a counselor in an elementary school doing family counseling for school-related problems. She reported that her sons refused to catch the bus on time, and that they had begun beating her up after her battering husband had been forced by court order to leave their rented house. She also reported that with the boys at home, she would often shut herself in her closet, lie on the floor in a fetal position, yell and scream, and threaten to go crazy or to kill herself. We could say she was choosing an adult version of a temper tantrum, but considering the threats she wove into her emotional message, there was certainly cause for serious concern. The counselor suggested that the boys might be beating her up as a way of trying to help her by keeping her alive and “imposing” sanity. This reframe was a therapeutic move intended to prompt a change in the mother’s pattern of thinking about her problem.

The counselor here also saw the need for changing these people’s ways of doing things, beginning with the two kids. The brothers had been deliberately missing the school bus by dallying, arguing, and fighting. Their mother was then forced to drive them to school, always arriving late. The boys were already in a special-education class; and naturally, the continued tardiness prompted letters, phone calls, and lectures that increased the stress on all parties. The counselor separated the brothers and asked the older how often he was really able to catch the bus on time. The boy said probably every day. The counselor told him this was too much to start doing suddenly, and that if he managed to do this, “I’ll think you’re only trying to impress me to get me off your case.”

The two agreed that on three days each week the older boy would catch the bus for school and not have his mother drive him. The special-education teacher’s aide was then to telephone the counselor at his office and report, “Jessie took the bus today.” The counselor purposefully kept mother out of any direct part in the procedures for change in order to reduce her enmeshment with her son and because she may have had her own need to perpetuate this aspect of her pattern of strife and confusion. Meantime, the younger brother was told that he was too young to do what the older brother was planning to do. It took two weeks before the older brother could catch the bus every day and get to school on time. The younger brother chose to tag along, day after day, and was usually on the bus with his brother. He was not about to be left behind and flagged as the little brother! Six weeks later the older boy was selected “student of the month.”

The mother needed to change some doing patterns as well. After learning that she usually had a few minutes of quiet time each morning before the boys were up, the counselor asked that she take some time for herself and write out a brief plan for her day, making sure that the boys saw at least some part of this new step, especially since she was to do this in the closet. Within a week; the boys stopped battering their mother. This change may have come mostly because they gained a sense of security in seeing their mother go and talk to a counselor and go into the closet as a place of comfort and solitude instead of a place to freak out.

This case depicts #5: Location; and #11: Adding at least one element in the sequence.

Case #3. A counselor can abolish the previous context of a problem by restating or recontextualizing the story. There is the case of a woman whose husband wanted her to lose thirty pounds, claiming that she should show more will power and just do it. The symptom is what someone complains about, and for the husband in this case it was the excess weight. The wife described her problem as an irresistible craving for food and, in effect, accepted her husband’s criticism of her undesirable looks and his implicit worry that she might become “fat and sloppy.”

The pattern around a symptom is everything other than a persons’ complaint (that is, all the conditions surrounding behavior — setting, time, place, or human interactions around the symptom). In this weight case, the woman had recently remarried and her husband’s three adult daughters (especially a 21-year-old at college) found it difficult to accept the presence of a new woman in the household. The step mother was making every effort to soothe the ruffled feathers, and even took the long-distance calls from the oldest daughter at school. The wife felt drained by this central position between her husband and his daughter. She eventually told the counselor that after she had noticed herself in an untenable situation, she had simply opted out of the middle and immediately “felt a great weight off” her shoulders.

Powerlessness hurts, and this woman’s description suggested an optional context for viewing the problem. The counselor remarked, “I hope you are not offended or disappointed if I tell you that I think your problem has very little to do with weight.” The client showed some surprise at this, but said that hearing this did not bother her. As is often the case, the husband had refused to attend family counseling, and the woman was going alone to a female counselor who was teaching her behavioral management to control her eating, without much success. At this point, the woman told the consulting therapist she was willing to try some new behavior.

The counselor affirmed her view that she might regain control by not taking any more telephone calls from the daughter; also, she agreed not to ask about or listen to rehashings of any calls her husband took. Her plan was to keep a low profile and to declare that she cared very much, but that
she was in no position to do anything practical about the problems the daughter had since “these are matters between a father and his girl.”

Minuchin (1974; 1981) is said to have remarked once that the weight in a family never changes; it only gets shifted around as somebody loses weight and somebody else gains a corresponding amount. This case, though, began with the husband blaming his wife for gaining weight and putting pressure on her to lose it even as he unwittingly pressured her to stand between himself and his daughter. This middle position, called triangulation in family or systems therapy (Nichols, 1984), is usually untenable and can only lead to a new wife feeling powerless amid the inevitable conflicts and adjustments in any family’s relationships during the transition between divorce and remarriage. The husband had added even more fuel to his wife’s feelings of futility by telling her that sometimes he could not be sure that he would choose his wife over his daughter under certain conditions.

It was time to “detriangulate” the situation. The counselor took no one’s side and assumed no malice on anyone’s part, but asked the wife if she were willing to take some new steps that might help her avoid her pattern of going to the kitchen and overeating when upset, especially in the early afternoon. She agreed to cooperate with the counselor’s suggestions because she was not at all happy with the situation as it was and was frantically eager to find some respite from the conflict.

Acting instead of reacting was the first step of the new plan. First she would take the initiative to stay out of the middle by avoiding a direct role in any more telephone calls from the daughter. The next task was to write an “ad” for the “job” the new wife had been invited to take in this family, and to post the notice on the refrigerator for anyone to read. It was to start like this: “Wanted: heavy-duty lady for weighty, untenable position in formed family.” The third part of the plan was to wear a sweat-shirt or apron in the kitchen bearing the words, “Weighty, Undatable Role.” The next step was to read aloud before indulging in any food binge, “I am eating to gain control over the powerlessness I feel in this untenable position.”

Since one person can only do so much, the next session might be an appropriate time for the woman to take two new steps:

1. invite her husband to go to counseling with her;
2. place on a wall a large picture of her husband, marked “husband and father,” and directly alongside one of herself, marked “wife.” Directly under her husband’s large photo, she would place three much smaller pictures of his three daughters and label each with the word “daughter.” Seeing this pictures and using these words would make graphic the roles and relationships in the newly organized family and would give everyone more control. Thus the family hierarchy is reestablished.

This last case shows how symptoms always occur in contexts. Contexts are made up of patterns of actions and interactions, and contexts have markers such as time and place that tell someone when to do a certain symptom (Bateson, 1978; 1979). For example, a person who smokes infrequently may find that he is most inclined to do so after a meal, in a certain setting, or with a certain other person. Modifying the contextual markers is one method of influencing the context. This way of modifying a person’s symptom includes depatterning and repatterning and is another way of speaking about symptom-pattern intervention.

This example shows #7: Quality or circumstances; and #10: Derailing all or part of the sequence.

Case #4. One school counselor, looking for ways to encourage new thinking about the problem a teacher had in dealing with a tough boy, decided to give the teacher a gift for the troublemaker. The present? A cactus. The teacher said the boy found his gift quite touching.

This is a sample of #7: Quality or circumstances.

Case #5. A single mother brought her twelve-year-old son to counseling complaining about the boy’s silly and disruptive behavior at school and his sullenness and destructiveness at home. She described years of alcoholism by herself and her former husband, who had sexually abused her older son (now nineteen) when he was younger and at the same time, had psychologically abused her younger son through ridicule and neglect. The mother also complained about her strong feelings of guilt and depression, in part because she felt that she had missed out on her sons’ early childhood owing to her drinking. As a result, the younger boy had trouble knowing when, how, and where to enjoy himself appropriately.

The counselor asked the mother to tell her son that when she was sad she needed a clown, but now she no longer needed him to act silly. She was okay now. Next, she was told to take her son out to observe the baby animals on their small farm; he should notice the lambs and calves romping in the fields and, if he wished, romp with them while she looked on with love and approval. This was designed to show how naturally the young animals fit into their environment even though they may frolic. In the past, the boy had stood out like a sore thumb at home and at school because he never knew when to cut up and when to be serious. Finally, the mother was shown great improvements in his behavior at home. He stopped breaking time nursery rhymes, and, at fourteen—nine months after the counseling was over—successfully held down a summer job. This was the same boy who could not be trusted a year and a half earlier to wait calmly outside the counseling office for fear he might leave a mess or do serious damage.

This story shows #7: Quality or circumstances; and #10: Derailing all or part of the sequence.
Case #6. A man complained about his inability to control his anger and his tendency to indulge repeatedly a certain mental scenario about his ex-wife, which in turn always built up a "slow burn." He had been married for thirteen years and was an alcoholic for most of that time; but when he finally stopped drinking and made a serious commitment to sobriety, his wife left him for another man. He said this made him feel betrayed, and whenever he thought about it he felt sorry for himself and conjured up additional grievances (such as the hurt of being separated from his two daughters). He also said that he had met a new woman who was superior to his former wife in every way, but that he was unable to enjoy their relationship fully because of his memories. Somehow he had to resolve his feeling of betrayal, a feeling that ironically produced a high magnitude of emotional intensity and probably no small pleasure.

During the one hour consultation session (he did have another therapist he was meeting with regularly), the man disclosed that about two years earlier he had declared his independence and had "claimed autonomy." The counselor used this date as a contextual marker and emphasized the importance of that self-declaration. The man told a story of a recent back-to-school night both he and his former wife had attended, and he noted that she "consumed a lot of space" talking to the teachers, so that he once again felt he was taking a back seat to her. The counselor told him he appeared to be courteous and asked him if he ever appreciated his own inner strength which came through when he showed his vulnerability like this and did not hog the stage. The man wept briefly as he explained that no one had ever acknowledged him for his loyalty, inner strength, and convictions.

The counselor asked the man to evaluate the power of his declaration of independence two years earlier. He said that he felt he was 80-90% his own man today. The counselor pointed out that for all thirteen years of his marriage he had fueled his life with the "booster" rocket of alcohol. He then replaced alcoholism with anger, and most recently with a feeling of betrayal. Did he still feel he was 90% his own man? If so, perhaps it was time to live life without a booster because that level of autonomy meant that he had achieved his own separate orbit in life and no longer needed a booster. Why not dump both anger and the sense of betrayal and enjoy his new relationship, even though, his former wife might be gloating over his change. Eventually, the man reported that his former wife was really "intact" because he continued anger and frustration. Finally, the counselor remarked that his former wife left him for another man. He said this made him feel betrayed, and whenever he thought about it he felt sorry for himself and conjured up additional grievances (such as the hurt of being separated from his two daughters). He also said that he had met a new woman who was superior to his former wife in every way, but that he was unable to enjoy their relationship fully because of his memories. Somehow he had to resolve his feeling of betrayal, a feeling that ironically produced a high magnitude of emotional intensity and probably no small pleasure.

Changing the Patterns of “Undoing” the Problem

Case #1. A step father said, “We can’t get the sucker to go to school.” The biological mother disagreed: “It’s not a question of truancy, but of Jack’s autonomy.” The boy’s view? “School’s boring.”

Whenever Jack cut classes or was truant, the school would telephone home. The step father, a retired military man, stayed home while his wife worked and took any phone calls from the school. After the first counseling meeting, the parents agreed that from that day forward, the mother would take the calls from the school at her work phone. As presented earlier, this pattern intervention was successful: no more was needed to get the boy back on track and ease the strain on everyone. However, there is a little more to the story.

Step dad appeared quite powerless in the family. Family members took little notice of his blistering appeals for compliance with his rigid rules. The counselor suspected a drinking problem and decided to test this out by saying, “The problem you have with this boy is enough to drive a man to drink.” Only the husband and wife came to the second meeting and the man admitted that he did indeed have a drinking problem. When asked about the last time the two of them had gone out together without children, the wife answered, “Seven years ago.” The son may have decided to do something about his truant behaviors because he realized that his problem had served some purpose — getting his parents to see a counselor. This had to make him feel more secure.

This presents an example of #8: Sequence or order of events.

Case #2. A married woman came to counseling with her husband and their eleven-year-old son. The boy was continually acting up at school and drawing detentions. At home, he often sided with his father in arguments and was generally “smart-ass” and uncooperative. Each day, when the mother picked up her son after school, he would terrorize her with stories about his latest detention, and he delighted in her agitation at these tales. The mother said there were no real boundaries or psychological distance between herself and her son. He seemed to know all her feelings and opinions, and all that went on between herself and her husband. So why did he want to cause so much trouble?

The counselor suggested that the mother put off hearing the after-school “horror stories” that bothered her and instead have the boy sit down with his parents after dinner and tell ghost stories in place of the school nightmares. They were expected to respond vigorously to the staged scary stories.

During joint counseling, the boy was asked to take the part of his mother. He tired to imitate the mother’s manipulation and said, “You’d better be perfect like me or you will end up like him (the father) and then we will have to divorce.” New information like this very often appears out of the blue in a session and couples often communicate to each other via their children so this statement was plausible and enlightening. The husband and wife did say there were some problems between them, but that the woman had decided to stay in the marriage even though her husband had chosen to remain unemployed for five years earlier in their marriage. The counselor suggested that the mother’s decision to remain married at a definite point in
time (a contextual marker), showed her decisiveness and strength. She was reminded that marriage is not a static state, and she could decide again about her marriage, perhaps showing even more commitment toward her husband if she so chose. The mother so far had tackled everything as a “campaign” and chosen work and community projects that contained their full share of tension, conflict, and challenges. She was told that her next “campaign” might be her family.

The mother later volunteered that one of the biggest disappointments of her life had been that her mother, a longtime alcoholic, “hated her.” She claimed this did not bother her, even though her mother had apparently singled her out among the rest of the children as a target of abuse.

The counselor asked the family to consider the possible merits of their son serving as the “bellwether” of the family and the one to mediate the lives of the parents. They were told to think about and list the disadvantages as well as the possible gain with a special focus on the “ramifications” of the boy playing this role by design and with their full approval and support. The parents returned saying there were no advantages: the boy was “emotionally immature” and could not handle such an assignment. After some thought, the husband did admit that one obvious advantage of the current situation was that the boy’s continual brattiness could keep the parents from facing their own conflicts.

The counselor explained to the mother that he felt her pain at the old rejection by her mother, and that she was actually counteracting this pain with a layer of resentment and bitterness. However, the two men in her life still found her lovable and now responded to her silent messages for help. Both focused on the resentment and helped her in their own ways to express that part. However, they did little to assist her in getting in touch with her vulnerability and to express that part of the problem. The resenting had apparently worked, for everyone in the family usually felt upset and angry with everyone else.

The wife now had at least three ways to change her undoing behavior and try new solutions. She could continue the pattern she was following and do nothing. She could “disinvite” the son and have only her husband help her express the pain coming from the loss of her mother’s love and acceptance. She could have both men take turns helping her express her revenge and meanwhile express their own versions of her vulnerability and deeper need to be loved.

Reframing the family’s troubles in this light and clarifying the boy’s behavior as an attempt to help his mother with her deep pain from being unloved led to more openness and less perfectionism and self-criticism on her part, and a subtle increase at home in the use of the world “apology.” The mother’s initial “response” to the counselor’s suggestions for rethinking the problem and finding a way out of the woods was self-criticism and generalized angering. These emotional expressions affirmed the counselor’s explanation of the unmet needs in this woman’s life and underlined the seriousness of the pain she felt. Though this awareness was painful, she began discovering in an active way that the door to a freer life for herself, her husband, and their son was hers for the opening.

This family’s story included #10: Derailing all or part of the sequence; and #12: Breaking up a whole element into smaller elements.

Case#3. A 37 year old remarried woman and mother of two complained about tightness in her breathing, which led to gasping for air. She had also been devastated by news that one of her sisters had just followed her mother and another sister in breast-cancer surgery. Her third problem was her 41 year-old husband’s waffling about wanting to have a baby with her (something she desperately was interested in doing). She said that she felt paralyzed.

She saw her husband’s problem as a fear of intimacy, inability to show emotional spontaneity, a propensity for paralysis, and a constant desire for detachment and privacy. The therapist ascertained that he had spent over a year in Vietnam as a medic and had scraped bodies and body parts off the ground for most of that time.

It became clear that the wife and the husband had a strong bond indeed, since both of them had experienced the paralysis the woman described as one of his main problems. She was so emotionally close to him that she reflected his numb state and anomy. Knowing of his tragic experiences with death in Vietnam helped in sorting out the meaning of his disinterest in new life and his feeling that his wife was “damaged goods” because of the diagnosis of breast-cancer within the family. But his bluntness in likening her potential risk to a horse with bad teeth was so insensitive that it tested even a therapist’s skills to see beyond the surface cruelty. He, in fact, had not allowed himself to mourn the loss of so many soldiers in his outfit, probably including many of his buddies. Before he could say hello to a new baby with his wife, he had to say goodbye to all his friends and allow himself time to regain his interest in life.

The counselor invited the woman to play the role of “wife” only and not to try to be her husband’s therapist by probing for his inner feelings, at least right away. She was surprised to hear the counselor comment, “It seems you both have trouble with intimacy.” She was not accepting him as he was — a paralyzed “zombie” — whose mind was always partly elsewhere. For them, the key to achieving intimacy in the present was actually numbness. They had to learn to sharpen their ability to resonate flatly together.

The wife understood this invitation to try new solutions and not upset her husband by pushing his recovery from grief. She decided to accept him as he was — shocked by trauma and numbed by loss — and to replace her efforts to change him with acceptance of him in a “semi-catatonic” state. This was very difficult for her in light of her own painful losses, but someone had to take the first step. Why not the stronger one? Her intentions had been sincere all along, and in the counseling she became aware that she too had been unavailable to her husband because of her coercive tactics. Both partners had instinctively reached for self-protecting behaviors and in the process had created a barrier much like a shield of static electricity. Her “asthma” immediately disappeared as she gained more control of her life by identifying some new steps she could take to
achieve her needs. She immediately stopped talking about having a baby and reported feeling a lighter spirit and more hope and humor than she had in a long time.

Two weeks later her husband mentioned to her that he was heading over to visit his mother, a routine she knew well. In the past, her natural response would have been to beg him to stay with her. She caught herself over to visit his mother, a routine she knew well. In the past, her natural instead and encouraged him to go to his mother's because she knew how much he enjoyed visiting her. Then he surprised her. Without words, he talked for two hours. People respond best to a noncoercive style (Glasser, 1990)!

A few weeks later, the woman nonchalantly reported that her husband had had three dreams about their having a baby together. But the wife was wise enough by now to resist the urge to become enthusiastic about because he had not had sufficient time to mourn all of his losses. For her part, she wanted to show him the intimate respect he deserved: this could only mean talking about life in good time.

**CONCLUSIONS**

One can see the power in changing pictures by changing the patterns people follow in playing out a symptom. Counselors can suggest changes in the doing or thinking behaviors or in the pattern of solution a person selects as a way of “undoing” a problem. These are the three general levels of intervention open to counselor and client, but it is also possible to think more divergently and to adjust one or more of the fifteen different conditions of a behavioral pattern in order to create a different outcome for anyone suffering a symptom and psychological blind spot, and repeating patterns that do not work. When all is said and done, the essence of effective therapy is doing something different that works.

**Bibliography**


FAMILY THERAPY UTILIZING CONTROL THEORY: A SYSTEMS PERSPECTIVE

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Family therapy under the aegis of control theory (Glasser, 1984; Powers, 1973) is a therapeutic model which uses the basic concepts of reality therapy (Glasser, 1965). Within this modality, the family becomes the unit of attention, evaluation, and helping. The behavior of families is determined by its perceptions. In many therapeutic situations, the helping relationship has missed its mark. Some therapists don't consider the other processes in the family which interfere with or sabotage the therapeutic process of individual counseling. The model described here is concerned with perceptions; it is holistic and focuses upon reality from the family's perspective.

The family is a group of persons usually related by marriage or ancestry or who may live together in the same household. If members live apart, they continue to perceive themselves as part of the family. 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) states, "We become human and grow in humanness through the nurture of relationships." We would suggest that family does not require the members be related by blood or law, only that they perceive themselves as family. The family exemplifies love and belonging. Family therapy has the same goal as the family - involvement which will lead to responsible behaviors. The family is where we gain and maintain the belief that those we care for have concern for us. Family members give and accept affection, care and friendship. It is within the family that parents teach children to take effective control of their lives (Glasser, 1984).

The Family as a System

The family is a system within the wider social system. As a system, a family is two or more persons who relate to each other in such a way that if there is a change in one it affects the other. The reaction of the second in turn affects the first. The family viewed holistically transacts life events among its members under the influence of related forces. According to Parsons and Shils (1962):

Concrete systems of action — that is, personalities and social systems — have psychological, social, and cultural aspects. For one thing, the state of the system must be characterized in terms of certain of the motivational properties of the individual actors. The description of a system of action must employ the categories of motivational orientation: cognition, cathexis, and evaluation. Likewise, the description of an action system must deal with the properties of the system of interaction of two or more individuals or collective actors — this is the social aspect — and it must note the conditions which interaction imposes on the participating actors. (p. 7).

The family is a dynamic, living, open-need focused system. Each family is unique in the way it manages to meet its needs. This uniqueness sets the parameters of responsible family behaviors. Members may join within these parameters to form subgroups. A member of the subgroup must adhere to its boundaries or face ostracism. The family guides the quality of life through establishing permissible choices and the concomitant consequences. Relationships in the family system are expressed through its subgroups, such as marriage, parenthood, and siblings. These subgroups express themselves through exchanges and communication. They transmit between and among themselves the requirements necessary to behave as a quality family. They form and maintain boundaries within the family system that can overcome individual personality differences. The individual’s needs are addressed by the family and specific wants are met in their subgroup.

Relationship/Involvement System

The family as a unit is comprised of individuals. The observation of family behavior assists the counselor in understanding the "relationship system in process." According to Perlman (1970), "The most potent and dynamic power for influence lies in relationship ... The potency of relationship probably explains why people have been helped to move from despair to hope, from mental chaos to rational order, from conflict to equanimity by radically diverse methods" (p. 150). It is within the total behavioral component of the relationship system that the counselor provides the helping. The counselor focuses upon the doing and the thinking behaviors to effect the quality of life within the relationship system. Although the focus is upon these components, it is always understood all behavior is total behavior. Total behavior is always comprised of feelings, thinking, physiology and action. Perlman (1970) further relates,

When the tumult and the dust of battle die down there remains at base within every school of thought the dynamically charged mystery of the relationship of love and power offered by the helping person to the other, and hungrily fastened onto, believed in, and incorporated by the needful one. Beneath all therapies and modes of benign psychological influence lie the stirring and securing nurture of empathy and the warm acceptance and caring that emanate from a helper who seems secure, genuine, real, and empowered by knowledge or social sanction (p. 151).

The family relationship is built upon individual strength, couple strength, and family strength. Strength building within the family depends upon involvement. The greater the degree of family involvement, the stronger and more effective is its relationship. Involvement can assist with overcoming imbalances in the family system. Imbalance is defined as a difference between what the family has in its real world and what the
family expects in its quality or ideal world. The family, within this world, attempts to behave to match its quality world view. Usually, the most observable reason for imbalance will be members choosing to meet their individual needs without regard for family needs. This is acting irresponsibly and causes conflict. Effective empowering family therapy must address this conflict.

The conflict brought on by family members choosing to act in a manner not in agreement with the family's perception of how they should behave in a quality family is the problem to be solved. According to Perlman (1970), “Relationship is the continuous context within which problem-solving takes place. It is, at the same time, the emerging product of mutual problem-solving efforts; and simultaneously it is the catalytic agent in the under-levels of the personality of unconscious shifts and changes in the sense of trust, the sense of self-worth, the sense of security, and the sense of linkage with other human beings.” (p. 151).

Within the relational system, the want fulfilling behaviors are often in conflict. This conflict is based upon disequilibrium between the real and quality worlds. This model postulates individuals have needs and wants. Families also have needs and wants based upon those needs. These may or may not be congruent. From the systems perspective, conflict provides intrinsic motivation as the family relationship system will seek balance. If the family system cannot meet its needs responsibly, it continues to behave until the need is satisfied even to the point of irresponsible, irrational behaviors. It has no choice but to seek balance. This balance may result in effective irresponsible behaviors or effective responsible behaviors. Effective behavior is that which results in balance in the system. Regardless of which, the system seeks balance between the real and quality worlds. Each role, task, and function of the relational system requires a continual balance between what the family has and what it wants. According to Parsons and Shils (1962):

Through the process of evaluation, which operates unconsciously as well as deliberately, he will very often strike some sort of compromise among his conflicting need-dispositions, both simultaneously and over a period of time. Since deprivation is to be avoided or minimized, and since the situation makes some deprivation unavoidable, the compromise represents in some sense the best available in the circumstances, given both the exigencies of the situation and the actor's own personality structure. He will often perform actions which, taken alone, are self-deprivation but which, when seen in the wider constellation of his need-disposition system, represent the most gratifying total balance of action possibilities which could be performed under the circumstances. (p. 14)

**Basic Characteristics**

The quality family is couched in the systems perspective. Social systems are open dynamic living systems. There are nine basic characteristics that seem to define all open systems (Katz and Kahn, 1970). They are the importation of energy, throughput, output, negative feedback, the coding process, the steady state dynamic homeostasis, differentiation, and equifinality. The family is an open living system.

Importation of energy is viewed as members coming to the family (new birth/adoption) who bring their own energy. It is also the stimulation received by the formation of the family. It includes a family's relationship to other institutions. The family as an organization must draw renewed supplies of energy from the external environment. The continuous formation of subgroups within the family is also the constant formation of energy sources.

Within the family, the throughput is the process of family development, that is, performing the human resource development functions necessary to the continuation of the family unit. These functions are the training, education and development of its membership. From this perspective, the throughput would be the process of providing the basic family needs, whatever that process entailed. The process would transform energy imported through human resource development into family products. These would then act upon and transform the energy available to them as well as become the inputs for other family systems.

The outputs would be the family members. They form other family systems, or extensions of the current system (depending upon how one views this process). They could, if they choose, become parents. Parents become leaders in the formation of family structures. The family process is also a cycle of events. As the family matures, it produces family leaders/formers/members. Persons become willing to become parents, as well as to form other types of families. This is the energy necessary to continue the society, i.e. the continual formation of these family groupings. Not all members of the family would, nor probably should, form families.

There is within organizations a force called negative entropy. The entropic process is a universal law of nature in which all forms of organizations move toward disorganization or death. Negative entropy is a process whereby an open living system gains, stores, and imports more energy from its environment then it expends. Children who are the producers of other families become the energy source for the perpetuation of the extended family. Having several children allows for the possibility that one or more may choose not to continue family formation. Thus the odds are greater for continuing if the family has several children. Families have a relationship to their environment.

Information input, negative feedback, and the coding process are communicative materials which allow the family to interact with its environment. They are processes which furnish signals to the family about the environment (internal as well as external). They further inform the family about its own functioning/choices in relation to the environment. Coding is the general term for the selective filtering mechanism of a system by which to reject, accept or translate incoming information for the family. The family, under the auspice of society's ethnic and cultural variance, selectively filters its interpretations of the world. Selective interpretation occurs through the coding process, a function which helps to maintain a sense of balance within the family structure. The counselor/therapist needs to understand the
selective filtering for the family system. Coding is an important facet in the formation of the quality world.

The steady state and dynamic homeostasis concerns itself with the ratio of energy exchanges and the method whereby relations between parts remain the same. The basic principle is the preservation of the character of the family. The family in a homeostasis situation attempts to balance its current functioning with what it perceives to be quality living, or more commonly termed the "good life." The individual within the family attempts to balance his/her goals with the perceived family goals within cultural, ethnic and community goals.

The basic principle is that any factor which disrupts the family systems balance is countered by behaviors which restore a perceived state of homeostasis. Powers (1973, p. 265), addressing internal (intrinsic) imbalance (error), related, "It is not necessary to understand why behaving in a certain way corrects intrinsic error, nor without specifically constructing theories can we say we ever know it is about what we do that corrects intrinsic error. All that nature has given us is a single simple signal: feeling good or feeling bad." Family systems use as many behaviors as necessary in order to maintain balance.

Developmentally, family members move from simple role functions to complex ones. Members perform relatively simple processes in the early stages of their family involvement and are reared with the expectation that they can take on more complex functions as they develop. They, from the family systems perspective, function as a separate part of the whole. The specialization of family roles and functions becomes a natural part of the process. Families move toward the multiplication and elaboration of roles with greater specialization of function. Each of the processes move and work toward the common goal. According to Bertalanffy (1968, p. 18), "The steady state of open systems is characterized by the principle of equifinality..."

The concept of equifinality is especially important to families. There is a unification in the diversity of approach to the common problems of families. Equifinality posits that a family can reach the same final state from differing initial conditions and by a variety of paths. Equifinality provides, under family therapy, a rationale and theoretical foundation upon which to build unification of purpose - meeting basic needs in a responsible manner. Family systems through a variety of behaviors can accomplish the same goals. Family systems attempt to meet the same need through a variety of behaviors. Family therapists can accomplish similar goals through a variety of methods. When families are confronted with imbalance, they can resort to a plethora of methodologies.

Structure, Function, Evolution

The family structure, the physical arrangement of components in space at any given point in time, is homogeneous. The structure of the family, as herein applied, deals with size, location, membership and their interrelationship. Let us say here that the therapeutic group is fluid, as are families. We would further posit there is a bonding, a commonality among the family group. This should aid in developing stronger membership identification which encourages members to exchange thoughts and ideas and to cement the foundation for an interrelated, interdependent network. Involvement is essential to reality based family therapy. This involvement is the foundation upon which any successful intervention strategy must rest.

The function of a system, and the family is a system, consists of the relationship among components in time. This refers to orderliness, stepwise progression from one point to the next. With the family the objective is successful quality living. The therapist proceeds from one small group to many diverse groupings. From the systems perspective, change can occur functionally, at any component point at any time. Though it may also be posited that orderliness leads to greater predictability, it does not follow that this leads to more successful quality living (although it can). Time is as important as timeliness. The family evolves according to its own time clock.

Evolution relates to the history of the family as a system. It regresses and develops through time. This component of families reflects changes in the perception of the family from only a physical entity to a physical/psychological process. Therapeutically, families develop at different rates, according to their own time clocks. As the family progresses within the therapeutic process, it will reform and (re)define itself with extensions into and among its membership, sharing common concerns and quality aspirations. This will lead to the forming of an internally defined family. When families define themselves, their definitions will implicitly be one of quality. This factor will provide the foundation for the success of the self defined family in times of internal or external threats. This then is the objective, the formation of a quality family. An accompanying objective is to develop a reserve of energy which is available when necessary.

Therapeutic Process/Phases

In therapy, while attempting to understand the family behaviors, the family structure leads to an understanding of family roles. Family roles lead to an understanding of individual as well as family needs. According to Piaget (1973, p.4), "The individual acts only if he experiences a need, i.e. if the momentarily upset, and action tends to reestablish the equilibrium, i.e. to re-adapt the organism." The therapist assists the family to reestablish this equilibrium through the involvement relationship.

Reality based family therapy provides the foundation upon which one builds the involvement relationship. It is an approach which focuses upon the relationship system, and works to modify or change those processes which detract from the need-fulfilling quality processes. Family therapy, as an approach, must be used with at least two members. Primary intervention can occur with one member active and the other passive. That is, the therapeutic intervention must be planned with the concept of more than one.

The therapeutic process uses the two major components inherent to reality therapy. The counseling environment and the procedures that lead to change are essential to this process. It is incumbent upon the family therapist to weave together the environment and the procedures that lead to change. Not only does this occur within the confines of the office, but is
also transferred to the home. (We have found in our practice that the most efficient and effective method to facilitate change in the home is to move our practice into the home. The therapeutic process is thus imbued with the in-situation components of the environment. The client system is empowered and the effects of the change effort are reality based.)

The therapeutic process proceeds through three basic phases. The first phase is preparation. In this phase, development of the overall purposes and goals of the family are mutually agreed upon. It is further determined at this point that to become "family" is a benefit to the membership and the wider community. This is the period of reintroduction, introduction for some, to the basic values of the families. The counselor and client must address issues of diversity, race and gender issues. It is the period of acquaintance and indoctrination.

The second phase is integration and preparation for putting the processes inherent to family therapy to use. It is in this phase that one uses the specific techniques to facilitate change in the family relationship. This is the essence of the therapeutic process of reality therapy. Reality therapy will be used in training, educating and teaching the family to responsibly meet its needs. Therapy is a process that occurs in a family-like environment. The therapeutic outputs are with the appropriate modification transferable to the real-world family situation. Role playing is used to practice ways of behaving in family situations. Role playing allows the family members to progress toward their goals in a learning environment. In this phase, the family makes choices which alter behaviors of family members. This increases those forces supporting change and lessens those forces resisting change.

The last phase is the transferring of change. The active family members work with those who chose not to participate (passive). They are affected by the changes in the active family members. During this phase, the active family members form subgroups and take the passive members through phases one and two. These are the phases in which the members are empowered and supported by the trained family group and encouraged to form groups of their own. There is an interrelatedness of each group (family). The family is strengthened and grows as it traverses these phases. The structure, function and evolution of the family are components of these phases.

Conclusion

In the final analysis, the responsibility of the therapeutic process is to prepare the system to accept the reality of many possibilities. This therapeutic process is not a treatment process, but a helping process to prepare the system members to increase their possibilities. These possibilities are rooted in the perceptions of individuals and families. Powers (1973, p. 264) addressed perceptual-based behavior when he wrote, "The behavior of an organism can be influenced — that is, its observable actions and their environmental consequences can be influenced — by the actions of another organism or by other natural events, but the behavior of organisms is not organized around the control of overt actions or any randomly noticed effects they produce. It is organized around control of perceptions."

References


THE USE OF CONTROL THEORY IN THE
EDUCATION OF STUDENTS WITH SENSORY,
COGNITIVE, AND PHYSICAL CHALLENGES
A Public School Special Education
Collaborative Approach

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William Glasser (1990) states in his new book The Quality School that 
... ALL STUDENTS should achieve a level of competence in all courses they attempt that both they and their teachers agree is quality education ... Involving ALL STUDENTS in Quality Learning cannot be accomplished by attempting to set up special programs to “fix” diagnosed mental or emotional handicaps. 
... By introducing more need-satisfying classes, we should be able to persuade most of these students to start doing much in school and to gain in the confidence to attempt to do quality work.

To start the move to a quality school, teachers need to become highly conversant with the concepts of control theory and reality therapy ... Without this training, teachers will tend to continue to believe that they can make students work and prevent ANY school from becoming a quality school for ALL STUDENTS.

As the field of special education moves into the nineties, most of us in the profession would certainly acknowledge the gains that have been made over the past ten years for increased integration of special needs students into the mainstream of our public schools, communities, and most recently, the workplace. We have made great progress in developing models for educating children with disabilities in the least restrictive environment and, thus, the measure of what Glasser terms the Quality School should be the extent to which it can serve ALL its students. It is also my belief that no student is so severely disabled that his or her success in school should be somehow measured differently than it would be for the typical student in a quality school. Success for ALL should be based on our ability to help students meet their basic human needs for belonging, achievement, freedom and fun. If done with patience and creativity, this attainment of needs will be defined in outcomes such as meaningful work, a place to live, and personal fulfillment that includes a social network of friends and family.

So much has happened in so little time. As recently as 1970, the question for professionals concerned with young people with severe disabilities was whether or not they should even be educated. Many felt that such students should be “treated”, not taught, and a medical rather than a pedagogical model was called for. (Sailor, 1989)

Since this time, our mandate as special educators working with students with significant challenges has come to be known as the “integrated initiative.” The result of this movement has clearly been an increased public awareness of the abilities versus disabilities of our students as well as a willingness to support more fully their participation in the mainstream and their pursuit of increased independence and quality of life. Glasser (1990) states that quality is any work that we do that helps us meet our needs. As a special educator concerned both with my need for belonging with my students as well as my professional need for achievement, I would define quality as the promise that I have made to my students to help them achieve a full life in the community mainstream.

Yet, as we reflect on the gains that have been made, we realize that despite the maximized participation in the mainstream, there continues to be an overall perception of our students by their school peers, regular education teachers, siblings, parents, employers, and even their “best” advocates, that they are “different.” Even though we know that a sense of being different may cause a child to choose to develop a negative sense of self, which can prove to be a greater obstacle to living a fulfilling life than any disability or learning problem, we continue to “see” them in this light.

We cannot deny that their handicaps are very real and, due to this, they do require “different” accommodations in their living and learning environments. However, what we often fail to realize is that, despite their disabilities, they struggle to fulfill their powerful needs. As Glasser (1990) states, ... regardless of our background, we are all members of the same species, and all of us have the same genetic needs. The perception or “picture” that, due to their cognitive and physical challenges, they somehow have “different” needs is what we as special educators must change if we truly are going to achieve our mandate of full integration for the students we teach and insure that our promise of “quality” is kept.

In an effort to further define “different,” I believe that our students, like all of us, “drive their behavioral system” in their best effort at any given time to fulfill their needs by using what Glasser (1985) terms “total behavior.” Their total behavior, as ours, is made up of Doing, Thinking, Feeling and Physiology. The difference is that, due to their cognitive deficits (to use Glasser’s analogy of the CAR), they have a smaller thinking wheel.

Consequently, they are, of course, less abstract in their thinking behavior and possess less organized or learned behaviors in their repertoire. Their ability to “create” new behaviors through reorganization may also be limited. Because of this, they require the concrete teaching of new, effective behaviors, usually through the visual and physical modality of role playing and demonstration.

Knowing that students with severe disabilities operate as control systems despite their difficulties, it has become increasingly clear that there
are significant parallels between successful community integration of our students and the concepts of control theory in the practice of reality therapy. The nature of the design for the quality school with cooperative learning teams, lead management and student self-evaluation mirrors the emerging design for total inclusion of severe special needs students in the public schools. A single organizational system toward that vision for special education is needed.

In order to accomplish this, we as special educators first have to start from within. We cannot ask the community to change its “pictures” of our students unless we do so ourselves. I believe that we need aconcerted, intense effort to dramatically change the way that we teach and interact with our students if we want to see past their handicaps and be “a need-fulfilling person in their quality world” (Glasser, 1990). I believe that this can be accomplished by using the principles of control theory and the techniques of reality therapy. I also believe, as evidence through my work with students presenting with mild to severe developmental disabilities, that control theory is applicable to ALL special needs students, whether they are verbal or non-verbal, regardless of the severity of their intellectual functioning. Through control theory we learn that the only behavior we can control is our own. In using reality therapy with the non-special needs population, we attempt to teach our clients to begin to take effective control of their lives despite what has happened to them (Glasser, 1990). We as special educators can do the same for our students despite what their handicaps may be.

Again, however, what makes this task so difficult has to do with the “pictures” we have in our internal quality world of our students and ourselves as teachers. Unlike control theory, in our training in special education we have been taught that we can and should control or “shape” the behavior of our students. Special educators are ALL trained at the university level in stimulus-response theory of behavior in both their basic and advanced classroom behavioral management courses. Special educators trained to work with the severe population have been trained EXCLUSIVE-LY in stimulus-response theory. In fact, it is a rarity to find any special educator who works with mild to severely developmentally disabled students who has even heard of control theory. Therefore, early on in our training, we have placed a picture in our internal world of our students as people on whom we chart “baseline” data on “off task” behaviors and “schedule” “reinforcers” to “shape successive approximation” of “appropriate” behaviors. Coupled with this picture, we have added the “label” or “medical model” picture as we learn in our course work all about DSM IIIIR diagnostic categories such as “autism,” “mental retardation” or in the latest edition: “pervasive developmental disorder.” It is very common to hear special educators meeting for the first time at a conference as: “Do you work with ED, LD, RM, MH, or DD?” “What’s your population?” These are the pictures that many of us have of our students and, with these pictures, we then attempt to “change” the community’s perceptions of our students as people. The flaw in our approach is that we haven’t yet changed ours.

Having read Dr. Glasser’s work on control theory and, most recently, his book on the quality school, I and members of my staff in the LABB Program at Lexington High School, have been actively involved for the past two years in attempting to “change the pictures in our quality worlds” of all of our students by implementing control theory in the practice of reality therapy.

The LABB (Lexington, Arlington, Bedford, Burlington) Collaborative Program services 135 students from 32 communities in the Greater Boston area. Students range in age from 13-22 and present with a wide range of abilities and function cognitively in the severe to borderline range. Many students also have varying degrees of physical and medical involvement. The program consists of Life Skill Academies, including mainstreaming in regular education classes, as well as an extensive supportive employment program within the community. A full range of support services, including physical therapy, occupational therapy, speech therapy, adaptive physical education and individual, group and family counseling, is offered to students. The program has been in operation for seventeen years and has received both state and national recognition, most notably for its least restrictive employment programs with major corporations such as Polaroid and Honeywell/Bull.

Initially, we began to use reality therapy successfully with our higher functioning verbal students in individual counseling. At the time we began our training with the Institute for Reality Therapy toward certification, we were faced with a professional dilemma which, in retrospect, served to change dramatically the overall philosophy and direction of our program. As we began to work with our students in counseling, identifying their needs and helping them to make plans to more effectively get what they wanted, we began to realize that we were sending them back into our classrooms and worksites that operated on stimulus-response theory and “boss-management” principles.

Since I and four other members of my staff were now “control theorists,” in CT terms “our scales were out of balance.” If we truly believed in control theory for ALL people, then we had to bring the techniques of reality therapy into the classrooms and worksites of the mildly handicapped students whom we were counseling. We also had to make a decision to move away from the behavioral modification programming that existed and was ingrained in all of our classrooms, including those of our most severely involved students.

We made the decision to practice control theory concepts and reality therapy techniques comprehensively and have just completed our first school year of implementation. Although we are far from being a “quality school,” and we have much to learn, this has been the most exciting of my eighteen years as a counselor and special educator.

I have encouraged my teachers and counselors whose creativity flowed in developing programs to publish the specifics of their experience and share the results with other special educators. The work they have done in helping non-verbal, severely handicapped students to identify needs and wants and
learn more effective behaviors is extraordinary and unique, both to special education and to control theory.

The components of our control theory program for developmentally challenged students has been designed to include:

1. In-service in control theory and reality therapy for all staff
2. In-service for parents in using control theory and reality therapy at home
3. Using Glasser’s Ten Steps to Discipline in the classroom with all students, replacing stimulus-response behavioral plans with reality therapy plans
4. Developing a “planning room” for students who need to leave the classroom and work out a better way to follow the rules
5. Teaching control theory through classroom groups to students in the mild to moderate range of cognition
6. Implementing daily and weekly classroom meetings to help give students a sense of power in the decisions of their school
7. Utilizing the learning team model to teach Life Skill Curriculums
8. Encouraging more staff to enroll in training programs offered by the Institute of Reality Therapy
9. Inviting instructors from the Institute to provide on-going in-service training to all staff and families
10. Teaching control theory as part of classroom behavioral management courses to teachers of severe special needs in training at local colleges and universities

In closing, I feel that control theory might just be the missing element in our solution to full inclusion of developmentally challenged students in the mainstream of our schools and communities. When we are able to help our students become more independent by entering their quality worlds as need-fulfilling persons and helping them find a better way to meet their needs and get what they want, we also help ourselves. We help ourselves because we come to really know them as people and when we do, we realize that because they are who they are, the world is in some way a better place. We change the pictures we have of them and, when we do, we are able to switch the focus from what they can’t do to what is possible.

Control theory reminds us that our students have the same needs that we have, to love and be loved, to learn, to share, to grow and to experience, in the same world in which we live. They have no separate world. When we change the pictures, we can keep our promise and help make it a quality world for everyone.

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USING REALITY THERAPY AS A SCHOOL ADMINISTRATOR WITH UNHAPPY FACULTY MEMBERS

TEACHERS HAVE NEEDS TOO!

Louise Coates

The author is an elementary guidance counselor in Twinfield Union School, Plainfield, Vermont.

As an associate principal in a middle school with reality therapy as its model for discipline for students, I was the person who was expected to manage that model by assisting teachers with problem students and to help those same students to change their negative behaviors to positive ones.

Teachers often met with me to discuss specific students, plans, and alternatives for them. They also often came to talk with me "off the record" about personal things, even though at other times I was the one who evaluated their professional performance. One of those teachers was a young woman who had been a teacher for several years, was married, and the mother of a two-year old boy. She was an excellent teacher, students liked her, and although she held students accountable for their work, they knew she cared about them and was always there to help.

Carolyn started seeing me on a fairly regular basis when suddenly her day-care provider gave notice that she was closing her business. This was upsetting to Carolyn, who had spent a great deal of time searching for a competent person with whom she would leave her son, Chip. Carolyn started stressing, crying with the deadline drawing nearer, and began finding more things wrong with her job.

She would complain about students who “didn’t care”, those who weren’t getting homework done, and those who just didn’t follow through with plans. At the same time this was occurring, she began to express wants like “I want to be at home with Chip”; “I want another baby but I can’t get pregnant”; (many doctor’s visits for both Carolyn and her husband confirmed the were healthy enough but that stress was playing a factor in her inability to start another pregnancy). She was also expressing resentment towards her students and teaching in general.

Her willingness to speak freely began after several conversations which always took place in my school office. I knew she needed some help recognizing what she wanted and learning that it was o.k. to work to get what she wanted. Our talks began taking this direction:

L.C.: “You know, Carolyn, it sounds like your body knows what it’s doing. If you were to get pregnant now, maybe it wouldn’t be as healthy as it could be after you’ve taken care of other issues.”
C.: “But I don’t have other issues. My husband and I are happy, he has a good job, we own our home, and we have a sailboat. The trouble is sometimes I’m too tired to enjoy it all.”

L.C.: “So how could you get what you want and not feel tired all the time?”
C.: “Well— someday I’m going to stay home and enjoy my family. But I feel like I shouldn’t interrupt my professional career. What if I give up teaching here and then want it again?”

L.C.: “If you weren’t working, does Steve earn enough to support his family?”
C.: “I’m sure he does. We might have to wait a little longer for those “extras” that everyone likes. But if we can afford a sailboat—”

L.C.: “Have you talked about these things with him?”
C.: “Oh, yes. He knows I’m torn between my teaching career and staying home. He’s supportive of what I want. But he’d like me to stop being tired.”

L.C.: “Could you have a professional career working in your home?”
Have you ever thought about working that way?”

C.: “Yes; Steve and I have thought that someday we would like to have a computer business and run it out of our home. Sometimes I think I should do that now, but what if I missed teaching?

L.C.: “Carolyn, look at all the things you know. (1) You want to be home with Chip to enjoy him; (2) You want to have another baby; (3) You want to have a career, maybe one that would allow you to be at home; (4) You want to be less tired and stressed. It looks like you have a lot of unmet needs and you’re feeling constant frustration.” (I pointed out some of these places on the C.T. chart to Carolyn to demonstrate where I saw her being; she was surprised to think of herself in this situation because she was always the “helper” to others!)

In this discussion Carolyn made a plan to talk with Steve about taking a leave of absence the following year. When it “suddenly” occurred to her that they owned their home, two cars, and a sailboat, she seemed to gain some strength to try to get her pictures satisfied and that it could be “o.k.”.

During the next few days we discussed her rights as an employee working with a negotiated agreement. I had not read Both-Win Management by Karrass and Glasser at this point, but I found that what I knew about reality therapy and control theory was extremely helpful in assisting Carolyn to feel more in control of her life.

The result of all this was that Carolyn did take a year’s leave. During that time, two things happened: she got pregnant and she eventually started working for a publisher of school text books and has been able to work out of her home. She also decided not to return to teaching. Very recently she reported that she is still happy with the decisions she made and she and Steve are contemplating increasing their family again.
TEACHER & STUDENT PERCEPTIONS OF THEIR MIDDLE SCHOOL’S IMPLEMENTATION OF REALITY THERAPY
Robert P. Grimesey, Jr.

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Many case studies about schools which implement reality therapy-based programs focus on reductions in the number of disciplinary referrals by teachers to administrators. John C. Myers Middle School in Broadway, Va. experienced a significant reduction in the number of such referrals from 1989 to 1990. However, two important questions remained to be answered as we sought to evaluate our program.

First, did our teachers believe the strategy helped students make more constructively satisfying choices? And second, did our students believe that the strategy helped them to make more constructively satisfying choices? A survey of teacher perceptions was used to respond to the first question. I have maintained a journal of my interactions with students to evaluate data related to the second question.

First, some history. The Myers Middle School structure maintained a traditional orientation regarding employee relations, instructional practices and student discipline until the 1988-89 school year. We assumed that staff and student motivation were founded in response to external consequences - praise for the behavior we wanted and punishment for the behavior we did not want.

A variety of personnel-related activities, as well as the Virginia middle school restructuring initiative, resulted in new ways of thinking during the 1988-89 school year. Contacts with the University of Virginia and Orange County, Va. public schools exposed several staff members to control theory-related concepts, such as reality therapy management and student discipline techniques, group RT applications and cooperative learning. After taking two relevant U.Va. courses, I presented two workshops to our staff in the spring of 1989: “Introduction to Control Theory” and “Introduction to Reality Therapy.” Following the workshops, a committee of teachers studied the school’s discipline policy to recommend changes that might facilitate integration of reality therapy. Each staff member then received a copy of Dr. William Glasser’s Control Theory In The Classroom to read over the summer and a follow-up forum was held to discuss the book in September.

The discussions and training resulted in many classroom discipline programs which included “in-class” timeout and timeout arrangements between neighboring teachers. Our in-school suspension program was modified to also serve as a “centralized” time-out room for more chronic “plan writers.” Teachers also organized an after-school detention program managed by teachers - not by the administration. In effect, teachers gained three additional means by which they could maintain relationships with students without resorting to administrative referral. These new “steps” afforded additional opportunities to expose students to the fundamental questions which comprise the reality therapy scheme: What do you want? What are you doing? Is it working? Will your present actions help you get what you want? If not, what is a better plan?

The first semester of 1988-89 was the last semester in which there was no application of control theory concepts at Myers Middle School. The first semester of 1989-90 was the first in which those concepts were attempted on a broad scale. The comparisons are interesting. Disciplinary referrals to the administration decreased from 874 in 1989 to 279 in 1990. The decline still exists if one compares all “out-of-class” referrals. For example, by adding office referrals (279), referrals to the central “timeout” (463) and after-school detention (33), the total “out-of-class” referrals for 1990 is 775. That is still 99 fewer than the number of office referrals in 1989.

Critics of reality therapy, including some Myers teachers, often charge that the concept is “soft on crime.” Data do not support the claim. If anything, the continued high number of suspensions is an embarrassing reminder that we still are newcomers to reality-therapy-based discipline. Despite the significant decrease in administrative referrals, principal assignments to the full-day in-school suspension program increased from 86 in 1989 to 129 in 1990. Out-of-school suspensions increased from 44 in 1989 to 59 in 1990. The primary reduction in administrative responses occurred in the number of office referrals in which the administrators provided “conference and warning only.” Such cases decreased from 177 in 1989 to 17 in 1990. The data suggest some role redefinition. Teachers, counselors and the timeout coordinator are engaging students in discussions on a broader range of “minor” discipline problems. Meanwhile, the more serious suspendable problems still are sent to the administrators. In a majority of the interactions, reality therapy questioning techniques are providing the framework for discussion. In time, we believe that commitment to this framework will result in a general decline in the number of total referrals, as well as the number of suspensions.

A survey was distributed to teachers in February, 1990 to assess their perceptions of the program’s effectiveness. Thirty-seven of the school’s 44 teachers responded. Thirty-four of the respondents reported they have integrated reality therapy to some extent in their classroom management efforts. Twenty of those teachers reported that reality therapy is their primary mode of classroom management.

Over half of the respondents said they were comfortable with their “ability to use questions to lead students to identify the problem, judge their own behavior and develop a plan.” Over half of the respondents said they believed that “… reality therapy and its related functions have helped student rule violators learn to make positive behavior choices in their lives.” Given the traditionalist background of many Myers staff members, there is high importance placed on “support for teachers” when evaluating new behavior management systems. Over 75% of the respondents said they felt supported by the school’s RT emphasis. Positive perceptions also were
shared by a majority of the respondents regarding the in-class and out-of-class timeout programs.

As with any organizational change effort, the Myers' reality therapy initiative maintains its critics. "I believe some students see out-of-class timeout as a way to avoid doing classwork or to avoid some classes altogether," one wrote. Another added, "We teachers need time for teaching and not carrying out discipline standards. We tell you the circumstances and you take it from there."

From the other side of the issue, a teacher wrote, "What are you doing?" seems to get to the heart of the matter. There are no criticisms, denials or threats involved. The facts are put on the table and are dealt with." Another teacher wrote, "Overall, I feel the students are growing and maturing through the use of this. They are taking more responsibility for their behavior and weighing situations before making decisions."

Generalizations concerning student attitudes are limited without a student survey. Quantitative comparisons are limited to referral comparison discussed earlier. However, some interesting observations can be drawn from journal notes. The challenges often seem insurmountable to the layperson. One student was sent to my office after exhibiting severely disruptive behavior in class. Having been removed recently from ritalin for the first time in seven years, the student said, "If they hadn't taken me off the medicine, I wouldn't be doing these things." The student then started to cry and added, "I can't control what I do." Over the subsequent three-week period, the same student learned that he could control what he did. In fact, he even began to learn how to apply control theory in his own life.

In cases such as this one, and others that are less severe, I am able to view student progress by reading back through the journal. The keys to success appear to be: first, persistent adherence to directing student attention to specific doing behaviors; second, helping students to identify the need-satisfying "pictures" which define their decisions; and third, allowing students to make personal judgment of their actions. The journal reminds me of the failures, but in most cases, it provides a history of student successes.

One student decided that running was a "more satisfying" response to anger than hitting trees or other students. Many male students seem to appreciate the awareness that wrestling and "horseplay" are not always against the rules. It seems to make it easier for them to commit to a plan that limits such "rough-housing" to the backyard at home in the afternoon. One female student was shocked when I accepted the notion that "talking" was not always against the rules. With that "revelation," she confidently committed to a plan in which she would "talk before school, at lunch, in the halls between classes and only after raising her hand in class." She was successful.

The journal experience also has helped me with plan development. Students appear to enjoy using concrete criteria when developing plans. They almost always want to focus their plans on what they should not do. In order to focus on what they should do, I encourage them to think about what they plan to do with their eyes, ears, mouth, arms and/or "hindsides."

Overall, the journal reflects a pattern for the development of constructively satisfying behavior by students. As one student put it, "Yes, Mr. Grimesey, I plan to make better choices today. Anything just to get you to stop asking me those same crazy questions all the time!"

So the story behind our decreased number of administrative referrals appears to indicate that we are making steady progress toward encouraging students to take more responsibility for their choices. Teacher perceptions are generally supportive and positive. Stories of student progress describe more successes than failure. As one teacher put it, "The more I use reality therapy, the more I appreciate and understand it. I am trying to shed the old ineffective ways of discipline which are more ingrained. This takes time to process. Thanks for hanging in there with us."
Bratter (1988) portrays public education in the United States as though it is an obsolete bridge which requires massive repair.

Symbolically, the supports to the bridge from ignorance to wisdom, from immaturity to maturity systematically have been corroding. Criminally, there has been no attempt to repair the decaying. The problem is not self-correcting. Parents, politicians and educators have been complacent. While there have been persistent warnings and criticism, there have been no concerted efforts to correct obvious flaws. Predictably, the supports to the bridge now are weak due to the benign neglect; and consequently, admittedly radical remediation must be applied or else the bridge will be destroyed. No longer is it possible to paint with rust retardant. Instead, the support must be replaced (p.33).

What is needed is a system that will educate the masses effectively. Glasser (1990A) proposes that the solution would be to create quality schools which will improve the productivity of students. The John Dewey Academy, while influenced by Glasser’s thinking, has modified some of his ideas to accommodate its specialized student population. This article will describe Glasser’s learning team model and then contrast it with The John Dewey Academy’s implementation of cooperative learning.

**Glasser theories of the learning team.**

Glasser (1985) condemns the traditional stimulus-response theory due to its inability to satisfy student needs. S-R theory uses rewards and punishment; when students act out in school they are faced with punishment. Punishment never leads to need fulfillment, instead it creates an illusion of motivation lasting for a short period. Glasser (1985) suggests S-R psychology fails to recognize that the motivation comes from within.

S-R psychology does not work in school or anywhere else because it treats living people as if they were dead things. It fails to recognize that the motivation of living creatures is always from within while dead things, like machines, are controlled from the outside. If we attempt to motivate a living person as we would a machine, the person will resist unless what we do satisfies some current inner need (p.241).

Glasser (1986) contends the use of control theory can improve the educational system because it “will provide a powerful rationale, not only for the reason many are not working now, but for making the changes that . . . need to be made in the classroom which will lead to them starting to work” (p.7). Brandt (1988) describes Glasser as proposing “Control theory tells students what their needs are, and that they have the capacity to evaluate their choices and to make good choices” (p.41).

Just being educated in, or having knowledge in, control theory is insufficient. All school personnel need to modify their roles radically from the ineffective boss management model to one of lead management which Glasser (1990B) defines as follows:

Lead-managers do not depend on rules. They try to solve problems by managing the operation in a way that makes it apparent to workers if they work hard, they will feel good, which means that they will satisfy their needs. The only reason to have a rule is to help this happen. Lead-managers try to have minimal rules because they know as soon as they are put in the position of trying to enforce a rule, they risk becoming the adversary of the rule-breaker. Therefore, while lead-managers need to have rules, they try to keep them few and simple (p.123).

In addition, teachers must teach in a need satisfying manner. A teacher, using Glasser’s definition of a lead-manager, develops a program with a series of steps which students can attain. This leader assigns tasks and supplies the students with the means to accomplish these tasks. The fulfillment of each task satisfies the student’s need for accomplishment, thus providing the student with needed self confidence. Glasser believes that students learn skills which they feel are non coercive. He uses the example that a basketball player, who wishes to excel, often will remain after practice has ended to shoot 300 foul shots without being told to do so by the coach. Students learn skills that are required in sports, music and drama because they find these activities gratifying. When material is presented to adolescents in a need fulfilling manner, students will enjoy learning and demonstrate an eagerness to learn. Cooperative learning fulfills many human needs; these include the need to belong, the need for power, the need to have rules, they try to keep them few and simple (p.123).

Learning teams are groups of peers who work together in an attempt to solve or surmount an obstacle or to improve their skills. Glasser (1990B) stated that in *Paper Chase*, Osborn (1979) illustrates the advantages of learning teams.

The classroom needs to be changed from a competitive environment to a cooperative one. *Paper Chase* (Osborn, 1979)
The John Dewey Academy involvement with the concept of learning teams.

The John Dewey Academy is a residential therapeutic college preparatory school which demands academic excellence. The students there have abused, rather than used constructively and creatively, their superior talents. A significant number of students have been institutionalized because they were out of control and refused to abide by any reasonable rules. Credentialed mental health professionals, not knowing how to treat these adolescents, compounded their problems by placing them in mental hospitals. There is some similarity to the adolescent girls with whom Glasser (1972) terms these adolescents as having failure identities. The Academy gives these adolescents the final chance to help themselves to accept the responsibility for themselves and their behaviors without offering any excuses for mistakes or mediocrity. Generally, students evaluate their peers' productivity, thus relieving teachers' of this task, which creates a sense of cohesiveness and comradeship not observed in most educational settings.

Illustrates the benefits of students pooling their resources to form study groups at Harvard Law School. This practice can be implemented in high school because students assume responsibility for learning (p. 69).

Law students, because of the voluminous amounts of information required in each course, discovered the advantages of "study groups". To divide assignments, to construct course outlines, and to discuss theories and cases. Thus division of labor permits students, who are stronger in specific areas, to help those who are weaker. The learning team fulfills individual needs, because it involves students. This individual collaboration within a team uses schooling to provide need fulfillment to students who previously had a negative attitude toward school and education.

Glasser (1986) suggests learning teams should have at least five primary components: an instructional task, positive interdependence, individual accountability, collaborative skills, and advantages for having the learning team. Instructional tasks are basic tasks needed to solve the problem or fulfill the goals of the learning team. Positive interdependence requires delegation of responsibilities and cooperation to succeed. The degrees of success are dependent upon the group's gestalt. Individuals accept equivalent amounts of responsibilities for work toward an overall solution. If the learning team is structured with positive interdependence members of the team will assume responsibility for learning. Each member of the group must contribute to the team effort thus creating accountability to the group. In order to have effective learning teams the group needs to utilize collaborative skills taught within the process of completing the teams' overall goals. Finally, participants must be cognizant of the advantage of achieving the mutually agreed upon final goal. This is done to motivate them to participate toward its achievement.


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Because most students have a history of failure, the second goal of the Academy is a therapeutic one. The academy traces its therapeutic origins to

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The Academy educates its students in both academics and in life. Bratter states this is pragmatic quality education which helps the students form positive self identities (Glasser, 1990A p. 583).

The John Dewey Academy adds a moral education component that includes the Seven “Rs” - that is responsibility, reality, respect, responsiveness, renewal, relevance, and reverence. The pedagogical relationship needs to create the conditions that nurture the formation of a positive personal identity.

The staff demands high expectations from all students, both academically and morally. These high expectations induce deliberate stressful situations in an attempt to produce productivity. Personal change often is threatening to leave the structured and supportive confines of the Academy, learning how to acquire insight into different writing styles, while they combine thinking critically with learning to write better. The Mathematics classes use learning teams to help students learn complex principles such as graphing linear equations. Team learning enables those students who demonstrate understanding of the mathematical principles to help those who display difficulties. Finally, in Science classes, students work in groups to perform experiments so each part working on a portion becomes an integral part of the whole. The student learning teams incorporate five basic components:

1. **Instructional Tasks:**
   The instructional tasks will differ from one class to another. For example, the basic instructional task in English might be for students to write essays on “Why I want to attend college?”. The instructional task in chemistry would be to experiment with “fermentation”. The classes that incorporate the concept of learning teams have similar goals and learning objectives. These goals are to present the basics of the subject in a manner which is need fulfilling to produce motivation to learn. The objectives are for students to master the fundamentals which are prerequisites to succeed academically and in life.

2. **Positive Interdependence:**
   Each member of the team shares responsibility for the completion of the team’s work assignments. If one member fails to complete a portion of work, the team will suffer the consequences, such as redoing the assignment or even getting a failing grade for all of the members of the team. This makes each member of the group dependent on the others for success. Members realize that to teach their agreed upon goal, the team must work together and collaborate to help one another. One method which has been implemented is to have at least one other team member assigned to check each member’s work.

3. **Individual Accountability:**
   Each member of the team needs to accept responsibility for the assigned work. In order to promote “Individual Accountability” to successfully complete the team’s overall assignment, the workload is delegated and divided, thus giving each member personal tasks.

4. **Cooperative Skills:**
   The members of these work teams are encouraged to cooperate and to make up lists of responsibilities along with the assignment of personal tasks. Each member of the team learns not only to relate to others but also to provide input to increase the efficiency of the group.

5. **Advantages for the Team Members:**
   The advantages for the team members are both visible and subliminal. The visible advantages are goal accomplishment and academic achievement (a grade of an A or B). Subliminally the members enhance their communication skills, recognize the need for team work, and improve their critical thinking skills. This cooperative learning experience generally is need satisfying while improving social awareness and sophistication.

On the nonacademic side, the Academy incorporates the concept of cooperative learning into work teams. The school created three work teams; the business team, the kitchen team, and the maintenance team. These work teams are managed and staffed by the students with the exception of a staff representative, thus relieving the staff of sufficient amounts of authority. The staff member’s position is that of a lead-manager rather than a boss. The staff member helps the team to reach an analytical solution when faced with a troublesome situation. These teams perform vital services which approximate the real world. The business team performs primary clerical functions such as answering the phones, sorting the mail, making photocopies, and filing documents etc. The maintenance team is responsible for the minor repairs in the school along with the upkeep of the school grounds. The kitchen team is responsible for planning, shopping, and preparing meals for the school. Participation on these teams enable students partially to compensate the Academy for offering them scholarships. This work is perceived to be essential and dignified by students who are prepared to enter the work place after they complete their formal education. In addition, for others, who wish to express their independence from their families, it gives them an opportunity to earn some money rather than remaining dependent on an allowance. The work teams also incorporate the five basic learning team components. These work teams provide their members with goal accomplishment, monetary reward, the learning of individual and group
responsibilities, respect for the school, constructive use of inter communication, the need for team work, completion of task, and finally alternate methods of task accomplishments and preplanning for goal attainment. Since these teams work for the betterment of the immediate community, the participants acquire personal pride and hopefully appreciation by others.

Working in groups helps individuals become less isolated and alienated from their peers. Adolescents learn how to cooperate with each other. In addition, they learn how to confront and be confronted, which becomes an essential incentive to personal change and growth. The epitome of the caring community enables all its members in a protected environment to learn how to trust and be trusted, to love and be loved, to respect and be respected, to depend and be dependable. The Academy’s implementation of cooperative learning has enhanced students’ self image; has worked as an inducement to them to accomplish goals both for their own benefit and also for the benefit of the learning team; has caused them to realize some of their individual potential; and allowed them to exert and benefit from positive peer pressures. The students, because they are fulfilling individual and team goals, are obtaining a good foundation that instills an eagerness to learn.

Glasser, in *Schools without Failure*, urges teachers not to place students in “no win” situations. The Academy, in contrast, puts students in “win-win” situations. In the Glasser model, there are fewer expectations and demands. The John Dewey Academy deliberately creates stressful and pressured tasks to help adolescents achieve the greatness of which they are capable. The one statement both models would accept quintessential to their respective systems is Glasser’s (1969):

> We must understand that although a child has failed in the past, he can succeed in the present if the necessary teacher-pupil involvement concerns the problems of the present. A failing child will continue to fail if the teachers who work with him remind him of his failure. Failure breeds failure; to break the cycle of failure, we must work in the present and realize that a person who has failed all of his life can succeed . . .

They need involvement with educators who are warm and personal and who will work with their behavior in the present. They need teachers who will encourage them to make a value judgment of their behavior rather than preach or dictate; teachers who help them plan better behavior and who will expect a commitment from the students that they will do what they have planned. They need teachers who will work with them again and again as they commit and recommit until they finally learn to fulfill a commitment. When they *learn* to do so, they are no longer lonely; they gain maturity, respect, love, and a successful identity. (pp. 19-20, 24.)
REALITY THERAPY AND THE SCIENTIST-PRACTITIONER APPROACH: A Case Study

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Reality therapy is one of the most popular forms of therapy to be used in counseling. William Glasser, the pioneer of reality therapy, bases his therapy on the theory that all individuals are responsible for and choose their own behaviors. People create problems for themselves, or become unhappy with their lives, when they fail to assume responsibility for their behavior. When reality therapists begin counseling a client, they identify their first task as finding out what the client wants (Glasser, 1965). Once this is determined, the therapist teaches the client how to assume personal responsibility and, thus, how to reach desired goals. At no point will reality therapists excuse the irresponsible behavior of clients. Moreover, clients who attempt to blame their behaviors on other people can typically expect little empathy from their therapists. Like all therapists, reality therapists must demonstrate accountability for the methods they use via some mode of inquiry or research. This essentially means, “Does reality therapy work?” N of 1, or intensive research designs, are favored over traditional, rigorous research designs in various counseling situations. Despite the obvious limitations of N of 1 studies, scientist-practitioners may want to restrict their observations to one subject when the situation is greatly extended in time, requires expensive or specialized training for the subject, or entails intricate and difficult to administer controls (Dukes, 1965).

Traditional research in counseling studies numbers of people and their central tendencies. Although this research is informative, it rarely reveals information about individuals (Goldman, 1978). Methodology which emphasizes the individual, and yet maintains scientific intensity has been slow in development and utilization (Barlow, Hayes, & Nelson, 1984). Haring-Hidore and Vacc (1988) have indicated that practitioners using single-subject research techniques can systematically study a client’s progress throughout the course of intervention and make adjustments as needed. They have further indicated that single-subject techniques also make it possible for a practitioner “to reach conclusions about the success of the intervention when it has been completed” (p. 286).

N of 1 designs are applicable to the reality therapist who is more interested in the individual case than in group characteristics. In addition, N of 1 designs are extremely useful in demonstrating accountability (Barlow, Hayes, & Nelson, 1984). A case study will illustrate how a reality therapist might counsel a suicidal client in an accountable manner.

CASE ILLUSTRATION

The client, S., will be graduating from college with a degree in philosophy. She had planned to attend law school the following semester but was not accepted to any of the schools to which she applied. Faced with a job hunt for which she was unprepared, discouraged by her rejection from law schools, and immobilized by her fear of job hunting, she chose depressing behaviors. The depressing behaviors intensified when family and friends condoned her feelings. When she finally chose to become so hopeless that she attempted to overdose on sleeping pills, her family urged her to seek professional counseling.

During the first session, the reality therapist indicated that S. could be helped. When questioned about her goals, S. indicated that she wanted to find a rewarding job. She operationally defined “rewarding job” as an entry level position in the legal field. Upon further interview, S. pictured herself sulking anytime she encountered a difficult task such as this. This sulking behavior had escalated to depressing behavior and the reality therapist felt this must be replaced by functional behavior in order for S. to learn to manage problems more effectively. The therapist, concerned about S.’s depressing behavior, administered the Beck Depression Inventory (BDI) (Beck, & Steer, 1984) and continued to do so on a bi-weekly basis. (initial BDI score = 36).

The therapist told S. that they would only need to meet weekly for eight weeks. The client quickly realized that she would be expected to function more independently after two months of therapy. The therapist and client decided they would work together on reducing S.’s depressing behavior first, and on tackling the task of job hunting second. The therapist intended to encourage S. to focus on the present, accept responsibility for her own behavior, and to adopt an optimistic attitude.

S.’s depressing behavior had manifested itself in her isolation from friends. Thus, the therapist and client decided to monitor the number of times the client interacted with friends each week. Because S. was unsure of positions she was qualified for in the field of law, they decided to monitor the number of information interviews she conducted per week. Next, a priori criterion levels of change were established. For example, an increase of four interactions with friends (she had none at that point), and three information interviews per week by the eighth counseling session would indicate significant improvement. Moreover, in an attempt to monitor her depressing behavior as well as her job hunting progress, the reality therapist devised a multiple baseline across behaviors design. The multiple baseline design can assist the reality therapist with accountability without the use of extensive sophisticated methods and statistics. Baseline data were collected on both problems.

At the beginning of the second session, the therapist asked S. about her progress. She indicated that she chose depressing behaviors less often than she did the previous week. The therapist graphed that S. interacted with friends five times. Baseline was still being collected on the second problem. S. was excited about her immediate improvement but the therapist was skeptical. A “halo” or reactivity effect appeared to be in full swing.
Interestingly, during the third session, the therapist realized that S. was depressing more than she did during her first session. She went out with friends only once during the week. The therapist continued to record baseline on the second problem by noting the number of information interviews conducted. S. scored only slightly lower on the BDI than she did during the first session. (BDI score = 34). The therapist had a difficult time trying to keep S. from dwelling on her past mistakes (particularly her suicide attempt) and from blaming her parents for not preparing her for the real world. The therapist finally told her that she could not be helped unless she concentrated on the present and discontinued blaming others for her irresponsible behavior.

S. chose only slightly less depressing behavior during the fourth session. She interacted with friends twice that week, resulting in an improvement in depressing behavior. The therapist decided that possibly S.’s problems were related in a way not yet considered. Perhaps if S. started conducting information interviews with professionals in the legal field, she might exhibit depressing behavior less frequently because she would be successfully confronting her fear of job hunting. Therefore, during this session the therapist informed S. of her plan to monitor the number of interviews she conducted per week.

The client exhibited less depressing behavior at her fifth session. She had two interviews with paralegals that week and now felt more optimistic about a temporary career as a paralegal. She went out with friends four times during the week. The therapist also administered the BDI to S. (BDI score = 23). This score indicated that her depressing behavior had significantly decreased since her first session four weeks earlier.

S. was optimistic during the sixth and seventh sessions. During the week of the sixth session she conducted three interviews and interacted with friends five times. During the week of the seventh session she conducted three interviews and interacted with friends four times. It seemed that S. had replaced the sulking picture in her personal album, a control theory concept. The new picture portrayed a confident S. who solved her own problems through responsible behavior. Her score on the BDI had improve (BDI score = 8).

The client did not present depressing behavior during the last session. During that week she had four interviews and interacted with friends four times. She had even read several articles about careers in the legal field. S. resumed participation in activities in which she thought she was no longer interested and she developed new hobbies. She chose to extinguish her depressing behavior when she realized that she had met her established criterion for a significant change in behavior. Figure 1 illustrates S.’s progress during eight weeks of reality therapy, which resulted in an increase of interactions with friends as well as an increase in the number of information interviews conducted.

CONCLUSION

S.’s BDI scores indicated that she chose depressing behavior less often and suggested that she was becoming more responsible for her behavior. The therapist asked S. to return to her office once a month for two months so that she could follow-up treatment. The therapist realized that she was mistaken in believing that because S. chose depressing behavior, she had no energy to job hunt. In reality, the fact that S. was doing nothing towards obtaining a job perpetuated her depressing behavior. When she began conducting information interviews, the “pictures in her mind changed,” and she decided to exhibit depressing behavior less often. At the end of the two month follow-up period, S. had secured an entry level job position in the legal field.
Reality therapy encourages clients to evaluate their behaviors relative to their goals and act in ways that permit attainment of goals. Therapists can improve their accountability of reality therapy through the use of intensive designs such as the multiple baseline across behaviors. They can also demonstrate accountability by conducting periodic follow-up sessions with clients.

References


APPROPRIATE AND INAPPROPRIATE USES OF HUMOR IN PSYCHOTHERAPY AS PERCEIVED BY CERTIFIED REALITY THERAPISTS: A DELPHI STUDY

Bruce R. Thomson

The author is in private practice in Burlington, North Carolina. This study was done for his doctoral dissertation.

This study attempted to gather information as to the perceived value of the use of humor in psychotherapy by certified reality therapists, and to assemble recommendations to assist these therapists in using humor more effectively in the relationship which develops with their clients. William Glasser, founder and developer of reality therapy, comments in his writings of the importance of using humor and laughter in psychotherapy (Glasser, 1965, 1969, 1972, 1976, 1980, 1981, 1984; Glasser & Iverson, 1976A, 1976B), as do numerous other writers originating from a reality therapy perspective (Acklin & Wixom, 1984; Bassin, 1976; Billings, 1980; Ford, 1982; Ford & Englund, 1978; Fuller, 1980; Hallock-Butterworth, 1980; Harshman, 1980; Lutter, 1980; Molstad, 1981; Parr & Peterson, 1985; Thatcher & Wubbolding, 1982).

The primary interest was in exploring certified reality therapists' perceptions of how they viewed humor being used appropriately and inappropriately in their own therapy sessions. This was accomplished by using a research technique called the Delphi Method, in which those certified reality therapists who agreed to participate became a panel of experts, and through their responses to an evolving series of questionnaires, eventually identified important thoughts and concepts regarding appropriate and inappropriate uses of humor in reality therapy.

Overview

Beginning with Glasser (1965), who viewed therapists using their own sense of humor as a means of breaking down the client's resistance, the ongoing literature in reality therapy reflects the importance of the use of humor in order for therapy to be effective. Glasser (1976) discussed how humor functions as a key component in helping an individual develop the strength needed to function in a healthy manner. Ford & Englund (1978) maintained humor could assist clients in taking control of their lives, relieving despair and irrationality. Glasser (1984) noted humor's role in tapping into the creative process of clients, enabling them to identify new ideas and possibilities for change. Glasser (1976) also proposed that the use of humor assisted individuals in attaining one of their basic drives, which is to meet one's needs in a responsible manner. It takes a strong, caring, warm, firm, and humorous approach to living to maximize the potential for meeting one's basic needs.
Humor and laughter have been discussed by Glasser (1981) in his effort to develop a more comprehensive theoretical approach to reality therapy. Speaking in terms of his control theory, Glasser stated “when we laugh we experience about the lowest error state possible” (p. 258). Glasser noted humor and laughter being used as a means of reducing perceptual error and dealing with conflict. The well-functioning individual was seen by Glasser (1981) as one “who is gracious, flexible, generous, and laughs a lot, an unconflicted person who mostly has little error between reference levels and perceptions, and who has a good redirection system to deal with conflicts when they occur” (p. 139). Individuals who never laugh or use their sense of humor to reduce perceptual error were seen by Glasser (1981) as potentially risking self-harm. Glasser (1984) maintained that the use of humor instructed individuals “in the truth about ourselves, and it is because of this lesson that we find it funny” (p. 15).

Benefits of Humor in Reality Therapy

The literature in reality therapy reflects how the use of humor in psychotherapy benefits clients who manifest symptoms of depression (Billings, 1980; Fuller, 1980; Glasser, 1965, Hallock-Butterworth, 1980; Medick, 1980; Walker, 1980), anxiety (Ford & Englund, 1978; Glasser, 1981; Glasser & Iverson, 1976B), and fearfulness (Glasser, 1981). Its use is seen as essential in fostering the development of, and to strengthen, a healthy client/therapist relationship (Billings, 1980; Ford, 1982; Ford & Englund, 1978; Glasser, 1965; Harshman, 1980; Medick, 1980; Thatcher & Wubbolding, 1982).

The use of humor in psychotherapy can effectively be used to assist clients in developing alternatives for change (Walker, 1980), and to reframe problems in a positive context, changing what was originally perceived as quite serious to a less threatening and more solvable problem (Wubbolding, 1985). Humor also can help the client maintain a focus on a current problem area (Silverstein, 1980). Humor used as a form of relaxation and meditation is noted by Glasser (1981) and Thatcher & Wubbolding (1982). Glasser (1981) identified the use of humor as a healthy coping mechanism and a potential sign of a well-functioning individual. The stress reducing capacity of humor is mentioned frequently in the literature (Acklin & Wixom, 1984; Ford & Englund, 1978; Glasser, 1981).

METHOD

Delphi Method

First utilized in the early 1950’s, the Delphi Method has been shown to be an effective survey technique using a panel of experts in one certain area to develop a consensus group opinion on a particular topic. It is used primarily in situations which require quantification of subjective variables. This is achieved through the use of a series of questionnaires interspersed with controlled feedback to the panel of experts (Dalkey & Helmer, 1963).

There are three primary features in using the Delphi Method: (a) anonymity, (b) controlled feedback, and (c) statistical group response (Dalkey, 1969). The maintaining of anonymity through the use of questionnaires serves to monitor the effect of dominant individuals within the group. Controlled feedback, or conducting the study in a series of rounds with a summary of the previous round’s results sent to each expert panel member, facilitates the gradual elimination of irrelevant statements. The continual use of descriptive group data aids in reducing any group pressure for conformity. Measures of central tendency used for examination of the data in this study were the median and interquartile range for each item on the questionnaire. Statements were carefully examined at the conclusion of each round by the researcher to identify those with a relatively high median (indicating a high group preference as an important item) and a relatively low interquartile range (indicating a high degree of consensus by panel members relative to the item).

Sample

Two hundred therapists who had been certified through the Institute for Reality Therapy were randomly selected and sent an introductory letter inviting them to participate in this study. Of that group, 102 initially agreed to participate. On the final round, responses were received from 56 participants. The requirements for inclusion on the panel of experts in this study were that: (a) the panel members had successfully completed the certification program conducted by the Institute for Reality Therapy, and (b) the panel members were or had been actively involved working as a therapist in either a public or a private setting.

Data Collection

Round 1

The panel members were initially sent an open-ended questionnaire in which they were asked to identify in an open-ended fashion the appropriate and inappropriate uses of humor in a psychotherapy session, based on their own experiences in psychotherapy.

Round 2

The information generated from the Round 1 questionnaire was synthesized and placed into two participant determined categories: appropriate and inappropriate uses of humor in psychotherapy. A questionnaire with the two sections was developed and sent to the panel members, asking them to rate each statement on a 5-point Likert-type scale. The panel members were asked to rate the statements as to the degree to which they thought those statements represented appropriate or inappropriate uses of humor in psychotherapy. Space was provided for individual comment on each item by panel members.

Round 3

The median and interquartile range were computed for each item of the Round 2 questionnaires returned. On the Round 3 questionnaire, the panel members were instructed to read each item, take note of their previous response along with the group data provided, note reasons why some panel members deviated outside the interquartile range, and consider whether they would choose to: (a) change and re-rate their initial response to the item, or (b) maintain their initial response.
Round 4
The median and interquartile range were computed for each item on the Round 3 questionnaires returned. The panel members were instructed to imagine themselves delivering a workshop presentation regarding the use of humor in reality therapy to a group of counselor trainees. The panel members were asked to choose statements from both sections that contained ideas they would include in their presentation.

SUMMARY AND RESULTS
One of the primary functions of using the Delphi Method is to assist in identifying future or emerging trends (Dalkey & Helmer, 1963). With that in mind, there was an attempt to go beyond the generation of relatively important statements regarding appropriate and inappropriate uses of humor in reality therapy to identifying emerging themes from those most frequently identified statements.

Appropriate
The purpose of this study was to develop a consensus of both appropriate and inappropriate uses of humor in reality therapy as perceived by the panel members, and to discuss emerging themes regarding its use. Individual examination of the statements most frequently selected, along with the statements most highly preferred and agreed upon by panel members suggested the following themes emerging:

1. The central importance of the therapeutic relationship if humor is to be used effectively.
2. The degree to which humor is used spontaneously by both the therapist and the client.
3. The potential uses of humor in encouraging change on the part of the client.
4. The altered perception of self, others, and the environment which is derived from using humor appropriately in reality therapy.

Statements reflecting key aspects of the therapeutic relationship suggest the importance of establishing rapport, building involvement, sharing a joke, restoring balance, building trust and the joining between therapist and client that establishes a framework in which humor can be used appropriately. The theme of spontaneity arises in situations where humor emerges naturally and comfortably from both the therapist and client. The appropriate use of humor as a means of enhancing change is suggested in instances where the client is creatively trying to solve a problem, as a means of assisting in making plans for a therapeutic contract for change, and as a method of putting more fun in the client’s life.

The theme of altered perceptions of self, others, and environment suggests humor’s potential usefulness in situations where therapists are attempting to help clients reframe ironies in their life in a positive manner, view their current life situation from a more positive framework, and learn to accept themselves as they are. This theme is also conveyed as therapists assist clients in coping with life stressors, focus of the client on present behavior, and convey acceptance to clients that it is all right to laugh at oneself.

Inappropriate
Individual examination of the statements most frequently selected, along with the statements most highly preferred and agreed upon by panel members suggest the following themes emerging:

1. The imbalance produced in the therapeutic relationship when humor is used inappropriately.
2. The potential blocks in effective communication which may result from the inappropriate use of humor.
3. The client’s experience of negative feelings when humor is inappropriately used.
4. Specific therapist qualities which may signal the inappropriate use of humor.

Statements reflecting the theme of an imbalance in the therapeutic relationship when humor is inappropriately used suggest a hierarchal imbalance in the relationship in which the therapist assumes an elevated position which is perceived by the client to be superior. This appears to occur when the therapist puts down the client while attempting humor, laughs at the client’s problems, criticizes or makes fun of the client while attempting humor, competes with the client to determine who is funnier, or attempts humor which is beyond the level of comprehension of the client. The theme of potential blocks in effective communication through the inappropriate use of humor seemed to be implied whenever humor led to the interruption of the expression of a serious issue, a message is conveyed to the client that it is acceptable to be irresponsible through the use of humor, or when humor is used to maintain emotional distance between the therapist and client.

Statements reflecting the theme of the client’s experience of negative feelings when humor is inappropriately used suggest instances where ridicule, shame, guilt, degradation, failure, embarrassment, weakness, cynicism, or scapegoating is internally experienced by the client. The theme of specific therapist qualities which are apparent through the inappropriate use of humor appear when humor is attempted by the therapist as a disguised form of hostility toward the client, when humor is not used genuinely, or when humor is employed as a tool of power by the therapist to the detriment of the client.

DISCUSSION
The fact that no mention can be found in the reality therapy literature regarding potentially inappropriate uses of humor is intriguing. This discovery is quite inconsistent with the wealth of statements generated by the panel members in this area. There is an inherent weakness apparent in the virtual negligence of this topic being discussed in the reality therapy literature. The statements on the inappropriate section most frequently identified by the panel members suggest they perceive humor as having a potentially negative impact within the reality therapy process.
It is recognized that in the process of critically examining one's use of humor in reality therapy, one might be depreciating another theme generated from close inspection of the most frequently identified statements on the appropriate section, that being the spontaneous aspect of using humor in the therapeutic setting. It is hoped that a careful, critical examination of one's own use of humor in the therapeutic process will not conflict with the strong suggestion of the panel members that an appropriate use of humor implies its spontaneous use. This should be viewed in a separate context if possible.

RECOMMENDATIONS

1. Certified reality therapists should view their use of humor as a double-edged sword. Humor can reasonably be seen by the number of statements generated in this study as having a potentially powerful impact, both positively and negatively, on the therapeutic process. Humor should be used with caution and restraint, as it is suggested by the panel members that humor can be misused or misperceived in a varied degree of circumstances.

2. Certified reality therapists should understand the strong impression gathered from both sections of the study regarding the critical importance of developing an effective therapeutic relationship with their clients before humor can be used beneficially. Many highly preferred statements in both sections point to the therapeutic relationship, rather than specific instances, as being a key mediator in determining whether humor is being used appropriately or inappropriately.

3. Certified reality therapists should realize and seek to better understand the potential impact of their own use of humor within the therapeutic setting. Perhaps more time should be spent during the certification process of prospective reality therapists exploring the impact of humor within a reality therapy perspective.

4. Certified reality therapists should examine critically their use of humor within the framework of their own therapeutic style to determine whether their humor is having the desired impact intended.

5. Certified reality therapists might do well to bring humor out into the open within the therapeutic context, as it is suggested that clients can quietly experience negative feelings when humor is used inappropriately. Discussion of what may have been intended by the therapist as humorous, yet not received by the client as such, would appear to be essential if an effective therapeutic relationship is to be developed, and the clients' efforts to take greater responsibility and control of their lives is to be sustained.

References


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In 1988, more than 24,000 deaths on the highway were caused by improper driving behavior. The cause of these deaths was not the weather, the road, the vehicle or the traffic conditions, but the person behind the wheel. (National Safety Council, 1988)

While there are courses available to teach defensive driving skills, there are few courses that address chronic problem driving behavior. There were no courses that use reality therapy as a psychological basis for instruction until 1990.

The National Safety Council, with the assistance of Jeanette McDaniel, Mid-America Regional Director, Institute for Reality Therapy, and Julie Hinton, Managing Director, Safety Council of the Ozarks has written, developed and designed a program applying reality therapy to problem driving behaviors.

**PROGRAM RESEARCH**

Traffic safety research addressing negligent driving behavior ended around 1975. Since that time, safety belts and drinking and driving have become the focus of traffic safety research. The personality profiles of chronic problem drivers, documented in the 1970's, are still valid today. (Addison & Bayley, 1967; Case & Stewart, 1957; King & Lee, 1976) From demographic data obtained in field tests, (National Safety Council, 1990) today's negligent drivers share these common characteristics: male, 18-32, high school graduates, low to middle socioeconomic backgrounds, semi-skilled to skilled labor.

In addition to the personality profiles, there are studies that define the need for a national effort in dealing with negligent drivers. These studies outline suggested curricula for negligent driver programs. (Harano & Peck, 1971; NTSA, 1982) They also contain information on types of instructional approaches and recidivism rates of existing problem driver program graduates. For example, the State of Florida has had a program for problem drivers in use for several years. This program was developed in the 1970's and is based on applying Transactional Analysis therapy to problem driver attitudes. Independent studies on the effectiveness of this program have not been conducted.

**Needs assessment**

In 1989, the National Safety Council Driver Improvement Programs began developing a defensive driving course to address the needs of the problem driver and the traffic safety system. A needs assessment survey was sent to traffic court judges, safety professionals, driver improvement instructors and safety council directors. (National Safety Council, 1989) The purpose of this survey was to determine what topics should be addressed in a program for negligent drivers. The most frequent response, 67%, was “poor driving attitudes and behaviors.” Only 13% of the respondents ranked “improvement of driving skills and traffic law knowledge” as very important. In addition to responding on topics and needs, data were also collected on length of course preferences, driver characteristics, training and instructional approach.

**Instructional approach**

There are many theories on attitude change techniques. However, attitudes are not directly observable, but are inferred through behavior. Thus, attitudes can be modified through behavioral change. (Fleming & Levie, 1978) Based on this theory, the approach to instruction for this program concentrates on changing behaviors, which can have an effect on attitudes. Control theory and reality therapy processes fulfill that instructional need.

DDC-Attitudinal Dynamics of Driving (DDC-ADD) is an 8 hour course. The eight hours are divided into four units of instruction. Each unit is 2 hours long and is divided into two or three segments.

Unit I addresses these topics: an introduction to the program, the discussion of individual traffic citations, the rules of the road quiz, the advantages of having a driver’s license, and discussion of the five basic needs.

Unit II addresses needs versus wants, and mental picture albums with accompanying exercises; a driver behavior profile and a videotape “It’s Your Choice.”

Unit III involves evaluating behaviors and selecting effective behaviors.

Unit IV assists the participant in making SAMRIC plans based on effective behaviors. The last segment in this unit discusses the consequences of not following through on the plans and ends with a personal and course evaluation.

**DIRECT REALITY THERAPY APPLICATION**

**Determining Wants and Needs**

**Unit I.**

The most important question in reality therapy “What is it you want?” can be answered by participants in this program in two ways. The obvious answer is to keep their driver’s license. That is the reason the traffic judge or corporate safety officer referred them to this program. The second answer will be different for each since the question assesses individual needs and wants.

The instructor-advisor (IA) of the program elicits the answers by asking, “When you were __________________ (ticketed offense) what
did you want?” The participants come up with various answers that are categorized by the IA into one of the five basic needs.

The needs and wants are also assessed through a small group activity. The objectivity of this activity is for each participant to answer the following questions: What do you want from the class? What do you see as your job in this class? What do you see as not being your job in this class? What do you see as being the instructor’s job? What is not the instructor’s job? Are you willing to do your job as you see it?

How do you see it?

In the next segment the participants talk about their reason for being in the class. In pairs, the participants tell each other what happened when they were stopped by the police officer or when the safety officer of their company told them to attend this class. The questions they are asked to address deal with thinking, feeling, right or wrong behavior, and the perceived fairness of receiving a citation.

No excuses

In the third segment, the participants take a rules of the road quiz. This quiz is similar to a driver’s licensing test. The objective of the quiz is to invalidate the frequent excuse “I didn’t know.”

What are your needs and wants?

Unit II.

The next three segments of the program deal with identifying personal needs and wants. This is done through a group activity that builds a relationship between wants and needs and the privilege of driving. The relationship is made by asking the participants, “What are the advantages of having a driver’s license?” These advantages are categorized, by the instructor, into the five basic needs.

For example, an answer to that question might be, “an advantage of having a driver’s license is being able to go out with friends every night.” The instructor rephrases that statement into a question similar to this, “A driver’s license and driving give you a feeling of freedom, is that correct?” By the end of this segment, a list of the advantages of having a driver’s license has been compiled by the class and the benefits categorized into the basic needs.

The next two segments describe needs, wants and mental picture albums with accompanying small group exercises.

What needs do you fulfill by driving?

For this program the National Safety Council Research and Statistics Department has developed a “Self Assessment Inventory.” The purpose of the inventory, tested through Northwestern Traffic Safety School, is to allow the participants to formulate an idea of what needs and wants they are fulfilling through driving. After answering approximately 25 questions on their driving behaviors, the inventory is scored. The result is a driver need profile. In addition to serving as an instructional activity, the inventory will also produce current demographic data about this group of drivers.

Identifying effective behavior

A videotape, “It’s Your Choice,” has been specifically designed for this program. The tape begins with a brief visual introduction to behavior. The participants then watch 13 short driving scenarios. In each of the scenarios one of the drivers is choosing an irresponsible or negative behavior. The objective of this activity is for the participants to identify the effective, ineffective or band-aid behaviors demonstrated by the drivers in the scenarios. Then, to list alternative effective behaviors to the situation.

Evaluate behavior

Unit III.

In this segment, participants will identify alternative behaviors to the one they chose that resulted in the traffic citation. A brainstorming activity is used to list these alternatives. In a later unit, the participants will classify each alternative as being either effective, ineffective or band-aid behaviors. In addition to the alternatives exercise, the instructor discusses the four components of total behavior.

Selecting effective behavior

The three R’s, responsibility, reality and right and wrong, are introduced as the behavior selection criteria.

From the list of alternative behaviors compiled in the previous segment, the participant will label each alternative as being effective, ineffective or band-aid. For example, a list of alternatives to speeding might be: driving even faster, leaving home earlier, or not driving. The participants determine whether each of these alternatives would be effective, an ineffective or a band-aid behavior? This activity produces a list of effective behaviors.

Making samric plans

Unit IV.

Segment 1 of this unit involves the participants in selecting one of the effective alternative behaviors from the last unit. After selecting an effective behavior, each participant makes a plan to carry out that behavior. Each participant shares his or her plan with a partner. The partner compares the characteristics of the plan with the SAMRIC characteristics discussed in class. These characteristics are; simple, attainable, measurable, repetitive, immediate and controlled by the doer.

Consequences of not following through on your plans

At the suggestion of traffic court judges and traffic safety experts, the last instructional segment briefly outlines state and local licensing systems. Suspension, revocation, and the point system are used as examples of the consequences of continued driving infractions.
Evaluation

Using the "Expectations" exercise from the first segment, the participants compare what they thought they were going to get out of the class with their perceived results. Not only does this serve as a formal course evaluation, but it also serves as a personal evaluation for the participant.

CONCLUSION

Reality therapy has the potential benefit of treating problem driving behaviors. Recent course evaluations reveal that participants, in addition to improving driving behaviors, are applying reality therapy processes in other areas of their lives.

The program is being tested through June 1990 at various Safety Councils throughout the United States. All comments and suggestions from instructors, reality therapists and participants will then be evaluated and used to update the program.

The finished program will be showcased at the 79th Annual National Safety Council Congress and Exposition in Las Vegas, Nevada during the week of October 28th through November 1, 1990.

RESOLVING CONFLICTS IN LIFE

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As noted by Glasser (1984) "True Conflicts" describe problems that are unavoidable or beyond our control, while "False Conflicts" are problems that are life-style related or resolvable if we make the "hard work" choice. As noted by Stein (1984), people are able to change "True Conflicts" into "False Conflicts" through the acquisition of knowledge. Notably, however, there is more to it than that. Specifically, as is shown in Table 1, the first row shows that "Ignorance," and not "True Conflict," is the first problem that must be addressed. Thus, people who are oblivious to the problem don't experience "True Conflicts" until they acquire (a) knowledge regarding the nature of the problem, and (b) the realization that they are powerless to ameliorate it. Once these two states are achieved, however, these individuals can move out of "True Conflict" (row 2) and into "False Conflict" (row 3) by simply finding positive approaches to deal with the problem. Teachers and counselors are frequently sources of such information (i.e., they detect problems and hopefully ways to mediate them), but the student/client is left with the responsibility to understand the nature of the problem and enact the proper alternatives. When students/clients fail to follow through and don't do what's needed, however, they are said to be in "False Conflict" (row 3), but if they do what's needed they can move to row 4 of Table 1, and in so doing achieve a "Resolved Conflict."

This model, described in Table 1, is an extension of the model offered by Parish (in press), and is in accordance with the notion proposed by William Glasser (1980) that people won't learn what they don't want to learn or do what they don't want to do, but that teaching or counseling becomes effective as soon as individuals who hurt discover they can learn a better way. Thus, teachers, counselors, and other people-helpers are urged to understand their roles of making students/clients aware of problems and associated solutions, while students and clients are responsible for learning about these problems and associated solutions, and then acting accordingly.

References

Parish, T. (in press). Helping students take more effective control . . . healthwise or otherwise. Education.
Some Reflections on the Broader Meaning of Reality Therapy and Control Theory
(On the Occasion of Reality Therapy's Silver Jubilee)
Leon Lojk

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Enjoying the amicable atmosphere of reality therapy’s Silver Jubilee celebration and the quality of its workshops, I started to think about the significance of the ideas whose introduction 25 years ago we are celebrating. Is reality therapy just one variant of psychotherapy among hundreds of others? Is the idea of a “School Without Failure” just one more variant among hundreds of ideas of how to change the school system? I do not believe that these ideas are merely a few more among many essentially equally interesting ones. I will try in this article to show that they have — at least for me — broader meaning than their usefulness as good tools for counselors and educators.

I have lived for 45 years in Yugoslavia, which means 45 years in the shadow of the USSR, one of the strongest modern totalitarian systems. This unbelievably needs-starving totalitarianism (best described in George Orwell’s books) had lasted more than 70 years; we in its shadow had been taught nonsense from kindergarten to university. We had, for example, a verbal delict similar to Orwell’s Thoughtcrime, external and internal enemies, an always vigilant Party, and a “beloved” leader. It was so difficult to see an end to those humiliating and intimidating conditions of life, and there seemed not to be many alternatives: some joined the Party, some blindly rebelled and disappeared, some clung to hope for help from the West.

Though optimistic, I often could not avoid the influence of the common sense atmosphere, the received wisdom, and the frequent moments of despair. I remember feeling such despair upon reading in Orwell’s NINETEEN EIGHTY-FOUR this brilliant observation on totalitarianism from the conversation between high-ranking Party member O’Brien and the rebellious Winston during O’Brien’s torture of Winston:

“We control life, Winston, at all its levels. You are imagining that there is something called human nature which will be outraged by what we do and will turn against us. But we create human nature. Men are infinitely malleable. Or perhaps you have returned to your old idea that the proletarians or the slaves will arise and overthrow us. Put it out of your mind. They are helpless, like the animals. Humanity is the Party. The others are outside — irrelevant.”

“I don’t care. In the end they will beat you . . . .”

“Do you see any evidence that that is happening? Or any reason why it should?”

Table 1

<table>
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<th>Aware of Problem?</th>
<th>Aware of Solution?</th>
<th>Does What’s Needed?</th>
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Row 1: Ignorance
Row 2: True Conflict
Row 3: False Conflict
Row 4: Resolved Conflict
Orwell's book, describing an absolute totalitarianism, is impossible. It might be possible if human beings were controlling for survival only; but, as Glasser shows, that is not the case. There are other basic needs equally as powerful as survival needs. Glasser has described many examples in support of this assertion, and we can also see today a kind of historical proof in what has been going on in Eastern Europe. Despite some 70 years of seemingly everlasting and hard dictatorship in the USSR and 45 years in other communist countries, where those regimes have tried to teach us that 2 + 2 = 5 and that we have to love the teachers who taught us these nonsenses, these regimes have been collapsing one by one. What a relief! What a happiness!

Human beings, as all living organisms, have to control as long as they remain alive. There will always be individuals, often gathering in groups, who will try to satisfy their needs by controlling others in such a way that those others will not be able to satisfy their needs, forgetting or not knowing that those others unavoidably have to control for the satisfaction of their needs, too. I'll quote W.T. Powers ("By Any Other Name," CONTINUING THE CONVERSATION, Spring 1989, no. 16, pp. 11-12):

I'm trying to convey an understanding of how controlling works, so we can see when controlling is a natural and necessary part of living, and when it is simply a mistake — when it defeats the very purposes it is supposed to achieve.

When we begin to understand what controlling is, how it works at every level of organization in a living system, we can begin to see how a person can have what seem only the highest motives, yet in carrying them out end up murdering millions of people. Such results are never intended in the beginning. Adolph Hitler didn't start by saying, "I am going to kill all Jews" (although he evidently concluded that this was what was required). He said, "I am going to restore self-respect to the German people and myself." Nobody with a scrap of remaining sanity sets out to act against his or her own sense of what is good. But acting in ignorance of human nature has exactly that
effect. Pursuing a goal without understanding that others do precisely the same leads in the end to taking whatever action is required and available to reach the goal, including the use of repressive laws, stormtroopers, or bombs. *Whatever* it takes. ... We will come to understand how a disparity of goals, coupled with ignorance of human nature, can lead to conflicts that begin small — that seem to grow out of nothing — and escalate in a drearily predictable way to the usual outcome. We will see that "offense" and "defense" are words for the same thing.

Can we avoid these relations in the future? Can we build another way to manage our relationships with each other? To better understand the behavior of individuals and groups, it is fruitful to take into consideration the inherited basic needs suggested by Glasser and his conclusion that we are all undoubtedly descendants of those successful people who knew how to satisfy their basic needs. Tracking that idea in history we find that our ancestors had one favorite way of satisfying all five of their basic needs: namely, war. They felt in power and respected by others when they won; they felt dignity, self-respect, and belonging via the opportunity to sacrifice themselves in the name of their own groups; they felt love when the members of the group, because of a common enemy, developed the highest level of solidarity; and they experienced freedom because as victors they were in a position to choose whatever they wished to do with their enemies, their properties and territory. Probably, also, they found a lot of fun in these war games, collecting material for talking, listening, creating dramas and poetry, etc. In living they had satisfied their need for survival; in dying they could believe that they had made a contribution to the tribe's survival (something maybe very close in some way to satisfaction or reproductive needs). But of course everyone went to war to win. And what happened when they lost? Those who lost and survived soon started to organize resistance, revolutions, etc., all based on the same model of satisfying their basic needs.

We are descendants of such people and that history with a heritage of the same basic needs, and we have been taught to satisfy those needs in the same ways our ancestors did. But the psychological and sociological problem is obvious when we recognize that such means don't work anymore. Almost everyone knows today what Glasser expressed in this sentence: "There is no such thing as WWII; there is only the end of Civilization." But fewer people seem to know that small conflicts and local wars can escalate into nuclear clashes with the same outcome; and very few people seem to understand that whenever we try to force others to be subordinate to us, it is also potentially dangerous as well, no matter in what kind of relationship: from the most intimate and least obviously "dangerous" (man-woman, teacher-student) to the most obviously dangerous and fateful, such as those between nations, races, socioeconomic classes, or political parties.

If machismo in all its forms doesn’t work anymore, what then can we do? Here we can turn for help to one of Glasser's older ideas, which he always used without moralizing, responsibility. This conception seems so simple if we understand human nature: in most cases we can satisfy our needs without preventing others from satisfying theirs, but when that is not the case, then we must compromise. (Human rights are to some degree a legal formulation of this idea.)

W. T. Powers shows us in *BEHAVIOR: THE CONTROL OF PERCEPTION* the fallacy of the commonly held belief that we can control each other’s behavior by pointing out that we cannot get inside each other’s brains to operate the control system there. That simple recognition is a very important step forward in academic psychology.

That great explanatory idea couldn’t be overlooked by Glasser, who had come to a very similar conclusion 25 years ago through psychiatric practice. From that time on he has been making this extremely valuable idea known throughout the world and has been trying to show that it is applicable in many crucial fields of human activity: mental health, education, and management. Even more than that, I have been trying to argue in this article that the idea is applicable to human relations in the largest sense of the word.
The purpose of this article is to help readers understand the process of writing, as well as understand the process of getting published. Although particular emphasis will be placed on the Journal of Reality Therapy, the principles will apply equally well to other professional publications.

The steps toward publication are relatively simple. They include the following:

1. Selecting the topic.
2. Selecting the publication/audience.
3. Getting started.
4. Writing the article.

Each is worth discussing in some detail.

Selecting the topic - Writing means that you have something to say, something that would be of interest to you and/or to others. Some examples of ideas that would be worth considering including the following:

a. What would interest you? As a practitioner, what has worked for you? What have you tried that you believe is unique and that might be helpful to others?

b. What would help to interpret RT/CT to the uninitiated? If you are writing for publications other than the JRT, what would help others understand about the principles and process of RT/CT?

c. What are you doing in applying RT/CT to unique populations, such as specific ages, genders, cultural groups, etc.? What are you doing in applying RT/CT in specific settings such as schools, community agencies, hospitals, correctional settings, business and industry, etc.?

In addition to these questions, there are specific issues that are in critical need of examination and discussion. The following are a few examples of issues that need exploration:

a. How does RT/CT work with different cultural or ethnic groups?

b. How does RT/CT work with different groups such as age specific, different intelligence levels, the physically disabled, etc.?

c. How does RT/CT specifically compare/contrast with other therapeutic modalities?

d. How does RT/CT work in different professional settings and/or for different professional groups, such as nurses, clergy, administrators, etc.?

e. How has RT/CT developed internationally? How does it work in other countries, i.e. are modifications necessary of the basic theory, principles, or practice?

f. What place do psychological tests have in RT/CT?

g. Control theory is built on the premise that individuals control their behavior. What about behaviors that may have an organic/illness/disease base, e.g. Tourette's Syndrome, etc.?

h. What specific research has been done that documents the effectiveness of RT/CT in specific settings or through specific experiments?

Each of the above represent areas that need exploration. Articles dealing with any of the above questions would be welcome additions to the professional literature. As an example of the diversity of interests and articles that have been published, a review was done of material published in the Journal of Reality Therapy in its first nine years. The following is a listing of areas covered (some articles were identified in several groups):

<table>
<thead>
<tr>
<th>AREA</th>
<th>NO. ARTICLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools/classrooms</td>
<td>25</td>
</tr>
<tr>
<td>Reality therapy theory/concepts</td>
<td>21</td>
</tr>
<tr>
<td>Reality therapy practice</td>
<td>19</td>
</tr>
<tr>
<td>Reality therapy training</td>
<td>12</td>
</tr>
<tr>
<td>Ethics/professional issues</td>
<td>10</td>
</tr>
<tr>
<td>Chemical dependence</td>
<td>8</td>
</tr>
<tr>
<td>Groups - guidance/therapy</td>
<td>8</td>
</tr>
<tr>
<td>Residential treatment</td>
<td>7</td>
</tr>
<tr>
<td>Family therapy</td>
<td>6</td>
</tr>
<tr>
<td>Business/management industry</td>
<td>4</td>
</tr>
<tr>
<td>Crime/delinquency</td>
<td>4</td>
</tr>
<tr>
<td>International applications</td>
<td>3</td>
</tr>
<tr>
<td>Reality therapy history/research</td>
<td>3</td>
</tr>
<tr>
<td>College student personnel</td>
<td>2</td>
</tr>
<tr>
<td>Minority populations</td>
<td>2</td>
</tr>
<tr>
<td>Religion/pastoral settings</td>
<td>2</td>
</tr>
<tr>
<td>Poetry/cartoons</td>
<td>2</td>
</tr>
<tr>
<td>Vocational guidance</td>
<td>1</td>
</tr>
<tr>
<td>Treatment teams</td>
<td>1</td>
</tr>
<tr>
<td>Psychological Testing</td>
<td>1</td>
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<tr>
<td>Military settings</td>
<td>1</td>
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<tr>
<td>Emergency ward/hospital settings</td>
<td>1</td>
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<tr>
<td>Discipline</td>
<td>1</td>
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<tr>
<td>Assertion training</td>
<td>1</td>
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<tr>
<td>Crisis intervention</td>
<td>1</td>
</tr>
</tbody>
</table>

It can be easily seen from the above questions and list that there are unlimited opportunities for original articles that will contribute to our knowledge and practice base, as well as contribute to the spread of the concepts and practice of RT/CT.
Selecting the publication/audience - It is important in writing to identify your audience; who are your expected readers? For example, if you are writing for the Journal of Reality Therapy, the great majority of readers are reality therapy trained. Therefore, there is little need to explain RT/CT theory and/or process. If you are writing for another professional publication, the chances are that the audience is professionally knowledgeable about therapeutic concepts and theories in general, but may need more interpretation of RT/CT. If you are writing for a lay audience in popular magazines or newspapers, it will be necessary to go into greater detail about RT/CT while still avoiding the tendency that all of us have at times to lapse into professional jargon.

Getting started - Everyone has the ability to write; the hard part is having something to say. In reviewing the authors in the Journal of Reality Therapy for the past nine years through Volume 9-2, slightly over 2/3 of the authors were male (118 men, 55 women). Articles came from 32 states, Puerto Rico, Canada, Australia, Jordan, Ireland, and Yugoslavia. Only 8 of 140 articles came from authors outside the United States. Of the authors, 65 came from college/university faculty, 23 came from private practitioners, 21 from agencies/institutions, 17 from school-based personnel, 3 from clergy, 2 from hospital-based personnel, 1 from the military, and one from business/industry. Thus, slightly over half of the contributors were faculty members in higher education. The point is repeated that anyone can write.

Writing the article - Some writers find it easier to start with an outline of what they wish to cover in an article. Others find it difficult to put ideas on paper. The following are some suggestions that may help you:

a. Make an outline or sketch out the main points you wish to cover in the article.

b. KISS - Keep it simple, stupid - is a good rule of thumb. Keep the language simple and straightforward. After all, the purpose is to be understood rather than to impress.

c. Follow publication instructions for the particular publication for which you are aiming. It is important to follow guidelines regarding style, format, length, etc.

d. Say what you have to say and stop - articles are judged on their merit rather than on their length.

Summary

The important thing to remember is that you can write. As far as the Journal of Reality Therapy is concerned, the members of the Editorial Board and I are available to help you in reacting to ideas as well as helping to edit and polish the final article. Another source of assistance is Dr. Thomas Parish of Kansas State University in Manhattan, Kansas who teaches a course and makes a presentation at the 1990 International Reality Therapy convention on writing for publication. Perhaps the best message for each of you is to recommend that each of you practice what you believe - instead of saying to yourself 'I could have', start making a commitment that 'I will!'