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William Glasser January 1993

Editorial Office:
Journal of Reality Therapy
203 Lake Hall
Northeastern University
Boston, Mass. 02115
Telephone: 617-373-2485 or 3276
FAX 617-373-2968

Institute for Control Theory, Reality Therapy and Quality Management

President & Founder
William Glasser, M.D.

Administrator
Linda Harshman
Suite 104, 7301 Medical Center Drive
Canoga Park, California 91307
1-800-899-0688
FAX 818-888-3023

Board of Directors
Institute for Control Theory, Reality Therapy and Quality Management

Canada: Pierre Brunet (96)  
213 Louis-Bazinet  
St. Charles Borromee  
Quebec, Canada, J6E 7J5  
514-752-5256

Northeast: Larry Litwack (96)  
30 Lewis Road  
Belmont, MA 02178  
617-489-3238

Southeast: Karen Sewall (96)  
15109 Kampita Dr.  
Centreville, VA 22020  
703-968-7304

Midwest: L. Michael Reese (97)  
c/o Chaddock  
205 S. 24th St.  
Quincy, Illinois 62301  
217-222-0034

Mid-America: Elaine Kniepfl (95)  
13241 Charlotte  
Kansas City, MO 64146  
816-941-0118

Sunbelt: Al Montgomery (97)  
5040 Ithaca St.  
Metairie, Louisiana 70006  
504-888-7334  
FAX 504-888-2087

Northwest: Steven English (97)  
1106 Columbia Ave.  
Marysville, WA 98270  
206-653-4984 (8-5)  
FAX 206-658-0670

West: Georgellen Hofhine (95)  
112 Fallen Oaks  
Thousand Oaks, CA 91360  
805-492-5396

Mountain States: Dan Aune (95)  
501 25th Ave. North  
Fargo, ND 58102  
701-234-0407

E.T.C.: Doug Naylor  
1891 N. Gaffey St.  
San Pedro, California, 90731-1270  
213-435-7951

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January 1993
Editor’s Comment

The start of the 14th year of publication marks the production of the most comprehensive Journal issue ever. The lead article takes a critical look at the relationship between criminal justice and responsibility. The article by THATCHER continues some earlier important work on sexual abuse. BARBIERI interconnects meditation and a special needs population. LAFONTAINE provides the first Journal article discussing the needs of homosexuals. ACEVEDO applies RT principles to work with athletes. The articles by DENNIS and MICKEL both relate to organizations and management. The articles by HOUSE and HOGLUND represent different looks at systems.

The second part of the issue is devoted to the presentation of much-needed research data relating to the use of RT/CT. CHUNG describes some research from an international perspective. WATSON/FETTER report on a study done on exercise. PETERSON/WOODWARD continue their research on the application of Pete's Pathogram. Finally, PARISH/NECESSARY present data looking at faculty-student interaction.

Readers are also asked to note on Page 10 the publication of the Journal of Reality Therapy compendium. This presents a selection of the best articles from the first twelve years of Journal publication. All royalties from the sale of this book will be used to defray the costs of providing materials and publications to individuals and groups on an international level who lack the funds and/or resources to secure such materials otherwise.

Readers will also note that both the cover and the title of the Journal have remained the same. Although the title of the Institute has been changed and duly noted, it was thought that thirteen years of publication have established the current title. It is the one recognized by other professional journals, and the one referred to in articles and chapters dealing with Reality Therapy. However, as reflected in the mission statement contained on the inside cover, the Journal remains committed to the full range of control theory, reality therapy, and quality management.

RESPONSIBILITY AND THE CRIMINAL JUSTICE SYSTEM
Larry Litwack

The author is professor and chairperson of the Department of Counseling Psychology, Rehabilitation, and Special Education at Northeastern University, Boston, Mass.

ABSTRACT

A review of the history and evolution of the insanity defense as used in the criminal justice system and its relationship to conflicting views on individual choice and personal responsibility. Questions arise from conflicting views, laws, and interpretations.

One of the most controversial issues within the criminal justice system lies in the question of competency and sanity in determining the responsibility of an individual for acts committed by that individual. Notable cases in which the sanity or competency issue was raised over the years range from Leopold and Loeb, Charles Manson, John Hinckley, Jr., Jeffrey Dahmer, Joel Rifkin, Lorena Bobbitt, to the Menendez brothers. Other cases have attempted to use individual backgrounds as excuses for current behavior, e.g. the New York wilding case. Basic issues revolve around issues of insanity, diminished capacity, and mens rea or state of mind. In each situation, the question was raised as to whether or not an individual should be held responsible for acts committed by that individual.

HISTORY

Defending criminal responsibility based on some form of mental disability goes back as far as ancient Hebrew and Greek civilizations. English case law recognized the concept as far back as the Middle Ages.

As early as 1300, records show that English kings were pardoning murderers because their crimes were committed "while suffering from madness." ... Sir Edward Coke, a famous legal scholar of the late 16th and early 17th century, felt that "idiots" and "madmen" who "wholly loseth their memory and understanding" should be found insane. Sir Matthew Hale, Chief Justice of the King's Bench in the 17th century, concluded ... that the "best measure" for determining insanity was whether the accused had "as great understanding as ordinarily a child of fourteen hath." In 1723 Justice Tracy held that in order to be found insane "a man must be totally deprived of his understanding and memory so as not to know what he is doing, no more than an infant, brute or a wild beast." At about the same time, other English courts were excusing those who lacked the capacity to distinguish "good from evil" or "right from wrong." (Reisner and Slobogin, 1990, p. 497.)
"The 13th century jurist Bracton wrote that \"A crime is not committed unless the will to harm be present.\" The first documented case of a jury acquittal on insanity grounds apparently occurred in 1505 . . . Thus the goal of the insanity defense is to sift out those who do not understand what they are doing, or do not desire to commit a crime.\" (Stromberg, Haggarty, Leibenluft, McMillian, Mishkin, Rubin, and Trilling, 1988, pp 629-630).

The M'Naghten Test

The first major legal precedent for insanity as a defense against criminal responsibility occurred in 1843. Daniel M'Naghten was found not guilty by reason of insanity for trying to kill the private secretary to the English Prime Minister, Sir Robert Peel. Subsequently, the House of Lords asked a group of judges to provide guidance on the law covering such cases. The judges came up with the following statement:

Every man is presumed to be sane, and . . . to establish a defense on the ground of insanity, it must be clearly proved that, at the time of the committing of the act, the party accused was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, that he did not know he was doing what was wrong. (Stromberg et al, 1988, p. 631).

The M'Naghten rule became the accepted rule in both England and the United States. The rule was widely criticized on several points. First, a position initially presented by an American physician, Sir Isaac Ray, argued that the \"insane mind\" is often \"perfectly rational, and displays the exercise of a sound and well-balanced mind.\" Ray believed that a defense based on mental illness focussing on cognitive impairment failed to consider the defendant's ability to control his or her acts. Second, the rule was criticized for its rigidity.

If taken literally, few defendants would meet the rule. It has been interpreted differently by different judges in the United States; it remains the exclusive standard for the insanity defense in about one third of the states.

The Irresistible Impulse Test

Over forty years later, a supplementary test for insanity was adopted which came to be known as the \"irresistible impulse\" rule. Presented in the case of Parsons v. State, 81 Ala. 577, 596, 2 So. 854(1886), the rule was described as:

Did he know right from wrong, as applied to the particular act in question? . . . If he did have such knowledge, he may nevertheless not be legally responsible if the two following conditions concur: (1) If, by reason of the duress of such mental disease, he has so far lost the power to choose between right and wrong, and to avoid doing the act in question, that his free agency was at the time destroyed; (2) and if, at the same time, the alleged crime was so connected with such mental disease, in the relation of cause and effect, as to have been the product of it.

This test is now an alternative in a few states. It has been criticized on the grounds that impulsivity or the claim that an act was uncontrollable is very difficult to prove. It was seen as excusing only those who were totally unable to prevent their unlawful behavior. As Stromberg et al (1988) pointed out, few patients lose all ability to control their actions; this measurement on \"how hard\" it was for the defendant to control his conduct becomes a very speculative process. (p. 632).

The Durham Rule

In 1954, partly in response to criticisms of previous standards, the Federal District of Columbia Court of Appeals adopted a rule originally proposed by Sir Isaac Ray and adopted by the New Hampshire Supreme Court in 1870. Set forth in the case of Durham v. United States, 214 F.2d 862 (D.C.Cir 1954), the rule stated that \"an accused is not criminally responsible if his unlawful act was the product of mental disease or defect.\"

This test raised two issues for consideration: (1) Did mental disease or defect exist at the time of the offense? (2) Was the offense the product of this disease or defect? This standard, although well intentioned, has now been widely rejected, including in the District of Columbia. The Durham rule was finally overruled in 1972; New Hampshire remains the only state to continue to utilize this standard.

The American Law Institute Test

Eight years later (1962), in an attempt to deal with problems associated with previous rules, the District of Columbia adopted a rule drafted by the American Law Institute. This rule read as follows:

A person is not responsible for criminal conduct if at the time of such conduct as result of mental disease or defect he lacks substantial capacity either to appreciate the criminality of his conduct or to conform his conduct to the requirements of the law.

This section has been adopted by more than half of the states and all federal jurisdictions. A second section was added that was not quite as universally accepted. It stated:

As used in this Article, the terms mental disease or defect do not include an abnormality manifested only by repeated criminal or anti-social conduct.

Diminished Capacity

The diminished capacity concept permits the accused to introduce clinical testimony that can be used either to negate an essential element of the offense, or to reduce the seriousness of the crime charges to a lesser offense. The key in this case is to obtain expert testimony dealing with the defendant's state of mind or mens rea at the time the offense occurred. This test has been adopted by some states, most notably California and New Jersey. Perhaps the most celebrated case was San Francisco Supervisor Dan White who was convicted only of voluntary manslaughter despite premeditated killing of two city officials. His defense was built on diminished capacity as a result of a diet of junk foods, the \"Twinkie Defense.\"
REFORMING THE INSANITY DEFENSE

Over the years there have been a number of attempts to narrow, change, or abolish the insanity defense. As stated by Stromberg et al (1988):

In 1973, President Nixon called abolition of the insanity defense the “most significant feature” of his federal justice proposals. In 1981, the Attorney General’s Task Force on Violent Crimes recommended legislation to create a “guilty but mentally ill” verdict, which has been enacted by some states. (p. 634).

Among the proposals which have been discussed are the following:

1. Lack of Mens Rea. Under this approach, mental illness would be a defense only if as a result of mental illness, the defendant was incapable of formulating a mental process which was a required element as the statute defined a particular crime.

2. Guilty But Mentally Ill. This sidesteps the issue of whether one should be held guilty if insane. This proposal has been adopted by Michigan, Illinois, Indiana, Georgia, and other states. The position taken by the American Psychiatric Association is that this approach only makes sense if adequate treatment is provided.

3. Shifting The Burden of Proof. This proposal would require a defendant to bear the burden of persuading a judge or jury of his insanity rather than requiring the state to prove the defendant’s sanity “beyond a reasonable doubt.”

4. Mental Non-Responsibility. The American Bar Association suggested that “a person is not responsible for criminal conduct, if at the time of such conduct, and as a result of mental disease or defect, that person was unable to appreciate the wrongfulness of such conduct.” The ABA went on to state that testimony, whether expert or otherwise, “as to whether or not the defendant was criminally responsible at the time of the offense charged, should not be admissible.” (Stromberg, p. 638). Finally, the ABA proposed that defendants found non guilty by reason of mental non-responsibility be involuntarily confined, based on a due process hearing.

Finally, the United States Congress adopted an insanity test for the federal courts in 1984 which essentially evolved from the ABA proposal. The legislation, found in Title 18 of the United States Code, states:

It is an affirmative defense to a prosecution under any federal statute that, at the time of the commission of acts constituting the offense, the defendant, as a result of severe mental illness or defect, was unable to appreciate the nature and quality or the wrongfulness of his acts. Mental disease or defect does not otherwise constitute a defense.

PRESENT VIEW

Few other issues have received as much attention over recent years as the insanity defense. At the same time, few issues have been so misunderstood. In a recent study by Silver, Cirincione, and Steadman, they compared public perceptions about the insanity defense with data collected from eight states on close to 9000 defendants acquitted based on an insanity plea between 1976 and 1985.

The researchers found that only 14.3% of those who used the insanity defense were charged with murder, 54.1% had been charged with other violent offenses, and 31.6% with non-violent offenses. The researchers also found that while the public estimated that the insanity defense was raised in over a third of all felony cases, in fact it was only raised in .9% of cases. While the public estimated that 44% of those using the insanity defense were acquitted, the actual rate was 26%.

The public also underestimated how often those acquitted were sent to mental hospitals. The public guessed slightly over 50%; the actual rate was over 80%. The public believed the average length of hospital stay to be 21.8 months, compared to the actual median stay of 32.5 months. (DeAngelis, 1994b).

A recent U.S. Supreme Court decision (Cowan v. Montana, March 28, 1994) affirmed that allowing states to bar defendants from pleading not guilty by virtue of insanity does not violate their constitutional rights. This followed a Montana Supreme Court ruling upholding the action of the Montana legislature which abolished the defense in 1979. Two other states, Idaho and Utah, have abolished the defense, while legislatures in several other states are exploring or have passed laws creating the “insane but guilty” defense. (De Angelis, 1994a).

At the same time the courts and legislatures have been studying the insanity defense, the mental health professions have begun to reflect diverse opinions. In any case involving the insanity defense, it is typical for one or more mental health professionals to testify either for the prosecution or the defense regarding the defendant’s mental status. It is left to the judge or jury to determine which mental health professional seems to be more credible.

Perhaps summarizing the view of the opponents of the insanity defense, Weiss, Emeritus Professor of Psychiatry from the University of Missouri, commenting on an article by Park Deitz in the New Yorker (1994), stated:

Having been a psychiatric criminologist a few years longer than Park Deitz, I, like Karl Menninger, have concluded that the whole concept of the insanity defense is anachronistic - at best unscientific, and at worst more than a little insane itself. In cases like those of Jeffrey Dahmer and Joel Rifkin, the state should ask the jury, and itself, three questions: Did they do it? (Sure.) What is the best disposition of them to protect society? (Put them away for a long, long time.) Is there anything we can do to help defendants like these? (Provide adequate treatment for them if they are treatable, with the understanding that remission of illness does not lead to release from incarceration.) p. 11.
The discussion of the insanity defense to this point has revolved around the issue of whether or not individuals can and should be held responsible for their behaviors. If the premise behind the insanity defense is accepted, then under certain conditions individuals should not be held responsible or accountable for their behavior. The excuse may be some form of mental illness or it may attempt to place the blame on external factors such as poverty, poor education, spousal or child abuse, bigotry, etc. Supreme Court Justice Clarence Thomas, in a speech delivered May 16, 1994 in Washington, D.C., addressed this issue directly. He stated, in part:

I am convinced that there can be no freedom and opportunity for many in our society if our criminal law loses sight of the importance of individual responsibility... We expect one another to be able to distinguish between right and wrong and to act accordingly... There are others who believe that the principle reason we hold people responsible for the consequences of their actions is because of our mutual political or social obligations in a civilized, democratic society... Many began questioning whether the poor and minorities could be blamed for the crimes they committed... No longer was an individual identified as the cause of a harmful act. Rather societal conditions or the actions of institutions and others in society became the responsible causes of harm... The consequence of this new way of thinking about accountability and responsibility - or lack thereof - was that a large part of our society could escape being held accountable for the consequences of harmful conduct... many began appearing hesitant to hold responsible those individuals whose conduct might be explained as a response to social injustice... If people know that they are not going to be held accountable because of a myriad of excuses, how will our society be able to influence behavior and provide incentives to follow the law?... A system that does not hold individuals accountable for their harmful acts treats them as less than full citizens. In such a world, people are reduced to the status of children or, even worse, treated as though they are animals without a soul.

Almost twenty years prior to the Thomas statement quoted above, and well before some of the recent changes, Glasser (1975) commented on the criminal justice system and personal responsibility in his book The Identity Society. He stated:

I believe that with extremely rare exceptions, usually produced by drugs or a toxic disease, people always know what they are doing when they commit an act, criminal or not, that involves others... I discount almost all of the arguments that criminal behavior should be excused on the basis of insanity, the influence of drugs, or other psychological circumstances. Even the stress of poverty, revenge, or jealousy, which may lead to crime and then be used to excuse or partially excuse the crime, is more valid as evidence for rehabilitation... than as evidence for a person's being found not guilty. (p. 216).

Glasser built on the same idea years later in his discussion of Control Theory. He said:

Most people do not understand the concept of total behavior and vehemently deny that they have any choice in the misery, sickness, or craziness about which they or others complain. Even people who commit crimes of action like murder often try to convince juries that they had no choice in what they did. They say that their crimes were a product of a mental illness that caused them to lose control. But control theory rejects this argument by claiming that any action that has a discernible purpose is always voluntary... Crime always has a discernible purpose. (1989, p. 9.)

**SUMMARY**

The previous discussion has presented the history and development of the insanity defense as it has evolved over the centuries. The key issue revolves around the question of whether there are extenuating circumstances that would absolve an individual from personal responsibility for his or her actions. The question is not whether or not a society has the power to enact laws governing human behavior that are designed to protect the rights of others. It is presumed that such laws are not only legal but also "right" - a presumption that has not been necessarily valid if we examine laws such as those enabling forced sterilization. Obviously, looking at the criminal justice system as it exists today, and reviewing the positions taken by mental health professionals and human rights advocates, there is no agreement as to whether or not there are or should be extenuating circumstances either absolving an individual from responsibility for his or her actions, or proposing alternatives to incarceration for individuals found guilty of violating societal laws.

There are questions that still remain. Several of these may be summarized as follows:

1. Can we say that our laws provide equal justice for all under the law if there are different laws for different jurisdictions regarding the interpretation and/or use of the insanity defense?
2. If the "guilty but mentally ill" concept were to be adopted on a wider scale, should there not be parallel laws such; as a) "guilty but mentally incompetent", b) "guilty but below the age of reason", c) "guilty but justifiable"? The first would be used for individuals found mentally to be unable to distinguish between right and wrong as defined by society, and would suggest that they perhaps should be hospitalized for their and society's protection. The second would be for children unable to distinguish between right and wrong, and would suggest their being placed in a controlled environment for their and society's protection. The third would be for individuals found to have acted in self defense or for reasons acceptable to a jury, but would nevertheless suggest that the individual may at least need to be placed in a rehabilitative setting until he or she learns alternative ways of problem solving that are acceptable within
society's rules.

3. What are the implications for mental health professionals? Is our role to help find excuses for individual behavior, to try to explain behavior to the satisfaction of a judge or jury, to determine guilt or innocence or appropriateness of rehabilitation?

It seems clear that, for a variety of reasons underlying human behavior that we are just beginning to understand fully, individuals choose their behavior. If we accept that principle, then it would seem that we somehow need to reach agreement on the concept of personal responsibility for one’s actions. Whether on an individual or a societal basis, it is questionable whether civilization as we know it can or should survive without individual or collective responsibility for actions contrary to the welfare of others.

References

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REVEALING A DISTORTED EXPERIENCE: CHILDHOOD SEXUAL ABUSE

Janet A. Thatcher

The author is a psychologist in private practice, specializing in sexual abuse, in Cincinnati, Ohio. She is also a Senior Faculty for the Institute of CTRTQM.

ABSTRACT

This article addresses the effects of childhood sexual abuse upon the victim using Glasser’s Control Theory perspective. Sexually abused children develop total behaviors and perceptions of the Real World that are shared generationally. Understanding these dynamics and developing means, using Reality Therapy techniques, is essential in stopping the cycle of abuse.

Abuse of children in most societies has been in existence for many generations. The perception of children as property of parents has created the psychological and legal situations upon which our lives are directed. Within recent years, children’s rights have been acknowledged legally but the psychological rights are not always acknowledged. With children being helpless and dependent, they are in need of protection. Agencies have been established for such purposes but these agencies tend to serve as an “after-the-fact” function. Within the past several decades, the acknowledgment that not all individuals know how to parent appropriately has occurred and thus various remedies have been proposed and action taken. Yet, child abuse continues.

In examining the issues surrounding childhood sexual abuse and the theory of Control Theory according to Glasser (1984), it is important to understand the dynamics of the act of sexually abusing within the Real World and the impact upon the child, the perpetrator, the non-offending parent, and the entire family. This article will be confined to those issues mainly dealing with the child, but not to the exclusion of the other participants. It is important to remember that the child is not responsible for the sexual abuse. The ramifications of such an experience are limited choices until the child is aware of the inappropriateness of the act of abuse.

What is childhood sexual abuse?

The legal definition of child abuse varies from area to area. The abuse may take the form of physical, emotional, or sexual abuse or all three. To delineate the specifics of physical or emotional abuse is beyond the scope of this article. (Note: Both physical and emotional abuse are usually inherent in sexual abuse.) Delineating overt sexual abuse is as follows:

... any form of sexual contact in which a child is used for the sexual gratification of the perpetrator, with contact including touching and non-touching behaviors.

Incest is any form of sexual contact between family members in which an older and/or more powerful person seeks sexual gratification from a younger and/or less powerful person. Offenders frequently include father or step-father, mother’s live-in male-friends, grandfathers, uncles and...
brothers, and on a more infrequent basis, mother, aunts, and grandmothers. Sexual abuse includes all types of sexual victimization, whereas incest may be described as sexual experiences between children and adults in parental roles.

Blume (1990) defines sexual abuse as "the imposition of sexually inappropriate acts, or acts with sexual overtones, by — or any use of a minor child to meet the sexual or sexual/emotional needs of — one or more persons who derive authority through on-going emotional bonding with that child." The "consent" of involvement to any activity by a child is a choice which consists of exploring available options and consequences, whereas it is not "consent" when someone says "yes" out of fear, intimidation, confusion, obligation, the wish of acknowledgment or guilt. The manipulation to have a child partake in sexual involvement is sometimes subtle and tactical. For example, sexual encounters while the non-offending parent is in the home and telling the child that the mother gives her permission but that it is still a secret is sometimes done with children. The child believes that the other parent is sanctioning and therefore the behavior must be acceptable and approved.

In the family in which abuse occurs, there are typically three roles: the abuser, victim, and the denyer. All three roles experience abuse but have taken different approaches in coping with their own abuse.

The Abuser/perpetrator:

Abusers may be any member of the family or someone outside of the family. They may also have been abused as a child and have not dealt with the issues which the abuse created. Abusers experience much pleasure and focus on their own needs more than the needs of others. The wants for power through humiliation and dominance seem to be driving forces within them. Abusers are acting out sexually what they cannot achieve in other more appropriate ways. According to Herman (1992), "... the perpetrator does everything in his power to promote forgetting. Secrecy and silence are the perpetrator's first line of defense. If secrecy fails, the perpetrator attacks the credibility of his victim. If he cannot silence her absolutely, he tries to make sure that no one listens." In a situation where the abuser is the father, he already has the unquestioned trust of the child and thus may manipulate the child's thinking and feelings at will. Alcoholism and drug abuse contribute to the abuse cycle.

The denyer/non-offending participant:

Dennyers, usually the mother, tend to say to the victim, "let the past be in the past" and they tend to compartmentalize their own and others' experiences. The denyer may also think that the victim will be abused less, if everyone does nothing. The denyer may find the need for power being met by the manipulation of the relationships. Once again, the denyer may be an abuse victim who has not dealt with the perceptions about familial roles and has distorted perceptions of what family members do and say. Although the denyer does not believe that the abuse is occurring, there is a level of knowledge or understanding that "something" is going on. This role may be held by either a parent and/or the siblings. When confronted with the reality of the situation, the denyer's denial and then guilt and anger will need to be addressed therapeutically.

Who are the victims?

The Control Theory Needs for the abused child remain the same as the individual who does not have the experience of sexual abuse. The Wants of the child survivor tend to be very different given the distortion of the child's perception of the Real World. According to Herman (1992), "Psychological trauma is an affliction of the powerless. At the moment of the trauma, the victim is rendered helpless by overwhelming force... Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning." And the child survives to go on functioning as best as can be done. The distortion of the Real World will impact the child indefinitely — if intervention does not occur. Thus, these children are individuals who are not able to get their needs met appropriately prior to and after the abuse. They have not been taught boundaries and their "no's" have little power. The children may be uncertain as to how to establish appropriate relationships, how to have appropriate fun and what it means to have choices that are need fulfilling. As a result, they are uncertain about who they are and their self-esteem is low.

The Need for Survival in a chronic abusive Real World is severely disrupted. The Need for Survival may be perceived as impossible by physical harm, violence, threats, and betrayal of those relationships perceived as trusting. The overwhelming perception of helplessness in the face of inconsistent and unfair rule enforcement is commonplace. The Wants for Survival include safety but this want is seldom fulfilled unless the child finds sanctity alone.

The child may be seen as wanting an inordinate amount of attention. The need for LOVE and BELONGING is not met appropriately. The wants for making up love and belonging, as defined by the majority of society, are distorted. The child knows little difference between the giver's appropriate and inappropriate behaviors in getting the love need met, because all may be seen as "normal". In addition, part of the fulfillment of the love and belonging involves the trust factor between the child and adults, typically the parents, and this trust is highly distorted. If the child's report of abuse is not acknowledged, the need for love and belonging is extremely unfulfilled and powerful and therefore the child may choose to recant the report, in order to maintain the parental connection.

The need for POWER or IMPORTANCE is present in the child as he or she struggles to determine the role in the family. Whether or not the child is abused by an immediate family member, extended family member or a nonfamily member, he/she is experiencing the desire for acknowledgment by adults. The child may want to sense importance and one of the few but self-sacrificing total behaviors available is through the sexual involvement with the admired or feared adult. Therefore, the children sometimes think that acting sexual is a way of getting the importance need met, but they also know that something is not appropriate about this behavior. This perception may continue throughout adolescence and adulthood.
Children may take another direction by rebelling against relationships and against authority. They may not allow others to become emotionally close and especially physically close. It may be possible that a large number of juvenile delinquents have been sexually abused prior to and during the time of their delinquency. The acting out behavior is a means of setting limits and attempting to say something that they may not feel safe to say or do not know how to say.

The fulfillment of the need for FREEDOM is minimized by the abuse. The child has the options of wants narrowed by the perpetrator and therefore does not have a wide range of freedom which other children may experience. Children may also believe that the want for freedom is non-existent or unavailable to them. Children may take on/introject the "sickness" of the perpetrators, therefore reducing their freedom for learning and decision-making. Further, children may become highly cautious of the environment, and therefore their freedom of behavioral choices is severely monitored and restricted by the child. On the other hand, if children dissociate, they may have their options severely narrowed because of the lack of knowledge about experiences that may be lost, thus making it difficult to learn from mistakes and other helpful experiences. A severe situation is the child that dissociates to the point of developing multiple personalities. In addition, adolescent and adult survivors may tend to distort this Need for Freedom, and take life-threatening risks, resulting in physical endangerment and/or rape.

The need for FUN within the child is also minimized in that the child may believe that the adult's needs are far more important. Even if the child is able to experience the need fulfillment of fun, the Wants may be distorted by the fear of the adult's interference. The "games" by which the perpetrator manipulates and teaches the child may also appear as a form of fun for the child but the consequence of such games is typically sexual abuse.

In Control Theory, Total Behaviors are considered choices. As mentioned in the fulfillment of the Need for Freedom, the victim's choices are severely limited. The choices are based on the distortions of perceptions of the Real World and the attempts to get the Needs fulfilled. If the Wants are distorted, the best-attempt behaviors are effective in the short term (short-term may extend into adulthood). These apparently effective Total Behaviors will eventually deteriorate and not be as need-fulfilling.

The TOTAL BEHAVIORS which the abused victim experiences include the facade of "acting normal" and so the detection of continued abuse is difficult for the observer. Also, since the injuries to the child are hidden by the victim and/or the denyer, the observer may not easily detect the sexual abuse.

Some of the physical indicators of sexual abuse include bleeding, bruising, itching, difficulty in urinating, difficulty in swallowing, frequent requests to go to the bathroom, unexplained pain, smell of semen, bloody, torn or stained clothing, sleep disorders, nightmares, bedwetting and appearing uncomfortable walking and/or sitting (Monk, 1989).

The behavioral indicators (Acting) to the observer include the victim telling and/or hinting about the sexual abuse, a secret, or something bad to someone, showing or acting out sophisticated knowledge or behaviors about sex, masturbating excessively, wearing many layers of clothing, showing great desire for touch or not to be touched at all, running away from home or hiding, refusing or showing fear to be with a certain person, showing extreme overachievement, day-dreaming or fantasizing excessively, extremely clinging and fearful of going places, showing drastic change, usually negatively and abruptly, crying excessively and unexplainably, shows cruelty to smaller children or animals, mutilating self or threats or attempts of suicide, and/or changing roles with mother.

The feeling components consist usually of a limited range in that expression of feelings is discouraged. In addition, the trauma of the abuse is typically overwhelming and so the child dissociates to minimize the impact and maintain a survival mode. In the process of minimizing the importance of feelings, the child seems to develop much self-hatred, and self-esteem suffers dramatically.

The thinking components of the victim are also affected by the attempt to balance the "awful" event(s) that happened and the participation in the act and/or the role of the perpetrator. The child has some awareness that what has happened is not "right". Therefore, to think of oneself as acceptable and positive and to know that what is happening is unacceptable and "negative", the child's thinking becomes distorted and confused.

Dissociation is often a Total Behavior that is used by the child during the trauma. The behavior allows children to survive the Total Behavior which they are experiencing but at a removed sense from the Real World. As a result, the experience is washed off from conscious awareness and is stored somewhere deep in the Perceived World. This Total Behavior also allows the child to continue her attachments to caretakers who are at best not protecting her.

Sexually abused children may exhibit different behavioral symptoms dependent upon their developmental progress. The psychological development is usually delayed in comparison to the normal population. The behavioral manifestations of anxiety may appear in young children, whereas as the child enters latency or early adolescence, aggressive and impulsive behaviors begin to appear. If the child is abused as an older adolescent, the impact may be more traumatic because of the increased awareness of the meaning of sexual behavior. The acting out becomes a way of expressing overwhelming feelings, confusion, and a plea for help by the older adolescent. (Walker, 1988) Much more research is needed on the impact of the abuse and the developmental stage of the child. It is important to remember that all the behaviors by the child are a means of staying in effective control of a very traumatic "real world".

Family Dynamic

The dynamics in an incestuous family are unique although some traits and characteristics may be seen. The inter-generational messages and values are subtle and powerful and are highly influential upon the child. It is not
unusual for both parents in an incestuous family to have been emotionally deprived and/or sexually or physically abused during their childhood. For example, a mother with an unresolved history of incest with her own father (and possibly with a brother as well) may be unable to prevent an incestuous relationship between her husband or son and her daughter. It has been found that such an incest history may impede some women from adequately functioning as a mother at all. On the other hand, the father may witness sexual abuse of his sisters or himself has been sexually abused, and thus he becomes the perpetrator.

Courtois (1988) delineated the following traits:
1. Collective denial and shared secrets about a multitude of problems, not just the incest.
2. Duplicity and deceit between family members.
3. Social isolation, which is generally enforced by the parents.
4. Parents who are expert at manipulating the context of a situation and shifting reality.
5. Role confusion and boundary diffusion both within and outside the family.
6. A child who is triangulated into the parents' marriage, which is often characterized by a failed sexual relationship.
7. Poor tolerance for differences from the family norm and for anger and conflict.
8. Overly moralistic.
9. No touch except for bad touch. Being abused comes to be equated with love.
10. Inadequate parenting.
11. Low humor and high sarcasm.
12. Dead, missing or part-time parent(s).
13. Children may be unwanted and treated that way.
14. Unpredictability and intermittent reinforcement.
15. Violence and the threat of violence.
16. No time for recovery and no one to turn to.

The rules of the incestuous family are maintained and need to be identified by the victim at some point in time. The double binds (Wooley and Vigilanti, 1984) are most characteristic of the incestuous family. With this double-bind message intact, the victim is in a position of forced silence which intensifies the traumatic situation. In addition, the family develops further rules and messages about the communication patterns which the child learns quickly and well:
• Do not feel — keep your feelings in check; do not show your feelings, especially anger.
• Do not trust yourself or anyone else as no one is trustworthy.
• Keep the secret since if you tell, you will not be believed and it will not help.
• Be in control at all times; do not show weakness or vulnerability; and do not ask for help from anyone.
• Deny what is really happening and disbelieve your own feelings and perceptions, and lie to yourself and others.

With the understanding of who these victims are and the dynamics of the family, the direction of assisting them will be in the areas of prevention and counseling them if they have become victims.

Bibliography
USING MEDITATION AND RT/CT TO HELP STUDENTS WITH COGNITIVE CHALLENGES BE "CREATIVE" IN REORGANIZING MORE EFFECTIVE BEHAVIORS

Patric Barbieri

The author is a teacher at the L.A.B.B. Collaborative program in Lexington, Ma. and is R.T.C.

ABSTRACT

Using meditation and RT/CT can help students with cognitive challenges create more effective behaviors to help them gain more control over their lives. Students with cognitive challenges have a smaller Creating/Reorganizing component and therefore have a difficult time letting go of their organized behaviors and creating new effective ones. The meditation practice serves two purposes in the RT process. The first area that meditation enhances is in developing a solid counseling environment and a place that the students put in their quality world. The second area is in increasing the students ability to creatively reorganize new and effective behaviors.

Meditation, or what is more commonly called, “Mindfulness”, has been studied, practiced, and handed down generation to generation by Buddhist monks for more than 2500 years. Mindfulness, in literal terms, means to be “Aware.” To practice mindfulness is to look more deeply into the essence of things. In mindfulness, it is believed that the anxieties, fears, and angers that we have are the ropes that bind us to suffering, and the way in which we become liberated from these sufferings is to observe their true nature. Practitioners of mindful meditation learn how to observe and accept their roots of afflictions to transform their sufferings by “Letting go,” and feeling peace and calm within themselves. Failing to recognize the source of the affliction will lead us to a false perception of ourselves by repressing the conflicts that we have inside us. With constant self examination through facing these issues, and bringing them into our awareness, we allow ourselves to become liberated from our sufferings. A proverbial phrase that best exemplifies the use of mindfulness is like putting out a fire, if you throw water on the flames how much good will it do? Only by getting to the base or the root of the fire will you effectively extinguish it.

As a teacher of students with developmental disabilities, I use mindful meditation techniques to help me develop a more acute and increased awareness of my students’ behaviors. Students with developmental disabilities scales will become out of balance more easily due to low frustration tolerance, and in consequence they get upset more frequently. For example, if Kevin comes to school and is angering and frustrating, he may choose to behave by swearing, or disrupting the class, and many times the angering is directed at the teacher. When I am in this position, I must first be mindful of my own frustration signal and my scales becoming tipped. I try to keep the mind in control of the senses and the impulses, rather than being driven by them. I do not blame the student, but I focus my attention and look deeply to understand the real nature behind what is driving this student’s behavior. My first inclination is to use my organized behaviors by reprimanding or punishing Kevin for acting in this way towards me so I can regain control of the situation. On the other hand, if I can become mindful of my frustration signal I am able to work more effectively with Kevin. Instead of going directly to my organized behaviors, I will look deeper into the reasons why Kevin is angering, and what he has not been getting. Kevin may have had an argument with his parents, he could be having a disagreement with a friend or a girlfriend, and right now these behaviors are Kevin’s best attempt to regain control of his life.

Instead of reacting to Kevin’s behaviors, and taking them as a personal attack, I have used mindfulness to look more deeply. I have now become aware that it was not me he was mad at, but it was some other issue, and this allows me to work more effectively with him. Sometimes we do not want to accept that a student is acting this way towards us and we react to his behaviors by punishing the student to protect our power within the classroom. I will be more effective because I will not be angering or be upset by the fact that Kevin was attacking me and I will be able to deal with him in a calm manner. If I had not looked deeper into this problem, the roots of anger in myself would still be intact because I failed to understand the internal factors affecting Kevin’s behaviors. The consequences of this situation would create two scales becoming out of balance and ultimately result in a power struggle.

The practice of mindfulness has a goal, and that is to come in contact with the present moment. In Reality Therapy, we want to stay focused on those components of total behaviors in which a student has more direct control over his present actions and thinking. In mindfulness, the same holds true, “We should not become imprisoned by regrets about the past, anxieties for the future, or attachment and aversion in the present”, (Thich Nhat Hanh, 1990, p. 40). So the goal that is common between mindfulness and RT/CT is that they both concentrate on the here and now.

When I decided to use meditation with the students, my reason was that medication would serve two major purposes when counseling students in the RT process. The techniques of mindfulness would help develop the areas where the cognitive constraints exist in the students. In addition, mindful meditation would increase their ability to effectively utilize the process of Reality Therapy and the concepts of Control Theory. The first area is in enhancing the counseling environment, and the second is in increasing the students’ ability to creatively reorganize new and effective behaviors. First, I would like to explain how I use meditation to develop these two components, and then I will illustrate how I have implemented them into the procedures that lead to change.

THE COUNSELING ENVIRONMENT

My first goal was to create a supportive atmosphere and to establish an environment in which change can occur in the students’ lives; my feeling was that meditation would be an effective way to get into the students’ quality world and gain involvement. Many of the students are experiencing
a failure identity and are not going in the directions they want in their lives, therefore they feel as if they are “stressed out”. Most of the students know that meditation is an exercise where people learn how to relax and they are willing to listen.

The first step in introducing meditation as an option to the students was to increase their total knowledge filter on the benefits of practicing meditation. Due to the fact that meditation is relatively new to the western culture, I have chosen to reframe the class from a “Meditation class” to a stress reduction class to prevent any skepticism or preconceived misconceptions of the understanding of mindfulness. From my experienced with meditation, I was convinced that the best way to increase the students’ knowledge filter was to see if they were willing to actually try it for one week. Starting with the physiology component, the students are asked to sit in any position that they feel comfortable and to learn how to observe their breath, to become in contact with the present moment. This is a very basic meditation technique but it allows the students to experience a deep relaxation. Moving to the thinking part of the meditation process we discuss what thoughts may have come into their mind. Ending in the feeling state we use mindful techniques to help students stay focused on relaxing which opens the door to the quality world. The meditation room soon became part of the students’ quality world and an environment where the students felt safe, relaxed, and were able to bring out their feelings in a calm, and non-judgmental way. This environment that the students are a part of becomes a need satisfying place for them to come, a place where they want to work on improving their quality of life.

CREATIVE IN-CONTROL TIME

The next part of the meditation process is to develop the areas of the behavioral system section of the Control theory chart, the creating and reorganizing of our behaviors in which cognitive constraints exist in students with developmental delays. “Developmentally delayed students are limited in their ability to develop reorganized behaviors that are effective. The student knows that what he or she is doing is wrong but does not know how to make things right”, (Renna, 1993. p. 22). The students are not aware of the pain they are choosing, or the behaviors they are choosing. These are the “Go to” (organized) behaviors the students are using and what they perceive as helping them get what they want and gaining more control of their lives. The students need a way to help them reorganize or bring into awareness new behaviors. Meditation helps the students in reorganizing new more effective behaviors by being creative. To describe the feelings that the students are experiencing when they are searching for behaviors that will help them regain control of their life, it is best expressed in the words of the first Noble truth in Zen Buddhism which refers to the “Condition that life has got itself into has become dislocated and out of joint, interpersonal conflict has become excessive and movement and creativity has been blocked, and it hurts.” (Suzuki, D.T., 1973, p. 288).

Meditation, as Glasser states in both Control Theory, and Positive Addiction, can become a positive addiction for the students. We are constantly reorganizing our behaviors to try to find creative behaviors that will get us in control. Glasser states, by persons being in a meditative state (which he calls creative in-control time), they are able to tap into and become more aware of their creative system. Meditation is using the physiology wheel to enter into a controlled time, and when you are in a meditative state, “You are using your creative organization system 100% of the time, and new thoughts, feelings or suggestions of new behaviors are able to filter into your awareness”, (Glasser, 1985, p. 231). When we are experiencing this meditative state of total relaxation, Glasser states that in control theory terms this is “Where the pictures in your head and the world meld together as if they were one, and creativity are all there”, (Glasser, 1985, p. 231). Glasser also states that people that are in this state come up with some creative problem solving techniques that they were not even aware that they were pondering, and meditation or being in a meditative state is helping them bring new and creative ideas into their consciousness. When runners become lost in time and they feel as if their body is being driven without any effort (runners' high), they also are experiencing this creative in-control time. I believe that my students that have developmental delays are not able to see as clearly or evaluate that their negative behaviors are not helping, and are less willing to give up their old ineffective organized behaviors. The students are able to increase their ability to reorganize their behaviors by meditating, by experiencing a creative quietude. Since they have a limited capacity to create new behaviors they need to spend more time being creative.

THE PROCEDURES THAT LEAD TO CHANGE

Once students have been in the meditation class for a while, and the counseling environment has been established I am now able to lead them through the process of Reality Therapy more productively. I will emphasize to the students that the meditation class is not an escape from our lives, but a time to confront and accept our afflictions so we can untie the knots of anger and anxiety that we have developed inside us so we can enjoy peace and equanimity in our lives.

I will illustrate the process of using Reality Therapy and mindfulness through a successful case of a student who was part of our meditation class.

Susan is a 16 year old young girl who has mild developmental delays. She lives at home with her mother and father and has one younger sister. Susan’s ineffective behaviors connote a stimulus response causality by an intense frustration signal when she is confronted by her mother or in a situation where she has to take responsibility for her actions.

For example, when Susan was asked to explain why she did not show up for her secretarial job in the High school she became angry and she started to yell at the teacher as if it was her fault. Susan could not explain why she did not show up and only could say that she forgot. Susan started to blame the teacher and said that she hated the job, and the job was too difficult to do. At work she says that the supervisor is always on her back and makes her nervous and she can not handle it. Susan then became very emotional and ran off crying. This is a typical situation where Susan will blame other people for her behaviors. When she becomes frustrated she will often yell or become overly anxious to gain control over the situation. She
often becomes verbally abusive and disrespectful when she is "out of control". Susan has a low self concept and she will give up easily when she is frustrated.

Susan decided to join the meditation class because she says that she is always "stressed out". Susan will often put the blame of her behaviors on other people saying, "they made me do it", or "They make me feel this way". Most of Susan's frustrations are rooted at home especially with her mother. Susan states that whenever she comes home her mother is always on her case. When Susan is confronted by her mother she immediately resorts to her organized behaviors and starts to yell, slam doors, and call her mother names. Susan will often say when she is frustrated, "my mother is making me crazy". Susan perceives her mother as a domineering and over demanding person who is an insatiable and difficult person to get along with. In Susan's perception, she has been "trying" to get along with her mother. Her attempts have been unsuccessful and her frustrations have driven her to make a change in her values and therefore she now perceives and labels her mother as a person who is too strict and domineering (refer to control theory chart Figure 1.).

Figure 1. Students with cognitive disabilities limited ability to create effective behaviors due to a smaller Creating/Reorganizing component.

![Control Theory Chart](image)

Susan was now able to self evaluate, and admit to the knowledge of her behaviors as not helping her get the relationship that she wants with her mother, and actually was making the situation worse. She also paid attention to the fact that if she was going to have a better relationship with her mother she needed to do something different. Susan's organized behaviors have existed for a long time, and her ability to reorganize into more effective behavioral skills has been limited. Consequently, if Susan was not mindful, and thus not able to bring into her awareness other behaviors that can more effectively get her what she wants, and her creative ability was only reorganizing into more intense ineffective behaviors, she may have reorganized into more serious ineffective behaviors such as physical abuse. What Susan needed was a way to creatively reorganize into effective behaviors to get the relationship that she really wants.

Susan is now assisted in helping her creatively reorganize new and effective behaviors by meditating or by using her "Creative in-control time" to develop these behaviors (refer to Control theory chart figure 2.).

The Creative in-control time helps Susan gain more effective control over her life by developing two areas. First, she must be allowed to come up with new behaviors which help her get the relationship with her mother that she wants. It is very important that Susan knows that she is the one who came up with the idea; this will increase her self esteem and power, and there will be a greater motivation for her to stay committed to a plan and actually attempt these new behaviors in the real world.

The next part of the meditation practice is to help Susan identify when her scales become tipped and to recognize her frustration signal. In the meditation class, Susan will be asked to again bring up a time of confronta-
In closing, mindfulness when used in conjunction with Reality Therapy can help students with cognitive disabilities reorganize into more effective behaviors, and gain more effective control over their lives. The Reality Therapy process is facilitated by creating an environment where the students “want” to work on improving the quality of their lives. By Mindfully being aware, the creative in control time now becomes the catalyst in students’ ability to bring into awareness new thoughts of more effective behaviors to successfully satisfy the pictures that they want in their quality world. Students first have to spend more time “creating” the new more effective behaviors through meditation, and then they need to be mindful of their frustration signal so they can be successful in carrying out the effective behaviors in the real world.

References
QUALITY SCHOOLS FOR GAY AND LESBIAN YOUTH: LIFTING THE CLOAK OF SILENCE

Louise LaFontaine

The author is associate professor of Special Education at Northeastern University. She also coordinates the southeastern Massachusetts chapter of PFLAG (Parents, Families, and Friends of Lesbians and Gays).

ABSTRACT

Acknowledgment of the needs of gay and lesbian youth is an issue that merits the attention of those who support a “Quality School” approach to education.

In America, the pursuit of happiness is an inalienable right. That means that everyone has the right to pursue it. The problem is HOW. Good (1987)

Reality therapy/Control theory presents a philosophy based on a recognition of the basic needs of the individual and the importance of fulfilling these needs for individuals to function in a productive and effective manner. Educators who use a reality therapy/control theory approach are particularly concerned with looking at and addressing the needs of students in the schools, and of the many different professionals who work with these students.

In reviewing the literature in the field, it is interesting to note that to date there has been relatively little discussion of issues related to sexuality with the exception of the discussion by McIntosh (1991) of her program, “Sex and Total Behavior”; and as far as this author can determine, no discussion whatsoever of issues related to homosexuality. This is a somewhat surprising omission at a time when the principles of reality therapy/control theory are being applied to an increasingly diverse population. There have been several studies and reports of work with individuals with special needs in both substantially separate and inclusive type settings with every indication that this has been a most productive, although a new direction for this approach. In addition, most educators today would agree that all in both substantially separate and inclusive type settings with every indication that this has been a most productive, although a new direction for this approach. In addition, most educators today would agree that all

In 1989, the United States Government issued a report on youth suicide (1989) which provided some startling data about gay and lesbian youth. In essence, the report stated that these youth belong to two groups which are at high risk for suicide: youth and homosexuals. The report went on to present figures that indicate that approximately 30% of teen age suicides are committed by gay and lesbian youth. Ramafedi (1994) also reports that numerous studies in the literature have indicated the high number of youth suicides and the disproportionate number of gay and lesbian youth in this group. A Michigan study which concurs with the figures of the Government Report states:

Homosexual adolescents are forced to make a choice. They may choose to declare (open) their sexual preference or not (closed). Those who choose the latter have heavy internal conflict and cannot accept themselves for who they are... Those who choose to be open - face abuse, being thrown out of their home, social isolation and social withdrawal for fear of disclosure... teachers are not supportive for fear of identification with the homosexual (1986)

Glasser has presented a model to educators for establishing “Quality Schools” where students feel that they are an important part of the school, that they are worthwhile and valued individuals whose needs are recognized and supported by their school; and also feel empowered to make responsible choices. (Glasser 1990). The four basic needs of love and belonging, power, fun, and freedom are integrally related for adolescents at this crucial time in their development to their feeling about sexuality and their sexual identity. To ignore a specific group when their sexual identity and their feelings about this identity has been documented to put them at greater risk for depression, a sense of isolation, and the possibility of suicide, is an inexcusable waste of an approach that is potentially helpful to that group.

It is commendable that reality therapy/control theory has advocated the importance of individuals and their needs. But this approach also has inherent dangers in possibly neglecting the importance of the societal context in which the individual functions. Ballou (1984) has discussed this issue in relation to a feminist focus. She states that reality therapy holds “the individual solely responsible for present behavior. It is a narrow world-view which focuses upon the individual and holds that individual responsible for his/her present behavior without regard for social forces. A more adequate world-view allows for the complexity of external forces interacting with the individual organism.” (Ballou 1984). It appears that this may be part of the reason why the issue of homosexuality has been ignored or avoided. The problems of gay and lesbian youth are a clear indication that individual behavior is indeed affected and often directed by the societal environment and the needs of the individual students.
the social context in which it occurs. Choice is more difficult when to choose to be open about one's sexual identity can lead to devastating consequences for the individual. There has been a carefully orchestrated cloak of silence surrounding the world of gay and lesbian youth and breaking that silence has often led only to great pain and rejection. Families, religious leaders, educators, and many other authority figures and role models for gay and lesbian youth have presented a frightening and threatening picture of homosexuality.

In Massachusetts in 1992, public hearings were held in which gay and lesbian students testified as to their experiences:

I was placed in thirteen hospitals in two years. By what was supposed to be my junior year of high school, I had accumulated a resume consisting of five suicide attempts, two bottles of pills, four half-way houses, several high schools, and one family in shock. They (the doctors) told me I would never graduate from high school. [Stacey Harris, Curry College student, testifying at the Public Hearings]

Today in school it’s okay to hate gays and lesbians; it's actually encouraged by the behaviors and attitudes of faculty and staff. Its not a safe environment. [Maryann Jennings, teacher, testifying at the Public Hearings]

Many other testimonies are documented in a report by the Governor’s Commission on Gay and Lesbian Youth (Massachusetts, 1993). The focus of the report is a series of recommendations to provide a safe environment for all students. How then can a true “Quality School” be developed if the urgent needs of this group are ignored? It is imperative that educators, counselors, administrators, and other school personnel acknowledge this situation and work to ensure that all students have the opportunity to have their basic needs met. The challenge for reality therapy/control theory is to look beyond the role of the individual only in a specific contest to the role of that individual in a broader societal context when that society impinges so specifically on the needs and rights of the individual. With recognition of the problems facing gay and lesbian youth in the schools and articulated efforts to work to provide young people with possibilities for finding solutions to these problems, the opportunity to establish not only “Quality Schools” but also “Safe Schools” for all young people is an exciting and crucial challenge.

References

REALITY THERAPY: A FRAMEWORK FOR IMPLEMENTING PSYCHOLOGICAL SKILLS FOR ATHLETES
Edmund O. Acevedo

The author is in the Department of Kinesiology at Kansas State University, Manhattan, Kansas.

ABSTRACT
Much has been written on the use of psychological skills to enhance performance, however, little has been published on actual counseling techniques that can be used to implement these skills with athletes. This paper describes the use of Reality Therapy (RT) as a guideline for the implementation of psychological skills. Reality Therapy is used to assist athletes in making choices which will match their picture album. By implementing psychological skills training with Reality Therapy, athletes can recognize responsibility, develop a sense of control, and enhance self-confidence in their performance.

With the emergence of the field of applied sport psychology, many new psychological skills training texts (Gauron, 1984; Harris & Harris, 1984; Martens, 1987; Nideffer, 1985; Orlick, 1986a; Orlick, 1986b; Porter & Foster, 1986; Williams, 1986) have attempted to offer the coach and athlete instruction on psychological skills programs used to enhance performance. However, little has been published on specific counseling techniques that can be used to implement these psychological skills. This article describes the basic concepts of a cognitive behavioral counseling approach, Reality Therapy (RT) (Glasser, 1965). In addition, the environmental and procedural components used in RT are explained and examples of their use with athletes are described. The components of RT not only present a procedural context but also provide guidelines for the educational/counseling environment. The phases of RT have characteristics similar to models of self-regulation (Kanfer, 1971) with the inclusion of counseling techniques used to facilitate behavior change.

William Glasser’s (1965) RT is based upon the broader concepts within Control Theory (Glasser, 1985). Glasser has proposed that “nothing we do is caused by what happens outside of us” (1985, p. 1). Furthermore, human behavior is purposeful and originates from within. Individuals behave in an effort to satisfy needs. The five basic needs that drive people to make choices are (1) the need to survive and reproduce, (2) the need to belong (love, share, cooperate), and (3) the need for self-worth (power), (4) the need for freedom, and (5) the need for fun. Our basic needs are met through our inner world of wants depicted in each person’s “picture album”. Individuals choose behaviors that will result in the fulfillment of their inner world of wants. When individuals perceive that they are not getting what they need or want, they are motivated to behave. Choices on which behaviors will bring about desired outcomes are made in an attempt to match the individuals’ picture album.

The choice of participation in a sport can fulfill one or more needs.
Participating in either sport or exercise can provide a sense of belonging, improved sense of self-worth, a sense of freedom and fun depending on the individual and the situation. Conflicting needs may lead athletes to choose an emotion, thought, or behavior that does not facilitate performance. For example, a youth sport participant may become over-aroused before competition because of the conflicting need for self-worth and the need to belong. The need for self-worth drives him or her to perform at an optimal level, and the need to belong drives the athlete to avoid outperforming teammates and/or friends. This over-arousal may then lead to either negative thoughts or an inappropriate attentional focus, which can debilitate performance. Over-arousal may also occur when a fear of losing threatens an athlete’s sense of self-worth or power. Although these behaviors may not be conscious choices, the athlete can choose alternate behaviors.

Glasser has specified that each observable behavior has four components which make up a “total behavior” (Glasser, 1985). The four components are: (1) the overt act; (2) the thoughts associated with the behavior; (3) the emotional component of the behavior; and, (4) the physiological state associated with the behavior. Because the performances of athletes in sport have these four components, an attempt to change behavior should address one or more of these components. Glasser (1985) believes that the overt act is the most amenable to change and should be the focus in RT. Similarly, athletes and coaches are often most concerned with skill enhancement (overt behavior). Thus RT provides a framework which specifically addresses changing the overt act, a concern inherent in sport performance.

The notion that individuals choose their behavior underlies the premise that each individual is responsible for his or her behavior. Furthermore, in accepting responsibility for their behavior athletes recognize that behavior change is possible, and they can work toward improving skills and maximizing time spent training. Conversely, athletes who do not accept responsibility for their personal performance may not believe that all behavior is a choice and may not attempt to make changes to improve. For example, if a baseball player thinks he is in a “batting slump” and that every player goes through a slump at some time in a career, then it is likely that the player is not accepting responsibility for his performance. Thus, the player may not investigate technique flaws which could be corrected to improve his batting average.

Similarly, a swimmer who does not feel responsible for her performance most likely will not investigate why her performance is at a lower level than the previous year. Thus, the swimmer may not become aware of factors which may be affecting her performance, such as a decrease in training intensity or duration, a change in diet, time spent away from training to fulfill other needs, or other events which can directly or indirectly affect performance. Both of these examples suggest that the athletes may have an attentional focus that is inappropriate for optimal performance. In either case, a focus on the behaviors necessary for improved performance directs athletes to alter their behaviors.

Environment and Procedures Leading to Change

Based upon the concepts elucidated in Control Theory, Glasser (1980) has developed eight environmental and procedural components of a counseling approach to incorporate within consultation with clients or athletes. Below are the eight components in RT applied to consulting with athletes.

Component 1: Building rapport and becoming a friend.

Becoming a friend to clients and athletes can help establish rapport and open communication. This can be accomplished by beginning with “friendly talk” not related to the problem. Also during this time the sport consultant can define for athletes his or her expertise and objectives as a consultant. Developing an environment in which the athletes believe they can be trusted and in which the consultant is credible and likable is a critical first step.

The importance of friendship/rapport building for sport psychologists has been documented by Orlick and Partington (1987) who investigated the critical components of sport consulting. In interviews with 75 different Canadian Olympic athletes from 19 different sports, sport psychologists who were identified as “great” and really “making a difference” had characteristics including likable, flexible, knowledgeable, and having something applied and concrete to offer. Poorly rated consultants lacked interpersonal skills, sensitivity, timing and had poor application of psychology to sport. This evidence suggests that the rapport a consultant develops with the athletes will affect the consultant’s ability to assist athletes to change behavior and enhance performance. Helpful hints to use while developing a positive rapport include being yourself, being a friend, using humor, suspending judgment, and using attending behaviors (Ivey, Gluckstern, & Ivey, 1982). It is unlikely that every consultant can have a positive rapport with every athlete, however, the consultant should always maintain professional conduct.

Component 2: Defining the behavior of the athlete.

This step is designed to help athletes become aware of their behaviors as they relate to athletic performance. Assessment techniques (scales; inventories; video analysis; etc.) which help to define effective and ineffective behaviors can be used at this time. During assessment it is best to avoid references to unrelated past events. It can be difficult for athletes to understand that the reason for a successful or unsuccessful performance is linked to a relationship with a past coach or parental influences. Past events are uncontrollable while future behaviors can be controlled so that the pictures in our picture albums can become reality. In addition, “why” questions, such as “Why did you do that?” or “Why do you think you did that?”, may elicit confusion and defensiveness from athletes. Thus they are best avoided.

“What are you doing?”, is a helpful question to ask in examining the athletes’ behaviors. In addition, this question may provide information and insight which may prompt the consultant to refer an athlete to other specialists, including nutritionists, physiologists, clinical psychologists, and
academic advisors. However, the central purpose of this question is to provide direction in the counseling session and focus athletes on overt behaviors. Quite often this examination will enhance awareness of behaviors and can be facilitative in helping athletes to view their behaviors differently after trying to objectively describe them.

Component 3: Obtaining a value judgment of the present behavior.

Once the athletes’ behavior is clearly defined, have the athletes make an evaluation about the behavior. Athletes may evaluate the behavior as helpful or not helpful, appropriate or inappropriate, and/or responsible or irresponsible. The consultant should avoid passing judgment on the athletes’ behavior. Instead the consultant should guide athletes to form their own evaluation by asking, “Is this behavior helping or hurting your ability to perform at your best?”. This procedure provides an opportunity for the consultant to focus on behaviors that the individual athletes want to change. In addition, it creates an open, nonjudgmental environment in which athletes make decisions for themselves and directs them toward accepting responsibility for their performance.

Component 4: Making a plan to change behavior and improve performance.

The judgment of ineffective behavior provides the impetus for examining wants from the athletes’ picture album. The answer to “What do you want?” specifies a goal. If a judgment has been made that present behaviors are ineffective, then the common follow-up question would be “What can you do to get what you want?”. This leads to the development of a plan to do better. To initiate the plan athletes should define clearly what it is that they “want”. The goal setting principles provided by Locke and Latham (1985) and Gould (1993) can be used during this phase. Simply, goals should be specific, challenging, flexible, performance oriented, short term, and stated in a positive context.

To reach a goal, a plan for implementation is critical. Applegate (1980) has offered suggestions for a workable plan within the RT framework. Applegate suggests that a simple and specific plan should be executed within a short period of time and repeatedly, if applicable. Also a plan should involve positive actions focusing on behaviors to do rather than behaviors to stop doing. It may be helpful to have the athlete consult the coach or coaches for assistance in choosing the most appropriate plan for improvement. In addition, the plan should include a psychological skills component focused on altering the overt behavior. Thus the consultant can include in the plan a psychological skills training program that may include imagery, arousal management, concentration skills, and/or cognitive reappraisal training.

When making a plan, it is important for athletes to consider two questions: (1) “Is it against the rules or law?”, and (2) “Is it realistic?”. In regard to the second, the consultant and athlete may develop an excellent comprehensive plan, but if the athlete does not believe he or she can complete the plan, the likelihood is that the plan will fail. Thus the plan should be developed by the athlete and be a plan which the athlete believes is feasible for him or her to complete.

Component 5: Getting a commitment to the plan and setting up an evaluation procedure with the consultant.

An aspect of the plan which should be included at some time in the process is the notion that plans having to do specifically with performance should be practiced until the behavior becomes automatic. Automaticity has been demonstrated to be an aspect of peak performance (Csikszentmihalyi, 1990; Gould, Eklund, & Jackson, 1992). In addition, the focus of attention during performance should not be on the plan but rather the behavior within the context of the competition. Practicing the behavior under various competitive conditions will assist in the generalization of the behavior and improve the automaticity of the behavior.

Component 6: Don’t accept excuses.

Excuses from athletes should not be accepted. By accepting an excuse the consultant accepts the athletes’ inability to accomplish a task. Thus, the consultant should attempt to create an environment in which he or she demonstrates a positive belief in the athletes’ ability to change behavior and reach a goal. When athletes don’t fulfill their commitment, the consultant can ask “When will you get it done?” or “Do we need to rework the plan? Maybe we should drop this plan and devise a new one,” or “Do you still want what you said you wanted?”.

Component 7: Don’t criticize or punish athletes or interfere with reasonable consequences.

Athletes should realize that they are responsible for their own behavior. Athletes should not be punished, however they should not be protected from any reasonable consequences. If a plan was not followed, athletes should not be sheltered from their coaches’ potentially deleterious decision, win/loss outcomes, or any appropriate consequence. Athletes must learn to accept the consequences of their chosen behavior.
Component 8: Never give up on an athlete.

In some respect athletes may feel that the coach has given up on them and "finally" called in the sport psychologist. It is important for the consultant to demonstrate a commitment to each athlete and continue to seek new ways to allow athletes to meet their needs and reach the goals that they have set for themselves. Hence, either try the plan again, try a new plan, or adapt to whatever is hindering the plan. After further consideration athletes may not believe that their plan will work or they may decide that they want something else. At times, to the surprise of the coaches, consultants, and parents the desires of athletes are not related to sport performance. If so, for the consultant trained primarily in educational psychological skills, a referral is in order.

In a consultation with a female distance runner following her return from the Olympic Trials, I was happily surprised to hear her answer to the question "What do you want, now?". She responded, "I want to start a family." I immediately referred her to her husband and within 12 months she had reached her goal. The skill of self-regulation is one that can be implemented to change any behavior to reach any goal.

Table 1

Questions and Cues Used in RT

<table>
<thead>
<tr>
<th>Build Rapport</th>
<th>Questions and Cues Used in RT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be a friend</td>
<td>1. What do you want? What do you really want?</td>
</tr>
<tr>
<td>Be courteous, determined, enthusiastic, firm, and genuine.</td>
<td>2. What are you doing now to get what you want?</td>
</tr>
<tr>
<td>Suspend judgment</td>
<td>3. Is what you are doing helping you get what you want?</td>
</tr>
<tr>
<td>Use humor</td>
<td>4. What can you do to increase your chances of getting what you want? Is it realistic? Is it against the rules or law?</td>
</tr>
<tr>
<td>Be yourself (Wubbolding, 1988)</td>
<td>5. Are you committed to following your plan? Write a contract and/or shake hands. Set a date to evaluate plan.</td>
</tr>
<tr>
<td></td>
<td>6. Did you follow your plan? If not, do you need to rework this plan or make a new plan? Do you still want what you said you wanted when we started?</td>
</tr>
<tr>
<td></td>
<td>Do not interfere with reasonable consequences!</td>
</tr>
<tr>
<td></td>
<td>7. Let's review what you want?</td>
</tr>
<tr>
<td></td>
<td>8. What's the next plan? Write a contract and/or shake hands. Set a date to evaluate plan.</td>
</tr>
<tr>
<td></td>
<td>Never give up!</td>
</tr>
</tbody>
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Author's Notes

The author would like to thank Dr. Marion Franklin for her help and comments on this manuscript.

SUMMARY

RT proposes that behaviors are directed by personal choices. Choices are made in an attempt to fulfill an individual’s needs and wants depicted in the inner world of pictures. At times when athletes are faced with conflicting wants or they are not behaving in a consciously responsible manner, they may make a choice which is not conducive to peak performance.

This paper presents the use of the environmental and procedural components of RT as a framework for sport psychology consultants to implement psychological skills training with athletes. This self-regulation model includes a flexible series of procedures to facilitate behavior change and provides guidelines for establishing a positive and facilitative counseling environment. An example of the questions and cues that can be used in implementing RT is found in Table 1 (adapted from Haines, 1983). The process of making choices, making a plan, following the plan, evaluating the plan, and repeating the process provides for athletes a sense of control over their performance, a sense of responsibility for their performance, and a true confidence in their individual ability.

References


INTERNATIONAL RESOURCE LIBRARY

The Board of Directors has approved the establishment of an International Resource Library to be housed at Northeastern University, the home of the Journal for Reality Therapy. This library will contain the following:

1) Annotated bibliography of all published articles.
2) Abstracts of doctoral dissertations regarding reality therapy and control theory.
3) Identification of books, media, and other resources available elsewhere with names, addresses, and sources of such material.

The 1994 resource library is available upon request at a production/mailing cost of $8.00. In addition, individuals are encouraged to send information, materials, etc. to the Library for listing. The mailing address for the Library will be:

Reality Therapy Resource Library
203 Lake Hall
Northeastern University
Boston, MA 02115
Telephone: 617-373-2485
FAX 617-373-2968

ORGANIZATIONAL STEWARDSHIP: A QUALITY PERSPECTIVE

Brent G. Dennis

The author is Assistant Professor of Social Work at East Carolina University, Greenville, North Carolina.

ABSTRACT

The Five Ps for the positive stewardship of organizations are developed. They are: Purpose, Principles, Peace, Presence, and Prosperity. Arthur Miller's play, All My Sons, serves as the exemplar. The implications of stewardship as a conductive environment for the implementation of the Total Quality Management theory of W. Edwards Deming are considered.

The critical issues of stewardship are rooted in more profound and spiritual factors in life. Modern civilizations are unsure of what their moral rudders for life are, and they are in danger of substituting egocentric nationalism, hedonistic consumerism, and private preference for those moral and spiritual principles that are more deeply founded and that are necessary to the long term viability of civilization.


Total Quality Management (TQM), or some variations of it: Total Quality Control (TQC), Quality Improvement Teams (QIT), Quality Function Deployment (QFD), Quality Control (QC), Quality Curriculum (QC), Continuous Quality Improvement (CQI), and many more, are the current buzz words, or organization babble of both the public and private sectors. Despite the myriad of applications of W. Edwards Deming's concepts of Total Quality Management, Sheil (1993) is concerned that the emphasis on Deming's ideas is misplaced. Sheil is rightly concerned, "... that as the concept of TQM has evolved over the past few years it may have left behind what made it quality in the first place" (p. 14). He notes that the factors of Deming's ideas do not focus on customer satisfaction as the primary goal, but that they focus on workers. Sheil notes that one of the implications of Deming's ideas is that the primary task of management is to manage the environment in which people work (1993, p. 16).

In a similar manner, Covey (1990) notes the frustrations and failures of efforts to implement TQM:

Ironically, the primary elements of Total Quality, as espoused by Deming himself - leadership and people - have somehow been lost in the forest of quality. Corporate executives have focused on the leaves of quality, statistical process control, while ignoring its roots, leadership and people. (p. 262)

The fact that some organizations are struggling with their applications of TQM is clear from a recent newspaper article from the Raleigh News and Observer titled, TQM Spinoff: Cleanup and Repair. The article points out...
the fact that some consulting firms are now doing a brisk business, "... helping clean up the mess created by total quality management programs gone haywire" (Mathews, 1993, pp. 3-4f).

Clearly, Deming, Sheil, and Covey are talking about the creation of an organizational work environment in which employees do their best, because they want to, and the organization, the employees themselves, and consumers benefit in the process. Perhaps what is needed is more systematic attention to the context of TQM - the culture of the organization itself - and to the types of persons who create such organizational cultures. This article will discuss the characteristics needed to create a culture of organizational stewardship. It is within such an organizational culture that TQM may best flourish. But first, some observations about organizations.

Organizations are social artifacts, the results of we humans living together. We organize more than any other species on the planet. Certainly, ours is an organization society. As Etzioni (1964) notes:

We are born in organizations, educated in organizations, and most of us spend much of our lives working for organizations. We spend our leisure time paying, playing, and praying in organizations. Most of us will die in an organization, and when the time comes for burial, the largest organization of all - the state - must grant permission. (p. 1)

But, what is happening in our organizations? Almost daily, we hear about instances of: insider trading, price-fixing, bid-rigging, referral rebates, bribery, mail and wire fraud, product failures, misappropriation of monies, sexual misconduct, and other deviations from positive ethical and moral standards. These hardly sound like examples of high quality. Though less well publicized, we are also aware of organizational acts of great courage, service, commitment, and sacrifice for the benefit of those serving and being served. In other words, quality.

What accounts for the difference between organizations which seem driven by negative goals and those that chart a course of positive accomplishments? What is different about the cultures of exploitive and of helpful organizations? The answers lie in choices. Organizations, as do individuals, make choices. The most important choices an organization, meaning the comprehensive of people, not a particularly profound observation, but a vital one. It is the kind of persons we are, as leaders, and as employees, that is the determining factor as to how our organization chooses its moral compass. We can accomplish our definition of organizational stewardship by subscribing to the Five Ps of Organizational Stewardship: Purpose, Principles, Peace, Presence, and Prosperity. By doing so, we can create an organizational culture of positive ethics, behavior, and service.

THE FIVE Ps OF QUALITY ORGANIZATIONAL STEWARDSHIP

An organization is no more nor no less than the persons who make up its table of organization, and the consumers it serves. The Five Ps of Organizational Stewardship: Purpose, Principles, Peace, Presence, and Prosperity, provide the guidelines for the creation of an organizational environment in which TQM can succeed. But, it takes ethical persons throughout the organization to transform these guidelines into realities.

The questions of organizational stewardship are those of ethics, values and morals. They are concerned with the interrelatedness of people and of organizations to the community and to a world society. We will consider each of the five Ps of organizational stewardship and a key question for each. They serve as the criteria to evaluate how we choose to care for our organizational resources. The positive implications of Deming’s Fourteen Points will be considered.

Readers of this journal are familiar with the details of Deming’s Fourteen Points. They are listed here for our quick reference.

1. Create constancy of purpose for improvement of product and service.
2. Adopt the new philosophy.
3. Cease reliance on mass inspection to achieve quality.
4. End the practice of awarding business on the basis of price tag alone.
5. Improve constantly and forever the system of production and service.
6. Institute training on the job.
7. Institute leadership.
8. Drive out fear.
9. Break down barriers between staff areas.
10. Eliminate slogans, exhortations, and targets for the workforce.
11. Eliminate numerical quotas.
12. Remove barriers to pride of workmanship.
13. Institute a vigorous program of education and self-improvement.
14. Take action to accomplish the transformation.

EXEMPLAR

To help frame the interrelated issues of stewardship and the ideas of W. Edwards Deming, we will consider them against the backdrop (Zaleznik, 1990, pp. 268-269) of Arthur Miller’s (1947) play, *All My Sons*.

The setting is an American town during World War II. The main character in this stark and tragic play is Joe Keller, age 60. He is an uneducated, but an intelligent, self-made successful business person. He has worked hard to provide for his family and to leave a strong legacy to his sons. He is not consumed by wealth nor power. Two values guide his life: the worth of individual effort; and the sanctity of his family. His sense of practicality defines his sense of morality. His family represents an absolute value for his actions and the loyalty of his family is the moral end.

Keller decides to allow a shipment of cracked cylinder heads for aircraft engines to be sent to the Air Force. His rationale for taking the risk is for the sake of his family and for the prosperity of the business for his two sons. Twenty one pilots crash and die as a result of the defective parts. Joe Keller escapes a prison sentence by allowing his partner to take the blame. Eventually, Joe Keller’s guilt is disclosed, not just to his family, but also to himself. Joe’s older son Larry, an Army pilot, commits suicide while on a combat mission in atonement for his father’s crime.

Chris, Joe Keller’s younger son, desperately pushes his father to understand that nothing can mitigate his guilt; that a person must be responsible not only to his family, but ultimately, to all persons. There can be no escape from the consequences and no escape from the responsibilities of our moral and ethical choices. Towards the end of the play, Chris says to his mother, “It’s not enough that nothing can mitigate his guilt; that a person must be responsible not only to his family, but ultimately, to all persons. There can be no escape from the consequences of our actions.”

The constant memory of his son’s suicide, and the revelation that the defective cylinder heads he allowed to be shipped caused the deaths of twenty one pilots, forces Joe Keller to reflect on the rationalizations for his actions. He slowly begins to understand the nature of moral and family obligations. He hints at the realization that private acts are never really private since the consequences of his actions (to ship defective parts) extended to a larger universe of persons. At the end of the play, Joe Keller commits suicide.

1. Purpose: Quality Perspective

Leadership and management mean little if we fail to address the most critical issue of organizational stewardship - what is ultimately important? Purpose is reflected in our organization’s quest for ethics. As our organization seeks to find its place in the market, its purpose creates perspective on the journey. Because both good and evil are promoted by the thoughts and actions of individuals in organizations, it is imperative that we examine the source of our ultimate organizational ethics - those values which constitute the purpose, or the reason for being, of our organization. In this way, we keep what matters most in sight.

Key Question: *Who do we serve and for what purpose?* The purpose and mission of an organization are communicated from the top. As Drucker (1990) notes, “...a leader is not a private person; a leader represents” (p. 48). Michael Kami (Drucker, 1990), a leading authority on business strategy, draws a square on the board and asks: “Tell me what to put in there. Jesus? Or money? I can help you develop a strategy for either one, but you have to decide which is master” (p. 222). We do not follow organizations, or even their leaders, We follow purpose, ethics, and vision as exemplified by organizational leaders. We need to be clear - who do we, and who do our leaders serve and for what purpose?

Who did Joe Keller serve and for what purpose?

Keller argued that he shipped the defective cylinder heads as a business decision to benefit his family, particularly his two sons. Deming suggests in Point #1, that rather than making money, the company’s role is to stay in business. He further notes that organizational leaders have two sets of problems: those of today, and those of tomorrow (Walton, 1986, p. 34, 55). Joe Keller was able to stay in business, but at what cost? Because he was so concerned with the immediate problems of the day, Joe Keller mortgaged the future happiness of himself and all those he professed to care about.

Joe Keller further justified his actions by blaming the military for its relentless pressure for him to supply parts. “It was a madhouse. Every half hour the Major callin’ for cylinder heads, they were whippin’ us with the telephone. The trucks were haulin’ them away hot, damn near” (Miller, 1947, p. 28). During W.W. II, the military had numerous parts suppliers. Due to the huge demands for military hardware, reliance on a single supplier was often not feasible as relates to Deming’s Point #4. However, Joe Keller’s decision not to absorb the loss of the defective parts had similar tragic results as did the faulty O Ring on the Challenger, and due to very similar pressures of time. Also, rather than assuming a proactive stance, in relation to Deming’s Point #5, Joe Keller decided on a quick fix. Past the midpoint in the play, Joe Keller’s partner’s son George is trying to tell Chris, “The Army was screaming for stuff and Dad didn’t have anything to ship. So Joe told him... on the phone he told him to weld, cover up the cracks any way he could, and ship them out” (Miller, 1947, p. 46).

All organizations need to generate revenue, and all at some point face difficult decisions. “How they respond depends on top management’s view of the purpose of the organization” (Aguayo, 1991, p. 128). Joe Keller lacked a loftier sense of stewardship that extended beyond his self-serving, limited view of his business and the loyalty of his family. His actions...
dramatize the impact of the organization leader’s values and how they translate into the purpose of the organization. A key issue for all of us in and affected by organizations is: how do we see our stewardship carried out in the purpose of the organization?

2. Principles: Quality Stance

One of the few constants of organizational life is change. In a climate of ongoing change, our organizations need solid principles on which to stand firm in turbulent times. The principles of our organizations evolve out of their experiences coping with change and maintaining their purpose. They are communicated from and modeled by the top leadership. These rules, standards, and guidelines then become institutionalized as part of our organization’s culture. They prescribe under which conditions certain actions are acceptable and when they are not. The principles of our organizations set the course as to: How do we go about it? How do I do it? Principles are the explicit and the implicit operational instructions for our organizations.

Key Question: Do we practice what we preach? Our organizations maintain their positive principles by taking good care of their organizational thinking. They care for their thinking by constantly asking themselves the tough questions: Does our organization provide good services to its workers, to its consumers, to itself? Is our organization proud of its principles? Joe Keller, unfortunately, did practice what he preached. Joe Keller’s actions as an organizational leader were consistent with his principles. Joe Keller, unfortunately, did practice what he preached.

Did Joe Keller practice what he preached?

When Chris confronted his father with his crime, Joe Keller responded, “... what could I do! I’m in business, a man is his business; ... what could I do, let them take forty years, let them take my life away?” (Miller, 1947, p. 58). Joe Keller was clearly an autocratic leader of his organization. His power defined his authority, and his partner’s orientation was obedience to his boss. In regard to Deming’s Point #3, Deming (1986) states, “Quality comes not from inspection but from the improvement of the process” (p. 27). Think of the following observation about leaders, though his comments apply to all of us in organizations. “... it is a very good rule when you do anything as a leader, to ask yourself, Is that what I want to see tomorrow morning when I look in the mirror? Is that the kind of person I want to see as my leader?” (p. 48). We know that people generally turn out very much as we expect them to. For this reason, it is important that the leaders, and all of us in organizations, want to see ourselves in the mirror as peace makers. Clearly, we help to make peace in our organizations by expecting ethical decisions from each other and by being good stewards of our interpersonal relationships. Organizations, and the people in them, fail by breeding dissension and doing the wrong things. They succeed by making peace and doing the right things.

How did Joe Keller learn to resolve conflict?

After he allowed the defective cylinder heads to be shipped, Joe Keller then avoided the responsibility for his decision and allowed his partner to take the blame. In an attempt to justify his actions, Joe Keller said to his son Chris, “… a hundred and twenty cracked, you’re out of business; you got a process, the process don’t work you’re out of business; you don’t know how to operate, your stuff is no good; ...” (Miller, 1947, p. 58). In regard to Point #3, Deming (1986) states, “Quality comes not from inspection but from the improvement of the process” (p. 29). Think of the positive gains that would have been possible if Joe Keller had built quality into his manufacturing process, and fixed the cause of the defects. He would have then expected his employees to self-inspect their work, and
would not have blamed his partner for faults in the process.

Aguayo (1991) notes in regard to Deming’s Point #7, “If a leader is not concerned with improvement, no one is” (p. 179). Similarly, about Deming’s Point #9, Crawford, Bodine, and Hoglund (1993) note, “Breaking down barriers between staff areas is really a matter of teamwork” (p. 27). Had Joe Keller instituted a more collegial model for his leadership, and had he focused on the total process from policy, to program, to delivery of the finished product, he would likely have realized the benefits of his employees and his technology working together more efficiently and effectively. To borrow Deming’s metaphor, Joe Keller’s business may have performed like a fine symphony orchestra, with open communication, and each member supporting the others.

Under the metaphorical guise of Attila the Hun, Roberts (1985) offers the following aphorism.

Our leaders must have the essential quality of stewardship, a caretaker quality. They must serve in a manner that encourages confidence, trust and loyalty. Subordinates are not to be abused;... Without subordinates there can be no leaders. Leaders are, therefore, caretakers of the interests and well-being of those and the purposes they serve. (pp. 21-22)

Joe Keller was not a good steward of the interests and purposes for which he was responsible. As the result of his actions twenty one pilots died. His partner went to prison. One son committed suicide. When his wife pleaded with him to confide his actions to his remaining son, Chris, and to ask for forgiveness, Joe Keller responded, “He would forgive me! For what?

Fourth, the steward of the organization has a responsibility to make his/her presence known. Drucker (1990) says, “The most important do, I have said again and again already: keep your eye on the task not on yourself. The task matters, and you are a servant” (p. 27). As personal and organizational stewards, we can strengthen the health of our organizations by seizing the opportunities to grasp the tasks at hand and to provide distinguished service. With enough people of such “presence,” our organizations can be powerful and positive forces to empower people: their leaders, their employees, and their consumers. Empowerment simply means, “Give a person a fish and you feed the person for a day. Teach the person to fish and you feed the person for a lifetime.” Covey (1990) notes: “When you fully empower people, your paradigm of yourself changes. You become a servant. You no longer control others; they control themselves” (pp. 256-257).

Key Question: Are we where we need to be? Organizational stewards face the reality that contemporary organizational life and survival are faced with clear and present dangers. The stewardship issue of presence calls us to the front lines, out of our offices or other hiding places, and into the trenches with the folks. Every individual and collective is important. Does our presence create chaos or focused calm? Does our presence contribute to the strength of our organization by the more efficient, effective, and ethical use of human capital? The measure of positive presence is simple. Are we where we need to be, and are we there when others need us there? Are others, then, enriched by our presence; do they grow in our presence?

Was Joe Keller where he needed to be?

In regard to Deming’s Point #12, Osborne and Gaebler (1993) note: “In Deming’s view, only 15 percent of the problems in most organizations are caused by the workers and managers involved. The other 85 percent stem from the broader systems within which these people work...” (p. 159). Clearly, the fault for the cracked cylinder heads was in the system of production. But, Joe Keller exploited a weakness of his partner to shift the fault to him. Joe Keller said to Ann, his partner’s daughter, “All right so... so he’s a little man, your father, always scared of loud voices. What’ll the Major say? — Half a day’s production shot... What’ll I’ say? You know what I mean? Human. (He pauses.) So he takes out his tools and he... covers over the cracks. All right... that’s bad, it’s wrong, but that’s what a little man does. If I could have gone in that day I’d a told him — junk ‘em Steve, we can afford it. But alone he was afraid!” (Miller, 1947, p. 28).

About Deming’s Point #8, Crawford, Bodine, and Hoglund (1993) observe, “Coercion, or managing through fear is the most destructive element in the workplace” (p. 26). Joe Keller used his partner’s weakness to blame him for having skipped the defective parts. He also used the military’s pressure for quotas, Deming’s Point #11, to justify the decision to supply parts of compromised quality. Joe Keller treated his partner as a commodity, a disposable person to be used to his own advantage. By exploiting his partner’s natural fearfulness, succumbing to the demands for quotas, and maintaining an organizational culture that sapped dignity and self-esteem, Joe Keller began a process of destruction that would extend far beyond his immediate decision to ship the defective cylinder heads.

Later in the play, it is revealed that the night foreman went to Joe Keller’s partner and told him about the defective parts. The partner called Joe Keller and asked him to come to the plant. Joe Keller pretended to be sick with the flu and told his partner to cover over the defects and ship them out, and he promised to take responsibility. In court, Joe Keller denied the phone call. His partner’s son George said to his sister Ann, “Dad was afraid. He wanted Joe there if he was going to do it. But Joe can’t come down... he’s sick. Sick! He suddenly gets the flu! Suddenly! But he promised to take responsibility. Do you understand what I’m saying? On the telephone you can’t have responsibility!” (Miller, 1947, p. 46). Glasser (1994) reminds us, “To take responsibility, we have to admit we may have done something foolish or wrong” (p. 111). For his rationale noted above, Joe Keller was not about to take responsibility for his actions. Joe Keller was where he needed to be to deny responsibility for his actions. He was not where he needed to be, when he was needed, to empower his partner and to strengthen his organization.
Toward the end of the play, Joe Keller reads Larry’s suicide letter, “Sure, he was my son. But I think to him they (meaning the pilots) were all my sons. And I guess they were, I guess they were” (Miller, 1947, p. 68). Joe Keller slowly began to realize, that by the consequences of his decision, his presence extended beyond his immediate actions.

5. Prosperity: Quality Capital

As members of organizations, we are well advised to heed Calvin Coolidge’s observation that, “Prosperity is only an instrument to be used, not a deity to be worshiped.” To be good stewards of their time, talent, and treasure, our organizations need to constantly reflect on their financial goals and on their methods to reach those goals. What is our organization striving to earn? Is it big numbers on the bottom line of the profit statement, or is it the values, vision, skills, and abilities to provide good service? Both private and public sector organizations need to generate revenue; there is no argument about that fact. The issue is: What is the definition of profit for our organization? Is it the search for power and the accumulation of turf, programs, funding streams, and other tangible symbols of “success”? Or, is profit for our organization the positive stewardship of values, assets, and service to consumers?

Key Question: What are we giving back? In his classic book, The Effective Executive, Drucker (1966) stresses the following: “The man who focuses on contribution and who takes responsibility for results, no matter how junior, is in the most literal sense of the phrase, ‘top management.’ He holds himself accountable for the performance of the whole” (p. 53). As individuals in organizations, we need to take time each day to maintain perspective, to reflect on what is important in regard to our individual and organizational profit. Why are we working, and are we OK with that? What is our contribution, and responsibility, to our organization’s prosperity? How would we answer if asked: What do you do that justifies your being on the payroll? Would the answer include: thinking, knowledge, decision making, responsibility? Do we as individuals, and does our organization tithe? Sir John Templeton, founder of the Templeton Growth Fund said recently, “Give at least 10% of all you earn to charity. I’ve never known anyone who gave 10% to charity and didn’t become prosperous and happy” (Waggoner, p 3B, 1994).

What was Joe Keller giving back?

For all Joe Keller’s talk about building the business for his son, it was just to manipulate Chris’ and the rest of his family’s loyalty to himself. Joe Keller was a taker, not a giver. Prosperity, for Joe Keller, was his means to define and control relationships for his own needs and advantage. At one point, while attempting to defend his rationalizations for his decision to ship the defective parts, Joe Keller made a prophetic statement in regard to Chris: ‘I’m his father and he’s my son, and if there’s something bigger than that, I’ll put a bullet in my head” (Miller, 1947, p. 63). In large measure, because neither he nor his business gave back, Joe Keller lost all that was important to him: his sons, his friends, his reputation, his family, and ultimately, his own life.

Think how much better events could have turned out had Joe Keller instituted an on-the-job training program to lay the foundation for his organization’s mission to ship only flawless, quality parts - Deming’s Point #6. Each employee would have known the quality criteria and would have been able to do the job on his/her own. Had that been coupled with Deming’s Point #13, new knowledge and new skills would have been developed to meet the challenges of a fast changing war economy environment. People are the largest investment of most organizations. If Joe Keller had corrected the process, and made a major commitment to train his employees, perhaps if any of the twenty one pilots did die, their deaths would have been the direct result of enemy fire.

Had Joe Keller and his partner both been part of the management team to direct and advance the other thirteen points, they could have led the process of transformation - Deming’s Point #14. Joe Keller could have been the ethical presence to create the values, vision, and mission to chart the new course. He could have been a positive mentor to his partner and to his other employees. Likely, a “critical mass” of employees would have developed who understood, and were committed to TQM as a process. Had he been a good steward of the culture of his organization, Joe Keller may have created a work environment to nurture TQM. Joe Keller could have led his organization and his employees to new prosperity.

CONCLUDING OBSERVATIONS

We have reviewed the five criteria for an organizational culture of positive stewardship. It was suggested that such an organizational culture would be a conducive environment for the application of Total Quality Management. We then considered the implications of these ideas against the backdrop of All My Sons. As an organizational leader, Joe Keller made clear for us the interplay of one’s personal values and ethics and the work environment created. We also contemplated some more positive scenarios had Joe Keller established a culture of positive organizational stewardship and had he adopted a TQM approach.

As we see the reciprocal interaction of individual and organizational ethics and actions, we appreciate the fact that the scope of stewardship issues is all encompassing. Our functioning in organizations - our stewardship - involves the application of moral and ethical principles to all situations in the conduct of our work. In a discussion of the growing concern with ethical issues in the 1990’s, Naisbitt and Aburdene (1990) note: “Philosophers and theologians, chronically underemployed for centuries, are pursued by headhunters as though they were computer scientists” (p. 267). Clearly, the issues of stewardship, ethics, and morality, as they are reflected in our personal and our professional lives, are getting increased attention.

As Crawford, Bodine, and Hoglund (1993) conclude: “Deming’s management theory works because application of the 14 points creates a need-fulfilling work environment. In that environment the worker’s natural inclination to learn and be innovative is nurtured and preserved” (p. 52). To operationalize Deming’s 14 points in an organizational context of positive
stewardship would further increase the probability of their successful implementation.

References

CONTROL THEORY AND THE AFRICAN-CENTERED PERSPECTIVE FOR QUALITY MANAGEMENT
Elijah Mickel

The author, a frequent contributor to the Journal, is director of the baccalaureate social work program at Delaware State University, Dover, Delaware.

ABSTRACT
This article explicates the integration of traditional African-centered philosophy and principles with control theory, as a theoretical paradigm for quality management. This paradigm is comprised of: (1) African Philosophy; (2) Basic Needs; (3) Transqual, and (3) Nguzo Saba (Seven Principles). Included in this article is an African-centered matrix which correlates the relationship between these components. This paradigm posits that in order for a management system to gain or maintain control over its environment, it must have the means to cause the current conditions to change in one or more ways. The foundation to delivery of quality services is managers' frame of reference. African-centered quality management is required in order for employees to responsibly meet their needs.

African-centered control theory for quality management provides a foundation upon which the manager builds an understanding of behavior which transforms an organization. This article presents a model which explicates quality management from an African-centered perspective. This theoretical formulation is based upon a secondary analysis of the literature as well as many years of experience as a manager of human service delivery systems. This experience includes management in higher education, as well as training those who provide social services. It has resulted in the development of the African-centered control theory perspective for quality management. What is presented has been developed for those who manage or wish to manage in human service organizations.

This perspective is presented because it works and has worked within the human service arenas. It is shared, in order that those who read this may be able to utilize some or all of it to help them as they manage for quality. A cursory review of literature on control theory and quality (Bowles & Hammond, 1991; Crosby, 1979, 1984, 1988, 1989; Deming, 1982; Glasser, 1984, 1990; Ishikawa, 1985; Juran, 1989; Sherkenbach, 1986; Thompson, 1967, and Wilson & Schmoker, 1992) led to the author's development of several essential components of the quality management paradigm which is described in this paper. This paradigm delimits several facets required for transformation to quality. These components are then joined with the African-centered approach.

The African-centered approach joins traditional cultural values which are more than 2000 years old (Budge, 1960; Karenga, 1984, 1989, 1990; Massey, 1970 and Mickel, 1991) with control theory. It views human behavior from a different perspective than the Eurocentric approach. The Eurocentric approach posits that a clear separation exists between the
individual and society; there is a split between mind and body, and the emphasis is on the individual rather than on groupings of individuals or on relations between individuals (Joseph, Reddy, & Searle-Chatterjee, 1990). The African-centered world view is a perspective which approaches human behavior as an interrelationship between the mind, body and spirit. It is a holistic approach which promotes interdependence in the organization. The purpose of African-centered management and control theory is to liberate the individual from the limits of the constricting Eurocentric environment. According to Fanon (1967, p. 218), “Thus human reality in-itself-for-itself can be achieved only through conflict and through the risk that conflict implies. This risk means that I go beyond life toward a supreme good that is the transformation of subjective certainty of my own worth into a universally valid objective truth.” African-centered control theory provides the parameters within which managers are able to increase perceptual choices, while at the same time maintaining a harmonious relationship with their perceptual world. Organizations must move from the philosophical to the practical. In this move the human personality must guide the practice.

African philosophy is comprised of (1) Essentiality of Moral Social Practice; (2) Free Will; (3) Perfectibility; (4) Teachability, and (4) Divine Image. Basic needs are comprised of (1) Love; (2) Freedom; (3) Power; (4) Fun, and (5) Spiritual. The Nguzo Saba or Seven Principles are (1) Umoja-Unity; (2) Kujichagulia-Self Determination; (3) Ujima-Collective Works; (4) Nia-Purpose; (5) Ujamaa-Cooperative Economics; (6) Kuumba-Creativity and (7) Imani-Faith. Transqual is comprised of (1) A Vision; (2) Expectations of Success; (3) Timing; (4) Shared Commitment, and (5) A Strategic Plan.

The manager works to transform the organization within the parameters of the management process. These parameters are expanded by the philosophy and principles of African-Centered human behavior. They posit that before one can work to influence others, s/he must transform one’s self. These principles are expressed in social service as well as educational management. Success is measured in terms of the manager’s world view. That world view can be driven via customer satisfaction or conformance to requirements, as the manager acts as the change agent influencing the organization’s current and future state. In order for this system to work, it is important, for those who manage, to understand the concepts of African-centered quality management and control theory.

The purpose of this paper is to explicate an African-centered control theory paradigm for the delivery of quality management. When African-centered control theory is utilized, practitioners may increase perceptual choices while at the same time maintaining a harmonious relationship with the perceptual world. It succeeds when managers strive to develop an environment where there are increased perceptual choices.

The paradigm of the African-centered matrix of quality management provides a visual representation of these relationships in Table One.

TABLE ONE

<table>
<thead>
<tr>
<th>AFRICAN CENTERED QUALITY MANAGEMENT</th>
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<tr>
<td>PHILOSOPHY</td>
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ESSENTIALITY OF MORAL SOCIAL PRACTICE

The first section presents the Essentiality of Moral Social Practice with Love and Belonging and Umoja (Unity) as it exemplifies management through Shared Commitment. In this section, the basic need of love and belonging is integrated with the other constructs to develop a holistic picture of quality. Love and belonging - all human things have the need to love and be loved. We all need the image of at least one significant person in our lives. According to Glasser, (IRT, 1988), “to gain and maintain the belief that others whom we care for are concerned enough about us so that they will both give us and accept from us the affection, care and friendship we desire” is the essence of love and belonging.

We realize that our future lies chiefly in our own hands. We know that neither institution nor friends can make a race stand unless it has strength in its own foundation; that races like individuals must stand or fall by their own merit; that to fully succeed they must practice the virtues of self-reliance, self-respect, industry, perseverance, and economy. (Paul Robeson)

Shared commitment is based upon relationships. Relationships are what living is all about. Feelings of frustration in relationships are the result
of the perception that we are not listened to. Relationships require effective communication. The foundation for effective communication is the agreements people reach in giving meanings to words and body movements. Communicating is essential to the development of a quality organization. The greatest barrier to developing shared commitment is fear which interferes with our ability to evaluate our current state of affairs.

We must constantly evaluate or we cannot communicate. Evaluation leads to an understanding of the level of our relationship. There must be equality in communicative opportunity if people wish to reach agreement. When people fear each other they cannot work on reaching agreements. Fear also interferes with the acquiring of knowledge. Knowledge in concert with values is the key to perception.

Management must work to remove barriers between groups. Units must work as teams to prevent problems. Teamwork is needed throughout the organization. Teamwork allows one employee’s strength to compensate for another employee’s weakness. When the organization practices teamwork, it can transfer that behavior to the community as a natural process.

The essentiality of moral social practice relates that “good” is that which lasts and uplifts. Quality is an uplifting construct. It charges people with making the world a better place in which to live. Moral social practice is essential to the well being of all humanity. People share responsibility not only for themselves but for others. We must all work for the good of humanity. The move toward self-actualization is essentially seen in our relations with others and how we perceive ourselves in this relationship. This concept reaffirms our humanness. It posits that the only good is that which is done for those who need it. The essentiality of moral social practice is the foundation on which to build the African-centered philosophy. We have a responsibility to act responsibly in the real world.

Umoja (Unity) is especially pertinent to the African-centered organizational system. There are no divisions in an African centered structure, except those that are artificially created. To be a member of an organizational family is to be a part of the whole. Thus to be family is to share in the responsibility and rewards as well as the tribulations that come to a body that is conceptually a single unit. There are no outer limits to membership nor are there limits on family or community obligation. That obligation is simply united and consists of a collective unity.

Unity is the act of providing for the collective first. We are nothing if we are not with each other. Umoja reflects the organization as well as the community (world) struggle for inclusion. The African centered approach accepts diversity as a necessary component of the natural order. Diversity exists and it is part of the reality of humanity. Organizations as components of the whole should reflect that diversity.

**FREE WILL**

Free Will, Freedom, and Kujichagulia (Self-Determination) are significant components for the construct of Timing. Here, the basic need of freedom is integrated with the other constructs to contribute to the holistic picture of quality. Freedom - the ability to choose, to come or go within the environment. It, simply put, is the process of making choices. According to Glasser (IRT, 1988) “to gain and maintain the belief that we can act and think without restriction by others as long as we do not significantly interfere with their access to the same freedom we desire” is the essence of freedom.

*History is a clock that people use to tell their time of day. It is a compass they use to find themselves on the map of human geography. It tells them where they are, and what they are.*

(John Henrik Clarke)

Understanding human behavior within organizations reveals the existence of periods of readiness when the manager must be in tune with the organizational environment in order to intervene at the appropriate time. When the system is ready to receive and act, persons in the organizations can eradicate the causes of imbalance. There is always a time and a way to make change. It is imperative that the manager moves to bring about change when the members in the organizational system are ready. If the attempt is untimely, change will be rejected, or if the atmosphere within the organization is not appropriate, the change process will likewise be rejected. Collective attitude change follows when we deemphasize individualism, and collective self-determination occurs with an expectation of quality.

Managers develop in time, in concert with their workers, the steps leading to the transformation to quality. Each participant is free to choose the time of change.

Timing is concerned with when it happens and where it happens. Timing is the area where we must look to the environment in which change will occur. The evaluation of the environment is based on locating the strengths and reinforcing the areas of need. All systems are conducive to change if that change is introduced in the right way and at the right time. In any event a change in one part brings about concomitant changes in all parts. This is a basic tenet of all social systems. Therefore one must do the analysis to determine when and where to enter.

Free will means that humans are free to act as they will and may choose to meet their basic needs in a responsible manner or to meet them irresponsibly. They can also choose to act in a manner that delays one or another need at any particular time. People have options when they take action and must learn to accept responsibility for the choices they make. Management must constantly emphasize that people will do the best that they are able to do. Free will is grounded in perceptual moral conscience, and persons will make responsible choices when they have information and values which lead them in that direction. Just as knowledge is essential to teachability, values appear to be essential to free will. When knowledge and values are joined, they form a significant part of the perceptual system and thus significantly affect subsequent behaviors. Behavior is organized around the control of perceptions (Powers, 1973).

The organization that practices self-determination knows its history and the history of its customers. In times of trouble and distress, the
organization will fall back upon its strength fulfilling behaviors for answers to presenting problems. It is necessary to do a historical analysis to ascertain what this history has to offer to the present. The organizational case study is a viable method to accomplish this mission.

Self-determination is an issue of control, or in basic need terms, freedom. All human beings have the need to be self-determining. When that need (or any need) is thwarted, we take action to fulfill this need. From a system's perspective, this behavior moves from the individual to the group level. Thus, when groups (whatever defines that group - class, culture, ethnicity) are denied self determination (freedom) that group(s) behavior will reflect the unfilled needs. Groups, as well as individuals, do what they do to meet their need for kujichagulia.

PERFECTIBILITY

Perfectibility, Power, Ujima (Collective Work and Responsibility), Nia (Purpose), Ujamaa (Cooperative Economics) are essential components of the Strategic Plan. In this section, the basic need for power is integrated with the other constructs to add to the holistic picture of quality. Power - the sense of worth and worthiness. To feel good and have others feel good about you. Glasser (IRT, 1988) posits, “to gain and maintain the belief that we are recognized by some others some of the time as having something to do or say that they believe and we agree is important” is the essence of power.

If there is no struggle, there is no progress. Those who profess to favor freedom, and yet deprecate agitation, are men who want crops without plowing up the ground. They want rain without thunder and lightning. They want the ocean without the awful roar of its many waters. This struggle may be a moral one; or it may be a physical one; or it may be both moral and physical; but it must be a struggle. Power concedes nothing without a demand. (Frederick Douglas)

Strategic planning begins with leadership. Leadership is where each of us will find our place in the process leading to the empowerment of those who are members of the future society. We can begin with the children, those who will eventually control the means, options, and resources that make up the social structure. The time to prepare for the future is not when it is upon you. You must plan for the change you expect to occur. According to Lynch (1992, p. 54), “But tell me what kind of change is it going to be. In the final analysis, we have to be responsible for that change through our collective work and action.”

Strategic planning is a structured effort to take control of the future. As we prepare for change, we must remember that those who have come before us paved our way. We must look to our strength in our unity and not be divided by insignificant detractors. Lynch (1992, p. 54), discussing kingdoms divided against themselves, relates, “We should pay heed to this prophetic statement in the Black world, whether we are in South Africa, South Carolina or South Bronx. We must take hold of the circumstances surrounding our lives and empower ourselves to change our present reality.

We cannot afford to lose time because to lose time is to lose everything.”

The perfectibility of humans posits that there is a continuum of development. Humans develop progressively and are perpetually becoming. It is through this process that they move to the possibility of assimilation with their higher power. Again there is a focus upon the spiritual development of human beings. This philosophical position delimits progress within the organizational structure. It is understood that each worker has the possibility of choosing to be excellent. This is not only in a material sense but also in a spiritual sense. We must never forget that a holistic perspective demands that we look at quality (or any other issue) on the spiritual plane as well as on the physical or mental planes. Again, this principle undergirds the work that managers do with their workers as it prompts movement from disempowerment to empowerment. Perfectibility provides a rationale for what management does.

There is no more empowering concept than purpose. There seems to be among humans, as they move to the collective, no more intense drive than the search for purpose. A key component to self-awareness is the sense of Nia (purpose). The knowledge of what I am is dependent upon knowledge of who we are. Who we are is dependent upon knowing from whence we come and why we are here. Conservation of the past is essential to understanding our oneness. No matter how a structure is built it must rest on a foundation. We must use that foundation, a group's repository for strength building behaviors, as the blueprint for quality. An organization's history is its employees' memory. Memories are the bridges that connect the community with the organization. This is essentially an African-centered concept related to unification of purpose. Organizations must constantly stress their reason for existence.

In control theory, purpose can be viewed from the perspective of pictures. The pictures that we form in our head become the impetus or purpose for our behavior. Purpose is the reason we behave. Pictures are purpose and purpose is defined by our pictures. Thus when we attempt to match pictures, we are matching purpose from the perspective of the Nguzo Saba.

Purpose allows one to be generous in prosperity and, when adversity comes, you can without reservation share. It is through our understanding of Ujima (collective works) that we work to build and contribute more than those who came before us. We begin to think new thoughts and relate to the world and ourselves in a different way.

The objective is to develop the necessary resources leading to self-sufficiency. An emphasis upon building internal resources is essential to the organization. These are more than food, clothing and shelter needs. Ujamaa (Cooperative Economics) is the foundation of the organization meeting its needs from an economic perspective that is based upon sharing and meeting the needs of the community.

TEACHABILITY

The fourth section presents Teachability, Fun and Kuumba (Creativity) as the basis for Expectation of Success. In this section, the basic need of fun
is integrated with the other constructs to add to the holistic picture leading to quality. Fun - a need to do that which you wish to do simply because you want to. To enjoy without duress, learning. Glasser (IRT, 1988) states, “to gain and maintain the belief that we are having fun, we must engage in some behavior that has (for its main purpose), enjoyment and in which there is laughter and good feeling on the part of all involved.”

You may write me down in history. With your bitter, twisted lies, You may trod me in the very dirt. But still, like dust, I’ll rise. (Maya Angelou)

What are your expectations, as a manager who integrates control theory with the African-centered perspective to develop quality? Do you believe in, and have a commitment to, quality? Workers will exhibit these behaviors when the manager believes and takes actions that confirm that belief. Management must take the future in hand and transform the organization. Quality through the transformed manager raises expectation to the level where error is an aberration. Error is not expected, success is. The self-fulfilling prophecy is that what we do will work. Management must assume that those who do the work act as they do because they wish to provide quality service.

It is axiomatic that workers will take expectations as seriously as the manager. Therefore, management must take the future in its own hands and transform the organization. Management must be prepared to work for the transformation to take place. Expectations must be congruent with actions in order for quality to manifest itself.

Planning for change consists of understanding that the problem is real and it’s time to do something about it. It requires a demonstration of seriousness in the decision making process (What are you doing, is it working? STOP). Once a decision is made, the next step is to develop a definable, doable plan. Quality planning is dependent upon the expectation that all people can learn.

The teachability of humans posits that people are teachable and capable of learning. The goal of teaching is change. Controlled change can and should be defined by the organization and community within which one practices. Management understands and uses andragogical training concepts which are inherently required when working with adult learners. Teachability recognizes the value of information and values which are key in the process of choosing behavior (which, after all, is based upon perception).

Kuumba (creativity) is an essential component in restoration, healing and repairing of the organization’s structure. It is through this process that we transform the vision into reality. We use the African-centered creative process to change misinformation into truth. It is our collective will, from an organizational perspective, which provides a framework from which to build through our creativity.

The creative aspect of the Nguzo Saba (seven principles) is exemplified through framing and reframing. When we are confronted by barriers to our continued homeostasis, we must use whatever resources we have to overcome these barriers. If resources are not available to solve or resolve the problems, we must use our creativity to develop some. Creativity is expressed in an organization’s ability to make much out of little. It presents life as an opportunity and problems as challenges. We must struggle for liberation, victory, love for each other, vision, values and the right to make our own choices.

**DIVINE IMAGE**

The fifth section presents Divine Image, Spirituality and Imani (Faith) as requisites to a quality Vision. Within this section, the need for spirituality is explicated and integrated with the other constructs to complete the holistic picture leading to quality management. In an effort to reach the level of a balanced holistic approach, we must assess spirituality as an essential component to the African-centered approach for quality management.

Chance has never yet satisfied the hope of a suffering people. Action, self-reliance, the vision of self and the future have been the only means by which the oppressed have seen and realized the light of their own freedom. (Marcus Garvey)

What is the vision inherent to your work within the organization as it relates to the community in which you work. How do you see the members of this community? Are they victims or perpetrators? Is the relationship one that empowers or disempowers? What is the theoretical underpinning used to bring about behavior change? These are a few of the questions you must ask yourself in order to clarify your vision. As you move to clear your vision you must constantly do a self-evaluation in the area of consciousness. As you view the future, what is that future and through whose eyes do you see it?

You must specify who you are, whose you are, as well as your place in the scheme of the natural order. With this vision you can see the past, understand the present, and prepare for the future. The components of a quality vision must include:

- A quality system/organization and all that it means,
- Self definition - others have defined you - now define yourself with quality as central,
- A quality performance results when you talk quality - when you are asked where you work and what do you do - always include quality.
- Preparation to answer the question where are you in the process of transformation and where are you going?
- A sense of your organization’s connection to the community with all that this entails. What is the nature of the organizational family? or IS IT JUST A JOB?

The belief of divine image posits that one is born in the context of possibility. It relates that errors can be corrected through teaching and subsequent self-corrective practices. This belief is the essence of what one does
as a manager of people. Workers may choose to change if they obtain enough information. Such information provides the foundation upon which intervention is built. In order to intervene, one must believe that it will result in a possibility of quality change.

This divine image also includes a position that one has a spiritual self. This spiritual self belongs on a higher plane, whereas the physical self belongs to the earth. It is within this principle that one who wishes to work with the African community begins to understand the presentation of spiritual needs as distinct and as powerful as any basic need.

The divine image is also expressed through Imani, faith, the principle on which stands all other values. It is through faith in ourselves and our humanity that we can move to a balanced harmonious natural order within the universe. We must have the faith to have the consciousness to investigate, delineate and invigorate ourselves, our families and our communities. We must believe that there is perfectibility and teachability. Faith (Imani) reaffirms our past glory and the greatness in our future.

The divine image of humans is people-centered, suggesting if one is to be successful with intervention, one must begin where the person starts. It posits that one cannot work, holistically, without including the mind, body and spirit in the change process. Any analysis of this position also includes an understanding that irresponsibility is in direct conflict with the premise that one has a "divine image." The concept of divine image takes a position that one has an obligation to one's self as well as to others. We must set our standards based upon the expectations for success. Conformance to these standards is one measure of quality.

Change requires faith, faith that there will be a future and the future will be an improvement. A belief in the inevitability of the vision is the essence of an expectation of success. We behave with a picture that spells quality. The organization's picture is reinforced because it is also the picture that the collective membership carries.

CONCLUSION

The theoretical paradigm explicated herein provides the foundation upon which to build quality management. It provides a rationale for leadership within the organization. A compression of the seven principles, African philosophy, basic needs and the hermetic principles leads to an understanding of the interdependence of theoretical components. Organizations are not separate from the communities in which they exist. The constant management goal, from the African-centered perspective, is one of empowering the organization and its interdependent parts, the community and the family. Individuals, and the groups they comprise who have been historically oppressed, are especially sensitive to intervention which reflects a concern for their growth and development. It is at the intervention stage that one must demonstrate a competent perspective and thereby enhance the development of the need fulfilling relationship. The manager that utilizes these constructs moves toward quality management.

The relationship of the manager to the worker has traditionally been viewed as one of conflict or one of control. Through the use of African-centered quality management, harmony replaces this traditional dichotomy. African-centered quality management works to integrate components utilizing a holistic approach. Conflict can (through the union of opposites) be turned to consensus and thus to the advantage of the organization. For those who would avail themselves of the possibility of a harmonious relationship, African-centered management can provide a solid foundation. It can be used as methodology to inspire group cohesion and interdependence. The method is to analyze the whole and from this analysis we are able to partialize and separate the negative from the positive. Once this has been accomplished, the road to quality management is clear.

When quality management is the vision, there must be an expectation of success implemented at the right time based on a shared commitment utilizing a strategic plan. Underlying this approach is control theory from an African-centered perspective. It moves the members of an organization from an individualistic approach to a collective approach where they perceive themselves as a significant component within the community that enjoins and supports the holistic approach to management.

References

INTERNATIONAL REPORT

Following the article on Ireland in the last Journal issue, it is worth noting that other countries also have rapidly developing programs. The following is a brief description of several items of interest:

Japan

Through the direction of Masaki Kakitani, the program in Japan is expanding. Most notable is the publication of the first issue of the Japanese Journal of Reality Therapy.

Ireland

Concurrent with the hosting of the International Convention in July, the Institute for Reality Therapy in Ireland also published a book of original contributions, Reality Therapy: An Irish Perspective. This is available from Brian Lennon, 6 Red Island, Skeeries, Ireland.

Korea

Under the leadership of Rose Kim, the program in Korea has been rapidly expanding since 1991. Lectures about Reality Therapy have been given to about 2000 persons; ten people have already been certified with approximately 100 people in formal certification training; nine people have been approved as basic practicum supervisors, and one advanced practicum supervisor.

International

By far, the largest number of individuals certified outside the United States and Canada are found in Australia, Croatia, Ireland, Japan, and Slovenia.

BLENDING NLP REPRESENTATIONAL SYSTEMS WITH THE RT COUNSELING ENVIRONMENT

Sharon House

The author is a Clinical Hypnotherapist in private practice in Cary, North Carolina. She is Reality Therapy Certified, a Basic Practicum Supervisor with the Institute, and currently a doctoral candidate in Clinical Hypnotherapy.

ABSTRACT

The determination of Neurolinguistic Programming (NLP) representational systems (visual, auditory, kinesthetic) is used by clients to process incoming perceptual information and the use of these systems in developing trust and rapport in the Reality Therapy (RT) counseling environment.

The article deals with distinguishing between the representational systems, examples of general client communication, behavior, specific eye movements of internal thought processes, and examples of the application in the RT counseling environment.

Neuro-Linguistic Programming, the study of human information processing, is based on the realization that we create much of our experience by the specific ways that we see, hear and feel things in our mind/body. In Control Theory, we label these stored, sensory experiences, "pictures".

Where do our pictures come from? They come from our own unique experience of "reality", and we have stored thousands of experiences of how we want things to look, sound, feel, taste and smell! The way our brain is constructed, we then store the very best image as a reference level. But not all images are stored in the look, sound, feel, taste and smell sequence. Some may be stored with the leading sensory experience of smell; others may have "feel" as the leading sensory experience, still others 'sound'! Just as we store these pictures, we also receive the information in individual ways.

So what does this have to do with creating the counseling environment in Reality Therapy? And can this information help practicum participants still learning and practicing building involvement with the role-play "clients" they come in contact with?

During the last fifteen years, it has been determined that most of us "favor" one of these representational systems over the others. NLP classifies all people as being predominantly one of the following: visual, auditory, kinesthetic. Visual refers to the sense of sight; auditory to the sense of hearing; kinesthetic to feeling in both an emotional and tactile sense. We all use one of the above as our primary, highly developed learning system of processing information. Additionally we all likely use a second strong back-up system, and a third weaker system. For example: A primary visual person with kinesthetic as the back-up system and auditory as the weaker system. NLPer's would say this person is a VKA.
As a basic practicum supervisor, I added a small teaching piece about these representational systems when reviewing building involvement and the counseling environment with practicum students. Through my own experience as a clinical hypnotherapist using the procedures of reality therapy and the observation of practicum students utilizing the information, I found it a useful tool for them and for me in a) “joining the client” at the initial involvement stage in creating trust and rapport) b) throughout the role-play counseling process - from formulating more “client centered” present behavior and evaluation questions to discussing a client’s plan and securing commitment to a plan c) communicating with individual practicum students and participants among themselves during practicum “meetings”. It was interesting to note that they put this information to use quite readily, naturally and without much “conscious” learning.

LEARNING TO DISTINGUISH BETWEEN THE SYSTEMS

Certain words are clearer for visuals to understand while other words sound better to auditories or feel right for kinesthetics. If you, as the counselor or teacher, know someone’s primary accessing system, you can tailor your words to match that system and communicate more effectively with him or her, to gain trust and rapport - an important aspect of creating the overall counseling environment!!

Learning how to distinguish between these systems can be of tremendous benefit when you recognize the similarities and differences between your communication and that of your client. You can alter your responses to that person so that you can communicate in his or her “language”.

VISUALS

When a visual person speaks, the conversation is sprinkled with visual words. The visual’s voice tempo is faster than those who are auditory or kinesthetic. Typically, a visual person will use words such as see, look, observe, view, look, glance and so forth. They speak in terms of seeing or watching “In my view . . .”, “Looks good to me”, “I don’t see what you are getting at”.

People with a STRONG VISUAL PROCESSING CHANNEL generally:

1. Like to keep written records and often keep “daytimers” and diaries.
2. Plan their days by making “to do” lists.
3. Prefer written directions over oral instructions.
4. Like to read - anything from books to the advertising copy on cereal boxes. “Coffee table books” filled with pictures or photographs appeal to them.
5. Use visual images to remember names.
6. Draw pictures to explain points and often write on napkins in a restaurant. Like to doodle while talking on the telephone.

7. Give vivid descriptions of things as though they are painting a picture.
8. Like eye contact.

This information can be important through the counseling process of Reality Therapy. Simple gestures, such as giving your client some paper and a pencil, can increase the rapport you have with him or her. Seeing “eye to eye” on various aspects of the process, creating written lists and plans, or giving them a suggested reading list of books can help develop the trust and rapport bond so essential to good counseling.

AUDITORIES

Auditories like to use “sound” words in their spoken communication. They like the sound of their own voice and can “talk their heads off”! Their voice tone is melodious, easy to listen to, with an even and rhythmic tempo.

People who are auditory, speak in terms of hearing and sounds and use words such as listen, hear, ring, and say things like, “That sounds wonderful”, “Did you hear about . . .”, “That rings a bell!”

People with a STRONG AUDITORY CHANNEL generally:

1. Make a lot of noise! They jingle coins or keys in their pocket, talk and walk loudly.
2. Like to repeat things. If you ask them a question, they will often repeat it and then give you an answer. Or they will laugh at a punch line in a joke, then repeat it.
3. Prefer listening to a cassette recording instead of reading the same material.
4. Like to talk to themselves, both silently and aloud.
5. Prefer oral instructions over written instructions.
6. Are able to concentrate deeply when listening to others.
7. Use rhyming words to remember names.
8. Like talking or listening games and stories.

When exploring present behavior, asking questions such as “What did you say to yourself when . . .” or “What do you tell yourself . . .” will send a loud, unconscious message to an auditory that you understand this part of their “doing” behavior. Having them repeat “a plan” to themselves set to the sound of their favorite piece of music can add some fun and lightness!!

KINESETHICS

Kinesthetics readily express their feelings about anything and everything! Their feelings are important to them and a kinesthetic person often talks in terms of black and white, hot or cold, right or wrong. They talk slowly and you often hear “spaces” in their conversation. Their voices are generally deeper than the voices of auditories or visuals. Typically they use
words such as touch, handle, feel, grasp; “I just don’t grasp what you are saying”, “I can handle only so much”, “I was deeply touched by what she said”.

People with a STRONG KINESTHETIC CHANNEL generally:
1. Like to touch themselves and others and be touched back. They are “hug bunnies”!
2. Like to build things and use their sense of touch when putting things together.
3. Enjoy the feeling of texture - from nubby fabric to velvet leaves on a plant.
4. Are quick to learn physical skills and use their free time for physical activities.
5. Spend a great deal of time on crafts and handiwork.
6. Move gracefully to music and like to dance.
7. Can distinguish various items by touch when blindfolded.

As Reality Therapists, we are taught to respect and validate the feelings of the client and nowhere is it more meaningful than with strong kinesthetics. Giving them time to check out their feelings about what is going on internally can lead to building strong rapport with these clients.

With kinesthetics, it is important not to discuss feelings in isolation from the thinking or doing component of behavior. They can get bogged down and stuck in their feelings quickly! Help move the kinesthetic from the bad feeling to an action plan for change so that he or she can feel better. The NLP concept of pacing, defined by Milton Erickson as “meeting people where they are by reflecting what they know or assume to be true or by matching some part of their ongoing experience . . . ” and then leading to the want and present behavior in RT procedures can accomplish this shift from feeling to doing behavior smoothly and elegantly.

A plan that includes some physical touch or movement is very appealing to these clients. And, if you and your client are comfortable with hugs - send them on their way at the end of the session with a big one!!

**REPRESENTATIONAL SYSTEMS AND EYE MOVEMENTS**

A client’s eye movements can indicate whether he or she is accessing “pictures”, “listening” to internal tapes or concentrating on feelings. Eye movements are like T.V. sports score ticker tapes of ongoing internal thought processes; you may not know the content, but you can determine whether individuals are using pictures, sounds or feelings as they make decisions in how to respond to a communication. Determining the sequence of internal thought processes someone in using, can aid you in using words that fit your client’s representational system.

**VISUALS**

Visuals collect a lot of “internal photographs”, and they are accustomed to searching and retrieving these photos from their memory files. Their eyes will move up either to their left or right or in some cases look straight ahead, softly defocused.

**AUDITORIES**

Auditories often talk to themselves in an internal dialogue. Their eyes stay level, moving right and left, or move down and to their left.

**KINESTHETICS**

The kinesthetics’ eyes move down and to their right when they are processing information. They are checking out their feelings before speaking (which accounts for the “spaces” in their conversation mentioned earlier in this article).

**SUMMARY**

NLP is the study of human excellence based on the structure of subjective experience and a practical application of how people think. It works from the principle that people think and act based on their internal representations of the world. Their choice of perceptions and words both contribute to the structure of their world.

The communication process begins with our perceptions; our eyes collect images, our ears select sounds, our feelings collect both tactile and emotional information. When we understand which representational system our clients favor, we can "customize" our words to match their individual systems, communicate more effectively with them and develop strong trust and rapport ties.

**References**


**CORRECTION**

The following references should have been included with the article by Bart P. Billings in the Spring '94 issue of the Journal.

**References**

Champagne, C. Quotes from page one from letter to me from this certified reality therapist who is a quality teacher in New Hampshire.
WHAT IS A SYSTEM?

Robert G. Hoglund

The author is the President of the Center for Quality Education, Inc., in Tempe, Arizona and a Senior Faculty Member of the Institute for Reality Therapy.

ABSTRACT

In the past five years, Glasser has integrated Control Theory and Reality Therapy with the Quality Management concepts as taught by W. Edward Deming. With the increased emphasis on systems thinking and correcting system problems, an operational definition of the system seems in order, especially as it is being applied in education. The author challenges disputes that we have a true system in operation and emphasizes that it is the responsibility of management to create a purpose for education and to manage it accordingly.

In talking to educators about improvements that are necessary in order for more students to be productive and to take responsibility for their education, the major reason given for a lack of change is, “The System!” In all of the writings that William Glaser has produced, from Schools Without Failure (1969) to The Quality School Teacher (1993), he has called for a complete change in the way school systems operate. Although many of us use the word “system”, a look at Deming’s explanation of a system helps to clarify its usage.

We must remember that we are the managers of our own classrooms, schools and districts (Glasser, 1990). While the “system” problems may seem insurmountable, we manage and are responsible for parts of the series of functions and activities that make up the system. While I agree that existing barriers may increase the difficulty of creating the schools and classrooms that we want, we must first determine if we even have a real system.

For example, one current political focus is to improve our “Health Care System”, yet there is no system right now. There is no interdependence. Our health care is provided by every individual hospital, insurance company, etc. doing its own thing. This is not a system! Let us examine the elements of a system according to Deming.

1. “A system is a series of functions or activities ... within an organization that work together for the aim of the organization. The mechanical and electrical parts that work to make an automobile or a vacuum form a system. The schools of a city, including private schools, parochial schools, trade schools and universities provide an example of components that ought to work together as a system for education.
2. There is in almost any system interdependence between the components thereof. The greater the interdependence between components, the greater the need for communication and cooperation between them.
3. The components need not all be clearly defined and documented: people may merely do what needs to be done. All the people that work within a system can contribute to improve-ment, and thus enhance their joy in work. Management of a system therefore requires the knowledge of the inter-relationships between all of the components within the system and of the people that work in it.
4. The aim of a system must be clear to everyone in the system. Without an aim, there is no system. The aim is a value-judgment.” (Deming, 1991).

The examination of Dr. Deming’s explanation of a system leaves some questions about the functionality of our “educational system”. The most important is that, “The aim of a system must be clear to everyone in the system” (Deming, 1991). “If constancy of purpose is essential for a company to stay in business, its absence means devastation. A company without a constancy of purpose does not think beyond quarterly profits and has no long-range plan to survive” (Crawford, Bodine and Hoglund, 1993).

What school or district can demonstrate that everyone, including students and parents, knows and follows the aim or purpose of the school? Constancy of purpose is crucial! As Yogi Berra once said, “If you don’t know where you’re going, you might end up someplace else.”

Zig Ziglar, in his tape series Goals (1988), tells a story that ends with the “World’s Greatest Archer.” The archer had been blindfolded and twirled around until dizziness set in. When asked how the archer was supposed to hit a target that couldn’t be seen, Ziglar answered “and how can you hit a target you don’t even have?”

If we haven’t decided on our purpose or mission and made it operational, is it any wonder that we continue to struggle with putting out brush fires rather than evaluating and finding specific problems in the system that can be worked on?

Some questions to ask ourselves:

- Do we really know why some of the problems we have exist?
- Do we take the time to find out?
- Do we blame others or look for problems in our system or operating procedures?
- Did they happen because of a lack of system?
- Did they happen because of inadequate training and education?
- Did they happen because there was no applicable rule?
- Did they happen because nobody followed the applicable rule?

“Let there be no mistake: quality is management’s responsibility, and poor quality is the result of poor management” (Imai, 1986)

References


CAN REALITY THERAPY HELP JUVENILE DELINQUENTS IN HONG KONG?
Miranda L. F. Chung

The author is a Lecturer in the Department of Social Work in the Chinese University of Hong Kong. She spent 16 years with the Social Welfare Department of the Hong Kong government.

ABSTRACT

Reality Therapy has been widely used with juveniles in both institutional and parole or probation settings. It has been considered effective in changing behavior of delinquents in western countries. In this study, the author explored the effectiveness of reality group therapy in helping Hong Kong juvenile delinquents change their self-esteem and delinquent behavior. The forty juvenile subjects, aged between eleven and fifteen, came from two correctional institutions for boys in Hong Kong. An experimental design, utilizing randomization, control groups and pre- and post-test measurements, was used. The twenty experimental subjects received 12-session reality group therapy on a voluntary basis. Results demonstrate the effectiveness of reality group therapy in changing the self-esteem and behaviors of juvenile delinquents.

INTRODUCTION

Contemporary theories of juvenile delinquency postulate that juvenile delinquents are victims of social disorganization, family breakdown, and dubious societal influence (Bynum & Thompson, 1989). It is contended that these juveniles should be provided with legal protection and services with due care and attention to their long-term well-being when they come into conflict with the law (United Nations ESCAP Report, 1990). In Hong Kong, the public also holds a sympathetic and forgiving attitude towards these juveniles. Local studies have found that they are unhappy children coming from broken families; suffering from poor family relationships, under undesirable peer group influence, with poor choice of free time activities as well as inadequate moral development (Ng, 1970; 1980). Accordingly, treatment of juvenile delinquents has widely adopted a rehabilitative orientation. Educational and rehabilitative programs are provided to give juveniles appropriate opportunity to change and mature into responsible and productive citizens.

Other theorists have contended that juvenile offenders, though young at age, are not at all ignorant of the consequences of their own behaviors. Carey and McAnany (1984) suggested that most delinquent acts are not irrational, unpredictable, nor senseless. Overwhelmingly, offenses had involved some rational, however, unsophisticated calculation. In this view, juvenile delinquents are perceived as rational individuals who have chosen to act irresponsibly in order to satisfy their own needs. They are no longer helpless victims and should be held responsible for their own misbehaviors, though their level of responsibility would vary with age, degree of crime involvement, and other social and environmental factors.

Whether the juvenile delinquents are viewed as helpless victims or irresponsible individuals, it is the view of this author that they can be helped to change their delinquent behaviors and to acquire a success identity if they develop an understanding of the consequences of their actions and learn to accept responsibility for these actions. The purpose of this paper is to report on an evaluation of a treatment program designed to help juvenile delinquents in correctional institutions. This treatment program utilized reality group therapy as its major interventive strategy. The goals were to enhance the delinquents' self-esteem, and to induce positive changes in their behaviors and attitudes. Implications for practice with delinquent youths will be discussed with reference to the results of the study.

THEORETICAL ORIENTATION

The treatment program was guided by the theoretical orientation of Reality Therapy and the group method. According to William Glasser (1965, 1981), the founder of Reality Therapy, Reality Therapy is based on the premise that individuals need to face the circumstances of their life and take responsibility for it. This approach focuses on the present, and the past is given little emphasis, because it is felt that the past cannot be changed and is often used as an excuse for present behavior. The issue of right and wrong is faced, and individuals are encouraged to evaluate their current behaviors and learn new ways to fulfill their needs. Glasser (1981) contends that the essential human needs include the following: the need to love and to be loved, the need to feel a sense of worthiness, the need to have fun and enjoy life, the need to be free and in control of one's destiny. If these essential needs are satisfied, individuals would possess a success identity and see themselves as being able to give and accept love, feel that they are significant to others, experience a sense of self-worth, become involved with others in a caring and responsible way. They would meet their needs in ways that are not at the expense of others.

Those who see themselves being unloved, rejected, and unwanted, who are unable to become intimately involved with others, who are incompetent to make and stick with commitments, and who generally feel helpless, possess a failure identity and a negative self-view. Their self-esteem is usually low and they can not see any happiness or hopes in their future. Very often they would employ irresponsible acts in order to satisfy some of their needs without paying due respect to the needs of others. The outcome is temporary satisfaction without long lasting positive effects. They would continue to suffer from the undesirable consequences of their inadequacies and failures to meet the reality demands.

Reality Therapy has provided a very useful conceptual framework for understanding the delinquent population, as most of them show a lack of self-confidence and low self-esteem while their behaviors are considered socially unacceptable. Treatment programs for juvenile delinquents need to focus on their current delinquent behaviors, and on helping them to take responsibility for those behaviors as a basis for taking effective control of their destiny in the future.
The application of Reality Therapy involves the following process: 1) create a relationship, 2) focus on current behavior, 3) invite clients to evaluate their behavior, 4) help clients develop an action plan, 5) get a commitment, 6) refuse to accept excuses, 7) refuse to use punishment, 8) refuse to give up. (Glasser, 1981) During the therapy sessions, these principles would be applied in a progressive manner, with each phase building on the previous one. Applying Reality Therapy through the medium of a small group provides additional advantages. A small group can provide members with many psychological benefits, such as social support, self-esteem and psychological health (Bynum & Thompson, 1989). In particular, self-esteem can be derived through relationship, interactions and problem-solving with others in the group. Hence, the treatment program is in the form of a time-limited reality group therapy.

**METHODOLOGY**

In order to test the effectiveness of reality group therapy in helping juvenile delinquents change, a classical experimental design with control groups (Babbie, 1989) was built into the treatment program. The control group was used to guard against the effect of treatment as well as the effects of any events that might occur during the course of the treatment program. Moreover, to achieve the comparability of the subjects in both experimental and control groups, participants for the two groups were randomized. Pre-and post-testings were employed to reflect the influence of treatment on the subjects. For both experimental and control groups, randomization was exercised in the selection of sample subjects. Pre-and post-testings were employed to reflect the influence of treatment on the subjects.

**Target Population and Sample**

Participants in the treatment program were selected from the residents of two correctional institutions in Hong Kong, one (Institution “A”) is operated by the local government while the other (Institution “B”) is run by a non-government welfare agency. Both institutions have the similar goal of rehabilitating juveniles with delinquent and emotional problems. They receive residents between 7 to 16 years old. During the juveniles’ stay in the institution, they normally receive school education, pre-vocational training and most important of all, moral training, which are purposefully designed for their rehabilitation. Institution “A”, however, is operated as a Probation Home and a Place of Refuge for juveniles with more serious behavioral problems and criminal record. Juveniles’ admissions are usually mandated by a Juvenile Court Order. Their period of stay in the institution is usually pre-determined by the court upon their admission, ranging from six months to one year. Institution “B” is for juveniles in need of residential care and education. It functions as a special boys’ home for boys with less serious delinquent and family problems whose admission is largely on a voluntary basis; their period of stay varies from a few months to a few years, depending on the individual need for care and training.

During the study period, there were about 250 residents in the two institutions. The author limited the treatment program to include only those residents who would be discharged within three to six months at the time of the study as the Reality Therapy would last for about 3 months (12 weekly group sessions). Under this selection criterion, 70 boys (21 from Institution “A” and 49 from Institution “B”) fell into this category. Through structured screening interviews introducing to them the goals of the reality program, a sample of 20 boys was selected from each institution. With the consent from the residents and their parents/guardians, the 40 selected residents were then randomly assigned to either the experimental groups with reality group therapy or the control groups without the group treatment. Aside from their participation in the study, all juveniles received the regular services normally provided by each institution. It was emphasized that all these juveniles would not be entitled to any special privileges or suffer from any deprivation due to their involvement in the study.

**Reality Therapy Group**

The experimental treatment was the reality group program provided to the two experimental groups. Each group consisted of 10 delinquent boys who were about to be discharged from the institution, either because they had fulfilled the residential requirement of their probation order (in Institution “A”) or they would graduate from their school after Primary 6 (in Institution “B”). There were 12 meetings for each group excluding two pre-group meetings and one post-group meeting. Each group meeting lasted for one and half hours and was led by an experienced social worker (In this study, the researcher was also the group therapist.) The goal to help the juveniles change their delinquent behaviors was made explicit to the members before the treatment program commenced. They were: (i) to enhance their self-esteem, (ii) to develop their understanding of self, family, peers, and society, and (iii) to enhance their social coping ability by teaching them effective problem solving and communication skills.

The Reality Group stressed the voluntary participation of the members and that no punishment would be used for non-attending members. Social rewards in the form of verbal encouragement and appreciation were always used purposefully to reinforce the members’ participation. The Group encouraged the members to complete the home assignments, to discuss their experiences, and to practice the newly learned skills during group meetings. Mutual respect, sharing and support among the members were stressed. Genuine involvement of the members and the therapist in the group process was stressed and confidentiality was the basic and most important condition that each and every member had to comply with throughout the program period. Every member was encouraged and supported to share his problems and impressions openly in the group and none were allowed to tease others or to release any information to outsiders. The therapist made a verbal contract with all the members during the pre-group interviews and also during the two pre-group meetings. The open, sincere and friendly attitude of the therapist coupled with a very comfortable and cozy meeting place in the institution deliberately created a free, pleasant and relaxing atmosphere for the group members. These were basic and significant factors in encouraging the free exchange of emotions and experiences among the members. The therapy group thus served as a safe and secure learning experience.
context for the members to experience and to learn about themselves, their families and the society.

**Instrumentation**

A review of contemporary studies on self-esteem of the juvenile delinquents suggests that a causal relationship exists between enhanced self-esteem and reduced delinquent recidivism. Seemingly the delinquents' level of self-esteem was a good indicator of their behavior change and the effectiveness of the treatment program. Hence, Hudson's (1982) self-esteem index was employed to measure the level of self-esteem of the research subjects before and after the treatment as it has been acknowledged for its high validity and reliability in the field. For the parents/guardians of the juveniles in this study, a self-report questionnaire was administered to measure the parents/guardians' concern and confidence in the juveniles. Parents' expectations and frustrations about the juveniles' future rehabilitation were charted as well. To increase the understanding of the juveniles' social background and family situation, home visits were paid to the families of the 40 juveniles participating in the study and a home visit questionnaire was completed for each visit. Since the therapist was also the researcher in this study, other objective data collection methods were also developed to increase the objectivity and reliability of the findings, including 1) the case record of individual juveniles, 2) the institutional staff ratings on juveniles' behavior, 3) juveniles' self-report of their gains from the reality group program, and 4) a group process recording for each reality therapy group session.

**Data Collection**

Data on the sample subjects' behaviors, conduct and self-esteem were collected before and after the reality treatment program respectively, utilizing the following instruments 1) Hudson's self-esteem index, 2) self-rating and self-reports, 3) case record of the juveniles, 4) parents/guardian questionnaire, 5) structured case interviews with the juveniles, 6) reality group process record, 7) staff ratings of juveniles' behavior and conduct changes, and 8) home visits record. Through parents' meetings, significant information on subject parents' worries, expectations, and confidence in the juveniles' rehabilitation was collected. In addition, the family's composition, living environment, and family relationships were obtained during this stage through home visits. During the data collection process, subjects and their family's cooperation and the staff's whole-hearted support were seen as contributing factors to the success of the research study. The personnel involved in the data collection included the researcher (who was also the group therapist), and two research assistants who were professionally trained workers with rich practice experience in correctional settings.

**RESULTS**

(1) **Characteristics of Sample Population**

**Sex and Age**

All the sample subjects in this study were the delinquent boys from two correctional institutions in Hong Kong. The mean age of the 40 boys in the study was 13.5, though boys in Institution "A" are comparatively older. (Table 1)

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**School Attainment**

All the boys from Institution "B" were primary school graduates, but the boys from Institution "A" had different education levels, varying from Primary 4 to Form 2 respectively. All of them were school drop-outs and did not have strong motivation for academic pursuits.

**Family Size**

The average family size of the sample was about 4.7 persons per family. It showed that the boys' families were mostly nuclear families with 4 to 5 persons.

**Type of Housing**

Twenty-nine (72.5%) boys lived in public housing estates, fifteen of these residing in Kowloon, and twelve in the New Territories. Seven (17.5%) boys resided in private flats, while the other four (10%) resided in temporary housing and village houses.

**Living Conditions**

Twenty-two (55%) boys lived in spacious homes with good ventilation. Thirteen (32.5%) boys' living condition was considered fair, and only five (12.5%) were reported to have congested homes with poor ventillation.

**Criminal Involvement**

Twenty-one (52.5%) boys had criminal convictions while the other nineteen (47.5%) had no record of conviction.

(2) **Self-Esteem of Delinquents**

According to Hudson's self-esteem scale, those with scores of 30 or less were considered without self-esteem problems while those scoring higher than 30 were regarded as having self-esteem problems. The greater the score in the self-esteem test, the more serious was the problem and vice versa. The pre-test measure of self-esteem showed...
that all 40 boys in the sample suffered from low self-esteem. The sample's mean score of self-esteem was 51.7, with a range of 33 to 72. Comparing the four groups of delinquents, all groups had lower scores in the post-test self-esteem measurements (Table 2), indicating positive changes had taken place in their self-esteem. Yet the changes are not statistically significant. However, the experimental group from the Non-government Institution "B" had more positive changes (self-esteem scores changed from 50.1 to 39.0) than the control group from Institution "A" (self-esteem scores changed from 51.8 to 46.6). This may suggest that the delinquents in the experimental group responded positively towards the reality group therapy and their self-esteem was enhanced.

For the experimental group in the Government institution "A", younger boys from Institution "B" showed more encouraging improvements.

(3) School Performance

When comparing the pre- and post-treatment measurements of their school results, the delinquents in the two experimental groups had not shown any explicit change in their academic performance. This result firmly supported the juveniles' lack of motivation in school, although they managed to satisfy the basic academic requirements in the institutions.

(4) Behavior and Attitude Changes

Staff reports showed the delinquents made improvements on their general behavior and attitude after the treatment program. From the therapist's observation, at the initial stage of the treatment, the members from the two experimental groups were rather loose in behaviors, playful, argumentative and uncooperative during discussions, and also unable to respect or to accept other members' opinions. They were willing to learn and to make progress during the program period. Towards the end of the group treatment, all members had learned to be punctual, to participate actively in the program, to learn and to practice new problem solving and communication skills, and also to accept and to respect other members in the group. It should be noted that during the treatment period, three incidents happened; the delinquents' reactions were very encouraging and positive.

1) A mass runaway incident happened in Institution "B" when the reality group had just completed its seventh meeting. Two boys from the experimental group refused to go with the other twelve boys from the same dormitory. They asserted that they had given thought about the

Table 2.1 Pre and Post-test Self-esteem Score of Delinquents

<table>
<thead>
<tr>
<th>Institution</th>
<th>Experimental Group</th>
<th></th>
<th></th>
<th>Score Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
<td>&quot;x&quot;</td>
<td>&quot;y&quot;</td>
</tr>
<tr>
<td>&quot;A&quot;</td>
<td>51.8 (6.3)</td>
<td>46.6 (13.9)</td>
<td>-5.2</td>
<td></td>
</tr>
<tr>
<td>&quot;B&quot;</td>
<td>50.1 (8.3)</td>
<td>39.0 (8.9)</td>
<td>-11.1</td>
<td></td>
</tr>
</tbody>
</table>

Table 2.2 Pre and Post-test Self-esteem Score of Delinquents

<table>
<thead>
<tr>
<th>Institution</th>
<th>Control Group</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&quot;x&quot;</td>
<td>&quot;y&quot;</td>
<td>Score Change</td>
</tr>
<tr>
<td>&quot;A&quot;</td>
<td>50.0 (9.7)</td>
<td>43.7 (6.4)</td>
<td>-6.6</td>
</tr>
<tr>
<td>&quot;B&quot;</td>
<td>47.1 (8.4)</td>
<td>45.1 (9.8)</td>
<td>-2.0</td>
</tr>
</tbody>
</table>

Table 3 Experimental Subjects with significant change in Self-Esteem

<table>
<thead>
<tr>
<th>Delinquents</th>
<th>Self-Esteem Score</th>
<th>Self-Esteem Score</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Post-Treatment)</td>
<td>&quot;x&quot;</td>
<td>&quot;y&quot;</td>
<td>S= (y-x)</td>
</tr>
<tr>
<td>1. A</td>
<td>45</td>
<td>25*</td>
<td>-20</td>
</tr>
<tr>
<td>2. B</td>
<td>65</td>
<td>49</td>
<td>-16</td>
</tr>
<tr>
<td>3. C</td>
<td>43</td>
<td>43</td>
<td>-10</td>
</tr>
<tr>
<td>4. D</td>
<td>72</td>
<td>27</td>
<td>-45</td>
</tr>
<tr>
<td>5. E</td>
<td>51</td>
<td>36</td>
<td>-15</td>
</tr>
<tr>
<td>6. F</td>
<td>57</td>
<td>26*</td>
<td>-31</td>
</tr>
<tr>
<td>7. G</td>
<td>55</td>
<td>35</td>
<td>-20</td>
</tr>
</tbody>
</table>

*Note: Negative Esteem Change score (·S) indicated that the delinquents had better self-esteem after reality therapy. Altogether 7 boys named A, B and C (from Institution "A") and D, E, F and G (from Institution "B") had shown significant improvements in their level of self-esteem. Among the remaining 13 boys in the experimental groups, only one boy had a drop in his self-esteem (54·72 = 18) showing that his self-esteem problem had worsened, and 12 others had only minor fluctuations in their self-esteem after treatment.
consequence of running and eventually chose to act responsibly and to stay behind. Among the twelve absconders, two boys were from the control group. 2) A boy from the experimental group in Institution “A” involved himself in a bullying and assault incident. Instead of employing his previous evasive and irresponsible attitude, he frankly disclosed the incident to the Home staff and expressed deep regret for his misdemeanors. This reflected that this member had chosen to act in a socially acceptable and responsible manner. 3) During the sixth group meeting, the members from Institution “A” were excessively playful and restless during group discussions and role plays. After repeated explanations to them about their responsibility to make the group meeting beneficial, the members paid no heed to the advice and warning. Eventually, the therapist suspended the group meeting in the middle of the sessions deliberately to demonstrate to them the consequences of their excessive playfulness. The members were feeling very surprised and unhappy but they eventually learned to bear the consequences of their irresponsible behaviors. In the subsequent six meetings, their performance showed remarkable improvements in that they all conformed to the group rules and norms and behaved satisfactorily and cooperatively. This incident showed that the group had successfully provided a learning context for the members to appreciate the importance of self-discipline and respect for others in a group situation and also to learn to acquire socially acceptable behaviors in order to avoid the undesirable social consequences.

(5) Improved Relationship with Home Staff

The juveniles in the study all showed an improved relationship with the staff. According to the feedback from the institutional staff, the experimental subjects were more respectful towards them and also more ready to discuss their problems with them. Furthermore, they found that these members had been more responsive to advice and to take responsibility for their own behaviors.

(6) Parents’ Confidence and Worries

It was interesting to note from the Parents’ self-administered questionnaire that thirty-three (82.5%) parents thought that the family relationship was harmonious. Twenty-six (65%) parents were dissatisfied with their sons for not informing them who were their friends, and fifteen (37.5%) disliked the boys’ disobedience to them.

i. Parents’ Confidence

Thirty-three (82.5%) parents showed confidence in the boys’ successful rehabilitation. Thirty (75%) parents showed confidence in the boys’ not committing further criminal acts. Twenty-nine (72.5%) parents were confident that their boys would dissociate from their previous peers.

II. Parents’ Worries

Twenty-seven (67.5%) parents worried that their boys would be seduced to commit crime. Thirty (75%) parents worried that the boys would not discuss with them their difficulties. Their worries seemed very legitimate. However, parents/guardians’ worries and their confidence towards their sons’ rehabilitation reflected that they were rather frustrated, and there were discrepancies between their ideal wishes and their actual worries about their sons’ behaviors.

(7) Delinquents’ Responses towards Reality Group Therapy

All twenty (100%) delinquents from the two experimental groups stated that they enjoyed the group program and would love to participate in a similar group in the future. Thirteen (65%) boys found they had improved in self-understanding. Twelve (60%) boys had increased understanding of their families. Eleven (55%) boys found that they had improved their social communication skills, while half (50%) of the boys reported that they had gains from learning how to choose friends, in problem solving and in developing better self-confidence. During the group meetings, various program means were utilized, including group discussion, role plays, drama competitions, quizzes, and psychological games. All members responded positively to all the programs, though initially they had to take time in learning how to participate in a discussion meaningfully. Thirteen (65%) boys ranked psychological games and group discussion as the two most popular program activities. Finally, thirteen (65%) boys suggested that the reality group should be extended to twenty sessions while the remaining fourteen (35%) also thought the number of sessions should be increased. Twelve (60%) boys found the period of group meeting (one and half hours) appropriate, while the rest (40%) hoped that the time of the meeting could be longer.

DISCUSSION

The present study evaluated the effectiveness of Reality Therapy in helping Hong Kong juvenile delinquents change. The study employed an experimental design utilizing randomization and control groups, hoping to increase the reliability of the findings. Due to the limited time and resources, as well as a relatively small sample of forty delinquent boys, the findings could not be generalized to the entire delinquent population in Hong Kong but might serve to stimulate others to give thought to the benefits of applying reality therapy in the correctional field.

Research results confirmed that all juvenile delinquents in the sample had low self-esteem problems which supported the previous findings of a strong correlation between self-esteem and delinquency. General positive changes in the delinquents’ self-esteem was observed together with other noticeable behavior and attitude changes which demonstrated that the use of a self-esteem index in measuring the therapy influence on delinquents was a rather reliable instrument. After treatment, the experimental subjects from the non-government institution had shown more positive change of (+1) in their self-esteem score while the control subjects only showed insignificant improvement of (-2.0) in their self-esteem. However, the results in the government institution indicated little difference between the
experimental and control subjects, they had an average change of (-5.2) and (-6.6) respectively in their self-esteem scores. Yet a careful review of the seven most successful cases in the study discovered that three were from the government institution and four from the non-government institution. Apparently, the results suggested little significant difference among the groups of delinquents from the two institutions. The impact of treatment was generally positive in enhancing their self-esteem. Aside from changes in self-esteem, other improvements in the members were evidenced through staff reports and the self-disclosure of the members. A majority of the experimental subjects were able to establish more satisfactory relationships with the institution staffs and were more receptive to their advice. Most of them were confirmed to have stable overall performance during the study period though their discharge was approaching. This was an encouraging phenomenon as it was very common to discover the delinquents with behavior regression due to pre-release anxieties upon their discharge.

Regarding the parents’ concern and confidence about the boys’ rehabilitation, a large percentage of parents (82.5%) expressed confidence in their boys’ reform and changes. It was noted that nearly three quarters (75%) of the parents had confidence that their boys would not commit offenses and would stay away from previous dubious friends. These findings reflected that the parents did have hopes for their boys, and their confidence in their rehabilitation was strong. Yet they were not unrealistic parents in that they did express legitimate worries over several aspects: 1) Twenty-seven (67.5%) parents worried that their boys would be seduced to commit criminal acts by dubious friends; and 2) thirty (75%) worried that the boys would not discuss with them their difficulties in good time that they could not offer their assistance. Above all, parents were concerned for the well-being of their boys, but they felt they might be inadequate in exercising proper care, concern and control over them.

Lastly, the delinquent boys had a very favorable response towards the reality group treatment which could be reflected explicitly from the members’ performances and behavior changes: 1) full attendance of the group members, 2) active participation of the members in reality group activities, 3) improved self-discipline and member cooperation during the group meetings, 4) their readiness to share experiences, problems and suggestions during the meetings, 5) their readiness to take up responsibilities for their own misbehaviors and the consequences, 6) the members’ abandoning of evasive attitudes in explaining their problems, 7) their increased sense of responsibility towards self, peers, family and society as they experienced self-worth in the reality group. Indeed, the reality group therapy program was beneficial to these juveniles, and its effectiveness in helping them change was demonstrated.

CONCLUSIONS AND RECOMMENDATIONS

The Hong Kong juvenile delinquents had evidently benefitted from the 12-session Reality Group Therapy. The treatment effectiveness was demonstrated in their improved self-esteem, increased sense of responsibility, receptive attitude towards counselling and improved relationship with staff in the institution. These delinquents had shown better self-awareness of their low self-esteem problem and desired to have better self-confidence which provided the social work professionals useful information for intervention. The myth that juvenile delinquents were unmotivated and resistant clients was not supported in this study. Instead, they were strongly impressed to have both a willingness and readiness to learn and to improve themselves when they felt that they had worth in the eyes of the therapist and other members. In both therapy groups, the majority of the members participated actively and their overall response towards reality therapy was satisfactory. To conclude, they were all hopeful juveniles, and ready to make improvements when they felt secure and worthwhile to self and others. They possessed the potentials for growth and changes.

The following recommendations would be made for social work professionals helping juvenile delinquents:

i) Resocialization opportunities should be offered for juvenile delinquents to unlearn anti-social behaviors and attitudes.

ii) The rehabilitation program for delinquents should focus more on helping them to build up a success identity and to develop a better self-esteem. Task-oriented and impersonal discipline and training in correctional settings should be discouraged.

iii) In the era of scarcity of welfare resources, time-limited and cost-effective reality group programs would be worthy for further exploration on extensive use in the correctional field.

iv) Parents training groups should be organized for delinquents’ parents/guardians, helping them to acquire better understanding of their children and problem solving skills, to share their worries and to develop a mutual support system among themselves.

v) Mass education on public responsibility in rehabilitating juvenile delinquents should be promoted.

References
THE APPLICATION OF CONTROL THEORY FOR EXERCISE INITIATION AND COMPLIANCE

Mary E. Watson and M. Patricia Fetter

The first author is Chair and Associate Professor of Cardiopulmonary Sciences and the second author is Associate Professor of Counseling Psychology, Rehabilitation and Special Education at Northeastern University, Boston, Massachusetts.

ABSTRACT

This study was designed to determine if Control Theory could be used successfully for initiation and compliance for individual exercise programs. The answer is yes. Eleven people began the study, three dropped out and eight people completed the study and were still exercising at the end of six months. A three month follow-up survey with six responses indicated that all were still exercising and had made other lifestyle changes as well.

INTRODUCTION

The current emphasis on a preventive approach to maintain wellness and physical fitness has led to an investigation of new ways to get people involved as active participants in programs designed for health maintenance and/or restoration. Many individuals begin exercise programs numerous times but have difficulty following through with their plans (Hart, 1992).

A review of the literature on the relationship of exercise to health and disease shows evidence that exercise is mentioned numerous times as a mechanism to reducing the severity and/or incidence of many chronic, degenerative, and communicable diseases. Exercise has been identified as a means to reducing the severity and/or incidence of many chronic, degenerative, and communicable diseases. Exercise has been identified as a mechanism to reducing the severity and/or incidence of many chronic, degenerative, and communicable diseases.

Recent studies indicate that only about 10% of the nation's population engage in exercise regularly (regularly meaning approximately 3 times a week for 30 minutes) to meet the physical fitness standards for 1990 (Koplan, Casperson, and Powell, 1989). Of all the controllable factors related to being healthy, exercise appears to be the one with the greatest potential for reducing disease and disability and one which is immediately affordable and available. As Hart suggested, Control Theory/Reality Therapy may be useful in exercise counseling to assist clients in becoming committed to a realistic exercise program.

CONTROL THEORY

Control theory, the theoretical basis for reality therapy, is built on the work of William Glasser. It is based on the belief that all individuals have
certain genetic needs (Glasser, 1984). In addition, there are certain basic principles that are used as part of the Control theory/Reality therapy process. These are:

1. People are responsible for their behaviors.
2. All behavior is chosen to meet basic needs.
3. The emphasis is placed on the here and now.
4. The helper accepts no excuses for action/inaction.
5. The emphasis is placed on wellness, strength, positive — what can be done.
6. The Quality World of an individual represents a world where all basic needs are met.
7. The helper works to assist an individual to reduce the discrepancy between the real world and the Quality World.

We know that many individuals are reluctant to participate in an exercise program. In addition, many individuals drop out of programs. By tapping into an individual's quality world — the All-I-Want World — the researchers believe that the educational and rehabilitative functions of exercise programs will be more effective.

The purpose of this study was to determine if Control Theory could be used successfully for initiation and compliance for individual exercise programs. Study participants were people who previously started an exercise program and subsequently became non-compliant, had lacked the motivation to get started or were not exercising to their desired level.

**INITIAL SESSION**

Eleven people volunteered to begin this study. A history of past exercise plans and compliance was reported by each person. This was to assure that subjects met the criteria for participation. The initial session was designed to create an accepting environment that was conducive to a positive working relationship. The “exercise picture album” of each participant was identified in order to design a program that worked toward the individual goals of each client.

Clients were asked what it is that they wanted in an exercise program; what their goals were; what they had been doing to get started; and if what they were doing was helping to work toward their goals. Making a plan to do better was a significant part of the initial session. Subjects then decided what they could do over the week and then committed to following through with their plans. Potential barriers were considered and contingency plans made by each individual for how they would exercise when unforeseen circumstances occurred. This approach set the stage for no excuses being accepted and put the responsibility and ownership of the plan on the client.

During the initial session a consent form was signed by each participant and the purpose of the study and procedures were explained. Some subjects chose to meet in groups of two, three or four and others chose to meet individually with the study director. This was true for the initial session as well as subsequent follow-up sessions.

Control Theory was briefly described. Emphasis was placed on the fact that individuals are responsible for their own behavior. Taking control of one's life is a process. If a person has a goal it doesn't happen unless there is a plan. Strategies that aren't working may change along the way or goals may be re-defined. However, excuses are not acceptable when one is seriously working toward a goal.

**FOLLOW-UP SESSIONS**

Follow-up sessions were planned once each week for six months. Clients were seen in person for most weeks. Since most clients were students, they chose not to meet during break weeks and some exam weeks. When sessions did not take place in person, telephone meetings with individuals were held.

During weekly sessions clients did a self-evaluation related to what was done for exercise during the past week; whether they had carried out the plan they committed to, and if what they were doing was helping to work toward desired goals. A new plan for the following week was developed and committed to by each client.

**FINAL SESSION**

At the end of six months a final session was held. A self-evaluation was completed to document the progress made by each person. Other questions related to how helpful the study was in working toward their exercise goals. An exercise plan for the next three months was planned and committed to by each individual.

Participants were reminded that the weekly sessions with the study director were terminated. They were informed that a follow-up survey in three months would determine continued compliance.

**RESULTS**

Eight females and three males aged 19-71 years old started this study. A seventy one year old female died of chronic obstructive pulmonary disease two and one half months into the study. A 21 year old male dropped out after two and one half months without explanation, and a 24 year old female dropped out after five weeks because of personal problems which resulted in her choosing not to make a commitment to exercise.

Eight people completed the study and were continuing to exercise at the end of six months. Five reported that they reached their goals very well. Two reported that they had not reached their goals as well as they would like but did more than they would have on their own, making exercise part of their weekly routine. One person reached half of her goals in that she had increased energy but still wanted to lose more weight.

All eight people felt that participating in the study helped them work toward their goals and that meeting and reporting on a weekly basis helped them to comply with their plans. All eight people had made some lifestyle changes. Six stated that they have incorporated exercise as a regular part of their routine. Other changes related to increased energy levels, stopping
smoking, getting up earlier, a more balanced life, feeling better in general, improved eating habits, being able to make a plan and carry it through, and having a better attitude toward work.

Knowing that there would be a three month follow-up was stated to be important to all eight participants in helping them comply with their exercise plans. Motivation came in part from group meetings and/or having someone with whom to discuss their progress. The six people who met in groups of three for most weeks, reported that the support given by the other participants was either essential (N = 3) or very helpful (N = 3). The support given by the study director was essential (N = 5) or very helpful (N = 3). Keeping a journal/log of their exercise accomplishments was essential (N = 1), very helpful (N = 3), somewhat helpful (N = 3) and of little significance (N = 1). Reporting to the study director regularly was essential (N = 5) very helpful (N = 2) and somewhat helpful (N = 1). Having someone to exercise with was essential (N = 3), very helpful (N = 2), somewhat helpful (N = 2) and not applicable (N = 1).

THREE MONTHS FOLLOW-UP

Six out of eight people responded to the three month follow-up survey. Two people reported to be exercising at the same level, one person had increased, and three had decreased. All six people reported that their level of exercise was less than their present goals but adequate. The following were responses related to how well each believed that he/she had reached his/her exercise goals:

1. Exceeded physiological goals and raised activity level.
2. Never felt better, more energy, lost 10-12 lbs, more to lose to reach goals.
3. I have been successful and now realize if I put my mind to something, I can achieve. Seeing others accomplish their goals encouraged me to succeed.
4. My endurance has increased and I exercise at least three times a week.
5. I have done well. Before this study I didn’t exercise at all; the study pushed me to work toward goals.
6. I am getting closer to my exercise goals.

Five people responded to the question about what factors contributed to not exercising at the level that meets their goals. Absence of support given by others: very much (N = 2), somewhat (N = 2), of little significance (N = 1). (A comment was made that three participants who were friends continued to give each other support). Absence of support given by the study director: very much (N = 2), somewhat (N = 3), of little significance (N = 1). Not keeping a journal (N = 0), somewhat (N = 3), of little significance (N = 3). No one to exercise with: very much (N = 2), somewhat (N = 2), of little significance (N = 2).

THE STUDY DROP-OUTS

Three people did not finish this study. It is possible that the 21 year old male who dropped out early, did not really need the help that this study pro-vided. He had already incorporated exercise as part of his life-style; however, he was allowed to be in the study because he had higher goals to reach. In retrospect, he was not at the same level as others, and may not have needed to be in a six month study. It is not known if he reached his goals because he didn’t respond to the follow-up surveys.

The 24 year old female who dropped out of the study was not ready to choose behaviors consistent with her goals. She had the knowledge that exercise would have desired benefits but she wasn’t ready to commit to a plan to do better. She chose to work on other aspects of her life.

The 17 year old female who died during the study was disabled with chronic obstructive lung disease, on oxygen four hours a day. Over the past several years she went through pulmonary rehabilitation programs at least twice, never complying with her exercise program. She was house bound for the most part, not wanting to go out, in part because of being on oxygen and in part because she was so short of breath. She is considered a success in this study because through the use of Control Theory she was able to comply with her exercise program, riding her stationary bike and walking. Her total attitude changed to a more positive one. Her husband reported that she wanted to go out to dinner, which prior to the study she had not wanted to do for months. Unfortunately, she was hospitalized with pneumonia and subsequently died. Although the results of her participation are incomplete there may be implications for further study of disabled clients who can be helped to comply with their rehabilitation program by learning Control Theory.

DISCUSSION

It appears from the results of this study that Control Theory can be successful in helping some people to initiate and comply with an exercise program. This may be, in part, related to the role that exercise can have in fulfilling the five basic needs. The need for belonging may be fulfilled through being part of a group and having the support of others. Participants could have in part fulfilled their need for fun through group discussions, exercising together, and seeing themselves and others succeed. The need for power may come from feeling that individuals can accomplish goals and do anything that they set their mind to do. The need for freedom can be fulfilled by having more flexibility in one’s life. For example, a participant stated that she no longer found herself sitting on the couch after school or work. This increase in energy levels allows more possibilities in daily routines, visualizing where in the day to plan to exercise. For example, prior to the study one client reported that school work was practically her whole life and now she has this important added dimension found through exercise. Having a better time schedule and more able to plan daily activities was reported by another person.

On one hand we can’t ignore the power that the basic needs play in how a person behaves. However, before a person is totally controlled from within there may be a period of time (longer than six months in the case of this study) before a behavior is internalized. This process starts with the basic belief that “I control my behavior”. For example in this study, “if I want to
exercise I can choose to do so or not”. Nevertheless, just telling people that they are in total control doesn’t make it happen for them. There is a learning curve before the excuses stop and the individual moves in the direction of taking responsibility. During the learning process external feedback may be important. For example, reporting one’s exercise accomplishments each week and receiving support from others continued to be an important motivator in this study. Adopting a consistent and predictable behavior may require that people have a value system that controls their behavior for such a long time that a “lifestyle” which incorporates that behavior is developed. Developing that lifestyle is a process.

Taking control of one’s life may follow a process similar to the hierarchy of categories in the “Affective Domain” described by Bloom and Krathwohl in Taxonomy of Educational Objectives (Gronlund, 1985). At the lowest level, receiving, a person shows a willingness to attend to a particular behavior. For example, the person is willing/wants to develop a plan to begin exercising. A change in behavior requires knowledge, such as knowing the benefits of exercise. In the next level, responding, the person actively participates in the behavior. This requires strategies to carry out the plan. In this study the participants had clearly reached the first level but were having difficulty following through with their plan.

The third category, valuing, is concerned with the person attaching a value to his/her behavior. This may range from a level of desiring to improve, to assuming responsibility for a particular behavior. It may be during the development of the “valuing stage” that a person needs the most external feedback and support. This is the “working toward a goal stage” and individuals may need help in changing strategies, clarifying what they really want, and feedback that the value is in fact being demonstrated through the overt behavior.

The fourth level, organization, is in part concerned with beginning to build an internally consistent value system. When people are competent at this level, they accept responsibility for their own behavior, really understanding their strengths and weaknesses. For example, in the case of this study the participants would begin to organize their life around exercising. Many participants reported that this was happening. However, it may be that feedback is still important as they are developing competence at this level.

In reaching the fifth level, characterization by a value, the individuals have a value system that has controlled their lives for a sufficient length of time to have developed a “life-style”. The behavior is consistent and predictable. When individuals reach this level in their exercise routine they do not need external feedback and support. In this study, there may not have been enough time for the “life-style behavior” to be developed to the point of being typical or characteristic of the person’s behavior.

Just because you teach someone something, doesn’t mean that the new knowledge will be totally internalized within a certain amount of time. Taking control of one’s life is a process and requires feedback and support along the way, as the new behavior is being incorporated into a lifestyle. It may be that during this process the need for “belonging” is the dominant need, requiring the involvement of other people. Later as the behavior becomes more pervasive the need for “freedom” may be more dominant, as one is driven to be consistent in choosing a particular behavior. When individuals reach the highest level, where exercise is not just a behavior but a “life-style”, a sense of empowerment may occur. Hopefully, the result is learning that they can do whatever they set their mind to do. At this point Control Theory has been learned and may be incorporated into other aspects of their life.

Future studies need to use larger groups to evaluate the role that Control Theory can play in lifestyle changes. Also studies might look at extending the process over a longer period of time to determine at what point internal motivation is at a level where external support isn’t needed. Another possibility is to work with people who already use Control Theory as part of their life-style, to further determine it’s role in exercise compliance. Additional studies using Control Theory with disabled or chronically ill clients might be helpful in assisting them to comply with their rehabilitation programs.

References

PETE'S PATHOGRAM AS A TOOL TO MEASURE THE SUCCESS OF THE CHOICE DRUG EDUCATION PROGRAM

Arlin V. Peterson & George D. Woodward

The first author is Professor and the second author a graduate student in the College of Education at Texas Tech University, Lubbock, Texas.

ABSTRACT

The purpose of the study was to determine the merits of using “Pete's Pathogram” as a research instrument to investigate the effectiveness of the CHOICE drug education program as developed by William Glasser. The subjects included 116 sixth grade students. Pete's Pathogram was utilized to determine student ratings on three variables for each of the four psychological needs as presented in control theory. The results indicate a number of significant positive correlations between changes in the Pathogram scores and the self concept instruments. None of the pathogram scores showed significant correlation to the locus of control scale.

INTRODUCTION

Due to the increasing need for programs designed to intervene in the lives of young people in such a way as to decrease the likelihood that they will become abusers of drugs and alcohol, Glasser developed CHOICE as an in-depth program designed to help participants to feel more important both at school and at home.

Although subjective feedback from schools implementing the CHOICE program has generally been quite positive, quantitative reports of results have been lacking, with the exception of an earlier study by the present authors (Peterson & Woodward, 1993). The results of the previous study showed that sixth-grade students trained in the school portion of the CHOICE program were consistently higher than a control group of students on several measures of self-concept and internal locus of control. These results tended to be especially pronounced for Mexican-American and male student populations.

Statement of purpose

The purpose of the present study is to further investigate the effectiveness of the CHOICE program with sixth-grade students by using students' scores on Pete's Pathogram in addition to the more traditional measures of self-concept and locus of control. Pete’s Pathogram is an assessment instrument designed specifically to measure the effectiveness of behaviors chosen by individuals to meet each of the four basic psychological needs. It has been shown to be an effective tool for counseling as well as assessment (Peterson & Parr, 1982; Peterson & Truscott, 1988; Peterson, Woodward, & Kissko, 1991).

Pete's Pathogram

Pete's Pathogram is designed to allow persons to rate the level of their need, amount of time invested, and the level of satisfaction achieved in each of the four basic psychological need areas, i.e., belonging, power, freedom, and fun. Students rate their behavior in each of these areas by circling the appropriate number on the vertical lines above each need area. Although Pete’s Pathogram has been used as a research tool in several previous studies (Peterson & Truscott, 1988; Peterson, Woodward, & Kissko, 1991), it has not been compared with other more widely used instruments until the present study.

RESEARCH QUESTIONS

Questions

The following research questions were examined in the study:

1. What differences can be found between sixth-grade students trained in the CHOICE program and similar untrained students on ratings given on Pete’s Pathogram?
2. How are ratings on Pete’s Pathogram related to scores on more traditional assessment instruments?

Dependent measures

As mentioned in the previous article (Peterson & Woodward, 1993), two variables that have been consistently found to be related to risk of drug and alcohol abuse are self-concept and locus of control.

Students with a poor concept of themselves have been shown to be more likely to exhibit self-destructive behaviors such as the use of alcohol and drugs. For this study the Piers-Harris Self Concept Scale (Piers & Harris, 1969) and a Semantic Differential Scale designed by the authors were used to measure the self concepts of the students.

Internal locus of control refers to the belief that one's behaviors are predominantly chosen and under the control of the individual rather than due to external factors. Alcohol and drug abusers have been shown to have an external locus of control, seeing their abusing behaviors as outside of their personal control (Ruch-Ross, 1992). The Nowicki-Strickland Internal-External Scale for Children (Nowicki & Strickland, 1973) was used to measure locus of control in the present study.

METHODOLOGY

Subjects

The subjects for the study were 116 students enrolled in the sixth grade at two small rural school districts in West Texas. All sixth grade students at both schools were used in the study. The two school districts were well matched on the basis of economics and ethnic make-up. One of the schools received the CHOICE program, while students at the other school were not trained.
Instruments

As stated earlier in the study, self-concept was measured by the Piers-Harris Self Concept Scale (Piers & Harris, 1969) and a Semantic Differential Scale devised by the authors. Locus of control was measured with the Nowicki-Strickland Internal-External Scale for Children (Nowicki & Strickland, 1973). Information concerning the reliability of these instruments is included in a previous article (Peterson & Woodward, 1993).

Pete's Pathogram (Peterson & Parr, 1982) was also included in the analysis for the present study. It yields student ratings on three variables in each of the four basic psychological need categories. Each student, therefore, gave a total of 12 ratings when completing the Pathogram.

Design

A pre-test, post-test design was used in the study. Each of the four instruments was given to the students in both the treatment and control schools in September and May of the same academic year.

Statistical analyses

Statistical analyses were performed using the SPSS statistical package. Pearson Product-Moment Correlation Coefficients were computed to measure the direction and size of the relationships between the variables of the four instruments utilized in the study.

RESULTS AND DISCUSSION

Between schools differences on Pete's Pathogram

For the school receiving the CHOICE program, changes in students' Pathogram ratings on "freedom-time invested" were significantly positively correlated to changes in the Piers-Harris overall scale as well as changes in the Piers-Harris subscales "Intellectual and School Status" and "Physical Appearance and Attributes." These findings indicate that CHOICE program students that chose to increase the time they invested in fulfilling their freedom need also tended to reap the benefits of improved overall self-concept, self-concept of their intellectual and school status, and self-concept concerning their physical appearance and attributes.

Variable Changes Correlated

<table>
<thead>
<tr>
<th>Variable Changes Correlated</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Freedom-time invested &amp; Piers-Harris overall</td>
<td>.44</td>
</tr>
<tr>
<td>Freedom-time invested &amp; Piers-Harris intellectual and school status</td>
<td>.33</td>
</tr>
<tr>
<td>Freedom-time invested &amp; Piers-Harris physical appearance and attributes</td>
<td>.44</td>
</tr>
</tbody>
</table>

A significant positive correlation was also found to exist between changes in Pathogram scores on "Fun-success attained" and changes in the Piers-Harris "Happiness and Satisfaction" subscale. The value of the correlation coefficient was r = .32. This seems to indicate that students choosing persons and activities that were more effective in fulfilling their need for fun tended to gain in overall happiness and satisfaction as well.

Correlations of Pathogram scores with other instruments

As stated earlier, one of the research questions this study attempted to answer was to see if Pete's Pathogram scores are significantly correlated to locus of control and self-concept scores.

Surprisingly, none of the Pathogram scores showed a significant correlation to the scores on the Nowicki-Strickland Internal-External Scale for Children. This absence of relationship might be explained by the fact that in the earlier study, Peterson and Woodward (1993) found no correlation to exist between the measures of self-concept and locus of control. This implies that self-concept and locus of control measure completely different sets of attributes. It may follow that scores on Pete's Pathogram are more similar to measures of self-concept than of locus of control.

Scores on the semantic differential were significantly correlated to four Pathogram scores; one from each of the four basic need areas.

Correlation with Semantic Differential

<table>
<thead>
<tr>
<th>Variable</th>
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<tbody>
<tr>
<td>belonging-time invested</td>
<td>.20</td>
</tr>
<tr>
<td>power-perceived need</td>
<td>.23</td>
</tr>
<tr>
<td>freedom-perceived need</td>
<td>.33</td>
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<tr>
<td>fun-time invested</td>
<td>.24</td>
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</table>

Although these correlation coefficients are moderate in magnitude, they lend support for the contention that Pete's Pathogram is a tool that measures attributes similar to self-concept. The small size of the individual correlations may be due to the fact that Pete's Pathogram does not yield any overall or global scores, just 12 subtest scores.

Five Pathogram scores were shown to be significantly correlated to the Piers-Harris Full Scale score. Again, each of the four basic psychological need areas were represented, with the belonging need contributing two significant correlations.

Correlation with Piers-Harris Full Scale

<table>
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<th>Variable</th>
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<tbody>
<tr>
<td>belonging-time invested</td>
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</tr>
<tr>
<td>belonging-success attained</td>
<td>.24</td>
</tr>
<tr>
<td>power-perceived need</td>
<td>.20</td>
</tr>
<tr>
<td>freedom-perceived need</td>
<td>.22</td>
</tr>
<tr>
<td>fun-perceived need</td>
<td>.22</td>
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</tbody>
</table>

It is interesting that the perceived need category was significant in three out of four cases. This may indicate that persons with healthy self-concepts tend to be more aware of the need to maintain balance in their lives.

Several of the Piers-Harris subscales were significantly correlated to scores on Pete's Pathogram.
Physical Appearance and Attributes

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<tbody>
<tr>
<td>belonging-time invested</td>
<td>.24</td>
</tr>
<tr>
<td>belonging-success attained</td>
<td>.30</td>
</tr>
<tr>
<td>power-perceived need</td>
<td>.22</td>
</tr>
<tr>
<td>fun-perceived need</td>
<td>.19</td>
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</tbody>
</table>

The Piers-Harris physical appearance and attributes subscale shows significant correlations to belonging, power, and fun needs. Students who are physically attractive may be more able to fulfill their belonging and fun needs through social activities. In addition, a feeling of power and importance may also accompany physical attractiveness.

Anxiety

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<tbody>
<tr>
<td>freedom-perceived need</td>
<td>.20</td>
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<tr>
<td>fun-success attained</td>
<td>.23</td>
</tr>
</tbody>
</table>

The Piers-Harris anxiety subscale showed significant correlations only for freedom-perceived need and fun-success attained. This may tend to indicate that student anxiety may have its roots in a lack of freedom and fun activities.

Popularity

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<tbody>
<tr>
<td>belonging-success attained</td>
<td>.31</td>
</tr>
<tr>
<td>freedom-perceived need</td>
<td>.24</td>
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<tr>
<td>fun-perceived need</td>
<td>.22</td>
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</table>

Not surprisingly, the Piers-Harris popularity subscale was significantly correlated to the belonging and fun needs. Students who are popular will tend to be involved with friends and fun activities. The correlation to the freedom perceived need is not as easily explained, however. It may be that the more popular students are proactive in the making of choices that positively affect their lives.

Happiness and Satisfaction

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<tbody>
<tr>
<td>belonging-success attained</td>
<td>.20</td>
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<tr>
<td>power-perceived need</td>
<td>.32</td>
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<tr>
<td>freedom-perceived need</td>
<td>.27</td>
</tr>
<tr>
<td>fun-perceived need</td>
<td>.27</td>
</tr>
<tr>
<td>fun-success attained</td>
<td>.23</td>
</tr>
</tbody>
</table>

The "Happiness and Satisfaction" subscale showed a higher level of correlation with Pete's Pathogram than the other Piers-Harris subscales. This comes as no surprise because the Pathogram is designed to allow people to measure their needs and the time and success they are currently having in meeting those needs. Persons who are choosing behaviors that are effectively meeting their genetic needs will be happy and satisfied.

CONCLUSIONS

Students trained in the CHOICE program that learned to invest a greater amount of time in fulfilling their need for freedom increased their overall self-concept. Also, the concept of their intellectual and school status, and the concept of their physical appearance and attributes improved. In addition, students in the CHOICE school that learned to choose more effective ways to meet their need for fun also tended to show significant increases in their level of happiness and satisfaction.

The other important conclusion derived from this research is that Pete's Pathogram has been shown to measure a psychological construct more similar to self-concept than locus of control. The Pathogram has been shown in this project to provide a fast and effective way to measure a child's self-concept that can be used in a group situation.

It may be of interest to the reader that the senior author is currently engaged in the construction of a tool similar to the Pathogram that provides a more global scale for the success of need satisfaction. It is the contention of the authors that such a score would be strongly correlated to other measures of self-concept and would therefore be proven to be a valid instrument for use in assessment.

References

PROFESSORS AND STUDENTS: ARE THEIR VIEWS OF EACH OTHERS’ ACTIONS IN ACCORD WITH ONE ANOTHER?

Thomas S. Parish and James R. Necessary

The first author, a frequent contributor to the Journal, is a professor of Foundations and Adult Education and also the Assistant to the Dean of Education at Kansas State University, Manhattan, Kansas. The second author is an assistant professor in the Department of Business Education and Office Administration at Ball State University, Muncie, Indiana.

ABSTRACT

In the present study, 415 college students and 92 of their professors were surveyed in order to ascertain how each group perceived their actions toward their counterparts, and how their counterparts were perceived to act toward them. The findings indicated that professors’ perceptions of their own actions were highly discrepant with their students’ perceptions of these actions. Furthermore, students’ perceptions of their actions were also discrepant — though to a lesser degree — with their professors’ perceptions of these actions. These findings suggest that discrepant perceptions exist, and as long as they do, it seems quite likely that professors and students may continue to occupy the same classrooms, and yet still be “worlds apart”.

According to Glasser’s (1990) “Quality School” model, students are expected to act more effectively in the classroom if, and when, they perceive that their needs are met. Evidence in support of this model has been reported by Parish and Stallings (1992) and Parish and Parish (1993). In the former study it was found that middle school students more often did their homework if they perceived that their teachers cared for them. In the latter study college students were found to achieve better and have fewer absences in high school if they likewise believed that their teachers cared for them.

Looking at it from a different perspective, a study by Parish and Necessary (1994) reported significant positive correlations between how students’ favorite professors acted toward them and how they acted toward these esteemed professors (i.e., loving actions begetting loving actions). Furthermore, students’ least favorite professors perceived hostile actions were responded to in kind (i.e., hateful actions begetting more hatefulness) by their students.

With these findings in mind, the reader is urged to consider the statement by Astin (1984), which says:

Frequent interaction with faculty is more strongly related to satisfaction with college than any other type of involvement (e.g., living on campus, participating in honors programs, involved in student government) or, indeed, any other student or institutional characteristic. Students who interact frequently with faculty members are more likely than other students to express satisfaction with all aspects of their institutional experience, including student friendships, variety of courses, intellec-
Table 1

How Professors Act Toward Students

<table>
<thead>
<tr>
<th></th>
<th>According to</th>
<th>According to</th>
<th>p Value</th>
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<tbody>
<tr>
<td></td>
<td>Students</td>
<td>Professors</td>
<td></td>
</tr>
<tr>
<td>Percentage Responding</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hateful Adverbs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abusively</td>
<td>4</td>
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<td>0.05</td>
</tr>
<tr>
<td>Accusingly</td>
<td>15</td>
<td>&gt; 1</td>
<td>0.001</td>
</tr>
<tr>
<td>Backbitingly</td>
<td>5</td>
<td>&gt; 0</td>
<td>0.05</td>
</tr>
<tr>
<td>Badly</td>
<td>7</td>
<td>&gt; 1</td>
<td>0.05</td>
</tr>
<tr>
<td>Coldly</td>
<td>29</td>
<td>&gt; 7</td>
<td>0.0001</td>
</tr>
<tr>
<td>Discouragingly</td>
<td>19</td>
<td>&gt; 3</td>
<td>0.001</td>
</tr>
<tr>
<td>Harshly</td>
<td>15</td>
<td>&gt; 2</td>
<td>0.001</td>
</tr>
<tr>
<td>Impolitely</td>
<td>21</td>
<td>&gt; 0</td>
<td>0.0001</td>
</tr>
<tr>
<td>Inconsiderately</td>
<td>23</td>
<td>&gt; 0</td>
<td>0.0001</td>
</tr>
<tr>
<td>Inhumanely</td>
<td>5</td>
<td>&gt; 0</td>
<td>0.05</td>
</tr>
<tr>
<td>Insensitively</td>
<td>31</td>
<td>&gt; 3</td>
<td>0.0001</td>
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<tr>
<td>Miserably</td>
<td>4</td>
<td>&gt; 0</td>
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<td>Negatively</td>
<td>18</td>
<td>&gt; 4</td>
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<tr>
<td>Rudely</td>
<td>12</td>
<td>&gt; 0</td>
<td>0.001</td>
</tr>
<tr>
<td>Terribly</td>
<td>4</td>
<td>&gt; 0</td>
<td>0.05</td>
</tr>
<tr>
<td>Unappreciably</td>
<td>20</td>
<td>&gt; 4</td>
<td>0.001</td>
</tr>
<tr>
<td>Loving Adverbs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Appreciatively</td>
<td>51</td>
<td>&lt; 65</td>
<td>0.05</td>
</tr>
<tr>
<td>Faithfully</td>
<td>43</td>
<td>&lt; 65</td>
<td>0.001</td>
</tr>
<tr>
<td>Gently</td>
<td>42</td>
<td>&lt; 83</td>
<td>0.0001</td>
</tr>
<tr>
<td>Happily</td>
<td>53</td>
<td>&lt; 75</td>
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<tr>
<td>Lively</td>
<td>47</td>
<td>&lt; 69</td>
<td>0.001</td>
</tr>
<tr>
<td>Loyally</td>
<td>35</td>
<td>&lt; 58</td>
<td>0.0001</td>
</tr>
</tbody>
</table>

What makes matters worse, however, is that professors are not often in error on the positive or loving side. That is, students were much more inclined to attribute more hateful behaviors (e.g., abusively, accusingly), or fewer loving behaviors (e.g., appreciatively, faithfully), to their professors than the professors attributed to themselves. Notably, in only three instances did students attribute more loving actions to their professors than the professors attributed to themselves (i.e., blessedly, delightfully, thankfully).

For students, the same trends were found to exist, though with fewer adverbs. Thus, professors attributed more hateful behaviors (e.g., impolitely, inconsiderately), and attributed fewer loving behaviors (e.g., appreciatively, peacefully), to their students than the students attributed to themselves. Interestingly, on only two (2) occasions did professors attribute more loving actions to their students than their students attributed to themselves (i.e., lively, praisingly).

The findings from the present study suggest that professors are not likely to gain entry into their students' “quality worlds,” at least not as often as they might have thought. Students, to a lesser degree, were also found to behave more hatefully and/or less lovingly in their professors' eyes than in their own perceptions. These findings, reported here, should hopefully awaken the sleeping giant. Specifically, Astin's assertion that we can enhance students' satisfaction by simply increasing the number of interactions with professors will not likely occur if professors and students continue to misunderstand how their counterparts perceive their actions.
### Table 2

<table>
<thead>
<tr>
<th>Hateful Adverbs</th>
<th>According to</th>
<th>According to</th>
<th>p Value</th>
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<tbody>
<tr>
<td></td>
<td>Students</td>
<td>Professors</td>
<td></td>
</tr>
<tr>
<td>Percentage</td>
<td>Responding</td>
<td>Responding</td>
<td></td>
</tr>
<tr>
<td>Impolitely</td>
<td>5</td>
<td>&lt; 14</td>
<td>0.01</td>
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<tr>
<td>Inconsiderately</td>
<td>6</td>
<td>&lt; 17</td>
<td>0.001</td>
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<tr>
<td>Insensitively</td>
<td>7</td>
<td>&lt; 13</td>
<td>0.05</td>
</tr>
<tr>
<td>Nastily</td>
<td>1</td>
<td>&lt; 4</td>
<td>0.05</td>
</tr>
<tr>
<td>Rudely</td>
<td>3</td>
<td>&lt; 10</td>
<td>0.01</td>
</tr>
<tr>
<td>Unappreciably</td>
<td>6</td>
<td>&lt; 18</td>
<td>0.0001</td>
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<table>
<thead>
<tr>
<th>Loving Adverbs</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>Percentage</td>
<td>Responding</td>
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</tr>
<tr>
<td>Appreciatively</td>
<td>84</td>
<td>&gt; 71</td>
<td>0.05</td>
</tr>
<tr>
<td>Peacefully</td>
<td>68</td>
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<td>Pleasurably</td>
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<td>&gt; 30</td>
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<tr>
<td>Sweetly</td>
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<tr>
<td>Thankfully</td>
<td>76</td>
<td>&gt; 62</td>
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<tr>
<td>Truthfully</td>
<td>73</td>
<td>&gt; 58</td>
<td>0.01</td>
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<table>
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<th>p Value</th>
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<tr>
<td>Lively</td>
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<td>0.05</td>
</tr>
<tr>
<td>Praisingly</td>
<td>24</td>
<td>&lt; 50</td>
<td>0.0001</td>
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</table>

Professors in particular, but students too, need to become more aware of how their actions are perceived by others, and then they need to make a concerted effort to incorporate actions that would be perceived to be less hateful and/or more loving if they truly wish to effectively interact with one another. Until then, professors and students may continue to occupy the same classrooms, but remain "worlds apart."

### References


Necessary, J. R. & Parish, T. S. (in press). Are professors and students consistent with themselves and how they perceive one another? *College Student Journal*.


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

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2. Is the manuscript on a problem or topic of sufficient importance in demonstrating Reality Therapy to warrant its publication?
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