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EDITOR'S COMMENT

This issue completes the fifth year of publication for the Journal of Reality Therapy. The Journal has continued to grow in both size and reputation. In order to meet the increased demand for copies, the printing for this issue was increased from 1000 to 1500. As part of Journal publicity, an announcement of the Journal was sent to over 3200 college and university libraries in the United States and Canada. As the flow of articles increases, efforts will be made to increase the size and/or frequency of Journal publication.

At the end of 1985, three members of the editorial board who had contributed to the Journal since its inception completed their terms. I’d like to thank John Bannen, Kyle Conway, and Robert Wubbolding for their assistance. This issue marks the first for two new editorial board members. Janet Thatcher has a doctorate in Counseling Psychology from Kent State University, and is an approved field faculty member of the Institute and private practitioner in Cincinnati, Ohio. Brian Mulherin has a doctorate from the University of Maine in Counselor Education, is a member of the Canadian Institute for Reality Therapy, is a registered psychologist in New Brunswick, and is professor of education at the University of Quebec in Montreal. In addition to these two, a third vacancy exists at present. To provide for geographical representation, it would be preferable to have an editorial board member from the Southwest or Far West. Interested candidates should submit a brief resume to the editor.

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RESTITUTION: A BEHAVIORAL ANALOG FOR UNDOING
Sheldon J. Lachman

The author is professor of psychology at Wayne State University in Detroit, Michigan.

Among the major contributions of psychoanalysis to contemporary psychological science are the general concept of the defense mechanism (Freud, 1952a; Freud, 1952b; Freud, 1959) and the narrower concept of specific kinds of defense mechanisms (Freud, 1966). A wide variety of ego defense mechanisms has been named and described, including undoing which is a subject of this paper. The defense mechanisms contribute usefully to understanding a variety of behaviors, both normal and pathological.

Psychoanalytic theory is primarily an intrapsychic theory, concerned with psychic determinism, psychic operations, and psychic consequences. Nevertheless, to some extent, such concepts can be translated into objective, observable S-R variables to permit research on various ego defense mechanisms such as regression (Barker, Dembo & Lewin, 1943) projection (Sears, 1936; Sears, 1942) and displacement (Miller & Bugelski, 1948), among other mechanisms. Such research has supported many psychoanalytic concepts and generated new hypotheses and useful data.

OBJECTIVES OF THIS PAPER

The major objective of this paper is to make operational the psychoanalytic concept of undoing. This is done by proposing an analog of undoing or a behavioral equivalent of undoing. Another name — restitution — is suggested for this analog and a definition is provided in terms of behavior. The second objective of this paper is to indicate in a general way the value of the restitution mechanism in Reality Therapy.

Tertiary objectives of this paper are to provide simple non pathological examples within the criteria of the objective definition of restitution, and to suggest a logical sequence presumed to operate in the restitution process, the motivations involved, and the role of restitution in elucidating the function served by undoing.

ANALYSIS OF THE CONCEPT OF “UNDOING”

Undoing has been defined in Freud: Dictionary of Psychoanalysis (Fodor & Gaynor, 1958) as follows: “It is a kind of negative magic which by means of a motor symbolism would “blow away” as it were, not the consequences of an event (an impression, an experience), but the event itself...” Other technical dictionary definitions include phrases such as the following: “... a second action... intended to abolish the first action, as if it had not happened” (Warren, 1934) and “... performing a certain activity is intended to cancel out a prior activity as if had never happened”
An essential aspect of the position presented here is that it is necessary to distinguish between the common word “undoing” and the psychoanalytic concept of that word. With reference to phenomena of the ordinary physical world as directly appreciated by man, undoing is impossible. The behavior that occurs at one time really occurs at that time. An individual may take corrective measures to annul an earlier action, but clearly there are the two events now, the first preceding the second and perhaps influencing its occurrence.

Ordinarily, accepting the basic premises of science and the idea of a monistic physical universe, such an annulment (i.e., “as if it had not happened”) is not possible. Time flows in but one direction and cannot be reversed. Causes antedate effects. Those notions are so well accepted as to be truisms. It has been so among the rational at least since antiquity. Shakespeare has Macbeth say “... what’s done is done” (Act III, scene 2, line 12) “... what’s done cannot be undone.” (Act V, scene 1, line 75). There are also the familiar lines of Omar Kyayyam (Khayyam, 1872):

“The Moving Finger writes; and having writ
Moves on; nor all your Piety nor Wit
Shall lure it back to cancel half a Line
Nor all your Tears wash out a Word of it.

PSYCHOANALYTIC VERSION OF “UNDOING”

The general psychoanalytically-accepted concept of undoing, however, is different and includes the following ideas: There is a destructive or otherwise unacceptable wish on an unconscious level. From the psychoanalytic viewpoint the unconscious operates in an irrational and timeless fashion. If an individual carries out an act (e.g., continually checks to see that the gas is turned off in response to an impulse to turn on the gas and thereby, to kill his wife; and has no sound explanation for his behavior) that behavior — continually checking to be sure the gas is turned off — serves to cancel or eradicate the initial wish as if it had never occurred, not to cancel some earlier behavior. Apparently undoing in that sense does reduce some of the conflict created by the “unconscious wish” and frequently reduces some of the discomfort generated by that conflict. Not only is the initial destructively-oriented wish or impulse strictly implicit (i.e., a set of internal or mental operations of which the person is essentially unaware) but the cancellation or annulling or eradicating process in undoing is by means of a countervailing unconscious wish or impulse. From a behavioristic perspective, those ideas represent many formidable problems in terms of conceptual framework and in terms of linguistic translation.

A more appropriate term for undoing might be nullification, an intrapsychic process whereby an earlier wish or impulse with a destructive orientation is later annulled, abolished, neutralized or in effect cancelled by subsequent countervailing wishes, impulses, ideas or actions.

Obviously, certain other meanings can be suggested for this term. At least two somewhat different ideas are denoted by “undoing” — symbolic annulment and restitution through some sort of payment, atonement or expiation.

Symbolic annulment of action consists in following the first action with a second such as, after committing a crime, washing one’s hands and, in that way, getting rid of the initial misdeed symbolically or at least partially getting rid of the guilt manifestations associated with the transgression.

Restitution through payment, atonement or expiation consists in performing some action which in effect attempts to provide compensation for the earlier act.

RESTITUTION AS A REPLACEMENT FOR THE TERM “UNDOING”

It is suggested that a concept of restitution may serve as a constructive replacement for “undoing,” a term with intangible and inaccessible referents. Restitution is a mode of behavior by which the individual performs activities designed to make reparation for personal misdeeds.

Restitution behavior is a restorative process in at least two ways:

(a) It is an attempt to compensate the victim of the misdeed and, thereby, to restore the condition existing prior to the misdeed for that person.

(b) It is an attempt to restore — or even improve — conditions existing prior to the misdeed for the perpetrator of the misdeed, particularly relationships between the perpetrator and the victim.

Restitution — the restorative process — may take several forms. Among them are (a) Explanation (so that the victim understands the action), (b) Apology, (c) Conciliatory gift giving, (d) Prayer, (e) Symbolic action.

Sometimes actions, which in effect serve to help restore conditions existing prior to an injury, do not, in fact, correspond to the definition of restitution. In this category would be donations to aid victims of disasters and physicians relieving suffering of the ill or injured. These are not restitutions for personal misdeeds and do not fit the proposed definition.

Restitution may be conceived of as a sign of remorse — a normal, nonpathological, deliberate attempt of rational people to erase the effects of earlier behavior. Unlike undoing, the behavior encompassed by restitution is subject to direct independent observation by autonomous observers and verifiable by other independent observers, in conformity with some of the tenets of empirical science.

In the S-R equation the stimulus situation and the accompanying behavior including language (written or spoken), are the two relevant variables. Speculative inferences about intervening processes can be avoided by the more parsimonious acquisition of data and the search for consistencies and regularities in the S-R variables and factors associated with them.
Some examples of overt behavior associated with what may be considered normal, everyday, nonpathological restitution acts are the following. (1) A little boy brought his mother some beautiful wild flowers from the field after he stole some cookies from the cookie jar. (2) The reckless driver who hit and seriously injured a stray dog then contributed a large sum of money to the Humane Society. (3) Lana forgot her friends’ anniversary, so instead of sending a card, she took them to dinner. These restitution vignettes are normal in the sense of being not uncommon. Deviant or more extreme examples are the following. (1) A man, while drunk, beat his wife with provocation. The next day he bought two new dresses for her and took her to an expensive restaurant for dinner. (2) A mother alternately strikes her child one moment, then kisses him the next and tells him she is sorry.

Something of a “magical quality” may come to be associated with restorative processes through learning in childhood. For example, a child learns that solicitous action after hurt, such as mother’s kissing an injured hand, serves to diminish the hurt and to restore the prior nonhurt condition. Such recovery, of course, may be due simply to time-lapse since the injury.

COROLLARY OF RESTITUTION

Related to restitution is a guilt self-punishment motive, the development of which also can be understood in terms of learning: In the course of growing up, children do various things, some of which are disapproved by authority figures and subject to punishment. A three-part sequence is instructive: Stage 1. A disapproved behavior is performed by the child. Stage 2. The parents or authority figure expresses disapproval by punishment (verbally, physically, or by deprivation of dessert, allowance, etc.). Stage 3. Having received the punishment or made restitution, there is expiation: The individual is ‘redeemed,’” the parents are not permanently angry, the slate is wiped clean.

After many such sequences in the child’s normal development, the transgression-punishment-atonement sequence becomes a permanent component in the individual’s behavioral repertory. The effects of this often repeated sequence become so pervasive that tensions (physiological-based guilt reactions) arising from transgressions persist until they are dissipated by the end of punishment and expiation.

A consequence of the triad outlined is that a guilt self-punishment motive becomes internalized and automatized; perhaps this parallels undoing being regarded as an “unconscious defense”. Such a motive, as an aspect of the superego, provides a powerful idea to account for a wide variety of behaviors. Restitution may be conceived as a kind of self-punishment or an accompaniment of self-punishment and as a means of achieving atonement. Atonement implies doing penance and perhaps apologizing. Restitution suggests positive acts to repair the problem. Both actions are followed by the alleviation of guilt reactions. It is likely that the guilt self-punishment motive becomes increasingly strong during progress through level II — conventional morality — in Kohlberg’s system of moral development (Kohlberg, 1969) and that it achieves different degrees of strength in different individuals.

The disapproval and demand for punishment or reparation for transgression comes from society in the form of parents at first, and later from the gang, teacher, church, judge, and other persons in authority.

In the mature adult, the sequence of events may be conceived in this way:

<table>
<thead>
<tr>
<th>1</th>
<th>Disapproved Behavior</th>
<th>2</th>
<th>Guilt Feelings</th>
<th>3</th>
<th>Restitution Behavior</th>
<th>4</th>
<th>Receiving Punishment</th>
<th>5</th>
<th>Reduction of Guilt Feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Disapproved Behavior</td>
<td>2</td>
<td>Guilt Feelings</td>
<td>3</td>
<td>Making Reparation</td>
<td>4</td>
<td>Receiving Punishment</td>
<td>5</td>
<td>Reduction of Guilt Feelings</td>
</tr>
</tbody>
</table>

PUBLIC ASPECTS OF UNDOING

A sequence of events for the restitution mechanism, paralleling the intrapsychic concept of undoing, may be suggested:

1. The transgression occurs.
2. Then there is the wish — perhaps a powerful wish — that the act had not been committed. “O, call back yesterday, bid time return...” (Shakespeare, King Richard the Second, Act III, Scene 2, line 69).
3. That is followed by the thought that the infraction might not have occurred or that it did not occur — that it is annulled, cancelled, or wiped out.
4. Critical processes prevail, however, and the individual must recognize and accept the fact that the action did occur.
5. Guilt feelings are aroused.
6. The person then may manifest penitent behavior and express regret and sorrow.
7. The person may attempt retribution, i.e., to repay the money stolen, to replace the broken toy, to repair the damage done.
8. Typically, with expression of regret, with acceptance of punishment or with reparation, atonement is made for the misdeed.
9. Thereby, finally, guilt feelings are reduced.

In order to compare more readily their characteristics, a chart indicating the major attributes of undoing and restitution in parallel has been prepared (see Table 1).
Theoretical Dimensions of Distinction Between Undoing and Restitution

<table>
<thead>
<tr>
<th>Dimensions of Distinction</th>
<th>Undoing</th>
<th>Restitution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>Subjective</td>
<td>Objective</td>
</tr>
<tr>
<td>Sphere of Operation</td>
<td>a. Intrapsychic activity</td>
<td>a. Directly observable activity</td>
</tr>
<tr>
<td></td>
<td>b. Inaccessible private events*</td>
<td>b. Accessible public events</td>
</tr>
<tr>
<td></td>
<td>c. Intrapersonal process</td>
<td>c. Interpersonal process</td>
</tr>
<tr>
<td>Level of Operation</td>
<td>Unconscious</td>
<td>Overt behavioral</td>
</tr>
<tr>
<td>Content</td>
<td>May involve transphysical ideas.</td>
<td>Involves action to annul, cancel, ameliorate or neutralize (and thus to make reparation and atone for earlier behavior)</td>
</tr>
<tr>
<td></td>
<td>(The content of “idea equivalents” processed by the unconscious does not heed spatio-temporal constraints)</td>
<td></td>
</tr>
<tr>
<td>Actions and Events</td>
<td>May deal magically with events that occurred earlier (e.g., to abolish them as though they had not occurred)</td>
<td>Involves action to annul, cancel, ameliorate or neutralize (and thus to make reparation and atone for earlier behavior)</td>
</tr>
<tr>
<td>Automaticity</td>
<td>Largely an automatic process; not directly or deliberately regulated by the individual</td>
<td>Largely intentional and deliberate</td>
</tr>
<tr>
<td>Function Served</td>
<td>Unrecognized by the person</td>
<td>May be recognized by the person</td>
</tr>
<tr>
<td>Conceptual Consideration</td>
<td>Intervening process (Inferred from stimulus-situations and patterns of response)</td>
<td>Stimulation and response patterns (Has reference to actual stimulus-situations and response patterns)</td>
</tr>
<tr>
<td>Amanability to Research Study</td>
<td>Not readily amenable to research study</td>
<td>Readily amenable to research study</td>
</tr>
</tbody>
</table>

*This inaccessibility refers to wishes and belief systems

The operation of the restitution mechanism depends on shifts in the strength or dominance of motives — motive dominance shifting. The original act in the restitution sequence is the result of strong motivation — of a powerful desire or wish or attitude. Perhaps such motivation is momentary and the act is impulsive. Later in time, possibly with an intervening opportunity for reflection, strength of the original motive declines in intensity, or another motive — a need for acceptance or a need to reduce uncomfortable intraorganismic tensions — develops and the transgressor initiates action oriented toward restitution and atonement. A shift in motive dominance is evident.

ROLE IN PSYCHOTHERAPY

Successful psychotherapy, from one point of view, consists of various kinds of insight and understanding and changes in the direction of realistic coping behavior. For example, rationalization, reaction formation, and repression in the course of therapy are replaced by recognition of such tendencies and the reasons for them, and by the development of improved abilities for dealing with personal problems.

From the standpoint of psychotherapy, restitution may be considered a constructive process. The development within the patient in the course of psychotherapy of conditions which foster the operation of restitution is desirable. Restitution is conceived here as a set of deliberate behaviors which the patient understands.

Insofar as the development of restitution behavior implies the prior development of an appreciation for people and the assumption of individual responsibility for one's behavior toward others, insofar as it reduces tension, insofar as it is appropriate behavior and socially acceptable if not socially desirable behavior, restitution may be considered as constructive, adaptive and useful.

Through psychotherapy the patient learns some of the functions of restitution, his or her tensions — perhaps as a result of earlier behaviors or poor judgment — are reduced, and conflict is dealt with in a more mature and realistic manner. Social relationships broken or weakened by earlier inappropriate behavior are reestablished or strengthened.

A major objective of reality therapy is to guide the individual "to see himself accurately, to face reality, to fulfill his own needs without harming himself or others" (p. 302, Glasser & Zunin, 1979). Personal responsibility for one's own behavior is equated with mental health.

In part RT is designed to help people meet the needs of belonging and being loved, gaining power and recognition, having fun and being free. The satisfaction of those four needs is the pathway to success (Pickering, Vace, & Osborne, 1983). Restitution is a device which may be encouraged effectively within RT to enable the client (a) to attain a stronger sense of personal responsibility, (b) to gain mastery of his or her behavior, and (c) to meet the aforementioned needs.

Restitution deliberately employed in RT obviously involves applying such basic principles of RT as planning, commitment and avoidance of excuses. Restitution operates to reduce tensions and frustrations and to resolve conflicts by the client's acknowledging responsibility for his or her transgressive acts and by initiating constructive counteraction which serves to increase his or her sense of personal worth as well as to strengthen interpersonal relationships and to assist in achieving chosen life goals and attaining a success identity.

REFERENCES


expressed reservations about aspects of this paper, but each contributed constructively to it and assumed to operate at an unconscious level. Unconscious processes are characterized in part as theory is a theory—a statement of surmise and speculation, not a well-established principle. stable people generally, in their daily lives, behave in accordance with the idea that time flows in one direction—that time passed does not recur.

I. According to psychoanalytic theory, the defense mechanisms, including undoing, are assumed to operate at an unconscious level. Unconscious processes are characterized in part as being irrational. The property of irrationality suggests that time (as well as space) may be transcended, distorted, ignored, reversed, or otherwise adulterated, as apparently is the case for Freud and Khayyam.

The author is indebted to Dr. Gerald Briskin, to Dr. Kenneth Davidson, to Dr. LaMaurice Gardner, and to Dr. Michael Reece for their kindness in reviewing this manuscript. All expressed reservations about aspects of this paper, but each contributed constructively to it and to the author’s knowledge and understanding.

The author is particularly grateful to Dr. LaMaurice Gardner who suggested that the mechanism of restitution represents a conscious-level equivalent, an ego-level equivalent, or a behavioral equivalent of undoing—an analogous process at a different level of operation. 1. According to psychoanalytic theory, the defense mechanisms, including undoing, are assumed to operate at an unconscious level. Unconscious processes are characterized in part as being irrational. The property of irrationality suggests that time (as well as space) may be transcended, distorted, ignored, reversed, or otherwise adulterated, as apparently is the case for undoing. It is not the purpose of this paper to deal critically with the unconscious and its properties as formulated in psychoanalytic theory. Rather, this paper deals in part with the word “undoing” from a semantic point of view.

2. There is, of course, in contemporary physics, the relativity theory which in part suggests the reversibility of time. Two points should be noted however: First, the relativity theory is a theory—a statement of surmise and speculation, not a well-established principle such as Boyle’s Law or the Gay-Lussac Law. Second, physicists, like other psychologically-stable people generally, in their daily lives, behave in accordance with the idea that time flows in one direction—that time passed does not recur.

The primary role of most counselors is to provide direct counseling for clients whose lives are, to some degree, currently out-of-control. Another important role of a counselor is to contribute to the well-being of individuals in the community in a preventive way. After all, “Isn’t an ounce of prevention, worth a pound of cure?” “Speak Easy” can be a way that counselors, clergy, social workers, personnel managers, and other helping professionals can promote “wellness” in single people by helping them maintain control of their lives.

Because many activities in the American culture are either couple or family oriented, single people often have a more difficult time in meeting their needs. Speak Easy has been designed to be a positive alternative to the bar scene by helping single, divorced, separated, and widowed people meet their needs.

Speak Easy is a function where:
1. People can gather to meet and be with new people (social - love and belonging)
2. People can exchange ideas on different conversation topics (intellectual fun)
3. People can plan fun activities (recreational fun)
4. People can be involved in leadership (power and recognition)
5. People’s opinions are valued (power and recognition)
6. People are not forced to do anything they do not want to do (freedom)

EVERYONE’S WANTS ARE DIFFERENT

1. Love and belonging

A common complaint of many single people is that they often feel like a misfit or a “fifth wheel” in this society. Speak Easy is designed for the single person; to make him/her feel a sense of belonging.

Although everyone has the same need for love and belonging, each person defines the quantity and quality of this need differently. Speak Easy is designed in a flexible way to allow each individual to get as involved as he/she would like.
Some people come simply to socialize, others may be looking for someone with whom to have fun, and others may come looking for a spouse for life.

People may volunteer to chair a committee or be a group leader in order to feel more “belonging” and to feel like they are contributing (worth, recognition, and/or power).

The structure is one in which all who come are welcomed and are encouraged to participate in whatever ways they want to satisfy the pictures in their heads.

2. Self-esteem (worth and recognition)

One of the discussion rules is that no one is allowed to say a discouraging word to another small group member. All members’ opinions are valued. After the meeting is over, people often compliment others on their viewpoints. A little recognition can go a long way in building self-esteem.

3. Fun

A night out meeting people and exchanging ideas is definitely fun. The atmosphere is filled with laughter and the high energy level of the participants is contagious.

The individuals are encouraged to design their own fun activities. Any individual with leadership ability is encouraged to be a committee chairperson and to gather a small group of individuals to plan some fun activities. The group members decide their definition of fun and how they would like to accomplish it. They then announce their fun activities to the whole group and encourage people to sign up.

4. Freedom

People are free to get involved as they would like. They are free to continue exchanging ideas with those they choose after the meeting is over, or they can run out the door.

They can choose to be a group leader or a chairperson. They can choose the fun committees or activities they want. There is much freedom; many choices.

TIME STRUCTURE OF SPEAK EASY

The group is designed to meet either every week or every other week for an hour and a half in the evening, on an evening chosen by the leader and/or the group.

7:30 Social

The first fifteen minutes is a social time in which people are registered at the door and offered refreshments. The atmosphere is one in which small groups of people are gathered together, either engaged in intellectual conversation or the exchange of information. New persons should be greeted at the door and then introduced to others in the group. Name tags might also include something to start the night’s conversation, like “Where is your favorite place to have fun?”

7:45 Gather Into a Large Group

The next ten minute time period is used to call the participants together, do a warm-up exercise, make introductions and announcements. The “ice” is broken with a simple exercise, such as telling the persons next to you something about your favorite restaurant. New people are introduced to the large group. Committees then announce the various activities (parties, outings, retreats, etc.) which they have planned, and invite everyone to participate. These planned activities are on a written handout or on a bulletin board, and contain such things as: tennis, dancing, skiing, volleyball, skating, rafting, dinner club, theater group, cultural events, hiking, biking, book club, bible study, etc.

7:55 Topic is Introduced

The leader then introduces the topic for the evening. Topics can include anything which people find interesting and fun to talk about. Examples include: Laughter, the Best Medicine; Is Honesty Always the Best Policy?; Would Wonder Woman Meet Superman’s Expectations? Try to have catchy, not corny, titles for subjects in the areas of fun, personal growth, love, roles, stereotypes, advice, etc.

Once the topic is announced, the large group is divided into small groups by instructing people to gather with 8 to 10 people in small circles in order to discuss the questions on the evening’s topic.

8:00 Small Group

During this hour, the leader reads the first discussion question on the topic and states his/her view of it. The leader requests that all group members say their first name and share their response to the question.

There are only two rules which are suggested: please share time with others by keeping your answers within a reasonable time period, and please do not say anything critical about another person’s opinion. Members are encouraged to state their view but are allowed to “pass” if they wish.

Once everyone has stated an opinion on the first question or passed, the next question is read and all are encouraged again to share their opinions. This continues for the hour.

Questions are always stated with an open end to encourage descriptive responses. Examples of questions that might be asked on the general topic of “fun” are:

What is your definition of fun?
In what ways is fun an essential thing?
How might fun be a waste of time or a sign of laziness?
Did you ever look around and think that everyone else was having more fun than you? What did you do? What could you do?

9:00 Closure

At 9:00 the group is asked to conclude. Usually at this time, several people from the same small group have decided to continue the discussion at another location — usually a restaurant of some kind. Others are
cleaning up. Still others are signing up for activities which were announced earlier. New members are encouraged to sign up for at least one committee.

BACKGROUND OF SPEAK EASY
Doug Walker originated the idea of Speak Easy at the First Methodist Church of Santa Monica. This group averages 40 to 50 people at its weekly meeting.

Linda Geronilla runs an independent group in Charleston, W. V. This group meets twice a month and averages 70 to 80 participants.

Both Doug and Linda would like to encourage other Reality Therapists to set up Speak Easys in their communities. In order to share their information, they have developed a handbook. For further information contact either:
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CONCLUSION
Speak Easy has been shown to be an effective and efficient model in helping single people fulfill their needs. It is an activity which encourages love and belonging, worth and recognition, fun, and freedom. It can be a program through which Reality Therapists can promote good mental health in single people.

Reality Therapy Proven To Be An Effective Management Strategy: A Report Of A Computer Model
Willa Bruce

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The purpose of this article is to report on results of a computer model which was designed to explore heuristically the probability that Reality Therapy will be an effective management intervention for dealing with a problem employee. It explains the development of The Computer Consultant (TCC), and presents the results of TCC calculations.

Two hypotheses were tested with TCC:
1. A manager can intervene to change the behavior of a problem employee.
2. Reality Therapy can be used as an effective intervention.

How An Employee Behaves
From the perspective of Reality Therapy, behavior in the workplace can be explained by the concept of “identity,” i.e., by that unity and persistency of personality which is characteristic of a particular person and which determines the way that person behaves, whether on or off the job. Glasser (1972) conceives of two basic types of identity from which people operate: success and failure.

The “success identity” is that in which a person is fulfilled, rational and self-actualized. The person who is concerned with security also has a success identity. Both the “fulfilled” and the “security” persons see that their needs are best met through socially accepted activities which bring love, a sense of belonging, and the opportunity to gain recognition for achievement and productivity. This is the identity with which traditional administration, management, human relations, and economic theory have dealt. The “success identity” is the one which responds positively to motivation and leadership, to training, to job and organization design. This is the identity which has made possible the Horatio Alger notion of the American Dream. Unfortunately, every member of the work force does not possess a “success identity.”

For Glasser, persons with a “failure identity” are those whose behavior is unrealistic. While they too seek love and belonging, their methods for achieving these goals are different from those with a “success identity.” While the success-oriented persons are able to postpone short-term pleasure for long-term results, the “failure identity” is very present oriented. A “success identity” will respond to disappointment or frustration or tragedy with, at best, a plan of action, or, at worst, a rebound. A “failure identity,” on the other hand will exhibit itself as either a “give up” person, a “symptom” person, or as a “negative addict.”
The "give up" person is the one who does just that in the face of even a small challenge. These are the persons in the work place who avoid the challenging assignments. They often expect someone else to take care of them, or solve their problems, and may exaggerate work accomplishments, while being ready to blame failures on others.

The "symptom" person is more overt in behavior. This is the person whose problem behavior is obvious and exhibits itself in belligerence, aggression, shouting obscenities, and general trouble making. This person is very self-oriented and one who can quickly be labeled as a trouble maker. While the "symptom" person fights in an effort to meet basic needs, and is the one consistently involved in altercations at work, and belligerent responses to constructive criticism, the "negative addict" turns to alcohol or drugs as a means of escaping pain.

Problem Employee Defined

In discussing the problem employee, it is necessary to operate from an identified frame of reference by carefully defining the concept of problem employee as it was used in this research. A review of the sparse (and often anecdotal) literature reveals that the terms "problem employee" and "troubled employee" are often used synonymously. In this research, however, the term "problem employee" has been applied to describe the employee whose behavior in the work place causes reduced productivity and lowered morale for self, supervisor, or co-workers. An employee can be troubled by personal problems as minor as a stubbed toe, or as major as the death of a spouse; but unless those troubles spill over into the work place as behaviors which lessen effectiveness and detract from achievement of organizational goals, that employee is not a "problem employee." Problem employees are simply those whose behavior is directed toward the accomplishment of personal goals at the expense of organizational goals.

A focus on observed behavior is crucial to both understanding and to the identification of possible management interventions. So long as employee behaviors contribute positively to production (whether of service or of products), neither the manager, nor the employee has a problem, as here-in defined. For the manager, troubles are relevant only if they affect job performance. This concept of the problem employee is grounded in the theory of William Glasser, who believes that of all behaviors — thinking, feeling, and doing — the easiest to change is doing. Doing is the observable behavior and doing provides the observer the information necessary to determine a person's identity.

Testing The Hypotheses

Before explaining how the hypotheses were tested, it is necessary to describe The Computer Consultant (TCC) program which was used for this purpose. The TCC program was developed by Dr. John Dickey (1984) with the notion that many situations being analyzed involve logical relationships more numerous than most people can consciously handle at one time. TCC provides a valid and reliable way to interrelate such relationships, and to calculate the likelihood of such relationships existing. It is a descriptive model which permits identification of the myriad conditions which can affect a situation, then calculates both the likelihood of the conditions occurring, and the likelihood of a situation existing when the conditions occur. Thus TCC can "provide not only a logical conclusion from a set of statements, but also the chance that the conclusion will be true" (Dickey, 1984).

Because TCC is an interactive program, the person using TCC selects the conditions to be incorporated into the model, and identifies the relationship of each condition to another. This selection and identification is grounded in research and experience. Conditions incorporated into TCC are of four types: 1) "external conditions" which are not influenced by any others in the model, because they depend on forces already set in motion, but which can be expected to influence other conditions in the model, and ultimately, the final situation, 2) "intermediate conditions" which are influenced by other conditions in the model, 3) "goal conditions" which are the situation for which TCC has been utilized to calculate the likelihood of occurrence, and 4) a "decision condition" which is the purpose for which the model is constructed. The user asks, "What is the likelihood of this, or that, happening if I decide 'a' or if I decide 'b'?

In setting up TCC for this research, the goal condition was identified as the situation in which employee behavior contributes effectively to the accomplishment of organizational goals. In determining the likelihood of this goal being reached when a problem employee is present, and which decision to make in dealing with this employee, over one hundred conditions were identified as having potential for influence.

Using TCC, a computer model was set up to reflect the likelihood of conditions occurring to precipitate problem behavior in the work place, and to calculate the likelihood that, if an employee became a problem employee, he would continue to contribute to organizational goal accomplishment. Then the model was reconstructed to calculate the likelihood of success of several decisions a manager could make regarding methods for dealing with the problem employee. For purposes of this model, it was decided that a manager could decide to utilize conventional management methods or an Employee Assistance Program (EAP) or Reality Therapy or a combination of Reality Therapy and the EAP. The results of the calculations of the likelihood of success of the use of Reality Therapy and of Reality Therapy in combination with the EAP are presented later in this article.

In order to determine these likelihoods, the actions a manager would have to take to implement each decision were built into the model. In the situation of using Reality Therapy, it was assumed that the manager had been trained to use Reality Therapy and would follow its implementation steps.

Developing The Computer Model

The computer model developed from this research was grounded in the theory of William Glasser, as previously described. In order to determine how identity can affect behavior in the work place, research using the case survey method was conducted. In order to obtain a cross-section of cases,
150 case summaries were randomly selected from the FEDERAL MERIT SYSTEMS REPORTER (US MSPB, 1979-1984). An abstract of each case was prepared, and information obtained from each case was recorded on a "Case Survey Coding Instrument."

Procedures used to conduct the case analysis were adapted from Yin and Heald (1975), Dunn and Swierczek (1977), and Dunn (1981). The initial phase of the case analysis was the construction of a close-ended questionnaire (the "Case Survey Coding Instrument") which was developed from a review of the literature and the theoretical orientation of the research. This instrument was utilized to synthesize a wide range of variables from existing records to identify the causes and effects of problem employees. It has eighty-two conditions in seven major dimensions, as follows:

Attendance
This dimension includes such behaviors as tardiness, long lunches, excessive absences, extended illness, and extended unexplained absences.

General Behavior
This dimension includes such conditions as complaints by fellow workers, lies, withdrawal, undermining supervisor, money problems, legal problems, drinking or drugs, emotional outbursts, and aggression.

Job Performance
This dimension includes such conditions as missed deadlines, poor judgment, below average performance, insubordination, and unethical practices.

Supervisory Behavior
This dimension includes action the supervisor has taken to intervene with the employee and includes such conditions as counseling, referral for help, job re-design, confrontation, documentation, and disciplinary action.

Organizational Constraints
This dimension includes the way in which the manager's behavior was constrained by policies, procedures, upper management, unions, tenure, and equal employment opportunity policy.

Employee Characteristics
This dimension is an attempt to get at what makes the employee tick and includes such variables as age, sex, race, education, interests, and employee statements regarding problems.

Exclusion Criteria
This dimension is necessary to identify cases to be included in the final analysis and those which will be rejected. Questions in this dimension, and in the other six were answered. After all questions were answered for each case, the final case load was divided into those which survived the exclusion criteria and those which failed to. For purposes of this study, two exclusion criteria were determined:

- Extent to which problem is defined.
- Inclusion of at least three of the dimensions in the "Case Survey Coding Instrument" in the case material.

Of the cases reviewed, eighty-one survived the exclusion criteria and were used in this research to determine the identities of persons represented in the cases and to reach conclusions regarding how identity affects behavior in the work place. Behaviors of the various identity types were delineated in two steps. First the employee described in each case was categorized by identity. Then the particular problem behaviors shown were listed and searched for in each group of the classified identities. Details which were used to place the employee in a particular identity type are shown in Table 1. Conclusions regarding how identity affects behavior in the workplace are summarized in Tables 2 - 7.

### TABLE 1
Categorizing Employee Identities

<table>
<thead>
<tr>
<th>Fulfilled Person</th>
<th>Security Person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>employed 2+ years with no previous problems and at least three behaviors from the following list and none of the behaviors represented under other identity types.</strong></td>
<td><strong>employed 5+ years with no previous problems and at least three behaviors from the following list and no behaviors listed under the other identity types.</strong></td>
</tr>
<tr>
<td>- active in clubs/social organizations</td>
<td>- supervisor reports &quot;good&quot; relationship with employee</td>
</tr>
<tr>
<td>- has friends among other employees</td>
<td>- reports to work when ill</td>
</tr>
<tr>
<td>- demonstrates respect for supervisor</td>
<td>- works extra hours, often with no extra pay</td>
</tr>
<tr>
<td>- proves problem caused by inadequate training or information</td>
<td>- never breaks a rule</td>
</tr>
<tr>
<td>- proves supervisor was cause of problem</td>
<td>- maintains record of own performance</td>
</tr>
<tr>
<td>- problem caused by personal illness</td>
<td>- maintains record of supervisor's performance</td>
</tr>
<tr>
<td>- if problem caused by family troubles, they had been resolved by time of hearing.</td>
<td>- maintains record of co-worker's performance</td>
</tr>
<tr>
<td>- self confident</td>
<td>- strictly adheres to organizational chain of command</td>
</tr>
<tr>
<td>- breaks rules if believes in best interest of organization</td>
<td>- helps cover for and/or does work of co-workers</td>
</tr>
<tr>
<td>- goes over supervisor's head if believes necessary</td>
<td>- cooperates with supervisor</td>
</tr>
</tbody>
</table>
Give-up Person
has record of frequent job changes and at least three behaviors from the following list and no behaviors listed under the other identity types.
• leaves assignments uncompleted
• procrastinates
• refuses to talk with supervisor
• refuses to talk with co-workers
• misses deadlines
• appearance is deteriorating
• has repeated accidents on and off job
• negligence causes equipment breakdown
• refers to self as victim

Symptom Person
has record of misconduct on job and at least three behaviors from the following list and no behaviors listed under the other identity types.
• over-reacts to real or imagined criticism
• is insubordinate
• steals
• starts fight with supervisor or co-workers
• threatens supervisor or co-workers
• in trouble with law due to fighting with persons off the job
• refuses to follow instructions

Negative Addict
has record of previous alcohol/drug related problems and exhibits any of the behaviors from the following list
• comes to work drunk
• comes to work under the obvious influence of a controlled substance
• is selling drugs
• states is an alcoholic or drug addict

### TABLE 2
*Per Cent of Attendance Problems By Identity*

<table>
<thead>
<tr>
<th>IDENTITY</th>
<th>Negative Addict</th>
<th>Symptom</th>
<th>Give Up</th>
<th>Security</th>
<th>Fulfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tardiness</td>
<td>17%</td>
<td>20%</td>
<td>0</td>
<td>9%</td>
<td>25%</td>
</tr>
<tr>
<td>Unexplained Absences</td>
<td>50%</td>
<td>34%</td>
<td>0</td>
<td>9%</td>
<td>0</td>
</tr>
<tr>
<td>Absent at Critical Times</td>
<td>50%</td>
<td>34%</td>
<td>0</td>
<td>27%</td>
<td>25%</td>
</tr>
</tbody>
</table>

*Per cents do not total 100 percent because most problem employees exhibit more than one problem.

N = 81

### TABLE 3
*Per Cent of Behavioral Problems By Identity*

<table>
<thead>
<tr>
<th>IDENTITY</th>
<th>Negative Addict</th>
<th>Symptom</th>
<th>Give Up</th>
<th>Survival</th>
<th>Fulfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Lies</td>
<td>17%</td>
<td>35%</td>
<td>50%</td>
<td>18%</td>
<td>0%</td>
</tr>
<tr>
<td>Employee Withdraws</td>
<td>17%</td>
<td>26%</td>
<td>50%</td>
<td>18%</td>
<td>0%</td>
</tr>
<tr>
<td>Employee Complains of Poor Health</td>
<td>33%</td>
<td>9%</td>
<td>17%</td>
<td>18%</td>
<td>0%</td>
</tr>
<tr>
<td>Employee Exaggerates Work Accomplishments</td>
<td>17%</td>
<td>37%</td>
<td>83%</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>Employee Is Belligerent</td>
<td>33%</td>
<td>46%</td>
<td>17%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Employee Is Aggressive</td>
<td>17%</td>
<td>51%</td>
<td>0%</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>Employee Falsifies Records</td>
<td>33%</td>
<td>17%</td>
<td>17%</td>
<td>36%</td>
<td>0%</td>
</tr>
<tr>
<td>Employee Comes To Work Drunk</td>
<td>50%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Employee Taking Drugs</td>
<td>67%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Per cents do not total 100 percent because most problem employees exhibit more than one problem.

N = 81

### TABLE 4
*Per Cent of Job Performance Problems By Identity*

<table>
<thead>
<tr>
<th>IDENTITY</th>
<th>Negative Addict</th>
<th>Symptom</th>
<th>Give Up</th>
<th>Survival</th>
<th>Fulfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed Deadlines</td>
<td>33%</td>
<td>43%</td>
<td>33%</td>
<td>27%</td>
<td>50%</td>
</tr>
<tr>
<td>Frequent Mistakes</td>
<td>33%</td>
<td>40%</td>
<td>67%</td>
<td>27%</td>
<td>0%</td>
</tr>
<tr>
<td>Disregard For Policies &amp; Procedures</td>
<td>33%</td>
<td>63%</td>
<td>67%</td>
<td>82%</td>
<td>50%</td>
</tr>
<tr>
<td>General Performance Deterioration</td>
<td>67%</td>
<td>63%</td>
<td>83%</td>
<td>36%</td>
<td>75%</td>
</tr>
</tbody>
</table>

*Per cents do not total 100 percent because most problem employees exhibit more than one problem.

N = 81
TABLE 5  
*Per Cent of Personal Troubles By Identity

<table>
<thead>
<tr>
<th>IDENTITY</th>
<th>Negative Addict</th>
<th>Symptom</th>
<th>Give Up</th>
<th>Survival</th>
<th>Fulfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>33%</td>
<td>14%</td>
<td>17%</td>
<td>9%</td>
<td>25%</td>
</tr>
<tr>
<td>Accidents</td>
<td>17%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>Domestic Crisis</td>
<td>0%</td>
<td>20%</td>
<td>0%</td>
<td>9%</td>
<td>25%</td>
</tr>
<tr>
<td>Sexual Misconduct</td>
<td>0%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Per cents do not total 100 percent because not all employees had identifiable personal troubles.

N = 81

TABLE 6  
*Per Cent of Problem Employees Who Negatively Impacted Co-Workers By Identity

<table>
<thead>
<tr>
<th>IDENTITY</th>
<th>Negative Addict</th>
<th>Symptom</th>
<th>Give Up</th>
<th>Survival</th>
<th>Fulfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Impact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Avoids Co-Workers</td>
<td>17%</td>
<td>26%</td>
<td>50%</td>
<td>18%</td>
<td>0%</td>
</tr>
<tr>
<td>Employee Imposes on Co-Workers</td>
<td>17%</td>
<td>17%</td>
<td>0%</td>
<td>36%</td>
<td>0%</td>
</tr>
<tr>
<td>Co-Workers Cover For</td>
<td>17%</td>
<td>17%</td>
<td>0%</td>
<td>36%</td>
<td>50%</td>
</tr>
<tr>
<td>Co-Workers Complain About Employee Behavior</td>
<td>67%</td>
<td>57%</td>
<td>17%</td>
<td>18%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Per cents do not total 100 percent because not all problem employees are in a dysfunctional relationship with co-workers.

N = 81

TABLE 7  
*Per Cent of Problem Employees Who Became Problems By Trying To Help A Fellow Employee By Identity

<table>
<thead>
<tr>
<th>IDENTITY</th>
<th>Negative Addict</th>
<th>Symptom</th>
<th>Give Up</th>
<th>Survival</th>
<th>Fulfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpers</td>
<td>0%</td>
<td>9%</td>
<td>0%</td>
<td>36%</td>
<td>83%</td>
</tr>
</tbody>
</table>

*Per cents do not total 100 per cent because not all problem employees are in a dysfunctional relationship with co-workers.

N = 81

Results Calculated With The Computer Consultant

The results of TCC calculations clearly indicate that the identity that a person brings to the work place impacts all components of the organization, and that when that impact causes problems for the manager and/or coworkers, Reality Therapy incorporated as a part of management style, is an effective intervention for changing problem behavior. The specific calculated probabilities of effectiveness follow.

The likelihood of traditional management practices being effective in dealing with the problem employee is only .01 with a failure identity, and .20 with a success identity. However, if a manager utilizes Reality Therapy, there is a .70 likelihood that employee behavior will change for the better, whether or not the employee has a success identity.

When the use of Reality Therapy by the manager, along with a referral to an Employee Assistance Program was modeled, the likelihood of the combination of the two being effective was calculated to be .84 with a success identity employee, and .45 with a failure identity. That the two together are more effective with a success identity employee than is either alone may be because an EAP referral would precipitate personal reassessment by a success identity employee who would be predisposed to cooperating for both personal good and the good of the organization. That the two, in combination, are less effective with a failure identity employee than is either alone was a surprising result. It is speculated, however, that this result could be because the failure identity employee has little or no coping mechanisms for crisis except to act out in some way. Since the manager is using Reality Therapy as a technique to facilitate behavioral change, and the EAP requires confrontation for referral, this may be more than the failure identity can reasonably handle, and, ergo, behavior worsens. Thus, it was concluded that a manager who wishes to maximize goal accomplishment when faced with a problem employee, will use both Reality Therapy and an EAP with a success identity, and only one of the methods with a failure identity.

Summary And Conclusions

This research demonstrated that employees bring experiences outside the work place and personal identity types into their interactions with organizational members and with the organization's environment. Thus, the manager has been provided with a concept which can assist with preventive and remedial action to maintain the organization and its production processes.

Once the conclusion that action can be taken to prevent and deal with problem employees was reached, the research explored types of action which can be taken, then, using TCC, conducted a heuristic exploration of the probability that any of these actions will be viable. Results of TCC calculations led to the following conclusions:

Approximately 35 per cent of the work force is likely to become a problem employee at some time. Whether or not an employee becomes a problem will be influenced by the identity which the employee brings to
interactions with both the organization and the other systems of which he is a part. Because traditional management theory ignores the concept of identity, it is of limited value as a guide for dealing with the problem employee, and the EAP is only minimally effective. While individual counselors within the EAP may, or may not, recognize the identity concept, the EAP movement has provided no assistance to the manager in recognizing identity responses, nor has it provided the manager with the skills necessary to cope with self or with other organizational members when a problem employee exists in the work unit. Thus, it was concluded that none of the solutions offered the manager will be as effective as the use of Reality Therapy.

Reality Therapy provides the manager with a means of assisting the problem employee to plan a way to change behavior. It also provides the manager with a way to assist other employees who are not problems in planning for the achievement of organizational goals, and, very importantly, Reality Therapy provides the manager a means of self help for daily interactions with the work force, in general, and the problem employee, in particular. Thus, it was concluded that managers can act to change the behavior of a problem employee, and that Reality Therapy will be the most effective action to take.

Bibliography


LEGAL, ETHICAL, PROFESSIONAL ISSUES IN REALITY THERAPY: CODES OF ETHICS

Robert E. Wubbolding

The author is on the faculty of Xavier University and Director of the Center for Reality Therapy/Midwest in Cincinnati, Ohio.

A trend in the training of counselors and therapists in university programs is to teach ethical decision making. Thus, ethics are not treated as a unit to be covered at a given time. Rather, the process of ethical decision making is integrated into the training. In the teaching of Reality Therapy, it is advantageous to teach the participants to see the various issues that pertain to ethical decision making. Further, in supervising trainees it is urgent that they incorporate into their sensory camera an "ethics filter." Corey, Corey and Callanan (1984) state, "Teaching ways of grappling with ethical and professional issues can be especially meaningful in seminars held in conjunction with practicum, internship, and field-work experiences."

The theme of the 1986 International Convention, "Credible-Accountable-Competent," illustrates the heightened awareness of the need for increased emphasis on ethics and related ideas. The most obvious path to credibility, accountability and competence is knowledge of the many facets of one's profession. A working knowledge of professional ethics is an integral part of the credible, accountable, and competent counselor or therapist.

Corey et al (1984) cite 8 codes of ethics and guidelines which are useful.

A. Ethical Standards, American Association for Counseling and Development

B. Code of Professional Ethics, American Association for Marriage and Family Therapy

C. Code of Ethics, National Association of Social Workers

D. Standards for the Private Practice of Clinical Social Work, National Association of Social Workers

E. Principles of Medical Ethics, with Annotations Especially Applicable to Psychiatry, American Psychiatric Association

F. Ethical Principles of Psychologists, American Psychological Association

G. Specialty Guidelines for the Delivery of Services by Counseling Psychologists, American Psychological Association

H. Code of Ethics for Certified Clinical Mental Health Counselors, National Academy of Certified Clinical Mental Health Counselors
Purpose of Codes:

The main purpose of a code of ethics, according to Mabe & Rollin (1985), is “to establish a framework for professional behavior and responsibility” and to serve “as a vehicle for professional identity and a mark of the maturity of the profession.” More specifically, a code provides standards upon which a counselor can make responsible decisions. To make decisions because “it feels right” is no longer a mature or professional stance. Corey et al (1984) conclude that the professional helper is not “free to choose any set of ethics merely on the basis that it ‘feels right.’”

Limitations of Codes:

Because codes of ethics provide guidelines or standards, they are interpreted by people who have diverse “filters” and are applied to everchanging situations. For example, most codes of ethics state clearly that confidentiality must be observed. The AACD Ethical Standards (1981) is definite; “The counseling relationship and information resulting therefrom must be kept confidential…” The modification of this standard is also clearly described; “when the client’s condition indicates that there is clear and imminent danger to the client or others, the (member of AACD) must take reasonable personal action or inform responsible authorities.”

The standard is clearly described but its application is made by persons with divergent values. Thus, questions such as the following arise: “What is imminent?” “What is ‘reasonable’ action?’ “How does one inform authorities?” “Who are the “authorities”…police, parents, spouse, etc?”

A special limitation of Codes of Ethics relates to the practice of Reality Therapy. No code can be so precise as to include specific theories of counseling. Yet there appear to be ethical issues involved in the practice of Reality Therapy.

Case Example: A 38 year old woman, Mary, has a crippling arthritis and it is worsening. She comes for counseling because she has been referred by her physician. The ethical question is, “Should she be taught the concept of Total Behavior and its relationship to choice?” (Though it is not the main purpose of this article to provide specific answers, it is, nevertheless, the opinion of this author that she should not be told she is choosing the total behavior of arthritising. Rather, she should be taught to choose other total behaviors.)

No code of ethics of a professional organization can cover such minutiae of a particular counseling method. Still, the practitioner of Reality Therapy is faced with ethical decisions on a regular basis, some of which are unique to the application of Control Theory and Reality Therapy. Consequently, a thorough knowledge of Ethical Principles is necessary but not completely sufficient to provide obvious answers for every ethical question. This author suggests that a code of ethics for Reality Therapists be developed not as rules, but to serve as a guideline to supplement the codes of the professional organizations.

The following case illustrates such a need:

A 15 year old boy, John, is referred for counseling by his mother who says that John is withdrawn and depressed. His grades are dropping and he has questioned whether “life is worth living.” She has observed his strange fascination with newspaper stories about adolescent suicide. He saves the papers and rereads the accounts dozens of times.

The counselor discusses at length the needs and wants with John, encouraging plans for effective need fulfillment. At no time does the counselor discuss suicide. In supervision the counselor states, “I don’t know anything about suicide, and I don’t think I should bring up this negative, destructive behavior.”

The ethical question centers on the Reality Therapist’s responsibility to determine the “clear and imminent danger,” i.e. the lethality of the threat and to take appropriate action. McBrien (1983) discusses in detail 10 questions used to determine the seriousness of suicide threats, without attempting to thoroughly describe a desirable course of action to be followed by the counselor. It is sufficient to state here that there is an ethical responsibility to make a determination of the lethality of the threat and take appropriate action if necessary.

Finally, it seems appropriate to make several recommendations: (1) A Code of Ethics geared to Reality Therapists should be established. This code should not be policies, but guidelines for assisting the more than 1800 persons, entitled “Reality Therapy, Certified,” to make ethical decisions. Such a code would provide Reality Therapists with “a vehicle for professional identity and a mark of the maturity of the profession” (Mabe & Rollin, 1985). (2) Reality Therapists should become conversant with the various already existing codes of ethics and their application. (3) As previously recommended, Reality Therapists would do well to become members of the various professional organizations. (Wubbolding, 1985).

Bibliography


MY EXPERIENCES USING REALITY THERAPY

Leon Lojk

The author is a certified reality therapist from Yugoslavia.

Since most of you are from this continent of North America, I thought it might be interesting for you to hear about some special difficulties and problems I have encountered in a different country on a different continent. My experiences are from Yugoslavia, a nonaligned, socialist country in the south-eastern part of Europe. I will share some of the experiences I have had in applying Reality Therapy in quite different conditions. Perhaps some of the problems I have been confronted with will be of interest to you.

My professional background is eclectic; it consists of academic psychological training and of psychoanalytic, neoanalytic, and psychodynamic experience in psychotherapy and psychological counselling. My colleagues and I were influenced by classics like Freud, Adler, Jung, Pavlov; neoanalysts like Anna-narie Duhrssen; and Americans like Karen Horney, Harry Stack Sullivan, John Dollard and Neil E. Miller, Erich Fromm, and others.

I was on the professional staff of a correctional institution for delinquent girls in Visnja Gora for two years before I became acquainted with the ideas of Reality Therapy. The approach we used with the residents was called psychodynamic.

I began working at this correctional institution during the time when resocialization was performed within the frame of traditional common sense; preaching what is right, punishing for misconduct, and seldom rewarding adaptive forms of behavior. I can't say the regime was cruel but it should be admitted that it was firm and really traditional. Some of my colleagues and I were approached by authorities who wanted to bring about changes in attitudes of the staff towards deviant behavior of our residents. The authorities believed that deviant behaviors were just symptoms of some deeply rooted causes, and consequently, we were to treat our delinquent residents etiologically in the same way as psychiatric patients were treated. At that time, I believed this approach was appropriate.

Although we were not trained psychoanalysts, we were successful in our attempts to change staff attitudes toward residents, at least to some degree. The girls were no longer considered sinners. Instead, some were looked upon as emotionally and behaviorally disturbed, and some were considered to be mentally ill.

At the same time some preparations for an experimental correctional institution were being conducted in our state. This new institution was meant to be extremely psychoanalytically oriented based on the ideas of Slavson, Redl, Aichorn — all of whom are great authorities in the field of correction. The experiment was strongly supported by the authorities. All other correctional institutions were expected to accept the working concept that was implemented at the new experimental institution.

After some experience working with delinquents, and influenced by Eysenck's studies about the ineffectiveness of conventional psychotherapy, I began to question whether the decision to transfer conventional psychiatric practice to the field of correction was the right one. At that time I believed that the differences between psychiatric patients and residents in the correctional institutions were considerable. The former often come to therapists asking for help and the latter rarely do. Psychiatric patients are often in conflict with themselves while the residents in correctional institutions are usually in conflict with society. The former feel the pressure of their "illness" while the second feel the pressure of society. The first come to the therapist to lament, the second to accuse others of doing wrong. For these reasons I began looking for other approaches to these problems. I tried behavior modification, but I wasn't completely satisfied with the results. For instance, behavior modification was effective when it was used to deal with some partial problems, but was far from sufficient for the complexity of problems of the delinquent personality in the correctional environment.

In 1968 a colleague of mine took a trip to the USA. When she returned she gave me Dr. Glasser's book, Reality Therapy, A New Approach to Psychiatry. I was immediately excited by it. Glasser's ideas were just what I had been searching for for more than two years. I was convinced it was a good approach for two reasons. I knew that I could use this therapy for working with delinquents, and felt that it would also have a "therapeutic" impact on the staff to be able to deal with the problems of delinquency more effectively.

During the decade after I first read Glasser's book I was the superintendent of a correctional institution in Visnja Gora. I was given the opportunity to develop a concept of correction based on Glasser's ideas. We successfully incorporated these principles with some other ideas that were compatible with the principles of Reality Therapy. During a twelve year period we made follow-up studies of former residents. The results of these studies showed relatively complete resocialization (rehabilitation) for 69% of the dismissed residents; rehabilitation with partial success for 15%; rehabilitation was unsuccessful or unknown for the remaining 16% of dismissed residents.

We felt these results were very promising. Unfortunately, some influential people didn't share our opinion. They were very skeptical about the sincerity of the dismissed girls who were interviewed, about the seriousness of the social workers who gathered the data for the follow-up study, and about our objectivity. The skeptics acknowledged that the released residents were no longer stealing; they had abandoned promiscuity; they were earning money for themselves and their children; they didn't change jobs more often than usual; they had no trouble with the police and they didn't need any psychological or psychiatric help. However, the skeptics challenged the results and methodology of our study with the following arguments and questions: "The former residents seem O.K. but who knows?" "Are they internally happy?" "Could it mean that these methods of correction had broken their will for life?" Here you can see major misunderstandings of an idea about total behavior.
In 1980, I was fortunate to be able to participate in the Council of International Programs in the Twin Cities of Minneapolis and St. Paul. Within the framework of this program, I worked at the Hennepin County Home School (a correctional institution for delinquent youth) where we used several practical approaches including Reality Therapy. It was an excellent opportunity to see Reality Therapy in action. That same year I attended the first Intensive Training week and learned more about how Reality Therapy works in Dr. Glasser’s lectures on Control Theory.

After I returned from the United States, the concepts we had been using in our correctional institutions in Visnja Gora were severely attacked. As unbelievable as it seems, the newspaper printed a long and critical article. I’ll quote the text that pertains to Reality Therapy.

“The situation is even much more oppressive, since Visnja Gora is, at least on paper, dedicated to the so-called Reality Therapy. This unusual approach to treatment and reeducation, which has, due to its senselessness, no equal in the current psychological and psychiatric practice casts a quite revealing light to many a feature of Visnja Gora. It emphasizes, for example, the need and effectiveness of isolation claiming it makes it possible to more easily control people and their lives. Strength, firmness, toughness and hard-heartedness are prevalent among required characteristics of the therapist. The main goal is a responsible behavior, the dominant feature of human relations is inflicting responsibility. It should be carried out in a strict, unyielding manner. It doesn’t search for cause, reasons and motives of somebody’s behavior since realization is its objective. Reality Therapy doesn’t want to know how or why, no excuses are accepted; examining conflicts and solving them is of no interest; conflicts are being suppressed by force if there is no other way.

The gist of Reality Therapy is manipulation with people exercising power upon them, its purpose being presentation of a “responsible facade”.”

Following this attack and after experiencing personal criticism, I fell into disgrace with the state authorities. I decided (or, to put it more precisely, was forced) to resign from my post as superintendent in spite of strong protests of my colleagues, co-workers and numerous welfare agencies who were familiar with our work in this field. I left correctional work and have been working in education administration since then.

The experimental institution I referred to earlier was extremely psychoanalytically oriented and has experienced rather poor results. The authors of the experiment apologized for lack of success, claiming that the results in correctional institutions are poor in any event, so why not treat delinquents as humanly and permissively as possible.

Now nobody should contradict human and permissive treatment, but why wouldn’t they also accept this other approach, and by changing the therapeutic method, be more successful? In spite of it all, a man from this experimental institution was appointed to my former position as superintendent, thus proving that dogma (in this case psychoanalytical dogma) is often more important than actual results confirmed in everyday practice. So ended a decade-long battle between two different concepts of treating deviant behavior, which, in my opinion, resulted in a great loss for the field of correction in my country.

Brendan Maher writes about models for studying psychopathology in his book, *Principles of Psychopathology*. He considered and described four models surpassing the old religious and supernatural model which were thousands of years old. The person with the deviant behavior described within the framework of the supernatural model was assumed to be either divine or possessed by the devil. Although you are familiar with the different models of understanding psychopathology, allow me to mention them briefly. First, the medical, where the physiological process of the disease was felt to be most important; then the psychodynamic model as in psychoanalysis where misplaced psychical energies play the main role; the moral model where psychopathological phenomena are understood as moral miscalculation; and the behavior model in which normal behavioural laws are used as an analogy to pathological behavior. As you know, the medical model was the first to replace the supernatural model, and despite the many deficiencies that will be discussed later, it radically changed the public attitude toward individuals displaying deviant behavior. These people began to be looked upon as patients instead of sinners who were possessed by demons. This model was very progressive in the time of Phillipe Pinel but today it is criticized by many authors, including Dr. Glasser. Although he criticizes this approach, he also offers a new practical one.

The medical model of understanding deviant behavior influenced the correctional field very late, particularly in Yugoslavia. It started to flourish after the Second World War but was soon replaced by the psychoanalytical and psychodynamic models. Proponents of these models (I was among them) eagerly defended their beliefs and were continuously attacking any traditional treatment which involved punishment, moral judgment, prejudices, demands for discipline, etc. We were progressive at that time, but frequently whenever a progressive movement starts to become the “property” of some, the movement stops being progressive.

This is just what happened with new ideas about the medical and psychoanalytical model in the field of correction in my country. Some professionals were so excited about the discovery of new models and perhaps so fascinated about their own humanity and goodheartedness that they were not able to realize that while their interpretations of delinquent behavior would keep the delinquents from being treated cruelly, this would not help most of them to become non-delinquents. Those professionals labeled themselves as humanists and refused to accept any new or different approach to delinquency, disqualifying any new approach as a step backward toward an old-fashioned treatment of deviant behavior. Because they were supported by often benevolent but untrained state authorities, they became invincible and made some hard times for those of us who were advocating different ideas. Glasser’s theory of the “three R-s” was grabbed as a tidbit: they could present themselves once again as guards of humanity and progress. I realize now that I tried to introduce the ideas of Reality Therapy too early. At that time even the medical model had not been properly digested.

Another interesting but more complicated reason for the difficulties I experienced when trying to apply Reality Therapy was a general atmosphere
among intellectuals, who were influenced by European continental philosophy. This philosophy, as you know, mostly rejects positivism and pragmatism as being too superficial for understanding different life phenomena. The fact that practical usefulness could be the criteria for truisms or fallacy of some theory is seldom agreed upon. From the philosophical point of view they may be right, but from the viewpoint of a suffering person the idea of pragmatism (practical usefulness) is often the most important.

A much more serious influence was the Europeans’ experience with different kinds of totalitarianism and extreme collectivism. This experience made many educated people become prone to extreme individualistic ideas. Some of these ideas came from more or less misunderstood existentialism. People consider any slight modification of an individual’s behavior to the values of the current society he lives in as an unavoidable end of that person’s individuality. To us Europeans, this point of view blurs the real position of man in society.

The ideas of individualism might be a needed political power protecting against new totalitarian systems, but I believe that mixing macro-social phenomena with treatment of suffering individuals in a small everyday group is a mistake with unfortunate consequences on both levels. For example: individualists, in their need for eliminating the pressure of society tend to see any misconduct or offence performed by youngsters as something original, progressive, disalienating. They start confusing delinquency and progressive actions, and cannot understand the difference between adolescent enthusiasm and delinquent asocial behavior. Adding to this possible confusion, totalitarians, in the opposite direction, often proclaim that a real, progressive action should be considered delinquent and antisocial. For example, in Stalin’s time, dissidents were placed in mental hospitals to “protect” society from their delinquent actions. By stressing individuality, individualists sometimes achieve just the opposite (in the same way that anarchists usually increase the controlling power of the state).

Curiously enough, besides giving very practical and useful suggestions about how to help people, Reality Therapy (in my opinion) contains the best ideas of existentialism. It pleads for responsibility for one’s own behavior, even in cases of “mentally ill” or deviant personalities; gives priority to the future and not to the past; understands human reality without excuses; maintains genuine involvement. A passage from Sartre’s book, Being And Nothingness (New York, Philosophical Library, 1956) will illustrate the point.

“... the peculiar nature (character) of human reality is that it is without excuse. It can also help us to think about psychiatry. Traditional, Freudian psychiatry was built on the principle that pre-Existential events in childhood, buried in the subconscious, can be brought forward in analysis by being actively remembered and, hence, known and understood by the patient. In this primitive Freudian theory, the patient viewed his neurosis merely as a phenomenon having its origin in the past. Once having understood the alleged “cause” of his neurosis, he would symbolically say to himself, "so that’s why I’m neurotic ...” and would not do anything about it, since the past is in principle out of reach.”

Although psychoanalysis as well as the dynamic model of understanding psychopathology disagree in numerous ways with modern individualistic philosophies regarding psychopathological phenomena (especially concerning responsibility and free choice), both ideas have a common feature: a negative or neglecting attitude toward present social values. Psychoanalysis considers social values as something that work against the biologic, hedonistic nature of the human being. Individualistic and subjectivistic philosophies like existentialism sometimes consider social values as missing the existential experience of selfhood and jeopardizing individuality.

This atmosphere and the delay in accepting new approaches to deviant behavior which I discussed earlier made the critics feel justified in accusing those of us who had used Reality Therapy of insensitivity because we didn’t pay attention to the girls’ “mental illnesses”. They accused us of being too rigid since we called attention to the relationships between duties, responsibility and self-respect. They found Reality Therapy unusual because we didn’t permit what almost everyone else in this world permits: excuses! They disqualified us by claiming we were unprofessional and superficial because our therapy was symptomatic, not etiological. We were labeled as domineering manipulators who didn’t let the residents choose their own life style. They reproached us by saying that we led the residents toward goals which were ours, not theirs. Group counseling was perceived as a form of group pressure upon an individual.

It is sad for me to see Reality Therapy so completely misunderstood. My opponents saw Reality Therapy as a therapy that advocates conforming and adapting to the environment. I see Reality Therapy as a therapy that helps the individual find his own individuality and subjectivity by realizing that the brain works as a control system that continually acts upon the world in an infinite number of ways in order to fulfill powerful and often conflicting needs that are built deeply into his genetic structure. I don’t feel that Reality Therapy requires that we adapt to the environment in a passive, conforming way because that wouldn’t fulfill our need for self-respect. Instead we are responding to our internal moral values, thus enabling us to fulfill our basic need for self-respect and to be respected. Moreover, knowledge of Reality Therapy and Control Theory strengthens in us a new and maybe the most important value: understanding differences of our fellow men and being able to reach compromises. These compromises are no longer passive compromises. Reality Therapy and Control Theory recognize the subjectivistic and individualistic nature of human beings, and just because of this stress the importance of compromise. In this way, Glasser’s ideas help to constitute a society which doesn’t limit the individual, but enables his individuality and subjectivity to get wings, and through creative compromise, develop new social values. I truly believe that if Glasser’s ideas were more widely accepted, they would give us a new perspective on understanding among nations, races and ages.

At the beginning of my presentation I said I was extremely fortunate to have the opportunity to become acquainted with Reality Therapy and later with Control Theory. I feel this in spite of the various inconveniences that I have had in my professional life. Allow me to spend a few more minutes to
explain some reasons for my holding to these ideas. Even though I am not a philosopher, there are some philosophical reasons. I believe in human individuality and subjectivity but not in an absolute sense. About twenty years ago I read in one psychological book that a human being was really a very complicated machine, but only a machine. I made a note on the margin of that page: “Maybe, but it’s the only machine in the world that doesn’t like to be a machine.” Glasser’s abandonment of both the medical and psychoanalytical model and his abandonment of the Stimulus-Response model, along with his move towards a moral model really attracted me. I appreciate his brave introduction of responsibility to the field of deviant behavior, thus shielding human dignity and risking attack from psychoanalysts as well as Stimulus-Response psychologists for preaching a nonscientific approach.

There are also some other reasons that stem from my attitude towards science. I am firmly convinced that we have to be very scrupulous when dealing with human individuality and subjectivity, but that must not mean that we should avoid positive research in this area although it sometimes seems that research may jeopardize our beliefs.

Walter Kaufman concludes in his Existentialism From Dostoevsky To Sartre by referring to an unfortunate dichotomy which characterizes our age: “On the one hand there are those whose devotion to intellectual cleanliness and rigor is exemplary, but who refuse to deal with anything but small and often downright trivial questions.” On the other hand, “... men like Toynbee” and some other existentialists “deal with big and interesting questions, but in such a manner that the positivists point to them as living proofs that any effort of this kind is doomed to failure.” In the former camp are the analysts; in the latter, the modern Socrates. “But the existentialist and the analytical philosopher are each only half a Socrates.” Kaufman fears that the existentists and the analysts will never be able to get together. “But if the feat of Socrates is really to be repeated and philosophy is to have a future outside the academies, there will have to be philosophers who think in the tension between analysis and existentialism.” I believe that there will have to be philosophers who think in the tension between the nomothetic and idiographic approach.

An excellent example of overcoming Kaufman’s fears is the harmony that exists between Reality Therapy and Control Theory in Glasser’s works. Glasser has been able to combine Reality Therapy which developed from psychiatric practice consisting of a genuine, honest relationship (personal, idiographic approach) with Control Theory which emerged from the work of engineers postulating biological laws to explain human behavior (nomothetic approach).

Glasser has abandoned the behavioral model (S-R) and later without prejudice accepted a far more sophisticated behavioral model. I appreciate this openness. I maintain that if we don’t endorse the scientific approach, we will end up holding only beliefs; but if we don’t challenge the sciences by our wishes about what we want to be, we may really end up being machines.

There are also other practical reasons for my persisting in the use of Reality Therapy. Suffering people are not willing to wait for the results of some theoretical discussions to bring about the solutions to their problems. First of all, from their point of view, Reality Therapy is effective and it doesn’t humiliate them. The principles of Reality Therapy are so well defined that even a newly trained person cannot inflict great harm to anybody: if one neither conditions the client nor digs into his unsuccessful past, or doesn’t teach the client how to interpret his thoughts and dreams in a most peculiar way but instead attempts to achieve a genuine involvement with his client, he may be unsuccessful due to his lack of experience, but it is unlikely that he would do any harm. Because of these characteristics, Reality Therapy is my choice of all therapies I know to be taught to different professionals. By promoting Reality Therapy, Control Theory and Taking Effective Control seminars, a perceptible progress in the quality of national health, education and correction could be achieved.

Because of all this, I am convinced that I can achieve success by promoting Reality Therapy, Control Theory and Taking Effective Control in Yugoslavia. It will take time but the first signs of progress are already apparent. Before I was criticized for using this “non-humanistic” approach to deviant behaviour, called Reality Therapy, I and two of my colleagues, Irena Bizjak and Branko Martinovic had practiced Reality Therapy. Following the publicity and increased awareness of Reality Therapy, it has become a more recognized approach. Now Dr. Glasser and Reality Therapy are mentioned in the book written by our psychological encyclopedist, Anton Trstenjak. Power’s Control Theory has found its place in the latest book by Janez Musek. This author considers Control Theory as one of the most promising ideas in the field of personality.

I have been speaking about Reality Therapy and Control Theory ideas and techniques at numerous seminars for teachers, psychologists, social workers, managers and students. I organized two seminars in Yugoslavia where Dr. Glasser presented lectures. One of the seminars was arranged through the University of Zagreb, where I was recently approached about the possibility of speaking too.

It looks as if the attack on Reality Therapy rather than suppressing these ideas has turned out to be a good advertisement for it. I conclude with Galileo’s words, “Eppur si muove.” (“Nevertheless, it moves.”)
DIRECTOR OF RESEARCH ANNOUNCEMENT

At the Fall, 1985 Board of Directors, Dr. John Banmen, British Columbia, Canada was appointed Director of Research, Institute For Reality Therapy.

The plan is to assist both practitioners and researchers to do more and possibly more effective research studies.

Please send your inquiries and suggestions to:
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