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William Glasser
June 1996

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Editor's Comment

Larry Litwack

As we start the sixteenth year of publication of the *Journal of Reality Therapy*, this issue reflects two milestones. First, it is the largest issue of the Journal ever published. As such, it reflects the increasing flow of articles being submitted for consideration. Second, it represents a truly international group of contributors, with over 40% of the issue coming from international contributors in Australia, New Zealand, Croatia, and Korea. This seems highly appropriate, considering the international scope of the CT/RT movement. It is my hope that this international trend continues in the future.

As the official publication of the William Glasser Institute, every effort is made to keep the publication current in light of the current theory and practice of the ideas of William Glasser. Thus, changes have been made in the Journal to reflect the change from the Institute of Control Theory, Reality Therapy, and Quality Management to the William Glasser Institute, and from control theory to choice theory. It is important to note that some of the articles in this issue still refer to control theory; these are articles that were accepted prior to the change to choice theory. All articles in future issues will use the term choice theory.

Readers are urged to consider submitting material for the proposed special issue for Spring 1997 concentrating on the schools. It is hoped that the bulk of that issue will present material relating to Quality Schools and the utilization of the ideas of William Glasser in education. Tentative plans now call for a second special issue for Fall 1997 on multiculturalism and diversity. More information will be provided in the next issue.
position of this paper is that control theory and reality therapy offer the reconceptualization necessary. The control theory/reality therapy paradigm is able to explain why treatment is successful with some people and not with others, and offers an explanation of alcoholism that is significantly different from causal explanations. It is believed that this paradigm will be successful with people for whom current theories are not. The validity of current research findings, however, is not being disputed. Instead it is the way these findings are being interpreted, in terms of stimulus-response/cause-effect explanations of behavior that is in question.

The aim of this paper is to provide the central tenets of the control theory/reality therapy model so that this information may be used to begin to understand and treat alcoholism differently to the way it is understood and treated with current causal approaches. This paper begins with an explanation of control theory which was originally proposed by William T. Powers (1973), and later developed and taught by William Glasser (1984). Following this, the reality therapy process is outlined. Reality therapy is Glasser’s (1965) particular model of helping people live their lives more effectively using the principles of control theory. Where appropriate, similarities and differences between existing theories will be drawn.

**CONTROL THEORY**

Control theory was originally proposed by William T. Powers (1973). In this theory Powers (1973) describes all organisms as control systems. A “control system” in this model is “an organization that acts on its environment so as to keep its inner perceptual signal matching an inner reference signal” (Powers, 1973, p. 283). “Control” in this theory occurs when both signals match. Control theory is diametrically opposed to the stimulus-response/cause-effect explanations of behavior that currently dominate the literature.

Figure one illustrates the control theory process. Information from the external world pass through a number of filters and becomes an inner perceptual signal. This signal is then compared to an inner reference signal and if there is a mismatch, the individual behaves to make the external world (and hence the inner perceptual signal) more like the inner reference signal. If the inner perceptual signal matches the inner reference signal, then more information is obtained from the external world and a different comparison is made. Behavior only occurs when there is a mismatch. The instance where there is a match therefore is represented by a dotted line. As control theory is interested in explaining behavior, this side of the diagram becomes irrelevant and is only included for the purpose of completeness.

Glasser (1984) became interested in central theory in 1977, as it provided him with an explanation for why the model of counselling he had developed (reality therapy) was so effective. Since that time, Glasser (1984) has incorporated control theory into a model for helping people live their lives more effectively, and has written about and taught these ideas extensively in the areas of education and psychology. While the concepts Glasser (1984) describes when explaining control theory are those originally put forward by Powers (1973), the language Glasser uses is quite different.

Powers’ (1973) original description of control theory is extremely detailed and very theoretical. Such detail is appropriate when initially proposing a theory, however detail of this kind is beyond the scope of this paper. For this reason, the language used to describe control theory here will predominantly come from Glasser.

**Basic Needs And The Quality World**

Control theory posits that human behavior originates from five basic needs which are built into the genetic structure of the human brain (Glasser, 1994). These needs are made up of one physiological need and four psychological needs. The relative importance of each need and the ability to fulfill them varies from individual to individual (Glasser, 1965, 1984). Few people are consciously aware of these needs and yet from the time persons are born, they begin to behave in an attempt to satisfy them (Glasser, 1984). When a need is satisfied, individuals store a “picture” (the inner reference signal) of what it was that satisfied their need in a portion of their memory which Glasser (1984) calls the “quality world”. The quality world is a subset of a person’s total memory and only contains very specific, highly need satisfying pictures. Glasser (1984) claims that the quality world is the most important part of an individual’s life because it is the pictures in the quality world that the individual pursues continually. The reason they are pursued is because they represent their basic needs. People do not attempt to satisfy needs directly, they attempt to match the pictures which represent their basic needs.

The notion of need satisfying pictures has parallels already established in the alcohol literature. Alcohol expectancy theory research is interested in the beliefs people have about the effects of drinking (Goldman, Brown & Christiansen, 1987; Young & Oei, 1993). Differences in the beliefs held have been noted between alcoholics and nonalcoholics, with alcoholics expecting “more global positive changes, social assertiveness, and social and physical pleasure” (Brown, Goldman & Christiansen, 1985, p., 517). The beliefs described here are almost identical to the concept of need satisfying pictures that people pursue in order to satisfy a need.

**Achieving Balance**

The contention of control theory, therefore, is that for the entirety of our life we behave in an attempt to obtain the pictures in our quality world, which represent one or more of the five basic needs mentioned above. Glasser (1984) uses a set of scales as a metaphor to describe this concept. On one side of the scales is a quality world picture (the inner reference signal), and on the other side is a current perception of the external world (the inner perceptual signal). If these do not match, the scales are out of balance. A person becomes aware of this imbalance as a sense of frustration or discomfort (Glasser, 1984). Teachers for example, are likely to have a quality world picture of how they would like the students in their class to behave (listening, following instructions, doing set work). If their current perception of the class is different (students may be throwing things and calling out) from this picture, their scales will be out of balance and they will experience a sense of frustration. As figure one indicates, they then behave to
make what they are perceiving more like their quality world picture (they may threaten, raise their voice or remove students). The purpose of all human behavior, then, is to balance the scales, and people do this by making what they are currently perceiving more like the picture they have (Glasser, 1984; Marken, 1988).

Alcoholics are persons who use alcohol to balance their scales. If individuals have a quality world picture of a warm, supportive spouse, and they are currently perceiving their spouse as distant and critical, they will experience frustration. When this occurs they will behave to balance the scales. While experiencing this frustration, they may discover that when they drink alcohol their scales seem balanced. They have failed to address, however, the distant and critical behaviors they perceived from their spouse. It is inevitable, therefore, that as the effects of the alcohol wear off, they will once again sense their scales are out of balance. It is also likely that because the scales have now been unbalanced for some time, the sense of frustration will be more intense than it was previously. To re-experience the perception of balanced scales, the person once again has the option of alcohol.

Alcoholics may be people who have great difficulty in balancing their scales. They may have few skills in shaping the external world so that their perceptions match the pictures they have. For these people, the sense of frustration felt from unbalanced scales persists and intensifies. Ultimately they may discover that when they drink alcohol they have a sense of balance. At this point they feel in control.

Control theory maintains that treatments that are currently successful have achieved their success because clients have learned how to match their pictures more effectively. Perhaps future research could investigate whether current treatments have inadvertently targeted a specific needs group. It is possible, for example, that existing practices are extremely beneficial for people who use alcohol to obtain pictures that represent their love and belonging need, and yet these same practices are meaningless for people who use alcohol as a way of meeting their need for freedom and choice.

This explains the success of groups such as Alcoholics Anonymous for some people and not for others (Fingarette, 1988). A feature of the AA treatment program is the fostering of strong emotional bonds and a strong sense of community among members (Fingarette, 1988). This may closely match the pictures some people have to represent their need for love and belonging, and thus, these people will be able to balance their scales in this type of environment. AA is uncompromising, however, in its insistence on people accepting a disease explanation of alcoholism (Marlatt & Gordon, 1985). For some people, the perceptual signal they receive from this type of direction may be extremely different from the pictures they have for satisfying their freedom and choice need. In this type of treatment then, these particular people will experience the frustration of unbalanced scales and will behave to restore balance. One option they have for doing this is to resume drinking.

Glasser (1984) is able to contend, therefore, that all behavior is purposeful because all behavior is seen as an attempt to acquire one or more of the pictures in the quality world. He further contends that all behavior is our best attempt at doing this (Glasser, 1984). “Best” used in this way is not used to make a value judgment about the correctness or appropriateness of a behavior, rather it is used to describe the way that persons choose the behavior they believe is best able to bring their perceptions of the external world closest to their quality world picture. People choose alcoholism, then, because at that point in time they have decided that it is alcohol that has the best chance of making their perception of the external world more like their quality world picture.

Filters

Before information from the external world becomes a perception that is compared with a picture from the quality world, it passes through a number of “filters” (figure 1). These filters are the sensory system, the “total knowledge filter” and the “valuing filter” (Institute for Reality Therapy [IRT], 1987). For information to be compared it is first sensed by the sensory system. At this stage the information is described as a sensation (IRT, 1987). The total knowledge filter contains representations of everything that is known by the person and as the sensation passes through this filter it becomes a perception. When the perception passes through the valuing filter it is judged to be good, bad or neutral in terms of helping people balance their scales. The total knowledge filter and the valuing filter together make up the perceptual system in control theory terms (IRT, 1987). Through these filters, information from the external world becomes part of the perceived world of the individual and it is this information which is compared with pictures in the quality world.

The alcoholic mentioned previously, who has a quality world picture of a warm, supportive spouse, is likely to label any criticism by the spouse of his/her drinking as bad. This results in a bigger mismatch between the quality world picture and the current perception than if they label their spouses’ actions as different to what they wanted. If alcoholics are less successful than others at matching their pictures, then they may label many things bad, and may learn to label alcohol good. The notion of alcoholics labelling alcohol positively is not new and has support in the expectancy theory research mentioned earlier (Brown, et al., 1985).

Alcoholics who are successful in existing treatment programs experience success because through the program they find ways to match their pictures and therefore meet their needs more effectively. When this occurs, it is likely they will assign a good label to the program itself. Alcoholics who do not learn to match their pictures effectively in current treatment programs may come to label the program bad, because it was not able to give them what they wanted. When this occurs, it is highly likely they will return to alcohol as a way of balancing their scales. The personal filters people have that determine how they perceive the external world are likely therefore to have a significant effect on recidivism rates.

Total Behavior

All behavior is said by Glasser (1984) to be total behavior (figure 1). Glasser (1984) uses this term to describe the way in which he believes that
behavior is made up of four separate elements. In control theory terms, all behavior consists of an acting, thinking, feeling, and physiology component (Glasser, 1984). Since these four components are always part of a total behavior, to choose one component necessarily implies choosing the other three components as well (IRT, 1987). Logically, then, because the four elements make up the whole, to change one means necessarily changing the other three, and hence the total behavior.

Glasser’s (1984) total behavior concept represents a significant difference between control theory and other cognitive theories. Rational emotive therapy, for example, holds as a fundamental belief that thinking creates feeling (Ellis & Harper, 1975). Similarly, expectancy theory maintains that expectancies govern, mediate, or determine behavior (Brown, Goldman, Inn & Anderson, 1980; Rather & Sherman, 1989; Goldman, Christiansen, Brown & Smith, 1991; Oei & Baldwin, 1994). Glasser (1984) asserts that rather than one component causing another, the four components are intertwined and choosing one component, by implication, means choosing the other three.

Rather than cognitions determining actions therefore (Brown, et al., 1980), they are part of the same package. An alcoholic will have a set of cognitions, actions, feelings and physiological activity that is specific to the behavior of alcoholism. If any of the components change, then the total behavior changes. This is a clear example of how research can be interpreted differently depending on the underlying paradigm. For causal theorists, research that indicates particular cognitions are associated with excessive drinking is evidence of the kinds of stimuli they need to target to effect a change in alcohol consumption. For control theorists, it comes as no surprise that cognitions and actions are linked in this way. Believing that behavior is always an attempt to maintain control, a control theorist is more interested in the specific picture the total behavior of alcoholism is being used to obtain. Once this is established, alternative, more effective total behaviors are investigated. In control theory terms, assisting people to change their cognitions in order to change their actions, without attending to the pictures they are trying to obtain, is likely to be of limited success.

It is due to the concept of total behavior that Glasser (1984) has advocated changing the way behavior is described. Currently, behavior is expressed by its most obvious component so that terms such as headaches, depression and addiction are common. To express a behavior as a noun is incorrect, however, since every total behavior involves a doing and thinking component. It is more accurate therefore to talk about behaviors as verbs (Glasser, 1984). One may refer to the total behavior of addicting, for example, as opposed to the condition of addiction. Glasser (1984) contends that the more people are able to express their behavior as total behavior, the more they will see their thoughts and actions inherently tied to their feelings and physiology, and the greater control they will have over their lives. For the remainder of this paper then, when referring to behavior, it is the total behavior concept which is being inferred, and when referring to the total behavior of alcoholism, the verb “alcoholicing” will be used.

Summary

Control theory then suggests that behavior, as an attempt to maintain and achieve control, is always total, always purposeful, and always chosen. All an individual ever does is behave, and this behavior is always the individual’s best attempt to obtain a quality world picture that represents one or more of five basic needs which are part of the human genetic structure. An individual is motivated to satisfy these needs by a frustration
signal. This signal is felt due to an imbalance between what the individual is perceiving from the external world and what the individual would like to perceive as determined by pictures in the quality world.

In control theory terms, alcoholicing is a total behavior which is chosen as an individual's best attempt to reduce the difference between what is currently being perceived and what is wanted. Some people learn, through treatment programs, to replace alcoholic with other behaviors that more effectively balance their scales. For many people however, alcoholic remains a predominant behavior. It is for these people that a different treatment approach is required.

REALITY THERAPY

When discussing the treatment associated with alcoholicing behavior, the controlled drinking controversy has received considerable attention in the literature (Miller & Caddy, 1977; Marlatt, 1983). Alcohol, Jacobs, Pucel, Tilleshkjoj & Hoodecheck, 1984; Fingarette, 1988). The central issue in this debate is whether abstinence is the only appropriate treatment goal or whether there is an acceptable level of alcohol consumption for some people (Watson et al., 1984; Marlatt, Larimer, Baer & Quigley, 1993). For reality therapy practitioners, this debate is irrelevant as either of these goals could be appropriate in a reality therapy treatment program depending on the needs of the client. The focus of treatment from a reality therapy approach is that of long term need satisfaction because it is only by satisfying pictures and needs that persons may begin to take more effective control of their life (Glasser, 1965). Reality therapists are not even interested in why persons have the pictures they do. At a fundamental level, the pictures are in the quality world because at one time they were need satisfying. Any inquiry beyond this, as to what makes people choose one picture over another, belongs in the realm of stimulus-response and is not important to control theorists.

This section will outline the reality therapy process, and then describe some strategies that could be incorporated into a treatment program based on control theory principles. It is not intended to be a complete analysis of the reality therapy process, but rather the aim is to provide the general framework of a possible reality therapy program, so that practitioners and researchers can begin to assist people with alcoholicing behaviors live more effective lives.

The Reality Therapy Process

From the conceptual framework of control theory, the basic goal of reality therapy is for individuals to find more effective ways of matching their pictures so that they may satisfy their five basic needs more successfully (Glasser, 1975; Corey, 1991; Wubbolding, 1991). To achieve this goal, the reality therapy process has two major components (Wubbolding, 1988). The first is the establishment of an environment which is appropriate for counselling, and the second is the utilization of specific techniques which will promote change (Corey, 1991). The first stage is characterized by gaining the client's trust and the second stage is characterized by clients evaluating their behavior and making plans for different behavior (Honeyman, 1990; Katz, 1991).

Gaining the client's trust is seen as necessary because by doing this, the counselor may become one of the pictures in the client's quality world (Renna, 1991). It is by being in the client's quality world that a therapist has the most chance of being effective. This is achieved by attending and listening to the client in a supportive, nonjudgmental way, and exploring with clients the pictures they have in their quality world (Wubbolding, 1988; Corey, 1991). Once trust is established, clients may be willing to honestly self evaluate their current behavior.

Counselors who represent a desire to decrease their alcoholicing behavior, for example, will be provided with the opportunity to explore what a decrease in this behavior represents for them. For different people, a decrease in alcoholicing behavior may mean: a healthier life (survival); a better relationship with their spouse (love and belonging); better performance at their job (power and recognition); more choices over how they spend their leisure time (freedom and choice); or the ability to have a good time without feeling ill from alcohol abuse (fun and learning). Once it is established which picture and need it is the person is pursuing, clients evaluate whether or not their current behavior is helping them achieve this. After evaluation they begin to plan, in conjunction with the therapist, new total behaviors that will help them meet their needs (Renna, 1991). The focus on these total behaviors is on the doing and thinking components as these are the two components over which a person has the greatest voluntary control (Glasser, 1989).

The Consequences Grid

One technique that is proposed to be helpful in the treating of alcoholicing behavior is the consequences grid in figure two. The basic premise behind the grid is that the effectiveness of a behavior is determined by the consequences of that behavior. These consequences may either be experienced or perceived. There is a certain duality involved in this way of thinking however as consequences can be either short term or long term, and can either be pleasurable or painful. "Pleasurable" and "painful" are used generically in this sense to refer to the sense of satisfaction one experiences when one gets what one wants, or the sense of frustration when one is prevented from getting what one wants. Consequences then can either be: pleasurable in the short term and pleasurable in the long term; pleasurable in the short term and painful in the long term; painful in the short term and pleasurable in the long term; or painful in the short term and painful in the long term. Smoking is an example of a behavior that gives some pleasure in the short term and yet is likely to be painful in the long term. The consequences grid captures this duality in a 2 x 2 matrix.

Marlatt and Gordon (1985) describe one of the features of addictive behaviors as being the habitual pursuit of immediate gratification by an individual. This immediate gratification is often at the expense of long term satisfaction and therefore maps onto the bottom left hand corner of the grid.

The applications of the use of the grid in the reality therapy process are vast. It may be used for planning, evaluating, or educating, and it may be
Initially, people receiving treatment for alcoholics may describe generally the kinds of activities they engage in during a typical day or week. As they mention a particular activity, they nominate into which quadrant on the grid they think it belongs. The crucial issue here is that it is the clients who must decide the consequences of a given behavior because it is only when they decide that their behavior is not getting them what they want, that change is likely (Chance et al., 1990; Peacock, 1992). Used in this way, the grid may assist persons in seeing that they are currently trading off long term satisfaction for short term pleasure.

Once this evaluation has been made, the client is able to begin planning new, more effective behaviors. The grid may then be useful to plan the types of behaviors which may lead to greater satisfaction. This can be done generally using one grid or specifically using a grid for each of the basic needs. Figure 4 demonstrates how a grid is used to plan future behaviors that help match pictures representing the need for love and belonging. Joining AA, for example, may be a behavior that clients decide will benefit them in the long term, and yet is something they feel uncomfortable initiating. The client therefore, places this behavior in the top right hand quadrant.

At an even more specific level, the grid can be used to map the consequences associated with different consumption levels of alcohol. The consumption of moderate levels of alcohol can have beneficial consequences (Marlatt et al., 1993) while other levels are clearly detrimental (Wilson, et al., 1992). The client for example may decide that: one standard glass of alcohol per night is pleasurable in the short term and pleasurable in the long term; no alcohol consumption is painful in the short term and pleasurable in the long term; eight standard glasses per night is pleasurable in the short term and painful in the long term; and fifteen standard glasses per night is painful in the short term and painful in the long term. The expertise of the therapist is utilized at this point to help the client learn about the effects of alcohol. In this way, the therapist may help clients expand their total knowledge filter thereby altering the way alcohol is perceived.

The consequences grid is a deceptively simple technique that may be used on its own or in conjunction with other strategies to assist in the reality therapy process. It clearly displays for clients the likely consequences of

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### Figure 2
The consequences grid.

<table>
<thead>
<tr>
<th>Long term</th>
<th>Short term</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pleasurable</td>
<td>painful</td>
</tr>
<tr>
<td>pleasurable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>painful</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Figure 3
The consequences grid used to evaluate current behavior.

<table>
<thead>
<tr>
<th>Long term</th>
<th>Short term</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pleasurable</td>
<td>painful</td>
</tr>
<tr>
<td>pleasurable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>painful</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- social drinking with mates
- getting drunk 2 or 3 times a week
- helping children with homework
- drink driving
- smoking
- having an affair
- spouse abuse
- going to work
- getting drunk 2 or 3 times a week
- spouse abuse

---

- social drinking with mates
- going to work
Short term

<table>
<thead>
<tr>
<th>Pleasurable</th>
<th>Painful</th>
</tr>
</thead>
<tbody>
<tr>
<td>- having 1 glass of wine at dinner with spouse</td>
<td>- joining Alcoholics Anonymous</td>
</tr>
<tr>
<td>- going out for coffee with spouse</td>
<td>- expressing emotional intimacy to spouse</td>
</tr>
<tr>
<td>- taking the family to the beach</td>
<td>- going out with mates and drinking nonalcoholic beverages</td>
</tr>
</tbody>
</table>

Long term

<table>
<thead>
<tr>
<th>Painful</th>
</tr>
</thead>
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<tr>
<td></td>
</tr>
</tbody>
</table>

The consequences grid used to plan future ways of matching pictures that represent the need for love and belong.

Figure 4

Prevention

One of the most successful ways of combating alcohолising may be to focus on prevention (Oei & Baldwin, 1994). Prevention programs are scarce in the literature, and those that are mentioned require further development and evaluating (Nathan, 1983; Botvin & Botvin, 1992). As teaching people about control theory is a usual part of the reality therapy process (Corey, 1991), prevention seems especially appropriate in this model.

Recent research indicates that there may be a possible critical period for the development of beliefs about alcohol at around 8.5-10 years of age (Miller, Smith & Goldman, 1990). It is recommended therefore that prevention programs begin in the early primary school grades. These programs need not include information about alcohol to begin with. Instead, young children can be taught the principles of control theory and reality therapy so that they may begin to take effective control of their lives at an early age. It is necessary to teach both components of this model as they both provide different information. Control theory provides information about needs and behavior and why people do the things they do, whereas reality therapy teaches the skill of self evaluation so that people are able to determine when they are meeting their needs effectively and when they are not.

When teaching young children about these concepts, it is important to match the information being presented to the developmental level of the children (Sullo, 1989). With this in mind then, it becomes a matter of selecting resources that present activities and information in an appropriate way (Good, 1992; 1993). If conducted in this way, prevention programs of this nature can become an interesting and enjoyable component of a teachers' educational plan. As the children progress through the grades, the concepts can increase in difficulty to allow a more intricate understanding of control theory/reality therapy principles and more specific topics such as alcohol can be incorporated into the program.

Modelling, social skills and education

Modelling plays an important role in the learning of behavior (Bandura, 1977) and social skill training has been found to be effective in providing some people with the information they need to decrease their alcohолising (Oei & Jackson, 1982). It is likely that the people not helped previously by social skills programs did not benefit because their pictures were never brought to a conscious level and their needs were not being satisfied. By incorporating social skills into a reality therapy treatment program, this problem will be removed. To teach social skills, it is recommended that modelling be used. Marlatt and Gordon (1985) demonstrate how drinking patterns may be affected by modelling. Incorporated into any modelling program an educational component to teach the client about control theory is recommended. In this way clients can begin to recognize such things as the pictures they have and the effects of their filters. With this recognition may come an increased ability to more effectively meet their needs.

Once the therapist has established rapport with the client and seems to be represented in the client's quality world, it may be appropriate for the therapist to model appropriate drinking behavior. This can be done in a variety of contexts with a variety of drinking behaviors. The therapist can accompany the client to a public bar where the therapist models drinking nonalcoholic beverages. Similar drinking behavior can be modelled at a sporting event. Alternatively, the therapist can arrange to have the therapy session in a restaurant and model controlled drinking to the client. While in these contexts, the therapist can discuss with the client control theory concepts. In this way the client gains new information about different ways of behaving in familiar contexts.

If the therapist feels uncomfortable about this type of modelling it can be approached from a group therapy perspective (Marlatt and Gordon, 1985). In the group therapy setting, participants may discuss the need satisfying pictures they have related to a particular context. Once these have been identified, an opportunity is provided to practice the types of behaviors the clients will use in that context to match these pictures. Therapy participants then accompany each other to the particular setting to
test the skills they have learned. The following group therapy session is then used to debrief about the experience and to plan future need satisfying experiences.

CONCLUDING COMMENTS

The issue that has been central to this essay is that of helping individuals live their lives more effectively. The first section provided an account of the fundamental tenets of control theory, while the second section outlined the process of reality therapy, with some specific suggestions that may facilitate this process. Comparisons to other theories were made as appropriate, although this was not the main function of this paper. Instead, the objective was to provide practitioners and researchers of alcoholics, with information they may use to help people choose more effective ways of maintaining control.

It has been the contention throughout this paper that recidivism rates for alcoholics will remain high as long as current causal thinking is upheld. Unfortunately, many researchers have chosen to interpret research findings in causal terms as a way of matching what they are perceiving (consistently high rates of alcoholics) with the picture they have (a cure for alcoholics). It is time for a new approach. Researchers to date have essentially been looking in the wrong place. Although the results of current research are valid, they are being interpreted inappropriately. There is no stimulus that causes some people to respond with alcoholism. Rather than losing control when they drink, by the very definition of control presented in this paper, people who choose alcoholics are behaving as control systems. Instead of behavior being a continual series of discrete responses to separate stimuli, it is a dynamic process of maintaining equilibrium in the face of a changing environment. By moving away from causal explanations and toward explanations that emphasize need satisfaction, people who currently choose alcoholics may begin to take more effective control of their lives.

References

Renna, R. (1991). The use of control theory and reality therapy with students who are "out of
CONTROL THEORY, REALITY THERAPY, AND GOOD HEALTH: WHAT ARE THE CONNECTIONS?
Wendy Mason

The author is the Manager of Student Welfare, Hunter Region Department of School Education, in Maryville, Australia.

ABSTRACT
Can we impact on our wellness by our behavior, or is sickness and disease something that just ‘happens’ to us if we are unlucky? This paper explores the connections between behavior and health. It considers the impact of different behaviors on the body’s immune system and specifically discusses “control” as a significant factor in the response of an individual to a stressor. Having established that we can, and do, impact on our health by our behavior, the paper concludes with some suggestions for using Control Theory/Reality Therapy in leading a healthier life.

INTRODUCTION
Good health is a quality world picture for most people. In the traditional, mechanistic, reductionist view of medicine, an individual’s emotional and physical health are usually separated - you see a general practitioner for physical problems and a psychologist or psychiatrist for emotional problems. Illness is seen to emanate from physiological and biological causes, and good health is almost seen as good luck on the part of the individual not to contract a microbe that will lead to infection.

This explanation, however, fails to explain why, if a group of people are exposed to a virus under controlled conditions, some people will become ill and others not. Or why after witnessing the same tragic accident, some people will experience post traumatic stress syndrome and others will not. The question of what makes one individual more resilient and healthier than another is being investigated by psychoneuroimmunology (PNI) researchers. As the name suggests, this relatively new science is interested in the way the state of mind (psycho), central nervous system (neuro), and the body’s immune system (immunology) interact, and it provides evidence that, in fact, the brain can impact on the immune system and thus the health of the individual (Locke & Colligan, 1986).

As this body of evidence challenges traditional beliefs and power bases, the acceptance by the wider medical profession of these ideas and the implications for prevention and treatment of disease arising from the research has been slow. Glasser himself admits that his explanation of psychosomatic illness is controversial (1984) and not always supported by the present medical system.

PNI research provides the scientific or empirical evidence to support Glasser’s Control Theory premise that the brain and the immune system are connected and that individuals can and do impact on their own health by the behavior they choose in order to control their lives.
independently of other systems. This view has emerged from research in disease can be characterized in four ways. If the immune system:

- is overactive in response to an antigen from outside the body, an allergy is the result.
- is overactive in responding to an antigen from inside the body, the result is an auto immune disease.
- is under active, ignores, or is unable to destroy an outside antigen, the result could be an infection.
- is under active or ignores an abnormal antigen that appears to be a normal part of the inside of the body, the result may be cancer in which abnormal cells are allowed to proliferate unchecked.

In the traditional view, it is believed that the immune system works independently of other systems. This view has emerged from research in which cells from the immune system were placed in a test tube with some of their natural enemies. The immune cells responded in much the same way as they did inside the body. It was concluded that the immune system could work independently from other parts of the body. If this is so, then disease would come at random, and there would be little that the individual could do to avoid it, or to effect the impact on the body. On the contrary, PNI researchers believe that the immune system does not operate independently, but rather works in tandem with the brain and the central nervous system.

They conclude that the CNS does not control the immune system, nor does the immune system control the CNS. Rather, they control each other, and factors such as the time of day, diet, race, control and gender can effect the operation of the immune system (Locke & Colligan, 1986). This finding is consistent with the control theory concept of total behavior where thinking and physiology are linked.

**STRESS AND THE IMMUNE SYSTEM**

When the body is under stress, the immune system produces a variety of chemicals that it releases into the body to prepare it for the flight or fight response. The levels of these chemicals in the system is a measurement used by researchers to investigate how different variables impact on an individual's stress level and, in turn, how these stress levels impact on immune system functioning and the ultimate health of the organism. PNI researchers conclude that:

Although two people in the same place at the same time may ostensibly have the same experience, the significant influence on the outcome is the person's perception of the event: the individual's subjective degree of control, capacity to manage the situation, personal history. (Locke & Colligan: 1986, p. 74).

This is an extremely important conclusion for proponents of Control Theory, because it corroborates the belief that individuals do have an impact on their wellness by their behavior.

**CONTROL AS A FACTOR IN THE RESPONSE OF AN INDIVIDUAL TO A STRESSOR**

The individual's subjective degree of control is a significant factor on how stress affects the immune system and thus health. Control, in this context, can be the amount of control individuals are able to, or perceive they are able to, exert in a given situation; and/or the control individuals have or perceive they have over their response to a stressor.

Seligman's helplessness experiments are an example of the first type of control (Locke & Colligan, 1986). In this experiment, Seligman suspended dogs in a sling from which they could not escape and subjected them to electric shocks. He then put these dogs into a shuttle box where if they tripped the correct wire the shock would be turned off. Other 'unconditioned' dogs ran around wildly at first, found the wire by accident, and then proceeded to use it to turn off the shock in subsequent turns in the shuttle box. The 'conditioned' dogs, in contrast, just lay down and whined. Seligman concluded that helplessness is learned. People give up on an encounter with a stressor, like the conditioned dogs, because they have learned that nothing they do makes a difference. Even if they could change the stressor, if they perceive they can't, the result is the same.

The second type of control is demonstrated by a study by Israeli scientists on the experience of bereavement of women who had lost their babies either spontaneously, or through medically induced abortion. It was the women's attitude rather than the kind of abortion that occurred that made the critical difference to their immune system. Those who perceived that they could control their response to the stressor, and accepted the loss showed a much stronger T cell count. The inner reaction of the women had a definite influence on their body (Locke & Colligan, 1986). This inner experience of stress shapes the direction and force of the physiological impact on the body.

Suzanne Kobasa, in her study of executives, noticed that some people can withstand more change and stress than others. Such individuals had hardness which she defines as allowing you to make the most out of the situation. The components of hardness were described as the three C's - challenge, commitment and control. Control was a feeling of being able to affect a situation including your response (Locke & Colligan, 1986).

An example of this giving up was documented by Greene (Locke & Colligan, 1986). Individuals experience when they are facing problems beyond their means. As a result, they succumb to an illness or physical problem for which they are already disposed. A woman leukemia patient stated that she wanted to live until her son, aged ten at the time, was grown up and settled. Over the years, Greene noted the remissions and recurrences of her illness as measured by the changes in her blood cell count. She died shortly after her son announced his engagement. She was able to control her disease for the time period she specified.
These controlled experiments and research studies provide the empirical evidence to support Glasser’s theory that taking better control of your life can have a positive impact on your health.

CONTROL THEORY IN THE CONTEXT OF P.N.I. RESEARCH

For a disease to be present, Glasser argues;

...there must be some observable structural change from normal to abnormal that can be seen either with the naked eye or under a microscope, or some life endangering chemical or electrical malfunction, such as an abnormal electrical impulse to the heart. . . . . Therefore, any disease, psychosomatic or not, always involves some observable structural abnormality in the part of the body involved in the disease (Glasser, 1984, p. 104).

After clearly defining disease in this way, and stressing that there are other causes of disease such as injury or genetic defect, Glasser goes on to argue his theory that psychosomatic illness is a creative process. (Glasser, 1984).

The old brain keeps us functioning and healthy, and drives our survival need. The new brain drives our psychological needs for belonging, power, freedom and fun. The old brain takes its direction from the new brain which is always searching for ways to behave to satisfy the psychological needs. If the new brain asks the old brain to function well beyond any of its organized behaviors in its quest to meet the psychological needs, the old brain may choose to try some different or creative ways of behaving in order to meet the new brain’s demands. It is these creative behaviors that can lead to disease or death. Glasser gives the example of a man running a marathon. The new brain ignores the old brain’s warning signals of fatigue and dehydration and continues to run. The old brain uses up the organized behaviors it has tried before to meet the new brain’s demand to keep running, and chooses a new combination of chemical and electrical signals to the heart that may prove fatal.

There are many diseases, and most, if not all, according to Glasser involve some creative reorganization of the immune system as the old brain tries desperately to respond to the demands being made of it by the new brain. This drives the immune system to attack normal tissue or to fail to recognize abnormal cells leading to disease.

If the immune system is overactive to an antigen from inside the body (as described earlier) then the result is an autoimmune disease such as rheumatoid arthritis or multiple sclerosis. If the immune system is underactive (as described earlier), then the immune system will ignore the abnormal antigen and cancer may be the result. There is no evidence that the first abnormal change in a cell that leads to a cancer has a psychological cause, but there is evidence that the individual can influence how well the immune system deals with the abnormality.

If the old brain is receiving signals from the new brain over a sustained period of time to release the chemicals into the bloodstream that prepare the body for the fight or flight response, (because this is the most effective behavior the new brain can come up with at the time to deal with the stressor), then the impact of these chemicals on the body over time can lead to serious disease including ulcers and heart attack.

Glasser argues that if the new brain chooses ineffective ways to meet the basic needs that this can in turn effect the signals the old brain sends to the immune system and disease may result. For example, some people who choose not to use painful feeling behavior to deal with a painful situation, choosing instead to block out the feeling, may be prime candidates for psychosomatic illness. (Glasser, 1984). In these cases, biofeedback techniques could help individuals see the impact their chosen behavior is having on their bodies. It is clear that Glasser’s theory on psychosomatic illness is supported by, and contributes to, the PNI research, and provides good evidence for us to take more effective control over our lives.

IMPLICATIONS OF THESE FINDINGS FOR HEALTH CARE

The Healer Within (Locke & Colligan, 1986) suggests ‘hope’ as the new medicine. Part of the ‘hope’ comes from faith in the treatment; documented in instances of placebo curing an illness. Part comes from individuals’ belief that they can control their responses to their environment and be active participants in the cure. If this is so, then the involvement of individuals in their treatment is a vital component. Unlike traditional medicine, where the focus of the healing is on the medical practitioner, individuals should be active participants who utilize the control they have over their body to heal it. Part of medical practitioners’ role will then become that of coach as they work with their patients to teach them ways to enhance their own healing and feelings of control. Biofeedback, meditation, relaxation, diet, exercise and teaching control theory/reality therapy are some of the ways holistic practitioners could use to do this.

In adopting these approaches to maintaining and restoring health, practitioners need to consider:

- Giving individuals the power to cure themselves also gives them the opportunity to fail. This may produce feelings of guilt in patients who are convinced that if they have the ‘right’ attitude they would be well. Other physiological, biological, environmental and genetic factors also contribute to disease, and self blame does not lead to wellness.

- Hospitals may not always be the best place to recover from illness as there is very little opportunity for patients to have control over their daily routine in the systematic organization of a hospital.

- No one method of treatment provides the answer. Individuals seeking good health should not depend on just one therapy, but what they consider to be the best ratio of mind/body medicine available.

USING CONTROL THEORY TO LEAD A HEALTHIER LIFE

Glasser (1984) believes that ‘health’ is much more than the absence of disease.

Health means to feel strong, alert, rested, mentally sharp, and physically active. Health means to look forward to challenge, both mental
and physical. It means time passing quickly and not dragging. (p. 222).

Control Theory/Reality Therapy teaches us how to achieve this state of health by taking more effective control over our lives. This involves teaching us to make better choices about the way we behave to get our basic needs met. This idea that we have a choice in our response enhances the feeling of control even if the situation remains unchanged. Experimental evidence supports the theory that this enhanced feeling of control will have a positive effect on the body's immune system and in turn better health for each of us.

**Behaviors to enhance health.**

- **Self evaluate often, asking yourself, “Is what I’m doing now the most effective way of meeting my needs?” If the answer is, “No”, then choose to do something different.**

- **Recognize that we do choose our behavior, and that although it may not always be easy to control the feeling and physiology components of our total behavior, we can choose what we think and do.**

Using the technique developed by Barnes Boffey called, 'Reinventing Yourself' would be one way to do this. The 'Reinventing Yourself' technique involves you describing in writing what you are doing; thinking; feeling; and the physiology in a particular situation that is of concern. You then ask yourself, “If I was the person I wanted to be, what would I be doing; thinking; feeling in this situation, and how would my physiology be?” It is a practical way to generate new positive ways of behaving in a particular situation. It is unlikely that you would choose illness in your reinvented picture.

- **Remove self criticism from your repertoire of behaviors. One way of doing this is to accept that you did the best that you could at the time, with the information you had and in the circumstances. Then use self evaluation to do things differently next time.**

Another way suggested by Louise Hay (Hay: 1984) is to use positive affirmations. This involves saying to yourself, “I’m willing to release the pattern in my consciousness that has created this physical condition.” Hay suggests specific affirmations for specific diseases.

- **Choose a non ‘giving up’ behavior in your new brain to respond to a diagnosed illness so that the old brain continues to look for creative ways (and hopefully positive ones) to heal the body. (Glasser: 1984).**

- **Use addictive drugs in small, well controlled social doses because they impact on our ability to take effective control. (Glasser: 1984).**

- **Recognize ‘true conflict’ and choose to do nothing for a time. Glasser describes true conflict as when there is no behavior that can match the quality world pictures of the people involved. (Glasser: 1984). For example, the situation of a couple where the man wants to move to another town for a job promotion and the woman wants to remain in her hometown to take care of her parents. What makes true conflict so disastrous, Glasser argues, is not only the fact that there is no solution but there is no respite from continuing to behave to try and find one. (Glasser: 1984).**

- **Chest pains, migraines and other illness are often the result of people trying to meet conflicting needs when they cannot. Glasser’s advice is to wait for a time and choose to do nothing to see if other factors impact on the situation and make the decision making easier. For example, the parents in the above case may offer to move to the location of the new job.**

- **Recognize that the only person you can control is yourself. Becoming ill to control another person might seem to be successful in the short term but it is an unhealthy choice in the long term. For example, a partner who had decided to leave chooses to stay to take care of you while you are ill. You might have the individual with you for a time, but your illness remains with its physical implications for your health, and the relationship remains unhealthy because it is based on your controlling behavior.**

- **Choose to spend energy on areas of your life you can control, especially when dealing with a stressful situation. You may not have control over the outcome of a court case that you are involved in, but you do have control of your diet and exercise program during this stressful event. This may be extremely difficult to do in some situations, but survivors of horrific situations such as concentration camps report that this is one way they survived. Search for the things that you can have control over.**

- **Spend at least thirty minutes of ‘in control’ time everyday. (Glasser, 1984). This is a time when the difference between what you want and what you have is so tiny that you can relax. It can be reading a book, playing tennis, meditating or exercising. It will be different for each individual. The important thing is that you are doing what you want, and there are no conflicts surrounding your choice.**

- **Take care of your body with diet and exercise and use drugs responsibly. Glasser suggests that running three times a week for at least forty-five minutes can have the beneficial effect of positive addiction. During the running, a state of mind can develop where lots of creative ideas for behavior are generated. These can be used by the individual to find more effective ways to behave other than illness.**

**References**


“MAKING THE WORLD I WANT”  
- Based on Reality Therapy  
Rose-Inxa, Kim  
MI Gu, Hwang

The senior author, Professor of Counseling Psychology at Sogang University, is considered the mother of CT/RT in Korea. The second author is a graduate student in Counseling Psychology at Sogang University.

ABSTRACT
This reports the results of a study of the effectiveness of a group counseling program based on CT/RT on the development of internal control and motivation for achievement among a group of middle school girls in Korea.

INTRODUCTION
The aim of this paper is to investigate whether students can develop as part of their living pattern responsibility, cooperation, and expression and sensitivity toward the feelings of others. The program “Making The World I Want” was tested on a group of students to investigate whether or not significant change occurred in internal control and motivation for achievement. As long as teenagers accept their own responsibilities, they will have more freedom. In fact, freedom and responsibility exist concurrently.

William Glasser emphasizes that individuals must own their responsibility. According to his theory, every human being requires five basic needs - belonging, power, freedom, fun and survival. In choice theory, he insists that human beings should be able to feel happiness when they can control themselves and believe that they are in charge of their lives. He also emphasizes that anyone can be a responsible person, a leader of his or her own life, and also have the power to change his or her life through understanding choice theory and reality therapy.

The belief in internal control leads persons to develop more efforts in their lives to meet their needs, and helps them avoid blaming or depending on good luck. It is emphasized that the motivation for achievement leads human beings to make long-term plans for their future, have desires heading toward the establishment of goals, and to feel satisfaction by problem solving. Observing changes among students - their capacity for consideration for others, their ability to control their behavior, and their adjustments to society - was a primary purpose of this experimental study.

HYPOTHESES
The following hypotheses were examined in this study:

1. Comparing the experimental and control groups, the experimental group will show significantly higher levels of internal control than the control group.

2. The experimental group will show significantly higher levels of motivation for achievement than the control group.

3. There will be a significant correlation between internal control and motivation for achievement.

LIMITATIONS
The following were the limitations contained in this study:

1. With only twenty-three female students randomly selected from one school, the results may not be generalizable to other populations.

2. Although there were significant changes from the pre-test to the post-test during the eight weeks of the study, it is impossible to say whether or not the results remained stable after the conclusion of the study.

3. Although there was significantly greater improvement in the group scores of the experimental group between the pre-and post-test scores on both internal control and motivation for achievement, there were no individual significant changes.

4. It was difficult to control the control group.

METHOD

1. Sample of students:  
A sample of twenty-three volunteer female students was selected from the D middle school in Seoul, Korea. Of these 23 students, 11 were randomly assigned to the experimental group and 12 to the control group.

2. Tools:
   a. The work book created by Carleen Floyd in 1990 was republished by the Korean Association for Reality Therapy in 1995 for use by Korean students.
   b. The Internal-External locus of control scale created by Julian Rotter was utilized in the study.
   c. A question sheet composed of 29 questions was used to assess the motivation for achievement.

3. Process:
   The study period ran from September to November, 1995. The control group met every Thursday, from 4-6 p.m. during the eight week program. The experimental group using group counseling applied to RT met in the classroom for the same amount of time during the eight weeks. A pre- and post-test using the Rotter I-E scale and the motivation for achievement questionnaire was given to both groups.

PROCESS OF GROUP COUNSELING

Week one
- Orientation to the group and introduction of counselors  
- Pre-test  
- Self-introductions of group members

Week two
- Assignment: How are we all alike and how are we different?
- Understanding the Basic Needs

**Week three**
- Assignment: How much of what you need do you already have?
  - Expressing how the Basic Needs are satisfied
- Assignment: How can you help yourself get what you really want?
  - How are the Basic Needs satisfied? Planning for the satisfaction of the Basic Needs.

**Week four**
- Assignment: What do you do to get what you need?
  - Understanding total behavior. Choosing one's own behavior. Evaluating self-control ability, Reinforcing the positive.
- Assignment: What's it like when you don't get what you want?
  - Understanding the quality world and the real world.

**Week five**
- Assignment: Is your road taking you where you want to go?
  - Understanding how to derive ‘Wants’
- Assignment: Do you have a road map for your car of life to follow?
  - Planning to derive ‘Wants’. Considering whether or not Wants are attainable. Planning that is simple, immediate, specific and sincere.

**Week six**
- Assignment: Do you ever make excuses when you don’t do what you said you would do?
  - Realizing excuses are not the way to get what you want
- Assignment: Is the picture in your quality world realistic?
  - Think about your mental picture albums and consider whether they are attainable. Changing perceptions of mental pictures helps make them realistic.
- Assignment: How do you know whether or not you are happy?
  - Helping students realize what are good decisions for satisfying their wants. Realizing that children are able to distinguish when they are satisfied. Helping them move toward satisfaction of their Wants.

**Week seven**
- Assignment: Who is in the driver’s seat of your car?
  - Helping them realize that they have to be in charge
- Assignment: What will destroy friendships more than anything else?
  - Think about friendships. Think about the feelings when they were in the position of being criticized. Think about how one should act toward others.
- Assignment: What if your picture doesn’t match another person’s picture?
  - Think about conflict resolution. Understanding Basic Needs helps because conflicts usually arise when there are different perceptions about needs.

**Week eight**
- Assignment: What do you want that you don’t have?
  - Understanding goals in life. Then thinking about what to do to attain those goals.
  - Assignment: How can you solve a problem and get what you want?
  - Planning for oneself, but not frustrating the desires of others.

**RESULTS**

**Hypothesis One**
Comparing the experimental and control groups, the experimental group will show significantly higher levels of internal control than the control group.

1) T-tests after the pre- and post-test between the experimental and the control group.

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<thead>
<tr>
<th></th>
<th>control group</th>
<th>experimental group</th>
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</thead>
<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>locus of control</td>
<td>8.92</td>
<td>1.62</td>
</tr>
<tr>
<td>t  =  .57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N  =  23</td>
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No significant differences were found between the two groups on the pre-test in locus of control; therefore, these two groups are similar.

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<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>locus of control</td>
<td>9.67</td>
<td>2.15</td>
</tr>
<tr>
<td>t  = -2.73*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*p &lt; .05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N  =  23</td>
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A significant differences at the .05 level was shown between the two groups after the post-test.

<table>
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<tr>
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<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>locus of control</td>
<td>8.92</td>
<td>1.62</td>
</tr>
<tr>
<td>t  = -.84</td>
<td></td>
<td></td>
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<tr>
<td>N  =  12</td>
<td></td>
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There was no significant difference between the pre-test and the post-test for the control group.
Table 4 t-test of internal control between the pre- and post-test for the experimental group.

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th></th>
<th>post-test</th>
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<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>exper. group</td>
<td></td>
<td>8.45</td>
<td>2.25</td>
<td>11.91</td>
</tr>
<tr>
<td>t</td>
<td></td>
<td>-6.33***</td>
<td></td>
<td></td>
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<tr>
<td>***p &lt; .001</td>
<td></td>
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There was a significant difference at the .001 level between the pre-test and the post-test for the experimental group.

2) Comparison of results of the pre- and post-tests for the experimental and control groups. Meaningful development in the increase of control scores for the experimental group is shown in Table 5 at the .05 level of significance. Therefore, internal control seems to have been developed by the program “Making the world I want”.

Table 5 t-test between the experimental and control group on locus of control.

<table>
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<th>experimental group</th>
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<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>locus pre/post</td>
<td>.75</td>
<td>3.11</td>
<td>3.45</td>
<td>1.81</td>
</tr>
<tr>
<td>t</td>
<td>-.252*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>*p &lt; .05</td>
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Hypothesis Two

The experimental group will show significantly higher levels of motivation for achievement than the control group.

1) t-tests between the control group and the experimental group.

Table 6 Intra-group mean and SD of motivation for achievement for the pre-test.

<table>
<thead>
<tr>
<th></th>
<th>control group</th>
<th></th>
<th>experimental group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Achieve</td>
<td>4.13</td>
<td>.24</td>
<td>3.94</td>
<td>.49</td>
</tr>
<tr>
<td>t</td>
<td>1.17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There was a significant difference at the .001 level in motivation for achievement pre/post for the experimental group.

2) Comparison of pre/post results for the control and experimental groups follows in Table 7. Meaningful development in motivation for achievement at the .001 level occurred for the experimental group. Therefore, the motivation for achievement seems to be developed by the program “Making the world I want”.

Table 7 Intra-group mean and SD of motivation for achievement for the post-test.

<table>
<thead>
<tr>
<th></th>
<th>control group</th>
<th></th>
<th>experimental group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Achieve</td>
<td>4.07</td>
<td>.19</td>
<td>7.09</td>
<td>.35</td>
</tr>
<tr>
<td>t</td>
<td>-25.96***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>***p &lt; .001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There was a significant difference at the .001 level between the control group and the experimental group on motivation for achievement on the post-test.

Table 8 t-test of motivation for achievement pre/post for the control group.

<table>
<thead>
<tr>
<th></th>
<th>pre-test</th>
<th></th>
<th>post-test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Control group</td>
<td>4.13</td>
<td>.24</td>
<td>4.07</td>
<td>.19</td>
</tr>
<tr>
<td>t</td>
<td>.55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There were no significant differences in motivation for achievement pre/post for the control group.

Table 9 t-test of motivation for achievement pre/post for the experimental group.

<table>
<thead>
<tr>
<th></th>
<th>pre-test</th>
<th></th>
<th>post-test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Exper. group</td>
<td>3.94</td>
<td>.49</td>
<td>7.09</td>
<td>.35</td>
</tr>
<tr>
<td>t</td>
<td>-46.70***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>***p &lt; .001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There was a significant difference at the .001 level in motivation for achievement pre/post for the experimental group.

2) Comparison of pre/post results for the control and experimental groups follows in Table 10. Meaningful development in motivation for achievement at the .001 level occurred for the experimental group. Therefore, the motivation for achievement seems to be developed by the program “Making the world I want”.
Table 10 t-test between the control and experimental groups pre/post on motivation for achievement.

<table>
<thead>
<tr>
<th></th>
<th>control group</th>
<th>experimental group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Locus Pre-post</td>
<td>-.05</td>
<td>.35</td>
</tr>
<tr>
<td>( t = -26.07^{***} )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hypothesis Three**

There will be a significant correlation between internal control and the motivation for achievement.

1) Correlation analyses:

   Table 11 Correlation analysis of internal control and motivation for achievement in the control group.

<table>
<thead>
<tr>
<th>correlation</th>
<th>Int-pre</th>
<th>Int-post</th>
<th>MA-pre</th>
<th>MA-post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal-pre</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Internal-post</td>
<td>-.35</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Mot for Ach-pre</td>
<td>.44</td>
<td>.07</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Mot for Ach-post</td>
<td>-.16</td>
<td>.56</td>
<td>-.26</td>
<td>—</td>
</tr>
</tbody>
</table>

\( N = 12 \)

Int-pre: Internal/External Locus of Control (I-E scale)
MA: Motivation for Achievement questionnaire

There was no significant correlation in the control group.

Table 12 Correlation analysis of internal control and motivation for achievement in the experimental group.

<table>
<thead>
<tr>
<th>correlation</th>
<th>Int-pre</th>
<th>Int-post</th>
<th>MA-pre</th>
<th>MA-post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal-pre</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Internal-post</td>
<td>.62</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Mot for Ach-pre</td>
<td>.59</td>
<td>.35</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Mot for Ach-post</td>
<td>.55</td>
<td>.32</td>
<td>.91^{***}</td>
<td>—</td>
</tr>
</tbody>
</table>

\( **p < .01 \)

\( N = 23 \)

There were positive correlations at the .01 level between the pre-test and the post-test I-E scale and motivation for achievement.

**SELF-EVALUATION REPORT**

The comments from members of the experimental group following the conclusion of the study were as follows:

1. What have you attained through this program?
   - Expressing difficulties in this group was very good.
   - Have learned cooperation and have made friends.
   - Characteristics have slightly changed.
   - Realized the importance of friends.
   - Have felt belonging during the eight weeks.
   - With the activities, have felt belonging and made friends.
   - Friends have increased.
   - Have learned a lot.
   - My cooperation and characteristics became good.
   - Realized what I should do.
   - Activities and relationships with friends became good.
   - Have made new friends.
   - Realized the way to have good friends and the warm heart of teachers.

2. What have you especially learned through the group role plays and the
video program?
- Realized I am in charge of the fulfillment of my needs.
- It was good to have time to think.
- I think I did a good job in the group activity.
- I have learned a lot.
- Listening and speaking.
- About choice.
- I have learned about the needs of the group.
- Cooperation.
- Activity.

3. How will you apply to your real life what you have learned from the group?
- I will.
- I will do my best.
- I will keep the promise I made.
- I will think first and apply what I have learned before I act.
- I will express myself when I have a chance to present.
- I don't know.
- My life has changed a lot.

4. What part especially did you do?
- Explain about needs.
- I had good participation.
- I had a good presentation.
- I cooperated well.
- Getting along with friends.
- Expressing frankly.
- Writing.
- I was honest about what I wanted.
- I have gained courage for making a presentation.

5. What do you think you should especially do well?
- For good participation, I should express myself by raising my hand in class.
- Should make good decisions for personal choice.
- Listening.
- Expressing own ideas.
- Should have more effort toward cooperation.
- I should control myself when I work with others.
- I should understand myself more honestly.

CONCLUSIONS

As the study has demonstrated, the group program “Making the world I want” seems to be a good program for middle school girls. Applying this program to the students helped them improve their internal locus of control and helped them develop their own efforts rather than just relying on fortune for their failures and successes.

Second, the program improved their motivation for achievement, and a positive effect on their discipline was also noted. This program constantly helped them to be successful in self-discipline. Third, through attending this program, students improved their skills in expressing themselves before an audience, and their sensitivities toward the feelings of others. This program also helped them to make better decisions and to take personal responsibility. Even if not all individuals changed as much as they seemed, they all seemed to enjoy the eight week program.

Counselors who instruct this type of program need to be educated through an RT program. The image of counselors as responsible and trustworthy tends to be strengthened through this program. Perhaps the most important conclusion is the realization that further research beyond the eight-week period is necessary to determine long-term effects of such a program.
UNDERSTANDING MY QUALITY WORLD
Antun-Tony Rehak

The author is a Basic Practicum supervisor and the training manager of a plant in Omisalj, Croatia.

ABSTRACT
A personal reflection on the application of CT/RT to one's personal life and as a role model for others.

As much as I know CT or the process of RT, it is very difficult to always identify what leads me to some specific behavior. Basic needs represent the force that drive us, but our wants are what lead to specific behavior. Although this is clear to me, I still have a problem working on my mission to teach the world CT, in counseling, and in managing. If I want to do something and there is no progress toward that goal, my client is not making progress as we both hope, or if I am unsuccessful in managing the behavior of others in a direction they are unwilling to take, the problem likely lies in the fact that I do not know what the real wants of others are; at times, I am even unaware of my own wants.

Glasser said in Philadelphia that there are few people who understand our internal world, and the importance of this world for human behavior. I think that I understand very well the basic needs, quality world, comparing station, perceptual system, perceptual error, behavioral system, and total behaviors. However, thinking by itself is not enough, especially if we are talking about our needs and our internal world. I know how to explain what makes us behave, but to help myself or someone else to change what we are doing in order to reach quality is something different. Since we have only five basic needs, it seems easy to understand them in ourselves and others. How can I miss the client need? In practice, I miss - I recognized that when the client did not follow through on what we agreed. I work with teachers, and that does not result in a new way of teaching. I work with managers, and they continue working in their old ways; the same holds true for me. Deming states that there is no human activity which cannot be enjoyed. To say this in CT terms, it means that we can satisfy our needs through whatever we are doing.

Glasser explained human needs and the quality world in his books; it is difficult to say where the best description is given. I studied Stations of the mind, and I'm trying to find connections among the rest. It is easy for me to understand concepts such as quality management, quality teaching, and procedures that lead to change. Glasser states in The Quality School that CT is a practical theory, I need to find this practical aspect. I am also aware that no one can do that for me.

Our training in RT as a way to implement CT headed us in the direction of problem-solving. Utilizing the RT process makes it less difficult to understand a client's quality world, because if the client knows what is wanted, there is less problem finding a suitable course of action. Gossen and Anderson (1995) helped us with the "Take Control Chart" as a practical tool to move from a problem to a strategy to satisfy one's needs.

TAKE CONTROL CHART

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bad feeling</td>
<td>5. Plan</td>
</tr>
<tr>
<td>2. Don't want</td>
<td>6. Strategy</td>
</tr>
<tr>
<td>CT understanding</td>
<td>Need</td>
</tr>
<tr>
<td>3. Do want</td>
<td></td>
</tr>
<tr>
<td>4. Need</td>
<td></td>
</tr>
</tbody>
</table>

This chart inspired me to think about our signals. A bad feeling occurs when we want something and we do not have it. Behind our want is always at least one need which is not satisfied. A good feeling results when we have what we want and the need(s) is satisfied. This is the moment when I can recognize both what it is that I want and what my needs are. When we have moments with no perceptual error at all, we have a new chart.

I HAVE CONTROL CHART

<table>
<thead>
<tr>
<th>Situation</th>
<th>CT understanding</th>
<th>Future behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Good feeling</td>
<td>3. Do want</td>
<td>5. Plan</td>
</tr>
</tbody>
</table>

The following example may help understand the above. I recently received a letter from Norway. A woman who reads my articles every week in the Czech language (printed in Croatia) about CT said... "I am 70 years old, and since the age of 47 I have sought the truth in the world... I have found that to be free means to have quality work... I believe that CT is the truth, and I'm always thinking about myself."

A moment after I read the letter, I felt very good, proud, cheerful, close to a person who is so far from me. I was thinking about who I am and what I did before. I have written 50 articles about CT and its implementation in everyday life. I spent a lot of time learning and writing about CT. For whom? For people who are interested in its concepts.

I want the same good feeling over and over. I have to repeat the good feeling because of my physiology, my thinking and my doing. If I feel good, I show this to people near me, and I'm living in a responsible way. Now, I have a chance to understand my needs. My belonging need is satisfied; I can explore the intensity of it. Perhaps it's a four on a scale from one to five. I want to share my peace of mind with others who are totally unknown to me. My need for power is also satisfied. The intensity of the power need may also be a four; to be recognized by others who are not around me in my country is need-fulfilling. The freedom need is satisfied because I decided to write about how to take control of our lives. Freedom need intensity may be at level three. Joy is also present; I like to learn, to think, and to work on CT. I discovered that this weekly newspaper is read far more distant than just in Croatia, and this provides pleasure for me. Now that I know my needs and their intensity, I understand my needs more completely. It is very important for me to know the forces that drive me.
My plan is to write again and again. I am first of all responsible to and for myself. My strategy is to work on the ways that enable others to also satisfy their needs, because the second part of my responsibility is to help others meet their needs, or at least not to interfere with others satisfying their needs.

Using this, I can recognize what a pure feeling is and what are feeling behaviors. My good feelings are what I desire, and my goal in life is to work on what I want, rather than focus on what I do not have. Now I can compete with myself and collaborate with others, and be an individual who is happy evaluating his own behavior and constantly attempting to improve what he does, rather than be someone who is unhappy, and who evaluates the behavior of others and spends time criticizing, complaining, and judging in the attempt to get others to improve what they do.

A benefit of trying to experience good feelings rather than just trying to correct bad feelings is to have real control of our lives. We who teach others CT and RT must be able to implement CT in our own lives. If not, there is little chance that others will follow us.

SUMMARY

Our quality world and basic needs are a dominant part of our life. They define our perception and our behaviors, and are not as easy to understand as they initially appear. It is easier to know what we want and the meaning of our needs in situations in which we feel good. The Take Control Chart is very helpful for situations in which we feel bad or in which we believe that we do not have control of our lives.

References

TEACHING AND LEARNING AS A CHALLENGE AND A NEED-FULFILLING ACTIVITY
Ksenija Napan

The article discusses the link between the Contact-Challenge Method of teaching-learning social work and RT/CT and QM ideas. The method was originally created and tested in Croatia. The importance of addressing the quality world of learners and the elimination of coercion and failure is explored, together with creating a need-fulfilling and challenging atmosphere for learning. Self evaluation is utilized as a basic tool for marking student work, and persons with special needs are asked to help students to become better professionals. This extraordinary University program proved to be very effective for it opened many doors for using RT/CT and QM ideas at the University and in work with persons with special needs.

INTRODUCTION

I would like to share with the readers how reality therapy, choice theory and quality management ideas may be applied in the University setting and how a blend of experiential learning theory, choice theory and my personal experience led me in developing a new and challenging method of teaching-learning social work practice. I have named the method the Contact-Challenge Method, and I have designed it in such a way that it is permanently improving itself through its performance by means of participatory action research. Theory, practice and experience are integrated and students are guided to link personal experiences and experiences in the field with theories learned in the classroom. Students are encouraged to learn using their total behavior and reflecting on their personal and professional needs.

The name “Contact-Challenge Method” reflects its essence, that is, students learn from direct contact with persons with special needs (The term “persons with special needs” is used in its broader sense, i.e., not only for persons with mental or physical disabilities, but for every person who temporarily or permanently needs help and support.), and the program is organized so that these contacts become challenges for both parties. Students have a chance to practice problem-solving skills, not with persons with special needs, but with each other during the laboratory sessions organized at the university. They are encouraged to work on their personal growth and development and discuss professional issues that arise from contacts with the clients. Previous experiences are valued, prior knowledge is utilized, and students are guided to learn from each other. All participants are considered as equal partners in the process, every participant can learn from the others, and individual learning styles are nourished.
Field instructors, program co-ordinators, students and clients are in the process of discovering and learning. Teaching and learning are understood as viable, never-ending processes. They are also understood as need-fulfilling activities where every individual can express his or her creativity and enjoy the power of being responsible for creating one's own learning program.

The program is individually tailored, and both persons with special needs and students set plans and outcomes they would like to achieve during the year. Individual wants and needs are discussed at the beginning of the program, and students and clients are responsible for the realization of the plans they create. Theoretical ideas are permanently challenged through students' and clients' involvement. Through this method, processes of teaching and learning become viable and they constantly change and develop. The program is evaluated by its participants all the time, and self-evaluation is the main part of the student assessment at the end of the year.

BACKGROUND

I created the Contact-Challenge Method at the University of Zagreb in 1990/91, by pulling together the needs from the field, students' wishes, and demands for effective practice education for social workers. This method was developed by means of reflexive evaluation done by all participants: students, field instructors, clients and myself. We, as equal participants in the program, developed the method through its actual performance. The performance of the method is in essence action research: Action research relies on self-evaluation and professional development (Elliott, 1982) where researchers are at the same time subjects of research. The goal of action research is professional development and it indicates the basic unity of theoretical and practical knowledge. The process of action research involves reflection and immediate changes in practice. The process of action research involves reflection and immediate changes in practice. Action research is a form of collective self-reflective inquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social or educational practices, as well as their understanding of these practices and the situations in which these practices are carried out (Kemmis + McTaggart, 1992:5). The Contact-Challenge Method, in its present form, emerged as a result of a participatory, self-evaluative action research, conducted in Croatia. That study will be described as a pilot study for the purposes of my doctoral dissertation. The Contact-Challenge Method, in its present form, will be evaluated again, by means of collaborative action research in New Zealand, as a part of my doctoral thesis.

The method, still performed in Croatia at the University of Zagreb, is growing and developing in spite of hard conditions. Even the horrible war situation was utilized as a challenge and an opportunity to work on war consequences. Many students were refugees themselves, and we had to deal with the grief, anger, personal and professional problems that the war imposed.

THE CONTACT-CHALLENGE METHOD

The method is grounded in Glasser's choice theory (1984), Lewin's (1951) and Kolb's (1984) experiential learning theory, contemporary theories of adult learning and research in field instruction in social work education. The “Contact-Challenge Method” differs from traditional university methods of teaching. It is radical, extraordinary and provocative, striving for quality, constantly changing and correcting itself, and valuing feedback from all participants. In essence, it is experiential and based on contact, and it challenges social work values and principles in real-life situations. Students are encouraged to explore their qualitative world, and individual pictures are compared with principles and ideas that social work theories propose. Students' total behavior is utilized in the process of learning, and challenges derived from contacts with clients and personal experiences drive students to become active participants in their learning. In this program it is impossible for students to “swallow” social work principles and steps in the problem solving processes without questioning them and linking them with practice. This method attempts to integrate theory, practice and experience, assuming that students learn better as whole human beings, when their total behavior is involved in the process of learning. It respects students' and clients' rights for self-determination to the point that they create their own programs and assess their own achievements.

GENERAL AIMS OF THE CONTACT-CHALLENGE METHOD

1. To support students in the integration of social work theory, practice and personal experience in order to become effective practitioners.
2. To facilitate the process of exploring individual learning styles, prejudices and values.
3. To improve the quality of life of persons with special needs and their families by offering support and help in the way they see fit.
4. To improve the Contact-Challenge Method of teaching and learning social work practice by means of action research.

INDIVIDUAL OUTCOMES — AIMS OF THE CONTACT-CHALLENGE METHOD

Since the Contact-Challenge Method is individually tailored for each particular student in each particular situation, individual outcomes are always individually set, but four broad outcomes are offered at the beginning of the course. Then, if students accept them, they individualize those outcomes in terms of their individual needs.

Offered outcomes are:
1. To learn how to conduct a problem solving process.
2. To create a relationship with a client in which both can learn.
3. To learn directly or indirectly about various settings for social work practice.
4. To attain some personal outcomes or goals.
THE CONTACT-CHALLENGE METHOD IN ACTION
(The Process)

1. Theory
2. Laboratory work
3. Contact with clients
4. Supervision

It is important that students meet with clients during the academic year, not between semesters and not separately from learning theory and laboratory work. Theory is learned through active participation in lectures, reading, seminars and discussions. It is important that students participate actively in lectures. They are supposed to interrupt, give their examples, and discuss the content of lectures.

Students are supposed to be in contact with one person with special needs who has previously agreed to participate in the program. Persons with special needs are asked to help students become better social workers. All persons with special needs who are part of the program have to be "experienced in handling social workers". They are asked to act as "experts in treating social workers", offer their expertise about their conditions, and knowledge about how they would like to be treated by social workers. Since all of them had various experiences with social workers, they have ideas regarding which abilities and skills an effective social worker has to have and which behaviors are unacceptable. There are three conditions that have to be met in order for the person with special needs to become a participant in the Contact Challenge program.

• he or she had to have some experiences with social workers.
• he or she had to see a personal benefit from participation in the program.
• he or she had to be ready and keen to help a student to become a better social worker.

In return, students are supposed to help them in the way the persons with special needs see fit. Some clients need to go out (fun); some of them are lonely and want to socialize (love and belonging); some need help in housework and living skills (survival); some need help in transport (freedom); and some need to be seen, accepted and listened to (power). All individual differences are valued and all ideas are considered.

These contacts continue for 50 hours during the academic year. Students and clients are supposed to meet once a week for two hours during the academic year, but different arrangements can be made in the framework of the required 50 hours of contacts with a client. These contacts are on a one-to-one basis, even though students may occasionally organize trips or visits in groups. Every couple (student and person with special needs) creates a simple plan for their association during the program according to their needs. They set their individual outcomes and the way they are going to attain them. Students and clients are advised to make small and concrete plans. Client outcomes refer to the improvement of their quality of life and the gaining of skills; student outcomes refer to their learning goals. Both assess attainment of these goals at the end of the program. Even though goal attainment gives a feeling of success to students and clients, more focus is placed on the process than on the outcome. Sometimes not achieving a goal may be a better learning experience than achieving it.

Field instructors and the program co-ordinator are supposed to help students and clients in setting outcomes or goals. These goals should be realistic, ethical and achievable, and clients and students are responsible for their realization.

By being in contact with one person for a certain period of time, students have the chance to meet the client's family and his or her social network, and to become aware of services that society and private agencies are offering for persons with such problems.

Students attend laboratory sessions once a week for two hours and practice problem-solving processes working with each other on personal or professional issues that arise from being in contact with a client, or on problems and dilemmas which students experience as obstacles to their professional performance. Laboratory work is performed in small, closed groups and a confidentiality contract is agreed to at the beginning of the year. There is no pressure to work on deep personal issues. In cases when students open some kind of deep emotional issues they would like to work on or explore in more detail, they are supported to enter counselling sessions. Even though students are practicing problem-solving skills on their real problems or issues they are concerned about, the focus is placed on learning and practicing problem-solving, not on personal therapy. The most important difference from usual laboratory teaching is that students are not role playing. When a student wants to discuss a problem he or she has with a client, the student works on it with another student who uses problem-solving in a supervisory manner. When presenting a client's problem, role playing may be used, but more as a tool of becoming more aware and developing more understanding of the client's situation, than as "tools" for teaching problem solving methods.

I have chosen to support students to work on their personal issues in laboratory work, because my experience as a social work teacher and practicum supervisor taught me that many students, when they role-play, actually play themselves or pick up roles that are somewhat similar to their real-life situations. The role playing situation is always a kind of 'game' for students and, without intention, they may hurt each other by "not taking it seriously" when the situation is very serious. When students are practicing problem solving skills with each other on issues that really bother them or on situations they would really like to improve, they take it seriously, they take care of each other, and they are very motivated to offer support to each other. Simultaneously, they learn how it is to be in the position of a client, and the value of confidentiality and other social work values are permanently exercised in the group. It is also very important that students practice problem solving with each other on simple everyday problems and not with the program co-ordinator or lecturer. In this way, dual relationships between program co-ordinator and students are avoided and the focus is placed on learning skills not on personal therapy.
Students are in real contact with clients and have enough time to get to know the client’s family and social network, and agencies that offer support. (Here is fun, students have the chance to discover directly how the life is looking in the family with the person with a serious handicap, disability, or any kind of problem. They have no time to feel sorry for their clients, they have to act and see what good this unique encounter can bring. Most of the activities students do with clients are fun; they go to places of interest, they talk and laugh together. There is no pressure to do anything “serious or professional”. This attitude gives students the freedom to create their 50 hours of being in contact with a person with special needs.)

4. Students realize goals established with persons with special needs at the beginning of the year and they both feel empowered. (Power for clients and power for students, but when they are empowered this is also power for field instructors and program co-ordinators. Actually, the focus is placed more on the process than on the outcomes, and the whole process is meant to be empowering.)

5. Just by being in contact with social work clients with severe problems (mental retardation, physical disability, chronic mental illness, age related illnesses or multiple difficulties of children), students learn about the nature of these conditions without any pressure to solve the problems immediately. (Freedom, fun-learning.)

6. By attending supervision, where field instructors from all fields are present, and while discussing with other students the problems they face in a particular field, students have the chance to learn about problems in other fields of social work and to participate in finding possible solutions for them. (Learning about differences and varieties - fun.)

7. By sharing experiences, students had the chance to learn from each other. (Love and belonging.)

8. By participating in laboratory work and by practicing problem-solving processes with each other, students are simultaneously practicing problem-solving skills and experiencing how it is to be in the role of the client. They also had the chance to test on themselves the effectiveness of the problem solving methods taught in the course. Since they are together in the group for the same period of time, they are able to follow up the effectiveness of their interventions. (Love and belonging and power)

9. Since laboratory work is exercised under the contract of confidentiality and several other contracts, students have the chance to practice contracting skills important for their future practice. (Power and fun)

10. Since meeting with clients provides many challenges for the students, social work values are tested. Supervision and laboratory sessions offer the chance to discuss these issues. (Reaching the quality world)

11. Clients have a chance to share with students their previous experiences with social workers and suggest how they would like social workers to help them. Students have the chance to offer their view of the problem. This sharing and discussing about the role of the social worker in
specific settings results in the improvement of understanding the problems faced by persons with special needs and their families. (Love and power, also, more freedom for both parties)

12. Clients are empowered by being participants in the process of educating social workers. (Power)

13. Clients are encouraged to use the students’ help in realizing their outcomes (Power, belonging and freedom)

14. Field instructors are helped in their everyday work; they claim that through student participation they learn more about clients’ potentials and how they may be utilized. (Fun, belonging, competence)

15. Field instructors are empowered by having a direct impact on social work education. The link between the University and Agencies is strengthened. (Power, belonging)

16. Field instructors are permanently in contact with the University and, therefore, education is supported. As a result of a program, some field instructors start new programs in their agencies, and some decide to continue their education. (Power, Fun)

17. The University profits from being in contact with practice and permanently develops its programs according to the needs in practice. (Freedom, power)

18. Students claim that they learn about the importance of an interdisciplinary approach in social work. (Power)

19. Students learn simultaneously about social work theories, they see their impact on practice, and they have a chance to experience their impact. They learn by using their total behavior, focusing on doing and thinking and taking into account feelings and physiology. (Total behavior learning)

**References**


support and facilitative leadership of principals.

Surveys, designed in collaboration with consortium members specifically for the study, were used to collect data from a census of principals in the Quality School consortium. With the written support of Glasser, 145 consortium members were canvassed in 27 states of the United States and three provinces of Canada, with the vast majority of members consisting of schools at all levels of K-12 education.

Principals were asked to provide information through a series of open-ended questions, checklists and rating scales. Rating scales were used to gather information about the degree to which practices listed in the literature are evident in consortium schools and the extent to which consortium principals presently perceived their schools to be Quality Schools. Checklists were used to determine the measurement tools presently used in consortium schools as indicators of quality and predicted to be used more frequently in the future. Open-ended questions were used to gather information in a variety of areas, including personal and school community definitions of 'quality education', constraints and facilitating factors in moving towards quality, and key management practices used by principals in implementing and sustaining quality.

The final response rate was 66% of consortium principals. The high response rate allows for interpretation and confident generalization of the findings to schools exploring the Quality School principles and practices.

RESULTS AND DISCUSSION

The results of the study are highly relevant to the education profession and provide unique insights into: (a) defining quality education, (b) applying new measures of quality, and (c) making a radical shift in managerial style.

Defining quality education

Glasser (1992a) wrote that if the quality of education is going to improve, schools must first clearly define or redefine the goal of the education system and implement practices that are congruent with a derived definition.

In the main, principals offered definitions consistent with language used in the Quality School literature. Using the most frequently occurring words and phrases in the definitions offered by consortium principals, a possible universal definition of quality education in a Quality School can be derived from the results:

Quality education is education that engages all school participants, including students, teachers, parents, administrators, support staff, and members of the local community in learning that adds quality to the lives of the participants and leads to competence, success, and fulfillment both within and beyond the community. These outcomes are dependent upon the involvement of participants in work, skills, and learning experiences that are meaningful and useful to the individuals involved. Engagement of participants is enhanced through the use of processes that include lead management practices to foster continuing dialogue, encouragement, self-evaluation, self-responsibility, constant improvement, and best efforts on the part of all participants. The involvement of all participants in such processes is only possible in a learning environment that is non-coercive, supportive, needs-satisfying, and enjoyable.

Beyond the words that were offered by principals, five elements emerged consistently from the individual and community definitions as components of quality education:

- people (e.g., students, teachers, parents, administrators, support staff, and members of the local community),
- process (e.g., continuing dialogue, encouragement, self-evaluation, self-responsibility, constant improvement and best effort)
- content (e.g., work, skills and learning experiences that are meaningful and useful)
- outcome (e.g., learning that adds quality to the lives of the participants along with competence, success, and fulfillment both within and beyond the community),
- environment (e.g., non-coercive, supportive, needs-satisfying and enjoyable).

Schools may do well to consider the place of each of these elements in constructing and sustaining quality education in their community.

Although a universal definition comprised of common elements can be derived from the results, assuming that all participants in the community view quality education in the same way is potentially dangerous. Each principal offered up definitions that differed in some measure from the derived definition in either words or component emphasis. In addition, the results of the study suggest the existence of differences in component emphasis between subgroups (e.g., elementary principals included environmental factors far more frequently in their definitions than did secondary principals). Therefore, although a universal definition of quality education in a Quality School may emerge within the consortium, the results support the dangers of adopting someone else’s definition without consideration of variation based on local context.

The universality of definitions across groups in the community may also be dependent upon the extent to which definitions are owned by the community. At this early stage of the initiative, sixty percent of the principals indicated that their definitions were personal and not reflective of the school community in a formal sense. Community definitions may, of course, exist in some schools under other labels e.g., a vision or mission statement. Suggesting that a negotiated community definition of quality education may not yet exist in a majority of consortium schools is also feasible.

To establish a definition, communicate an awareness, and facilitate genuine commitment, Glasser (1992b) and Deming (1991) placed a priority on establishing processes that involve all participants in negotiating the
definitions that drive an organization and accommodate the needs of participants in the organization. Where a community definition was identified in consortium schools, critical components of the process used to arrive at that definition were reported to be consistent with the negotiation, involving dialogue and negotiated agreement—through school-level meetings, dialogue with community members, and use of consensus decision-making structures and processes.

Much of the energy for change that individuals and communities display undoubtedly comes from the sense of commitment that often accompanies new reforms. Levin (Finnan & Levin, 1994) and Sizer (1989) wrote about the difficulty of sustaining their reform initiatives in later years, and Goodlad (1994) warned that, without a clear and present definition or vision, significant and lasting change is in danger of collapse.

To build and sustain the Quality School initiative beyond the formative stages, it may behoove the individual consortium schools and the wider consortium group to remain committed to establishing a clear and negotiated definition that all participants know and accept. In the absence of a clear definition, the experience of other initiatives would suggest to Quality School leaders that their initiative is in danger of collapse. Collapse is also possible without the sustained energies of the adults involved in redefining quality education for their community.

In offering their definitions, respondents mention students or children far more often than any adult participant group. This proportional mention may reflect individual and community beliefs about for whom schools are created. In contrast, educators such as Glickman (1993) and Schlechty (1990) challenged the prevailing view that schools exist primarily for the growth and learning of children. Sarason (1990) agreed with this challenge to traditional beliefs and strongly argued the case for an alternative view:

(Such a change) . . . requires us to change our view about whom schools are for. . . . schools must be coequally accommodating to the development of teachers and students . . . the complete inability of educational reformers to examine the possibility to create and sustain for children the conditions for productive growth without those conditions existing for educators is virtually impossible. (p. 146)

Deming (1989) and Glasser (1990) both wrote about the benefits that flow to all individuals in an optimized system. Participants in consortium schools may do well to reflect on their own position in this debate as they move further down the path of exploration and implementation. An over-emphasis on students' needs may lead to adult burnout and the demise of the initiative. Reform initiatives as far back as the Eight Year Study in the 1930's "faded in part because the committed teachers became exhausted by the demands made on them as challenges come too thick and fast for the faculty to digest" (Tyack & Tobin, 1994, p. 469). In the midst of rapid and significant cultural change, attention to the needs of all participants becomes even more critical.

If establishing a clear and negotiated definition that meets the needs of all participant groups is a prerequisite for lasting and effective change, success also requires that participants look beyond the words of such a definition. Sergiovanni (1994) argued that a true definition of education requires thinking, beliefs, and practices congruent with those words. Schools and other organizations abound in which a few individuals determine the definitions, visions, and mission statements in a short span of time with little congruity between those goals on paper and day to day practices within the institution (Senge, 1990).

Table 1 illustrates the degree of implementation of individual Quality School practices derived from the literature. The degree of implementation of each school practice was rated by principals from 0 to 4, with the corresponding categories assigned to each of the following levels: 0 = Never, 1 = Seldom, 2 = Occasionally, 3 = Regularly, and 4 = Always. The results of this study support a picture of consortium schools where several Quality School practices that are congruent with the derived definition are evident on a regular basis and most other Quality School practices occur at least occasionally.

Successful implementation of practices must be subject to local interpretation of those practices within the broader definition of quality education adopted by the community and a clear understanding of the theory on which they are based. Otherwise, implementation of Quality School practices will be misdirected. Glasser's earlier thoughts on discipline are a case in point where practices have been misinterpreted and misapplied because of misunderstanding as to the definition and theory on which they were based. The extent to which this has occurred has led Glasser to distance himself from any discussion or practices placed under the banner of 'discipline' (Glasser, 1996).

Many reforms and reform practices have faltered because practitioners have adopted methods from other contexts without fully understanding the rationale and foundation for such practices (Deming, 1986; Glasser, 1990). As such, caution should be exercised when viewing the implementation of the practices listed in Table 1 as a checklist for becoming a Quality School.

**Measures of quality**

A major shift in the way quality is measured is a second component of the Quality Schools initiative. Glasser (1990) proposed that schools replace traditional systems of measurement and evaluation with processes that are more authentic and involve students in the evaluation of their own work. When the role of product evaluation is moved more from the manager (teacher) to the worker (student), the student will more consistently recognize and produce quality.

This study supports a picture of schools that are engaged in implementing a shift in the tools they use to measure educational quality in their community. Many Quality School measures that Glasser promotes in the literature (Glasser, 1990; Glasser, 1993) are already used as key indicators of quality in consortium schools. Student self-evaluation, performance or demonstration, teacher attitudes, school environment, and school goals and objectives are identified as the five most frequently used tools for presently measuring quality in consortium schools. Use of school environment and teacher attitudes are predicted to fall slightly in the future as key indicators,
Table 1
Mean of Consortium Principals' Perception of Degree of Implementation of Quality School Practices

<table>
<thead>
<tr>
<th>Quality School Practice</th>
<th>M</th>
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<tbody>
<tr>
<td>An ongoing professional dialogue is engaged in between teachers and administrators</td>
<td>3.26</td>
</tr>
<tr>
<td>Skills of speaking, reading, writing and problem solving are emphasized</td>
<td>3.24</td>
</tr>
<tr>
<td>Administrators operate noncoercively with everyone in the school community</td>
<td>3.15</td>
</tr>
<tr>
<td>Problem solving strategies are used at all levels</td>
<td>3.05</td>
</tr>
<tr>
<td>Cooperative learning is used in classrooms</td>
<td>3.04</td>
</tr>
<tr>
<td>Useful and relevant material is taught</td>
<td>2.95</td>
</tr>
<tr>
<td>Any grade can be improved</td>
<td>2.94</td>
</tr>
<tr>
<td>Teachers explain the usefulness of material to students</td>
<td>2.80</td>
</tr>
<tr>
<td>Teachers operate noncoercively with students</td>
<td>2.75</td>
</tr>
<tr>
<td>An ongoing professional dialogue is engaged in between teachers and students</td>
<td>2.62</td>
</tr>
<tr>
<td>Students are asked to evaluate their own work for quality</td>
<td>2.62</td>
</tr>
<tr>
<td>Teachers formally study and discuss choice theory</td>
<td>2.61</td>
</tr>
<tr>
<td>Students are involved in defining quality</td>
<td>2.54</td>
</tr>
<tr>
<td>Teachers teach the skills of self-evaluation to students</td>
<td>2.45</td>
</tr>
<tr>
<td>Administrators, teachers, students and parents meet regularly to discuss management of the school</td>
<td>2.43</td>
</tr>
<tr>
<td>Self-evaluation is used as part of the assessment process</td>
<td>2.35</td>
</tr>
<tr>
<td>Any homework given is not graded</td>
<td>2.30</td>
</tr>
<tr>
<td>Students are not required to memorize facts</td>
<td>2.29</td>
</tr>
<tr>
<td>Tests ask students to explain how the information can be used in peoples' lives</td>
<td>2.27</td>
</tr>
<tr>
<td>Students are trained to serve as tutors for students who need additional instructional help</td>
<td>2.26</td>
</tr>
<tr>
<td>Objective tests (such as multiple choice) are not used</td>
<td>2.15</td>
</tr>
<tr>
<td>School programs for students to help in the community are included in the curriculum</td>
<td>2.13</td>
</tr>
<tr>
<td>Adult volunteers are involved with teaching in classrooms</td>
<td>2.12</td>
</tr>
<tr>
<td>Tests are open book</td>
<td>2.09</td>
</tr>
<tr>
<td>Students formally study and discuss choice theory</td>
<td>1.76</td>
</tr>
<tr>
<td>Students assign homework to themselves to learn more, to prepare for tests and to improve their grades</td>
<td>1.66</td>
</tr>
<tr>
<td>Students trained in reality therapy are available as peer counselors</td>
<td>.79</td>
</tr>
</tbody>
</table>

Although even with the projected decrease, both remain in the top five. Performance or demonstration, along with student self-evaluations, are projected to show a large increase in use as key indicators of effectiveness in a Quality School. Portfolio analysis is also predicted to show a large increase and replace school goals and objectives in the top five measures.

If key measures presently in use and predicted for use remain in place in consortium schools over time, the key indicators in those schools would be congruent with the definition of quality education that this investigation produced. The use of these measures would reflect a shift in: (a) how teachers measure student work (through joint analyses of portfolios, performances, and demonstrations), (b) the role of students-as-workers (through self-evaluating their own performance), (c) the role of the teacher as manager and key participant in the evaluative process (through teacher attitudes), and (d) the importance of a healthy environment within which the process can successfully occur (through school and classroom climate).

Consortium principals reported the predicted use of several traditional standardized measures as key indicators of quality to be less frequent. The use of promotion statistics, college placement data, state mandated test results, student grades, ACT/SAT results, drop out rates, and student attendance are all predicted to fall from present levels and find minimal use as key indicators in a Quality School. The largest drop is predicted in the use of state mandated test results and student grades.

The reduction in these standardized measures runs counter to the calls from large and powerful segments of the community for increased use of such measures to address the perceived crisis of quality in K-12 schools. If the Quality School consortium is to successfully put in place the predicted alternatives, while reducing the use of traditional measures, they may face increasing opposition from participants inside and outside their communities as they initiate these changes. In light of the national spotlight on objective testing, the ability of the Quality School initiative to use alternative indicators to measure quality, and their success at persuading the community to see the predicted measures as viable alternatives, may be critical to the continuing growth of the initiative.

**Managerial style**

A third shift in the Quality Schools initiative is movement in the ways that schools are managed. Teachers and administrators can be viewed as managers at different levels of the school system and effective management at all levels of the system is the key factor in the production of quality (Glasser, 1990). Glasser (1994) suggested that what he labeled as "lead management" is necessary at all levels of a Quality School.

Not surprisingly, consortium principals positioned skilled and supportive administrative leadership near the top of the list of factors facilitating movement towards quality. More specifically, one of the key components identified with "skilled and supportive administrative leadership" was the critical place of modeling in the process.

Senge (1990) supported the importance of modeling in the health of an organization when he noted that some of the most powerful information an
individual can receive comes from modeling and personal mastery of ideas by the leaders in the organization. Congruent with this, consortium principals most frequently named: (a) modeling of lead management and noncoercion and (b) personal mastery of choice theory as the two top management practices that support and sustain the implementation of quality education.

The ability of principals to master these practices is enhanced by the training they receive in choice theory concepts. The intensive training (basic and advanced) offered through the William Glasser Institute is designed to facilitate the administrators’ ability to engage in lead management and personal mastery of choice theory. The information provided by consortium principals strongly supports the position that administrators participate fully in these training programs.

Quality management principles also include involving the workers in the management process (Deming, 1991). Lead management incorporates these principles. Involving teachers and support staff in designing and improving the educational process are key factors that emerge from the results. Such involvement placed high on consortium principals’ list of key management practices, facilitating factors and the Quality School practices that are evident in consortium schools.

On the other hand, staff attitudes and beliefs rank second on the list of constraints on movement towards quality. The attitudes and beliefs of teachers become all the more critical when considering that “theorists of educational change overwhelmingly agree that teachers are the one group that must be committed to reform for it to succeed” (p. 516) (Mirel, 1994). In support of their role, Glasser (1990) included teachers under his label of workers in schools” (p. 25). Perhaps empowering students in consortium schools is having a far more dramatic impact on movement towards becoming a Quality School than administrators consciously know. If such is the case, the results of this study provide further incentive for exploring this role and impact within the Quality School initiative.

Towards that end, the results of this study support a picture of consortium schools where principals report utilizing a variety of practices designed to facilitate engagement with teachers. These methods include: (a) involving staff in decisions by removing barriers to their empowerment, (b) inviting and encouraging staff to take risks and make changes, (c) conducting an ongoing dialogue with staff, and (d) providing and supporting inservice training. The extent to which the principals are successful at engaging teachers, and the perception by teachers of these efforts, may play a significant factor in the continuing success of the initiative.

Support of parents and the wider community also appears critical to the long-term success of the initiative. Principals more frequently named parents and the wider community as constraints rather than facilitating factors by more than a 2:1 ratio. It is not clear from these results, however, about the extent to which principals would view this as a function of parents or as a function of some other cause, such as an inadequacy in the system that may be sending parents mixed signals on hospitality.

The results also raise considerations about the role of students in the process of movement towards quality. Principals explicitly mentioned students as factors in movement towards quality far less frequently than they named other participant groups. Consortium principals reported Quality School practices involving students to be evident on an occasional to regular basis in consortium schools. However, they mentioned students infrequently in response to open-ended questions asking for: (a) facilitating factors, (b) constraints, and (c) key factors in the process of determining a definition of quality education.

When principals did mention students, they, like parents and the wider community, were mentioned more frequently as constraints than as facilitating factors. Again, it is unclear about the extent to which principals viewed this constraint as a function of the students themselves and to what extent they saw it as a function of some other cause.

The limited mention of students as a factor in facilitating or constraining implementation of the initiative bears further analysis and comment. To the extent that the results reflect the absence of students, or a perception of their absence from the transformative process, the results are consistent with a vast majority of reform literature that ignores the role and power of students in implementing sought after changes (Nehring, 1992).

Despite the infrequent mention of students in response to open-ended questions, the results support a strong case for student involvement and empowerment as one of the most critical factors in the growth of the initiative. One of the strongest consistencies in the results appeared in the relationships between (a) the level of implementation of individual Quality School practices (See Table 1) and (b) principals’ global rating of their school on a Quality School rating scale (from 0 to 5). The two sets of data were compared using a Spearman’s rho correlation coefficient. The eight practices resulting in the strongest correlation are displayed in Table 2. As can be seen from the table, of the twenty-eight practices listed for commentary, the eight practices that correlated most strongly with the principals’ global rating of their school as a Quality School all explicitly named the empowering of students as a part of those practices.

These results support a strong case for the potentially powerful, and perhaps often unnoticed, impact students play in the change process. Deming (1989) argued that empowering the workers is a critical factor in improving quality, and Glasser (1992b) wrote that “students are the primary workers in schools” (p. 25). Perhaps empowering students in consortium schools is having a far more dramatic impact on movement towards becoming a Quality School than administrators consciously know. If such is the case, the results of this study provide further incentive for exploring this role and impact within the Quality School initiative.

Overall, the results raise questions about how successful consortium schools have been at the early stage of the initiative at engaging students, teachers, parents, and the wider community as active partners in the movement towards quality.

Sarason (1982) suggested that unless reformers build constituencies for both within the school and within the community, most reform efforts will
fail. Tyack and Tobin (1994) added their voice to this premise by stating that “failure to enlist the support and the ideas of the community was especially harmful for . . . (reforms) . . . that violated the public’s notions of a ‘real school’ ” (p. 477). This label may well be attached to schools in the Quality School consortium as they implement alternative principles and practices. With those cautions in mind, continued efforts on the part of the Quality School initiative as they implement alternative principles and practices that are congruent with the Quality School literature. The results of consortium schools report progress in implementing the principles and practices that are congruent with the Quality School literature. The results of this study provide a clearer understanding of the Quality School initiative. Results suggest that, even in these early stages, principals of consortium schools report progress in implementing the principles and practices that are congruent with the Quality School initiative. Results also add insight into an array of current issues demanding urgent attention if the initiative is to maintain its energy and grow into a major force for sustained educational reform. Included among these issues is how the initiative tackles three critical areas: (a) a definition of quality education, (b) tools that measure the level of quality, and (c) management practices that foster quality.

CONCLUSION

The history of other reform initiatives suggests that it is too early to know if the Quality School initiative will be successful in sustaining its momentum and leaving a significant and lasting impact on the quality of education in the United States. As with many previous initiatives, the Quality School initiative holds significant promise, yet many other initiatives have promised much only to fade and die.

The Quality School initiative holds that promise, not only because of the results found in this study, but also because the program incorporates psychological explanations of human and systems behaviors that have had widespread application and success in industry and education. Despite that promise, it is too early to determine what the fate of this initiative will be. Time, along with the efforts and energies of involved participants, will contribute much to this answer.

REFERENCES


TRANSFORMING A TEACHER EDUCATION COURSE: HELPING TO MAKE THE TRANSITION TO QUALITY SCHOOLS

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ABSTRACT

There have been a growing number of articles in the Journal of Reality Therapy devoted to various aspects of the Quality Schools movement. The vast majority of these articles have focused on K-12 school districts. However, it is argued in this paper that teacher preparation programs have an important role to play in helping school districts make the transition to quality schooling. This paper reports on the results of an effort to prepare teachers who will incorporate the concepts of quality into their classrooms as they begin their teaching careers. The results of that effort are discussed.

TEACHER PREPARATION COURSEWORK:

The publication of William Glasser's The Quality School (1990) has been followed by a growing number of articles in the Journal of Reality Therapy addressing the concept of "quality schools." The vast majority of this literature in JRT has focused on K-12 teachers and/or students (Baskett, 1993; Bray, 1995; Edens, 1993; Greene & Uroff, 1991; LaFontaine, 1994; Parish, 1996; Parish & Stallings, 1992; Saviola, 1996; Wigle & Dudley, 1991; Wigle & Manges, 1993; Wigle & Manges, 1995). The primary purpose of this literature has been to report on efforts to integrate Glasser's Quality Schools concepts into K-12 school districts by working with the teachers and the students within those districts. Such efforts are an important part of the total attempt to help schools adopt the concepts and behaviors involved in choice theory, Reality Therapy, and quality management. However, institutions that prepare future teachers must also play a role in the transition to Quality Schools (McClusky & Parish, 1994; Wigle & Dudley, 1991; Wigle & Harris, 1994).

As has been argued elsewhere, in order to help move the education community toward a shared vision of quality schooling, the newest members of that community will have to be exposed to new pictures of the "way schools are." Perhaps the most efficacious way to do this is to create new approaches to teacher preparation in which pictures of quality are central to the learning experiences of future teachers (Wigle & Harris, 1994). The purpose of this paper is to report on one project undertaken in an effort to prepare teachers who would incorporate the concepts of quality in their classrooms as they began their teaching careers.

METHOD

A total of 68 college students (27 males and 41 females) participated in this study. The students were enrolled in three sections of a course in educational psychology at a small midwestern college. The course was designed to incorporate and model the concepts involved in quality schooling. Specifically, at the beginning of the course the instructor introduced the students to the concepts of "quality." Quality was defined as "any useful experience that people find consistently satisfying to one or more of their basic needs." The students further learned that several conditions had to exist if schoolwork was to be perceived as a quality experience by those who were asked to do it. These conditions were: a supportive classroom environment; asking students to do only useful work; encouraging students to do the best they can; and asking them to evaluate their own work and improve it.

"Useful work" was defined as that which is related directly to a life skill, that which students express a desire to learn, or that which a teacher believes is useful and which the teacher can lead students to want to learn. It was explained that a teacher can present something to students as worthy of their time and efforts in a number of ways. Specifically, a teacher can provide learning tasks to students that connect with the skills needed to use the knowledge gained. A teacher can also connect the knowledge gained in such learning tasks to the world outside of the classroom. Finally, a teacher can show students how those tasks relate meaningful to their lives.

The link between evaluation and quality schoolwork can be made by the introduction of the acronym SESIR. It was explained that the first S in the acronym meant that students had to show that they have learned a concept or skill. The E meant that students had to explain why or how they did something (solved a problem, implemented a procedure, and so forth). The second S meant that students would be asked to self-evaluate their work. The I meant that students would always be asked to improve what they have done. The R meant that students would be asked to repeat the SESIR process until both they and their teacher(s) agreed that quality has been achieved (Glasser, 1990).

After the students learned the preceding concepts, they were told that these same concepts would apply in the educational psychology class in which they were enrolled. The instructor committed himself to establishing a supportive classroom environment by declaring that he would help his students any way he could. He offered to answer their questions if he could, and he agreed to listen to them whenever they had questions, concerns, ideas to share, or input. However, the instructor also made it clear that he could not and would not do the students' work for them or solve their problems. Doing that would prevent students from profiting much from the course.

The instructor also announced that the students would be asked to do only useful work in the course. The concepts and skills that the students would be learning would always be practical and applicable. Further, the instructor let the class members know that he would always take the time necessary to show the students how those concepts and skills would relate to their eventual career goals of being quality teachers. Finally, students would never have busy work for its own sake or learn anything that they would not see as useful to them.
The instructor and the class agreed to use the process of SESIR throughout the course. The instructor offered to give written feedback on any written assignments along with the number of credit points that he believed the students had earned. The students would also evaluate their own written assignments and award themselves the number of points they believed that they had earned. If awarded fewer points by the instructor than those awarded by a student (as was often the case), students would attempt to improve their original work and submit it again with an explanation of how they improved it. It was further agreed that this process would continue until both the teacher and the student agreed that the work finally represented quality.

Following this introduction to quality school concepts, the course was taught in the manner indicated above. The content of the course was carefully selected to focus on those knowledges and skills that the students would need as classroom teachers. Class time was used to show students how and why those knowledges and skills were useful to them. The SESIR method was used to evaluate student work and help students move to quality products. Ample opportunities were made available to students to give feedback and input to the instructor and to other students in the course. Finally, at various points throughout the course, "class meetings" were held to discuss quality and whether or not it was present in what the students were asked to learn, how the instructor was conducting the course, and in the work that the students were doing.

After the students completed this course, they typically spent their next semester completing their student teaching experience. Following student teaching, the students typically began their teaching career in a K-12 school system. During the second half of their first year of full-time teaching, each student in this study was contacted by letter. They were asked whether or not they were presently using any of the concepts of quality schooling that they had learned about during their course in educational psychology. They were further asked to indicate which concepts they were using and to indicate if they thought those concepts were effective in helping them facilitate quality schoolwork in their students. Finally, they were asked to indicate if they would continue to incorporate the concepts of quality schooling in their classrooms.

Results and Discussion

Of the 68 students receiving surveys, 60 responded. Their responses to questions 1 and 4 appear in Table 1 below.

<table>
<thead>
<tr>
<th>Question</th>
<th>Number of Responses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you using the concepts of quality schooling in your classroom?</td>
<td>yes 39</td>
<td>.65</td>
</tr>
<tr>
<td></td>
<td>no 21</td>
<td>.35</td>
</tr>
<tr>
<td>4. Do you intend to continue using quality schooling concepts in the future?</td>
<td>yes 47</td>
<td>.78</td>
</tr>
<tr>
<td></td>
<td>no 13</td>
<td>.22</td>
</tr>
</tbody>
</table>

The responses of those teachers who answered "yes" to Question 1 are summarized in Table 2 below.

<table>
<thead>
<tr>
<th>Question</th>
<th>Number of Responses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Which of the following are you using?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Supportive environment</td>
<td>38</td>
<td>.97</td>
</tr>
<tr>
<td>b. Useful learning activities</td>
<td>31</td>
<td>.79</td>
</tr>
<tr>
<td>c. &quot;Selling&quot; activities</td>
<td>32</td>
<td>.82</td>
</tr>
<tr>
<td>d. SESIR</td>
<td>12</td>
<td>.30</td>
</tr>
<tr>
<td>e. Class meetings</td>
<td>27</td>
<td>.69</td>
</tr>
<tr>
<td>3. Are these concepts resulting in quality schoolwork by your students?</td>
<td>yes 35</td>
<td>.89</td>
</tr>
<tr>
<td></td>
<td>no 4</td>
<td>.11</td>
</tr>
</tbody>
</table>

The data in Table 2 present a picture of incorporating amounts of quality school concepts. While nearly all of the teachers indicated that they were trying to create supportive classroom environments and to have students learn useful knowledges and skills, relatively few indicated that they were using SESIR or class meetings. Relatively few of the teachers who responded indicated any reason for their use or non-use of any given concept. However, those who did offer reasons wrote that they were not using SESIR because they didn't think that they had the time needed to do multiple evaluations of students work. In addition, some teachers wrote that they were not using class meetings because they felt great pressure to cover the assigned curriculum. They saw the time spent in class meetings as an obstacle to meeting curriculum goals.

Equally interesting was the percentage of teachers who indicated that they were involving their students in useful learning activities. While a large
Equally interesting was the percentage of teachers who indicated that they were involving their students in useful learning activities. While a large majority of the teachers indicated that they were having students learn useful things, a significant minority indicated the opposite was true. Again, while relatively few teachers gave any written reasons for their answers, two teachers indicated that their curriculum was decided for them by the school district in which they were employed. It was also indicated that teachers were expected to adhere to the official curriculum and that teacher evaluation was connected directly to student learning of the officially approved content. There were no other written comments made concerning this issue, so it becomes difficult to draw any precise conclusions. However, it could be speculated that if what children are asked to learn in schools is not perceived to be useful, then school will not be a need-fulfilling place. The amount of quality schoolwork that will be done in such schools will be very little despite the best efforts of teachers to make learning a quality experience for students.

The data reported here are only suggestive. Many more efforts will need to be made to answer some of the questions that are inherent in the present study. However, the data do indicate that if beginning teachers have the concepts of quality schooling in their own quality worlds, they will attempt to incorporate those concepts into their own classroom. The data also indicated that once teachers begin the process of incorporating quality into their classrooms, they will continue to do so. If the education community is to make a “paradigm shift” to quality schooling, then teachers and those institutions who prepare individuals to teach will play critical roles in the process (Wigle, 1989). Individuals who prepare future teachers will themselves need to incorporate, teach and model the concepts of quality schooling within their courses. The present study suggests that this might be an important part of the entire attempt to help K-12 school districts make the transition to Quality Schools.

References


COMMENTARY ON WIGLE

Larry Palmatier

The author deserves special recognition for initiating an educational psychology course that incorporates all of the principles of quality learning so that teacher education students may experience firsthand what quality schools are all about. Additionally, the college or university course may influence the trainees’ professional practice as they join the teaching ranks as certified teachers.

We need to keep our perspective on this topic. Those laboring in the public school vineyards have been plowing the fields for some time while higher education faculties have lagged behind. A newly credentialed teacher who comes to a new teaching position armed with one university education course that matched quality principles may be insufficient. The norms of a school are foreboding and a new teacher is unwise to begin by challenging the conventional norms. Becoming a professional teacher typically takes 3-5 years and a long-term perspective is essential in judging the prospects of any new program.

I am unaware of a single entire teacher education program in the world that claims to prepare teachers for quality schools. We need one — tomorrow. We also need an organization and leadership program to offer a training program to prepare leaders for quality schools. Offering a course in teacher education, counseling, or any subject, for that matter, that fulfills the criteria for a quality school learning experience is commendable. Higher education professors are a little late in arriving at the dance. Front line K to 12 grade administrators and teachers have been pounding the pavement and beating the bushes for a few years. To offer a course in a vacuum is better than not offering one, but what would be better would be to organize a whole teacher education program with an aim to prepare graduates who can start teaching immediately in a quality school. Next, a significant improvement would be to develop a cohesive plan for linking teacher education and the move toward quality in selected school districts around the country. We cannot yet call the experiments in quality schooling a full blown movement. Perhaps what we have to date is a large scale and important school project. What would help the cause?

In keeping with the spirit of this article, I suggest that teacher education programs begin by doing what the author suggests — changing their courses around to meet the criteria of quality schooling. Next, coordinate the efforts of individual teacher education faculty members here and there and offer an entire program or a program option in quality schools and quality teaching. After one brave and innovative university manages to establish this unique and creative program, the next logical step is for such a quality teacher education program to coordinate its efforts with a public school district and to collaborate in preparing teachers for tomorrow’s schools. True, some experiments already do bring colleges and universities into collaborative working relationships with public schools, but these programs often have little to do with quality schools. A structured cooperative program in quality schooling cannot begin too soon.
WILLIAM GLASSER'S "QUALITY SCHOOL" PHILOSOPHY IN A COLLEGE SPEECH CLASS

Jan M. Stevens

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ABSTRACT

The "Quality School" philosophy can be successfully and easily implemented in a college speech class. The students and the teacher experience a supportive learning environment and useful quality work because of ongoing high levels of personal need satisfaction. Personal fulfillment and productivity flow from specific classroom strategies and activities including Control Theory instruction; role clarification; the creation of a useful curriculum; class ownership of a mission statement; ongoing discussions of Quality; skill building; self evaluation and feedback; the practice of consensus and inclusion; and the use of reality therapy.

MOVING TOWARD QUALITY: ONE CLASS AT A TIME

Lead managers place a high priority on the classroom environment. Introducing students to quality academic work is especially challenging because many have not experienced much quality in their past education. According to Glasser (1992),

I think that when you begin to discuss quality, it would be better not to attempt to talk about it directly or to try to go deeply into the concept in the first few discussions. Quality schoolwork is a new idea for most students, and their first instinct will be to resist what they fear may be another way to coerce them into working harder (p. 204).

CREATING A CONTEXT FOR QUALITY

A method that works beautifully when setting the stage for ongoing discussions of quality is involving participants daily in activities in circles. In such circles, participants offer comments, opinions, ideas, and questions concerning everyday topics of interest to them. Each person has many brief opportunities to speak in an egalitarian circle of concern. No one has to speak on every topic. Students may "pass" at any time. In these circles class discussions happen as students discuss curriculum and engage in planning. Laughter is spontaneous and common, and eventually Quality discussions emerge. In the words of Glasser (1992):

If you have established a dialogue with your class on a variety of subjects, then when you begin the important discussion of quality, they will not think it is anything special that they have to be wary of, and it is unlikely that they will find it boring. Still, when you begin, it is a good idea to use the synonyms for quality rather than the word itself. Ask them what in their lives right now is good, valuable, or enjoyable (p. 205).

LEARNING STUDENTS' NAMES AND VALUES

Examples of questions, which may be used in introductory involvement circles, include:

What is your full name? Is there a story behind it?
What do you value personally?
What do you value professionally?
What TV program do you enjoy most?
What is your favorite movie?
If you could be an animal, what would you be? Why?
If you could travel to any place in the world, where would you go first?

(Petersen and Walker, 1992)

When you were a child . . .
Who did you want to be?
Who did you look up to and admire?
What choices did you make that helped?
Who are some people that helped?

(Smith, 1993)

It is helpful to follow these activities with the facilitator's self-introduction. Self-disclosure can promote fear reduction and inclusion. Using Glasser's suggested method (1993) is useful:

What I believe in: No fear or coercion
Quality
Self-evaluation and continual improvement

What I will ask of students
What I will not ask of students
What I will do for students
What I will not do for students

(p. 16)

Participant involvement activities are useful when such activities facilitate one's personal need fulfillment. Therefore, daily activities that invite involvement can immediately reduce fear, foster inclusion, help members develop personal and social skills, and lead to satisfaction. Frequent, non-threatening glimpses into one another's quality worlds promote personal understanding, self-acceptance, and mutual concern and growth.

As the class members increase their sense of safety in involvement circles, their interests evolve from day to day and lead to deeper discussions of (1) Control Theory; (2) role clarification; (3) a useful curriculum; (4) the desire to create a class mission statement; (5) Quality itself; (6) self-evaluation and feedback; (7) a consensus model and the value of inclusion; and the (8) use of reality therapy in all aspects of the course.

INTRODUCING THE BASIC NEEDS

Using graphics, a facilitator can teach control theory in 5 simple steps.
(1) Draw a circle in the middle of the board with "flower" petals labeled as follows:

![Diagram of a circle with petals labeled S, F, L, P, F]

Figure 1. (Stevens, 1995)

(2) For about five minutes, ask the students to call out everything they want as human beings on planet earth. Write all of these wants in the petals on the board. The drawing typically emerges in this fashion:

(3) Next, fill in the missing letters for L (Love), P (Power), F (Fun), F (Freedom) and S (Survival) (See Figure 2).

At this point, it is useful to explain that this discussion technique is called "Concept Mapping" or a "Clustering right brain activity," and that the students will be asked to construct similar maps around other subjects in the future.

The discussion that follows this mutual brainstorming focuses on the common basic internal needs that human beings share. However, the specific petals where the facilitator had placed the wants is entirely based on the facilitator's subjective perception of where the wants belong. A first discussion of perception usually begins. As the students talk, they soon discover that some of their wants can satisfy many or all of their basic needs.

Figure 2. (Stevens, 1995)

CREATING ROLE CLARIFICATION

After the above Basic Needs Involvement activity, the interactive exercise, "MY JOB IS," works well at this point. (See Fig. 3)

The students and the facilitator list ideas as on the above grid as a group brainstorming activity.

VALIDATING A USEFUL CURRICULUM

(1) After building student involvement, it is important to validate a useful curriculum. The class members break into triads and use the Concept Mapping activity as modeled in the first Basic Needs Involvement exercise. The students receive one sheet per group and brainstorm/cluster the following: (See Fig. 4)

(2) As the students brainstorm, their clusters look something like this: (See Fig. 5)
Figure 3.

<table>
<thead>
<tr>
<th>MY JOB IS</th>
<th>YOUR JOB IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Present information</td>
<td>To Learn</td>
</tr>
<tr>
<td>To encourage</td>
<td>To ask Questions</td>
</tr>
<tr>
<td>To Respect others</td>
<td>To Respect Others</td>
</tr>
<tr>
<td>To...</td>
<td>To...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MY JOB IS</th>
<th>YOUR JOB IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not</td>
<td>Not</td>
</tr>
<tr>
<td>To make you learn</td>
<td>To do my job</td>
</tr>
<tr>
<td>To take abuse</td>
<td>To do others' work</td>
</tr>
<tr>
<td>To...</td>
<td>To...</td>
</tr>
</tbody>
</table>

Figure 4. (Gossen, 1993)

Figure 5. (Stevens, 1995)

(3) Following a large group discussion of the discoveries each triad has made, the facilitator distributes a proposed syllabus to determine if this outline meets the class members' needs. Class members make suggestions for improving the syllabus and everyone reaches a consensus regarding the course of study. The students become more personally vested as they see that their input into the curriculum makes the entire experience more useful.

CREATING A MISSION STATEMENT AND GROUND RULES

With a strong foundation laid, the participants are ready to create a class mission statement (Covey, 1989) along with practical ground rules to safeguard it. Groups of four decide what they believe and write their purpose in a sentence. These groups are also asked to recommend simple ground rules. Four people volunteer to take all of the groups' statements and ground rules and synthesize these ideas to reflect the essence of every-one's contributions. Such a mission statement might evolve as this example did:

We respect ourselves and one another and believe that we can all learn, improve, gain confidence, and enjoy effective public and one-on-one speaking. (Stevens, 1995)

The class that wrote this mission statement adopted the following ground rules to safeguard their mission:

1. Be kind to ourselves and others.
2. Be on time.
3. Be prepared.
4. Ask for help when necessary.

The class adopted both the mission statement and the ground rules by consensus and referred back to these beliefs throughout the course (Stevens, 1995).
INTRODUCING THE QUALITY WORLD/CONSTRUCTING THE CONCEPT OF QUALITY

As the class moves into discussions of quality, the concept of the Quality World is introduced. Two volunteers come to the front of the room. The teacher asks each volunteer to reveal need-satisfying pictures in their quality worlds. The question is posed: Who are some of the people, places, activities, and beliefs inside your quality world that you find need-satisfying? The facilitator fills in the quality world pictures as each person takes a turn. The result looks something like this:

```
Quality World pictures
Betsy, Craig
Teaching, Canoeing
Hiking, Cooking
Going to the mountains
Sewing, Cat Tiger
Being honest

Quality World pictures
Judy, Tom
Accounting, Skiing
Shopping, Saluting
Going to the beach
Shopping, Alive Doggy
Being dependable
```

Figure 6.

This exercise clearly links the quality world pictures to the basic needs and shows that we are all internally motivated and have freedom of choice. According to Smith and Tomberlin (1992), "Control theory maintains that our basic needs are all the same, but our wants or our pictures of how to satisfy these needs are unique and special" (p. 6).

Thus, a consensus again emerges that all people have more needs in common than most realize. At this point, students discover many "ah ha's" as they delve into a need-satisfying classroom.

INTRODUCING SIGNALS

The above process naturally moves to more friendliness and self-disclosure. Since students begin to open up and express fears about delivering speeches, they are now ready to discuss in a large group their common fears of public speaking.

The concept of internal signals comes next. In the words of Perry Good (1987), "Signals are internal sensations, which are closely connected with your basic needs and the pictures in your head of how you want your needs met. In fact, without these internal signals, you would not know if you were meeting your needs. You would not know if you were happy or miserable" (p. 31).

"Fear" is one of these internal signals. In a large circle, students call out their common fears one by one, as other students freely offer suggestions and moral support to the individuals looking for ways to overcome their fear. The facilitator can witness a tangible display of critical thinking as the students begin to teach themselves.

INTRODUCING SELF EVALUATION AND FEEDBACK

At this point, two video tapes of student speakers are viewed and a discussion in the large group follows. The main questions the facilitator poses are: What is of quality in each of the two video tapes? How could the speakers on the videos improve? Looking for what is right and building on strengths is fundamental to Glasser's model and practice. Continual improvement naturally follows.

Following these discussions, the group once again breaks into triads and brainstorm the competencies they seek as they practice speeches in the class. In the summer, 1995, speech course, from the student-generated lists, the following rubric (Figure 7) was created and revised by the students. This rubric served as a useful self-evaluation and coverification tool for the students, their peers, and the teacher.

Through consensus, the students accepted the rubric and chose to self-evaluate using the rubric each time they presented a speech. The facilitator and five other students completed the same rubric for coverification. Conferences with the facilitator followed every speech and the students each chose one area for improvement. They each generated a specific plan for accomplishing this.

It is interesting to note that the rubric (Figure 7) is the second rubric designed by the students in the summer, 1995, speech course. The first rubric was much longer and more difficult to use. The students discarded it after the first two speeches and created this newer, more effective rubric that was used for the remainder of the course. Continual improvement and self-evaluation are always encouraged in the Glasser Quality School Model. Also, the classmates discussed and approved the topics for their peers' speeches, instead of assuming others in the class would automatically be interested in their topics (Stevens, 1995). This ensures that most topics will be of interest to the class and provides for a generally receptive audience for each speaker, thus eliminating one potential source of anxiety.

USING THE PRINCIPLES OF REALITY THERAPY

Since reality therapy is itself an effective communication system, its use in a speech class is highly appropriate. An underlying daily application of reality therapy is used throughout the entire course. At this point, returning to the topic of perception is helpful. As Wubbolding (1988) states:
The investigation shifts to the power of effective thinking and effective acting. This discussion leads naturally to the good feelings that follow the alignment of all parts of the total behavioral system. The students enjoy the time they spend on this discussion as their “internal light bulbs” begin to glow.

**FROM THEORY TO PRACTICE**

The students then receive a list of reality therapy questions, which they may use if they wish. They practice these questions in dyads and triads. They also consider concepts from Stephen Covey’s *Seven Habits* (1989) since these ideas are compatible with both control theory and reality therapy. Their work evolves through daily discussions of one habit at a time. The students apply the reality therapy questions to Covey’s habits as well as to their own goals in the speech class. These questions include:

1. What do I want?
2. What do I believe?
3. What am I doing to get what I want?
4. Is this behavior helping me reach my goal?
5. Will this behavior work?
6. What is my plan if I determine my present behavior to be unhelpful?
7. Does my plan have a reasonable chance of working? (Glasser, N., p.19)

The above interactions take place during the first two weeks of the course with five hourly classes per week along with an initial presentation of communication theory and short, ungraded self-introductory speeches and narratives. The time spent on these activities creates a solid foundation for the ensuing weeks of study and communication skill building. Over the past four years, these strategies have contributed to an enjoyable, productive, and stimulating classroom environment. The students engage in high levels of learning, involvement, enjoyment, and freedom of expression. They exhibit trust, openness, cooperation, and honesty. The students and the instructor have a wonderful circle of mutual concern. In essence, the speech course proves to be a quality classroom that emphasizes continuing opportunities for everyone to succeed. Competence resounds in the students’ speeches, in their teamwork, and in their communication abilities. In the words of Jason Abbott, a summer, 1995, speech participant, “I now feel that I can interact with other people in society more effectively, and I owe it to this class.” What educator could ask for more?

This teaching method is easily transferred and is just as effective for use in other courses. The daily, short periods of time needed to lay the foundation of quality is well worth the effort. When the students experience the usefulness of quality work, they become animated learners and declare ownership of their educational process. The basic needs get met for both the students and the teacher. Without fear or coercion, class members grow and appreciate and respect themselves, one another, and the gifts of self discovery, quality education, self evaluation, and continual improvement.
Freud Defrauded While Glasser Defreuded: From Pathologizing to Talking Solutions

Larry L. Palmatier

The author is a professor in the Counseling Psychology Department at the University of San Francisco, California.

ABSTRACT

This article retraces the steps that the author posits may have paralleled Glasser's own thinking at the early, middle, and contemporary stages in his career. The content moves from Freud's negativism to the pragmatism of brief therapy in today's managed care world. The third section shows how reality therapy and choice theory serve the entire field of psychology, especially the latest emphasis on solution-focused therapy. The final section of the article presents some contrasts among major theories of change and provides examples of operational definitions of therapeutic outcome research.

Even Responsible People Can Criticize Critics

One of my favorite books is Glasser's classic, *Reality Therapy*. I did not realize then that my enthusiasm followed the spontaneous pleasure I felt when Glasser's portrayal of psychology matched my own primordial sense about human behavior. With every page, I found myself thinking, "He's hit the nail on the head," and, with my new perceptual alignment, I felt in control! As I read, I spontaneously jettisoned the perceptual error that I had entertained about Freud's elaborate theory. I noted the thrill a person can feel after shedding a monkey from one's back. I learned that bluntly criticizing Freud, and even utterly rejecting him, could be fun. Besides, I reasoned, someone would come along one day and establish a support group for those scarred by Freud's flack. Imagine, an anonymous SOFF group - Scathees Of Freud's Flack. Those giving Freud the slip, could call themselves Survivors of Freud's Doctrinal Abuse (FDA)!

In Glasser's down to earth book, I found hope which I defined then as seeing an alternative way out of a bind. I later gleaned from the French existential philosopher, Gabriel Marcel (1962) that hope is not a non-word like "try," but actually translates to *future memory*. I suddenly remembered all the things I would eventually discover for real and I savored the new controlled perceptions that flooded my brain. My hope contained a graphic visualization of a future career coaching others to liberate themselves from their mythical psychic disorders. I thanked God, Glasser, and Thomas Szasz, but not necessarily in that order.

Since that fortuitous day in 1965, I have not changed my excitement about Glasser's contributions to the mental health field, except, perhaps, to appreciate more the practical genius that he has shared for more than a third of a century. While Adler (1959) was likely the first theorist to make the next statement, I knew that Glasser had independently come to the same conclusion: *Insight is understanding turned into action*. I remembered also that I had lived by these ideas for most of my life. My 1959 B.A. thesis,
Prudence and Practical Truth, formally expressed my view that learning and living need not be dichotomous. People's practices are their best efforts to maintain their inner perception of their values, what Powers (1989, p. 109) described as matching some particular reference level of input, and what Glasser (1984) labeled matching a quality world picture. Problems result when people claim one value in thought and act out another in deed. Discrepancies such as these are painful errors in one's perceptual system. I concluded back then that true intelligence best fits those who live effectively, defined as responsibly meeting their personal needs. They align what they espouse, eschew, and do.

Retracing Glasser's Steps

After indulging in an enjoyable fantasy about the last 30 years of reality therapy, I decided to experience what Glasser must have felt when he first challenged Freud's massive conjectural plot. I decided to take a fresh look at what Freud's Super-Id (or Super-Ghost) was still dishing up in various forms — psychodynamic constructs, long-term therapy, inner child work, intensive intrapsychic disorder therapy, depth psychology, control mastery, narcissistic vulnerability, cathected symbiosis, projection, parental introjects, splitting, and — most seductive of all — object relations.

FREUD THE QUACKSALER*

In theory, history has not been kind to Freud. Researchers have exposed him as a deliberate fraud for deceiving the world by changing his patients' stories from real incest to fantasy incest. In practice, however, history has been extremely kind to Freud because, to this day, most therapists practice one or another form of Freudian psychotherapy. How can one account for this continual stranglehold on the minds of both diviners and communicants?

Psychology: Head Trips or Relationships

Contrary to popular opinion, psychology is all about human relationships. Many people have carried around a lifetime fallacy about psychology. Many mistakenly think that the field of psychology refers only to a head trip. The word psychology commonly means the science of human behavior, and many have wondered how anyone could study such a broad subject. They claim that human beings are too versatile and their behavior too unpredictable to allow even gross levels of scientific control. Interestingly, the most esoteric and traditional views of psychology are the least empirical paradigms that devote an inordinate amount of time investigating mental disorders. As we shall see later, the psychological theories that most closely fit popular cultural notions today contain some of the most scientifically manageable concepts. Who would have ever thought that pop psych could be scientific?

Behaviorists Can Be Concrete

Behavioral therapy may be the most empirical (experimental) strand within the general field of change practices because of an exclusive interest in observable phenomena or behavioral effects. This fundamentalism contains an inherent limitation, however. Such an extreme concreteness keeps the approach from becoming genuinely verifiable and replicable because the method excludes direct inquiry into a subject's thoughts and motivations. Like it or not, people perceive the world subjectively and asking them about their idiosyncratic pictures is a legitimate path of inquiry. Practitioners of pure behaviorism actually locate motivation in environmental stimuli (Skinner, 1976). Their airtight avowal of cognitive mapping or reference signals is a serious shortcoming. Focusing so narrowly on observable actions leads to deficit fuzziness.

Another label for raw behaviorism may be "shooting oneself in the foot therapy," as practitioners persist in counseling people while discounting all their mental pictures about goals, hopes, dreams, needs, and private logic. This anti-intellect approach to a topic which mostly takes the form of cognitive maps or pictures in a person's head — viz., perceptions, motivations, purpose, joy, torment, and subjectivity — is like swimming with one arm tied up around one's head. Fortunately, newer versions of behavioral therapy do postulate a role for thought, social interactions, and other dimensions.

A Harsher Attack on Behaviorism. Kohn (1993) has shown how the behavior modifying or operant conditioning technique of rewarding is actually a form of punishment. The author cites at least five reasons for criticizing the practice of rewarding by punishment: Rewarding ruptures relationships because the procedure is a form of controlling behavior that discourages teamwork as each member of a group hurries to achieve the illusive carrot. Additionally, rewards ignore reasons and discourage risk-taking.

Freud Hoodwinked A Century of Purists

Everyone agrees that the least empirical mental construct in all psychology is the original formulation which some hangers-on still consider to be scientific. The elaborate fictional web I am featuring here is psychoanalytic theory embedded in a deep dark abyss known as the unconscious. Those counselors not into denial now call this black hole unawareness and they all agree that no one can be aware of everything all the time. To be human is to entertain a selective sense of one's unconscious at any given time. People manage to balance what they consciously track and what they concurrently disregard.

¿Comprehensive? Si! ¿Comprehensible? No! Absolutely no one on the planet can deny that the Freudian web of intrapsychic convolutions is comprehensive. Not as many folks will agree, however, that Freud's theory is comprehensible. Freud's elaboration makes decent literature because his story soon becomes as complex as a Kafka novel, brimming with mental figures of speech: psyche, id and libido, ego, superego, defense mechanisms, resistance, and, most sacred of all — transference! The culmination of this intricate pathogenic madness is one of the most perversive notions of all — repression! Therapists ought to discard their opinion that everyone who comes along is "into denial" and needs a therapy that will break down their phony defenses.

The Iceman Dredge. The Willie Mammoth mentality of dragging the frozen form from the depths of the icy sea is now but a fictional charade that some therapists maintain for entertainment purposes only. Sadly, the charade is cruel and the managed care forces are having some success in stopping these practices. Insurance companies have teamed up with HMOs and put out a mandate to therapists to discard all forms of endless therapy from their repertoires. They are finding more success with their campaign for efficiency and accountability than some iconoclasts of an earlier era in books that criticize Freud’s legacy and Psychiatry of the “cruel compassion.”

Fortunately, so many alternatives to crazy-making therapy exist on paper that pathologizing represents only about 10% of the possible psychological avenues that counselors might cruise. Unfortunately, the reverse percentages are closer to the truth in actual practice, with probably 90% of therapists still of a psychodynamic persuasion. Marie Jahoda (McGuinness, Pribram, & Pinnazar, 1990) commented that “after 40 years of research on Freud’s model of psychology, with few concrete, results, Freud will still not go away.” Many therapists and “patients” alike retain a desperate loyalty to Freud’s early analysis. Even critics of Freud will admit that, cruel as his charade may be, his fictional web is not nearly as damaging as what happened in primitive mental asylums. The earliest treatments included ramming metal pipes into patients’ skulls in order to free them from the evil spirits that had taken refuge there.

The Rational Key To Health

Sanity, from the Latin sanus, literally refers to good health and being of sound mind. In psychology, sanity has a functional meaning — being rational and having or showing sound judgment. Ideally, sane currently means being well balanced: rational, emotionally responsive, behaviorally competent and flexible, physically fit, sensually attuned, interpersonally comfortable, and open to the fullness of life. All therapies — Freudian and counter-Freudian — address one or more of seven dimensions of human behavior and living: thinking, feeling, acting, physiological processing, sensing, socializing, and a willingness to wonder. The more therapists emphasize twisted feelings, hidden thoughts, and devious meanings, the more Freud’s stamp shows up on their jeans. The more they focus on practical behavior, clear goals, logical thinking, healthy habits, congruent feelings and honest respect for self and others, the less Freud-like their therapy.

Operationalizing Goals. The most empirical theories today are the simplest formulations. Nothing is as straightforward as Skinner’s question of the lead rat: “Did you get out of bed this morning?” (His next question was the confusing one: “What environmental contingencies made you get up today?”) At first, Skinner kept everything simple and normal; then he proceeded to strip clients of all their self-efficacy (Bandura, 1977) or behavioral competency by crediting outside stimuli with controlling power. This erroneous attribution is the Achilles heel of psychoanalysis, according to Powers (1992). True, individuals could learn to organize the environmental factors that the behaviorists say are pushing people’s lives around, but, in the end, free choice evaporated as a Skinnerian illusion (Skinner, 1953, 1976).

In spite of these quirks within the observable traditions, however, psychology can now be a science more than ever before. The main reason for this exciting possibility is ironic: we can now account for therapeutic results because so many theorists have de-psychologized the playing field and the rules of interpersonal engagement. The less convoluted the explanations for human behavior, the more concrete the psychological research and the more investigators can move in the direction of predicting human behaviors.

MANAGED CARE PRIORITIES

Pressure is on mental health professionals to “name” that therapy in one note” (Palmatier, 1990). All the lay people on the periphery of the “business” of psychology and counseling seem to be meddling directly with the healing arts of private and community practitioners. To a person, the outside monitors are non-therapists who identify efficiency as their top priority. Counselors say that clients' welfare is the preeminent criterion for measuring therapeutic effect, and these practitioners have little or no regard for the duration of a meeting or an arbitrary number of sessions.

FOUR MAJOR THEORIES OF CHANGE

To the degree that a large overview of the major thrusts in the counseling field may be useful to reality therapists, an overview of the four different classifications of counseling models (Horne & Passmore, 1992) in vogue these days will serve as a preface to the managed care jargon. The four broad approaches which differ qualitatively from one another are:

1. Inside: Dynamic

Most practitioners in America currently make their living practicing this medical model or a derivation of an intrapsychic approach. The most common examples of this dynamic theory
in vogue today are analytical, inner child work, and analytical systems models — object relations or dynamic affiliates, an experiential process model, contextual family therapy, and multi-generational Bowenian therapy.

All of these therapies seek out an underlying story and most view psychological phenomena as biological, chemical, and mostly linear. From this theoretical perspective, problems have past causes and respond to medical treatment.

II. Outside: Associationism and Behavioral Conditioning

Two major traditions form the foundation of this practice — Pavlovian and Skinnerian.

Classical — Pairing Associations

Pavlov taught animals through paired associations by linking a conditioned stimulus, such as a bell, to an unconditioned stimulus, such as salivating to meat powder. Using these natural processes, a technician can help a person learn to reassociate earlier perceptions. Systematic desensitization is a procedure for calming people who riddle themselves with fear and anxiety about entering a closed space, leaving home, climbing to great heights, standing around snakes, and flying.

Operant — Reinforcing Consequences

Skinner aimed to control people’s behavior by managing the consequences of that same behavior. Through rigorous laboratory research on rats and pigeons, he demonstrated that reinforcement is essential in order for learning to occur. His radical emphasis on outside-in thinking led to a massive shift to cognitive, cognitive-behavioral and interactional models of therapy.

III. In + Out: Cognitive-Behavioral

Besides looking in or looking only out, a significant number of clinicians over the years have practiced what technicians now term cognitive-behavioral methods. Beginning with Adler (1963), these counselors first want to examine the inside story — a person’s vision or purpose. Secondly, they wish to look outward to check for people’s consistency between choices of action and their stated goals. One well known cognitive-behavioral therapy is, of course, reality therapy with its balanced emphasis on the way people think about their goals and the way they manage to get what they want in every day practice. Thinking and acting are the main levers for making change in this method of counseling.

IV. In-Between: Family Systems

Therapies that emphasize human relationships differ from the first three major theories of change in their insistence on conceptualizing a problem in a social context. The key element in these systems models is the quality of communication between people. Specific approaches actually incorporate one or another of the above three emphases, and aim to help clients to improve their interpersonal communication.

Like reality therapy, the goal in most systemic therapies is to effect change in the quality of people’s interactions in the present. No self-respecting systems counselor ever hunts for a culprit to blame and the fundamental maxim of four out of five of these approaches is the same: Behavior controls perception! At the core of these practices, in other words, is a choice theory premise and, to a large extent, practices that are compatible with reality therapy methods. These practices include behaviorally specifying a complaint, making one’s goals or wants explicit, evaluating one’s current attempts to achieve those wants, and taking new behavioral routes to achieve one’s purpose.

LOGIC Vs ILLOGIC

Fortunately or unfortunately, many mental health practitioners think that people do psychology (i.e., perceive and behave totally, including relating) via their left brain logic. However, much of human behavior is often nonrational and even counter intuitive, stemming from right brain logic. Right brain spatial relationships and creativity may influence people’s thinking and interaction the most. The influence of these early analysts is still prevalent as psychodynamic therapists either tell patients the logic of their condition or, worse, shift the focus to medication that will shut down the person’s natural self-evaluative system completely. Reality therapists prize logic, but also respect the individual’s insistence on private logic. Therefore, these practitioners often help clients:

(a) see their struggle anew, and
(b) logically assist them to use their nonrational propensities to choose a new behavior to resolve a problem.

Glasser has consistently demonstrated a therapist’s logical use of clients’ private (nonlogical) thinking when he asks adolescents choosing delinquent behaviors to solve their problem by “conning the system” by pretending to cooperate.

Nouning vs Verbing

Currently, psychological symptoms are nouns, such as Anxiety Disorder, Paranoid Schizophrenia, Repressed Rage, Depressive Mood Disorder, and Obsessive Compulsive Disorder. By following the logic of analytical dialogue, therapists take snapshots of the inner story and tell clients logically all about the noun. Worse, they shift the focus to medications that shut down the natural system by which humans self-evaluate. A solution to this archaic labeling is to think in verbs. Such a perspective gives therapists a way of using the inner struggle to suggest (a) new ways to see the struggle, and (B) new behavior to do to resolve the problem.
By "nourning" people, we:

describe them as being something.

By "Verbing" people, we:

describe them as doing something; i.e., by the actions they routinely take; i.e., as doing something.

### Examples:

<table>
<thead>
<tr>
<th>Nourning</th>
<th>Verbing</th>
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<tbody>
<tr>
<td>e.g., Anxiety Disorder</td>
<td>e.g., &quot;entertaining anxiety&quot; by dwelling on the negative side of a problem</td>
</tr>
</tbody>
</table>

### By using nouns, we have:

1. Boxed clients in.
2. Targeted them for our outside-in treatment.
3. Conveyed to clients that they should remain neutral and passive: "Just take your meds."
4. Made it easier for subjects to think of limitations, a life condition, or a state of mind. Thus we invite clients to move from being subject to being an object.
5. Provided them with a lifetime of content if they choose to bemoan their lot in life.

### By using verbs that describe, we have:

1. Conveyed a behavioral choice and not a permanent condition.
2. Shown how symptomatic (composite or total) behaviors make sense somehow.
3. Suggested that they can unwind (desymptomatize).
4. Shown them that, as they get their life in gear, they can see opportunities to make alternate choices and to take advantage of new possibilities to move their lives from awry and aground to all right.
5. Created the conditions for subjects to remain subjects who can take action. We do not objectify clients with false choices or a label and turn them into a treatment goal for ourselves.

### Logic Sometimes Feels Right

Therapists who are looking for trauma and explanations of trauma in all the wrong places can start by exchanging verbs for nouns. Granted, some people find a degree of comfort in a label, such as co-dependency. One hard to hear reason may be that misery loves company — especially miserable company. Learning that others do bulimia and that an individual sufferer need not remain isolated from the community of peers who practice a similar pattern can be good news. Individuals can use such factual information to tie into a support network. Beyond finding others, making sense of a pattern of behavior is more practical than simply stumbling across a psychological term buried in a diagnostic book.

### Counter Intuition Has Its Own Logic

Resist the urge to be only literally logical and respect clients' perceptual realities. This twelve step program can help counselors understand some variations on standard logic and handle some common ironies that do not fit people's typical picture.

1. Trying to be close can create distance between people.
   Being vulnerable and accessible allows another person to be close.

2. Dredging up details about past abuse can lead one away from peace of mind.
   Evil has no merit and dredging less helps more.

   Talking too much about feelings can drive a wedge between two partners.

4. Rewarding through reinforcement insures continuance of a behavior.
   A sassy kid who receives a dime each time he is rude to his mother learns that he is under the employ of his father who entertains much criticism for his former wife. The youngster may then cease the obnoxious behavior even though he receives reinforcement.

5. Therapists always need to try to cheer people up, especially those feeling down.
   Asking a negative person, "How bad is it?" is typically more useful than a rah-rah approach.

6. Sulking off in a corner guarantees solitude.
   Keeping an emotional distance by making others wrong usually backfires as they involve themselves in correcting the one emitting toxic feelings.

7. Depression is always bad.
   Some people see depression as a house guest and use this emotion as a form of entertainment. More adventurous individuals may consider depression as latent joy.

8. Angering keeps others out of one's life.
   Angering usually serves as the quickest way to become emotionally involved.

9. Rebelling proves one's interest in freedom and guarantees privacy.
   People who rebel employ this misguided behavior to profess independence. The effect is predictably the opposite.

10. Self-respect has nothing to do with relationships.
    People find respecting others easier when they respect themselves.

11. A child can never get enough sincere parenting.
    Parents' job is to help children reach their own orbit. Over responsible parents who want to give their children more than they want to receive can become tailgaters in the same orbit. Nobody likes a tailgater.

12. Therapy is always useful.
    Some may find paddling a canoe more helpful than receiving formal therapy.

### A Look At University Practices

As an academician, I work with a range of students who must follow common institutional norms that require broad study of the counseling psychology field. In addition to remaining open to learn about develop-
of San Francisco (which honored William Glasser with a doctoral degree in 1990) is implementing this formula. 'In
DICHOTOMIES BETWEEN PSYCHOBABLE & MANAGED CARE JARGON**

<table>
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<tr>
<th>Out</th>
<th>In</th>
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<tr>
<td>Long-Term &amp; Expensive</td>
<td>Brief &amp; Cost Effective</td>
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<tr>
<td>Working Through</td>
<td>Getting Back To Work</td>
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<td>Psychodynamic</td>
<td>Problem Solving</td>
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<td>Growth</td>
<td>Competency</td>
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<td>Psychoanalysis</td>
<td>Single Session</td>
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<tr>
<td>Gestalt</td>
<td>Relieving Symptoms</td>
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Counselors often want to be clear about the way their chosen approach fits into a larger therapeutic ecology. One advantage is selecting a therapy by choice instead of by default. Another benefit is that many ideas from the larger field integrate easily into a specific counseling method and this process can strengthen one’s work and help clients. What are the integrative threads connecting these diverse theories and practices from reality therapy and choice theory? Also, how are these schools of thought different from Glasser’s model? The connecting link is that behavior controls pictures.

LONG-TERM VS SHORT TERM THERAPY*

<table>
<thead>
<tr>
<th>Long</th>
<th>Short</th>
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<tbody>
<tr>
<td>2. Significant Change Is Unlikely</td>
<td>Change Is Inevitable In Every Day Life (An Adult Developmental Psychology Perspective)</td>
</tr>
<tr>
<td>3. Presenting Problems Point To A More Basic Problem</td>
<td>Solve The Presenting Symptom</td>
</tr>
<tr>
<td>4. Focus On Pathology</td>
<td>Look For Strengths And Resources</td>
</tr>
<tr>
<td>5. Therapist Wants To “Be There” At the End of the Road To See Changes “After Therapy”</td>
<td>Changes Will Occur In The Course Of Living</td>
</tr>
<tr>
<td>7. Unconsciously Sees Financial Benefits</td>
<td>Money Matters Are Muted By The Nature Of the Practice</td>
</tr>
<tr>
<td>8. Therapy Is Always Benign</td>
<td>Therapy Can Be Useful Or Harmful</td>
</tr>
<tr>
<td>9. Therapist Treats A Patient</td>
<td>Therapist Treats A Population</td>
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*I adapted and amplified these polarities from Budman, Hoyt, Gurman, Eds. (1992.)
### Insight

Causes
In-Patient
Hospitalization
Narcissistic Vulnerability
False Defensive Grandiosity
Separation-Individuation
Symbolic-Experiential Material
Intrapsychic Structure
Symbiotic Transference
Oscillating Part Units
Intensive Analytic Therapy
Projection
Projective Identification
Split Transference
Analytic Image
Splitting
Rule Confusion
Clear Boundaries
Generational Continuity
Non-Directive
Processing Ad Infinitum
Parental Introjects

**Resolving Problems**
- Effects
- Out-Patient
- Community Support Group
- Bottom Line
- Adaptive Functioning
- Clear & Specific Goals
- Least Restrictive Care
- Utilization Review
- Quality Assurance
- Treatment Goals
- Directive Therapy
- HMO Regulations
- Monitor Cost & Progress
- Time-Limited Care
- Self Help Plan
- Accountability
- Increasing Work Days
- Co-Payment Limits
- Responsibility Today
- Homework Tasks
- Three (3) Session Limit
- Assertiveness

**Effects**
- Boy Acts Out Common Home
- Message: “Piss On It.”
- Lonely & Needs Friends
- Confuses Motion With Progress
- Overdose Of Responsibility
- Parents Detour Communication Through Son
- The Family Needs Encouragement
- Lacks Confidence & Behavioral Competencies
- Cognitive-Behavioral
- Bibliotherapy
- Freud May Be Right

**Bottom Line**
- Adaptive Functioning
- Clear & Specific Goals
- Least Restrictive Care
- Utilization Review
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**In-Patient Hospitalization**
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- Symbiotic Transference
- Oscillating Part Units
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- Splitting
- Rule Confusion
- Clear Boundaries
- Generational Continuity
- Non-Directive
- Processing Ad Infinitum
- Parental Introjects

**DICHOTOMIES BETWEEN REPRESSIVE AND RELATIONAL THEORIES**

**INSIDE**
(Psychodynamic)

- Abandonment Issues
- Family Of Origin Issues
- Anger Issues
- Shame
- Depression
- Repressed Rage
- Subliminal Messages
- Erogenize

**IN-BETWEEN**
(Solution-Focused; Interactional)

- A Worried Child Needs Parenting
- Family Communication Patterns
- No History Of Success
- Unclear Or Unrealistic Goals
- Lacks Assertiveness Skills
- Social Isolation
- Unexpressed Communication
- Need To Share The Grief
- Need To Share The Grief
- Turning Victimization Into An Art Form***
- Nonverbal Communication
- Treat As A Sex Object
- Unclear Boundaries

**OUTSIDE BEHAVIOR:**

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***Once again, these dichotomies represent my version, this time of Hoyt's (1995b) ideas on managed care.

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***This interpretation applies to adults choosing a lifetime of excuses for an explosive temper; not to children who can truly be victimized and, subsequently, legitimately feel violated, traumatized, confused, hurt, and enraged.

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**COMMON MYTHS & THICK LANGUAGE VS REALITY THERAPY**

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<td>Excuse Making</td>
<td>Personal Responsibility</td>
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<tr>
<td>Knee-Jerk Emoting</td>
<td>Blaming Mother</td>
<td>Living Courageously Now</td>
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<tr>
<td>Pulling Your Own Strings</td>
<td>Living In The Past</td>
<td>Forgiving And Moving On</td>
</tr>
<tr>
<td>Getting What You Want</td>
<td>Double Messages</td>
<td>Aligned Communication</td>
</tr>
<tr>
<td>Father Knows Best</td>
<td>Featuring Yesterday</td>
<td>Facing Today And Tomorrow</td>
</tr>
<tr>
<td>Setting One's Own Goals</td>
<td>Featuring Pathology</td>
<td>Building On Positives</td>
</tr>
<tr>
<td>Information Only</td>
<td>No Choices</td>
<td>Creating Options</td>
</tr>
<tr>
<td>Subjectivity Of Perception</td>
<td>Feelings Rule!</td>
<td>Feelings Follow Actions</td>
</tr>
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<td>Freedom And Responsibility</td>
<td>Living At The Effect Of Stimuli</td>
<td>Behavior Controls Perception</td>
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<tr>
<td>Having Some Fun</td>
<td>Changing Others</td>
<td>Controlling Oneself</td>
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<tr>
<td>Matching A Comfort Picture</td>
<td>Hostage To Emotions</td>
<td>Changing One's Actions</td>
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<tr>
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<td>Denying Self</td>
<td>Meeting One's Needs (Responsibly)</td>
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87
crept into the playing arena. Rather suddenly, or so it appeared, a new wave of counselors began talking about previous approaches led to problems or remained overly focused on their preferences. Ellis (1988), too, would be delighted if busily thrashing out one problem after another, a "new" set of terminology chobabble to clients' deciding to manage their thinking and acting more role that helps clients shift the emphasis to creative self evaluation and Merrill (1994) capitalized on this renewed emphasis on a counselor's he knew that many have shifted the therapy dialogue from pathological psy-

depravity and nihilism to possibilities and successes does represent a sexual practices and obsession with the morose, the new language is a sharp contrast to perverse significant shift in the content and quality of therapeutic practice. However, their clients, and a set of systematic plans for mapping the journey to a bona fide solution. Other than these two main pluses, Glasser, for one, has been there and done that" work already.

Is Solution Talk A Valid Innovation?

To the extent that solution-focused therapy contrasts with Freud's obsession with the morose, the new language is a sharp contrast to perverse sexual practices and thanatos. Everyone would agree that moving from depravity and nihilism to possibilities and successes does represent a significant shift in the content and quality of therapeutic practice. However, many solution-focused therapies were born long before anyone invented the label. What is distinctive about the contribution from the solution-focused literature is a new set of questions that therapists may ask themselves and their clients, and a set of systematic plans for mapping the journey to a bona fide solution. Other than these two main pluses, Glasser, for one, has been there and done that" work already.

Glasser's Focus on Solutions. What is reality therapy if not a self-empowering shift to solutions rather than endlessly groping with enticing problems? Glasser's earliest writing — not to mention his contemporary thinking — contained many of today's solution-focused guidelines. Examples include:

- looking for what is already working well and not staying fixed on what is ugly in a situation; leaning into life and taking reasonable risks rather than standing on the sidelines and wringing one's hands;
- doing more of what works instead of repeating behaviors that clearly do not work;
- avoiding beating a problem to death;
- inviting clients to be specific about their goals and shifting to a new vision of the way their life can be;
- activating the shift toward a more positive direction by implement-
ing a small, concrete, repetitive, positive, and attainable step right away (Wubbolding, 1988, pp. 58-65);
- emphasizing what people can do and not wasting time with merely stopping doing something; replacing standing around and "pawing the earth" with getting on with life;
- putting more energy into creating a brighter future than beating oneself up by endlessly laying out and interpreting a dismal past;
- helping others gain expertise in realistically self-evaluating their wants and the effectiveness of their total behaviors; and
- coming to the conclusion that, like it or not, each of us is in the driver's seat of our lives.

GENERAL GUIDELINES FOR SOLVING PROBLEMS

1. First Negotiate A Problem So It Becomes Solvable

Restate an accountant's depression over failing to file his own personal taxes with IRS for five years to irresponsibility (Madanes, 1981). Glasser agrees with this approach. Put peeves, complaints, and serious "disorders" into the most tangible language available. This step makes eminently clear the differences between Freud's quicksand and Glasser's concrete.

2. Notice The Differences Between: A. The Complaint And B. Exceptions To The Complaint

By highlighting the exceptions, counselors can find solutions much more swiftly and clients soon notice that a new plan might consist in their exceptions to their ineffective behavior and encourage them to do more of these useful actions. Glasser reached this conclusion at least 35 years ago.

3. Pretreatment Change: "Flight Into Health" (de Shazer)

Build on pretreatment change in constructing new solutions. Often people report some changes between the telephone call for an appointment and their first visit, Ask: "What changes have you noticed?" rather than, "Have you noticed anything?" This line of questioning is refreshingly positive.

4. Ask Positive Questions & Ask About Changes For The Better (de Shazer; O'Hanlon; Furman & Ahola)

- What changes for the better have you noticed since we last met?
- How would you be managing your life differently if things were working out in your life for the better?
- What do you think made those changes possible?
• Tap others in your life: What would they say made those changes possible?
• If this were a teaching problem, what do you think is the lesson?

5. Using Scaling Questions: 1 To 10 On A Relationship Scale

You give yourself a 4.0 rating this week on your satisfaction with a relationship. If I were to ask you this same question next week, and you reported a 4.5, what would you have to do to move your relationship scale up by .5 point?

**GLASSER THE QUICK SOLVER**

Like so many other pragmatists, Glasser discarded all medical notions of mental health, and also fundamentally abandoned the concept of mental illness. By focusing on behavior — the only endeavor all humans do from birth to death — he has pruned the psychology tree down to: (1) succeeding (having what you want) or (2) failing (not having what you want). He defines behavior as people’s best attempt, at a given time, to meet their needs and get what they want. He also eschews hedonism by including social responsibility as a condition of success. People ought to have what they want, but . . . “at no one else’s expense.” He states that, when all is said and done, only one psychological problem exists: people do not have something that they want. For many, this agonizing deficit is not being able to get someone else to do what they want them to do.

**Glasser On Choice Theory**

Glasser’s most significant recent contribution appears to be deciphering Powers’ (1973) control theory and developing these ideas so clients can find relief in their lifetime. One step in making these cybernetic ideas more user friendly was Glasser’s changing the name from control to choice theory. Cybernetic comes from a Greek word meaning steer and refers to self-steering or self-regulating systems (Hanson, 1995). As a feedback model, choice theory is a key cybernetic system that accounts for 100% of human behavior.

As a closed loop, negative feedback system, choice theory explains the distinction between positive and negative feedback. Negative feedback is satisfying because people either already have what they want or they see things moving in the direction of peace of mind. In this condition they need take no actions. Positive feedback is more challenging because in this condition, people see things moving out of control and away from what they claimed they wanted to do. In the face of this new demand for change, people must behave in order to bring their sensory pictures in line with their mental reference pictures. In the face of positive feedback — being aware of an unmet want — people behave in order to gain a satisfying perceptual match. Positive communication serves the same function in family systems theory. Confronting environmental disturbance or positive information, family members take action to close the positive gap between the balanced homeostasis they find comforting and the instability they naturally tend to avert. Positive feedback energizes the behavioral system as a person moves to close the gap.

**The Cause of Behavior.** Once people grasp how their inner control system operates and as they come to understand that all people are always trying to match the world up to their mental pictures, the classic intrapsychic fable becomes even more ludicrous. We can now reliably predict that people carrying very large perceptual errors — not seeing in the world a perceptual analogue for a mental picture of a current want — will take drastic action to eliminate the pain that results from the discrepancy between the mental picture of their current want and their sensory picture of what they actually have. Motivated by the only source of frustration, some will push and shove and try to change the outside world. Others will examine what they can do to change their behavior to end up a winner. The most common choice in the midst of serious conflicts is resorting to medication to soothe the perceptual error in their heads.

**MEASURING THERAPEUTIC EFFECTIVENESS**

Outcome studies now provide the best data to support the science of human behavior. Psychology is more credible when researchers can show that important changes in behavior do occur, that these changes happen as briefly as possible, the improvements are stable over months and years as follow-up studies show, and no new symptom pops up to fill in the void (on the assumption, it seems, that people with problems cannot attain a symptom-free condition.)

**Evaluating Current Practice**

What about the new psychology? Notice how the language shifts to more practical, tangible, and observable terminology. Five of the next actual cases required one meeting with none lasting longer than 9-10 sessions, sometimes spread out over several weeks or months.

**Complaint**

<table>
<thead>
<tr>
<th>Complainant</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couple is splitting up over new baby proposal</td>
<td>Couple has a baby and stays together</td>
</tr>
<tr>
<td>Boy fears he will die if he touches anything</td>
<td>Boy starts touching everything normally</td>
</tr>
<tr>
<td>A woman, abused as a child, picks abusive males</td>
<td>Woman changes her pattern</td>
</tr>
<tr>
<td>Young girl goes berserk at school; Mother furious</td>
<td>Girl settles down; Mother is calm</td>
</tr>
<tr>
<td>Boy desperate over move from abusive step-dad</td>
<td>Boy adjusts to shock; enjoys other kids</td>
</tr>
<tr>
<td>Man spends a lifetime of torment over a tragedy</td>
<td>Man finds peace of mind about tragedy</td>
</tr>
<tr>
<td>Mother attends school for a year with her child</td>
<td>Mother stops attending in two days</td>
</tr>
<tr>
<td>Adult daughter always fights with her mother</td>
<td>Daughter sees mother as a consultant</td>
</tr>
<tr>
<td>Woman cannot find a long-term relationship</td>
<td>Woman meets a man and marries him</td>
</tr>
<tr>
<td>Daughter often tantrums at home</td>
<td>Daughter drops tantruming</td>
</tr>
</tbody>
</table>

**Complaint Or No Complaint.** Nothing is more empirical (verifiable) in outcome studies than finding out if the complainant no longer has the presenting problem; i.e., is no longer doing the behavior that led to the complaint. Nothing is less empirical than Freudian outcomes. The reasons for this problem of no documentable results in traditional psychology is that psychodynamic therapy is nebulous, long-term, and aims to elicit insight and not behavior change. Psychodynamic therapists believe their
work targets the real problem, is intensive, and results in long lasting changes. They criticize pragmatic approaches as shallow and temporary toying with symptoms. Therefore, symptom relief per se is not a value in therapy. Glasser, however, shows that when counselors teach clients how to live their lives better to get more of what they want, the benefits of counseling far exceed musical chairs among elusive symptoms.

WRAPPING UP THE RAP

In the spring of 1995, 35 relationship-focused therapists of three like-minded schools — strategic, solution-focused, and narrative therapies — gathered in the San Francisco Bay Area to meet over a weekend at a summit session that John Weakland had titled Unmuddying the Waters. Six major family therapy players came to the meeting, along with about 35 others from America, Japan, Australia, and Canada. Many who could not attend telephoned their FAX messages. The talks centered therapists worked together more collegially instead of narrowly sniping at one another as they presented their messages. Something messianic occurs when a therapist takes the stage, and balancing respect for therapeutic effectiveness with delivering the truth is a constant challenge. The task is more formidable as the messenger’s sense of conviction inflates. With choice theory, reality therapy, and quality management, we all have something fantastic to believe in, but, periodically, the messengers must remind one another not to take themselves too seriously. Glasser sets the tone on a proper attitude: the ideas are powerfully useful and all anyone can do is share these exciting theories and practices sincerely, competently, and humorously. The next decision shifts to the listeners’ court.

Rational Decisions Under Fire. I drove away from Unmuddying the Waters with John Weakland’s last words in my head. Here was a man visibly struggling for every breath, both shoulders rising in the relentless battle for air as he dealt with the last stages of amyotrophic lateral sclerosis, ALS or Lou Gehrig’s disease. The nerve cells in his central nervous system had degenerated and he had already lost much of his voluntary motor control as many of his muscles atrophied. The man who had admired Milton Erickson so much had, in his last days, joined his mentor’s earlier struggle with a parallel ravaging physical disease. Poliomyelitis struck Erickson twice in his life — during adolescence and again in his 50s — wreaking acute inflammation of the motor neurons in his spinal cord and brainstem and leading to paralysis and muscular atrophy.

We’re Among Friends. I knew that the last words I would ever hear from John Weakland would be refreshing, gutsy, and useful. As much as anyone, he knew that Messiah Freud had foisted off an arcane juggernaut for life and a lighter hearted alternative to the pathological malignancies from John Weakland would be refreshing, gutsy, and useful. As much as he gutted out, “Stay curious.” A few weeks later, John Weakland died. His message and his purpose can live on in counselors seeking to create the conditions for others to empower themselves. In this spirit, I thought how fortunate to belong to the Glasser group and to the larger community of solution-oriented counselors seeking to encourage personal autonomy! The Glasser family has what all the people with all the answers do not have: We have the questions.

References

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FAMILY THERAPY IN TRANSITION: SOCIAL CONSTRUCTIVISM AND CONTROL THEORY

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ABSTRACT

This article presents social constructivism and control theory as an interdependent theoretical underpinning for family therapy. It contributes to the continued development of the knowledge and skills required to be an effective, need fulfilling family therapist. This article joins control theory and social constructivism in a holistic approach to family therapy.

Control theory and social constructivism are state of the art approaches to family therapy. It is important for family therapists, committed to continuous improvement, to add to their practice frame of reference. It is further important to those who use social constructivism that they be aware of a practice model that clarifies and concretizes their theoretical framework. This paper posits that control theory is such a model. Separately, both are powerful. United, they transform our knowledge and practice of family therapy.

The behaviors which lead to the understanding of family therapy in transition are found in practice with individuals, groups and communities. Family therapy is less than sixty years old (Nichols and Schwartz, 1995). Reality therapy is a little more than thirty years old (Glasser, 1965). Both are based upon principles as old as humanity. Family therapy under the aegis of control theory (Glasser, 1984), united with social constructivism, is a therapeutic model which uses the basic concepts of reality therapy (Glasser, 1965). Within this modality, the family is the focal point for intervention. According to Mickel (1990), “The behavior of the family is determined by its perceptions (p. 26).” In this model, therapy is transformed by the perceptual interactions of the therapist and family.

The role of the family therapist is to work with the family system which expresses a desire to alter conditions as they exist. This includes those families mandated for services as well as those who voluntarily seek the services of the family therapist. The family therapist who chooses the social constructivist approach, in concert with control theory, intervenes from the strength perspective. According to Anderson and Gooolishian (1988), “This model shifts the world of therapy from the world of pathological social structure to the world of meaning. Meaning and understanding are developed by individuals in conversation with each other in their common attempts to understand other persons and things, others’ words and actions. Meaning and understanding are thus intersubjective (p. 390).” In an effort to explicate this model, an inquiry into the genesis of constructivism may be useful.
SOCIAL CONSTRUCTIVISM

The beginning of the social constructivist approach is found in the belief in mentalism. Mentalism grew out of the philosophical approach to understanding the world that is over five thousand years old (Three Initiates, 1988). The construct of thought was manifest in the Ancient Egyptian metaphor of Thoth. According to Budge (1977), “Tehuti or Tchehuti, i.e. Thoth, represented the heart and mind of the Creator of the world. By expressing in words the will of the Creator he made to come into being everything that exists. He was the scribe of the gods, and invented writing and mathematics and ordered times and seasons. His associate was the goddess Maat, the personification of physical and moral law (154).”

The constructivism component explains how we deal with reality through mentalism. The social component addresses the communal nature of intervention. Hoffman (1990) posits, “Basically, social construction theory holds that our beliefs about the world are social inventions (p. 2).” If Hoffman is right, and we agree with the premises, then any attempt at intervention without a culturally conscious, consistent frame of reference is unrealistic. Social intervention, of necessity, occurs within a communal context. The position of “I am because I think” is unusable. We, the culturally consciously, must move to “I am because we are.” According to Hoffman (1990), “In contrast, social construction theory posits an evolving set of meanings that emerge unendingly from the interactions between people. These meanings are not skill-bound and may not exist inside what we think of as an individual “mind.” They are part of a general flow of constantly changing narratives (p. 3).” Social constructivism has also been presented as a method to understand the reality of the family. According to Doherty (1991):

“At the same time, constructivism, the third major post modern movement in family therapy, argued that all “objective” descriptions of family processes were illusory. Constructivists, like Paul Watzlawick, insist that reality is a social construction and that there are no “facts” that exist independent of human perception and invention. Constructivists believe that descriptions of families often say more about the describer than the families (p. 41).”

In an effort to further clarify how the family therapist utilizes social constructivism, Nichols and Schwartz (1995) stated, “Instead of focusing on patterns of family interaction, constructivists shifted focus to exploring and reevaluating people’s assumptions about their problems. Meaning itself became the primary target (p. 127).” Nichols and Schwartz (1995) further assert “Constructivism asserts that reality doesn’t exist “out there,” but instead is a mental construction of the observer (p. 126).” Thus perception (resulting from the mental construction) is reality. This is a basic tenet of control theory.

PERCEPTION AND CONSTRUCTIVISM

The glue which unites our understanding of social constructivism and control theory is the perceptual system. Glasser (1984) describes the perceptual system in terms of pictures. He relates, “I like to think that all our senses combine into an extraordinary camera that can take visual pictures, auditory pictures, gustatory pictures, tactile pictures and so forth. In simple terms, this sensory camera can take a picture of anything we can perceive through any of our senses. I like to use the word pictures rather than the technically correct term, perceptions, because pictures are easier to understand. Since more than 80 percent of the perceptions we store in our albums are visual, picture is also a reasonably accurate term (p. 21).”

The perceptual system is also comprised of two additional processes. These processes are epistemology (knowledge) and axiology (values). Knowledge and values as well as the sensory system filter the “real” world. It is the perceptual system that interprets the energy (information) it receives from its real world.

COMMUNICATION, CODING, ENCODING AND DECODING

Coding is the general term for the selective filtering mechanism of a system by which it rejects, accepts or translates incoming information. According to Check (1988), “Special senses mediate between the external world and our internal world. These proprioceptive senses gather signals from inside the body to provide us with information about where we stand literally — in relation to the external world (p. 33).” Under the auspice of cultural variance, systems selectively filter their interpretation of the world. It is a function which helps to maintain a sense of balance within its structure. Coding is a two way interactive process which allows the system to communicate with its environment. It is a process which furnishes signals to a particular system about its environment (internal as well as external). The perceptual system encodes to group behavior. Behavior is the control of perceptions (Powers, 1973).

Therapists must learn to encode as well as decode the quality world of those with whom they work. For many, the understanding of the world includes the spiritual connection. Spirituality (Mickel, 1994) is a significant component of their real world construction. According to the Three Initiates (1988), “Is there no third way in which man creates? Yes, there is — he creates mentally! And in so doing he uses no outside materials, nor does he reproduce himself, and yet his Spirit pervades the Mental Creation (p. 56).” If we are in effect to be effective, we must deal with spirituality as a component of some families’ worldview. It is impossible to decode without understanding culture. It is impossible to encode without understanding the totality of the environment. Both are necessary for effective communication. Morris (1996) states, “Attention is drawn to differences in individual interpretations of situations that can emerge because of differences in gender, class, culture, age group, life experiences, or one’s position or role in a group or society (p. 39).” This is both an intrinsic as well as an extrinsic contribution. We must investigate the culture (community frame of reference) of those we choose to assist in the move to responsible choices.

At times some of us fail to communicate (or have our communication interpreted) our needs effectively. This does not change the fact that we have these needs. We all have the same basic needs. The difference is our
interpretation of the world and how effectively we communicate our needs. Control theory united with social constructivism is an effective approach to clarify communication in family therapy. This model is especially effective when working with those who perceive themselves as living within a non-need-fulfilling environment. It is crucial to understanding the behavior of families who perceive their world as non-need-fulfilling. The model requires therapeutic interdependence to create a need fulfilling environment. This has a significant impact upon and may limit the effectiveness of therapy. According to Minuchin (1991), "The constructivists make a strong point in emphasizing the limitations of therapy. Therapy is indeed a limited arrangement; a relative degree of power is provisionally designated in restricted context for a circumscribed period of time (p. 50)." Families' world is defined, as is ours, by what passed through (filtered in) the perceptual system. This definition results in behaviors that are their best attempt to have a sense of control.

Our understanding of the world is a dynamic process and connected to our worldview. Thus, under this model, the family's reality is both dependent and interdependent with the reality of its community. According to Pare (1995), "So, while persons can be seen as processing data in accordance with their unique structures (constructivism), they share with other interpretations of the "text" of their experience. Social constructionism is primarily concerned with the process whereby meaning is arrived at communally. It emphasizes neither the biology of the observer nor the ontology of the observed world, focusing instead on knowledge as a dependent and interdependent with the reality of its community. According to other interpretations of the "text" of their experience. Social constructionism is primarily concerned with the process whereby meaning is arrived at communally. It emphasizes neither the biology of the observer nor the ontology of the observed world, focusing instead on knowledge as a dependent and interdependent with the reality of its community. According to other interpretations of the "text" of their experience. Social constructionism is primarily concerned with the process whereby meaning is arrived at communally. It emphasizes neither the biology of the observer nor the ontology of the observed world, focusing instead on knowledge as

FAMILY THERAPY

The family, which lives in a non-need-fulfilling environment, has the same basic needs as any other family. When we are born into this world, in addition to our physiological needs, we need belonging, freedom, power and fun. These needs are expressed through our behavioral system. All any of us can do is behave (Glasser, 1965, 1984). The existence of the non-need-fulfilling, oppressive environment must be acknowledged but does not have to disempower the family or community. Family therapists can choose to deal sensitively with the perceptual system which is presented. Family therapists, using constructivism, must deal with the family's perceptions.

Families, through mentalism, bring into existence their subsequent being. According to the Three Initiates (1988), "The universe, and all it contains, is a mental creation of the all. Verily, indeed, all is mind (p. 57)!

Families, through the process of creation, begin the cycle of events that unify the past and the future. It is through the creation of a mental picture turned into action behaviors that the divine image and the spiritual need are fulfilled. The family is the locus for the development of controlled change. The parameters designed by the family as a component of the community adds to the interconnectiveness of the units over time. According to the Three Initiates (1988), "Under and behind all outward appearances or manifestations, there must always be a substantial Reality. This is the Law. Man considering the Universe, of which he is a unit, sees nothing but change in matter, forces, and mental states. He sees that nothing really IS, but that everything is BECOMING and CHANGING (p. 43)."

Our wants, in the real world, are first viewed through the sensory process of our perceptual system. Our sensory system is comprised of our hearing, seeing, touching, tasting and sense of smell. There also exists the possibility of a sense of time. According to Check (1988), "Many of these are proprioceptive senses, that is they deal with stimuli arising from within the organism. The physical senses that are not included in the five special senses but nonetheless provide us with important information about the external world and about our relation to that world are the sense of time, motion, and balance (p. 22)." In a discussion of the sense of time Check (1988), relates, "Very little is known about how this internal sense operates. No internal clock has been found in humans. Our bodies do, however, undergo chemical changes throughout the day and night, and these changes have been linked to a mysterious organ in the brain called the pineal gland (p. 35)."

Understanding that the world is a perceptual construct, social in nature and dependent upon the interdependence of family and therapist, the role of the therapist is to work with the family as it expands its choices. There are two major components to the therapeutic relationship. They are the procedures that lead to change and the need fulfilling, trusting environment (IRT, 1987). Specifically, family therapy, utilizing control theory united with social constructivism, fits within a systems process. According to Mickel (1990):

The therapeutic process proceeds through three basic phases. The first phase is preparation. In this phase development of the overall purposes and goals of the family are mutually agreed upon ... The counselor and client must address issues of diversity, race and gender. It is the period of acquaintance and indoctrination.

The second phase is integration and preparation for putting the processes inherent to family therapy to use. It is in this phase that one uses the specific techniques to facilitate change in the family relationship ... In this phase the family makes choices which alters behaviors of family members. This reinforces those forces supporting change and lessens those forces resisting change.

The last phase is the transferring of change. The active family members work with those who chose not to participate (passive). They are affected by the changes in the active family members. During this phase, the active family members form subgroups and take them through phases one and two. (p. 32).

The basic principle is that any factor which disrupts the family's balance is countered by behaviors which restore a perceived state of homeostasis. Powers (1973, p. 265), addressing internal (intrinsic)
imbalance (error, related, "It is not necessary to understand why behaving in a certain way corrects intrinsic error, nor without specifically constructing theories can we say we ever know what it is about what we do that corrects intrinsic error. All that nature has given us is a single simple signal: feeling good or feeling bad.") Human systems use as many behaviors as necessary in order to maintain balance. This model contains behaviors (of the family as well as the therapist) utilizing a strengths perspective which leads to balance. According to Morris (1996), "Interventions are seen as co-productions of the client and therapist, and both client and practitioner can be changed by the new meanings and constructions they discover (p. 39)."

CONCLUSION

Control theory united with social constructivism posits that ultimately the decision of "reality" and the subsequent behaviors are internally generated. The social constructivist can use the process of control theory as it contains what social constructivists proffer as essential to effective treatment. Control theory is an effective practice model. Social constructivism, as theory in process, can benefit by the addition of the procedures leading to change and developing the need-fulfilling trusting environment. In the final analysis, those who choose to use a viable framework for activating the social constructivist approach need look no further than control theory. Control theory needs only to expand its horizons beyond individualism to included a holistic communal perspective. The discourse on expanding our foundation (Mickel, 1991, 1993, 1994, 1995; Sanchez and Garriga, 1995; and Cunningham, 1995) must continue. Each of us has something to contribute and we must engage in the discourse. As we join hands and move toward continuous improvement, all of our customers will benefit.

Reference


The JRT Compendium

This volume is a selection of articles from the first twelve years of the Journal of Reality Therapy. Designed for practitioners, students, and faculty teaching in the helping professions and education, it presents an evolutionary overview of the development of the concepts and practice of control theory and reality therapy. Written by a diverse group of international contributors, the articles provide for the reader both the depth and breadth of the theory and application of CT/RT principles.

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ABSTRACT

This article introduces the interfacing of Reality Therapy/Choice Theory with the dynamics of partially dysfunctional families who also work together in small family businesses and ongoing generational family businesses. The intervention strategy aims at reducing the negative impact which is placed on the work environment and family at large. The dysfunctional dynamics, if left untreated, have a negative influence on the production benefits of the business and the family goals. The term “Family Business” includes, and is not limited to:

a) Ongoing generational family businesses.

b) “New” currently formulating family business partnerships.

The family who chooses to enter into a business partnership-relationship may do so without the knowledge of previous and existing family dynamics. If the family dynamics have been primarily of a negative nature, left untreated, the negative aspects of the family’s personal interactions are taken into the work environment and they can have a detrimental influence on the overall production and job performance of not only the family, but the extended family members and other employees.

Negative interactions of the family, when taken into the work place, are further exacerbated by the individual need for “POWER” and “BELONGING”, which are two of the four psychological Basic Needs, (Belonging, Power, Freedom, Fun).

A person’s conscious or unconscious striving for power and belonging, which includes the desire for being recognized, achieving, competing, gaining importance, loving and cooperating, is often sought after in the work place. An attempt is made by the individual to fulfill these basic needs within the scope of his/her job-function as well as through intra-interrelationships with other family staff members and extended staff members.

Most families are not aware of the theories and descriptive dynamics which outline the struggles of the family constellation and pursuant family distresses. It is often the birth position within the family constellation and the struggle for family members to gain self esteem which initiates the interfamilial negative relationships for power and belonging.

Also, family members can feel trapped within the family and the family business rules, dynamics and expectations. Sometimes, family members do not “feel”, and certainly are not aware, that they have a choice as to whether or not to become involved in the family business. Family members often feel pressured into the partnership, rather than being able to choose their careers and business relationships.

The negative sibling relationships in a family are part of the root of the negativity, then further disturbed by the attempt to gain power and belonging through the business. Difficulties arise through the repeated negative personal family dynamics being projected onto the business; for instance, problems arise from the decisions as to who will be in which power position and who will receive what amount of compensation for how much work.

The interfacing roles of parents with children is the foundation of the “script” and internal envisionment, or “Picture”, of how family members have learned to attain their need fulfillment for “Power and Belonging”.

It is especially important for children, during their developmental years, to learn the most positive scripts in their primary relationships, and how to fulfill their basic needs within a forum which sustains open communication.

However, in the case of dysfunctional families, the negative scripts are passed on to generation after generation, and with the passing of time, the behavioral dynamics become more complicated. Indeed, the script will be repeated until treated.

However, in the case of partially dysfunctional families who often do not recognize the dynamics and tangles of their interactions, the power and belonging needs of each person are generally gained through negative behaviors, resulting in destructive interactions and unfulfilled pictures, leading to the choice of debilitating feelings and illnesses; i.e. depression, anxiety, psychosomatic problems, etc.

Problems such as these are carried through into the work environment. They can become cyclical and destructive in nature, eventually culminating in a breakdown, and perhaps shutdown, of the company. This may become the ongoing focus of attention in the business and the family, rather than the positive gains.

Reality Therapy - Choice Theory, when taught to the core family in a group setting and/or to individual family members, can be effective in bringing about wanted change. When the family begins to understand the power of choices in fulfilling their basic needs and to unravel their previous and current non-effective thinking, feeling, total individual and intertwined behaviors, then their focus can be placed on rational and logical “Wants” and “Pictures”, which are topical to the common goals and more in line with individuals’ personal and business “Quality World”.

METHOD/TREATMENT

During the first telephone contact, the family representative/s is asked to encourage the members of the family and the family business to attend
one session. At that session, an overall assessment is made of the problem/s and "Wants" as pictured by the family individuals, pertinent to the family and family business. Each person is asked if he/she is willing to attend one-to-one sessions for the purpose of the therapist to get to know that individual's strengths, weaknesses, concerns, wants and pictures more specifically.

As individuals progress in their counseling sessions and are able to define their concerns and wants, the therapist is able to juxtapose all of the individual family members' concerns against each other's problems, which leads to better understanding of the family dynamics and source of the dysfunction, as well as an evaluation of the best ongoing treatment plan. Such a treatment plan attempts to meet the stated goals of the family at large as well as individual family members.

The therapist, throughout the individual sessions, can begin to separate family dynamics from business concerns, and to educate/counsel individuals as to their strengths and weaknesses in bringing about their stated "Wants".

When the individuals are emotionally stronger and are able to better define family/business concepts and perceptions, the family is better prepared to meet as a whole to discuss their concerns, wants and goals for the family relationships and for the business.

Reality Therapy - Choice Theory is an appropriate educational tool in both one-to-one and group meetings. The family can be taught to converse in a common language, i.e., "Pictures", "Wants", "Quality World", "Basic Human Needs", "Total Behaviors", etc. This "New" language can assist the family in being able to assess the "Pictures" which they have in common in reference to their family matters as well as to their business goals and endeavors. They can also gain insight into their own behaviors, needs and wants.

In the family group, arguments among family members are held to a minimum. Listening to each other for the true facts, feelings and message is encouraged, as well as a stated, clarified version of the encoded message. In other words, more specific and caring communication is brought about with the help of the therapist. The therapist can also clarify the "Pictures" within the family which do not match, and need counseling toward resolution. Further, the therapist encourages the concept of individual choice and the idea of each individual taking responsibility for his/her own behavior rather than using the past script of blaming each other for past circumstances.

**DISCUSSION**

The process of clarifying and treating family dynamics within the family and the family business can be complicated, challenging and lengthy. This depends upon the size of the family and the scope of the family business. However, if the family has sought the help of counseling, the end result can be rewarding to the family members and the family business. The process, which eventually could lead to each individual taking responsibility for his/her behaviors, life structure and position, can give a family a sense of satisfaction to have reached the original desire for positive change.

**References**


**Special Issue Announcement**

The Journal of Reality Therapy is planning a special issue on the topic: Reality Therapy, Control Theory and Quality Management in Education: New Directions in the Development of Quality Schools. Manuscripts dealing with the use of CT/RT in the schools are requested. The integration of issues of diversity and multiculturalism is of particular interest. CT/RT within the school context relating to practice, training, research, consultation, and policy development are sought for this special edition. Submission for this issue should be sent to

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CHOICE THEORY AS REFLECTED IN THE
NATIVE AMERICAN MEDICINE WHEEL: AN
APPLICATION FOR A STAFF TRAINING
EXERCISE IN STUDENT AFFAIRS.

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ABSTRACT

William Glasser's Choice Theory (CT) and Reality Therapy (RT) concepts
provide a theoretical basis for the creation of an introspective exercise in group
development and student affairs staff training. A correlation is made between
Choice Theory and the basic principles of the Native American Medicine Wheel
to produce a tangible tool with which individuals may identify personal strengths
and important goals. The possibility of other applications for this concept
include the use of personal medicine wheels as a means for teaching about
personality types.

Glasser's Choice Theory and Reality Therapy techniques provide a
practical approach to Student Affairs staff development and to the adminis-
tration of higher education in all aspects of the profession. From the
management of student conflict to the enhancement of employee develop-
ment, CT/RT techniques can be used as a basis for group and couples
work, and in academic, vocational and personal settings. The use of
tangible objects for self exploration and goal setting is a creative example of
the versatility of this theory and of the extensive possibilities for applica-
tion.

Choice Theory (Glasser, 1994) explains the forces that drive human
behavior in relation to the fulfillment of four basic psychological needs
(beyond that of physical survival), including: the need to Belong, to Love
and be loved; the need for Power or to be "good" at something; the need to
have a sense of Freedom, to have the ability to make choices; and the need
for enjoyment, to laugh and to have Fun. Glasser theorizes that although
individuals may have different methods of achieving balance in their lives,
they are, nonetheless, aspiring to fulfill the same Basic Needs. An under-
standing of these simple concepts can empower individuals to transform
their lives.

Choice Theory (CT) provides a logical foundation to the design of a
training orientation for student leaders by creating a focus on identifying
needs, goals and an ultimate plan. Once familiar with the concepts behind
CT, individuals can identify the driving forces in their own lives and begin
to understand what motivates others. Exercises encouraging such introspec-
tion might provide an interesting forum for group development and
dialogue.

In pondering new and creative ways to approach Resident Advisor
training using Choice Theory, I was inspired by the similarities between
Glasser's basic needs and that of traditional Native American thought
(Heilig-Morris, 1993; Light, 1984; Peters, 1994). A common thread in
Native teachings is that of harmony between the earth and the elements, the
seasons, and the four directions. Often these concepts are portrayed in
the form of a circle representing harmony and continuous movement. Traditionally,
Native peoples would create totems to display personal lessons,
important achievements, unique talents and basic needs and goals. These
totems would often be made in the shape of a circle or wheel, known as a
"medicine wheel" or "medicine shield" to be used as a source of
inspiration in times of crisis or disharmony.

A typical medicine wheel includes portrayal of the four basic elements
of survival including: Earth, Fire, Wind and Water (Heilig-Morris, 1993). Without any one of these elements, an individual's life is out of balance,
threatening survival. Glasser also establishes that physical survival is the
most essential of human needs. However, once this need is satisfied, Glasser
contends that the remaining Four Basic Needs: Belonging, Power, Freedom
and Fun describe the necessary components of an individual's life which
must remain in balance for there to be a healthy, happy existence.

In the interest of applying these concepts to practice, I have designed a
portion of a student Resident Advisor (RA) training program using CT/RT
concepts and the Native American Medicine Wheel. The melding of these
two concepts produces a visual and creative means from which to explore
personal wants and needs, while yielding an exciting tool for an RA training
exercise. Medicine Wheels provide a concrete reference instrument from
which group members can present themselves in a circle setting. These
totems might also serve as a powerful re-enforcement of individual needs
and goals long after the training program has ended.

RAs typically return to college one week prior to student orientation,
to attend a week-long intensive training program which consists of personal
development and introspection, the investigation of institutional policy
and protocol, and the formation of a supportive team. An initial task is to bring
the group into a setting within which they can begin to focus on the year
ahead and the obligations they have accepted. Most critical at this time is
the establishment of an amiable rapport within the group.

The staff exercise I have designed to accomplish this end will ensue
with a team of three trainers and 13 college student resident advisors. It will
culminate a day of physical activities and socialization. The setting will be
an after dinner circle by firelight, prior to a camping overnight. Each
student will be presented with a white cardboard "pizza round" and given
an introduction to the medicine shield and it's purpose in Native cultures. A
correlation will then be made to Choice Theory and the significance of satis-
fying the Four Basic Needs. Participants will be instructed to divide their
circle into four quadrants (see Figure 1) and to draw an inner circle 2/3
the size of the radius of the wheel and a center circle 1/3 the size of that.
They will then be provided with colored markers and other mediums and asked to
create a personal "medicine wheel", using symbols to represent their Four
Basic Needs in the outer circle. The 2nd circle is representative of their
Quality World. Once they have had the opportunity to ponder the questions: "What do you need?" and "What is important to you?", the RAs will be instructed to use these first two circles to set a personal or professional goal. Symbols representing this goal should be placed into the center circle.

Once completed, these "medicine wheels" can be used as a tool for group dialogue. Participants would then be encouraged to reveal (as comfortable) how they are currently meeting their Four Basic Needs and asked to talk a little about the driving forces in their lives as portrayed in their Quality Worlds. The second round of sharing should focus on goal setting. The Planning Phase could be a part of this group dialogue process. Possibly some individuals will share similar goals, thus fostering a sense of comradeship. These personal shields might be useful to the RAs well after staff training as a reminder of their strengths and needs, and as reinforcement for the realization of their set goals.

At the conclusion of this week-long orientation, it might be useful to create a large group "medicine wheel". Such an endeavor would add harmonious closure to the intensive training and serve as a visual representation of group needs. The group should focus on identifying the sense of Belonging they have in being part of the staff. They could be encouraged to explore the aspects of Power and Freedom they have as a team and to answer such questions as: "What are we good at as a group? What services do we provide to the community? What choices do we have?"

Often overlooked in team planning and group development is the need for Fun and enjoyment. The staff could then be encouraged to talk about this need for Fun and laughter and to recognize the importance of satisfying this area as vital to the balance and well-being (survival) of the group as an entity. A culminating activity might be to plan recreation times for the semester, beginning with a scheduled "play time" at the conclusion of the training week.

The training session described above was used during an actual RA orientation program in August of 1995, with thirteen Resident Advisor Trainees and three professional staff. After introducing Choice Theory and highlighting the four basic needs, a correlation was made between Glasser's work and that of traditional Native American thought. The use of medicine wheels and their purpose in Native American cultures was presented. The "medicine wheel model" was used to simplify and diagram the concepts of the four basic needs, the driving forces with which individuals meet these basic needs (Total Behavior), the Quality world, and the importance of balance and harmony for the achievement of ultimate satisfaction in life.

At this point, participants were asked to choose a cardboard wheel and markers and to create a personal diagram like the one displayed. Ten-inch white "pizza rounds" and colored markers were used for this purpose. (other mediums may be included such as beads, feathers, strips of cloth, paper etc). The RAs were given 20 minutes to complete the exercise. Participants then sat in a circle where each person was asked to share his/her wheel with the group. This exercise provided a pleasant forum for sharing.

The results of the training session described above were quite impres-
Addicting Behaviors: Controlling the World We Perceive

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ABSTRACT

Addicting behaviors are one of the ways we attempt to restructure our perceptual environment. In our effort to control our perceived world and move it to a more need fulfilling environment, we may choose to use addicting behaviors. The focus of this paper is to discuss addicting as a chosen behavior. It discusses a holistic approach to intervention from a reality therapy/control theory perspective. In addition, it provides a structured method whereby one can teach those who choose to overcome addicting behaviors.

Addiction is a chosen behavior. All behaviors are chosen. Behavior is our best attempt to control the world we perceive. For this paper, these declarations refer to addiction as one of many behaviors used to control the world we perceive. Kasl (1989), in Women, sex and addiction, relates:

Addiction has become a popular term because it gives us a concrete way to describe an experience most of us recognize—an obsessive dependency on people, substances, money, material goods, or situations. Most of us have at one time or another been "hopelessly devoted" to someone or have experienced some kind of obsessive attraction. Most of us also know what it feels like to believe, "I've just got to have that whatever"; and most of us have felt hysterical or upset because someone didn't agree with us or give us what we wanted. If you have ever violated your values and ignored responsibilities to pursue an overpowering desire, then you understand the feeling of addiction (p. 15).

Addiction is a chosen behavior. It is chosen to control the world we perceive. In order to come to this conclusion, a significant precondition is the belief that all behavior has a strong element of choice. That is, as we live our lives we have the ability to choose actions which are codified as our behavior. In order to clarify this position, we begin with an explanation of addiction.

ADDITION DEFINED

Addiction is a condition which results from repeated use, characterized by a compulsive urge to continue using, a tendency to increase the behavior, and physiological and/or psychological dependence (Freeman, 1988). When not fulfilled, the person perceives anger, frustration, unhappiness or emptiness (Kasl, 1989). This dependency has to be satisfied before we can move forward in meeting our needs (Phelps and Nourse, 1986).

Drug abuse is the regular or excessive use of a drug when, as defined by...
a group, the consequences endanger relationships with other people, are
detrimental to a person’s health, or jeopardize society itself. Zastrow (1993)
describes two factors implicit to defining abuse: (1) actual drug effects, and
(2) group’s perception of the effects. Addicting, from this perspective, is a
collective action. That is, although one may use or abuse, it is the group that
decides upon the addicted label. This labelling is then perceived by members
of the community as addiction.

**ADDICTING**

Addicting is an action behavior. It is an action behavior chosen to
control the world we perceive. Individuals, families, communities and
societies must act to meet their basic needs. At times these systems tend to
tolerate, if not encourage the use of addicting substances in “correcting”
behavior. According to Landau (1984), “despite demands made on people,
addiction could not exist in our society to the extent to which it does if some
addicting actions were not deemed to be within the range of socially
acceptable behavior (p. 12).” The history of the use of drugs for socially
acceptable (health/curative) purposes is as old as written records.
According to Mendelson and Mello (1985), “Over 3,000 years ago, the
therapeutic Papyrus of Thebes, one of our earliest written records, gave
instructions for the use of opium in the treatment of pain (p. 14).” Drug
using/abusing is a socially acceptable, although irresponsible, way to meet
our basic needs. If one looks at tobacco as an acceptable behavior (and
many people do), we usually ignore that tobacco is related to one in every
six deaths annually. It is the most important single preventable cause of
death in the U.S. Tobacco use, in spite of its obvious cost, is need fulfilling
for those who are addicted.

All humans have five basic needs - one physiological (survival) and
four psychological (belonging, power, fun, and freedom) (Glasser, 1984,
1972). The basic needs are the determinants of behavior. They are the pathway
which leads to, but do not cause, addictive behaviors. According to
Glasser (1976), “Finally and most important, to find happiness we need
others, but an addict needs only himself (p. 36).” The inability to fulfill our
needs through nonaddicting methods will influence the person to give up
and choose addictive behaviors.

It is easier to give up in a non-need fulfilling environment and look to
external means to meet internal needs. Some environments are more con-
ductive than others for choosing addictive behaviors. This does not mean
that the motivation for choosing addicting is external but that the environ-
mental condition provides a situation where this choice can be made
without a lot of effort. If we are to fulfill our needs successfully, we must exist
in a need fulfilling environment. In order to make effective choices, the
means, conditions and options must exist within our quality world.
Addicting behaviors as need fulfilling actions can exist within our quality
world. The difference between this behavior and some (not all) others is the
conflict it engenders in us and others in our community.

Addicting is chosen behavior. One seeks behavior as a result of choice
and not as a result of some external manipulation. All behavior is internally
motivated, and therefore people are responsible for the choices they make
(Glasser, 1984). We must therefore evaluate addicting behaviors within this
framework. They may be chosen in an effort to fulfill the desire to solve
problems. Now where does this choice, as an effective means to solve the
problem, originate? For some it has a historical foundation, for others a
cultural base. For many it begins with learning. They are taught that when
one is confronted with a problem, addicting behavior is the best solution.
When we are confronted with the repeated proffering of drugs as the answer
to all of life’s problems, we come to believe that the relief is in the bottle,
pill or a sexy image. We place these behaviors in our quality world.
Therefore, controlling the world we perceive with addicting behaviors
becomes the choice.

We are also taught that if drug use is not the best or first solution, it is a
solution to be utilized when all others fail. Think of what people teach their
children through the use of drugs as the first line of defense against pain.
According to Siegel (1989), “Americans take more than $17 billion worth of
prescription medicines each year, and half of these medicines are taken
incorrectly. As a result 10 percent of all hospital admissions are related to
prescription abuse.” There is also a biological base for the use of pain
killing substances. Their use is our best attempt to replicate what naturally
occurs within the body perfect. According to Dusek and Girdano (1980),
“Exciting investigations regarding the endorphins and enkephalins,
morphine like substances of the brain, lead us to believe that this portion of
the CNS produces its own analgesic. The level of these naturally occurring
pain killers appears to be exceptionally high in the hypothalamus and limbic
structures — areas involved in emotionality and stress responses (p. 27).”

Addicting behaviors move from the creative to the organized. We choose
addicting behaviors from among our organized behaviors in order to
control the world we perceive.

Addiction is chosen. There are times when addicting behaviors are used
to control our perception for involvement (Kasl, 1989). Driven by needs,
particularly power and freedom, people struggle to take control of relation-
ships. This struggle is often quite visible in the conflicts found in love and
belonging situations. Although these events occur, effective control is
possible and also viable. Fundamental to effective control is the acknowl-
edgement that people are responsible for choosing their behavior. Once this
is accepted, it must be accorded a positive value. Behaviors that are valued
are sought after for their own sake. Although at times this may work, it is not
conducive to meeting our continuous need for love and belonging. It is
through love and belonging that one enters easiest into the quality world.
Behaviors that may not be recognized as addicting exist in the area of love
and belonging. Indicants of love addiction are fear of nonfulfillment;
jealousy; anger; paranoia; boredom; worry, and unhappiness (Kasl, 1989).

Addiction is a chosen behavior. In attempting to meet our needs in the
real world, we behave to match our ideal picture of what is fulfilling with
what we have. When the need is to belong and love but we have no real
world correlate, it is frustrating. That is, we have no effective behaviors
which lead to fulfilling our needs. If we do have images which meet our
need for love but these are unfulfilled, we must behave to match these
images. If no pictures are available we continue to behave. Another com-
mon response is to give up. We then give up on the responsible and choose irresponsible actions to give us a sense of control. Using is a common response. It is chosen to help meet the perceived unfulfilled needs (Glasser, 1972).

Why do some people give up? It is easier than to continue the struggle when there is a perception that it will require too much effort to continue. Giving up provides hope on a different level. It gives hope that through the giving up, will come relief from the perceived misery resulting from not having and of believing they probably will never have what they need. It hurts more to keep trying when the effort always seem to fail. You see no results of your efforts, therefore it pains you to continue. You may not give up completely but settle for less or choose a symptom. (Glasser, 1972).

It is an indicant that irresponsibility as a way to deal with frustration is the best that the person can do at the time. That simply means that persons choose addicting to indicate that they are giving up on their problem solving plan, and choosing the only alternative they perceive is available to them.

It should be emphasized that people always choose the best available behavior in every situation. This behavior may not be what we would choose but it is their best attempt to fulfill their needs. Many times if people had additional information or resources, another choice would be made. According to Fanon (1967), "In other words, there is a constellation of postulates, a series of propositions that slowly and subtly — with the help of books, newspapers, schools and their texts, advertisements, films, radio — work their way into one's mind and shape one's view of the world of the group to which one belongs (p. 152)." In the final analysis, we all do what we do to meet our needs. People choose addicting because it helps them to meet their needs.

Addiction may be presented through the reorganization system as a creative choice to a presenting problem. Through the process of reorganization, creative new behaviors are constantly being made available to each individual. According to Glasser (1984), "Reorganization is viewed as a kind of churning pot of disorganized behavioral material, a maelstrom of jumbled feelings, thoughts, and potential actions that are in a constant state of reorganization." This process creates a plethora of new ways to act, think and feel in response to perceived barriers. Use which leads to addicting is but one of the creative responses to an obstacle. This system only presents the many possibilities one may choose to deal with conflicts. It is up to the person to decide which form or method to utilize to problem solve.

The first step in choosing addiction is criticism. It is the perceptual preparation necessary to transform someone in order to justify ill treatment. This criticism usually begins with self but it can also be directed to a significant other.

The second step is labelling. Labelling is a method to distance oneself from others as well as to dehumanize the object of the subsequent acts. According to Ryan (1971, p 10), "Automatically labelling strangers as savages, weird and inhuman creatures (thus explaining differences by exaggerating difference) not infrequently justifies mistreatment, enslavement, or even extermination of the Different Ones." This allows one to transform intent to action with less guilt. We often fail to recognize that addicting is a chosen response. It is important here that we remember free will.

Free will (Mickel, 1991) means that humans are free to act as they will and may choose good or evil. People have options when they take action and must learn to accept responsibility for the choices they make. This free will is grounded in moral conscience, and persons will make responsible choices when they have knowledge and values which lead them in that direction. Awareness of knowledge and values is essential to discerning how free will influences perception. Together 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).

If the environment is perceived as oppressive, the persons' choices are limited by the extent of the oppression. Therefore, their perception of what is available to them, at the time, may be an addicting choice. Lynch (1992) has asked, "When the socioeconomic conditions under which a people live are not progressive, what do they do? When institutions that govern people's lives are destructive and non-developmental, where do the people turn? When the society socializes a people through oppression, what will bring positive change in their lives? When the government and institutions that govern their lives don't give a damn about their development, how do the people respond (p. 50)?" In a need fulfilling environment, using may not be the immediate response to anger. Depression is the next choice in moving toward addiction. It is the last best attempt to keep the world under our control. When the individual chooses to stop depressing, the resultant action may be expressed through acts of using.

In order to intervene, one must believe that it will result in a possibility of positive change. This belief is the essence of what one does as a counselor or therapist - persons can choose to change if they obtain enough information. It provides the foundation upon which intervention is built. We must move to reorganize the environment leading to a change in available choices. It is on the unified spiritual and physical plane that addicting behaviors can be transformed. When the physical unites with the spiritual, individuals gain renewed energy to overcome the need for purely physical and psychological pleasures. Believing one can overcome an addiction is requisite before a lasting, consistent pattern of nonaddicting behaviors is chosen. One example of this process is parent assistance workshops (P.A.W.S., Mickel, 1993) which develops a methodology to work with parents and their children to address changing the environment to deal with issues of addicting. A change in the environment provides the readiness to use the concepts of reality therapy and control theory to transform to a need fulfilling environment.

In the place of addiction we can choose to act responsibly in order to meet our needs. In the final analysis all any of us can do is behave. We behave to meet our needs. These needs are ever present and the drive to fulfill them is insistent. Although we cannot choose our needs, we can select our behaviors utilized to fulfill them. This is where we can choose to not use drugs, sex or other addicting behaviors, but responsible actions in the real world.
There are several steps one may choose to address addicting behaviors. We must recognize that addiction is a chosen behavior. As a choice, we have control over its exercise. We can choose not to use today. In order to accomplish this, we must teach:

- Addiction is an irresponsible or at least not the best choice and as such we can choose a more effective behavior;
- We put labels upon people and things, we can remove them;
- Because it gives us a sense of pleasure, does not mean it is "good"
- There is no way we can control the world around us, but we can choose our behaviors in response to the world, and
- Although we cannot always get what we want, we can always get some of what we need.

The role of the addiction therapist is to work to assist the user to perceive a need fulfilling environment. That environment must exist at all levels physical, mental and spiritual. This need fulfillment can be perceived through our internal or external environment. We believe that the internal environment promotes the most lasting change (all we have is internally motivated) but we can begin by working to make the external environment need fulfilling.

For those who look at an environment and see addiction as the choice of those who live within that environment, intervention must be in the area of reducing, if not eliminating the oppressive conditions which influence need fulfilling. The reasonable conclusion one may then come to is that our efforts must be directed not only to individuals but to the collective and the environment in which they exist. A change in the whole will impact and change the part.

CONCLUSION

Addiction has been and continues to be a chosen behavior. If we are to make constructive changes in our society, we must continue to spread information. This information provides the foundation from which all intervention efforts must be evaluated. If we are to evaluate the influence that drugs have upon our environment, we find some environments are more conducive than others for choosing addicting behaviors. This does not mean that the motivation for choosing addicting is external, but that a different choice can be made outside of a constrictive structure. It is easier to give in to a non-need fulfilling environment and look to the external means to meet internal needs. In order to make effective choices, we must believe that effective means, conditions and options exist within our quality world.

Addicting behaviors, as need fulfilling actions, can exist within our quality world. The treatment for those who choose addicting must be wholistic. In a need fulfilling environment one seldom chooses addicting behaviors. The reasonable conclusion one may then come to is that our efforts must be directed not only to individuals but to the collective and the environment in which they exist. A change in the whole will impact and change the part.

References

THE ART OF FACILITATING SPACE TO MEET THE NEEDS OF THE CLIENT. A LESSON WITHIN NATURE

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ABSTRACT

This article addresses the need to provide space for learning and change to take place. Too often we assume the all of the assigned classroom and appointment time needs to be filled. We fill these times with noise, talk, film and tasks that may or may not be meaningful. If we step back and examine the change process where do we see the significance of providing space? Space to reflect. Space to change. Space to grow. Providing examples for educators and counselors that exist within the natural world may aid in the realization of the value of providing space.

INTRODUCTION

Many people within the counseling and educational communities might agree that schools have continually been confounded with issues regarding how to better use space and time. Managing schedules, appointments, classes, and bells are the most common concerns in this area. In fact, we all might agree that these problem areas confound us all. But it is especially pronounced in schools. Often times, the result is how to use space and fill it up. Or, better yet, how to categorize time in order to fit everything into a given day. Struggling to make things fit into neat tidy places and fighting off exhaustion is a major agenda for many of us. The issue of space is not only one of not enough square footage per person, it is also about the amount of time that we perceive that we have.

The addition of technological equipment even further crowds the limited space in most classrooms, offices, and homes. "Form follows function" is a much heard statement in the design of environments by architects, but what does this remark mean to the individual? How much concern is there in making space for quiet places? Quiet places where a learner or a client might sit and quietly think. A place to reflect. Space is essential to our personal development. Where and when do all of us determine how best to use the time and resources provided? There is a lot of press for educators and counselors to be reflective practitioners, but when during the typical day do we allow the space for the practice of reflection?

PREPARATION

While working in the Teacher Education program at Pacific University in Oregon, I began to focus on preparing future educators to perceive the value and need for providing space within the learning environment. The concept of providing space for learners is nothing new or revolutionary. However, the idea is too often overlooked in teacher preparation programs. Some of the future teachers commented that they thought study hall, lunch break, and recess covered this space topic. However, a few field trips to observe typical behaviors at schools and these future teachers began to see that there is a vague concern for space at many sites. The only obvious areas that were identified as areas for generating space was the Time Out room. The Time Out room is a specifically designed place set aside to provide space for the client. In this space students begin rethinking their behavior and are asked to arrive at a point where a plan is designed to change previous behavior patterns that are inappropriate (Glasser, 1986, 1990). While the Time Out room may prove effective for obvious behavioral problems, it only addresses problems after they occur. I was intending that the educators consider providing space to alleviate potential future problems by providing time out before an occurrence.

How to teach the value of space was challenging. To simply say that providing space had value and suggest to do go it was not going to have any long lasting value. This aspect of their craft I intended to come from deep within themselves. They needed to perceive the personal value of space for themselves. I intended to provide enough examples of the concept of space that my point would be obvious. In certain kinds of art I have seen artists employ this technique through the use of 'negative space' in their drawings. The use of the negative allows the pictures to pop out at the viewer. At first, what seemed so apparently valuable to me was met with some resistance by some of the students. It seemed that many preservice teachers perceived that the teacher's time should be spent filling up a student's day. Task by task, the teacher sets plans until it totals a full day. Question by question counselors often fill up an entire session. Much like an assembly factory worker might behave. In metaphorical terms, it's as though we keep pouring water into a container. No matter how full the container gets, we just keep pouring. We know the container can only hold so much, but we perceive that we as the professionals have to be accountable for pouring. We might even ignore obvious overload signals from the client or learner. As professionals, we construct days that are packed full of tasks to do. We fill the time slot as a means of suggesting to clients that they are indeed getting their money's worth. To even think about sitting in silence and thinking about what has just been said might be construed as irresponsible behavior. However, this behavior can be a real paradox because keeping people busy seems to indicate productivity, and down-time is perceived as wasted time. Yet, the busy cycle of behaviors may be the cause of the problem in the first place. People can become so preoccupied with filling up space, that they forget to set aside the quiet time for bringing themselves back to center balance again.

NATURE AS THE TEACHER

As the semester proceeded it seemed to me that the most practical thing to do would be to explore the concept of space outside of the classroom. The very structure of a classroom can be restricting. An office can be equally restricting. The fact that both are often referred to as the 'black box' has sound reasoning to support it. Our class moved outside onto the
campus. Surrounding the campus are many huge oak trees. These oak trees are a hallmark of the campus grounds. At first glance, one might perceive that there are too many trees on the campus. However, each of the trees seems to have a space of its own. If they grow too close, something will die. If they are not provided with an appropriate amount of space for sunlight, something will die. So, they grow straight upward striving high for the light of the sun and down deep for their source of water. Periodic care is provided for the trees as they are thinned and fertilized. However, the nurturing process is not to plant more trees, rather it is to provide space for the existing ones.

Within education and counseling circles we hear talk about planting seeds in the clients. Some consider that these are the seeds of curiosity, imagination, and of healing. Seeds that we hope will mature and bloom one day. Seeds that will be nurtured by the client. Yet, even farmers who plant seeds have the wisdom to wait and watch the seeds grow. Farmers provide an appropriate amount of space knowing that if they don’t the seeds can not mature. Seldom do farmers sit on the seat of their tractors and stare at the ground waiting for the recently planted seed to produce. They don’t stand out in the field and bark commands and orders at the seeds. They are a hallmark of the campus grounds. At first glance, one might perceive there are too many trees on the campus. However, each of the trees seems to have a wonderful and clear understanding of the value of space as the following excerpt indicates.

... for it is only framed in space that beauty blooms. Only in space are events and objects and people unique and significant and therefore beautiful. A tree has significance if one sees it against the empty face of the sky. A note in music gains significance from the silence on either side. A candle flowers in the space of the night. Even small and casual things take on significance if they are washed in space, like a few autumn grasses in one corner of an Oriental painting, the rest of the page bare. [p.114]

Washed in space. What a wonderful notion. Over the next few class sessions we spent some time studying how perfect the trees were and how their growth was providing us a lesson in pedagogy. Each branch holds just the right amount of leaves and the trees had perfect balance, even under strong winds. As Voltaire keenly noted in, *Emile*, ‘everything you need to know you will find in nature.’ On another day, I shared an example while we returned to the building. As we started climbing the stairs up to our second story classroom, I asked, ‘Have you ever noticed how much space there is between your bones? It’s just enough and yet its so little. There doesn’t need to be a lot of space between our bones but it sure is helpful when there is just the right amount.’ That comment invited inquiry. ‘How much is enough?’ one of the students asked. I intentionally waited a long time before I answered. My pause was to create enough space so as to let the question resonate inside all of us. There was that look of insistence on the faces of some. They wanted to know the answer. Their reaction was normal. They wanted to know the formula. Like so many clients seeking help and students wanting the right answers. Far too many program models provide answers about what exactly to look for. In many subtle and obvious ways we are encouraged to rely on packaged programs and canned responses rather than professional sense. But this kind of facilitating is an art. Too much in any single part of the picture and the whole frame is thrown out of balance.

‘I don’t know for sure. It’s all very situational. That may sound like a copout answer, but it all depends on the situation. And, you need to be listening and observing, like any good artist does, for what is needed to complete the picture without overloading it. We all need space to grow”, I replied. All living things need space to grow and its our responsibility as professionals to provide for that space. One or two minutes can seem like a very long time in the classroom or counseling setting. This space of silence is especially obvious in a setting where professionals perceive themselves as the ones appointed to fill up all of the space with talk.

**CONCLUSIONS**

Nature and the outdoors can be a wonderful and effective learning environment. Overall, there doesn’t seem to be a lot of place for space within the curriculum of everyday life for most of us. Perhaps, as professionals, working with people who are engaged in the process of change, we all might consider the long range benefits derived from providing appropriate spaces for change to occur within. Time Out rooms only provide for such space when students present themselves as a discipline problem. But why wait? Sometimes, the amount of space needed may only be a moment or two. Who knows, maybe ‘Facilitators of Space for Something Appropriate to Occur’ may be a professional title of the future.

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PROFESSIONAL ISSUES:  
The Use Of Questions In Reality Therapy  
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ABSTRACT  
The use of questions is a cornerstone in the practice of reality therapy. They serve to help clients examine their own life direction. Yet the excessive use of questioning often becomes an irritant to the client. The exclusive use of questioning in counseling and in providing feedback to trainees often puts a distance between counselor or trainer and client or trainee. Relationships are enhanced when questioning is combined with reflective listening, perception checking, etc.

A major premise in control theory and reality therapy is that motivation originates from within. Behavior is caused not by external stimuli or forces but by internal out of balance scales, quality world pictures, and a system of universal, general, innate needs (Glasser, W., 1980, 1986a, 1986b). The conventional way to tap the motivational system is by asking clients, students, employees to clarify their wants, examine their actions, and make more effective plans (Glasser, W., 1980, 1986b).

ENVIRONMENT ALONE: INSUFFICIENT FOR CHANGE  
The exploration of the components of the human control system is done by establishing an atmosphere free of fear and coercion. Still, reality therapy offers more than a pleasant atmosphere in which clients or students can choose more effective behaviors. If establishing an empathic environment were sufficient for change, reality therapy would differ very little from person-centered therapy and education (Rogers, 1957, 1969).

PURPOSE OF QUESTIONING  
Even though motivation is caused by internal drives, it can be aided by the skillful questioning of a counselor or helper. Wubbolding (1988) has identified the importance and purpose of questioning in the use of reality therapy.

1. To enter the quality world of the clients. By asking questions about various components of the control system: Wants, needs, perceptions, total behaviors, evaluations, plans, etc. - the helper can be seen by the client as part of the quality world.

2. To gather information. Counselors can help clients more effectively when they have appropriate data to work with.

3. To give information. Asking questions can be a subtle way to communicate information. The most basic message communicated to clients is that they have control and that they can gain more effective control.

4. To help clients gain more effective control. The most important result of effective questioning is that clients self-evaluate and follow through on plans resulting in a new life direction.

The assumption underlying these purposes is that effective questioning is one of many skills. It is in no way the only skill to be used by practitioners of reality therapy. In fact, it can often be misused. When used mechanically, the use of questioning serves to put a barrier between client and counselor.

QUESTIONS AS A BARRIER  
The excessive use of questions throws a cloud over the relationship between client and counselor, as well as between student and teacher. The receiver of the questions is often deluged with a monotone of inquiries which elicits a defensiveness about the answer to the previous question. Below is a sample dialogue. It is assumed that the helper has established a friendly and warm atmosphere. Thus, for the sake of brevity and to make my point, the questions are pulled out of context.

H = Helper
S = Student or client

S - I want my parents off my back.
H - If you had them off your back, what would you have?
S - I'd be free of people telling me what to do.
H - Are you telling me freedom is important to you?
S - Yes, I'd like to do what I please.
H - Where does this thing called “freedom” exist?
S - I don’t know what you mean.
H - Does it exist inside of you or outside of you?
S - Well, I guess inside.
H - Can they really force you to do anything?
S - They try.
H - But can they really force you to do what you absolutely don’t want to do?
S - No.
H - Are you saying you are the one who decides what you’ll do?
S - But they won’t let me do what I want.
H - Let me ask another question. If you had the freedom you wanted, what would you be doing, thinking and feeling?
S - I’d be able to come and go as I please. I am 15 years old.
H - If you could come and go as you please, what would you be thinking?
S - I’d be telling myself how great things are.
H - And what would you be feeling?
S - I'd feel great!
H - What do you mean by “great?”
S - Fantastic.
H - How would having your parents off your back really help you?
S - I'd be able to do what I want.
H - How would doing what you want help you?
S - I could hang out with my friends.
H - Would that help you succeed in school?
S - No, but I don’t care.
H - Is not caring helping you?
S - No, but I don't care and I don't like all these questions.

In the above dialogue, the helper asks reality therapy questions rooted in control theory. The aim of the questioner is to explore the quality world of the student. There is also another dynamic at work: Such questioning contains the implicit message that the student has some control and is motivated by internal forces. This is especially evident in such questions as “Does it (freedom) exist inside of you or outside of you?” Similarly, the evaluation questions, e.g., “is not caring helping you?” not only help the person to momentarily evaluate, but they also indirectly teach the skill of self-evaluation which is a life skill. It is clear that one of the purposes of questioning is to teach or to provide information to clients or students.

The limitation of the above dialogue, often observed in certification weeks, is that it is limited to the exclusive use of questioning. The brief exchange above requires only seconds. But sometimes the barrage of questions lasts 15-20 minutes and seems endless and even oppressive to the student/client. The sheer number of questions, devoid of any reflective listening and without any change in the helper’s non-verbal behavior, serves to erect a barrier between helper and student/client.

TRAINING SESSION

Suppose the above dialogue was a simulated practice session (role play) in a training session. The trainer, attempting to use the reality therapy process in what he/she believes to be a puristic way, provides a commentary on the above session.

TR = Trainer
TE = Trainee

TR - What did you do that you liked?
TE - I helped him self-evaluate.
TR - What else did you do that you liked?
TE - I asked about total behavior.
TR - What would you improve on?
TE - I would go into more detail about total behavior.
TR - How?

TE - By going into more detail about what he would be doing, thinking and feeling.
TR - How would that help?
TE - It would help him focus on what he can control.
TR - Do you think you went too fast in the session?
TE - No, I think it was ok. What do you think?
TR - How would it help you to know what I think?
TE - I respect your opinion.
TR - Would it help you to have my opinion?
TE - Of course not, all I want to know is what you think. Why can’t you just tell me?

In the feedback session, the trainer uses the methodology of reality therapy to help the trainee self-evaluate. As in the helper-client segment, this session consists solely of questions. As these brief sessions stand here, they illustrate useful counseling and feedback. However, these minuscule sessions are intended to illustrate dialogues which are much more prolonged and consist exclusively of mechanical questioning. No opinion is expressed. No viewpoint or perception is shared. No suggestion is made. The student/client and trainee remain in the dark about the counselor’s or trainer’s control system relative to his/her own skills. The incessant questioning becomes an irritant to the trainee.

Consequently, the relentless and exclusive use of questioning is seen as a bombardment and a barrier to self-evaluation. Such questioning puts distance in the relationship by creating a bland if not toxic atmosphere which is antithetical to effective counseling, teaching and supervision.

Often questions mask the opinion of the questioner. Such questions often begin with, “Do you think . . . ?” For practice, you might consider the opinions and values behind the following questions.

- Do you think your clothes are neat enough?
- Do you think you ought to stay out until 12:00?
- Do you think you can graduate without studying?
- Do you think I can teach while you talk all day?
- Do you think such behavior will make you a better person?
- Do you think your fighting is a good idea?

While questioning can be a useful tool in the process of reality therapy, it is not the only one. And so the following guidelines are useful in preparing counselors, teachers, and trainers.

1. Questions serve very useful purposes as described above.
2. Expressing opinions is helpful, facilitative and necessary. If the helper is part of the client’s quality world the relationship is enhanced.
3. The helper enters the relationship as a person with perceptions,
thoughts, etc. To express them is part of being a person in any “I” - Thou” relationship.

4. Making suggestions for a plan of action is reasonable. Such suggestions should be well timed and do-able.

5. Trainees can reasonably expect to hear the trainer’s opinions and suggestions. If the latter are part of the quality world, the trainee can evaluate, accept or reject the viewpoints.

OTHER SKILLS

Rather than continuing an endless string of questions which are sometimes seen as an interrogation, the remainder of the dialogue might be as follows.

<table>
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H - It’s obvious from what you said that you’re not happy with how things are. You feel trapped, in prison!!

S - That’s it.

H - It might appear that you have very few choices but I believe that you have two big ones.

S - You’re kidding! I don’t see them.

H - I’d like to describe them.

S - Fire away.

H - I think you could either choose to be unhappy or choose to be happier than you are now.

S - I’m sure unhappy now.

H - Maybe this is the time to look at the other pathway.

S - Like what?

H - Like looking at how to make a few choices to do things that would be better for you.

S - I don’t know what you mean.

H - Let’s put it this way. If I could help you do some things quickly, things that would improve your situation, would you be willing to listen?

S - Will they get my parents off my back?

H - No guarantee of that. But until they do leave you alone, why not try a few things that might help you feel a little better?

S - I suppose it’s worth a try. What do you suggest?

In this dialogue, the helper is beyond rubricized and bland questioning. Adapting the procedures to the situation, encountering the student/client in an open way rather than through the facade of simplistic questioning takes the use of reality therapy procedures to a higher level.

The feedback segment might be as follows:

<table>
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TR - I noticed in this session you began with the usual questions and then there was a shift.

TE - Yes, I tried to use the direct questions around the self-evaluation in order to prepare for helping him examine his perception of himself.

TR - It was very clever, how you presented the choices. Tell me what you wanted to have happen.

TE - I wanted to see if he would commit himself to making small alternative choices.

TR - How effective do you think you were?

TE - I think he was about to be willing to try a few things.

TR - I think so too. You did a superb job of connecting with him. And I also want to say that even if he decided to remain powerless and do nothing to help himself, the technique is still an excellent one. Do you see why I say that?

TE - Yes, because it is good counseling and managing, even if it doesn’t always achieve a positive outcome.

TR - Right. You just made the distinction between your behavior and his choice.

In this feedback segment, the trainer is not constrained by a rigid adherence to questioning. Rather he/she attempts to offer his/her insights and uses a common sense form of conversation.

In both cases, observations are provided and opinions rendered. The helpee and trainer share perceptions, and open themselves to the other person.

In summary, it must be emphasized that none of the questions above are inappropriate. It is quite useful at times to ask questions rooted in an opinion. But the exclusive use and the uninterrupted barrage of questions can prevent effective counseling and training. On the other hand, when balanced by a spontaneous sharing of perceptions, reflective and active listening, perception checking, and other attending behaviors, skillful questioning fulfills its intended purpose.

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